Garswood Surgery
Patient Participation Group Meeting

Wednesday, 2 December 2015

In attendance: Mr T Narayanan (TN) – Chairperson
Cllr B Ashcroft (BA)
Mrs J Evans (JE)
Mr J Evans (JHE)
Mr J Rice (JR)
Mr D Chesworth (DC)
Mrs R Chesworth (RC)
Mrs A Clark (AC)
Mrs K Gaskell (KG)
Mr D Gerrard (DG)
Mrs P Williscroft (PW)
Mr B Knowles (BN)
Dr J Holden (JH)
Sister T Peet (TP)
Mrs S Greenwood (SCG) – Practice Manager
Dr B Prendergast – ST3 GP

Apologies for Absence

Apologies for absence were received from: Mr K Cleary, Mrs S Cleary, Mrs R Chapman and Mr E Ranson.

Minutes of Last Meeting

The minutes of the meeting held on 3 June 2015 were agreed.

Garswood Patient Survey & Friends & Family Test Results

The results of the most recent local patient and Friends & Family Test survey results were tabled.

The results remained consistent with previous local surveys and the majority of patients were happy with the service provided. Survey results are published on our website and in addition we are required to submit our Friends & Family Test survey results to a national database every month.

Practice Walking

Dr Prendergast was in attendance to explore the possibility of starting up a practice walking group. He suggested that this take place at lunchtime, possibly fornightly, weather

permitting and asked if any of the group members would be interested in joining such a group. Several members of the group indicated that they would like to participate. SG advised she would publicise this in due course as the details were finalised.

Practice Update

Practice List

SCG advised that the practice list continued to rise and currently stood at 4594 patients.

Funding Issues

SCG updated the situation regarding the cuts in funding for our Personal Medical Services (PMS) contract. A phased withdrawal of the PMS premium, for our practice this equated to c. £40K, would be made over the next 5 years. At the point at which the standard General Medical Services contract (GMS) equated to the reduced value of the PMS Contract the practice would cease to hold a PMS budget and would instead transfer onto a GMS contract.

NHS Texting Service

SCG advised that the current texting service which had been provided through the NHS Net Email service had ceased but the cost of text messages would be picked up by the Health informatics service through a specially negotiated contract with EE and that patients with mobile numbers recorded on our system would still receive an appointment confirmation generated by the clinical system. The ability to send other messages would no longer exist as these had been done through the NHS net mail service and there was no current facility in EMIS to send ad-hoc messages.

The group felt that it was better to receive a text appointment reminder rather than a text appointment confirmation but SG advised that to provide such a service was cost prohibitive at present. They were sorry to see the loss of the ad-hoc messaging service which many had found very useful. SG advised that this situation was very new and that she felt that in the future providers might well produce simple alternative texting systems which would prove cost effective. Email remained unaffected.

Appointment No-Shows (DNAs)

The issue of DNAs continued. Notices in the waiting area were having no measurable effect in reducing the numbers of wasted appointments, indeed at the moment the numbers were increasing. It was felt that the imminent withdrawal of the texting service could further exacerbate the problem.

The group felt that there should be some kind of redress for practices. SG explained that there were a great many very reasonable reasons why people failed to attend and in reality although there was a small number of repeat offenders simply forgetting to attend appointments was not really a suitably justifiable reason to remove patients from the list unless the offenders were persistently abusing the service.

To deduct a patient there needed to be a justifiable reason and this was normally because of unacceptable behaviour (eg, abusive towards the staff, etc) or a breakdown in the doctor/patient relationship.

The group felt it was outrageous that patients could not get to see the doctor when so many appointments were wasted through DNAs. AC suggested that appointment times be reduced to 12 minutes to compensate but SG advised that the level of DNAs only equated to one per GP per day on average and that no-one who needed to see the doctor urgently was turned away. TP pointed out that 15 minute appointments were deemed a best practice quality marker.

The group felt that tackling the DNA rate was a priority area. SCG advised she would look and see what other practices were doing to resolve this. The group asked TN to ask the CCG for statistics to establish the enormity of the problem for the area and allow us to see Garswood's DNA rates in context.

