PPG Meeting held on 10.5.17 at Boughton Health Centre MINUTES

In Attendance:

Clive Jones, Chairman (CJ)
Rachel Kennouche, Practice Manager (RK)
Phil Owen, Office Manager (PO)
Dr Williamson, GP (HW)
And 15 patients

Agenda No.	Agenda Item	Action
1.	Matters Arising	
	CJ explained how the PPG holds a meeting twice a year and this coincides with the patient surveys that are carried out throughout the year. This year the national patient survey has been reduced from being carried out twice a year to once a year so unfortunately there are not any new results to discuss during today's meeting. The PPG will carry out an in-house patient survey in September.	
	The PPG committee group meet every 6-8 weeks and CJ also meets with RK/PO monthly.	
	At the first meeting in 2011 around 40 patients attended and since then there has been an average of 15 patients per meeting, with around 120 different patients having attended the meeting over this time.	
	CJ shared how he believes Boughton is one of the best run practices in the city.	
2.	Patient Walks	
	Two members of the committee have decided to set up a walking group. During the preparation stages the PPG was contacted by MacMillan/ Brio Leisure who are creating walking groups across the city where clinicians will be involved.	
	The PPG have decided to link in with Brio's walking groups instead of setting up a separate group. Brio offer a selection of different short walks which are held daily at various locations. It was discussed how the PPG could create a separate walking group aimed at longer walks if this was desired by the patients at Boughton.	
	The committee asked the practice to advertise the walks within the practice and PO agreed that the practice would be happy to do this.	
	Provide practice with information on Brio Leisure walks to be displayed in the practice/website/virtual group	Committee
	Committee members to link in with Brio Leisure walks and report back to CJ/PPG	Committee
3.	Practice Update	

Pharmacy Update

The Hub Pharmacy have recently taken over the pharmacy lease and completed a refurbishment, they also have the Pharmacy at Heath Lane Medical Centre. The grand opening was held on the 3rd May 2017 which was attended by GPs, practice staff and PPG committee patient representatives.

The pharmacy offers a wide range of services and has a new consulting room. Positive feedback has been received on the changes and the service offered by the Pharmacy Team. RK reported the Practice has established a good working relationship with The Hub and their new Pharmacist.

PO explained how the electronic prescribing service is used by all pharmacies and encouraged patients to sign up to it, as it enables their prescriptions to be sent to the pharmacy electronically so that patient's do not need to collect their prescriptions from the practice.

Dr Williamson - Partnership

Dr Williamson has been working at the practice for over a year and has now become a Partner. Dr Williamson has a specialist interest in sexual health and contraception. She has also just been accepted on the GP Trainers course so from Summer 2018 the practice will be hosting trainees.

New Phone System

The Partners have invested in a new telephone system which has increased the incoming lines from four to ten. This new system allows patients to go into a queue system, although the increased number of lines has improved access it is possible at peak times patients may still experience the engaged tone. Following the initial introduction of the telephone system the practice received feedback that the message on the phone was too long, so this has been reduced.

PO explained if a caller knows the option that they require, as soon as the message starts with Dr Henry's voice, the number for the desired option can be entered.

The new system allows for all calls to be recorded which has already been very useful as a training tool for the Team. The recordings are kept within the practice securely and limited access is allowed for key members of the Management Team.

A member of the group shared how she had obtained a call back feature when recently ringing the Practice. PO explained this was not a feature on the new system and how the practice is not aware of patients being able to access this. PO stated he will make contact with the telephone provider to ensure this is looked into and is not a feature that patients can access.

Update – we confirmed with the phone provider that no patients should get this message when they phone up, so if anyone gets this message again, can you please inform the practice of the time you phoned and what number you called from, so we can investigate further. Thanks.

A member of the group suggested opening the phone lines at 7am to reduce the problems getting through on the phone at 8am. RK explained how across the locality the CCG had explored this option. The Partners had fully discussed this

PO

option but currently the decision was to not express an interest in this as it would reduce capacity at different times of the day. The Extended Hours Service has been increased for patients to access out of GP Core hour appointments. HW explained that without the additional clinical resource to extend our core opening hours (08:00-18:30) would be difficult as the GP's are already working 12-14 hour days.

