

PPG Meeting held on 19th November 2015
MINUTES

In Attendance:

Clive Jones, Chairman
Rachel Kennouche, Practice Manager
Phil Owen, Office Manager
Dr. Edward Henry
9 patient members of the PPG

Agenda No.	Agenda Item	Action
1.	<p>Matters Arising from Previous Meeting</p> <p>Clive asked if there were any comments from the minutes of the previous meeting and there were no actions but it was asked if anyone had managed to find out what date the practice was founded. Rachel explained that we do not have any links with the previous Partners so have been unable to source this information but a member of the group volunteered to try and obtain this information.</p> <p>Clive thanked Phil and Rachel for preparing the presentation for today's meeting.</p>	
2.	<p>Patient Access/Non-Digital Users</p> <p>Rachel shared how the practice has been promoting patient access for 8 years with patients being able to book/cancel appointments and order repeat medication. There are currently 2984 patients registered for online access, which represents 24% of the practice population.</p> <p>In April 2016 it becomes a contractual requirement for all practices to offer full patient access to their online medical records. We started to offer this service in February 2015 and currently have 282 patients registered for this service, although we do not currently offer this service to patients under the age of 16.</p> <p>The PPG have been working closely with the practice to offer this service to patients who do not have internet access. Clive has made a contact at the Tinder Foundation and a service has been set up where patients can access a course at various locations to learn how to send e-mails etc. and they will also be shown how to access their medical records online. Clive is working with the CCG to look at making this available across all 36 practices in the locality. None of our patients have taken up this opportunity to date (as far as we know) and it was discussed how this service may not be needed for our practice population, but Rachel explained that the practice is keen to offer the service.</p>	
3.	<p>Carers Update</p> <p>Clive introduced Jolene Weaver who works for Cheshire and Warrington Carers Trust.</p> <p>Jolene explained that one of the difficulties she has is identifying carers so that they then can offer them support. Jolene advised this can be because people don't identify themselves as carers if they are looking after a loved one, for example a husband or wife, parent or their child.</p>	

	<p>She advised that they offer support to carers, both practical and emotional. They can provide support such as helping people with finances, benefits, helping with moving to a care home or just a listening ear. They also hold regular carer's meeting groups and days out to enable carers to have a break from their role. All support offered is free of charge.</p> <p>She explained that she works with Phil and the carers' links, Heidi and Sophie from the reception team, to help identify carers, but signposting patient to the carers trust is something that all clinical and non-clinical staff should do.</p> <p>Jolene explained that when identifying themselves as a carer, the patient fills in a form which asks for their consent to add this to their medical record and to send their information to the carers trust. Jolene will then contact the patient to see if they require any additional support.</p> <p>Jolene explained that approximately 1 in 10 people in Cheshire are carers. She explained the CCG aim for the practice to have 1.4% of its population registered as carers and that we are currently 46 carers short of this.</p> <p>Jolene was then asked to clarify how they identified carers. She explained this is someone who carers for someone with an illness, disability or frailty. She advised that she has carers who care for people with different issues such as mental health problems, drug & alcohol problems and people with physical disabilities.</p> <p>Rachel explained that this is something that the PPG would keep revisiting to raise awareness of, and that it would be good idea for Jolene to attend a meeting with the clinicians to explain more about the services the carers trust can offer. Phil advised that the practice would be adding to the right side of prescriptions a question about being a carer. Jolene explained that she would be working with the well-being coordinator and receiving referrals from them.</p>	<p>PO</p>
<p>4.</p>	<p>Patient Experience Performance – Patient Survey, FFT and Complaints</p> <p>Clive displayed the survey results and explained how members of the PPG helped carry out the survey. He explained how the friends and family question has changed as this is now being dealt with separately, which Phil will cover in more detail, but the other questions are all the same as last year. Over a 2 week period, 371 patients completed the survey, 219 patients' results related to a GP, 91 to a nurse and 61 could not remember. The PPG helped the patients to identify who they had last seen. Clive split the results into clinical and non-clinical questions and reported how the clinical results are very similar to last year but the main concern from patients was the ability to get through on the telephone. He also reported that from patient's responses the new GPs have settled into the practice very well. Phil thanked Clive and the PPG members for conducting the survey.</p> <p>Phil then ran through the key themes, the most common was that patients are satisfied with their treatment. The two main areas of concern were appointments and difficulty getting through on the phones. It was discussed how patients requesting weekend and after 6:30pm appointments need to be directed to Extended Hours. Patient Access has already been discussed but it was acknowledged that this makes it easier for patients to make appointments. There were some additional individual comments which will be looked into separately.</p> <p>A member of the group pointed out that only 6 patients wrote comments about</p>	

evening and weekend appointments and this is an area that the government are focusing on. Rachel explained that evening and weekend appointments may happen on a cluster basis rather than through individual practices. Dr. Henry explained how Extended Hours already offers routine appointments in both evenings and weekends and it may be that patients are not aware of the service. It was discussed how Extended Hours and Out of Hours are both run from the same building so this may create confusion for patients. Phil explained that if a patient cannot get their desired appointment the receptionist will offer the patient details for the Extended Hours Service.

Phil ran through the action points that have been created following the patient survey.

