


No	Agenda Item		
1.	Introduction and Welcome	<p>Ann Heppenstall, Emily Orcheston-Findlay</p> <p>GL (McKenzie House), DC (McKenzie House), DT (Hartfields), GJ (Throston), SJ (Throston), NS (Hartfields), BR, HT</p> <p>Ann thanked everyone for attending the meeting today.</p>	
2.	Apologies	Dr Anil Trivedi, MW, MC	
3.	Minutes from previous meeting	<p>Ann discussed all points from the previous minutes. Updates were given on the following points:</p> <p>Hartfields Medical Centre RS asked why the report as to the reasons for originally opening Hartfields Medical Centre was not part of the evidence being put forward by the practice. Dr Parker explained that this was not information available to the practice, but that he would make enquiries with the CCG regarding this. Dr Parker has received no feedback regarding this matter, but Ann will continue to liaise with Integrated Care Board (formerly known as CCG) to see if this information is available to share. Ann explained that she has been liaising with the ICB regarding this but to date has not received any update regarding the matter, so is assuming that the information is not available through will continue to request until a set answer is given.</p> <p>DT had previously expressed concerns regarding problems obtaining a medication review – Unfortunately DT is not present today for Ann to get an update on this so will defer until next meeting. Ann will liaise with DT privately regarding this matter but advised the group that medication reviews/ Long-Term Condition review appointments are now done via birth month (may be slightly out of range depending on amount required and capacity). Ann will circulate information regarding the process staff have to follow in relation to Medication / LTC Reviews.</p> <p>A Youth Worker will be working for the PCN as part of a town-wide project with the other PCNs in Hartlepool. The Youth worker will be able to offer a range of support to patients aged 11-18 years, or patients aged 18+ with a Learning Disability. There is a wide range of support available including social, school, exam impact, etc. GPs can refer patients to this service. Youth worker programme is up and running though requires no input from the practice, as it is part of a town wide scheme.</p>	<p>See attached/enclosed Document –</p>  <p>016 Medication Review LTC Process :</p>

GL asked what model of social prescribing the PCN uses as he was reading a very interesting article recently and this mentioned a lot of voluntary roles. Ann explained that the PCN adopts the NHS England model. **Ann thanked GL for sending in the article.**

BP Checks – The practice is contacting patients who are due / overdue a blood pressure check and offering them appointments at a drop-in clinic which is held at McKenzie House on a Tuesday. As well as this if a patient is found to require a 24Hr blood pressure monitor the practice can loan one to the patient. **Ann advised that the program was setup in December and is working well. A catch-up program is in place, and Ann explained that it will take a lot of time to make contact and arrange BP checks for all eligible patients.**

Diabetic Patients – Looking at new service for diabetic patients who suffer with neuropathic pain. Lists are in the process of being generated and patients will be contacted. Referrals can then be sent on to company who will forward referrals to James Cook University Hospital. **Service is now running, and patients are being contacted if eligible. No feedback from the service to give currently.**

Abdominal Aortic Aneurysm screening - Male patients aged 65+ will be contacted by Queen Elizabeth screening programme and offered to attend for Abdominal Aortic Aneurysm screening in the form of an ultrasound scan (this will be local). To work in conjunction with this screening programme staff from practices will be contacting patients to advise them they will be receiving an invitation to this service and reminding patients to attend their appointments when they are offered one. **DT asked how often patients would be called for this screening. EOF explained that she believes the screening is done only once but advised she would check and feedback to group next time.**

Telephones - Several problems with patients being cut off at once they had been at Number 1 in the queue. The provider and the practice have looked into this and made changes, so hopefully the problem is now resolved. As well as this the phone provider has now linked up all practices, so if a patient phones McKenzie and all the lines are full the call will be diverted via cloud base to another practice with an available line. The changes were only made a few weeks ago but should help patients get through to the practice more quickly and should also alleviate some pressures for staff at busier practices. Ann asked the group members to report any phone issues to either herself or Emily so these could be investigated. **Ann to discuss this point further on in the meeting.**

Prescription Line - The automated prescription line is now operational. Patients can register to use this service with the practice and are provided with a PIN code which they will enter upon calling. This option was put in place for patients who may not have access to internet so are unable to order online. The system has been in place for a while now and there has been no negative feedback thus far. **Ann advised that lots of patients have now signed up for this service and no negative feedback regarding the services has been received.**

