

GROSVENOR MEDICAL CENTRE

PATIENT GROUP MEETING

4 December 2013

6pm

Purpose of the meeting: To review the progress of the 2012/13 Patient Participation Survey Action Plan. Also to provide the panel with an update of current developments within the practice.

Present:

Dr A Spooner – Partner, Grosvenor Medical Centre
Rachel Lloyd – Service and Patient Participation Group Administrator
Caroline Harley – Practice Manager, Grosvenor Medical Centre
Trish Vickers – Senior Practice Nurse
Trevor Gomersall – Patient Panel Representative
Sylvia Davey – Patient Panel Representative
Colin Yoxall – Patient Panel Representative
Catherine Edwards – Patient Panel Representative
Nino Mastroianni – Patient Panel Representative

The meeting opened with welcoming three new patient panel members – Colin, Catherine and Nino.

1. Update on the 2012/13 Patient Survey Action Plan

The Action Plan was compiled on the 5 March 2013 at the survey review meeting. A number of the actions related to publishing the results via the practice website and in the waiting room along with posters aimed at assisting patients with using the booking in touch screen and understanding why GPs may not run to time. All of these were done within 6 weeks of the March meeting. Indeed CQC noticed on their inspection the results of the survey being displayed in the waiting room.

With the surgery clinical system being upgraded from EMIS LV to EMIS Web at the beginning of 2013 on line appointments had been suspended awaiting this to be available on the new system. Once available this was reinstated and indeed the practice has been handing out slips to patients to try and promote the usage of booking appointments on line. Indeed usage has gone up by a 150 patients which is encouraging. Using this facility is something that the Department of Health wishes to promote.

The Patient Group expressed the wish that the Saturday surgeries would recommence again as these were popular with patients. The partners discussed this at the March Practice Meeting and agreed that if enough clinical, nursing and administration staff were able to assist this would recommence. Indeed this recommenced in April 2013 with a mixture of GP and Practice Nurse appointments made available each Saturday. Although uptake of nurse appointments at the beginning was slow due to this being

new, the appointments for both GP and Practice Nurse are all being filled. Feedback from patients has also been good and the service is both appreciated and valued for convenience.

The practice advised in the Action Plan that it was going to increase the number of doctor sessions to provide more appointments. One of the current salaried GPs commenced doing an extra day a week in April giving two more surgery sessions per week. Unfortunately he left in September 2013 to a new post to develop his career but the practice was able to recruit a new Salaried GP to replace him. Dr Ingrid Wilson joined the practice in October 2013. She is a female GP which has enabled the practice to increase the number of appointments available with a female GP again something that a number of patients had requested in their responses in the patient survey. Dr Fleming, one of the other female Salaried GPs is now working two mornings a week rather than one day which again has spread the female GP availability across the entire week. Dr Spooner noted that there had been substantial financial investment made by the practice in GP surgery time over the last year.

The practice also agreed to review the balance of appointments that are bookable on the day, the day before and in advance. This is an on-going challenge that the majority of surgeries face with increasing demand. Recently it feels like the appointments are meeting the demand on the whole as there have been very few disgruntled patients lately.

Unfortunately some patients still do not attend their booked appointments even when booked the same day. The practice recognises that not all patients are organised and some genuinely forget. The practice currently does not penalise patients who do not attend even if they have done this more than once particularly as a lot of patients registered with the practice generally have more illnesses than patients in other areas of the county. Sylvia noted that recently she had to cancel an appointment and had difficulty getting through on the phone so was unable to cancel. Sylvia suggested that a separate telephone line with maybe an answer phone would allow patients to leave a message to cancel an appointment. This suggestion was taken on board. The practice will continue to stagger the release of appointments and tweak the system as appropriate.

Dr Spooner outlined to the panel that approximately 8.45% of the total National Health Service budget was invested in Primary Care (GP surgeries). Yet 90% of patient consultations are conducted in GP surgeries. The funding for surgeries is complex being essentially made up a £ per patient value, quality payments (local and national), a financial contribution towards premises and associated premise cost.

