

PPG Meeting held on 11th May 2016
MINUTES

In Attendance:

Clive Jones (PPG Chairman)

Phil Owen (Office Manager)

Dr S Kaye

And 8 PPG Members

Agenda No.	Agenda Item	Action
1.	<p>Items Arising from Previous Minutes</p> <p>The only item for action from the last meeting was for Jolene Weaver, Carers Link to speak with the GPs. This has happened and the right hand side of the prescription slip has had text added to it relating to carers, to raise patient's awareness.</p> <p>A member of the group asked about Physio First and Phil explained that it had been running in the practice since October and the service has been well received and we currently have a 2 week waiting time. Patients are now able to attend other practices for these appointments and Phil explained how this will be discussed later in the meeting.</p>	
2.	<p>Practice Update</p> <p><u>Staffing Changes</u></p> <p>Phil explained how there have been several staffing changes in the Nursing Team recently.</p> <p>A new Nurse Manager has been appointment, Emily Stokes who was one of our Nurse Practitioners. Sarah Smith, the existing Nurse Manager has decided to retire but will continue to work two days at the practice just taking a step down from management.</p> <p>A new Nurse Practitioner, Jo Williscroft, has been appointed. Jo has come from an Accident and Emergency background and is currently undergoing practice nurse training.</p> <p>Ruth Carter-Moore has recently left us and has moved on to a new challenge at another practice within Chester.</p> <p>Jacqui Platt has decided to leave in order to spend more time with her family and a new HCA will be appointed soon. Interviews have taken place and an application will be chosen and appointed shortly.</p> <p><u>Prime Ministers Challenge Fund</u></p> <p>Phil explained how the Prime Ministers Challenge Fund funds several services:</p> <p>Wellbeing Coordinator – this is a service which helps patients with social issues which the GP may not have time to go through with the patient. The post is funded by Age UK and they also have access to several voluntary organisations. Milanda</p>	

Manger started with us today. Phil explained how we have had two false starts in the past which we believe is due to the fact that the role was on a temporary contract however Milanda is permanently employed by Age UK so we hope this will not happen again.

Milanda is to work here one day a week and to work one day a week at each of our other cluster practices. Clive explained how Boughton is part of a cluster, which includes Health Lane, Upton Village and Park practices who are starting to work together in order to implement new services which may not have been possible on an individual basis.

Physio First – this service is going well, as previously discussed and the funding has been extended for another 6 months. Hopefully following this 6 months it will be extended further.

Nurse Led Visiting Service for housebound patients over 75 – this service was well received but was very time consuming so the decision was made not to continue with the service and the funding came to an end. We are currently looking at an alternative way to offer a service to this group of patients.

Telephone System

Phil recapped how at the last meeting we discussed the phone system and how patients currently get an engaged tone when all the lines are busy. He explained how we are aware that this is frustrating and planned to put a queuing system in place. Phil explained that the practice was looking into a virtual queueing system but this is very expensive so other options have had to be looked at. Phil apologised that the system has not yet been put in place as expected but alternative systems are being looked into.

A member of the group asked whether a message could be added asking patients to leave their telephone number so that they could be called back. Phil explained how this would not be feasible due to the amount of calls that are received at peak times, as by the point that a receptionist would be able to call patients back the appointments are likely to have all gone.

Another member of the group suggested contacting other practices to ask what system they use and Phil explained that we have contacted other practices and several phone services. The practice had new phone hardware installed 2 years ago and lots of these systems are not compatible.

Self-Management for Life

Phil explained that this is a course that we have been able to send a selection of patients on to give them advice on managing their long term conditions through self-care. The feedback has been positive and we are hoping to have the opportunity to be able to offer this to more of our patients.

111

111 has now taken over from Out of Hours for call handling. The only way in which this has affected patients is that when ringing the practice instead of being diverted to the Out of Hours Service, they are asked to hang up and re-dial. This is so that if the call is cut off, the 111 Service are able to call the patient back, which they would not be able to do if the call had been diverted.

