

## HOWDALE AND MARHAM PATIENT PARTICIPATION GROUP (PPG)

The meeting was held at the Howdale Surgery on Wednesday 1<sup>st</sup> January 2015

Present: Chris Brooker (CB), Dr Tien Do GP Partner (TD), Richard Ehlers (RE), Darren Martin Practice Manager (DM), Glad McCarthy (GM), Harold Stephenson, (HS) Margaret Stephenson (MS) & Jackie Westrop PPG Chair (JW).

1. Apologies: Colin Dancey (CD) & Susan Perkins (SP).
2. Welcome to new Partner: The meeting was informed that our salaried GP, Dr Tien Do, had become a partner in the Howdale Group Practice in October 2014. Dr Do introduced himself to the PPG members who he had not had the opportunity to already meet.
3. Welcome to new PPG Members: JW introduced Harold and Margaret Stephenson to those present at the meeting as the two new newest members of the PPG. A warm welcome was offered and after they were introduced to the other members of the meeting, DM explained that he was grateful for them stepping forward as the practice was always looking to extend our PPG and that they were the first of our patients to volunteer from our Marham Surgery. DM and JW gave them a brief introduction as to the role and history of the PPG.
4. Acceptance of minutes: Accepted.

### Points from the last meeting:

5. Aims of the PPG: Following on from the points raised at the last PPG meeting JW informed the members that the group has a responsibility to look at developing the long term aims and plans of the group. Areas such as health literacy and compliance with medications have already been mentioned but the PPG needs to decide which areas to take on during the coming year. DM was asked if it would be possible to email electronic copies of the information given out at the previous meeting as to the basic aims of a PPG and the GP Contract relating to the PPG to all of the members. This was agreed. This point is to be carried forward to the next meeting.
6. Dementia Information Sessions: JW informed the meeting that 69% of the population of Downham Market and the surrounding area were over 65 years of age. Due to this JW stated that she felt that Dementia is an area that the PPG may be able to help the practice with. JW had supplied a bullet pointed agenda for a proposed Dementia Information Session that she was offering to carry out at the practice for our patients. DM informed the meeting that the partners had studied and discussed the proposed session and, while agreeing that it was potentially useful in theory, they had decided that they needed more information on the content of the session before being able to allow it to be delivered to our patients. JW stated that she will check that the information in the training package is in line

with that already given out by the Alzheimer's Group and would then offer to attend a management meeting after March to present a potted version to the partners and discuss any points with them. DM is to inform the partners of this at the next management meeting.

RE also informed the meeting that Norfolk Aid UK is investigating the possibility of making Downham Market one of their Dementia Friendly Towns. This is an initiative that is being rolled out at various locations across West Norfolk. The aim is to help those with dementia by organising support groups and meetings, as well as asking local businesses to help in ways such as using pictorial images as well as text in their shop windows; such as a restaurant displaying images of cutlery or a cup and saucer in its window as well as its normal advertising.

RE also informed the meeting that The Chequers public house in Wimbotsham would be running a regular pub lunch for people living with dementia and their carers / relatives. This is starting on Thursday 29<sup>th</sup> January 2015 and running monthly on the last Thursday of each month thereafter. Places open to people living with dementia and their carers/ relatives. Spaces still available so please call 01366 386768 to book a seat or let people know who this could be of real benefit too. Prices are £4.95 per individual or £9.50 two and bookings can be taken up to the week before the lunch takes place. RE will send posters into the practice to advertise this event.

7. National Association for Patient Participation (NAPP): As a follow on to the last meeting DM asked if the NAPP had contacted JW yet as the practice had once again funded the PPG's inclusion to this group for another year. As of yet JW has not received anything. DM is to contact NAPP to ensure that they have noted the change to the Chair of the PPG of which they were informed when the cheque was sent for this year's membership.

