

PPG Meeting Minutes
Held on Wednesday 17th July 2019

In Attendance:

Carrie Hughes (CH)
 Rachel Kennouche (RK)
 Dr Annabel Jones (AJJ)
 Clive Jones (CJ)
 and 7 PPG members

Minutes taken by:

Leanne Manford (LM)

Agenda No.	Agenda Item	Action
1.	<p>Matters Arising</p> <p>Members found it helpful that previous minutes were circulated with the meeting agenda, this was agreed to be the set format moving forwards.</p> <ul style="list-style-type: none"> • Circulate previous meetings minutes with agenda <p>CJ had tried to secure a speaker from Health Watch and Care Hub but unfortunately they have not been able to attend. Health Watch will be invited to the next meeting.</p> <p>PPG member discussed Bright life – a voluntary (lottery funded) service that aims to reduce loneliness and isolation in older people. Funding was gained within our borough for this service however the contract ends in April 2020 but the social prescribing aspect is to continue for a further year as the work has gone so well.</p> <p>The PPG member also updated the group that Cheshire West Local Authority (CWaC) has been recognised by the WHO (World Health Organisation) as an “age friendly borough”, essentially it is an acceptable and friendly place to live with amenities and activities available for older people.</p>	CJ/LM
2.	<p>Primary Care Network and Cluster Update – AJJ/RK</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  HealthWatch - people's views on the </div> <div style="text-align: center;">  Network Presentation July 201 </div> </div> <p>Since July 1st 2019 GP's are being asked to work differently with other local practices, across populations, to provide health to our community. Organised as Primary Care Networks (previously known as a Cluster) covering populations of 30,000-50,000. Boughton has been joined to work with Park Medical Centre, Upton Village Surgery and Health Lane Medical Centre. The Network is named Chester East and works closely with the Community Care Team. The foundation for the Network started some 3-4 years ago and we already have forged links with the other three local practices. The Network practices are geographically positioned close together and have a Network population of 37,386 patients. We are the</p>	

largest practice within our Network and currently have 13,021 patients.

Dr Annabel Jones is the Clinical Director for Chester East Network until March 2020; the role will then rotate to another Network Practice. The four Practice Managers from the Network will rotate the Operational Director role each quarter for Year 1 until March 2020.

The Practices will still run as four separate businesses but will work together on certain projects across the Network.

Patients will not see any change currently but RK asked the PPG to consider ways of us being able to communicate effectively to patients and the wider community the changes that are happening. The practice pro-actively uses the quarterly newsletter, practice website, information points within the Practice such as the notice board/TV screen but the challenge is how we can also engage with the wider practice population that are not in contact with the Practice. RK reminded the group that CJ/RK has networked the PPG Leads for all the four Practices and introductions had taken place over the last 12/18 months. Practice visits had been facilitated for the other network PPG Leads and some of the PM's had met the PPG members. RK suggested this could be an ongoing development project for our PPG to engage with the other 3 PPG's across the network. Some Network PPG Leads in West Cheshire are holding joint PPG meetings and are exploring the option of a shared PPG FB page across their network footprint.

There are 7 Networks in West Cheshire but 9 Networks in total as our local authority patch also now covers Vale Royal;

Chester Central (formally Fountains)

Population Size: 38,910

Practices – Garden Lane, Northgate Village, Northgate Medical, The Elms, Fountains

Chester South

Population Size: 34,067

Practices – Lache, Handbridge, Western Avenue and City Walls

The change comes as a key building block of NHS Long Term Plan to bring GP practices together to work at scale and provide a wider range of services to patients. The plan will provide the opportunity to improve the ability of practices to recruit/retain staff and support integration with the wider health and care system. The NHS Long Term Plan and GMS Contract Re-form are national programmes. Themes around the plan are on long term health, dementia and integration with social care. Networks will also provide a wider range of services to patients, involving a wider set of staff roles than feasible in individual practices. They will take a proactive approach of managing the health of their local population and service delivery.

For 19/20 the Network is exploring the option of recruiting a Clinical Pharmacist (70% NHSE funded) who will work alongside the GP to look at certain patient's conditions/medications (a very different role to community pharmacist) and Social Prescribing.