Finally, as ever, the practice is keen to increase the number of patient panel members to assist with patient feedback on how patients can make a positive contribution to the smooth running of the surgery. In June 2013 there was a national Patient Participation Awareness week and the Patient Panel advertised a coffee evening for the 5 June 2013 at the main surgery. Posters were put up to invite patients to come and meet the panel and to join the

panel if they were interested. Five people expressed an interest but unfortunately on the night no-one came. However it was one of the warmest nights of the year so potential they were making the most of the good weather! Despite the disappointment of the evening a number of new members have joined the current patient panel and attended the meeting tonight.

Please find attached collated updated Action Plan



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2. CQC Update

In 2012/13 all surgeries had to register with CQC by the 31 March 2013. Registration took place from August 2012 to January 2013 with surgeries being allocated a specific month to complete the registration process. The practice was allocated November 2012 and officially registered with CQC. Practices are registered for the provision of the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Maternity and Midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury.

Once registration for practices went live on the 1 April 2013 CQC could visit at any time to inspect practices and their premises in relation to the regulated activities and to CQC standards that are aligned to these activities. Routine inspections are unannounced but practices do get 48 working hours notice as CQC requests that a patient representative is available to meet with them. The practice was notified on the 16 August 2013 that CQC would be visiting on the 20 August 2013 and would inspect on 5 of the standards. Trevor Gomersall was able to attend the inspection and the practice would like to express its sincere thanks for the hard work he did on the day. Although the practice was visited in August the Inspection report was not received until October 2013.

The 5 selected standards were:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Safety and suitability of premises
- Requirements relating to workers

Standards are either met or not met. If they are not met then appropriate action will need to be taken dependent upon whether there is a minor,

moderate or major impact. The inspectors will then decide upon the most appropriate action to ensure the necessary changes are made. These are followed up to ensure that they met the standard.

There were two inspectors who spoke with patients who were attending the surgery, Trevor in his patient panel representative capacity, three doctors at the practice, the practice manager, a practice nurse, surgery staff and a district nurse.

Respecting and involving people who use services

The inspectors concluded that this standard was met and that people's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. The inspectors discussed with Trevor the role of the Patient Participation Group and the significant commitment the Group had. Trevor also expressed that the Group was involved in the practice questionnaire which went out annually and the group was kept up to date with briefings about the local NHS changes

Care and welfare of people who use services

The inspectors concluded that this standard was also met and that the care and treatment for patients was planned and delivered in a way that was intended to ensure people's safety and welfare. The inspectors noted the variety of services provided at both the main and branch surgery. Patients reported that the repeat prescription service was efficient as was the booking of blood tests and similar treatment. Patients also knew the process for booking a home visit if they were too ill to attend the surgery. The District Nursing Team spoke highly of the practice being patient focused and a dedicated team.

Safeguarding people who use services from abuse

Again the inspectors concluded that this standard was met. They noted that people who use the service were protected from the risk of abuse, because the practice had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

All surgery staff have an understanding of, and training in, the protection of vulnerable adults and children. Professional clinical staff have a key front line role as part of their relationship with patients. Staff demonstrated a good level of understanding of safeguarding processes suitable to their role.

Safety and suitability of premises

The inspectors again concluded that this standard was met and that people who use the service, staff and visitors, were protected against the risk of unsafe or unsuitable premises. The inspectors visited both premises as part of their inspection. All areas were clean and tidy and a considerable amount

of evidence was provided to the inspectors concerning the environmental risk assessment, such as health and safety, fire safety and the adequate provision of maintenance across both sites.

Requirements relating to workers

Unfortunately this standard was not met. Although the recruitment process for staff was thorough along with staff files which included proof of identity and health checks for staff recruited in the last fifteen months pre-existing staff files were not wholly completed. Disclosure and Barring Service (DBS) checks, which were introduced approximately two years ago, should have been undertaken on all new and existing nursing staff. These were not in place. This was deemed a minor breach which could be rectified.