See attached/enclsoed information -



Abdominal aortic aneurysm.pdf

GL said he recently experienced receiving different information from reception staff in relation to his medication review. He was advised a medication review was required and to contact the practice to arrange, he contacted the practice but was then told that the medication review would take place automatically and he would be contacted. Ann explained that there is a flow chart that all staff should be following regarding medication reviews, and she will send a reminder to all staff to remind them to follow this process. **Ann will circulate information to the group regarding the process staff have to follow in relation to Medication / LTC Reviews.**

GJ said there was problems with Lloyds pharmacy a while ago whereby they had no pharmacist and they had to close. Ann explained that unfortunately the practice has nothing to do with when the pharmacies open and sometimes do not find out that a pharmacy is closed until informed by patients who have gone to collect medication. **Some Lloyds pharmacy branches have now been taken over by new providers.**

Greener Practice - The practice has been looking at way to be more environmentally friendly including looking at lighting / heating/ recycling / supplies. Dr Amit Chauhan has taken a lead on this and is awaiting feedback from other practices out of area who have done a lot of work regarding this. Practice has been in discussions with HartlePower and are looking at possible solar panels, electric car charging facilities, etc. Practice is also on the best fixed business deal available with gas and electric suppliers. **Ann advised that changes such as LED lighting and light sensors had been implemented and changes were ongoing. Mr Johnson asked why responsibility regarding this was being put onto practice – Ann advised that all sectors are looking at ways to improve efficiencies, costs, usage. Mr Lister asked if any environmental audits had been undertaken – Ann advised that HartlePower had provided the practice with advice.**

DC wanted to express her gratitude for Advanced Nurse Practitioner, Wendy. She said Wendy deserves a 'gold star' and has been fantastic. Ann said she would feed this back to the Nurse Manager.

EH said she recently seen a GP Registrar and received really good service.

SJ said she recently seen Faye and was very well looked after, and could not have asked for better care.

GL said service provided has been great. He has seen several clinicians and had positive experiences.

Ann updated the group to advise that feedback had been provided to Partners, Managers, Team and individuals.

GL asked if it was possible to be provided with information from consultants / GPs when a diagnosis is given so that patients know what to expect from a condition and when to return to see someone with concerns. Ann will speak with Dr Timlin regarding this as he has some connections with hospital so will ask him to feedback. Dr Trivedi explained it is impossible to list all symptoms / side effects for conditions / medications but that patients should also use their own judgement and if they feel something is not right, they should ask for medical advice. **Ann advised that unfortunately Dr Timlin had not feedback regarding this, but she would speak with him regarding the matter; GL suggested that updates and feedback are chased prior to scheduled meetings with the PPG so**

		<p>information is available. GL advised he would take this issue up himself to see if information is available to newly diagnosed patients.</p> <p>GL asked if there was any update regarding a practice Newsletter – Ann apologised but unfortunately no further forward in relation to producing a regular newsletter due to being so busy recently. It is something the practice will look at going forward. Ann explained that this was still an area of work outstanding and not much progress had been made in relation to this but advised that a 'Digital and Transformation Lead' had just been appointed and would be joining the practice in October/November, and this was a piece of work they would be asked to do. Ann asked the group members how they would propose the newsletters would be circulated and advised that posting the newsletters would not be feasible due to cost implications. The group agreed that print outs in practice as well as practice website and Facebook page would be best. Ann also asked how often the group would like the newsletters to be updated: the group agreed quarterly.</p>	
<p>4.</p>	<p>PPG Structure</p>	<p>Ann advised the group that unfortunately Dr Trivedi does not work a Wednesday, so was unable to make the Patient Participation Group Meetings on this day. Ann gave the group the option of either sticking to a Wednesday and having different GPs attending the PPG meetings, or moving the date so that Dr Trivedi was available to attend. The group agreed that for continuity purposes they would prefer to move to an alternate day.</p> <p>Emily advised that a review of PPG members had been carried out recently. Patients who had not attended meetings recently and not been in contact with apologies were contacted advising they would be removed from the PPG list unless they made contact. As a result, 8 patients were removed. Emily also advised that group resignations had been received from RS, TS, and EH.</p> <p>Ann requested that all members of the group complete a Confidentiality Statement and send these back / hand in for the attention on Ann or Emily.</p> <p>BR asked if there was any advertising for new members. Emily explained that information had been posted on the practice website and Facebook pages, but no interest expressed. Information will continue to be posted in the hope that more patients wish to join.</p>	
<p>5.</p>	<p>Patient Group Practice Requirements</p>	<p>Complaints Emily advised that since December 2022 there had been a total of 19 clinical complaints received into the practice. Of these, 3 were upheld, 6 were partially upheld, 4 were not upheld and 6 were ongoing.</p> <p>GL asked if the practice had a process on dealing with complaints. Emily advised that the practice had a Complaints Procedure and information regarding this was available from reception upon request, as well as on the</p>	

