**Location:** Ground floor records room, Fell Cottage Surgery

**Date:** Friday 30th September 2022

**Time:** 13:00 – 15:00 (but may try to keep to 1 hour if possible)

**Chair:** Julian Saul

**Attendees:** Julian Saul – Practice Manager, Ali Arnell – Office Manager, Ian D, Ronald L, John B, Doreen M, Miriam H, Brenda L, Fred G.

**Apologies:**

**Notes:** Not brought from previous meeting as it was pre the pandemic

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| **Ref** | **Agenda Items** |
|  | **Previous Minutes and Actions**  These were not reviewed since the meeting was nearly 3 years ago and this was agreed. |
| **1** | **Welcome and introductions / team updates**  Julian thanked everyone for coming and introduced himself as the practice manager for fell cottage surgery. The previous manager Sue Harrigan retired in May 2021. Julian advised he had been in primary care for 12 years before he moved into urgent care for 5 years but loved primary care so much he's come back, and he's come back to this good practice. There were introductions to a few staff members who dropped in between patients, and they were Emma Drake who is a foundation doctor or a training doctor, there was Tracey Bowler who is our new advanced nurse practitioner, there was Claire Burns who is our new practise nurse, then there was Kelly Colligan who is one of our healthcare assistants and Donna Barnes who is a new training healthcare assistant (who has a dual role as admin member). Ang Jones said Hello and she is the new prescription clerk at the practice (this is a new role to support medication ordering at the practice). Julian advised that due to limited workforce practices in primary care and the NHS are having to work with a different skill mix than the used to years ago. |
| **2** | **Meeting frequency / terms and conditions**  A consensus around the group was that a meeting every three-month month would be best, and this can be reviewed, and this was in light that previous meetings were sporadic. Julian advised that the terms and conditions have not changed from previous, and he will be happy to share if necessary, however. It was agreed the meetings would be constructive meetings to understand the practice and the patients' perspectives and it is not force individual complaints as there was a separate complaints process to manage that. |
| **3** | **Prescription processes**  Julian advised we understand there have been issues when COVID hit and all prescription requests were going through the local pharmacies and no telephone calls or requests should have been made through the telephone however we understand that we need to open the communications for patients, as not all patients can use the current online access, pharmacy request or a prescription B-side. We have another new e-mail address which is [nencicb-ng.rx-a85007@nhs.net](mailto:nencicb-ng.rx-a85007@nhs.net) and that is another way for patients to contact with orders or queries and this will save on waiting for telephones. |
| **4** | **New phone system coming soon**  Julian has been aware of the problems of the current telephone system for some time, and this is mainly being due to complaints made by patients not being able to access the practice, getting engaged tones and getting cut off. Julian advised the new telephone system should be in situ by the end of October (although this date has slipped to 17th November 2022), and this will bring so many benefits to patients and staff members. The new system will bring more telephone lines into the practice so that means this should be more patients being able to contact the practice. There will be no engaged tones, there is a new function to allow patients to press a button and receive a call back at the same point in the queue. There will be dedicated lines for the prescription clerk, the secretary etc which will improve access for all. It was agreed that this would be a great benefit to the practice. |
| **5** | **Friends and Family Test recommence**  This is feedback for the practice and supports improvements if any comments are made. This will commence in October and will be sent out via text for patient feedback. |
| **6** | **Practice appointments and extended hours service**  Julian advised he has been aware of issues with appointments and there is a lot of news on the TV and papers about not being able to get through or get an appointment with the GP. Julian feels that our practice, Fell Cottage is working a lot better than the national average. The practice has fully reviewed our appointment system and will continue to review to make it right for the patients. Julian advised the GP appointments at Fell Cottage are 15 minutes and this is to allow patients a little bit more time to have their condition queries met. Julian advised that the GP's have a morning surgery (of several 15 minutes appointment), then they get lunch (if possible), then they sign prescriptions, then they review hospital letters, then they do reports and then they start back again after a home visit (maybe) and then finally they start their afternoon surgery of similar appointments from the morning. It is a very busy day for GPs, and we appreciate some delays. Julian discussed with the team about a triage tool that we have devised which supports the admin team for ensuring that patients are seen by the right person at the right time we understand this is sometimes causes patients anxiety with asking what the problem is, but this is simply to allow the admin members to book an appointment (or refer to our other services) and this triage tool has been ratified by the senior partners of the practice. We do feel that we are making several changes to improve access. The group were informed that the practice is working with other practices and now provide appointments for GPs, nurses, blood tests, BPs etc on weekday evenings from 1800-2000 and then Saturdays 0900-1700. There would be some GP appointments on Sundays too (which will improve access, but these appointments are from our support service – who will have access to your medical records if you allow). |
