

Garswood Surgery Patient Participation Group Meeting

Wednesday, 18 June 2014

In attendance: Mr T Narayanan (TN) – Chairman

Mrs J Evans (JE)
Mr J Evans (JHE)
Mrs K Gaskell (KG)
Mr K Gaskell (KG)
Mr J Rice (JR)
Mr D Gerrard (DG)
Mr B Knowles (BK)
Mrs A Clark (AC)
Mrs M Williscroft (MW)
Cllr Mrs B Ashcroft (Parish Council)
Mr D Chesworth (DC)
Mrs T Peet (TP) – Practice Nurse
Dr H Parr
Dr J Holden
Miss L Clayworth (LHC) – Reception Manager
Mrs S Greenwood (SCG) – Practice Manager

Guest attendee: Mike Mills – Wigan Alzheimer's Society

Apologies for Absence

Apologies for absence were received from: Dr J White (JW), Alison Brook (AB), Eddie Cunningham (CCG Rep), Ms E Rodriguez-Dos-Santos (Healthwatch)

Minutes of Last Meeting

The minutes of the meeting held on 4 December 2013 were agreed.

Matters Arising from Minutes

At the last meeting the matter of wasted appointments due to patients failing to attend (DNAs) was discussed and it had been suggested that the patient group make an appeal via the Senley Green newsletter to remind patients of the importance of cancelling appointments that were no longer needed. Unfortunately, on enquiry the latest newsletter had already been circulated. Brenda Ashcroft, Chair of the Parish Council, will advise when the next newsletter is due to be produced and we will produce a practice newsletter which can be delivered with the parish council's newsletter.

It was also suggested that a potential CCG initiative would be to prepare a newsletter for every household offering patient education around appropriate use of NHS services and the various alternatives available along with information about accessing services out of hours. The cost of producing and circulating such a newsletter was cost prohibitive. The CCG advertises in the local press and provides posters for practices to display in their waiting areas. It also has its own website

Dementia Friends

Mike Mills, Dementia Adviser from the Wigan Alzheimer's Society attended to ask the group to consider becoming Dementia Friends. By raising the awareness and understanding of how those who were suffering from some form of dementia related disease were affected, it was hoped that these people, and their carers could be encouraged to be more engaged with the community.

Mike explained that being a Dementia Friend was not about volunteering or fundraising. He advised that people with dementia want to carry on going about their daily lives and feel included in their local community, but they sometimes needed a helping hand to do so. Dementia Friends learn a little bit about what it is like to live with dementia and turn that understanding into action which could be as simple as helping someone find the right bus or encouraging patience in a till queue if someone with dementia was taking longer to pay.

PW advised that she was undergoing training to be a Dementia Champion and would be able to offer training to people who wished to become a Dementia Friend. The practice intends to embrace this and the Practice Nurse has volunteered to participate in the training.

Garswood Patient Survey Dec 2013 – May 2014

SG presented the results of the most recent local patient survey.

The group were also presented with a comparison of our performance against the outcomes from the national GP Patient Survey including an extract from the national survey comparing our outcomes to those from several other local practices.

The results remained consistent with previous local surveys and the majority of patients are happy with the service provided.

We only invite comments from patients who are in some way dissatisfied with our service all comments received are presented to the patient group. This ensures we give a fair and rounded view of our performance from our patients' perspective.

Of those surveyed:

- 98 % said they felt the staff were friendly and helpful.
- 100 % have confidence and trust in the doctors
- 100 % were satisfied with access to the building
- 100 % felt the doctors treated them with care and respect
- 99 % felt they were given enough time to explain matters and the doctors took their concerns seriously
- 100 % said they had confidence and trust in the doctors

- 96 % said they found it easy to make an appointment
- 100 % said they found it easy to check in for their appointment.
- 80 % said they found it easy to get through to the practice on the telephone

The phone answering result was generally consistent with the previous survey with 20% of those surveyed reporting that they did not find it easy to get through on the phone and as usual was the issue which had generated the majority of the adverse comments we had received.

Although when compared to peer practices and national survey outcomes our phone answering shows us to be one of the best performers we nevertheless would seek to improve this.

A group member asked whether we had any way of monitoring the calls and subsequent investigations have revealed there is reporting software on the 'Call Agent' system which logs time taken to answer the call and the call durations. This may prove useful in analysing the times when calls are taking longer to answer and allow us to be more responsive at those times.

We were pleased to report that the national survey results were consistent with the national survey results and that our overall performance in both surveys confirms that we are delivering a quality service. Data available from National Patient Survey results allows us to look at our performance against local peer practices, the practices in our Clinical Commissioning Group (St Helens CCG) and against practices nationally, it is evident that across most survey indicators we are a top performer.

A copy of the local and national surveys and the comments we received are published on the practice website.

