

PPG Meeting held on 03.10.18
At Boughton Health Centre
Minutes

In Attendance:

Peter Assheton, Deputising Chair (PA)
 Rachel Kennouche, Practice Manager (RK)
 Phil Owen, Office Manager (PO)
 Dr Davis, GP (PD)
 And 9 patients

Agenda No.	Agenda Item	Action
1.	<p>Matters Arising</p> <p>PA advised the only outstanding matter following on from the previous PPG meeting was the proposal of having a card with a list of helpful phone numbers. PO advised that Clive felt there would have been too much information on the front desk for patients but this information is available on the website and paper form on request.</p>	
2.	<p>Wellbeing Co-ordinator</p> <p>Milanda Manger, Wellbeing Co-ordinator attended the meeting to provide an overview of her role. Milanda advised that the service is now being run through Primary Care Cheshire, having previously been provided by Age UK. Milanda informed the group that she is based at Boughton on a Wednesday and Friday but also works at our other 3 cluster practices (Park, Heath Lane & Upton Village) and sees patients who perhaps may have money problems, need care packages, mobility issues, social isolation and low level mental health concerns.</p> <p>Patients tend to be seen for a 1 hour consultation over 6-8 weeks but this can change based on the individual's needs. Referrals can now be accepted via clinical or non-clinical staff members for patients age 18+. Milanda sees patients at the surgery or can visit if the patient is housebound. PD echoed that the service is extremely beneficial as Milanda and the team have a broad range of knowledge about other services available.</p> <p>A patient felt the service wasn't promoted enough however PO pointed out that up until recently, only the GP could refer into the service but now that non-clinical staff can, reception are aware to signpost patients to the Wellbeing co-ordinator where appropriate. Primary Care Cheshire is also preparing new posters, so these will go up in the practice and on the website when available.</p>	
3.	<p>Patient expectations/ Open day feedback</p> <p>Following on from the previous meeting in which ST attended, there was discussion surrounding how best to meet patient expectations in a 10 minute consultation, so RK, ST and CJ met to discuss this and decided to host a Practice Open Day, which took place in May and was a success with really positive patient feedback on the day. Clinical staff who attended found it really useful to engage with patients outside of their usual consultations and it was a great opportunity to help patients/signpost them to available services without the usual time pressures.</p>	

	<p>RK asked attendees if they felt anything could be done differently if a future Open Day was to be arranged.</p> <p>A member of the group felt that ST's segment on self-help was interesting and having GPs/Nurses there in a more relaxed nature was very helpful. It was also appreciated that staff at the practice made time to be there for the Open Day event.</p> <p>RK advised there is the potential for the next Open Day to be done across the cluster but this is currently still being worked up to find the most appropriate venue for the whole cluster, as it couldn't be in any of the practices. A member of the group felt this would be worthwhile as it would also gain more exposure and be promoted more.</p> <p>A patient queried where the open day was advertised which PO explained it was in our practice newsletter, leaflets at reception, on the website, banners and also outside of the building. We may look to expand this for future events.</p> <p>RK advised that on the day multiple services were involved such as Waitrose, Brightlife and other voluntary sectors which a patient felt was very useful. Posters were placed around the waiting area at the event to advise exactly what it is the admin team do and also that they could provide any help if needed. The reception team are aware of all the services available that patients could be signposted to.</p> <p>RK discussed how IB demonstrated use of the CareHub at the Open Day. The Care Hub is a one stop shop for patients to find local services using a range of headings to streamline their search (i.e. – you could search 'Adult' – 'Wellbeing for the body' – and you will then be given a list of care providers and contact details where you can find further information). The CareHub is regularly updated and a link to this is available on our website, but it was felt this wasn't promoted enough and not enough patients were aware of it.</p> <p>A patient echoed that she doesn't use the internet as much and wondered if there was any access available to drop in sessions to get online and how to access. PA advised that drop-in clinics were available for the launch of patient access however attendance has always been very low. The patient would like further practice information as she doesn't have access with not having a computer.</p> <ul style="list-style-type: none"> • Secretary to email patient practice newsletter – actioned 04.10.18 	<p>Secretary</p>
<p>4.</p>	<p>National Patient Survey</p>  <p>National IPSOS Mori survey 2018 (1).docx</p> <p>PO discussed the patient survey results collated from July 2018. The results were very positive for the practice, although as the questions have changed there are no historical trends to report.</p> <p>We have attached a breakdown of our results compared to other cluster practices. PO highlighted that the practice is about national and CCG averages in 12/18 questions and are above national but below or in line with CCG average for 5/18. Boughton matched the national average for just 1 question.</p>	

