Minutes from the Patient Participation Group Meeting held on Wednesday 13th March 2013

Present: Philip Smith, Kate Tolley and 11 patients

Apologies from Dr Annabel Jones and 7 patients

1. Items arising from last meeting

The Chairman welcomed the patients to the group and explained how most items arising from the last meeting will be covered within the items of the meeting but went through the few points that would not.

It was discussed at the last meeting how the new computer system used by the practice does not recognise patient's calling names and automatically uses patient's first names. Philip explained how this is something that is out of the hands of all Practices but that it has been submitted a development request to EMIS. The same issue arises with many hospital computer systems. The practice switched to the new computer system, EMIS Web, in July 2012 and now around 70% off all GP practices have been switched onto EMIS Web.

Room space was discussed at the last meeting and Philip gave an update. Now that the District Nurses are no longer based at the practice, Philip has proposed that the Health Visitors move rooms, into the room where the District Nurses used to be based. This would allow the Health Visitor's room to be converted into two new consulting rooms. Philip is currently waiting for a response from NHS Property Limited but there are currently a lot of changes going on within this department and he has not heard anything yet. He is chasing this monthly with NHS estates.

2. Clinical Commissioning Group Update

The Chairman has received an e-mail from the Lay Board Member of the Clinical Commissioning Group asking if she would be able to attend one of our meetings. Unfortunately it was too short notice for her to attend today's meeting but she hopes to attend the Committee's next meeting I April.

The Chairman asked Philip to give the group an update on the Clinical Commissioning Group. Philip showed a web page from the Department of Health and explained a diagram which shows how many organisations are involved in the make up of the NHS. Philip explained how there are many layers to the system and gave an overview of the national and local boards.

At the last meeting the group was surprised to hear that the practice did not own a defibrillator and Philip updated the group with progress towards funding such a machine. The NHS does not provide funding for defibrillators so the practice has been saving towards buying a machine and along with a patient donation, the practice have now saved the money that is needed. The British Heart Foundation has agreed to pay for a proportion of the machine and the practice has just received confirmation that this is all going to go ahead. Once the defibrillator is set up in the practice, all staff will receive full training, which will also need to be paid for by the practice. The practice provides CRP training for all staff on an annual basis.

Philip explained how all practices now have to be a member of a local Clinical Commissioning Group and showed a presentation that he had been shown by the Membership Council at a recent meeting. The presentation is on the NHS financial duties and presents how the government predicts that by 2020/21 the NHS will be £54 Billion over budget if nothing changes. Sir David Nicholson has been given a £20 Billion saving challenge over the next 2 years. Our Clinical Commissioning Group are expected to be £9 Million over budget by the end of the financial year. The NHS has had to create a strong financial plan and the next couple of years are going to be

tough. Funding will remain flat and expenditure will increase due to inflation. The Membership Council predicts that inflation will be 2.7%; however Philip shared that the British Medical Association has predicted 5%.

3. Current Performance Update

As a practice we have made a projected savings of £221k for a total prescribing budget of £1.75 Million (2012/13) and have 2 Medicine Managers that work to look for cost savings. This saving is not fed back into the practice but is controlled by the Clinical Commissioning Group. Although the Clinical Commissioning Groups are in control of the decisions they do not hold the money. This is held by the Local Area Team.

As a practice we sit exactly in the middle of nearly all Outpatient and Referral areas, within Western Cheshire practices and this is exactly where we would wish to be. We are therefore not over or under referring our patients.

Out of the budget for Western Cheshire, Primary Care has 15% of the total and 74% is spent on Secondary Care. The remaining spends is on the running of the Clinical Commissioning Group, the reserves and joint commissioning costs (cost of expensive treatments or expensive medications which is paid for centrally so that GP practices do not have to take on the bill alone).

The Clinical Commissioning Group has been offered a quality premium (£1.25 Million across the 37 Practices) but this would involve meeting 7 quality measures, which are largely out of the control of the GP practices. It was discussed how '62 cancer target' is the length of time that a patient receives treatment following their referral for investigation for cancer. The family and friends test is where following attendance at the hospital, patients will be asked if they would recommend the service to family and friends.

The Clinical Commissioning Group has indicated that the £9million overspend down to over referring by GP Practices. Philip showed a series of graphs with information for all practices within Western Cheshire and explained how this graph can be used to extract information on how many patients following initial referral, were discharged after one outpatient appointment. The GPs have expressed how this figure may represent inappropriate referrals. As with all other areas, we are very average within this area. It was discussed how referrals cannot necessarily be cut, as if a patient needs to be further investigation the GPs would have to refer the patient on. Philip explained how not all referrals are from the GP practices. For example ophthalmology referrals, which is an area that Western Cheshire is high referrer for, mostly come directly from the optician and not following a GP consultation.

