**Corbridge Medical Group**

**Patient Representation Group**

**Wednesday 6th February 2019, Corbridge Health Centre, 7pm**

**Minutes**

**In Attendance:**

MM, SL, DP, Nicola Lamb (Reception Manager), Dr Rob Barker (GP Partner), Julie Johnston (Practice Manager)

**Apologies for absence:**

JH, BC, AE, MB, FR, PB, FMcC

**Patient Communications**

A discussion took place regarding the information presented at the last meeting and how best to communicate the key messages to patients. The statistics at the end of the presentation were thought to be a powerful way to let patients know the volume of work being tackled each week. It was suggested however that we would need to introduce the data with a carefully worded statement to ensure that patients are not discouraged from contacting the practice when they have legitimate health problems or queries to be answered. The use of the TV screen should be kept for short, snappy messages using large type displayed as bullet points for the best impact. It was suggested that we could create a pie chart to display the proportion of time taken for different tasks each day as this might be easier to read than the raw numbers.

We also discussed FR’s offer to write a piece on ‘A day in the life of a Corbridge GP’ which would be another way of capturing the scale and volume of the work involved each day and some of the unrealistic expectations and demands made upon GPs by patients. It was suggested that this could be put into parish magazines eg Corbridge Matters or made available for patients to read in the waiting room and website rather than for the TV screen.

The previously published ‘Appointments Guide’ had been edited slightly and we discussed some additional modifications – perhaps telling patients that they will be told how many patients are waiting ahead of them to give an idea of how well the surgery is running to time. It was also suggested we should ask patients to tell us when they are running late so that the GP can adjust surgery accordingly. The guide would be made available for patients to pick up in the waiting room asap with copies available online for reference.

Other methods of communication were discussed. These included skype , social media, text messgaes, email, twitter and facebook. It was clear that patients use telephone much less in other parts of their lives and yet the practice systems are very heavily dependent on the use of the telephone which is something worth considering when designing services etc. Julie agreed to discuss this with the GPs to see if we can automate more of our processes for communicating.

We discussed the use of notice boards within the health centre and it was agreed that these are often ignored – or too cluttered to really highlight important messages. The practice receives large numbers of posters for display so needs somewhere to put them but it was agreed that this should not be considered as a good way of informing patients about events or services. Broadcasts via the TV screen or website are better but some practices use social media and this would be worth further investigation. In the main corridor we have a patient representation group notice board for minutes and information relating to feedback but patients rarely stop on their way out to read this. Julie agreed to give some thought as to whether this could be placed elsewhere.

**Paramedics Project**

Julie gave an update on how the Paramedics Project was going – we have been participating in a pilot to see whether North East Ambulance Paramedics could be used to respond more quickly and more appropriately to home visit requests. The service has been received very positively by all involved and would be missed when it comes to an end in March. It was hoped that something could be commissioned locally to continue this work as it has benefited patients and GPs – allowing visits to be made earlier in the day and enabling GPs to do more planned visits (or spend longer) with those patients who need to see them.

**Social prescribing**

Our GP Federation, Hadrian Primary Care Alliance, had been given some funding to do some projects which would help GPs with their current workload and part of the money had been used to fund blackboards and booklets for surgery waiting rooms which give information about local groups and activities which are available in the community to help patients who might be lonely, isolated or in need of companionship. This is known as social prescribing and can have significant health benefits for patients which should reduce their reliance on GPs for support. Members of the PRG were asked see if any additional clubs or societies could be included in the booklets and to send on the information in the form of an A4 poster for inclusion in the books.

**A Day in the Life of Corbridge Health Centre**

As mentioned above, Fiona had offered to write a piece about ‘A Day in the Life of a Corbridge GP’ and would be happy for this to be used as a way of highlighting some of the pressures and expectations placed upon them. We will shortly be arranging an initial meeting with FR and the article will take shape from there. We’ll give an update at the next meeting. Thank you to Fiona for the idea which should be a really good piece of work.

**GP Resilience**

Julie gave an update on a new project which the practice has been funded to undertake which enables one session of GP time each week to work on improvement projects up to the end of March. Evaluation of the Paramedics Project is part of this along with some other work involving improved systems for sending hospital correspondence around the practice but other work includes an extension to the social prescribing work described earlier where we will be meeting with a number of organisation such as Citizen’s Advice Bureau, Age UK and Wentworth Leisure Centre to arrange some sessions where patients can access services here at the health centre – or drop in for information about what might be available to them to assist with social needs, health and fitness or benefits advice etc. It is hoped that these organisations will come along on a regular basis to the Health Centre in order to be more accessible for patients.

**New GP Contract**

In the week prior to the meeting a new GP contract had been announced which will change the way practices are funded from 1st April 2019. Julie gave a brief overview of the changes which mainly involve working with neighbouring practices as ‘Networks’ for the provision of some services. This is likely to affect some of our existing services but it will also open up the possibility for Networks to employ new members of staff to work within GP practice teams such as pharmacists, paramedics, physiotherapists and social prescribers. Initial discussions were taking place regarding the make-up of these Networks within our locality and as further details become available regarding the impact on our team this will be communicated via the PRG. There are some exciting opportunities for practices but also some changes to funding which may not be so positive. More detail on this will be available at the next meeting. One aspect of the new contract is to encourage greater use of electronic media in consultations and this was discussed briefly. Using Skype as an alternative to home visits is worthy of consideration and opening up the messaging portal on the online Patient Access system were seen as positive developments. Often we find that national initiatives are poorly thought through however and issues regarding perceived accessibility and confidentiality remain concerns for GPs when considering these initiatives but this will be discussed within the practice as we implement the requirements of the new contract.

**Friends and Family feedback**

A report for Sept 18 to Dec 18 was presented at the meeting. Feedback was overwhelmingly positive with just one adverse comment regarding the car park. There have been a number of incidents recently caused by poor parking and patients using areas which are not designated parking bays. One patient had requested some parent parking bays for those with young children but we have very limited space for this. It was suggested that the disabled bays might be better placed towards the back of the car park where the ground is more level. Julie agreed to look at this in discussion with the landlord. Neighbouring practices in Hexham now have quite high charges for parking on the hospital site and we are lucky to still have a free car park but spaces need to be used responsibly.

**Date of the next meeting**

**Wednesday 15th May 2019 at 7pm**