

PATIENT REFERENCE GROUP (PRG) MEETING MINUTES

Wednesday 24 January 2018

Present

Margaret D'arcy, Elisabeth Dewhurst, Margaret Gaze, Andrew Hogg, Wendy Mower, Dawn Rundle, Janet Munro, Michael Simms, Carol Palfrey, Val Tompkins and Barbara Worsley

Staff

Linda Marquis:	Managing Partner
Lynsey Wayte:	Operations Manager
Helen High:	Medical Secretary (minutes)
Jos Stares:	Admin Assistant

Apologies: *Mary Askew, Sean Hall, Maureen Joy, Philip Kaye, Elaine Parsons, Gillian Wordsworth, Kathleen Warnes*

Resignation: *Pat Dawson, Steve Lunniss*

Previous minutes

The previous minutes were agreed.

Practice Dementia Audit: Linda advised the group that this audit had been done and that we would be getting some dementia friendly signs. **ONGOING**

Award for Carol Manson, Nurse Practitioner: Linda advised that she had nominated Carol for the RCGP (East) Practice Nurse of the Year Award and that Carol had won and collected her award in November. The group congratulated Carol on her achievement.

Flu Jabs: Linda advised that we still have flu jabs available for patients that are eligible for them. These include pregnant women, children and adults with an eligible medical condition, patients over 65 and carers who look after an elderly or disabled person.

Linda advised that next year, there will be different types of flu vaccination for patients over 75 and those under the age of 75.

Fundraising: Linda and Mrs Worsley had still to discuss fundraising.
ONGOING

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Guest Speaker: North Norfolk CCG, an Overview

Rebecca Champion, Communications & Senior Manager, North Norfolk CCG

Rebecca introduced herself to the group and explained the main points behind the Norfolk & Waveney Sustainability and Transformation Plan (STP). A copy of the presentation is appended to the minutes. This details the aims and difficulties faced by the STP.

A discussion took place regarding the issue of new housing and whether the availability of medical services are taken into account when building new houses.

Guest Speaker: Extended Access

James Leeming, North Norfolk Primary Care Ltd (NNPC)

James introduced himself to the group and explained the role of North Norfolk Primary Care. NNPC is made up of the 19 GP practices in North Norfolk and one of their main aims is to review whether the way surgeries do things can be improved by collaborating more effectively, and looking at ways in which they can harness the high skill sets in North Norfolk primary care to work in unison. There is a need to make more GP appointments available and in order to do this NNPC have reviewed a number of pilot schemes, under the GP Improved Access national directive, to discuss with local practices and patients.

NNPC have developed a programme of work to try and address these issues and a copy of James's presentation is appended to the minutes. These issues are ongoing and various options are being considered.

The first point on the plan was to look at the issue of telephone consultations and how these can best be delivered. For example, could we deliver a service centrally with regards to medication queries and reviews? A recent study found that a practice received around 150 calls per week regarding medication. A central service could possibly relieve the pressure of dealing with these calls by the GP and free up more GP time. It was agreed that telephone consultations are not always appropriate. James explained that at present, all practices do things differently, so the NNPC would be looking at what works best.

The second point related to online consultations. It was agreed that these were not only relevant for younger patients and that there would still be patient choice as to whether an online consultation was appropriate. James advised that the NNPC is looking to purchase the same online system for all of Norfolk.

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Extended Access (continued)

The third point related to practices undertaking audits to record information that could be used to amend services to benefit the patient. For example, an audit has found that around 20% of all GP consultations in North Norfolk are for a musculoskeletal problem. One idea was that patients could be referred for physiotherapy immediately, avoiding the need for a GP appointment.

Due to the well documented shortage of staff in the NHS, Mrs Worsley asked James whether any steps were being taken to try and encourage people into a career in the NHS at the starting point, rather than relying on bank and agency staff etc. James agreed that this was a valid point and hoped that this is an issue that would encourage further discussion.

The fourth point of the plan related to care homes and that a central team could be created to offer them more resources. It has been agreed that care homes need to be supported more and other organisations work more closely with them.

The fifth point related to offering extended access for appointments. One suggestion has been to make care available over 4 localities.