ELGS – Electronic Lloyd George System

Phil explained how all of our patient's medical records are now at St Helen's where they are being scanned on so that we can view them electronically. This will save a lot of space but will also make it a lot easier and quicker for clinicians to view patient's medical records. So far there has been good feedback from the GPs. Clive explained how this CCG wide project was developed with the help of Philip Smith, Business Manager here at Boughton. Phil explained that we were not first in the queue to have our records scanned but this worked out in our favour as the teething problems with the system have now been ironed out.

A member of the group asked how long we keep patient records for and Dr Kaye explained that patient's records are kept from birth. He explained how the records are owned by the Secretary of State and that once the records are scanned we will have to keep the Lloyd George folders within the practice. Dr Kaye explained that he has not yet used the electronic system but that colleagues have stated it is easier to read than old tatty papers.

A member of the group shared how she lives in a block of flats where there are several elderly patients and she thinks it would be useful to have a phone system that tells you where you are in the queue. She shared how they find it frustrating when they are asked by a GP to make a follow up appointment but when walking round to the reception desk to book it, are told they must ring back or book it on-line. They are made to feel that they are beaten to appointments because they do not have internet access.

Dr Kaye explained how the practice understands that there is a large population who are unable to book appointments online and that we bear this in mind when releasing appointments. He also explained how the practice have recently changed the booking system for follow up appointments and following a GP appointment patients can now book appointments up to 4 weeks ahead when requested by the GP.

A member of the group asked about the number of patients who do not attend (DNA) appointments. Phil explained how these DNAs get managed and that these missed appointments are frustrating for the practice. Phil shared how patients are able to cancel appointments on-line and that we are currently looking into a system where patients can reply to their text message reminder if they wish to cancel their appointment. This will link into our clinical system and automatically cancel the appointment. It was suggested that the practice have a separate phone line for cancelling appointments but Phil explained how once patients were aware of this separate phone line they would use it when they were unable to get through on the main number. When we write to patients who have DNAd we explain that another patient could have had that appointment and also explain what the cost implication to the practice is.

eConsult

Phil shared how this is a new initiative for us which was launched last week. There are posters in the practice and a link on the website. It is a service where patients can get health advice by answering a series of questions which will direct them to self-help, pharmacy or send a message to the practice. When a message is received by the practice it will be signposted by the receptionist, as with phone calls, and if necessary put into the GPs clinic in an eConsult slot. The GP will

decide what action is needed eg prescription or appointment and the practice will contact the patient back to inform them. The service is for over 18s only and advises patients they will be contacted by the end of the next working day. The system has red flag questions so if anything is highlighted that needs more urgent attention it will advise the patient that this service is not appropriate and they will be directed elsewhere.

During the first week patients have used the system but no eConsultations have been received by the practice, which may mean that this has reduced phone calls to the practice.

Phil explained how we are going to advertise this service to patients who are signed up for Patient Access as we know they are already IT savvy. We will send an MJOG message to these patients.

Phil showed what the internet screen looks like and explained how the system works. He explained that the questions are bespoke so how you answer the questions will determine what the next question is, as with a GP consultation. The system is GP driven so is designed to mirror a GP consultation.

Dr Kaye explained how Dr Henry has been checking through the system and the system checker. The system has been funded by the CCG so we will have to decide whether we wish to continue paying for the service. Phil explained how we have not had any input to the questions as this is a national system but it has been piloted across the country.

A member of the group asked if blood results could be sent to a patient in response to an eConsult query and Phil explained how patients can already view their blood results on Patient Access.

Patient Access

Phil explained how we have 3000 patients now registered for Patient Access (25% of the practice Population) and 543 of these patients are now active with online medical record viewer.

