

Patient Participation Group (PPG)

21 st March 2017		6pm to 7pm	Crawcrook Surgery
Chairperson	Melanie Shotton (MSh); Alyson Wilson (AW)		
Timekeeper			
Minute taker	Jean Ward (JW)		
Attendees	Bill Wooldridge (BW); Kevin Maddison (KM); Jacqueline Apperley (JA); Valerie Widdrington (VW); John Widdrington (JWi); Alan Rising (AR)		
Apologies			
Agenda <ul style="list-style-type: none"> • Introduction • Greenside Closure • Staffing • Appointment Access • Newsletter • Any other Business 			Raised by
Actions	Owner	Deadline	
<p>Introductions:</p> <p>MSh thanked everyone for coming in at such short notice and apologised for the last meeting having to be cancelled, this was due to staff sickness.</p> <p>AW started by introducing herself and advising PPG members her position within the CBC and her role within Crawcrook Medical Centre. The rest of the members also introduced themselves. AW thanked members for their continued support.</p> <p>KM enquired re meeting being out of sync with the bi-monthly scheduled meetings stating that it was instigated by MSh and his understanding was that the agenda is to be set by Practice. AW confirmed this to be the case. JWi asked if there was going to be a meeting at this stage to discuss how the strategic development of the processes, systems and structures would impact on the PPG and how their role as PPG might need to be redefined and following on from that which parts of the action plan are now defunct and which things are to be carried over and which new things flowing down from CBC strategy do the PPG take on board and from the nature of that logic KM had sent a note out to say that it was probably best to find out about what the Practice was going to tell the PPG about strategy development and then the PPG can respond in terms of what their <i>raison-d-etra</i> is because that may have changes. AW advised members that today was to be an update for them and that we would be taking other items into April meeting. JWi said that what KM had agreed with MSh was the question of the Greenside Closure, Newsletter and other 'stuff'.</p> <p>Greenside:</p> <p>MSh continued by stating that it had been quite a distressing time in the Practice. We had heard 2 weeks ago that we had been given the go ahead to close Greenside, although we had not received this in writing from NHS England as yet, despite being chased by telephone and email, they will be supplying a template letter which the Practice can send out and they also have a format as to how to go through the closure. MSh advised that she understands that the information about the closure went straight onto the Clara Vale Facebook page which she thought was a little bit unfair as she had not had a chance to advise the staff, PPG or Community Centre. This had been done by one of the Councillors and not the Practice. Staff and the Community Centre have now</p>			

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been informed and she has also spoken to all other relevant people, she has a meeting with the Committee to discuss the process. A date for closure has not been arranged as yet but PPG would be advised when this is known. AW explained that the delay in receiving the information from NHS England was probably down to it being their downtime, where staff start taking holidays which had not been taken before the year end, and we were also doing our year-end so we were fighting a losing battle trying to get this information which was needed to set the wheels in motion. KM asked who drives it, he appreciates NHS England rubber stamps it but asked whether the direction came from NHS England. AW advised that we had a format to follow and know what had to be done ie decommissioning files and equipment etc, there was a constructive list in place that we know what we have to do but that we had to take direction from NHS England so that we don't step out of line. KM asked re a timeline and AW advised that they do normally give you a timeline and explained about the Practice that she had already closed, however our situation was slightly different as we were just closing a Branch Surgery. MSh advised that she needs to go and meet with Marta at Lloyds Greenside to discuss going forward. KM asked about the involvement of Gateshead CCG and AW advised that they were coming to meet with the Practice next week to talk through where we are at and what still needs to be done. They are very much involved and have been involved all the way through. MSh advised they have a Comms team which we will be using. There are rumours going round at the moment that we are closing on 17th April but this is not true as no date has been set and as soon as we have one we will let everyone know. KM asked what went out to say Greenside was closing? MSh advised nothing had gone out, KM said that maybe some communication should have been put out as soon as notification had been received of the closure advising of the position. AW said that wasn't helped by the fact both herself and MSh were off sick that week. There had been a Newsletter put together however this didn't go out which didn't help the situation. KM said that the Practice would always be the 'bad guy' because of the closure but would need to get as much factual information out as soon as possible. JA said notices needed to be put into shops, bars etc. MSh said that this would be done. A brief discussion was held about wordings of posters etc and it was agreed to be brief and to the point. MSh advised that the Practice are conscious of the timing of the closure and is quite pleased that it will be Spring/Summer and not winter. We are mindful about prescriptions etc and are happy to speak to people who have difficulties so that she can work with them to work out the best possible solution. She will also involve Marta in this.

