Joint	PPG Meeting	Thursday 10 th October 2024	12.00pm	Victoria Medical Centre		
No	Agenda Item					
1.	Introduction and Welcome	AH, VH, DT, NS, SJ, GJ, MW, MB, CS, JM, AP, EOF,				
2.	Apologies	MC, BR, HT				
3.	Minutes from previous meeting	Copies of minutes from previous meetings were sent to members prior to meeting (copies were also available at the meeting) – all members were in agreeance that these were accurate.				
4.	Patient Group – Practice Requirements	referral delays, misdiagnosis, prescribing CS asked if all complaints had to be substaff can send a message to either Clinic EOF will ensure that a reminder is sent to practice website, patients can now also MB asked if complaints are all given a ulogged on a spreadsheet including patie also advised that the practice must submit other information relating to the type MB enquired as to whether 14 complain	ained that since April 2024 there have been 14 Clinical Complaints received. The complaints covered concerns related to elays, misdiagnosis, prescribing issues, communication, staff attitude/ behaviours. If all complaints had to be submitted in writing. EOF and AH both advised that complaints can be made verbally, and send a message to either Clinical Complaints Manager or Assistant Practice Manager for contact to be made with patient. It is ensure that a reminder is sent to all staff to remind them of this. EOF also advised that following recent updates on the vebsite, patients can now also submit a complaint form electronically to the practice. If complaints are all given a unique reference ID. EOF advised that they are not, but that all complaints received are a spreadsheet including patient NHS number. AP advised that recording the complaints is a contractual requirement. AH sed that the practice must submit information to NHS England annually regarding the number of complaints received along information relating to the type of complaint and the outcome. If deep the complaints is a contractual requirement information relating to the type of complaint and the outcome.			
5.	Surgery Updates		ledical Centre), McKenzie	zie House Surgery - A81044 (includes McKenzie House, Group Practice – A81070 (includes Wynyard Road Medical ery – A81622.		

Currently GPs and other clinical staff move across all sites and patients registered with McKenzie House Surgery - A81044 and McKenzie Group Practice – A81070 also have the option to be seen at any of the sites within those contracts but the same does not apply to Gladstone House Surgery – A81622.

Therefore, to help better continuity of care for ALL patients, and to help the practice work smarter, an application was submitted to the Integrated Care Board (ICB) and NHS England for further cross-site working to be considered to include Gladstone House Surgery.

The application was processed and has successfully passed the first phase. A meeting has now been scheduled in a few weeks' time for further discussions to be held regarding the logistics of how this would work. AH assured patients that this change would not have any impact on the volume of appointments available.

If the application is approved, communications will be sent to ALL patients who are registered with McKenzie Group and information regarding this would be published on the practice websites and Facebook pages.

Practice Websites

Since the last meeting all practice websites have been updated and now meet the NHS accessibility standards. These are updated frequently with information on new services, etc.

Telephones

AH is aware that there are ongoing issues with the current telephone system.

AH advised that under the new NHS Contract all practices are required to upgrade their telephony systems to a 'fully' cloud-based system. With this, there will also be the option for callers to request a call back once they enter the queuing system. Site surveys have been conducted, and installation of new cables is now required – this work has been completed at Throston Medical Centre, but work is yet to be done at the other sites.

MW asked if there will be an increase in the capacity of the queuing system or whether this will remain capped at 10. AH advised that she was unsure if there would be capacity for more, but that discussions with the telephony group were taking place regarding how the system would work.

AH asked if anyone was receiving an engaged tone; all advised no but this would be preferred rather than receiving the long message before being advised lines are full.

MW stated that the introduction message patients receive is lengthy and unnecessary. The message is approximately 55 seconds long, and patients must listen to this each time as it cannot be skipped, and often following the message they then receive a further message advising that their call cannot be accepted and are then disconnected.

AH informed everyone that practice must ensure that messages are on the telephone system advising patients of what they must do in an emergency, etc. but that a shorter message could be considered providing the set requirements were met. CS agreed with MW that the long message is frustrating, and asked if there was anyway the message could only be given to callers who were successful in reaching the queuing system. AH will make enquires with the telephone provider regarding this.

CS asked if the telephone at Hartfields would be reintroduced. AH explained that Hartfields will still have a stand-alone number, but that calls will be diverted to Wynyard Road as they are currently. This primarily is due to only one receptionist working at Hartfields, and if they are dealing with something at the desk calls are missed.