Finally the NNCP want to review GP appointments that could be dealt with better by signposting or accessing other services, such as those relating to social care. This is particularly relevant to low level mental health appointments, which can account for 20% of all GP appointments.

James advised that he will send the NNPC Practice Newsletter to us when available at regular intervals and we will forward this onto PRG members.

James has also kindly agreed that if anyone at the practice or the group would like to speak to him, they can call the office number on 01263 738127 or email James directly at james.leeming@northnorfolkprimarycare.com.

Signposting Event

Mrs Worley advised that on behalf of the group she had attended a signposting conference for North Norfolk receptionists in the autumn. The aim of signposting is to get patients seen by the right service, at the right time, by the right person which is a nationwide initiative. Mrs Worley gave an update on the resources that were available at the conference and the speakers.

A member of the group asked if this was being introduced just to save money and to “fob off” patients. Linda explained that although funding has been provided to enable training to take place, the ultimate aim is to ensure that patients receive the right care at the right time.

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Signposting Event (continued)

Lynsey gave an update on how patients were reacting to signposting at the practice. She advised that when patients phone in, they are asked to give a brief reason as to why they are requesting an appointment. Reception staff can then assess who would be the most suitable clinician for the patient to see, if a clinician appointment is appropriate. For example, if a patient presents with a breathing issue, Carol is specially trained in this area and usually has appointments sooner than a doctor would.

Lynsey reported that in some instances reception have picked up urgent issues where patients have initially asked for a doctor's appointment and were willing to wait a couple of weeks. These related to chest pain and reception have a template drawn up by the doctors which they will go through with the patient. Depending on the answers that the patient gives, a same day appointment or even calling an ambulance may be more appropriate.

Linda advised that we have been trialling signposting and will feed the data back to the other 19 practices in North Norfolk. Linda reported that so far it has worked very well and patients have been happy with the new signposting service. For example, in many cases reception staff have been able to book patients an appointment with a nurse or advise them to see a clinical pharmacist. Patients have also been signposted to other agencies, such as iCASH, social services or the Citizens Advice Bureau. These agencies are better placed to help patients with their issues and this in turn frees up valuable GP time.

Mrs Rundle asked why the reception team sometimes arranged antibiotics for infections. Lynsey explained that there is only one specific infection type that the reception team can complete a questionnaire for, to see if the patient meets the criteria for an automatic antibiotic prescription, without the need for an appointment with a clinician.

Mr Hogg asked whether patients had been reluctant to give information as to the nature of the problem but Lynsey advised that so far patients had been happy to do this. Mr Hogg stated that receptionists have a very difficult job. Lynsey advised that they receive a lot of training which is always ongoing and there are always more senior staff available to offer advice.

Mundesley Medical Centre – The Future

Linda advised that we had 2 apprentice vacancies, for admin and reception but despite extensive advertising, we were unable to fill them. Receptionists Anna and Jane had also left in the autumn. Therefore the positions offered were changed to 2 receptionist posts and 2 admin assistant posts. Interviews were successful and Rhianna and Bobbie have joined the reception team and Leon and Jos the admin team.

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Mundesley Medical Centre – The Future (continued)

Dr Freeman left the practice in November and Dr Ashworth will be leaving at the end of June. The partners have spent a long time considering how to restructure as unfortunately we have had a poor response despite a good reputation, in GP applicants to replace Dr Freeman. Therefore we had to be creative and look at alternative solutions to the structure of the practice and the way that care is delivered.

The practice aspiration is that by September 2019 all patients will initially be seen by either Nurse Practitioner Carol or Lead Nurse Iain. Carol and Iain will be able to assess patients, and in most cases initiate appropriate treatment pathways. If they feel that immediate input is required by a doctor, a doctor will always be available to them. After treatment is initiated, Carol and Iain will be able to establish who is the most appropriate clinician to provide follow-up care. This could be from a range of options including secondary care, GP, nurse or a healthcare assistant. This will allow the most appropriate use of GP time and allow GPs to concentrate on the patients with more complex conditions who often need longer appointments up to 30 minutes.

