Minutes from the PPG Meeting held on Wednesday 11th June 2014

Present: Clive Jones, Chairman
Philip Smith, Practice Manager
Rachel Kennouche, Office Manager
Sarah Smith, Nurse Partner
Adie Salter, QOF Manager
Dr Charles Robinson, Visiting GP
14 PPG Members

1. Matters Arising From Previous Meeting

The Chairman welcomed the group and stated how he was happy with the attendance. In the future we need to look at widening the age range and may propose a change in the time of the meeting to attract these dynamics.

The Chairman had no matters arising from the previous meeting and asked the group if anybody had anything to discuss. Everybody was happy with the minutes/actions from the previous meeting.

2. Boughton Health Centre Performance

The Chairman asked Philip to discuss the recent CQC visit that the practice had had.

Philip introduced Dr Charles Robinson who is an Australian GP who is visiting the practice.

Philip circulated documents that the CQC had produced prior to their visit, on the performance of Boughton Health Centre. The results on the handout are to the question 'are you an outlier' and in all but one area the answer is no – which is a very good result. The area where we are an outlier is COPD admissions, which is an area that Philip and Adie have already done a lot of work on. The data that has been analysed is 2012/13 so would not show the results of these actions as yet. We had identified a particular cohort of elderly male patients living in Residential Homes. We had done a lot of educations/ "signposting" work with Residential Homes and Wardens.

Rachel explained how the CQC Team gather intelligence monitoring on the Practice from various sources such as the WCCCG, NHS England High Level Indicators, patient survey and GPOS before their visit. Out of the 37 practices within the CCG only 3 practices were highlighted as "High Achieving Practice", we were the only Practice to achieve this.

There were 5 inspectors on the day of the visit ranging from a Lead Inspector, GP, Practice Manager, Expert by Experience and a Quality Assurance Inspector. Before the day of the inspection we had already provided them with various documents and information such as Clinical Audits, a summary of complaints, SEAs, Practice Leaflet, Practice Newsletter etc so the CQC Team came for the visit fully informed and since the inspection they have contacted Philip and Rachel for further information. The inspectors felt that we were a well structured and organised practice and as a practice they found it to be a very positive experience. We are currently awaiting a formal report which will be published once we have received it. During the inspection 5 PPG members spent some time with the inspectors.

Between October 2014 and April 2016 all practices will have a CQC visit where they will be given a rating (Outstanding/ Good/ Requires Improvement/ Inadequate). As a Practice we had hoped for a rating but we will not receive this as the visit was part of a pilot.

Other performance issues within the practice include in 2014 having one of our lowest ever DNA (did not attend) figures. Our DNA rate is half of the national average, the result of follow up on all occasions.

The practice is about to reach 12,000 patients (expected July/August) which is the highest number of patients that we have ever had.

We are noticing an increasing level of overseas visitors registering as new patients (23.4% in the first 2 months of 2014/15). Following a question from the group Philip explained that in most cases where a translator is required the patient will bring a family member or friend to translate during the consultation. If this is not possible the NHS does provide a telephone translation service, which needs to be pre-booked. Overseas visitors who are entitled to primary care treatment are not necessarily eligible for secondary care treatment. However there is not a system in place within the NHS to identify these patients by nationality. The decision of whether they are entitled to further (free) treatment is made within secondary care. All patients are entitled to emergency treatment/ immediate & necessary and the restrictions are set around existing medical conditions.

The Chairman explained how the practice gets paid per patient, not per attendance, so when a patient is a frequent attender the practice does not receive any more money. This is why the practice takes on extra work (e.g. QOF and Enhanced services) to generate income.

3. New GP and New Consulting Rooms

In April a new salaried GP joined the practice, Dr Edward Henry, and the practice is currently creating 2 new consulting rooms to cater for the amount of clinicians working within the practice.

Philip explained how the new consulting rooms are part of a bigger project which has included the Health Visitors re-locating to a new office, to enable 2 new consulting rooms to be created from their current office. In addition the Community Reception is being relocated to provide the pharmacy with 45% extra floor space (at no rent increase) in order to provide a better service to our patients.