Funding for additional roles i.e. new staff only - not existing roles will be available. Networks will have flexibility to decide how many of each to employ. Further roles for Networks to consider are first contact physiotherapist and physician associate in

	<p>2020/21 and first contact community paramedic in 2021/22. The practice sits within West Cheshire CCG which is one of four CCGs across Cheshire. There has been a public consultation process and between 5th August 2019 and 20th September 2019 the CCG will be asking each membership practice to vote on the proposed merger of the following CCGs:</p> <ul style="list-style-type: none"> • NHS Eastern Cheshire CCG • NHS South Cheshire CCG • NHS Vale Royal CCG • NHS West Cheshire CCG <p>A PPG member stated the main problem of the NHS is the lack of clinical staff. They also suggested as part of linking with the voluntary sector not to forget our local food banks. RK thanked the patient for the suggestion relating to food banks and advised she will take this to the Network.</p> <p>RK updated the patient/group that two new Salaried GPs had been recruited within the last 18 months, Dr Grey and Dr Halderthay. The Practice has also been running a recruitment campaign for another Salaried GP; this reflects the increasing list size at the Practice and the GP Partner investment to fund additional clinical capacity to increase the Team. RK shared that Boughton was approved as a training practice and host GP trainees (those who have passed qualifications but need experience as part of their training). Dr Harriet Williamson is a qualified GP trainer and the practice currently has Ruth Pollard on the Team who is an ST1. The practice continues to also host medical students from Liverpool University and will be exploring the opportunity to host Nurse Students in the future</p> <p>RK suggested to CJ for “Network Update” to be a standard PPG meeting agenda item.</p>	CJ
3.	<p>Practice Update</p> <p>RK introduced Carrie Hughes, new Office Manager. Carrie joined the Team in April 2019 and comes with 20 years NHS experience, having worked at the COCH in the transformation team, within CWP and for Turning Point. RK updated the group on Carrie’s success in hitting the ground running and integrating well with the Practice Team in a short time.</p> <p>Staff Changes</p> <p>CH gave a general overview of the recent staff update-</p> <ul style="list-style-type: none"> • Vicky Arora joined the team in Oct 2018 as Deputy Office Manager. • Debbie Wilding and Kim Hodge joined the team in March 2019 and Lydia Holding will be joining the team this month, all as Medical Administrators. <p>CH discussed giving a more detailed overview of behind the scene tasks that the Medical Administrators carry out so the PPG Committee and others can get a clearer understanding of the work involved in general practice. CJ shared that 40 people are involved in the running of the practice.</p> <p>FFT Results</p> <p>The practice monitors all FFT results on a monthly basis and collates the feedback to analyse themes/trends. Every 6 months the Practice will do a “you said, we did”</p>	

action plan. CH explained the FFT survey gives patients the opportunity to suggest improvements, raise concerns or make recommendations so the action plan allows us to communicate what we have done/ are doing.

Q1 19/20 FFT results are as follows –

April 98% - Extremely likely/likely to recommend the Practice
 May 98% - Extremely likely/likely to recommend the Practice
 June 95% - Extremely likely/likely to recommend the Practice

One PPG member reported the facility to reply to the FFT text is not user friendly. The PPG IT Lead offered support at the end of the meeting to review this with the PPG member.

Patient Access

Month	Booked Online	%	Booked Online **	%	Live Patient Access	Medical Record Viewer	%	<C
Mar 2019	1148	30.6	376	32.8	3832	3181	83	784
April 2019	1291	37.8	378	29.3	3855	3234	83.9	795
May 2019	1412	38.3	423	30.0	3872	3290	85	811
June 2019	1163	32.7	347	29.8	3908	3344	85.6	826

Patient Access (PA) was discussed with the group, RK advised that uptake of patient access, particularly for full access to medical records was increasing.

RK gave an update on the current Patient Access (PA) stats (as at the 30/06/19 - above);

- 3,908 patients are registered for Patient Access (30% of the practice population)
- 3,344 have full access to their medical records, 826 of these patients have a long term condition
- 38.3-30.6% of appointments were available to book on-line from March 2019 – June 2019

Due to the nature of the appointment system RK explained that not all appointments are available online due to Practices needing to offer emergency and urgent access to patients. Availability of appointments on-line will also fluctuate due to a variety of factors i.e. clinician annual leave, clinician unexpected sickness or absences such as compassionate leave. On days of lower clinical capacity (unexpected sickness absences) there will be occasions where by the on-line availability has to be varied to ensure there are appointments available online and over the telephone.

When booking over the telephone the Practice Team are able to ensure that the patient is booked in with the right clinician, which on days where appointment capacity is reduced is very important. At times patients are booking appointments online with a GP for symptoms that could be managed by our highly skilled Nurse Practitioners and Advanced Nurse Practitioners. As a Practice we have information on the website to try and direct/guide patients to the most appropriate Clinician but patients will often go direct to the patient access website and not see this information.

