



Patient Participation Group - Meeting Minutes

Meeting date: Monday 15th January 2018

Meeting time: 6:15pm – 8:30pm

Attendees:	Apologies:
(CB)	(BH)
(SJB)	(SJ)
(MC)	(ML)
(JG)	(JM)
(MG)	(PT)
(PhT)	
(MW)	
(AW)	
(JW)	
Dr Andrew Coombes (GP Partner - AC)	
Sally Charlton (Practice Manager - SHMC)	
Sandra Brain (Medical Receptionist - SB)	
Nikki Jones (Organisational Manager - NJ)	

Welcome

SHMC welcomed everyone to the meeting and introduced the new members.

MG has retired after many years working in the NHS, AW and JW have useful work backgrounds and local knowledge. SJB and MW had both attended the previous meeting in September 2017, focused on the possibility of a new health centre for Cinderford.

Focus group

SHMC explained that our patient participation group is a focus group rather than a fundraising group. The practice aims to run development aims via the group, looking for opinions and seeking suggestions. The patient group started in 2011 and since then a number of patient suggestions have been implemented. The group aims to ensure everyone has the opportunity to share ideas and thoughts. The group is not an avenue for focusing on any particular personal problems, but general patient feedback is always valuable, particularly if something has not gone well and changes can be made. Periodically complaints are shared with the group to look at how they have been dealt with. A summary of complaints will be an agenda item for the next meeting. The group sadly lost three very valuable patient members unexpectedly during the past year.

PPG Network meeting

SHMC confirmed the last PPG Network meeting had taken place in November with a focus on the 5 year GP Forward View and what the county is going to do with regards to primary care demand. Ongoing problems are encountered with a reducing number of doctors. SHMC explained that as a practice we are still running a GP Partner short following Dr Pringle's retirement. The practice has needed to employ two salaried GPs and Tony Morgan, a former paramedic as a specialist practitioner. Being a GP partner involves major financial and time commitments. SHMC confirmed she has slides from the November PPG Network meeting should any group members wish to look at them or have a copy.

Dispenser recruitment

NJ confirmed that the dispensing team had been very badly hit by staff shortages. Cindy a senior dispenser of 10 years with the practice has left to return to pharmacy working within her own community. Tereza also a senior dispenser of many years suffered an accidental injury and has been off work for several weeks. A job offer had initially been made and accepted by a trained, qualified and experienced practice dispenser; however a house move to the Forest has fallen through. The team is currently running a member short and is understandably very busy.

SHMC confirmed that a clinical pharmacist has been based at the practice one day a week, to assist GPs with medication reviews etc. The new person replaced Andrea in May but has finished in December in order to return to London. A new clinical pharmacist is starting in February.

New health centre update

SHMC advised that initially 12-14 sites had been looked at. Valley Road has proven to be the most popular with our patients; however, this will result in 2 bus journeys from Ruspidge and Soudley for patients living in those areas, who are reliant on buses. Feedback from the survey showed that very few patients walk to surgery or catch the bus. The Valley Road site is on a bus route, will provide adequate parking facilities and room for future growth. It has been confirmed that the Industrial Estate can only be used for commercial businesses. A Clinical Commissioning Group board meeting takes place later this month to gain approval in principle for a new health centre in Cinderford.

Proposed layout maps were available at the meeting and SHMC confirmed there would be enough space for the practice to have 2 GP registrars at a time; currently we are restricted by space to having only 1 training. Practices would pay rent to the landlord owning the new building, but the practices would have reimbursed rent and support with funding the IT set up costs, which are substantial. Stamp duty land tax, legal fees, monitor surveyor fees and VAT would not be funded. The GP partners will have to sign a 25 year lease.

SHMC and NJ discussed problems currently encountered at the health centre with lack of available rooms and work stations.

