

Minutes from the PPG Meeting held on 12th November 2014

Present: PPG Chairman
Philip Smith, Practice Manager
Rachel Kennouche, Office Manager
Dr. Annabel Jones
Jane Dixon
Karina Sehgal
Lesley Thompson
11 patients

1. Matters Arising from Previous Meeting

The Chairman welcomed the group and introduced the members of the team who were attending the meeting.

The Chairman congratulated Rachel Kennouche on the announcement that she is to be Practice Manager as of January and also congratulated Philip on receiving the award for North West Practice Manager of the Year. Clive also shared with everybody how he has also made the shortlist for the national final of Practice Manager of the Year. Philip and his wife will be attending a presentation evening in London (Thursday 20th November) where the national winner will be announced.

Clive did not have any matters arising from the previous meeting to discuss and asked the group who agreed that there was nothing that needed to be taken forward.

2. Karina Sehgal – Waitrose Development

The Chairman introduced Karina Sehgal who is one of the Managers of the new Waitrose Store.

Karina explained how part of her role involves community engagement so is pleased to be able to come and introduce herself. She invited everyone to come and visit the store and gave an overview of what facilities they have, including a café overlooking the canal, a juice bar, a bakers and a wine bar.

Karina explained how they are several schemes that they run, which includes the Community Matters Scheme where shoppers are given a green token when at the checkout, which they can then put into the charity box of their choice. A donation is then made to the charity, depending on how many tokens they have received. Karina asked that if anyone had any ideas of local charities that could be involved in this scheme then to please let her know.

Another scheme that they run is to send out a partner (all Waitrose staff are partners and hold shares within the business) to carry out charity work within the local area, which Karina again asked for any suggestions for.

Food waste is an area which Waitrose are eager to look into and Karina explained how as a company they try to avoid any food waste so are looking for ways to put this to use within the local area.

Karina asked for any feedback on the store and encouraged for people to come into the store and ask to speak to one of the managers if they have any ideas, or to put something in writing. Karina's e-mail address is 80538622.mail@waitrose.co.uk. She also explained how Waitrose have a My Waitrose card, which entitles you to receive a free tea or coffee each day.

A member of the group asked about the car park and Karina explained how the car park is for customers only and there is a limit of 90 minutes. The car park is patrolled. Karina asked Philip to contact her if they have any problems with parking. The Christmas period is expected to be very busy. We will monitor our car park usage on a weekly basis for the next quarter.

- Philip and Jane to monitor the car park weekly for the next quarter

In answer to a question Karina explained that there are not yet any plans for the rest of the land which Waitrose owns.

3. Lesley Thompson, GP/Carer Link Development Worker

Lesley Thompson introduced herself and explained how she works for Cheshire Carers Centre in a post which is funded by the NHS and her role is to go out to GP surgeries and help identify carers. She visits the 36 practices in Chester and liaises with the GPs carer link. At Boughton there are two carer links who are Jane Dixon and Shirley D'Arcy. Lesley keeps the surgeries up to date with all the latest information and leaflets.

Lesley explained how a carer is somebody who cares for somebody without being paid and is usually a family member. The care is usually to an extent where without the help of this person, the patient would need to have paid help. Lesley shared how it is important to identify carers so that they can be provided with support. The best way to do this is for all members of the practice to be aware of what being a carer involves as the individual might not identify themselves as a carer. A read code can be added onto the carer and patients medical records which will help with any communication with the practice as the staff will be aware that they will need to attend appointments at certain times or may need to attend appointments together.

Practices provide carers with a free flu injection as, if the carer becomes ill, then it could result in a crisis for the patient being cared for.

Lesley explained how the PPG could be involved in raising patients awareness of carers in an attempt to get more patients within the practice registered as carers.

A member of the group asked how many carers we have in the practice and Lesley explained how it is measured in percentage so that practices can be compared. At Boughton we have 0.5% of patients registered as a carer and the highest national reporting is 5%. Lesley shared how around 10% of patients within the practice will be carers but are not identified. Young carers are the hardest to identify as they will often deny this relationship in fear that the family will be split up. By being identified as a carer it may lead to them being eligible to breaks away and other benefits. Lesley is not involved in this side of the work but a carer will be assessed and different people will be eligible for different benefits.

A member of the group shared how she is a carer for her mother and over the last month she has needed to provide 24 hour care so can see how important it is for carers to be given a break, if this is the level of care that they provide on a permanent basis.

4. Helen Clifton – Governor from Countess of Chester Hospital

Helen Clifton shared how she has been a Governor at the Countess of Chester Hospital for about 9 years and has been publically elected to represent patients. They have meetings for members and hold roadshows in the community and Helen asked for feedback to help with existing services and creating new services.

It was discussed how the future of healthcare is holistic and the focus is going to be health and social care.

Helen has brought membership forms with her for anyone who is interested in joining.

Helen gave an example of feedback she had given regarding a hospital appointment where she was not impressed with the computerised voice that was giving messages that a clinic was delayed and felt that a personal touch would help in this situation.

5. Boughton Patient Survey

Clive shared how the PPG carried out the patient survey during July/August. A lot of the results were very good but some were not as good as we wanted them to be (access and getting through on the telephone). A set amount of questionnaires were needed for each clinician so in total over 600 patients filled in questionnaires.

The PPG members spoke to patients who came into the waiting room so over the 2 week period every patient who attended the surgery for an appointment was given the chance to complete a questionnaire.

The survey was also available on-line.