Indeed the practice has already submitted the DBS applications for the four practice nurses and one health care assistant and is just awaiting the receipt of the certificates. Once these have been received the practice will submit the evidence to the CQC.

In summary the overall report was complimentary of the practice and staff. Trevor was pivotal to the overall success of the day even though the process was very much based upon protocols and policies rather than actual patient outcomes and shared learning.

3. Clinical Commissioning Group (CCG) Update

Dr Spooner updated the panel that the practice belongs to the South Cheshire Clinical Commissioning Group (CCG). This group covers the South Cheshire area (Crewe, Nantwich, Alsager, Middlewich, and Sandbach areas) and manages a budget of @£200m for the healthcare of the patients in its area. The budget covers all aspects of healthcare including hospital services which currently forms a large part of the total spend. The budget is automatically top sliced by a specific amount which goes to a budget for specialist commissioning mostly in teaching hospitals.

The CCG is responsible for commissioning contracts with healthcare providers e.g. hospitals, community and mental health providers, for services for the patients in their area. It is a fixed budget therefore if a new service is commissioned and set up the funding has to come from a reduction in a current service which often causes problems. The CCG has to deal with the current challenges e.g. too many people going into hospital; an ageing population could be and want to be looked after in the community.

Appropriate services will therefore need to be available in the community including social care which involves working in partnership with local authorities (Cheshire East Council). Again to fund an increase in community services i.e. an increase in the numbers of staff in the community to visit patients, funding will have to be diverted from another budget. It is constantly a balancing act but the CCG is making suitable changes albeit a slow process.

Recently support has been put into place to move people out of hospital into nursing home beds to assist with rehabilitating them so that they can go back to their own home. This is important to both the patient and to the hospital as it frees up beds for patients being admitted to hospital particularly during the winter when more people seem to go into hospital. The CCG is also looking at 'Step Up' beds. These are short term beds available in the community (nursing homes) for patients to be admitted to for support to prevent patients from being admitted to hospital. It is essential that the hospital plans for the potential winter pressures and the CCG is keen to work with the hospital with any Department of Health (DH) monies that become available.

The CCG is actively looking at moving other services from their current hospital base into the community as this can make it easier for patients to attend. However this process is again slow as it involves moving money out of the hospital budget which is contentious as there is less money to run the hospital. In addition the hospital may need to give consideration to the skill mix of the consultants required in the hospital environment if specific services are moved into the community. The CCG intends to consult with members of the public (patient users) with respect to any changes to gather their opinions particularly for patient participation panels.

Trevor advised that patients are not really aware of what is currently happening and what changes could occur in the future. At a recent South Cheshire Patient Participation Group (PPG) meeting he attended the CCG had an item on the agenda but all this discussed was an X-ray machine being available in Alsager and the Exercise Referral Programme being available. Trevor felt that he was not alone and that a lot of people will be unaware of what is happening. Patients would welcome a presentation of fundamental changes but it would have to be tailored to their limited knowledge so that they can fully understand the issues and can then convey their opinions in a productive manner so that the CCG can factor them in.

Dr Spooner added that evidence across the country is that there should be a more primary care focused environment with primary care as the first contact for each new need, person rather than disease focused care that is comprehensive for most needs and co-ordinated when patients have to be treated elsewhere. This results in benefits for the patient. Not all of the services need to come from GPs other healthcare professionals can be part of the process. He believed that patients would embrace change processes if they understand how they can influence services for the majority. When patients experience services they have more of an understanding of the benefits but patients do need the knowledge of how this can be made to happen.

4. PPG Event – Patient Online Access

Trevor attended a National Association of Patient Participation Group (NAPP) event in November that was held in South Cheshire. Trevor noted that there are 16 PPGs in the South Cheshire area and 9 or 10 PPGs regularly attend

the meetings held locally. The next meeting is 30 January 2014 at Legends 2 pm start and Trevor welcomed new members to attend with him.