Phil explained how Patient Access Training is available (and that a member of the committee will discuss this further) and shared how NHS England have asked the practice to be a Beacon Site for Patient Access. This involves sharing our experiences to help other practices set up their systems. We have recently been involved in a You Tube video which is aimed at other practices.

- E-mail You Tube video to members

Phil explained how we are trying to look at patients with chronic diseases who will benefit from viewing their results on line in order to help them with managing their condition. He also explained that Patient Access is promoted as patients register at the practice and when a patient is unable to get an appointment and needs to ring back.

Activating on-line medical record viewer for patients is a time consuming process but is a target for GP practices and Boughton started offering this service before it was brought into the contract.

Leanne

3.

Practice Performance

Practice Survey Results

Phil showed slides of the results of the national patient survey and explained how we have improved over the last 6 months in:

Ease of getting through to somebody on the phone?

How helpful are the receptionists?

How involved patients feel in decisions made by practice nurse?

Likelihood of recommending the practice to someone moving into the area?

Phil ran through some of the areas in which the practice has seen a decrease in results:

Percentage of people booking their appointment online - we have seen a 5% decrease in this area but we are still the highest performer for this question within the CCG.

How often do you see or speak to the GP you prefer? – this is down by 7% and due to part time clinical staff and limited capacity this isn't always possible, but we do strive to do this where possible. Clive added how we are still 6% higher than the CCG average for this area.

Patients feeling they have had enough support in the last 6 months to manage their long term conditions – this is down 3% however we have continual promotion of patient access to medical records and increased emphasis on self-care (including the self-management course). Phil explained how there was an issue with recall letters last year which has now been resolved so will hopefully result in an increase within this area in the next survey results.

The group felt that a 3% drop was not significant and Clive explained that it is only 3% of the patients who were surveyed. He explained that these are results of the national survey and that the PPG conduct the local survey which is carried out within the practice where the PPG and practice have worked together to tailor the questions.

Last time you wanted to see or speak to a GP or nurse from your surgery, were you able to get an appointment to see or speak to someone? – we are down 5% but have recruited an additional GP to address access issues, use telephone consultations where appropriate, have introduced eConsult and sign post to alternate services – Pharmacy First, Extended Hours & Physio First where appropriate.

Overall, how would you describe your experience of making an appointment? – this area is down by 1% but we continue to promote patient access for on-line booking and the phone queuing system is being considered.

Satisfaction with opening hours – This is down by 1%. We have traditional AM & PM GP surgery and Nurse clinics and the reception sign posting dialogue directs patients to the extended hours service if they are unable to attend during our opening hours.

Phil then went through some more areas where the practice has improved:

Last time you saw or spoke to a GP/ Nurse from your surgery,

	<p>- how good were they at explaining tests/treatments? - how good were they at involving you in decisions about your care?</p> <p>Last time you saw or spoke to a GP from your surgery, - how good were they at treating you with care and concern? - did you have confidence and trust in the GP?</p> <p>Overall, how would you describe your experience of your GP surgery?</p> <p><u>Friends and Family Results</u></p> <p>Phil explained that these results are compiled from patients being sent a text message following an appointment, asking them to rate the practice. Phil explained how he has collated the practices last 6 months of results and these show that 94% said they would be likely or extremely likely to recommend the practice. The practice is very pleased with this result as we are above the national trend (CCG average is 90% and England average is 88%).</p> <p>Phil shared how the top 5 areas of positive comments relate to service, staff, nurse consultations, GP consultations and the reception team. Which is great as all teams within the practice have received positive comments.</p> <p>Phil went through the areas in which the practice have received negative comments but explained that the number of comments received regarding negative points is far lower than those received with positive comments. These areas are:</p> <p>Appointments - which we have already discussed.</p> <p>Waiting times in surgery – the receptions team announce in the waiting room if a clinician is running behind and let patients know as they arrive in order to keep them informed.</p> <p>Service – as a practice we try to learn from these comments and go through training issues on training days, through e-mail and update protocols where necessary.</p> <p>Car Park – the car park charge was introduced in 2003 to eliminate inappropriate parking by none patients and this income has enabled us to employ an extra Practice Nurse. The parking charge has not increased since it was introduced.</p> <p>Phones – has already been discussed.</p> <p>Phil circulated a handout of the Friends and Family results for the last 12 months which highlights 4 topics which have all already been discussed within the 6 months results.</p>	
4.	<p>PPG Update</p> <p>Clive explained how the committee have finally got the virtual group started. He explained how they have worked through the security issues and have approached 9 people. The idea of the virtual group is to have contact with those patients who are unable or do not want to attend the main meeting. The main meeting will continue in the same format but will have input from the virtual group.</p> <p>Clive shared how not many PPGs have a strong virtual group.</p>	