Improved Access pilot

AC confirmed this is part of the 5 year forward view project. The aim is to provide additional weekday access between 8am and 8pm, plus Saturday morning access. Forest practices are running a collaborative pilot for this and funding has been made available. Consideration is currently being given to utilising nurses for home visits. Patient uptake with Improved Access appointments has been good. Appointments are bookable through patient's own surgeries but appointments may be at different surgeries in rotation. Data sharing from patient records is now working well following some initial glitches. Once practice appointments and Improved Access appointments are fully booked patients are advised to call NHS 111 who will triage the patient's condition. NHS 111 sends through reports to the practices; where a patient needs to be prioritised, a time-scale is set within which patients must be seen.

CQC inspections

SHMC advised that the Care Quality Commission (CQC) expectations are very high and exacting. Practices need inspections to ensure a good standard of care is provided. Following our first inspection the practice received a good rating in every area. 4 inspectors were on site at Cinderford on the first day and 5 at Ruardean on the second. After extremely gruelling days the practice was very pleased to achieve our good rating at first attempt.

CQC inspectors are back in the Forest locality earlier than anticipated, Mitcheldean have been re-inspected and Coleford are due an inspection later this month; both achieved a good rating on previous inspections. They may re-visit us and will want to meet with group members again.

Medical Receptionist role and Care Navigation

SB explained to the group that receptionists are the first point of access for visitors and callers to the practice. Receptionists try not to overload the doctors. It is a fast-paced, pressured role. Due to decreasing numbers of doctors and increasing workload, there has been a growing need within the receptionist role to signpost patients to other services; hospitals, social services, pharmacies, improved access pilot, Citizens Advice Bureau, NHS 111 etc. Receptionists also need to look for warning signs for vulnerable patients. NJ advised the reception office can take up to 750 incoming calls on a Monday alone, this does not take into account outgoing calls the reception team make to pass on messages from doctors. SB and NJ explained the practice is targeted to have 20% of patients registered to use on-line services for appointment bookings and repeat prescription ordering. More patients registering for on-line services would help receptionists and dispensers greatly.

NJ confirmed the practice has reduced the morning dispensary telephone line opening times. The line is now open until 10am instead of 10:30am. Many patients are still choosing to order prescriptions by telephone. As a dispensing practice, patients who live more than a direct compass mile from a chemist are entitled to have their medication supplied by the practice. Deliveries are received late morning and dispensers need crucial protected time for checking this and putting medication up against prescription requests. Errors could potentially be fatal. Many practices no longer provide a telephone ordering system, the practice still wants to offer this service due to having housebound patients and some patients with little support, who do not own or use computers.

SB discussed the number of ways requests from clinicians can be raised with the reception team; 3 clinical system messaging screens, e-mail, in person and by phone.

NJ confirmed working days for the team can be very long, with some 7:30am - 8am starts and varying finishes between 6pm and 7:30pm.

JG recommended that new group members undertake a scheduled Monday morning visit to the practice, to gain insight into the amount of work that takes place behind the scenes and how the practice operates.

Abuse can be encountered by the team from a minority of patients.

Incoming patient medical records (electronic and manual) have to be carefully checked through and summarised onto the computer for all new patients registering with the practice.

Doctor/clinical patient surveys

NJ confirmed that doctors as part of their rolling revalidation process have patient surveys to complete. The doctors have agreed for this feedback to be summarised and shared with the patient group and the practice web site on a rolling basis. The group agreed that the practice should not duplicate this with a separate clinician survey.

Agreement was reached to run the practice organisational assessment survey again across February and March, with findings to be summarised and shared at the next group meeting. The group reviewed the current form and revised wording was agreed for the question regarding telephone contact with clinicians. It was also agreed for the friends and family test survey to be incorporated into the survey form during this period, instead of patients being surveyed separately for this. Discussion took place regarding capturing patient gender information.

Safe survey feedback

SB explained the practice had re-visited carrying out the safe survey, initially carried out in 2015, at both sites. A cross-section of patients was approached.