Philip explained how the practice pays for all treatment that our patients receive and whether the patient is referred by the GP or presents at Accident and Emergency and is then seen in the hospital, we would still have to pay for their treatment from our overall budget of £1,250 pp/pa. It was discussed how there is a national tariff so it is not cheaper for patients to be seen in particular hospitals. Patient choice was discussed and it was explained that all referrals are sent on the national Choose and Book system so that patient make the choice as to which hospital they would like to be seen at. There are restrictions in that certain hospitals may not provide certain services but apart from that the choice is completely down to the patient. The GP may recommend a certain consultant or hospital but the patient books the appointment themselves so may wish to change to a different hospital depending on waiting times etc.

4. Virtual Group

The Chairman spoke of how in previous meetings it has been discussed that the group needs to reach out to a wider age range and one of the committee members has been working with Pete Williams, IT Manager, to create a virtual group.

A Facebook group has been created and so far 29 people have joined the group. This will be ideal for those who are unable to attend the meetings. There have not yet been any comments made within the group but there hopefully will be in the future, however it was thought that it could be seen as a positive outcome that there have not been any negative comment or complaints. It was discussed how when anybody writes a comment within the group that everybody will be sent an e-mail with this information, however there was a difference of opinion as to how this would work.

- Philip to confirm with Pete how comments will be viewed by Facebook users

It was suggested that any members of the group who had a Facebook account, or who were willing to create one, could join the group.

There was some confusion within the group about how patients registered for the on-line services. Kate clarified that patients need to sign a form and return it to the practice in order for their on-line account to be accessed. The forms can be printed from the website but will need to be brought into the practice. If patients prefer to post in the application form, the Reception Team will post back their details. The Chairman suggested taking this discussion to the committee meeting to discuss further.

- Chairman to add to committee meeting agenda

5. On-Line Booking

Philip shared how about 5% of appointments are booked on-line and how the practice would like this figure to increase. We are to re-audit this at the start of 2013/14. Kate shared how when a patient is looking for an appointment on-line they can see exactly the same appointments that the Reception Team have available to offer to patients over the phone. The practice now hands out on-line registration forms to all patients when they register and it was suggested that it could be recorded onto the phone message to inform patients that they are able to book appointments on-line. It was asked whether the service could be extended to booking nurse appointments online and Philip explained that this was not feasible as the nurse appointment times vary greatly for different procedures.

A member of the group shared their knowledge of a pilot scheme that one of the Chester practices is taking part in, to do with telephone triaging of all appointments and how the GP would telephone all patients who call for an appointment and they would have a consultation over the phone if necessary and if the GP would like a face to face appointment, this would then be arranged. Philip confirmed that it is City Walls and Park Medical Centre who are using this system. There has been mixed feedback from the clinicians taking part and our GPs are not keen to take on this system at present. A member of the group shared how they are happy with the appointment system that is used at Boughton, as they can always make an appointment whether it is urgent for the day or for a future date. It was commented on how they are happy that telephone consultations are available. Kate explained that there are a few patients each day that refuse to give a reason so they will just be booked in for the appointment that they have requested but that the Reception Team are not triaging the calls but signposting patients to the appropriate clinician.

A member of the group asked if it was possible for e-mail reminder for appointment to be sent out for those patients who do not have a mobile phone but Philip explained how this was not possible due to patient confidentiality and the fact that any information that is e-mailed must only be sent to a secure NHS e-mail address. We currently use MJOG as a text messaging service via the patient's registered mobile phone. The Practice pays £60 per month for this service (not funded by the NHS).

All members were very happy with the appearance of the new practice website.

Electronic prescribing (EPS2) will be introduced shortly where GPs will be able to send prescriptions directly to the pharmacies. This will work for both acute and repeat medications.

6. Ipsos/MORI Patient Survey

Philip explained how anybody can go on-line and download the national patient survey results.

http://practicetool.gp-patient.co.uk/Pct/Search?id2=BOUGHTON%20MEDICAL%20GROUP%20%7C%20CH2%203DP&index=0

The results are for the period between January 2012 and September 2012. The patients who have been sent the questionnaire should have had an appointment within the last 12 months. He shared how the practice has done quite well except for in two areas, amount of time GP gives patient and involving patients in their healthcare. The GPs are concerned by the result for these 2 areas.

Philip shared how the average GP consultation here is 12.5 minutes long. The GP appointments slots for the practice are 10 minutes long, so towards the end of clinics the GPs are inevitably going to be running late.

The Chairman spoke about how the in-house survey that the committee carried out last year produced a better result than the national survey. Philip suggested carrying out another in-house patient survey to compare the results (using 300 patients). A member of the group who has had experience with these kind of surveys suggested focusing on one particular question at a time and possibly just asking patient to answer one question following their consultation so that they are likely to give a more specific, detailed response. We are also going to audit the GP Consultations over the next two weeks to see how many were/ were not appropriate to be seen by a GP. We also need to determine how many needed to be seen in a 5, 10, 15 or 20 minute slot.

Meeting Closed: 3:40