A member of the group asked for an example of a question with a bad results and Clive explained how patients found it difficult to get through to the practice on the telephone, especially first thing in the morning. Clive explained how he has spoken with Philip, Rachel and the GPs about the results of the survey and is planning on carrying out another survey in February so that the results can be compared. The Practice is also investing £10,000 in a new Digital Telephone system. The current system is 13 years old and is based on out of date technology. The current system is working beyond its designed call capacity and is becoming unreliable.

Rachel shared how actions have been taken following the survey and the new telephone system is being installed on the next RHD (27th November). This new system will provide statistics and we will be able to see the peak times for calls. The Reception Team have also been promoting EMIS Access, which allows the patients to book and cancel appointment, submit change of addresses, blood pressure readings and other information on line. Rachel explained how as well as GP appointments, phlebotomy appointments are now available to be booked online and we are currently looking into adding Nurse Practitioner Clinics as well. The system is live so patients can see the same appointments that the Reception Team can see. Appointments are released at 8am so this is the best time for patients to log into the system and look for appointments.

The phone system is not going to completely solve the problem as rapidly rising patient demand is what is causing the problems (nationally as well as locally). However a lot of work is being done to promote telephone consultations. This is a good way of communicating with patients and gives flexibility to patients who are working. Dr. Jones shared how telephone consultations don't replace the need for face to face appointments but can be a good alternative for follow ups. Dr. Jones also explained how a lot of telephone conversations take place with other health professionals as well as with patients.

Philip told the group how access is a national issue and significantly more funding is needed by the NHS to solve this problem. Since 2008 the Primary Care share of the total NHS Budget has fallen from 10% to just 7.5% in 2013. The Practice has taken its own steps towards solving issues with access by employing a full time salaried GP earlier in the year.

The PPG could help with promoting self-help, which would help with access. Next week is self-care week and the practice will be providing patients with information. Many of our patients are not aware of Extended Hours or the Pharmacy First Scheme. We use the website and text messaging service to try to get messages to patients about these services.

We are quite unique as a practice as we have Advanced Nurse Practitioner Clinics which see common complaints and minor ailments. The Reception Team are trained in signposting and the Nurses will triage patients, meaning that the GPs are left to deal with the more acute, complex and multiple co-morbidity cases.

6. Patient Self Help

Rachel shared how the practice is going to have a Nurse leading the promotion of self-help week and will be providing information during chronic disease management check- ups. There will also be information on the website and on the noticeboard in the waiting room and there will be leaflets available for patients.

The West Cheshire Way, which is led by the West Cheshire Clinical Commissioning Group, promote self-help, self- care and provide training for Receptionists on these areas.

The group felt that the TV presentation is much improved but that the slides change too quickly so that they cannot read all of the presentation.

- Pete to alter the speed of the presentation slides.

The group also stated that due to the message directing patients which room to go to, being displayed on the television screen, everybody in the waiting room looks at the TV.

7. NHS 5 Year Forward View

Philip, Rachel and Dr. Bertram have recently attended a conference at the NEC in Birmingham where Simon Stevens, Chief Executive of NHS England gave a presentation via video link. Jeremy Hunt, MP, Secretary of State for Health also attended the conference and their key message was that the NHS needs to adapt and evolve. The original 1948 model will no longer function in the 21st Century.

The growth in UK population (+400,000) year on year is causing public services to struggle, including the NHS. 1.5% additional money (above CPI) is going to be found by HMG. Philip explained how (in the view of the BMA, RCGP and the Kings Fund) this is not near enough funding to solve the problems but it is a step in the right direction. We all accept that we need a strong and growing UK Economy to fund the NHS at the levels needed.

The main problems for all practices seem to be regarding capacity. The average practice has 7,000 patients and here at Boughton we have 12,000 patients. The real challenge lies in the rising levels of patients consulting. In 1997 patient consulted on average 3.9 times per annum. In 2008 it was 6 times per annum per patient and in 2014 it is 6.5 times per annum per patient.

Dr. Jones shared with the group how the average GP consultation length is now near to 15 minutes. The clinic structures have been altered since Dr. Henry joined the practice to try to deal with this. Patients often attend the surgery as overflow from the Countess of Chester Hospital as there are long waits for follow up appointments so patients tend to contact the GP to find out their results following tests and investigations.

It was discussed how there is not enough support within the community for patients when they are discharged, which leads to them staying in hospital as an inpatient for longer.

Philip shared the fact that 40% of GPs will retire within the UK within the next 3 years. There are currently around 60,000 GPs and the UK is currently already 10,000 GPs short. There is also a 40% reduction in students attending medical school. Far fewer graduating medical students are opting to become GPs.

The shortage of GPs has been evident in our recent recruitment campaign as in 2008 we had 109 applicants for a salaried GP position and last year we had only 12 applicants and had to go through the process a second time to find a high quality candidate.

Philip explained how the message appeared to get across to Government at the conference and they have taken on board what was said and are going to look at making changes, including making the position of General Practitioner more appealing to students in medical school.

8. On-Line Booking Progress

We currently have 9.5% of appointments being booked online at Boughton. We have a target of getting that figure to 30% by the end of 2015. We are also extending the booking of Advanced Nurse Practitioner appointment online by the end of November 2014.

Our current "Did Not Attend" (DNA) rate is half that of the UK average of 3% for a GP Practice. Patients who do not attend appointments here are on average wasting 1,200 GP Appointments (a quarter of a GPs time) and these patients are contacted by the practice. We focus on those patients that DNA twice or more in each quarter.

A member of the group congratulated the practice on coming out top on the list of practices and Rachel shared with the group how the survey results and good CQC visit has been celebrated with the team.

Meeting Closed: 18:55