- Patient's not being able to get through on the phone – a queuing system is going to be introduced for the phone line so that instead of getting an engaged tone there will be a message to inform patients of where they are in the queue. We are currently tied into a contract until the end of March so will look into this in the New Year.
- Capacity – over the last year 3 GPs have left and 3 new GPs have joined the practice. Locum cover and new starters have an impact on capacity and now that the new GPs are settled we hope to see an improvement.
- Educating frequent fliers – some patients who attend frequently need to be educated on the impact this has on other patients, so we will look at how we can best support them clinically without disadvantaging other patients.
- Promoting alternatives
 - Self-care/ Pharmacy First/ NHS choices are all areas which can help patients to help themselves and we work closely with the CCG to ensure that any available services are promoted to our patients.
 - Rachel shared information about the West Cheshire Way, which is the strategy for the CCG and explains how changing demographics, increased hospital admissions and flat funding within the NHS provides the context and need for these alternatives.
 - Physio First is where patients can have an initial assessment with a physiotherapist at the practice and is due to start within the next month. The patient can be booked into this clinic instead of seeing a GP and the physio can refer on for a course of physiotherapy if necessary. Dr. Henry shared how lots of patients attend just to ask for a physiotherapy referral so this should help free up appointments.
 - Telephone consultations need to be promoted more (where this is clinically appropriate) as not all patients need a face to face consultation.

Phil explained that for the Friends and Family Test we send text messages to all patients (that we hold mobile numbers for) following their consultation, asking how likely they are to recommend the practice. There is also a box on reception where patients can submit a comment card. Between April and September 2015, 93% of patients stated they were either likely or extremely likely to recommend the practice. These results are published on the website and national comparative data should be available soon.

Positive comments have been received regarding the service, GP/ Nurse consultations, staff in general and appointments. Negative comments were around appointments, opening hours, waiting times in surgery, phones and consultations. Some of these issues have already been covered, but Phil explained that the reception team try to inform patients if a clinician is running late and it was

	<p>discussed that by keeping patients informed about this, it could reduce complaints. It was agreed that Phil would look at an IT solution to keep patients informed.</p> <p>Phil explained how in the last year out of 72,000 consultations, the practice only received 14 written complaints, which represents just 0.02% of our activity. The practice takes these complaints seriously and our policy is to respond to the complaint within 10 working days and acknowledge the complaint verbally. The practice is currently reviewing this policy.</p> <p>Actions following complaints include communication skills being addressed with training sessions, procedures being clarified with the team and all clinical issues are discussed with a more senior clinician.</p>	
5.	<p>Prime Ministers Challenge Fund - Wellbeing Coordinator/ Physio First/ Nurse Led Service Cluster Project</p> <p>Phil explained that the Prime Ministers Challenge Fund has funded the Wellbeing Coordinator, Physiotherapy First and the Nurse Led Cluster Service. He explained that these projects are spread across the cluster involving 4 practices, Heath Lane Medical Centre, Upton Village Medical Centre, Park Medical Centre and ourselves.</p> <p>The Wellbeing Coordinator can help patients with social issues that a GP/ Nurse might be aware of, by having the time to discuss them in more depth. They can provide support, information and signposting opportunities to address issues such as: benefits, debt, housing, carers support, loneliness, access to groups and activities, and increasing opportunities to build confidence and sustaining patients in managing their own health and wellbeing wherever possible. Phil advised that our new Wellbeing Coordinator, Suzanne McKeivitt-Harvey, started on 11th November and will be at the practice every Wednesday.</p> <p>The criteria for referral to our Wellbeing Coordinator are:</p> <ol style="list-style-type: none"> 1. Must be over the age of 18 years 2. Must be registered at our practice 3. Patient must give consent to be referred to the service 4. Must have one or more long term conditions AND ... 5. Is a frequent attender at their practice with nonmedical issues that a Wellbeing Co-ordinator can help with OR ... 6. Identified as struggling due to debt problems, housing problems, poor health, loneliness and social isolation, low level mental health concerns, disability and lack of mobility. <p>Physiotherapy First was discussed in detail in the previous item and will go live next month.</p> <p>The Nurse Led Cluster Service is for patients struggling to get into the practice. The aim is to improve the experience and outcomes of the housebound, vulnerable, frail and elderly patients by providing a pro-active and equitable advanced care plan and management service. Our Practice Nurse, Jackie Arnold, is the lead on this and once suitable patients are identified then she will contact them to see if a visit is required.</p>	
6.	<p>Self Help</p> <p>Phil advised that it is self-care week this week.</p>	

	<p>As previously discussed the surgery is promoting alternative resources:</p> <ul style="list-style-type: none"> • Pharmacy First • NHS Choices symptom checker • Stay well this winter • Asking is your medicine cabinet fit for the winter • Mobile apps, such as Puffell for COPD patients <p>Phil explained that a new Self-Management for life course, for patients with long term conditions, is launching shortly and the practice will be writing to suitable patients soon to invite them to attend.</p> <p>Phil advised that an iVan (information van) would be coming to our cluster in the Spring focused on self-care. This involves the van parking up in a busy location (we chose Sainsbury's Car Park to impact more patients across the cluster area) and nursing staff giving out information on self-care.</p>	
Close	3:30	