**Union Brae Surgery**

**Patient Participation Group Meeting 20.2.17 at 6:00pm**

Present: Helen Henderson, Linda Buchanan, Debra Jardine, Linda Pepper, Chris Timmins, Maureen Raper.

Apologies: Marjorie Timmins.

1. **Surgery**

Work to the surgery is now complete. ENT are now occupying the new consulting rooms. These are very busy clinics. There are ENT, Audiology and hearing aid clinics every Tuesday and Friday with an extra clinic every 3rd Monday. The rooms are also being used by Talking Matters as a counselling service. There is also a service offering counselling for anxiety and bereavement issues. Patients can either self-refer or be referred by a GP to these services. These are open to patients from the age of 14 upwards. (DJ asked to be sent details of these services).

We have a new computer system within the Practice. We are now operating Systmone. Although the system is still “bedding in” it is operating quite well. It will offer one or two addition services more than EMIS, such as getting blood results via text message as long as a patient’s mobile number has been verified on the patient’s records.

**Forward View for Surgery**

We do not plan to do any more building works for the foreseeable future. We are continuing with the newsletter to inform patients of changes, relevant information etc. We are also updating the website regularly and we put notices up in the waiting room. We are retaining the appointment system we have at present, despite pressure from the CCG to change to a “GP first” system where patient call the surgery and are triaged by the GP on call who decides whether an appointment is necessary or not.

**Staff**

Moira Clements, a nurse with the practice for many years, has recently retired and has been replaced on a permanent basis by Dawn Dewar. We are still looking at the possibility of becoming a training practice, and are also looking into training some staff members to take on more rolls i.e. another nurse practitioner and training one of our phlebotomists further.

**CCG Issues**

NHS England are now the commissioning group for Northumberland. It is not now the CCG. However, the CCG are soon to be replaced by the Accountable Care Organisation, an umbrella organisation which will include the County Council, Ambulance Service etc. The Northumberland Health Care Trust will hold the contract for this. With regards to provision of care, there is 24hr medical cover in Berwick. The GP surgery offers cover from 8:30-6:30 from Monday to Friday. There is an out of hours services, accessible via 111 which operates outside these hours and there is also the minor injuries unit at Berwick Infirmary.

We were reluctantly forced to change to Systmone. However this makes record sharing between agencies easier as all of Northumberland Health Care now run on the same system. Therefore multiple agencies have access to records which should make treating patients easier. It should also make electronic referral easier, although this will not be available to our Scottish patients.

A discussion also took place regarding funding issues and the fact that GPs were paid to keep the number of referrals to a minimum. If a surgery can keep the number of referrals down to a percentage of their patients, set by the CCG, then they get paid for this. Cancer referrals are not included in this. If a surgery goes over this percentage of referrals then they receive no payment. This is very hard to achieve and something that is not actively acted upon. If a patient needs a referral then they get one. At present the surgery is paid £80.69 per patient. Any other payment on top of this has to be earned.

Our GPs do not offer cover as part of the Out of Hours scheme. This was something that was bid for. Well Close Surgery have the contract for this, although some of our GP do work for Northern Doctors.

**Frequent Attenders**

618 patients are identified as frequent attenders. Various steps have been made to tackle this with some success. We have identified the fact that some patients have developed a “relationship” with a particular GP and we are trying to break this cycle.

**2. Any Other Business**

 We do need new members of the PPG. We cover most demographics but need young people and parents of young children. The members could be kept in the loop via email as oppose to attending meetings. DJ confirmed that she had a young lady in mind who she would approach regarding this, but all members were asked to think of anyone who they thought might fit the bill. We currently have 18 members on the PPG.

Parking – the issue of parking was brought up again, especially those parking on Union Brae. Helen acknowledged that this could sometimes be a problem but was reluctant to contact the police regarding our own patients, as most of the time it was not or it was disabled patients who were not illegally parked. Our extra clinics have had no further impact on the parking situation. It was suggested that this was a Town Council issue rather than the Practice. DJ suggested that we contact LMAPS who may be able to help and offered to find the number and forward it to Helen. Our car park is private and monitored. Our staff do not park in the car park on a Tuesday or Friday as these are the days that the ENT clinics operate.

We have asked a local artist to decorate our children’s area in the waiting room.

The group also discussed the subject of feedback, good or bad, regarding our services. There are various platforms that patients can leave feedback on and this should be filtered through to the various departments concerned i.e. GPs, consultants, hospital departments etc. This can also be done through PALS.

**3. Date and Time of next meeting**