		<p>practice websites. Leaflets had also recently been updated to reflect changes in relation to NHS England and Integrated Care Boards and these would be circulated around waiting areas in due course.</p>	
<p>6.</p>	<p>Surgery Updates</p>	<p>Staffing Due to progression within the reception team, there was adverts out for recruitment again.</p> <p>Ann explained that two receptionists have progressed into a General Practice Assistant Role (PCN based role which is used for resilience for day-to-day tasks, both clinical and administrative including bloods, injections, dressings, administrative documents, and back-office processes).</p> <p>Ann explained that another reception member had recently completed their Phlebotomy training and move into a clinical role, which fit in well, as one of the healthcare assistants was progressing into a Nurse Associate Role.</p> <p>The practice has also recruited a new Practice Nurse -Georgia, as well as Clinical Care Coordinator, Lisa, who is seeing housebound patients and patients in care/nursing homes.</p> <p>Flu Vaccine The practice is expecting delivery of flu vaccinations week commencing 11th September 2023. If the vaccines are received during this week the plan is for walk in and pre-bookable clinics to begin on Saturday 16th September 2023, which will run every Tuesday and Saturday for 4 weeks and will then be reviewed. All eligible patients will be contacted by either text message or letter.</p> <p>Patients aged 50 – 64, who were eligible last year for the vaccine, are not eligible for routine immunisation during this flu programme, only patients in this age group with an underlying condition will be eligible.</p> <p>COVID Vaccine Autumn booster role out expected at some point in October 2023. The practice has not received a lot of information to date regarding patient eligibility, but eligible patients will be contacted with information on clinics as it becomes available. COVID and Flu vaccines can be given safely together at the same time. Patients may receive separate invitations for COVID and Flu vaccines due to eligibility reporting processes.</p> <p>Ann advised that not all practices in Hartlepool are doing COVID clinics, but McKenzie Group Practice will be running their own as previously done.</p> <p>Diabetic Project Patients who have a diagnosis of Type 2 Diabetes are being contacted by nurses in the practice regarding medication.</p>	

Respiratory Project

Patients who suffer with Chronic Obstructive Pulmonary Disease (COPD) and are at higher risk of being admitted to hospital are being contacted by nurse from the practice to discuss options of referring to Pulmonary Rehabilitation and Healthier Living programmes to help prevent future admissions.

Alcohol Project

Previously patients who had no alcohol status on record were being contacted by the practice as part of a townwide project, for up-to-date alcohol status, and if necessary, patients were being offered referrals to appropriate help pathways. The project is now focusing on patients who have a mental health diagnosis, but no recent alcohol status / information recorded. These patients will also be offered help, support, intervention, or an appointment with a clinician if their alcohol score is high.

Hartfields

Following on from the meetings in June and July 2023, all documents regarding Hartfields have been submitted to the Integrated Care Board. Ann explained that there were six different levels the document had to go through before any feedback would be received.

DT asked if the practice remained open 5 days a week currently, Ann advised that yes, the practice is open days a week as usual, and will remain so until any feedback or decision is made by the Integrated Care Board.

Telephones

Several problems with patients being cut off at once they had been at Number 1 in the queue. The provider and the practice have looked into this and made changes, so hopefully the problem is now resolved.

As well as this the phone provider has now linked up all practices, so if a patient phones McKenzie and all the lines are full the call will be diverted via cloud base to another practice with an available line. The changes were only made a few weeks ago but should help patients get through to the practice more quickly and should also alleviate some pressures for staff at busier practices. Ann asked the group members to report any phone issues to either herself or Emily so these could be investigated.