MSh advised that it is looking like the closure will be in May but this would be quite tight however until we get the information and templates from NHS England we cannot say. VW asked if there was a timescale from letting the patients know to when it happens. MSh advised she had not received any information to confirm this but we would have to give good notice, probably 6 weeks minimum. AW explained that it was a huge piece of work. JWi asked if there would be somebody dealing with this separately but MSh and AW advised that there wouldn't it would be done along with the day to day work. MSh advised that there had been discussions taking place with regards the moving the telephones and installing more telephones to accommodate staff etc. AW advised the Practice had its own agenda of what needs to be done to make it seamless for patients and we know it will be hard work. MSh said that in an ideal world it would be good to have a contact liaison person for the patients, JWi said that what he meant was did we have a unique person who would be dedicated to the task of the closure. AW advised that she was using her past experience of the closure she oversaw when she worked with the Primary Care trust to help MSh with this closure.

MSh advised she was hearing what the PPG were saying and agreed a statement was needed. KM asked that as a Practice did we have a project plan in place, MSh advised that we did. AW said it's a big piece of work which needs to be undertaken in sequence. MSh said as well as the closure we still have to run the day to day business of making

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sure there are adequate appointments etc.

KM re-tracked back to the decommissioning of the building at Greenside and then creating the infrastructure within the Practice at Crawcrook and staff, from a Patient perspective he wanted to know if it was all going to work in tandem. AW advised that we wanted to get the systems in place which is why the telephones are currently being sorted. We would get the computers into place, these would be moved down from Greenside rather than purchasing new ones, space needed to be found to bring the files to Crawcrook. Some of the staff already work between the 2 Practices so they are already integrated into systems and processes. We are still looking at organising an open day for the patients who have never used Crawcrook to come into the Practice and see how the Practice works here. MSh also said we would be looking into the questions and answers and re-send them. She hoped that the PPG would help with that. BW said it would be interesting to see how many of the patients would actually come to the open day. Ways of offering dates was discussed and AW advised that we were probably looking at a Saturday and probably an early evening. We can't bring patients in while the surgery is open. It is possible that we could use one of the Staff training days to invite patients in.

JWi asked whether there would be a gradual transition or would Greenside close and then a fixed amount of time to get everything up and running at Crawcrook. AW advised that the telephone system will be in place and there will be enough computers in place for the doors opening on the Monday morning. The receptionist that would normally be sitting in Greenside would now be in Crawcrook. There are plans to have 2 computers on the front desk to deal with patients at the busy times. There will still be the same amount of patients; they would just be coming to one place instead of the two. There was a discussion re the patients who wanted to move Practices and although we would hope they didn't we can't stop them if they do.

MSh updated members about the staffing advising we have a full time Nurse Practitioner Nicola Grant plus 2 new apprentices covering administration and reception, George Driver and Ben Huddleston, they are both very keen. AR asked if there would be a job for them at the end of the 12 month training, AW advised this was the hope and if nothing in Crawcrook they could hopefully be used in one of the other CBC Practices.

KM went back to the closure of Greenside and asked what could be expected of the PPG, MSh said she would like PPG members to proof the paperwork that we intend to send out. KM suggested that as we only meet bi-monthly, could a weekly meeting be set up just to keep them updated of what is happening, a sort of task and finish group. The meeting would be very brief and just an update as to where things are at present rather than doing it via email as he feels that this is disjointed and also sometimes the feeling is that they have been included as an afterthought. He is not volunteering but thinks one person once a week could meet for an update and then relay the information to other members. MSh said she would be delighted for this to happen. AW also agreed it was a good idea and also very positive and she also requested help for the open day. MSh asked for times etc, AW said from a Practice point of view 5pm on a Tuesday or first thing on a Tuesday morning would be good and asked who wanted to be part of it also asking if they wanted to think about it and get back to us. BW asked how many, AW said one or two of them; KM felt it needed to be sorted now. KM said a Tuesday would be best for him but it would have to fit in with his home life. AW said Tuesday afternoon about 3 or 4ish but KM said he would struggle with that, AW asked what time would be best for him and he said morning or early afternoon, AW said she was not around next week; KM was not available the week after. AW said 1st week in April would be better for the Practice due to year end. KM asked JWif he wanted be the liaison person for the meeting on Tuesday suggesting JWif did it for 2 weeks then he would do it for 2 weeks. JWif said that