#### Agenda of the day:

8. New Doctor: DM informed the group that since the last meeting the practice had employed a new salaried GP to increase the clinical team still further. Dr Jennifer Lees is already in place and now carries out 4 sessions per week. The group stated that they felt that having a female GP in the clinical team would be much appreciated by the patient population as a whole and wished to pass on their welcome to her.

9. Complaints, suggestion box and website comments: During this period there had been no new complaints and only five new comments and suggestions.

- 1 Positive feedback and note of thanks. The comment noted that they thought it was a well run surgery with good systems, with friendly and helpful receptionists. They were always able to see their doctor and that they particularly liked the usual doctor that they are registered with.
- 1 comment about difficulties getting through to the practice by telephone in the morning, the surgery should get another telephone line, and that they could not get an appointment for weeks. The practice understands the issues patients have with contacting the surgery during the doctor's telephone sessions. The surgery has already doubled the amount of

telephone lines in to the practice and changed our system from analogue to digital. With the old system once there were two incoming calls all of the lines were in use and patients could not get through. With the new system as soon as one call is passed on from reception it allows another line to be opened up. This means the practice now has four incoming lines. The practice has also increased the receptionist's hours to ensure that we always have two receptionists on duty throughout the day. The practice offers the daily doctor telephone sessions over and above the service that we are contracted to supply due to our perceived benefit to our patients. This service has always proved very popular and unfortunately it is this popularity that causes the problems with telephone access as raised. We already have extra lines and extra staff but only a finite amount of doctors. All of the doctors on shift take part in the telephone sessions and DM informed the meeting that when all of the doctors are already speaking to patients, and there are already more patients waiting on the line to be put through next, there would always be the problem of even more patients trying to get through. The telephone sessions must be kept to the stated times as the doctors have to go in to start their appointments on time. It was due to this fact that it was decided when upgrading our phone system, after consultation in the past with the PPG and our telephone provider, that the surgery would not use a call stacking system as those patients who had been holding on for a period of time to speak to the doctor directly, would be annoyed if when they finally got through the doctor had had to already start his appointment session. As for obtaining appointments it was noted that the practice always does very well in this area. If a patient's doctor is fully booked or away they can be offered an appointment to see one of our other GPs. It was, however, agreed that recently there have been some delays to seeing a nurse due to two of our nursing team being off a sick. More on this issue later.

- 1 asked for the possibility of having a separate line for missed appointments or the BT ring back facility. As per the previous comment there is no benefit in another line as the reception team are dealing with the main incoming calls. The BT ring back facility has not been stopped by BT rather than the practice as it is apparently no longer supported on all of its exchanges.
- 1 comment was a specific enquiry into with holding patients records and as such was being dealt with individually.
- 1 patient commented that they had been booked in for an appointment at 09:25 and had not been seen by 09:35 with another patient still waiting before them. DM informed the meeting that every effort was made to keep the appointments on time, but that some time situations arise that are beyond our control. Each patient is allocated a specific slot time for their appointment. The clinicians try to keep to one problem per appointment in order to ensure that patients do not raise multiple issues that would cause the appointment to over run significantly. However, some appointments may end up needing a little more time due to issues such as the complexity of the condition or in the cases when an emergency occurs that the doctor must deal with. We ask that all our patients understand that we will continue to do our best to ensure that the appointments run to time but in some circumstances this will not always be possible.

10. Friends and Family Test: The new Friends and Family Test has been active at the Howdale Group Practice from the 1<sup>st</sup> of December 2014. This is a new incentive that has been added to the GP contract that gives the patient population the opportunity to complete a small survey each time they use the surgery. A total of 45 leaflets were completed and returned for the month of December 2014, the results of which are laid out below.

“How likely are you to recommend our service to friends and family if they needed similar care or treatment?”

