**Minutes from the PRG Meeting held on 11th July 2012 @ 2.00 pm**

## 1. Matters Arising from April PRG Meeting

It was agreed that minutes of the meeting and subsequent meetings, will be e-mailed to members or they can be collected from reception in a paper format. Members were reminded to return their pro-forma to the Chair, via the Health Centre to confirm how they would like to receive their copy of the minutes. If members do not have internet access the minutes will not be posted, but can be collected from reception.

The Chair spoke of how both the committee and practice are eager for communication to be electronic to reduce costs and time. It was also discussed how electronic communication (virtual working) may be a way of widening the diversity of the group by reaching those who would not be able to attend the meetings. It was discussed how the group is currently representative of an older age range and the Chair spoke of how she hopes the group will evolve to include a wider age range, ethnic mix and greater diversification.

It was suggested that by having links with clinics held within the surgery, e.g. Health Visitors Clinic, Mother & baby Clinic, School Groups, Caldy Valley Community Centre etc. the group could reach those who would not necessarily be aware that the group existed. Rachel shared how other practices introduce their PRG to patients as they register at the practice and it was discussed how an information slip could be added to the registration pack that patients receive when joining the practice.

- Action Point: Jane to add PRG information slip to registration packs

It was discussed how different groups of people would be able to attend meetings at different times of the day and Philip explained how the meetings have been held at different times of the day and late afternoon (e.g. 5.15 for 5.30pm @ Handbridge) had proven to be the most popular time. The group discussed how patients need to be informed that they can follow the progress of the PRG on the practice website and how they do not physically need to be present at the meetings.

WCCCG is to arrange a workshop for us to meet with the Group Chair of the Shropshire PRGs, later in the year, whose PRG's have been established 2 years longer than ours and we hope to gain some learnings from their experiences.

## 2. Initial findings of the Patient Survey

The Chair thanked everyone who took part in the survey but it was mentioned how members did not feel that the patients actually knew who they were and what the PRG is. It was discussed how there could be a dedicated area on the practice notice board in the waiting area for the PRG.

- Action Point: Leanne and Jane to set up on the Notice board please.

The results of the survey have been evaluated and the Chair gave a brief summary of the findings, which was discussed.

The survey took place on the week beginning 11th June 2012 and was scheduled to take place over a one week period, but ran over into a second week in order to survey the 300 patients that were needed. The survey form was split into two sections, clinical and administrative. The form is a different survey than that which has been used in previous years as this had not included clinician based questions in the past. The survey that was used has previously been an official survey.

The reception area received 72% of patients thinking the appointments/practice system is satisfactory (national benchmark in 2010 was 75%).In addition 25% of patients thought it was fairly satisfactory, which the Chair feels is a reflection of the hard work put in by the staff, to achieve 97% of patient thinking it is either very satisfactory or satisfactory.

A point that was picked out was that a large amount of patients either had or were planning to book their appointments on-line. The Chair thought that this was a positive aspect as it releases staff time and shows that the Health Centre has different resources available to patients.

- Action Point: IT manager to audit consultations to see what percentage were booked online in the first 6 months of 2012. Three years ago this was approx. 5% per annum

The question on telephone consultations had seen a great increase from 2010, when it was 13%, to the current score of 44%. Rachel explained how a lot of work had been done in this area and that she is looking to expand the service in the future. The PCT average is 29% and the national average is only 25%

80% of patients were happy that their GP dealt with the problem in a good manner (national average was 72%). 96% of patients would recommend this practice to others (national average was 92%).

Overall the Chair believes that it was a very satisfactory set of results and that there were no areas highlighted which were seen as problem areas. Patient education could be improved where we did not score as highly as expected as many patients do not know what services are available to them (e.g. Extended Hours, NHS Direct; Advanced Nurse Practitioners; Pharmacy)

After hearing the outcome of the survey the group discussed how we need to look for action points from the survey results in order to get information to as many patients as possible. Patients who do not attend the surgery regularly are more likely to attend Accident and Emergency, when another service such as Extended Hours or the Urgent Care Unit could have been more appropriate. All this information is currently on the practice website, which is soon to have a lot of work put into it by the practices newly appointed IT Manager (Peter Williams). All this information is also available within the practice leaflet for those who do not have internet access. Rachel explained how the practice is going to be working on a Self Care Campaign which will involve educating patients about pharmacy services and the services available in-house and out of GP hours.

