



Patient Participation Group - Meeting Minutes

Meeting date: Monday 10th September 2018

Meeting time: 6:15pm – 8:30pm

| Attendees: | Apologies: |
|--|--|
| (CB) | (JW) |
| (JG) | (MG) |
| (MC) | Dr Andrew Coombes (GP Partner - AC) |
| (MW) | |
| (AW) | |
| (SJB) | |
| (JM) | |
| Leslie Macleod-Downes (LM-D) (CCG Quality Project Matron) | |
| Sally Charlton (Practice Manager - SHMC) | |
| Nikki Jones (Organisational Manager - NJ) | |

Welcome

SHMC welcomed everyone to the meeting and introduced **Leslie Macleod-Downes** Quality Project Matron for Gloucestershire Clinical Commissioning Group (CCG).

Cinderford telephone system upgrade

SHMC advised the telephone system upgrade planned for Cinderford for late August has not yet taken place and a new installation date is awaited. The current system does not include full recording. A button can be pressed to record calls, once pressed it is announced that the call is now being recorded. New system will give full recording, really helpful to clinicians with increasing telephone consultations. This will also be beneficial for in-house training and listening to calls handled well and more difficult calls. Calls recorded will be accessible to listen to for about one month. Call recording was historically an expensive optional extra. The practice will be benefitting from this function and the upgrade at slightly less overall cost than for the current system.

End of life care services survey

NJ advised that Healthwatch Gloucestershire are carrying out a survey about accessing information and support around end of life care in the county for patients aged over 18 years. The survey closes on 5th October 2018. Survey information is available from NJ at the end of the meeting, for those interested in participating, who have not already received a web-link by e-mail. A report of findings will be available on the Healthwatch Gloucestershire website.

Healthwatch listen to experiences of and ideas for health and social care services within communities. Feedback is shared with organisations making decisions.

TARGET Intervention Promoting Antimicrobial Stewardship (TIPAMS) project

Lesley Macleod-Downes (LM-D) explained part of her nursing role at the CCG revolves around infection control and antimicrobial stewardship.

Problems are being encountered with bacteria inside people developing resistance to antibiotics. Resistant bacteria can be passed on to others around us. The risk with this is of serious infection and no antibiotic to treat. Antibiotics will not work against viral illness such as a cold.

A respiratory tract infection leaflet/care plan template has been produced, including self-care advice as follows:

- Take paracetamol
- Drink plenty of fluids
- Rest
- How long to expect to be ill
- Expect Intermittent cough to last for 3 weeks
- When to seek help

A urinary tract infection leaflet/care plan template has also been produced. Both were made available at the meeting.

Some issues are caused by internet research and self-medicating. The highest number of prescriptions generated are for older people, where there is a generational issue of wanting antibiotics without evidence of an infection.

Suggestions for ways to raise patient awareness around these issues included:

- Media screen slides at both sites
- Forest of Dean and Wye Valley Review newspaper article
- Community/village agents to hand out leaflets
- Cinderford radio station or radio Gloucestershire
- NHS information bus
- Food banks
- Age concern
- Crossroads care
- Playgroups etc

For suspected urinary tract samples, the new advice is to wait for a test result before prescribing. The aim is to turn around test results within 24 hours and ensure the correct antibiotic is prescribed from the start.

Team changes

NJ discussed a number of team changes.

Dispensing team:

Following **Chris Lewis** joining the team in April with many years of prior experience, **Kim Skelton** joined the team as trainee dispenser in July. Kim has some pharmacy working experience, mainly linked to over the counter medications. Kim's qualification and training period could take anything from 12-24 months.

Tereza Savage (senior dispenser) will be starting a period of learning, growth and development within her role. Tereza will have more involvement with supervisory aspects of managing the team and will start to gain insight into **Julie Stephens's** dispensary manager role. In time Tereza will be able to lend

extra support to Julie, enabling Julie more time to focus on the financial aspects in stocking and managing the dispensary effectively.

Clinical team:

Health care assistant (HCA) **Izzy Thomas** has finished employment at the practice one week after another HCA **Ann Wilcock** retired. Izzy has returned to nursing in a vets practice, having had many years of experience in this prior to joining Forest Health Care.

We have been fortunate to recruit two new HCA's. **Sarah Sullivan** is highly skilled and has joined with prior experience from another practice. **Lauren Hayden** has joined with HCA experience from working on a ward at GRH. Lauren has some transferrable skills and new skills to learn, due to differences in the HCA role within general practice.

A locum doctor will provide some cover sessions for October half-term week.

