

# Patient Reference Group - Wednesday 20th March 2019

## Minutes

**In Attendance: Patients** - Michael Stephenson, Jane Cain, Bill Mooney, Moira Wears, Gordon Binney, Brian Bartle, Melvin Craik, Tony Waddell

**Staff** - Sue Elsbury – Manager and Chair, Dr John Bisson – GP , Marie Towers – Admin Team Leader

**Visitors** – Nicola Murray, Julie Ingram – North Durham CCG

**Apologies** – Brenda Wilks, Jean Carter, Graham Handley, Ian Dockerty, Anne Taylor

1. Welcome and Introductions
2. E- Consult – Nicola Murray – Nichola Murray, Digital Lead for North Durham / DDES /Sedgefield CCG, gave an overview of a new system that we are keen to adopt in the practice. eConsult is a platform that allows patients to consult with their own NHS GP simply by completing a quick online form. It helps GPs to deliver better access to registered NHS patients by providing a round-the-clock portal where patients can enter their symptoms and receive instant self-help advice, together with signposting to NHS 111, pharmacies and other healthcare services.

The practice hopes to have this up and running within 2 months.

<https://econsult.net/what-is-econsult/>

3. Review of Terms of Reference were updated and agreed by the group – updated version added to practice website.
4. Update from County Wide Patient Reference Group ( PRG ) - Gordon Binney – Gordon gave an presentation to the group to explain his role in the County Wide Patient Reference. Within the presentation he explained the structure of the organisation, and how the PRG works in terms of having a voice in the wider strategic organisation. He explained some of the topics discussed at the most recent meeting:  
Last offices and patient care  
Rapid Specialist Opinion  
Care Navigation  
Rheumatology services at University Hospital North Durham  
Vascular services (commissioned by NHS England)

He also gave a summary of information given from the following presentations:

- North East Ambulance Service performance and waiting times.

- Bowel screening programme.
- Medicines Optimisations update.
- Stroke Rehabilitation services and planned engagement.

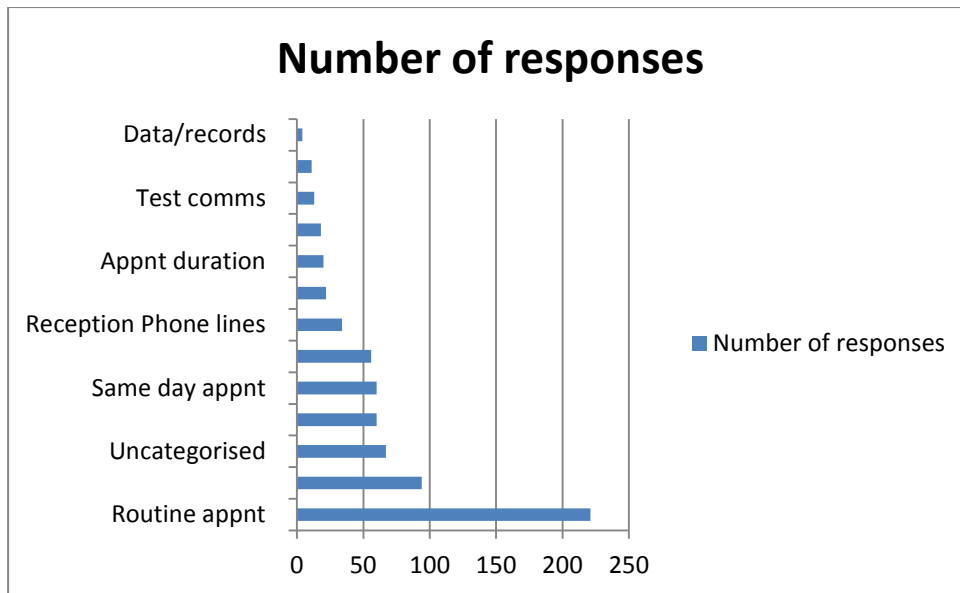
In addition to the above, he talked about the current issues currently being addressed by CCG and practices:

- UHND Emergency Department new building. Lack of progress.
- Public Health Funding. New formula reducing Durham Funding by £19.2 M.
- Vascular Services Provision. Proposed Changes Sunderland to be one of 3 main centres. Durham to provide out-patient appointments.
- Modernising Healthcare in Derwentside. Shotley Bridge Community Hospital conversations 27th March – 22nd May 2019.
- NHS Long term Plan introduced January 2019. Implementation.
- Integrated care system NHS and Social Care (Taps) teams around Patients. Implementation.
- New GP contracts. Introduced by 1st July 2019. Establishing Primary care Networks. Covering 30K to 50K patients. Implications.