Response	Total	Percentage of total
Extremely likely	32	71.1%
Likely	10	22.2%
Neither likely or unlikely	3	6.7%
Extremely unlikely	0	N/A
Don't know	0	N/A
<b>Totals</b>	<b>45</b>	<b>100%</b>

There is then also space for the patient to tell us the main reason for selecting their statement if they wish to. These fell into the following categories with the amount of times mentioned from all returns totalled up

Response Category	Total
Helpful and friendly staff	14
Praise for the doctors	9
Can always get an appointment when required	6
Praise for the reception staff	4
Praise for the staff in general	4
Praise for the nurses	3
Excellent service	3
Good work / keep it up	3
Staff always polite	3
No comment raised on the completed form for this question	3
Appointments always available within days	2
Satisfactory results	2
Best service / 1 <sup>st</sup> class service	2
Dispensary service good	1
This is the service I would expect from a GP surgery	1
NHS need to help and keep the GPs running as hospitals cannot cope	1
Patient has been coming here for 40 years and has always had good care	1
Very convenient	1
Extremely likely to recommend as it costs to go private	1
No other choice	1
Had to wait 4 to 5 days to see my doctor	1
Patient personally feels that their condition is marking time at present	1
Effective and efficient	1

The Friends and Family test will be running until further notice. Leaflets will be available in the waiting rooms, at reception, at the dispensary, with the clinicians and can even be filled in online on our website. The patient can include their name and contact details if they wish but this is purely optional. This information is then collated monthly and forwarded to the NHS. The practice would like to ask all of our patients to fill out the leaflet whenever possible to help us carry on in our efforts of understanding your needs and views and constantly improving the service we supply.

11. Results of the mini survey: A mini patient survey was carried out in November and December 2014 which simply asked our patients to let us know of one thing that they believed would help us improve the service we give to them. This was due in part to the practice's wish to give a larger number of our patient population the opportunity to tell us of areas where they believe we could improve our service. This information could then be used by the PPG to help them decide what our third action plan should be for this year. The responses were collated and all of the points were discussed and evaluated with the members of the PPG. The practice had handed out 193 forms over this period, of which disappointingly only 30 survey slips were returned. A majority of the points listed had only been raised once, so for brevity, the list below is compiled of only the points raised by more than one patient along with the percentage of the total that this represents.

Suggestion	Returns	%
Ability to make appointments and order repeats on line	5	16.7%
Ways to improve telephone access during busy times	4	13.3%
Extra cover when nurses are away or sick	3	10%

This information was used to help the PPG decide what to choose as the practice's third action point. Please see point 12 below.

#### 12. Selection of third action plan for the PPG DES:

The PPG used the information collected above to assist with their choice of a third action point for the surgery to look at in an attempt to improve our service. The PPG had already selected telephone access and did not attend rates as 2 of the 3 areas to be included as action plans. Of the short list of three suggested areas of improvement identified in the mini survey the following was decided.

- Extra cover for nurses due to sickness or absence: This point had already been identified by the practice and changes were already in place or being acted on at present. Please see item 13 for more information.
- Ways to improve telephone access during busy periods: This had already been selected as an action point. The practice had already made the changes as listed in item 9 and would continue to monitor to ascertain if further improvements could be made.
- Ability to make appointments or book repeat prescriptions on line: This item had the highest percentage of all responses and is the only point from the multiple responses to the survey that the practice had not already made changes on yet. The PPG were informed that the practice had looked into

making these changes to our clinical system to help us achieve targets for the following year. Due to this the PPG agreed that it would selected this as their third action point and the practice would start implementing the required changes as soon as possible.

13. Nurses at the practice: DM informed the meeting that recently a huge strain had been put on the nursing team due to unforeseen circumstances. Firstly one of the three nurses employed by the practice had been taken unwell and had been forced to take sick leave. The remaining two nurses and two Health Care Assistants had increased their workload to cover this absence but when it was determined that the absence would be long term the practice had taken on a new nurse to act as short term extra cover. Shortly after this point another of the nursing team was forced to take sick leave as well. Due to this the practice had decided to advertise in order to employ another nurse to join the team permanently. This advert had already been run by the time of the meeting and the clinical team were in the process of selecting applicants to call forward for interview.