It was suggested that the practice could create information cards with all these details on and Rachel explained and distributed information leaflets with cards which have been produced by the NHS as part of the Choose Well Campaign which are currently available to all patients across the country and can be found by our patients in the leaflet stand in reception.

**3. BMA Industrial Action**

Rachel informed the group how the Partners made a unanimous decision <u>not</u> to take in the industrial action on 21st June 2012. Eight practices out of the twelve within the city did partake and were open but with limited services. Boughton, Heath Lane, City Walls and Park all remained open as normal on that day.

**4. Financial Data Update**

Philip explained how the yearend figures (2011/12) are not yet available but he believes that they will be similar to last years. Last year we were 2% over our prescribing budget but this years budget was adjusted to account for the number of patients that we care for within nursing homes

and we have come under budget (4% saving £61k) this year. The saving that has been made is not kept by the practice but returned to the CCG to cover over-spends in other Practices. This year there may be the possibility of innovation funding being available from the CCG with these savings, for practices to apply for.

This budget is not about under-prescribing but about making prudent savings (e.g. when products come off patent, meaning a cheaper alternative will become available). Patients will not be disadvantaged or be refused medication due to the amount of the practices prescribing budget.

One of the areas that the practice has to look at is urgent care and Philip showed data for Accident and Emergency attendances which can be compared with our peer group across the city. The data shows that practices within E/Port & Neston have a slightly higher attendance rate for patients attending A & E. This does not mean that these practices have not provided a good access/ service. There are several reasons why patients attend Accident and Emergency and the main ones, nationally, are known to be geography, along with deprivation and habit*.

Inappropriate attendances at Accident and Emergency results in significant costs to Primary Care. At Boughton the recent audit of 175 attendances @ A & E by our patients in February 2012 showed that 16% were deemed inappropriate (minor ailments ñin-hoursò This yearôs audit of data took 12 hours to complete but can produce a benefit by educating out patients of what services are available instead of Accident and Emergency. *We will again focus on the frequent fliers (those who habitually attend A & E more than 3 times per annum. The Practice is pleased to report that over the past two years we have move from the top quartile to the bottom quartile and are now a low attending Practice at A & E (which is seen as good).

## 5. Clinical Commissioning Update

Philip explained how Western Cheshire PCT has now changed, constitutionally, to West Cheshire Clinical Commissioning Group. This year is a transitional year for them and they are currently waiting to hear if they have been authorised as a new constitutional body. Once approved the CCG will be involved in decision making and responsibility and power will be held at a local level. The 36 local Practices in Chester City, West Cheshire Rural and Ellesmere Port & Neston make up ther member Practices (Membership Council).

There was a question about whether this means services will be given to local providers and Philip assured the group that the CCG are keen to work with the local hospital and that services will only be given out to other providers when the current provider is not meeting their 18 week waiting times.

## 6. EMIS Web

Last week the practice moved onto a new computer system (EMIS Web) [Egton Medical Information Systems] and the PRG members were asked whether they had noticed any delay when contacting the practice. Nobody within the group had been aware of the change as they had not experienced any difficulties. Philip thanked Rachel Kennouche, Office Manager and Adie Salter, QOF Manager for all their hard work over the past six months. This has been particularly challenging as we have been without an IT Manager for the past 4 months.

There are currently eight GP clinical systems that are being used over the UK and none of these systems ñtalk to each otherò The NHS has made the decision to aspirationally, move to one computer system. EMIS currently has 55% of the overall UKôs GP Practice market.

In October the surgery will be starting to use the GP2GP system where patient notes are moved electronically to their new surgeries computer system. Electronic Prescribing (paperless prescriptions) will follow later this year.

Within Chester the transaction to the new computer system, EMIS Web, is about half way through. EMIS currently holds 55% of the GP market.

The PCT currently rent several rooms (peppercorn rent ï 10 years to run to 2022) within the practice Usage rates vary from 10% to 21% for some of these rooms and Philip called on the groups support in trying to buy back the lease for these rooms in order to provide more services within the surgery. Philip is to write to the WCCGôs Chief Executive to request this.

Meeting Closed: 3:30