Advanced nurse practitioner (ANP) **Paula Heath** joined the practice from the beginning of September, following completion of a number of induction and shadowing days at the practice, between June and August. Paula is highly skilled and can prescribe. Paula's appointments will be for patients with urgent same day clinical needs, she will assist with home visits for patients too ill or frail to attend surgery. Paula will work on Mondays and Tuesdays and will continue to work 3 days per week in this type of role for Gloucester Royal Hospital.

Community psychiatric nurse **Ann Thumler** who replaced Peter Smith has finished in post. **Marcellino Jackson** is undertaking induction and the practice awaits confirmation of the date his weekly clinics at Cinderford will start.

Midwife **Leigh Richmond** has retired but will provide some bank over for clinics. **Karen Moisley** will be taking on Leigh's clinics at Cinderford.

Group terms of reference

SHMC confirmed that guidance was taken in this many years ago when the patient group was first set up, when we established a forum to discuss practice issues and ideas. Initial patient group members discussed and decided what type of patient group they wanted to be and how it would work. Government expectation is that we should have a fair representation of patient population, male, female, age variation, disabled, ethnicity etc. We do our best to recruit a cross section of patients, but find some difficulty in finding willing volunteers for all cohorts.

Terms of reference for group meetings are outlined below:

- One person speaks at a time while others listen
- Everyone is given equal opportunity to express their opinion
- The group is not used as an outlet for personal campaigns or issues
- Matters discussed at group meetings are regarded as confidential unless otherwise agreed
- Messages to be taken from group meetings into the public domain are clear and agreed
- Where different points of view arise, a vote will be taken and the outcome respected

Practice visit

AW discussed having undertaken a Monday morning visit to the practice, which proved a really interesting morning. One thing that really stood out was the amount of patient data receptionists have access to. AW felt patients could be concerned by this. **SHMC & NJ** explained and reassured:

- Appointment bookings are dealt with through a separate module to the patient record module

- It is mainly when making outgoing patient calls that medical records need to be accessed e.g. to confirm test results, messages from the doctor etc
- Sensitive entries are coded and hidden from view other than for clinicians
- A management search is regularly run to check patient record access and activity
- A practice leaflet and website section is in place, linked to practice use of patient information

JM advised that experienced receptionists will build-up a knowledge of patients.

AW discussed the extensive amount of work carried out by administrators after the weekend, following patient contact with the out-of-hours service. High levels of letters, reports etc are both received at the practice and sent. Rota work and scheduling of room use is time-consuming and complex. Benchmarking, target monitoring, summarising and coding incoming patient records for newly registered patients also takes a great deal of time. Time was also spent in dispensary, where there is no inventory control.

SHMC advised that as a practice we aim for and achieve highly with quality of care. Patients can ask to view medical records, transparency is important. A member of the team needs to be present and available for support. Patients can currently view allergies and current medication on-line. Eventually patients will also be able to view all of the coded entries on-line, but not free-text details that accompany this. However, all details can be viewed by arrangement with the practice.

NJ advised that an example structure for patient group practice visits was available to take away at the end of the meeting for any other members of the group interested in a visit. Practice visits give some insight into how the practice is organised and runs, they help aid informed discussion at meetings.

3 year business plan

SHMC explained that the Government writes our contract for NHS services that we provide. Despite this we still like to have a 3-year business plan which has recently been reviewed and updated. In-line with the business plan review the practice has also reviewed and updated our core values in an easier format to understand and remember as below (TREaT):

- Trust
- Respect
- Excellence and
- Teamwork

Copies of relevant documents were shared at the meeting and group members were encouraged to share any thoughts and ideas. **JG** believed the core values tie in with Care Quality Commission (CQC) objectives.

October appointment system changes

NJ advised as per the information flier released with the meeting invitation, the practice aims to reduce patient waiting times for book-ahead appointments. The practice needs to change approach to same day appointment provision. **SHMC** advised the GPs are very grateful to patients providing brief details of symptoms for appointment bookings as this helps them prepare for consultations and aids prioritisation.

National GP patient survey

SHMC advised this is a national survey posted out at random to patients. On the whole the practice is pleased with the results, having exceeded national averages in all but one area:

- **85%** found it easy to get through by phone - **70%** national average
- **94%** found receptionists helpful - **90%** national average

- **72%** satisfied with appointment times available - **66%** national average
- **52%** get to see or speak to preferred GP - **50%** national average
- **77%** were offered a choice of appointment - **62%** national average
- **82%** were satisfied with type of appointment offered - **74%** national average
- **97%** took the appointment offered - **94%** national average
- **81%** described experience of making an appointment as good - **69%** national average
- **84%** waited 15 minutes or less after their appointment time to be seen - **69%** national average
- **92%** rated the time given to them by the healthcare professional as good - **87%** national average
- **95%** rated the healthcare professional as good at listening - **89%** national average
- **93%** rated the care and concern they were shown as good - **87%** national average
- **90%** felt involved as much as they wanted in decisions about care and treatment - **93%** national average
- **97%** had confidence and trust in the healthcare professional - **96%** national average
- **91%** felt the healthcare professional recognised or understood mental health needs - **87%** national average
- **98%** felt their needs were met - **95%** national average
- **83%** indicated enough support in last 12 months to help manage long-term condition(s) - **79%** national average
- **93%** described overall experience of practice as good - **84%** national average

SHMC re-iterated that **Paula** has been recruited to help with same-day appointment demand and that the practice aims to increase routine availability with GPs.