PO explained how the practice pro-actively promotes Patient Access which allows patients to access appointments, ordering repeat prescriptions without the need to telephone the Practice.

RK explained how the practice looks into demand management and has discussed staggered release times for appointments throughout the day. This is still being looked at and a decision has not yet been made as to whether any changes will be made.

Patient Access

Patient Access has been in place for many years now and the current practice figures are:

- 3432 patients now have Patient Access
- 1085 with Medical Records Viewer, of whom 354 have a long term condition

The practice is placing a focus on promoting full medical records access to those patients who have long term conditions, these patients are more likely to benefit more from having this access as they will be able to view their test results, access letters from their consultants and gain knowledge of their condition therefore empowering the patient and expanding their knowledge of their condition so they can make decisions/have discussions with their GP/Consultant fully informed.

There is currently a 2 week turnaround for Patient Access applications, with the exception of newly registered patients. This is because the practice first needs to request the patient's medical records from their previous surgery and the records will then need to be summarised once they are received by the practice. This process can take 8-12 weeks.

There is good patient feedback around Patient Access and last year the practice was an NHS England Beacon Site for on-line access, the Practice received CCG Practice of the Year 2016 partly due to the work that has been done around this.

The practice currently has 32% of patients registered for Patient Access and RK explained how it is now a GMS contractual requirement that practices have 20% of patients registered for this (this has increased from 10% for 1617). RK shared how the practice has an in-house target of 40% patients to be registered for Patient Access in 1718.

CJ shared how 2 members of the group have today completed the final part of their application process, after having a demonstration session with a member of the committee last year. It was discussed how the library has previous offered courses to help patients use Patient Access and learn basic internet/e-mail set up skills.

 Update - due to the changes within the library this service is not currently available. Information will be published within the practice and on the website when information on this service becomes available to us.

E-Consult

PO explained how E-Consult is a service that allows patients who are currently registered at the practice to consult with a GP electronically and offers alternatives to calling or coming into the surgery for common, more minor problems. Photographs needed to help diagnose your condition can also be uploaded securely. By using this service patients can also access self-help content and alternative options such as pharmacy information and symptom checkers.

Approximately 60% of e-Consults can be dealt with via on-line as an admin query, telephone consultation or could result in a prescription being issues. The current stats demonstrate only 40% of patients needing to be seen by a Clinician.

E-Consult has been in place for 12 months and has had:

- 1639 unique visitors to the site
- 467 e-Consults submitted
- 280 appointments saved (estimated)

The practice has received good feedback from patients, including:

- "Very quick and efficient reply. By getting an answer to my question in a timely fashion it meant I didn't need to access further NHS services. In another circumstance I can see that a timely response could also prevent problems getting worse."
- "Fits in with my lifestyle, working a distance from where I work, I can contact my doctors for advice rather than making an appointment when the doctor doesn't need to see me face to face."

HW explained that although some patients need to be examined, in some cases patients may need to have a blood test performed. This can be arranged to be done before they see the GP and avoids the patient needing to be seen by the GP twice. It is a good system for working patients and is also useful to make patients aware that a GP appointment is not always the most appropriate method. Photographs can be submitted although sometimes a GP may still want to see a rash in person so may arrange for the patient to have an appointment.

CJ explained how Boughton was a pilot practice but now E-Consult has been rolled out to all practices in West Cheshire CCG.

Wellbeing Coordinator

The Wellbeing Coordinator currently has 31 active cases and accepts referrals from clinicians for patients who are over 18, with a long term condition, who have given consent and frequently attend with non-medical issues that the Wellbeing Coordinator can help with/ signpost to other services (e.g. addressing debt/ housing problems, poor health, loneliness, social isolation and low level mental health concerns).

The service is appreciated by patients and frees up GP time to focus on clinical issues. There is a wide range of services that the Wellbeing Coordinator has knowledge of. HW explained how people's social situation can impact on their mental and physical health so GPs cannot always address everything in a 10 minute consultation and it is good to have this specialised service which is able to dedicate the time to help with these issues.