Philip showed the group the room that is due to be converted into the new consulting rooms and the refurbished rooms for the Health Visitors and Community Reception.

Dr Charles Robinson explained how they have 15 minute consultations in Australia but they carry out a lot of investigation work within their clinic before the patient is seen in secondary care, due to the fact that waiting times can be up to 12 months (4-5 weeks within the private sector). He explained how they do have a fast track system so that patients with urgent needs are seen within a couple of weeks.

4. On-Line Service Progress

Clive shared his experience of sitting in the office at 8am one morning to experience how busy the telephone lines are in the surgery. He informed the group how there were 4 members of the Reception Team constantly answering the phones. This visit prompted the Chairman to implement a push on on-line booking, in an aim to reduce the number of patients ringing the surgery at 8am, allowing those who are unable to use on-line booking to get through to the surgery easier.

At present 16.4% of patients are registered with the on-line system (Patient Access). This system allows patients to book GP appointments on-line, order repeat medication, send messages, change address and send in B/P readings and smoking data.

In May only 3.5% of patients booked their appointments using the EMIS Access. This was a slight increase on April, when members of the PPG spent some time in the waiting room speaking to patients and explaining the system to them.

There was a discussion about whether children can register with Patient Access. Some children are registered but the in-house protocol was checked and this currently does not include children up to the age of 16. This is something that the practice feels needs to be reviewed so will update the protocol. A member of the group suggested having a hand out to provide to parents information about registering their child for Patient Access as they may not be able to take in the information when in surgery with a poorly child. When returning home they may have the time to look at the information and decide to register for the service.

Pete Williams, IT Manager, is in the surgery every day and is available to help patients having any problem accessing and registering for EMIS Access.

One PPG member enquired about any performance issues with the service, Phillip confirmed EMIS had added more bandwidth as more surgeries are added to the system to avoid slowing down of the service. The practice has noticed a change to the speed since this has been done.

A patient commented that he had recently logged onto EMIS Access and there were no available appointments. Rachel shared how we currently have a GP on long term sick but explained that patients can see exactly what the practice can see. However only GP appointments can booked online so there may be Advanced Nurse Practitioner appointments available. Rachel also explained how appointments are released on the day, 48 hours in advance and 2 weeks in advance so there will always be more appointments available on the following morning.

The practice tries not to “reward bad behaviour” however some patients still refuse to see a Nurse Practitioner for a minor ailment. If the Reception Team are unable to signpost patients, then the Clinicians will try to explain to the patient that they would be best suited to another clinic for the problem they have attended with.

If a patient has 2 problems that they wish to discuss with the GP then a double appointment can be made. Patients can book this themselves through EMIS Access by booking 2 consecutive appointment slots. Multiple problems taken up on single appointments create waiting backlogs.

A piece of work is to be carried out within the NHS to ensure that all patients over 75 have a GP who is accountable for their care. The patient does not have to see this GP every time they attend the surgery but this GP will be accountable for their overall care. The practice is going to look into who the patient’s regular GP is so that they are put under the care of the GP that knows them. Patients will be sent out a letter explaining this and informing them who their allocated GP will be. If a patient wishes to change to a different GP this can be arranged. This will result in a significant increase in workload but the practice will get paid £5 per patient for this work.

5. boughtonppg@gmail.com

The PPG is now a formal group within the NHS and PPGs now have to create action points. The Chairman has spent some time with Philip to discuss these action points and once they have been finalised they will be circulated to the group. Philip would like to have this agreed within the next 2 months so that we can then have the work completed by December. We can then publish the results and outcomes by the end of the financial year.

An e-mail address has been set up for the PPG (boughtonppg@gmail.com) so that patients can contact the committee if they have any comments. The e-mail address is on the PPG notice board in the waiting room in reception so all patients are welcome to contact the committee.

There were several complaints about the sound level during the meeting. The practice had set up a speaker system but this was not loud enough to cater for the number of people in attendance.

- Pete Williams - Practice to purchase a 4 speaker amplified system with amp for the next meeting

Meeting Closed: 3:30