	<p>PO discussed some of the best scores with one of them being 'Patients find it easy to get through on by phone' in which we scored 82% which exceeds the WCCCG and national average. PO felt that the upgrade to the phone lines and implementing a queuing system has proven to be a good investment.</p> <p>Other high scores were reflected in '100% of patients had confidence and trust in health care professional', '100% of patients felt their needs were met' and '96% of patients find receptionists helpful'.</p> <p>A member of the group stated that as only 108 patients responded to the survey, it is not statistically reliable, which is a fair comment and PO advised that although the number is small, if there was an area of concern it would typically still stand out in the results.</p> <p>PO has discussed the areas where we scored below or the same as the CCG (but not below the national average) with clinical staff and it was felt that nothing more needed to be done to improve those scores, as they were not bad in themselves and the main aim going forward will be to continue delivering the best service.</p> <p>PO advised that the National Survey used to be twice a year but will now only be once a year in July so our own in-house survey will be run at the start of the year. The National Survey is sent out on a national basis to patients whereas the in house survey is typically spread over the course of 2 weeks which involves the PPG contacting patients in the waiting room, it has been known to spread to 3 weeks to ensure an adequate number of responses as uptake can sometimes be poor.</p>	
5.	<p>Practice Update</p> <p><u>New staff members.</u></p> <p>PO welcomed Vicky Arora who has recently been appointed as our new Deputy Office Manager. PO explained that the practice has recently recruited several new Receptionists due to staff members moving on to new job opportunities, so patients may spot some new faces on Reception.</p> <p><u>FFT Results</u></p> <p>PO reported that 93% of patients would recommend the surgery, which is up from 92% for the previous 6 months. PO advised these results are reviewed monthly and circulated to staff but a full review is undertaken every 6 months. From the small number of comments received, the main concerns were around patients not being able to get appointments (which is why signposting to other appropriate services is crucial to protect the appointments here, and this is covered in regular staff training) and the service received (but any complaints are discussed in more depth and any learning points cascaded to the team).</p> <p><u>Patient Access</u></p> <p>Patient Access was discussed and PO advised that uptake of patient access, particularly for medical record viewer was increasing. A patient said they experienced difficulty logging into Patient Access recently but this was recognised as a national issue and was fed back to Patient Access directly and also at the CCG's IT Operations Meeting.</p>	

	<p><u>eConsult</u></p> <p>RK advised that e-Consult is part of NHSE “GP Forward View” and has been centrally funded to be rolled out across West Cheshire. Boughton was one of the first practices in the area to sign up to e-Consult and it has been working well. PO explained that it was another alternate option for patients to use to consult with their GP.</p> <p><u>Appointment DNA’s.</u></p> <p>DNA rate is currently between 2 – 3%. A patient queried how the practice monitors DNA appointments and PO advised 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.</p> <p>PA asked whether Clive’s suggestion of having an option to cancel an appointment on the phone lines had been looked into further. RK explained that it was looked into, but other options are currently being explored as having a voicemail facility or a line specifically for patients seeking to cancel their appointments would not be manageable, as it would require additional staff to ensure this is dealt with in a timely manner and patients may use it inappropriately.</p> <p>RK advised our IT Manager is currently working up a project where patients can cancel their appointments via text. It’s been confirmed this option is now fully functional and when a patient receives a text message reminder about their appointment, the text also provides you with a number you can respond to if you wish to cancel. A member of the group asked how many cancellations we get and it was fed back by PO that we don’t monitor this but anecdotally the volume of late cancellations was not particularly high.</p> <p><u>Extended Hours.</u></p> <p>A patient raised how the Extended Hours Service has always been brilliant for her and her partner’s needs, especially the GP and dressing clinics. PO highlighted that Extended Hours offers bookable blood appointments for evenings and weekends, as well as the Countess of Chester drop-in blood service which patients are frequently signposted to.</p>	
6.	<p>Virtual PPG</p> <p>PA advised the Virtual PPG Group has approximately 50 users currently. The virtual group is ideal for patients who are unable to attend the PPG meetings. Patients can communicate via email and ask questions relating to the practice which then gets circulated to other members to give them the opportunity to respond.</p> <p>PA asked all present members that if they weren’t already part of the virtual group then to provide their email address at the end of the meeting so they can join.</p> <p>A member of the meeting asked whether the Facebook page was still in use, which PA confirmed it was but commented that there was very little activity on it. A member highlighted that the date of the PPG meeting should be posted on the Facebook page which PA agreed with and is happy to write a post on Facebook.</p> <ul style="list-style-type: none"> • Secretary to also ask Chair to post on Facebook page when emailing 	