He has requested that if any of the members want him to raise any issues at this wider meeting, he can be contacted on [gordonbinney243@gmail.com](mailto:gordonbinney243@gmail.com) or 07976472153

Full details of presentation and hand out can be found on our website, via the patient participation group link.

5. SMG Practice Development Plan – examples of improvement areas.  
Sue and Dr Bisson gave a brief overview of some of the areas that the practice working through to improve efficiency, safety and clinical effectiveness throughout the practice.  
Dr Bisson also gave a summary of the findings from his recent short survey that was sent to 9000 patients by text. We received almost 400 responses. The types of responses/ replies were grouped in to the following areas.



It is hoped that the many development areas align to those highlighted, in the survey, however some examples of specific small projects that are underway are:

- Improve online access to GP appointments and uptake – currently 3192 patients have active online access.
  - Improve uptake of patients request repeat meds online – on average, 210 patients per week utilise this service.
  - Improve self- check in at Stanley site to alleviate the queue – currently 38% of patients checking in use the self arrival screen. We aim to add another PC to the waiting room to allow better access to this. We are going to promote this to encourage increased use – improving patient experience by reducing the queues at the desk.
  - Improve on screening programme attendance – more info to follow.
6. Medical Students / GP Training – the practice has expanded its ability to teach medical students, and is currently teaching 3<sup>rd</sup> and 5<sup>th</sup> medical students, GP Registrars and Physician Associates. All patient contact with any of the above individuals is supervised by our qualified GP's and Nurses.
  7. Prescribing priorities - Conditions for which over the counter items should not routinely be prescribed in primary care. CCG's are rolling out new prescribing guidelines which include a list of conditions for which we cannot prescribe medication for in Primary Care. They are all obtainable over the counter. See Appendix 1.
  8. AOB
    - a) New Service offered to patients from 1.4.2019 - Patients who ring the practice with certain eye problems will be navigated to a new local service that specialises in eyes. The service is being delivered by our Opticians across the locality. A full list of inclusive eye problems can be found on Appendix 2.

- b) Bill Mooney asked if we could promote the Blind Veterans UK as an organisation that he has personal great experience of, and hopes other patients across the locality could benefit from. Website details below. The practice has agreed to promote in terms of waiting room information, and we will also share this with other practices.

<https://www.blindveterans.org.uk/>

- 9. Date & Time of next meeting – TBC

## **Appendix 1:**

### **Quick Reference Guide for Healthcare Professionals: Conditions for which over the counter items should not routinely be prescribed in primary care.**

Items of limited clinical effectiveness

Probiotics

Vitamins and minerals

Self-Limiting Conditions

Acute Sore Throat

Infrequent cold sores of the lip

Conjunctivitis

Coughs and colds and nasal congestion

Cradle Cap (Seborrhoeic dermatitis – infants)

Haemorrhoids

Infant Colic

Mild Cystitis

Minor Conditions Suitable for Self-Care

Mild Irritant Dermatitis

Dandruff

Diarrhoea (Adults)

Dry Eyes/Sore tired Eyes

Earwax

Excessive sweating (Hyperhidrosis)

Head Lice

Indigestion and Heartburn

Infrequent Constipation

Infrequent Migraine

Insect bites and stings

Mild Acne

Mild Dry Skin

Sunburn due to excessive sun exposure

Sun Protection

Mild to Moderate Hay fever/Seasonal Rhinitis

Minor burns and scalds

Minor conditions associated with pain, discomfort and/fever.

(e.g. aches and sprains, headache, period pain, back pain)

Mouth ulcers

Nappy Rash

Oral Thrush

Prevention of dental caries

Ringworm/Athletes foot

Teething/Mild toothache

Threadworms

Travel Sickness

**Appendix 2**



**MECATS Inclusion criteria:**

Adults and children (under 17 accompanied by parent or guardian)

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- Red eye.
  - Gritty/itchy/dry/uncomfortable eye.
  - Sore/painful/light sensitive eye.
  - Discharge/sticky eye.
  - Watery eye.
  - Contact lens stuck in the eye.
  - Foreign body in the eye/scratches to the eye.
  - Lumps and bumps in the vicinity of the eye.
  - Flashing lights, floaters, objects or patches in the vision.
  - Reports of areas of vision missing.
  - Loss of vision including transient loss.
  - Sudden onset of blurred or distorted vision.
  - Double vision, seeing two or more objects of recent onset when patient not unwell.

Eligible patients, should be asked to contact optical practice within 24 hours (telephone for appointment)