CS enquired as to whether options could be introduced such as Press1 for Appointments, Press2 for Emergencies, Press3 for Test Results, etc. AH explained that the practice previously had a similar system, but this put restrictions on line availability in-house in that the set extension numbers were required to be always manned, which took staff away from then being able to answer calls for other matters. This was particularly problematic first thing on a morning when the calls for appointments were much higher. CS asked if there was a possibility of a telephone team – AH advised this was being considered as part of the further discussions with the telephone provider.

MW asked for timescale on completion of works and date for new telephone system going live – AH advised that she could not give any exact dates as discussions were still underway with the telephone company. After some discussion, AH advised that hopefully the system will be up and running in approximately 3 months' time but could not commit to this as dates had not been provided by the company at this stage.

Special Allocation Scheme

AH explained to the newer members of the group that as stipulated in the McKenzie Group Practice – A81070 (Wynyard Medical Centre and Hartfields Medical Centre) NHS contact, the practice has been the provider of the Special Allocation Scheme for Hartlepool and Stockton-On-Tees for several years. This scheme is for patients who have been removed from mainstream general practice due to their behaviour of violence, aggression, etc. Patients are placed on the register by NHS England, and we provide a GP service for these patients. The patients remain on the scheme for at least 12months before being reviewed; the review is carried out by a GP and if there is evidence to suggest that they have been rehabilitated and would be suitable for mainstream practice this would be marked on the forms for NHS England and the Integrated Care Board (ICB) to consider their removal from the scheme. Appointments are primarily via telephone, with face-to-face appointments arranged between 5pm & 6pm on an evening at Wynyard Road when a security guard is available on site.

AH explained that in March 2022 the practice was asked to look after the patients on the Darlington scheme for a two-year period, and then in October 2023 the practice was asked to also look after patients on the Middlesbrough and Redcar-in-Cleveland scheme for a one-year period. This was agreed on a temporary basis.

The patients on the Middlesbrough & Redcar-in-Cleveland Scheme have now been transferred to another provider in Redcar. This change in provider took place on 30th October 2024. The Darlington patients will be transferred to another provider in April 2025.

The practice experienced increased challenges with the patients from both Middlesbrough & Redcar-in-Cleveland and Darlington schemes due to transport restrictions and this was beginning to have an impact on some patient care as some services were unavailable.

Several people asked how many patients were on the scheme currently. EOF and AH explained that there was approximately 100 patients but due to recent changes the number had now reduced.

EOF has checked register and as of 10-10-2024 there are currently 74 patients registered.

Friends and Family Feedback

AH explained that patients are asked to provide feedback to NHS services regarding their recent experience.

Patients are asked the following:

Thinking about your GP practice overall, how was your experience of our service?

Patients are asked to give one of the following responses:

Very Good, Good, Neither good or poor, Poor, Very Poor or Don't Know

EOF shared the last 3 months Friends and Family Test feedback results received at the practice. The results overall were very positive. The results are shared monthly on the practice websites for patients to view.

Copy of results attached separately for information.

Hartfields Medical Centre - Site Closure for essential works

AH explained that at short notice Hartfields Medical Centre had to be closed to allow for essential works to be carried out to pipework and heating throughout the building.

An application had to be made to the Integrated Care Board (ICB) to allow practice closure, and to ensure that all services for patients would still be available during the times when the practice was closed.

The closure was advertised via practice websites, Facebook, posters as well as messages to patients via text/App.

These works were completed on 7th October and the practice is now re-open.

Practice Protected Learning Time

AH explained that prior to COVID the practices across the town closed for 4-6 afternoons per year to allow for staff training events. These sessions were stopped during and after COVID, but the Integrated Care Board reinstated these sessions earlier this year allowing for all staff to take part in training sessions. There are 6 sessions in total spread across the year; 5 sessions have already taken place with the further session due to take place in March 2025. The sessions are organised by the Integrated Care Board;

and feature two external training events, 2 in house training events and 2 virtual events. Cover is provided by NHS 111 and out of hours cover.

Flu, COVID and RSV Vaccinations

COVID – McKenzie Group decided to keep clinics in house, rather than to an external service provider. All Care Home/Nursing
Home patients have been visited and vaccinated already, including patients registered at Hartfields Extra Care Village.
Housebound patients will be vaccinated in November.

There is a walk-in clinic taking place at Victoria Medical Centre on Tuesday 15th October between 9am and 5pm, however, this is via invite only, due to vaccine availability. All eligible patients will be invited in the month of October.

