

**UPTON SURGERY
PATIENT PARTICIPATION GROUP
Thursday 12th February 2015
MINUTES**

Present: **Patient Representative Members:** Chair: Chris Milne (ChM), Jenny McGorwan (JM), Dawn Patterson (DP), Roy Tyler (RT), Janet Bastick (JB), Rebecca Maund (RM)
Surgery representatives: Dr J P Barrell (JPB), Philippa White (PW) and Lysa Ball (LB) note taker

	<p>Introduction from Jo Dodd – Nurse Lead for Older People and Complex Care: Jo Dodd was introduced to the group and a copy of her new leaflet was given out to the PPG members. Her main focus is on the health and wellbeing of the frail elderly and those with complex care needs. Jo is proactively exploring ways to promote health and help support patients both on an on-going basis and if experiencing an acute health crisis, using a collaborative approach. Jo now triages all home visit requests and provides information to the GP as to the reason behind the visit request. Jo is looking to develop and run “silver clinics” which will focus on supporting the health and wellbeing of the older elderly population registered at the surgery who live at home. This will include an annual assessment with quarterly reviews plus the ability to be a point of contact and general support for this group of patients. Jo is presently working with other colleagues to develop a universal IT template for all surgeries and community teams to use to capture useful information and identify those at higher risk of ill health. PW confirmed that a new frailty tool was coming out shortly. Please see appendix 1 for “a day in the life of”. Jo confirmed that this was a new role that was developing as needs are identified. The group asked “if there was any back up when Jo was on holiday/sick?” PW confirmed that unfortunately there was no back up for this service, it is above the contract requirements and no other surgery has invested in such a post. Jo is hoping to continue developing the good working relations with other PPG members and community services can also identify and support when individuals are struggling, such as the local vets or local WI’s. Jo will attend meetings to promote herself and also renew connections with the Upton Community Care Service.</p>	
1	<p>Apologies: Jo Cousins, Jo Daniell</p>	
2	<p>Minutes of previous meeting October 20.1014 Agreed and will be published on the website</p>	LB
3	<p>Matters Arising:- NHS Funding – This item has been put on hold until after the General Election in May Hanley Castle Art Work – A sample of the paintings in hospital notices and write up for the displayed paintings was shown with a suggestion for the Hanley Castle Art Work. It was agreed to seek permission from school to use their logo. “Paintings in hospital” funding is due to finish in the next two years, and in order to save money we could use the Hanley High School art work instead on a yearly basis. PPG leaflet – changes agreed then to send to CM for approval.</p>	PW/JD LB/CM

Action Plan – New format version emailed prior to meeting. No comments had been received prior to the meeting. Short discussion took place:

- confirmed extended hours is continuing
- confirmed we are contracted for a walk in service for Saturday appointments
- noted that demand continues to rise – there were over 100 requests for on the day appointments and advice one day after Christmas and over 30 home visits
- confirmed that the 2nd Advanced Nurse Practitioner is now in post.
- new duty team arrangement to start shortly which will amalgamate duty doctor, duty nurse and HCA appointments for tests required on the day to try to respond to the rising demand
- the system relies on the receptionist being given information by the patients on what is wrong in order to direct them to the correct pathway Training is underway on patient pathways this month
- Need to free up our experienced doctors for long term condition management as increasingly the patient population is acquiring two or more long term conditions and keeping them well into older age.
- Communication – FFT has not identified any communication issues
- Suggestion for improved care or experiences – JMc gave a patient story when an elderly gentleman in reception could not find his wife who had an appointment with a nurse. He was obviously extremely deaf and not hearing what the receptionist was saying, the conversation got louder and louder and the whole room was very aware of what was happening. Solutions were discussed: a separate room, RM suggested pen and paper might have helped, PW confirmed staff had been on a deaf awareness course and would raise this with reception team leader. A separate room might be available but we are increasingly running with all rooms in use.
- DP reported an incident that a patient insisted on seeing his named doctor – receptionist kept her cool throughout but patient got what he wanted in the end. It was agreed that it was not right that he got his own way in this manner.
- New telephone system will be introduced shortly and hopefully this will not cause any disruption to patients, call recording announcement will be made – due March but has been postponed until April due to parts not being delivered.
- We have 500 on line users – one of the highest numbers for general practices in our area. It was agreed we should have another push to recruit more online users