	final invite and agenda. – added to Secretary PPG protocol 08/10	Secretary
7.	<p>Cluster Working</p> <p>RK discussed Cluster working and advised there are currently approx.38, 000 patients in our cluster footprint of 'Chester East'. This includes patients of Boughton Health Centre, Park Medical Centre, Upton Village Surgery and Health Lane Surgery.</p> <p>RK advised how the PPG leads from all 4 Cluster practices have been introduced and a discussion will be taking place on how the cluster PPGs can work collectively together in the future. Having the same in-house patient survey is an idea that has been discussed.</p> <p>RK went on to explain that our Cluster has recently been successful in a bid for funding from NHS England which is available until March 2020. The money available is called the 'Primary Care Network Development'. The bid will help support 3 project ideas currently being looked at by the Cluster; Early Visiting Service, Community Dressing Service and Workflow Optimisation. The bid will help support the Cluster leads/practice managers have the time to progress with working together.</p> <p>Below is a list of the Lead GP's & Practice Managers for the PCND:</p> <p>Boughton Health Centre - <i>Dr Shana Tam</i> – Cluster Lead GP+ PCND Lead and <i>Rachel Kennouche</i> – Cluster PM + Lead for EVS</p> <p>Park Medical Centre - <i>Dr Yvette Brindle</i> – Cluster GP+ Lead for Community Dressings and <i>Richard McLeod</i> – Cluster Lead PM + PCND Operational Lead</p> <p>Upton Village Surgery – <i>Dr Rowan Brookes</i> - Cluster GP + Lead for workflow optimisation and <i>Tracey Palmer</i> – Cluster PM + Lead for Community Dressings</p> <p>Heath Lane Medical Centre - <i>Dr Chris Fryar</i> – Cluster GP + Lead for EVS and <i>Sandra Smith</i> – Cluster PM + Lead for Workflow Optimisation</p> <p>At the moment, discussions are taking place to determine what is going to work and what won't within the projects. An evening event is taking place on the 16th October which will be attended by Partners, Salaried GPs, Nurses, Practice Managers, key Admin Staff and external organisations (NHSE) to discuss the bid and project outlines.</p> <p>RK has recently circulated a cluster newsletter to all involved cluster practices to help keep all staff informed of the current projects and any updates.</p> <p>Ideas are currently being explored around hosting an Open Day in the Community as a cluster. This is still being looked into as a venue will need to be sourced which accommodates all practices but as commented by a patient, an open day involving all 4 practices would gain much more exposure.</p>	
8.	<p>Meeting Dates</p> <p>The next main PPG meeting date is still to be confirmed but it's expected to be early 2019. There will be 2 meetings in 2019.</p>	

	<p>PA asked whether all attendees were still happy for meetings to be at 2pm which everyone present was in agreeance with.</p>	
<p>9.</p>	<p>AOB</p> <p><u>Impact of Brexit on the NHS</u></p> <p>A patient advised he is part of a local group called Chester for Europe. The group explores the concerns/dangers of Brexit, especially on the NHS. The patient explained that 10% of vacancies are currently unfilled in the NHS and this is adding tremendous strain to existing staff members. PD advised the skilled labour cap on migrants has been removed. One of the issues being looked at is medicines as a lot of medicines are imported. The government are already putting plans in place.</p> <p>RK informed the PPG that she and the PPG Chair had communicated with the patient in relation to Brexit. RK had highlighted that as a Practice we have successfully recruited a new salaried GP, 3 Partners and have been in the position to grant a pay-rise to staff members.</p> <p>The PPG Chair had also contacted the Head of Communications at West Cheshire CCG to enquire if any patient facing communication were to be released; as yet no communication has been prepared.</p> <p>RK advised a letter from Matt Hancock MP, Secretary of State for Health and Social Care has been circulated amongst NHS staff which has provided an update on Government preparations for EU exit. This included national contingency plans being considered such as medical supplies being increased. RK advised we should be able to provide more information once we know what the country has decided and what is required is better known.</p> <p>General consensus from the PPG members present at the meeting was “what can we actually do”. The feeling was that until a decision has been reached by the Government other than contacting the local MP Chris Matheson there was no other pro-active action to take. RK advised patients could also contact the CCG should they have any queries.</p> <p><u>Flu Jabs</u></p> <p>A patient highlighted that she didn’t realise flu jabs were also offered for free at pharmacies for the over 65s as she hadn’t seen it advertised. Pharmacies do their own advertisements for the flu campaigns.</p> <p>The flu jab that is offered at the practice offer greater protection against the flu for the over 65’s, it protects against 3 strains but the vaccine is adjuvant, specifically developed to address influenza in adults aged 65 and over.</p> <p>The practice also offers quadrivalent vaccines for the under 65s.</p> <p>A patient commented how the flu clinics run by the practice are very well organised.</p> <p><u>Water Machine</u></p> <p>A patient queried whether there had been any evolution on a previous suggestion of having a water machine in the waiting area. RK advised this had been looked at by</p>	

	<p>management support and will get an update.</p> <ul style="list-style-type: none"> • Update - Since the meeting, Management Support has been actively looking at quotes/contracts for a water machine to be available in the waiting room. This is still ongoing currently and whilst it hasn't yet been confirmed, this is actively being looked at and is hopefully something that can be moved forward with in the New Year. <p><u>Meeting</u></p> <p>A member informed all attendees of the next Annual Countess of Chester Hospital Members Meeting held at the Education and Training Centre, Countess of Chester Health Park on Tuesday the 23rd October at 12:30pm. Everyone is welcome.</p> <p><u>Shingles</u></p> <p>A patient queried the status of the Shingles vaccination which PD advised is in short supply and has a staggered approach.</p>	
Close	3:30pm.	