The Wellbeing Coordinator works within this cluster (which is made up of 4 practices) so is only in Boughton one day a week, although she does visit patients at home. The Wellbeing Coordinator is employed by Age UK and is funded by the CCG.

CJ had invited the Wellbeing Coordinator to the meeting but she was unable to attend today and will be invited to the next meeting.

Invite to next PPG meeting

CJ

Carers Trust

The practice has recently received a certificate from the Carers Trust to recognise the work that the practice does for carers.

The practice has a red folder in reception with information/leaflets for carers and the Reception Team are trained in dialogue to identify carers so that they can be put in touch with services available to them.

Jolene Weaver, Development Manager from the Carers Trust has presented at the PPG meeting in the past (19.11.2015) and the minutes are available on the practice website. CJ will invite her again in order to give an update on the services available and work that it being done.

Invite Jolene to future PPG meeting

CJ

4. Friends and Family Test Results

The practice has received good results through the friends and family test which is where patients get sent a text message following each appointment asking them to rate the practice. There are also slips in reception that can be completed.



Did - Oct 2016 to Mar

- 94% of patients are likely/ extremely likely to recommend our practice to their friends and family
- The CCG average is 87%
- The national average is 89%
- Boughton's results over the previous 6 months was 92%

As well as sending back a rating, 87 patients have taken the time to write a positive comment. There were also 29 comments where the practice could improve. 80% of these comments were related to 3 areas – appointments, service and waiting times in the practice.

Appointments

PO explained how appointments are released in 3 stages, on the day, 48 hours ahead and 2 weeks ahead however the demand for appointments is very high and the Reception Team are trained to offer alternatives where appropriate, such as telephone consultations, eConsultations, Pharmacy First, Physiotherapy First,

Wellbeing Coordinator, blood tests available at the Countess of Chester Hospital and Extended Hours (which now has more appointments available). The team also promotes Patient Access to patients which will enable patients to book appointments without having to get through on the phone. However the new phone system should make it easier for patients to get through on the phone.

PO also explained how there has been long term sickness within the HCA Team which has had an impact on the clinics and blood tests. However patients have been given the option of having their blood test done at the Countess where it is now possible to pre-book appointments for blood tests.

The Extended Hours Service offers GP and Nurse appointments during evening and weekends at various locations, our local clinic being held at the 1829 building at the Countess. If the practice does not have any appointments available to offer patients the Receptionist will offer an appointment at Extended Hours, which the receptionist can book for the patient or the patient can ring the Extended Hours Service themselves.

CJ suggested that having cards available for patients with useful telephone numbers, including Extended Hours, which he thinks would be useful for patients. A member of the group thought it would also be useful if there was a space on this this card for patients to write in their Patient Access details.

Look into creating useful phone number card for patients

PO/CJ

<u>Service</u>

80% of the comments are positive regarding service but when negative comments or complaints are received, these are always taken very seriously and learnings are taken from them/ discussed with the relevant team members and the wider team. Clinical issues are always looked at by a senior clinician.

Waiting Time in Surgery

Waiting times for appointment can be accountable to increased access for emergency and on the day appointments and the high demand for appointments.

The practice is currently doing an audit on the amount of extra patients that GPs see at the end of their clinics as this impacts their admin time, which has to be done in between clinics.

The increasingly complex issues that patients have puts pressure on the 10 minute appointment times and one of the Nurse Practitioners is currently trialling 15 minute appointments, however this reduces access elsewhere so will be reviewed closely.

The Reception Team have a target to keep the waiting room informed when a clinician is running behind and will call out to the waiting room to let patients know how long the clinician is running behind. The group commented that it cannot always be heard in the waiting room when the Receptionist is giving out information.

 Feedback to Reception Team that messages are not always heard in the waiting room PO

Patient Access is promoted to patients so that they can look at their blood results and have knowledge of their condition before they attend for their appointment which will enable them to gain the most from their 10 minute appointment.

HW shared that when a clinician is running behind in their clinic it is because they have had to spend extra time with another patient and hopes that patients who are waiting for their appointment will be understanding.