14. Feedback from West Norfolk Patients Group: JW informed the meeting of points raised during the meeting of the West Norfolk Patients Group.

- Unplanned admissions: Work is being carried out by the practices in Norfolk in order to try to reduce the number of unplanned emergency hospital admissions. Please see the minutes of the previous PPG meeting (item 10) to see what the Howdale Group Practice has been doing in relation to this point.
- District Nursing Service: JW informed the meeting that a lively and spirited debate had occurred over this point at the Patient Groups meeting. The Queen Elizabeth Hospital (QEH) were still in the process of having to make savings to their annual budget. Due to this they had carried out a redesign of the service supplied by the District Nurses (DN). Instead of surgeries having a DN allocated to individual practices, the service now operated from central hubs, remote from most practices. The GP will call or FAX the hub stating that a DN visit is required but now any member of the DN pool of staff can be sent. It was felt by the PPG that this system meant that there was no real continuity of care for patients as there was before. It was apparently admitted during the meeting that the decision to change the system had been taken without contact or input from clinicians or patient groups. There have also been recruitment issues with a lack of nurses applying for the vacant positions. This will be discussed at the next West Norfolk Patient Groups meeting where the commissioners for the DN service will be in attendance. PPGS have been asked to monitor this and JW has asked for any feedback on this to be passed on to her for possible inclusion in the meeting.
- Consultation on the shape of health services in West Norfolk: As stated above the QEH is still in financial difficulties. They have been working over the past nine months to ascertain what services they can deliver in the future for the available money. There is to be a public meeting at Downham Market Town Hall on Friday 23<sup>rd</sup> January 2015 between 11:30 and 2:00 pm. Open to all members of the public to come along to

listen and ask questions. Information posters will be displayed at both surgeries for this event.

15. Online access: As already stated, the practice intends to go ahead with changes to the clinical computer system that will allow some appointments to be bookable on line, along with the ability to order repeat prescriptions and to be able for an individual to view a summary of their own medical details on line. Work will begin on this immediately and is expected to be completed by the beginning of April. More information will be made available when possible.

16. Compliance with medications: This point was raised again. CB will email research papers on this to all members. TD informed the meeting that the doctors do actively undertake work to try to ensure that patients understand what medication they should be taking. Regular medication reviews are carried out with reviews of repeat medication. Doses are explained to the patients by both the GP and dispensing staff and all medication is clearly labelled and GP's already see patients or are contacted during telephone sessions if patients are unsure. It was agreed that at times some patients may become confused with changes to their medication for example when discharged from hospital. JW stated that this is an area that may benefit from PPG input and that this will be carried forward and moved up the agenda for inclusion in future meetings.

#### ANY OTHER BUSINESS

17. Care Quality Commission: DM informed the meeting that the Care Quality Commission (CQC), the regulating authority for healthcare, are in the process of inspecting some practices in West Norfolk between January and March 2015. If either the Howdale or Marham surgeries are selected for inspection DM asked if any of the PPG were in a position to be able to talk with the CQC if required to discuss the relationship between the two groups and how we operate together as a team. JW volunteered to act as spokesperson if required.

18. Chairs: It was asked if it was possible for the practice to buy some varying chairs for the patients. For example chairs with arms or possibly slightly higher to add getting up for those who experience difficulties. DM informed the meeting that the practice already had some chairs with arms but would bring it up at the next management meeting for discussion.

19. Replies to the items from the comment box. RE asked if it were possible for the information from the comments box to be displayed. DM pointed out that the information was available in the minutes which is on the website and in paper copy form in both waiting rooms, but would look into the possibility of displaying in the surgery on its own as well

DATE OF NEXT MEETING

Wednesday 15<sup>th</sup> April 2015 at 12:00.