

Minutes from the PRG Meeting held on 7th November 2012

Present: Philip Smith, Rachel Kennouche, Kate Tolley, Dr Annabel Jones, Jane Dixon, Clare Sampson, Chairman and 13 PRG Members

1. Matters arising from last meeting

The Chair gave an update on matters arising from the previous meeting.

Jane has added information about the Patient Reference Group onto the practice leaflet.

Jane and Leanne have added information onto the notice board about the Patient Reference Group.

IT issues have not yet been actioned as the Practice has had a period with no IT support earlier in the year but have now appointed an IT Manager who will be able to start working on these issues.

Self Care will be looked at later on in the meeting.

GP 2 GP+ is a system that allows the practice to electronically send patients' medical records to their new practice, when they register elsewhere. The Chair asked for an update on this system but Rachel informed the group that this is not due to start until the end of November.

No-body had any other issues to bring up.

2. Financial and performance data

Philip showed the group data on Accident and Emergency attendances and explained that inappropriate attendances are looked into and the patients are contacted to explain what other, more appropriate services are available to them. Philip also showed data for all practices within the Western Cheshire area and showed how we have a below average figure for Accident and Emergency attendances. At the last review it was found that 18% of our patients attending A & E Depts. were inappropriate.

Philip also showed data on the WCCCG Dashboard, which shows how practices are doing in certain areas, based on a green for good performance and red for poor performance. These related to areas including patient satisfaction, the patient survey. Most of our areas are in green but the only area which the practice is not performing quite as well in is in childhood immunisations/MMR. We are currently performing at 94% against a UK standard of 95% for the 1+ vaccination. Dr Jones explained how we monitor this area very closely and if children are not up to date with their immunisations the parents will be contacted. As this area only covers a small amount of patients, it can make a huge impact on the percentage on the overall result if only one patient is not up to date. The Health Visitors work closely with families of young children who will fall into this area. Some Practices continue to get Health Visitor input with childhood immunisations. The Practice's own data shows our performance to be at 95% and we have some data quality issues still to resolve.

Philip shared how patients within Western Cheshire are fortunate as the GP Practices work to a high standard. High standards are not uniform however across all of the UK.

The Chair asked what the consequences of not having the immunisations would be. Dr Jones explained that as long as the majority of the population are immunised, then there will not be enough people to carry and spread the disease if they were to catch it. Herd Immunity is considered effective at the national rate of 95%. Mumps is seen occasionally and there has been a measles outbreak recently, but not within the Western Cheshire area.

The Public Health Policy which is to protect the individual and the public will only work if enough people are immunised.

The question was asked whether the practice is paid by results and Philip explained that we have 3 different methods of payment. We receive a capitation payment of around £65 per patient per annum, which is a set amount and is not affected by how frequently the patient attends the practice. We also receive a Quality Outcome Framework payment, which is related to the performance of the practice. This is about managing patients' chronic diseases and not just treating them when there is a problem. The final payment is an Enhanced Services payment. These are extra areas which practices can sign up to, in order for a payment. These include Flu immunisations, Nursing Homes and smoking clinics etc.

The amount per paid to practices per patient varies in different areas. WCCCG receives one of the lowest payments per patient per annum of £1,246 p.a. The Secretary of State for Health/ DoH have promised to review this in 2013 to give a fairer distribution of funding (based less on deprivation).

Approximately 80% of all patient costs in the NHS are in Secondary Care.

3. Clinical Commissioning Group

Several members of the PRG and Philip attended a meeting held by Hugh Charles-Jones on 11th October @ Cheshire View. The newly appointed Chair of the Clinical Commissioning Group (Dr. Huw Charles Jones) was in attendance and gave a presentation on the new NHS and CCG structures. The meeting was held in order for the PRG to meet members of the CCG and also to meet members of other PRGs.

Philip showed the group the presentation from Dr. Huw Charles Jones that was given to them during the meeting.

70% of the NHS budget will be handed to Clinical Commissioning Groups to manage. The West Cheshire Clinical Commissioning Group covers the 37 practices within Western Cheshire and they are who makes the decisions.

The hierarchy of the NHS was shown, from the Secretary of State to the Department of Health, Commissioning Board and right through to the 225 local Clinical Commissioning Groups.

Every GP surgery has to belong to a CCG. If they do not provide a service which is up to standard then the CCG can give contracts to a private provider. Private providers already provide services in Western Cheshire, which is the Extender Hours Service and Hospital @ Home, which is run by Partners for Health+. Regulators will be in place to ensure that competition does not affect the standard of care that patients receive.