PO reported that it is only a small proportion of patients who respond to their text messages. Several members of the group reported problems when trying to respond to the text message and PO thanked them for bringing this to his attention as the practice were not aware that there was a problem.

• Look into problems for patient's reply to friends and family text message

Update – we resolved an issue for a patient after the meeting, but if any other patients have problems doing this in future, can they please contact the surgery so we can investigate further. Thanks

5. Patient who do not attend their appointments

In 2016, 1,616 patients missed appointments (average 134 per week). Patients who phone the practice to advise they cannot attend are not included in these figures, as the appointment can be released and offered to another patient.

A text reminder is sent out in advance of patient's appointments and a text message is also sent to patients when they miss an appointment. Following this text message, there is an escalation process which is used if patients fail to attend frequent appointments. In extreme situations, patients who fail to keep appointments may be removed from the practice list.

Children under the age of 16 are coded as 'not brought in' as it is the parent's responsibility to bring them to their appointments.

Since January 2017 patients have been encouraged to write out their own appointments cards and the number of missed appointments has reduced to an average of 102 per week.

A member of the group reports knowing of a patient who books appointments online 'just in case' and will then cancel the appointment at late notice if it is not needed.

 Look into stats for on-line appointments to see if patients are frequently cancelling appointments at short notice

A member of the group shared how a patient was running late for an appointment and when phoning the practice to say that they were on their way, was informed that they would not be able to be seen if they were late. PO explained that the practice has a 10 minute window for appointments and if a patient arrives after this 10 minute timeframe, it will be up to the clinician as to whether they can be seen. Members of the group were asked to speak to the Office Manager if they have any issues with the system.

A different member of the group shared how the practice have been very facilitating

PO

PO/DA

on two separate occasions when she has attended late due to her bus not running on time.

A member of the group asked HW if patients need to see the GP if they have flu. HW explained how flu will get better on its own, although it can result in the patient being in bed for a few days. However for patients who are frail or have another illness they may need to consult with a clinician. HW advised patients to ring the practice for advice or use e-consult if they have any concerns when ill with the flu. HW advised patients to always contact the GP if necessary.

6. Virtual PPG

A member of the committee who has been managing the virtual group explained how this is an ideal group for those who are not able to attend the main PPG meetings. He encouraged everyone to join the group but emphasised that this would result in an influx of e-mails. This gives patients the opportunity to feed into the meeting if they are not able to attend.

He advised patients that when the PPG send e-mails out the e-mail addresses of patients are not visible. It was advised that when replying to this e-mail, the senders e-mail address will be displayed. To avoid this happening, e-mails can be sent back to the PPG e-mail address and can then be circulated with the patients e-mail address hidden.

Patients are regularly reminded about security of e-mailing to the PPG and all patients have consented to joining the 'closed' group. When joining, patients are informed of how to withhold their e-mail address.

The PPG/ practice have been asking the virtual group a monthly question for feedback. It was discussed how patients without emails cannot submit an answer. It was decided to display the question of the month on the PPG noticeboard so that all patients can respond.

Comments that have already been received from the Virtual Group and looked into by the practice are:

- Patients still receiving the engaged tone
- Difficulty in obtaining appointment (GP/Nurse/Blood test)
- Appointments online disappear while trying to book the Reception Team also experience this problem due to the amount of Receptionists and patients on-line who are booking appointments at the same time
- Problem with automatic door the automatic door was discussed and at the time that the patient experienced a problem the practice were made aware of an issue, which has now been resolved

7. **AOB**

CJ asked a member of the committee (who is a Governor at the Countess of Chester Hospital) to comment on the winter pressures at the hospital.

The committee member advised that the Countess managed very well with demand over winter and the turnaround target is very good. She explained that she sits on a board which was originally set up to focus on pressure, particularly bank holidays when GP services are not available to patients.

	It was discussed how the timings of the slides displayed on the screen in the waiting room are too quick, RK explained how the practice has just appointed an IT Manager who will be looking into this as a priority (along with the website) when he joins the practice on 26.6.2017.	
Close	3:30	