The changes the phone company made in relation to how calls are diverted to sites seemed to resolve the issues people were experiencing in regards to getting cut off at Number1. The number of complaints had significantly decreased, however, aware that people were still experiencing issues and the phone company were reviewing these issues on an individual basis once provided with information from the practice. GL queried why the practice does not undertake weekly telephone line checks, as the practice does with a fire alarm. Ann advised that this was impractical and does not give a true result as the number of calls at different times of the day fluctuates, it would also mean someone taking time to do this and blocking a line for a patient to access whilst doing so.

Information was received from MW (via email) advising he had experienced this problem recently. Ann / Emily to contact MW for further information regarding dates, times, and numbers so the phone company can investigate the issue. Comments were made from other members of the group advising they were aware of others experiencing the same issues. Ann advised that if the patient reports this to reception information should be passed to Ann or Sarah H to liaise with the phone company, but Ann will remind staff regarding this.

Ann also explained that there had been recent changes with NHS contracts regarding which telephone providers practice could now use as the system should be 'cloud' based. Ann advised that McKenzie Group currently has a contact with Daisy, who is one of the approved providers.

Appointment Link


The practice is looking at using a potential new way for patients to book appointments of a certain kind, i.e., flu vaccinations, smears. Ann explained that certain rotas would allow the practice to invite a cohort of patients to book an appointment via a link sent by text message. This would allow patients to book their own appointments and help reduce the amount of phone calls coming into the practice.

Text Messages

The practice is utilising the use of text messages more to help promote services available to patients. Texts have recently been sent to cohorts of patients promoting services such as Menopause clinics, Mens Mental Health and Dementia support. Ann asked the group to encourage patients to make sure their mobile numbers are up to date with the practice, and this is a very useful tool for communication.

Modern General Practice

The government is currently pushing for all practices to adopt a Modern General Practice approach, which is the use of a total triage system. No directly bookable appointments would be available with the practice (not including Phlebotomy, Healthcare Assistants, Practice Nurses). When patients contact the surgery to request a GP or Advanced Nurse Practitioner appointment, the staff would be required to complete a triage form, this would then be assessed based on clinical need and the patient would then be offered either an appointment based on clinical need / urgency or care navigation to another service. Patients would also be able to complete their own triage forms online, so they would not need to contact the practice via telephone to request an appointment. Patients who do not have online access could still call and the staff would complete the triage forms. The hope is that this will ensure patients get the most appropriate appointment based on clinical need, and the requirements for patients to phone on the day for an appointment would be reduced. Ann was unaware of a date that practices would be expected to adopt this approach, but along with Dr Paul, she would be contacting and visiting some of the early adopter practices to see what process they were using and how the system worked.

		<p>NS told the group that this topic had recently been discussed on morning television, and it appeared to be that this way of working was being forced upon practices to adopt a triage system. She also advised the group that the date mentioned was May 2024.</p> <p>Ann advised that the practice does already care navigate but this would take it to a different level. Ann informed the group that the practice had enrolled onto a 26-week programme with the Integrated Care Board which included data gathering, the data collected so far showed the practice did care navigate well, but that care navigation was only done once all the same day appointments had been booked, but really this should take place from the first appointment request of the day.</p>	
<p>7.</p>	<p>AOB</p>	<p>DT and NS both asked if pre-bookable and online appointments were still available. Ann advised that there are appointments available to pre-book 14 days in advance, and these were available to book online or by contacting the practice, but there is only a certain number of appointments allocated to pre-book.</p> <p>DT and NS both asked what time the online appointments get released. Ann unsure as to exact time, but assuming this would be midnight. Ann to try and clarify this and review the number of appointments allocated to book online.</p> <p>HT asked Ann what clinical result interpretation training the staff have received. HT referred to incorrect interpretations relating to Cholesterol, but this related to a previous time when she was manager in BioChem. Ann advised that she would need to speak with the Clinical Nurse Manager regarding this as she would have the information available but was aware that not all clinicians could interpret results.</p>	<p>See information received from Clinical Nurse Manager -</p>  <p>Understand Blood Results .pdf</p>
<p>9.</p>	<p>Date & Time of Next Meeting</p>	<p>Next meeting will be scheduled for February 2024.</p> <p>Further information in relation to Hartfields Medical Centre will be sent once available.</p>	