Patients were asked “When you visit the practice do you feel safe?” It was explained that this was a very open question and could relate to anything they felt strongly about - clinical care, diagnosis, continuity, prescribing, premises etc.

100% of patients surveyed confirmed they feel safe. Many positive comments were received. A feedback summary was provided to group members. JG recalled CQC inspectors having been impressed by this type of survey during the last inspection visit.

Sign up to safety campaign

SHMC advised this campaign is linked to NHS England and an aim to reduce risk of harm to patients. Sign up to Safety has the following 5 main headings, practices have to commit to and explain how they will reduce avoidable harm to patients:

- Putting safety first
- Continually learning
- Being honest
- Collaborating
- Being supportive

Sally discussed how the practice has weekly multi-disciplinary meetings, concerns, issues, significant events, near-misses, grumbles and complaints are shared with a view to identifying learning or process changes. Meeting minutes are then shared weekly with the whole practice team.

The Sign up to Safety plan will be published on the practice website and a link to this will be listed on the national site.

Friends & family test survey feedback June-Dec 2017

NJ provided feedback summaries to group members and discussed feedback received from patients for this survey between June and December 2017.

NJ confirmed almost 95% of surveyed patients confirmed they were likely or extremely likely to recommend Forest Health Care to friends and family if they needed similar care.

The group discussed some of the information collated for the second question “Tell us one thing we could change about your care or treatment to improve your experience?”

It was noted that some patients are asking for less surveys.

NJ advised that a request for an extra notice board in the waiting room at Ruardean was logical and could be organised. SHMC agreed and confirmed the practice would thoroughly review the feedback for this question, identify and confirm any changes introduced at a later date.

NJ advised that with group agreement the practice has been running with the same question for most of 2017 rather than making a quarterly change to this. The third question has been based on trying to encourage more patients to sign up to on-line services. 30% of patients surveyed indicated having already registered for this, 20% that they were willing and 50% were unwilling to use online services.

Friends and family test third question

It was agreed not to run a third question for the time being, due to incorporating the 2 main questions into the main practice survey. The group did not want running separate surveys working against each other.

Next meeting

NJ confirmed the next group meeting would be scheduled for April. SHMC advised of the intention to hold meetings quarterly in January, April, July and October.

Around-the-table

MW asked what the practice currently does for preventative medicine – AC and SHMC confirmed smoking cessation, health checks for healthy patients aged 40 years plus and screening for new patients. SHMC advised the practice is consistently in the top half of performers in the county for smoking “quit” rates. Post-meeting note current statistics show us as top in the county for this.

MW indicated willingness to register for online services to help practice staff, after listening to meeting discussion around this.

JG asked and AC then confirmed that Blakeney surgery have responsibility for carrying out ward rounds at the community hospitals.

JG discussed how both hospitals are in need of uplift and development. JG had recently attended a meeting exploring the possibility of a new hospital for the locality, where indication was given that a single new hospital is the favoured option. JG pointed out that some patients are missing the fact that plans are currently for a minimum of 24 beds. A further meeting takes place this month.

SJB advised she had enjoyed attendance at her first main meeting, hadn't known what to expect and was getting some insight.

PhT advised she was very happy with the practice and had no concerns or complaints.

CB advised she feels the practice is brilliant and has no concerns or complaints at all. A query was raised regarding the breast screening recall process. SHMC confirmed patients under the age of 70 receive a recall letter. Patients over 70 wishing to attend need to ring the relevant number at Gloucester and the practice can provide this if needed.

MC advised that patients cannot hear the call screen at Ruardean unless they are in the waiting room. SHMC and AC confirmed clinicians will check for patients who haven't responded to the electronic call through.

JW asked if the practice has a list of doctor specialities. SHMC and AC confirmed the practice prefers to encourage use of usual doctor for continuity and that doctors support each other as needed with individual cases.

AW advised he had found the meeting and information about the practice very interesting; he suggested that the practice should consider using messaging via the phone system more extensively.