Patnership Update

SG advised that Dr White had officially retired from the practice at the end of September and Dr Anna Newton a former registrar had commenced at the beginning of October. Dr Newton was currently a salaried GP but was working in a partnership capacity with a view to becoming a partner at some future point.

There had been a rumour circulating amongst patients that Dr Holden's retirement was imminent and a number of patients had been requesting an appointment with him 'before he left'. Dr Holden assured the group that he had no plans to retire in the foreseeable future and was enjoying working just a couple of days per week. He asked the group to advise any patients who might have been misinformed that he has no retirement plans and intended to be around for several years to come.

CQC Inspection

SG spoke of the practice's recent CQC visit which had gone very well. We were still awaiting the results of the inspection but the inspectors had seemed impressed with the service and had not given any real negative feedback on the day and had confirmed that they had no concerns about the practice.

They were pleased that the practice had some involvement with the community through the PPG and they seemed happy about other aspects of our patient care such as staff training, and the chronic disease management and recalls system we employ.

SG advised she was fairly confident that the practice's overall rating would be 'good'. She advised that she was aware that a lot of practices were achieving an overall rating of 'good' even when the inspectors had some concerns about certain aspects of systems and processes and felt there was room for improvement in some areas. A rating of 'good' appeared to be very broad brush however she was aware that some practices were given improvement action plans to bring them up to a higher overall standard and in some instances were subjected to regular re-inspection to confirm the practice was working to achieve the CQC's recommended standards.

Unfortunately, there was no ‘very good’ rating – the next rating was ‘Outstanding’ and for a practice to achieve a rating of Outstanding it was necessary for it to be doing that CQC considered ‘above and beyond’ its standard contract in at least 2 of the 5 Key Lines of Enquiry (KLOEs).

At the time of this meeting 4 weeks had passed since the inspection and we still did not know our rating. SCG was aware of other colleagues who had received feedback within 10 days of their visit but the assessor had indicated it could take up to 6 weeks. The assessor had also advised that were she was to recommend a rating of outstanding against any KLOE her recommendations would be considered by a special panel but only that panel could ratify her recommendations.

SG advised that once the rating had been awarded she would advise the group and display it in the practice. The assessor’s report would be published on the CQC website and she would provide a link from the practice website to the report.

CCG Update

TN advised he had met the new CCG Chairman and gave a verbal update. He advised that he believed a big issue facing the CCG at present was hospital discharges. It was increasingly difficult to discharge patients into the community because of the complex care packages that were required, particularly around the social aspects of post discharge care. This was causing ‘bed blocking’. The group suggested that it might be useful to introduce an ‘interim’ provision where patients who were not deemed quite well enough to be sent back into the community but who did not require intensive nursing care into could be placed whilst they further recuperated prior to full discharge. SG advised that Newton Community Hospital provided just such a service known as intermediate care. It provided in-patient care within a community setting for patients whose short term needs could be addressed within a limited period of weeks as part of their overall care pathway. This could include short term rehabilitation before moving to a lower level or longer term support.

The group felt that there was limited nursing home places and that these were cost prohibiltive. SG advised out that care homes were subject to the same rigorous inspections by the CQC as primary and secondary care services and that to achieve the requisite standards was expensive.

Garswood Pharmacy

Some members of the group advised that they were unhappy with the service provided by the onsite pharmacy. They felt that medicines were often prescribed without being requested which was wasteful and would adversely affect the practice’s prescribing budget.

SG advised that she had conducted random audits for the CCG and had found the pharmacy to be dispensed in line with recommendations, there was evidence that they checked with patients about the items they required and there was also evidence of them amending prescriptions to remove items that had not been dispensed.

Some group members felt the pharmacy staff were unhelpful and sometimes rude and some felt the pharmacist himself was unapproachable and that because they had a ‘captive audience’ they could largely get away with a sub-standard provision.

Some group members felt that the pharmacy should remain open to match the surgery's extended hours and it was suggested that they should also open on Saturday mornings.

Other members advised their experience of dealing with the pharmacist and staff to be very good and positive.

SG advised she would take this feedback back to the pharmacy but that they were an independent business and overall the practice and pharmacy teams worked well together.

Date & Time of Next Meeting

It was proposed that the next meeting be held June 2016. The date would be confirmed nearer to the time but it was expected to be the first Wednesday in June..