| **7** | **PCN update / ARRS**  Julian said a PCN is a Primary Care Network which is essentially a group of practices in a local area, and we have got 10 practices in our PCN from central Gateshead to Angel of the North area. The purpose of a PCN is to purchase services and work together in a much more collaborative way. Julian advised about ARRS which stands for Additional Roles Reimbursement Scheme. This is essentially additional staff into general practise to support the clinical workforce members. You will be aware there are GP shortages and skill mix is becoming very important as not all cases need a GP. The extra staff we have from our PCN (and working at Fell Cottage) are: a first contact practitioner physiotherapist that will be the first point of contact for any arms, leg, knee, back etc pain, 2 counsellors to support low level mental health issues, 1 mental health practitioner to direct patients patients suffering with mental health to the right services and a pharmacist (who looks after medication annual reviews and supports with active reduction of overuse of certain medications. All these staff members are now supporting GP practices in the PCN. |
| **8** | **Access to digital records 1.11.22**  As of the 1st of November 2022, full access will be given to all patients who request access to their notes from this date. The information will be available on the NHS app / patient access app and will show all problems, letters, lab results, immunisations, and consultations at the practice. This will give patients more authority (and better understanding) of their own health |
| **9** | **Flu season / COVID boosters**  The flu season has started and there are two vaccines available; one for over 65-year-olds and one for under 65-year-olds who have a chronic condition. We have appointments on Saturday the 1st of October and then appointments throughout the weeks to support patient flexibility. The practice is not completing COVID boosters as the boosters for Gateshead will be delivered at the Bede Centre and patients can be given a COVID booster and the flu vaccine at the same time from some chemists. |
| **10** | **Text usage for appts / responsibility to make appts**  It was generally agreed that text messages are a good use of communication from the practice to patients. There was a discussion about the practice using text messages to remind patients of upcoming diary events from their medical record. |
| **11** | **Ear Syringing ceasing**  Julian said that currently the practice delivers ear syringing (helps clear wax from ears) but there is guidance that states it could be potentially harmful to patient's ear drums (higher risk of piercing the ear drum) and that syringing is now medicolegally hard to defend against.  Julian advised the practice will be stopping the service as of 1.1.2023 as it is not a commissioned service from Newcastle Gateshead Clinical Commission Group (now part of the Northeast and Cumbria Integrated Care Board). Members of the group queried what could they do with blocked ears and Julian advised the guidance is to use olive oil drops or bicarbonate of soda ear drops in affected ears. There are private services who can clear ears and we are aware specsavers and Boots can support this…  [Ear Wax Removal | Boots Hearingcare](https://www.bootshearingcare.com/ear-wax-removal/)<https://www.specsavers.co.uk/hearing/earwax/earwax-removal>  The PPG members required clarity on this issue and since the meeting our LMC (Local Medical Committee has said unfortunately the service is not commissioned and have suggested patients can contact the commissioners to enable practices to deliver ear microsuction rather than ear syringing but the CCG has the following information available. |
| **12** | **Specific discussion points from patients / Q&A** |
|  | 1. A query from a patient was for patients to understand more about the specialisms of various practitioners and who they should contact for advice / follow up. For example, Blood Pressure where you have a pharmacist attached to the practice, and the most recent nurse practitioner who is responsible for skin bumps / lumps.  ***We agreed that photos and a small bio would be added to the waiting room and website, and we would add the skills or roles onto our website so patients understood who could do what.*** 2. The National GP Survey 2022 - how did our surgery fair and what actions have been taken to improve any short comings.  ***We reviewed the latest data, and we agreed the main areas for improvement are access and appointments. We were just below the national and local averages, but it was clear all practices had worsened over COVID. We did fair better than the national and local average for quality of the consultations and the care that was provided. In relation to the access and appointment system, we discussed earlier about a new phone system to make things easier for patients and we talked about a full review and improvements of the appointment system (along with additional roles into the practice)*** 3. The group wanted text message reminders – ***Julian advised there are email reminders already and works well but we need to collect email addresses too. We do send a lot of text messages out to patients about information, appointments etc*** 4. We talked about energy price rises and how the practice always has lights on in the waiting room – ***it was agreed the staff would ensure only the lights required would be used (Julian advised he is replacing bulbs as they go with LED bulbs)*** 5. Brenda said she had spoken to a gentleman called Malcolm from Warm Energy who can help you claim for what you are entitled to. Brenda said you may be eligible for attendance allowance which is £92 p/w. Malcom's number is 07936 349 819 6. Fred talked about how his local pharmacy was keep sending medication to him when he hadn’t ordered it. ***Fred was advised to just contact the pharmacy and ask them not to send that for XX weeks. It was noted that he can just order through Ang now and she will ensure the right medication is ordered.*** |
|  | **Date of next meeting Friday 16th December 2022 at 1300** |