Clinical Commissioning Group (CCG) Update

The Chairman advised that he attended the last meeting of the St Helens CCG Patient Forum. He had prepared a update briefing for the group on the 'Headlines' of the work they had done regarding public and patient engagement. Since December 2013 the CCG had:

- Developed a draft local Patient Charter based on Patients' views
- Increased their stakeholder membership from 56 to 205 – ensuring a conversation/dialogue was on-going to help them develop services
- Increased their Twitter membership to 2,182 (@sthelensccg)
- Sent a 'call to action' for community groups to get involved with a number of visits
- Engaged with Practice PPGs and introducing 'tools' which PPGs could use to help them develop
- Refreshed the CCG Engagement Strategy
- Increased consultation conversations within a number of commissioning projects including Early Supported Discharge (ESD) for stroke sufferers using patient reference groups
- Increased engagement within procurement with public members on procurement panels ensuring transparency
- Have an engaged Health Forum with public working groups to develop services, ie., 9 members have worked with commissioners to develop an Expert Patients Programme (EPP) based on local views and community knowledge

- Consulting conversations with the public around decisions such as the Commissioning Policy Review for Limited Clinical Priority Procedures
- Developing 'public voice' conversations throughout the year with the CCG Governing body for the public
- Implement a stakeholder management system, in place by July, to ensure communications, and consultation conversations work well, and we can feedback views and comments to patients effectively

Enhanced Services

SCG advised the group that changes to the GP Contract had led to the development of some new Enhanced Services (ES). In particular a couple of these introduced the concept of certain groups of patients being given a named accountable GP. The initiative was intended to improve continuity of care and ensure a single GP had oversight and accountability for certain patients' medical care. At present these were newly registered patients and patients aged 75 or over. In addition, patients who were at risk of hospital admission would also have a named GP. SCG explained that having a named accountable GP did not imply that doctor's personal availability or mean that there would be any reduction in the time they had to wait for an appointment and that they can and should feel free to consult with any GP or the Practice Nurse without any compromise to their medical care.

SC circulated a document which outlined the role of the Patient Participation Group (PPG) and advised that having a PPG was a requirement of the Patient Participation ES.. The aim of this ES was to ensure that services delivered by the practice were more efficient and more responsive to the needs of our patients by involving patients and carers via a PPG. The practice was required to make its best endeavours to include all groups of patients and provide accurate feedback which would facilitate a better understanding of patients and carer needs.

The ES had a number of key requirements:

Develop/maintain a PPG that gains the views of patients and carers and enables the practice to obtain feedback from the practice population.

PPG and practice staff to review patient feedback received from such sources as:

- The GP patient survey
- Reviewing feedback from the local practice survey, suggestions and complaints
- Feedback from Healthwatch
- Other local surveys arranged by St Helens CCG
- Care Quality Commission Reports (When available)
- The Friends and Family test (When available)

Agree an action plan based on 3 key priority areas and agree how these should be taken forward together and agree at least 3 key priority areas, consider how the practice might implement improvements and agree timescales.

In 2014/15 the key Issues for the Garswood PPG were:

- A reduction in the number of DNAs
- Improve the telephone answering wait times
- Implement call recording
- Refresh the practice website to make it easier to navigate to key areas, eg., how to book an appointment

Publicise actions taken to the practice population, including providing the PPG with updates on progress and assessment of subsequent achievement within the timescales agreed and together complete a reporting template which needed to be submitted to NHS England, publicised on the practice website and displayed in the practice.

Practice Update

Practice List

SCG advised that the practice list continued to rise and currently stood at c. 4320 patients.

Self Check-in

The self-check is now a firmly established service which is popular with the patients.

Telephone Call Recording

SCG reported that the introduction of call recording meant that all patient incoming calls and certain outgoing calls may be recorded for training and quality purposes.

Appointment No-Shows (DNAs)

The issue of DNAs continued. Despite placing notices in the waiting area, on the website and in new registration information packs, there was no real improvement. SG reported that since the last meeting one persistent offender had been asked to find another GP after several warnings had not improved their behaviour. The group reiterated that persistent offenders should be warned that wasted appointments caused by failure to cancel robbed other patients of a chance to see a doctor and that their behaviour was unacceptable. If there was no improvement they would be asked to find an alternative GP and removed from the list.

Trainee GPs

SG reported that all of the existing training doctors would be leaving at the beginning of August and a new intake would be starting. This was unfortunate as new trainees need some 'lead-in' time to have induction, learn their way around our clinical system and generally only start to see patients after a few days. When they do start seeing patients they have longer appointment times and 'catch-up' slots. August is also the peak holiday season and a time when the partners may be taking annual leave. This could cause a temporary shortage of appointments during August and could impact on the amount of patient bookable appointments available through EMIS Access as we would need to ensure sufficient availability of urgent book on the day appointments. SG advised that the practice would do everything possible to minimise the impact and assured the group that those who needed to see a doctor urgently would always be accommodated.

On-Line Patient Access

The on-line booking of appointments, introduced in December 2013 was proving a welcome feature.

SCG advised that the scheme trial had proved very successful with over 20% of patients signing up since the implementation. The majority of appointments were now available for the patients as well as the staff to book. Patients were using the system responsibly and there was no evidence of abuse of the service, however, it had not appeared to impact on the number of incoming calls or reduce the number of DNAs.

The former on-line prescription ordering service had been phased out and replaced with patient access.

Patients who had signed up for Patient Access could now view certain parts of their medical record on line.

Computer Screen for Patient use

Some group members commented that they had used the waiting area facility which provided a free to access computer screen for patients to use to access the internet to book appointments, order repeat prescriptions or access medical records. They confirmed that they had found this a useful service.

Practice Website Refresh

The group was invited to view some suggested formats for a refresh of the practice website. DG and DC stayed behind to view various styles and helped to select one which they felt would be more intuitive when trying to navigate to specific areas such as appointments.

Date & Time of Next Meeting

It was proposed that the next meeting be held on 3rd December 2014. The date would be confirmed nearer to the time.