At the meeting there was a presentation about on line systems for patient access being extended. Currently there are 5 major clinical systems of which EMIS Web, which the practice uses being one of them, that will be adding the patient access modules to their systems. Patients will have a choice of ways to access the on line facilities i.e. via smart phones and ipads which are currently being developed. These facilities are therefore not short term and it was questioned as to whether this would preclude certain sectors of the community who are not modern technology minded from having access to them creating a two tier system. However Trevor pointed out that society is increasingly moving down the electronic route.

It is anticipated that Patients should have access to their summary care record electronically by April 2015 and in the future access to viewing hospital letters. Trevor noted that it was clear from the presentation that in order to promote new innovations it was best to provide demonstrations to patients i.e. in the waiting room where the system provider can assist with questions. This is worth considering when the systems are rolled out and is where the patient panel can actively assist.

Attached is the full presentation from the November NAPP event.



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5. Practice Nurse Feedback

Trish Vickers Senior Practice Nurse introduced herself to the Patient Panel members. Trish has been with the practice for 21 years and currently is also the Quality Lead for Nursing with the South Cheshire CCG. The post with the CCG is a new post and Trish has been pivotal in setting up a membership group for Practice Nurses in the South Cheshire area. The group will look at current services being provided to patients, what new services could be offered by practice nurses and to support all practice nurses in their role. The group will also look at a competency framework for nurses across the area. Trish advised that there recently had been released a New Nursing Strategy which gives guidelines for driving up standards and promotes compassion in service provision. This will be incorporated into the work that Trish is doing in her Quality Lead for Nursing post at the CCG. The South Cheshire CCG has been the first CCG to include nurses in feeding into decision making.

As a result of this work Trish is looking at what services the practice does now, most of which are valued services, but what useful services could be introduced. Trish noted that in the current patient questionnaire all the questions are in relation to GPs and not Practice Nurses. With the Patient Panel's agreement she would like to introduce some questions regarding the

Practice Nurses to ascertain if the current services are what the patient wants and needs. This would provide a baseline assessment of the value of current services when considering new services.

Trish updated the Patient Panel with respect to this years Flu campaign. There had been a who practice concerted effort at improving the patient up take of the flu vaccination for those patients who are entitled to the vaccination i.e. over 65, on an at risk register, a carer or who are pregnant. Letters were sent to all eligible patients offering them the opportunity to come done to the surgery on one of two Saturdays in October. @1500 took up the offer which was very good. Voluntary groups were contacted to see if they wished to be at the Saturday sessions and a gentleman from IRIS came with really useful leaflets for patients. Next year it is hoped that other voluntary groups would attend and if possible Patient Panel members to promote the work of the Patient Group and hopefully to recruit interested patients.

6. Patient Questionnaire 2013/14

Dr Spooner outlined that the practice would be doing the Patient Survey as is done every year. This is in addition to individual GP 360 patient feedback surveys that are undertaken throughout the year.

The annual survey is usually done in January over a two week period. Surveys are handed out to patients to complete and at the Gresty Brook surgery where there is WiFi the survey is on the computer in the waiting room for patients to complete on line if they wish. The practice is looking at getting WiFi for the main surgery and this would enable patients to do the survey on line at both locations.

At the Patient Online Access PPG meeting participants were provided with a Patient online access draft survey for testing with patients. Trevor asked if some of the questions could be incorporated into this year's survey and this was supported by the group. Indeed, as in the past surveys, the Patient Panel have helped with the compilation of the survey and if possible helping patients with the survey. In order to add some additional questions some of the previous survey questions will need to be omitted which is positive as the survey is being refreshed to look at new areas. The Patient Panel also requested that could a freetext comment box be added to the questionnaire asking patients "What would you like to see more of and how would this be done?"

There was discussion as to how to alter questions so that patients could identify if they had seen the Nurse or the Doctor. Some questions were more steered towards the GP so to avoid any confusion it was agreed to produce two surveys one for patients relating to the GP and one relating to the Nurse. The Nurses would do their survey at a different time to not confuse patients and would have surveys in their room to hand out to patients once they have been seen.

The draft patient survey would be drawn up ready for approval in the near future.

Meeting closed at 8pm