	<p>Clive explained how it is important that people give their e-mail address willingly and explained how the only people who would see their details are members of the practice and the committee members (who have signed a confidentiality agreement with the practice).</p> <p>A member of the committee shared the benefits of Patient Access and explained how patients can order repeat prescriptions, book appointments (which can be very useful at peak times) and view their results on-line, which is ideal for viewing results before an appointment so that the patient is prepared and knows what questions to ask.</p> <p>The drawback to this system is that the patient needs a computer with internet access or a smartphone. Patients who do not have this access are able to attend the library where they can use the computer and internet access and staff are available to assist with Patient Access. The problem to this facility is that when the appointments are released at 8am the library is not open. Two members of the PPG who do not have access to a computer have trialled this in the practice on the practice laptop with success, although it was very time consuming. Although if this was to be taken forward with other patients, it would only be of benefit for on-line medical record viewer as once the patient was in the practice it would probably be easier for them to go to reception to book an appointment or order a prescription.</p> <p>The other option is for patients to ask neighbours who have internet access if they are able to help them log in.</p> <p>The committee member also shared how he felt eConsult was very useful for an instance where a patient was not sure whether they needed to see the GP or not.</p> <p>It was asked that anyone who would like to join the Virtual Group gives their e-mail address to Leanne (Practice Secretary). Any comments that are sent within the Virtual Group will be circulated to all member of the Virtual Group and patients can comment.</p> <ul style="list-style-type: none"> • Give e-mail address to Practice Secretary if wish to be involved in virtual group <p>The PPG does have a facebook group but it was decided that setting up a separate virtual group would be better so that patients did not have to join facebook in order to join.</p> <p>Clive explained how the PPG have started to link up with Health Lane PPG and they have recently done a survey on our waiting room, which Clive will be doing for them. Clive explains how he feels this is good practice to get other patients opinions and perspectives on things at Boughton.</p> <p>Clive shared how we are trying to set up a walking group and are looking for a volunteer to lead the group. Clive asks that anyone who might be interested or knows anyone to contact him. A member of the group showed her interest in joining but could not commit to lead the group regularly. Clive asked for ideas on how to advertise the group and it was decided to display posters and leaflets in reception.</p> <ul style="list-style-type: none"> • Contact Clive if interested in leading the walking group 	<p>All</p> <p>All</p>
--	--	-----------------------

5.	<p>CCG Financial Situation</p> <p>Clive explained how he attends meeting for the PPG Chairs with the CCG 3-4 times a year. In this meeting they have been informed of the CCGs current financial situation and how they are struggling to meet their over budget target. The CCG are focusing on the areas Starting Well, Being Well and Ageing Well.</p> <p>At the Countess of Chester Hospital AGM they have revealed that they are already £9million over budget.</p> <p>Clive explained how without help from patients these things aren't going to work and he explained how all things that happen are going to affect practices.</p> <p>Clive explained how a recent commitment from the government looks like there will be help coming to primary care.</p> <p>Primary care is struggling at the moment so Clive is pleased that the clinicians are back up to strength with GPs and Nurses.</p>	
Close:	7:00pm	