- Flu There have already been two ½ day clinics at Victoria Medical Centre these took place on Friday 4th and Tuesday 8th October. There is a further walk-in clinic scheduled for Tuesday 15th October.

 If patients are unable to attend a walk-in clinic, bookable appointments are available. Vaccines will also be given in practice opportunistically if patients are attending for other reasons and there is vaccina availability. Again, all housebound patients will be visited in November.
- RSV (Respiratory syncytial virus) AH explained that this is a new vaccination which has just become available for patients from September 2024. There is a set criterion of patients who are eligible for the vaccine which includes: Patients who turn 75 years of age on or after the 1st September 2024, Patients who are already aged 75-79 years old on 1st September 2024 and Pregnant patients from 28 weeks of pregnancy.

AP explained that although this is a new vaccine, the virus is not new, and there is a lot of evidence to suggest that children and elderly patients are hospitalised because of the virus each year.

AH explained that when the vaccine became available all eligible patients were invited to two set clinics. Patients who did not attend will be sent further invites to arrange an appointment with the surgery. Also looking to arrange a clinic at Hartfields Extra Care Village as a lot of patients who are resident there are eligible.

JM asked if this was a more established vaccine than the COVID Vaccine. AP explained it is a new vaccine but there is good supporting evidence; currently only for the set cohorts of patients but may increase to different cohorts as time goes by.

Practice / PCN projects

Practice is currently engaging with the following projects:

High Blood pressure clinics with Suvera

Early-stage research – Patients presenting with recurrent urine infections are being asked if they would like to participate.

Town-wide projects including Diabetes Clinics, COPD management, 2nd phase of alcohol project, CVD.

Joint	PPG Meeting	Thursday 10 th October 2024	12.00pm	Victoria Medical Centre	
		AH explained that Dorothy Wood, Specialist Respiratory Nurse for McKenzie Group is up for an aware for her work with COPD clinics and is currently on her way to London.			
		Staffing GP Partners Dr Samantha Foreman will be joining the Partnership from 14 th October 2024. Dr Foreman has been a GP Registrar with the practice for some time but has now fully qualified and has decided to stay. Dr Khine Thein is due back for her maternity leave at the end of November.			
		Retirements Nikki Easton - Clinical Nurse Manager, retired yesterday (09-10-2024). Nikki had worked with the practice for 8 years. Sharon – Practice Nurse (Asthma) is retiring at the end of the month. Sharon has worked with the practice for 22 years. Caroline – Data Administrator, is retiring at the end of November. Caroline has worked with the practice for 33 years. New staff New reception staff – this is mainly due to progression in the team			
		training to become a GP. The registrars are	supervised by GP Tr	e fully qualified doctors, but they are required to do additional ainers within the practice who are AP, Dr Timlin and Dr Donath. I and Newcastle University from 1st Year to 5th year. All of the GP	
				rise that from November people will be able to register with the ng scheduled to take place next week to discuss how this will work	
7.	AOB	introduced themselves nor explained the this is good practice, and everyone agree Nurse Manager who was raising this with highlighted than the name. AH did explain that staff have been told to photo boards across the sites but only if	ir role within the prace with this. EOF explain the team. NS explain to ensure they are alwaystaff gave consent.	bintments recently and at both appointments the clinician neither cice. NB explained that this had caused her concern. She believes blained that this had already been highlighted to the new Clinical need that she was more concerned about the clinicians role being ways wearing their badges, and that the practice would look to do the practice website, but photographs were not.	

Joint	PPG Meeting	Thursday 10 th October 2024	12.00pm	Victoria Medical Centre	
	and contact patient directly. CS asked who puts the results onto the		p and patients accessing results. MB to pass details to EOF to investigate the concerns e App. AP explained the results go onto the App once they have been actioned by a ut at the hospital are not available for patients to access via the App but this may be		
		_	•	TC (long-term condition) reviews are arrange around the month of one within one appointment (where possible).	
		JM wanted to pass on some positive feedb	pack for both Dr Triv	edi and AP.	
		this was for. They had attended clinic, but telephone consultation. AH and AP explain	the appointment waned aware there we	rom the practice with appointment details but was not sure what is with pharmacist for a medication review, but this was for resome issues earlier in the year due to the way appointments made and hopefully this had now been rectified.	
				ling the roles of the Integrated Care Board and the Primary Care I Practice. All members were agreeable to this.	
9.	Date & Time of Next Meeting	Date of next meeting to be arranged – this will	be communicated	with all once scheduled.	