The WCCCG expects to be fully operational on 1st April 2013. (Full WCCCG authorisation was confirmed by Alison Lee (Chief Officer) on Thursday 8th November)

The overall risk is shared within the CCG, for example high cost patients with high cost medication. budget.

A member of the group shared how the CCG have a membership which can be accessed on-line or by telephone, which enables people to get involved. They will send information/updates out to their members and give them the opportunity to have a voice. LINKS (Health Watch) and the Countess of Chester Hospital also have a membership where people can get involved. Some meetings that are held are just for members to observe but they do hold meetings that members are given the opportunity to participate in.

4. EMIS Web

Rachel gave an update on EMIS Web, following the practice changing to this new system on 3rd July 2012. There have been a few teething problems and we are still struggling with slow N3 broadband as our new fibre optic connection has not yet been completed but BT are coming to the surgery tomorrow (08/11/12) to do some work on the N3 connection.

Patients should not have noticed any change when booking appointments but may have noticed it when attending the surgery as clinics have been overrunning by approx. 40 minutes per day.

Apart from the internet connection affecting the speed of the system, as it is web based system, it has been a positive change.

There are 8 different clinical systems being used within the UK and in 2006 the Government made the decision that all GP surgeries should move aspirationally towards one single system. 70% of GP surgeries in the UK use an EMIS/Vision system.

It was brought up by a member that the new system would not allow for patients to be known by a preferred name+except for their first names for automated letters. This is a problem that the practice is aware of and unfortunately there is nothing that we can do locally. It has been raised as a development request to EMIS and we await their decision.

5. PPG Conference update from 11th October

This item has already been discussed within item 3.

Philip does not know when the next meeting will be held but will be contacted with the details and will then contact the committee members. It has been discussed with Philip that they will be asking for e-mail contact detail for the Chairs of the PRGs so that agendas and information can be cascaded out by e-mail. This improves speed and efficiency and significantly reduces costs.

There were representatives from 5 PRGs and they had been asked to think of an area which they would like to look at. Each PRG had come to the meeting with a different area. Our group had gone with the topic of Self Care.

6. Self-Care

A self-care campaign is to be run in the practice to inform patients of what services are available to them, both within the surgery and externally.

Kate is to be organising the Self Care Campaign next week (12-16th November) which is National Self Care Week. A station will be set up in the waiting room. There will be members of the Reception Team giving out information and the Nurses will be available to speak to patients (around clinic times). Kate asked for volunteers to be available to help with the campaign and speak to patients. It has been suggested that by the PRG having an involvement in this campaign, they will be able to raise the patients awareness of the group.

By recommending other options to patient it will give them confidence in using the services e.g. Extended Hours Clinics, telephone consultations, NHS Direct, opticians and pharmacies. A lot of people are not aware of these services available to them as an alternative to a face to face GP consultation.

The top 10 minor ailments (backache, coughs and colds, headaches etc.) account for 75% of GP consultations for minor ailments, so by educating patients they could get treatment from other services that could be more convenient for them to access.

The pharmacy works to a red flag system and will direct all patients to the GP if they feel their symptoms could represent a more serious problem.

7. Virtual Group

The committee members have been working at setting up a virtual group to run parallel to the main group in order to attract a wider age range, as the current age of the group is the over 50s. By having a virtual group we would be able to get information to those who are unable to attend the meetings.

Pete Williams, IT Manager, will work alongside a volunteer (PA) from the committee and is currently getting feedback from another practice (Western Avenue) who already communicate with their patients through social networking. The initial thoughts is to have a Facebook page where patients can opt in and can then be informed of meeting dates etc. The Partners have recently agreed to have a Practice Facebook page and the PRG page will be able to run alongside this.

Members are happy that the television in the waiting room is now being used as an information point so that patients can be informed of services etc. whilst they are in the surgery.

It was suggested that we could reach a different group of patients through the Midwives and Health Visitors who have a strong line of contact with those patients who do not attend the surgery as regularly (as the Midwives are now based at Cherry Grove Childrens Centre).

Action Point: Jane & Leanne NB for the next PRG Meeting Notice and Practice Newsletter

It was suggested that we could promote the group through the parish magazine and it was thought that the best way to get information to people is by word of mouth.

8. Room space

Philip has written (01/08/2012) to the Director of NHS Cheshire, Warrington and Wirral in relation to the proposal to relocate the Health Visitors to what used to be the District Nurses room (now that the District Nurses are not based in the surgery) in order to create 2 new consulting rooms. Philip has now written twice and has asked for the PRGs agreement to say that they are disappointed that nothing has happen in 3 months. The PRG are happy to support the Practice in this matter.

- Philip to contact Director of Clinical Commissioning again

The date of the next PRG Meeting will be set at the next Committee Meeting in December

Meeting Closed: 3:30pm