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as KM had said it wouldn't take long as it would just be a case of discussing what is going well, where the obstacles are and can the PPG help to unblock the obstacles and is there any other PPG related issues that they can be helping with which could be fed to the rest of the group. Some weeks may have more items than others. AW said JWi is to do the first 2 weeks and meet at 4pm then KM would do the next 2. JWi suggested KM sorts his own times out as mornings probably better for him. AW agreed 4pm for first 2 weeks with JWi and KM to confirm which times are good for him. MSh will arrange meeting with Marta. KM said after 5pm would be better for him so as not to interfere with his home life. JA confirmed 4pm with JWi for 2 weeks then KM after 5pm for the following 2 weeks. JA suggested to MSh and AW ways they could push NHS England to send the paperwork needed for the closure.

Staffing:

MSh then discussed the staffing issued and advised the members that we are currently recruiting another receptionist an advert was currently out at the moment, we are in the process of interviewing for a GP, AW explained that she knows more retired Doctors than not which gives a depth of the situation. We have interviewed one lady who was offered the job but took up a post elsewhere for reasons unknown, she has just talked a Doctor out of resigning completely as she thinks she can make more money as a Locum than being a salaried GP, she has agreed to reduce her sessions. CBC have put more Locums into the Practice to improve appointments. She advised that CBC have 4 GPs to interview who are all very different, one can't start until September as she is currently on maternity leave, 2 may want to do a bit of work in a GP Practice, also a bit in a Walk-in Centre and a bit in extra care etc and 1 may want to do Practice work but may want to do something else on top of that but all want CBC to support them. JA asked whether the Partnership would change, AW advised that the new GPs would be employees and where we would like Salaried GPs to step up to be Partners it is a huge jump in this day and age because of the responsibility, workload etc. AR asked how there were 4 Doctors suddenly appeared for interview when patients had been told that there was no applicants. AW advised that 2 of them had applied as a result of working for CBC in other places and liked working with them, 1 was because she was on Maternity leave, and the final one was a Locum that MSh and AW had sourced through being a Locum at Crawcrook. They are taking every opportunity to secure staff, if there are good people out there then we want to employ them. It has taken since December to get to the 4, and none of them want full time work. JWi asked how many out of the 4 they want to recruit, AW advised there is 1 full time equivalent for Crawcrook, VW asked how many full time equivalents does the Practice need. JA advised that the average Practice size for GP patient is 1 GP to 1400 patients so the Practice would need 5 GPs, AW advised we have 2 Nurse Practitioners and 3 GPs and a registrar so we are back up to where we should be. VW asked so in terms of staffing from JAs formula does a NP count the same as a Doctor, AW advised Crawcrook are working with a mixed model to help with the appointment book. MSh explained the role of the Locums and how we want to have regular Locums. AW advised that Dr Ong who currently works at Greenside is employed by CBC and she is hoping that she will change her day and help out at Crawcrook and continued to explain the difficulties in getting cover for Mondays and Fridays and how GPs will work one or the other but rarely both, so negotiations need to be had. She advised that even though they are interviewing 4 people they could still end up with nobody for Crawcrook. It is work in progress and she is working on behalf of the Practice, it is positive and we are moving forward to provide continued care for the patients. KM asked if the CBC were with the Practice for the duration and AW advised absolutely. JA asked KM what he meant by that and he said he wondered if it was a permanent relationship moving forward not just a piece of work to support the Practice at this time. AW advised that the CBC are growing all of the time and KM asked if the direction of the Practice would be more corporate and responsive to the local population.

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AW advised they would always want to be responsive to local people and responsive for patient care and would want to be rated good or outstanding with regards to patient care but what needs to be taken into consideration is the factors around us, in as what will General Practice look like in 2, 3 or 5 years, and we currently have to work with what we have, working at scale. For example instead of having a person sitting in Crawcrook, 1 in Grange Road and 1 in Blaydon doing the same task it could be more cost effective to just have 1 person doing it. AW explained Crawcrook have a staff member who is excellent at QOF (Quality Outcome Framework) which is a system where we have to make sure all long term conditions are coded correctly, this is where we earn our money. AW explained how the system worked and how she hoped to be able to share best practices with other Practices.