Carol and Iain are currently being supported by the GPs to enhance their already extensive knowledge.

To release time for Carol and Iain to perform their extended roles we are in the process of recruiting an additional practice nurse to work alongside practice nurse Miranda and this will increase the availability of appointments. Carol and Iain will therefore see fewer patients for routine monitoring of conditions.

This transition started in January, (after a successful trial in November) with Carol and Iain dealing with messages from the reception, admin, dispensary and nursing teams which were previously sent to a GP. More changes to achieve this goal will be happening over the next few months.

Linda explained that this is a major change to the way we deliver care but will help to ensure that the patients who have a condition that needs the skills of a GP are seen appropriately.

Mr Hogg asked whether patients would be able to choose to see a nurse or a doctor and Lynsey advised that it would depend on the circumstances.

Ms D'arcy stated that some patients are conditioned to want to see a doctor when an appointment with a nurse may be more appropriate.

Miss Palfrey asked who will deal with telephone consultations but this issue is still under discussion.

The group were in favour of these changes and viewed them positively.

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Mundesley Medical Centre – The Future (continued)

Mr Simms asked how we would inform patients of these changes and Linda stated that informing the PRG was the first step and we are happy for them to spread the word. It will be a major transition and we will have to look at ways of informing our patients of these changes. It was agreed that we need to present them in a positive light.

Linda advised that she had done a case study recently regarding saving GP time and costs and was interviewed recently by a journalist. A copy of her article is appended to the minutes.

A discussion took place regarding the difficulties of recruiting GPs and Linda advised that we try and encourage the students we have from Cambridge University to consider a career in general practice.

Patient Feedback – Friends & Family Test (MJOG)

Linda advised that patients can now respond to the Friends & Family Test (FFT) by text. Patients who are set up for text messaging can respond to the FFT by text. Since this initiative has been introduced, we have had a much greater response than those previously received by completing the cards. The large majority of the comments have been very positive and encouraging and are very rewarding for staff to receive the feedback. The traditional cards are still available in the waiting room for patients to complete if they prefer.

Any Other Business

Mr Hogg asked if the GPs were full time and Linda advised that they are part-time, working 3 days a week. Linda stated that doctors have many duties that patients may not be aware of, such as reviewing blood results and hospital letters and attending meetings. They also have to undertake regular training which is done in their own time.

Linda advised that patients can now cancel their appointments by sending a text message and it is hoped that this will ensure fewer appointments are missed.

Ms Palfrey asked Linda if appointments can be cancelled online and Linda advised that they could, if patients are signed up for online services.

Mrs Gaze advised that telephone calls to the surgery were expensive but Linda advised that we do not have a premium rate number and calls should be charged at the local tariff.

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Any Other Business (continued)

Mrs Worsley asked how signposting worked with regards to appointments booked online. Lynsey advised that we have contacted patients when we have noted that an inappropriate appointment has been booked. However this was an area that is still under review.

Ms Palfrey asked if the signposting would save money and Linda agreed it would allow us to use our funding better.

Ms Tompkins advised that a friend had been told to contact the surgery before 6pm but when she tried to call around 5.30pm, she got the answerphone which stated that the surgery was closed. Lynsey advised that after 5pm the answerphone message states that the surgery is closed but patients may hold for urgent assistance. It was agreed that we should review the wording on the answerphone message.

Outstanding action: Linda and Lynsey to review the wording on the answerphone message between 5 and 6pm.

Mr Hogg asked Linda if she knew anything about the future of Mundesley Hospital. Linda is hoping to hear something further in the near future.

Mrs Rundle asked about ear syringing in the practice. Linda advised that we are not funded to provide several services including ear syringing. At the present time throughout Norfolk CCGs services are commissioned differently. The CCGs are aiming to try and ensure that in the future services are the same throughout Norfolk. The practice will continue to provide the services traditionally provided but unfunded until the negotiations are complete but if the services are not commissioned then these services will cease.

A discussion took place regarding the issues of lack of funding throughout the NHS and ideas as to how money could be saved.

Date of Next Meeting

The next meeting will be held on Wednesday 23rd May 2018.