RK asked the PPG for suggestions on how the practice can communicate/guide patients to book on-line appointments with the most appropriate Clinician. Members of the group felt that the GP should explain to the patient in the consultation they could have seen a Nurse Practitioner/Advanced Nurse Practitioner with their symptoms.

A patient commented they found the website difficult to navigate and limitations in the viewing of appointments available. RK explained that the software is third party and the Practice cannot amend the Patient Access website but they contact the provider with development requests. The practice website is an area which the PPG can be involved with and RK asked for any suggestions to be sent to the Virtual Group/or the PPG committee to set up a working group to discuss suggestions for the practice website.

Since July 2019 all Practices as part of their GMS contract have to ensure at least 25% of appointments are available for online booking, this has been pro-actively actioned by the Practice for a number of years prior to it being a contractual requirement.

From March 2018 for an 18 month period the Practice figures show that between 53.9% and 30.6% appointments were available to book on-line. The PPG Lead has asked the practice to review increasing on-line access, RK has requested the help of CJ help in trying to overcome patients not being aware of the most appropriate clinician to book in with.

Work is currently being carried out nationally for the booking software to be able to offer other Nurse appointments on-line such as LTC reviews, dressings, injections etc. This is more complex due to different medical conditions and appointment types needing differing appointment lengths i.e. 10 minutes, 15 minutes, 20 minutes etc.

AJJ explained that health is behind in the digital world; however we are very aware that not all patients can access services online so we need to ensure all of our patients can access the services we offer. AJJ shared how as a practice we speak about access several times a day. Clinical capacity, external meetings commitments, other types of clinics e.g. GP Minor Surgery clinics all have an effect on appointment availability. We have several locums working within the practice currently to offer additional clinical capacity. The Practice has also been running a recruitment campaign for another Salaried GP; this was unsuccessful due to a poor response.

RK updated the group with future IT contractual requirements;

- Online and video consultation by April 2021.
- Online access to full medical records, including the ability to add

	<p>information, as the default position from April 2020.</p> <p>The practice has previously offered online consultations via e-consult service which was trialled for 18 months; this system is currently not available to patients but is being reviewed by the Clinicians.</p> <p>RK offered to discuss the appointment system at a further meeting should this be required.</p> <p>Patients not attending appointments (DNA's)</p> <p>The practice DNA rate is currently between 2 – 3%. CH explained there is a process in place if a patient is flagged as a frequent non-attender – which involves us contacting the patient directly by text and post. The practice is pro-actively working to try and lower the DNA rate.</p> <p>The practice regularly reviews patients who DNA appointments and contact is made via text and then letter. Once a patient has missed more than 3 appointments they are reviewed on an individual basis and further investigations made. Each patient is looked at individually as there may be a reason why the patient has not attended i.e. they are in hospital or have memory problems. Cases are escalated/reviewed by the involved GP/Exec Partner.</p> <p>The intention is to raise awareness with patients of the financial implication of not attending their appointment, in the hope that if patients will pro-actively cancel unwanted appointments to assist with the planning/offering of appointments to other patients.</p>	
4.	<p>Virtual PPG</p> <p>CJ advised the group the Virtual PPG is active and there is an opportunity for patients to make comments via e-mail which will be shared within the group/with the Practice. The PPG act as a critical friend and the virtual group discussions have previously been used to find simple solutions to any concerns raised such as the check-in screen not giving enough time.</p> <p>If patient are not already a member and would like to join please provide your e-mail address to the PPG Committee members.</p>	
5.	<p>Care Hub</p> <p>CJ and CH are to meet with the Care Hub creator, a former local Practice Manager, to discuss ways in which it can be promoted to patients. It is an online resource which holds a directory of service and can signpost patients to relevant services. It is now in its second year across West Cheshire Practices.</p> <p>The admin team, clinicians and well-being co-ordinator promote the online resource to patients. CH asked the group for suggestions on how the awareness of this resource could be promoted further to patients. CH gave a demonstration of the Care Hub website, which was also given at the practices community open day last May.</p> <p>RK suggested to CJ to link up with other PPG leads to see how they promote the service in their practice.</p> <p>A meeting has been arranged for the beginning of August, CH will then roll-out</p>	CJ

	further ideas and changes.	
6.	Next Meeting – agenda items - a member asked for further information to be given on the Integrated Care Partnership at a future meeting.	RK/CJ
Close	3.40	