KM asked from a PPG perspective where CBC were with this and whether they were established in other Practices. AW advised that PPGs were in other Practices run by CBC and there was one which is established in Grange Road and she is happy for them to meet. Blaydon had an inaugural meeting last week as they have just come out of emergency measures, 3 people attended out of 1700 patients which was good. Her Practice which is in Bewick Road also have their own group. All groups are different. KM asked whether CBC had expectations as to how they see the PPG working, AW advised that it is down to each individual Practice and explained how Grange Road works and how PPG helped in other Practices and that we are here to work with the PPG.

KM asked about the membership of NAPP, AW said Grange Road was and KM asked who funded it and AW said she would find out as she was not sure, she thought maybe the Practice does but would confirm that. KM explained it was only £60 per year and thought it was a good resource. AW said she would suggest a meeting between the 2 groups, possibly over coffee to have a chat, JA wanted to go to Grange Road but AW advised they don't have the facilities at Ryton, so Crawcrook would be better. AW explained the background between Grange Road PPG and CBC and how they now work together. She would email group and try to set up a meeting.

Appointments Access:

AW explained how the current system is working. There will be a new appointment system launching hopefully next month, but this will probably need some tweaking. This will include telephone consultations, protective administration time etc. This should be seamless to patients but will provide better access especially with the closure of Greenside.

The GP Patient Survey was discussed and the results. There is a CBC questionnaire which we would like to be completed now then see what the feedback is, this will then be repeated in 3 months and 6 months' and the response compared. This is in line with the questionnaire by the CQC. VW asked what the sample size was for the CQC questionnaire and AW thought it was about 110 patients. AW explained about her presentation to NHS England and about how neither Blaydon nor Grange Road are Partner Practices they are what are called APMS Practices (Alternative Provider Medical Service) she explained how it all worked and how payment is received into the Practices.

At the moment one of the items which need addressing is the telephones, this is being looked at and MSh advised that she is doing spot checks to keep an eye on this. There are various reasons why calls can take a while to connect.

AW asked for the opinions of PPG members about the questionnaire, various ideas were discussed, AW advised logo is still under discussion, JA wanted to put web addresses on so that patients could have access to details of who the CBC were. AW asked for

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members opinions on the questionnaire reading through the questions. JA queried one of the questions but AW said the questions were part of the national questionnaire. Signposting was discussed, AW explained how training would be given to staff to signpost patients into the right Clinician. Privacy was also discussed, AW advised we are working on this but it was finding a fine balance. A promotion on signposting is required. The Practice received a low score on the last questionnaire and we are not expecting it to be much better when this one is launched but hope to see an improvement in 3 months' time.

Compliments were discussed, the Practice receives quite a few compliments but these are normally verbally and not written patients tend to put negative feedback onto NHS Choices website and not positive ones.

JA asked if we could change the questionnaire before it goes out to include the website address of both Crawcrook and the CBC putting Crawcrook first. AW will look into this.

Newsletter:

The Newsletter is to be changed from February Newsletter to Spring Newsletter, JW will arrange for this to be done. JA asked to change the introduction for George and Ben to say they were Apprentices, AR agreed as nice to see Apprentice being used. MSh asked members about the PPG mention in the Newsletter, KM said he was happy with it but thought that they needed to strengthen their support going forward, it was a weakness of the PPG as they don't promote themselves enough and don't contribute to the Newsletter, JA agreed saying they were going to have a meeting to sort it out but had not been done, JW reminded them about their space on the noticeboard.

Any other Business:

BW commented on the board saying the photographs are out of date, AW advised once we were fully staffed we would be updating it.

AW advised there would be information put onto the website re the bus timetables and where they can be downloaded; we will hopefully put on a link. VW suggested putting timetables on reception KM though a better idea would be to signpost them to where they can get the information. BW said we would need to be careful as we didn't want patients ringing us asking about bus times!

JA asked whether if the PPG were to get flowers or a flower card whether the Practice could arrange for this to be passed to Janet, as they had given flowers to the other staff members who had left, MSh advised that this was not a problem and we could arrange for this to be done. MSh informed members that Stella was delighted with her flowers from them and had also left them a present which was passed to them to open. JW read out the card and the chocolates were left to be shared amongst members at the next PPG meeting on 6th April. VW asked if they could put the card under the PPG section so that other patients could see the relationship between members and the Practice. All agreed this was a good idea.

Update:

AW confirmed by email that Grange Road pays the NAPP fee for their PPG members and Crawcrook / CBC will be happy to pay this.

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Items carried over to next meeting
Next meetings
6 th April 2017 1 st June 2017 3 rd August 2017 5 th October 2017 7 th December 2017
Next chairperson