The **51%** statistic able to see or speak to their preferred GP is heavily impacted by excessive patient demand for appointments with Dr Lane. The practice has two other female GPs who are also popular. Part-time working GPs also have impact on this area of the survey.

Telephone appointments are available and booked.

The practice trialled an app “Ask my GP” a few years ago which led patients through web-site templates to determine what care was needed. We ran this system for one year, but the GPs were not impressed with the outcomes this generated.

As a practice w our GPs continue to work as “generalists” rather than specialising in an illness or disease. Dr Smith has an excellent knowledge of diabetes and historically had responsibility for this group of patients. 60% of his time was being spent on this one clinical area, resulting in him feeling rather de-skilled in other areas. Dr Smith remains the practice lead for Diabetes, but other GPs manage their own diabetic patients, seeking support from Dr Smith for complex issues as and when needed.

The practice keeps a spreadsheet of lead roles which identifies lead GP and lead administration support across all areas, clinical and administrative.

Patient issue and approach taken

NJ advised that problems have been encountered with a patient across many years. Feedback from the patient has regularly been conflicting and at complete odds with feedback from team members dealing with the patient.

A number of appointments have been booked and missed (both book ahead and same day bookings). At times the patient has then arrived or telephoned much later insisting on still being seen.

Appointments have been offered and declined based on the time not being convenient or it being with a clinician the patient does not want to consult with, including practitioners employed to deal with same day urgent needs. Allegations, grumbles and complaints can then follow, made internally to the practice and externally to hospital staff, that appointment requests have been refused by the practice.

An angry, demanding manner can be encountered, with no time allowed to respond to one question before others are rapidly asked.

Unreasonable demand and expectation has been placed on the practice and resources. The patient does not want to work with guidance and restraints requested by the doctors that receptionists need to follow.

The practice feels that the response to continually assist this lady has been “above and beyond” what might be considered reasonable.

The practice previously met with the patient to discuss problems, issues and concerns and a plan was agreed but improvements did not endure. Two letters have therefore recently been sent to the patient by NJ.

Next meeting

Proposed date for the next group meeting is Monday 3rd December 2018.

Around-the-table:

JM shared a thank-you for **Ruardean staff** and **Tony Morgan** (specialist practitioner) following care provided to her daughter.

JG discussed having sat in at the publicly held, combined, CCG and Gloucestershire Care Services (GCS) board meeting, linked to the town location decision for the new community hospital. Members of the citizens jury were very committed, asked questions and were involved in discussion. The process worked very well.

Following a lengthy meeting, where background information including public transport, road links, social deprivation etc was provided for all three towns, it was agreed for the hospital to be in or near Cinderford. Sites being considered are the Northern Quarter and immediately behind the new health centre. Forest of Dean District Council has advised no issue with planning permission for either site. However, parking may be an issue with the health centre site.

A further meeting is scheduled to discuss services for the new hospital. Day surgery services would be helpful. It is believed that a maternity/birthing unit is unlikely to be agreed.

The number of beds that will be provided is a concern for some. Beds in the two current hospitals are being used by patients from Gloucester, Cirencester and Stroud. During a recent survey 23 beds were in use by patients living outside of the Forest of Dean.

The ambulance service cannot admit patients to a community hospital, this issue needs looking into. GPs can admit to community hospitals, Blakeney surgery currently hold the contract for monitoring this and for undertaking daily ward rounds for in-patients.

SHMC confirmed there have been two expressions of interest from local pharmacies linked to the new health centre and that there is planned space for expansion.

JM shared concerns following attendance at a conference linked to chronic fatigue services in Bath that caused upset for parents.

Melanie Parker one of the specialists accused patients of fabricating injuries and illness (FII) in children.

As an ME sufferer, JM has a lot of insight and would like this conference to be flagged with practice doctors. JM feels ME patients are being pushed to do more than is physically manageable for them and this is causing more harm than good.

35 FII allegations are being made against parents every year, this change in approach is putting parents in a very awkward position.

JM advised there is a very good nurse in pain management based at GRH who is very experienced with ME cases.