Out of Area Registration Scheme – This is a Government scheme which started on 1.1.15. This enables patients to register with their chosen GP practice even if they are outside the area but the registration does have caveats such as not offering home visits. The guidance is that if these out of area patients visit the surgery more than four times in one year they should register with a practice nearer to them so that home visits can be an option. The NHS was supposed to have sorted out a back up visiting scheme but this does not seem to have happened in this area.

PPG Members – CM feels that a letter to the local community groups

	<p>would be a more beneficial way of recruiting new members and will draft this for approval.</p> <p>Upton Community Care – JB spoke on behalf of Roger Wildin of Upton Community Care, she confirmed that they are still struggling for drivers and would like permission to put fliers on cars in the patient car park from time to time, the surgery agreed to this as a trial but requested on a Thursday as there is a maintenance attendance to site on a Friday who could clear up any litter that is left. One member of the group suggested putting a notice up in the Welland Shop. They are due to have a team photograph taken for the Worcester Community Transport Consortium Website and would like to have this taken on the balcony of the surgery, which was agreed. JB will arrange for a small write up ready for the April newsletter</p> <p>Pharmacy Needs Assessment – final information will be published at the end of February but the surgery are not hopeful for a positive outcome. A copy of the letter written by the PPG has been re-sent to all members by LB.</p>	<p>CM</p> <p>JB</p>
4	<p>Patient Online: From March 1st 2015 the online Patient Access portal will be able to display more information from your Medical Record. Initially this will display information about allergies, immunisations and more detailed information about any medication you are currently being prescribed including the dosage and a further link to detailed information about the prescribed drug. Existing Patient Access users will be informed of this new service via a drop down box when the log in to their account and for those who would prefer not to be able to view this information will be asked to contact us in order that we can change their online preferences. With every new online registration form there will be the opportunity to “opt out” of this service. PW will update at the next meeting.</p>	<p>PW</p>
5	<p>PMS Agreements Review – Patient Information: This is available in the waiting room by the Patient Newsletters. This is to inform all our patients that we are reverting to a National GMS contract.</p>	
6	<p>MORI – patient survey: PW gave a small presentation to the group and a copy of the practice overview was handed to each member. Where we had dropped at the last review our figures have gone back up and the practice are very pleased with the outcomes. The PPG congratulated the surgery.</p>	
7	<p>Complaints/Compliments/Suggestions: PW confirmed 4 complaints had been received and one had led to Significant Event due to threats being made to staff which will be discussed at our next meeting. We received over 114 seasonal cards of which 31 had personal comments. We also received several seasonal gifts. 30 written cards, letters and emails regarding areas of good care and/or good service. Friends and Family test feedback had been extremely well received and the results are attached as appendix 2. 7 suggestions had come via the suggestion box and email, some have had positive outcomes for both patient and surgery and others unfortunately we were not able to action.</p>	
8	<p>Note Contents from Practice Update (circulated with Agenda): Please see appendix 3. A change in the CQC visit has been amended on the attached appendix to read that we may be inspected between April and June.</p>	

9	SWCCG Co-commissioning: PW confirmed that the CCG were bidding for full co-commissioning from April and if successful will lead to a new relationship between us. The CCG has begun the process of governance to reflect this change in commissioning and contract performance management of primary care.	
10	Advanced Nurse Practitioner update and leaflet: A new leaflet has been produced for our two new Advanced Nurse Practitioners and a copy was given to each member and agreed for display in the waiting area. This service is progressing well.	LB
11	Did Not Attend (missed appointments) JMc: JMc informed the group at the number of DNA's for hospital appointments that she had noticed on some of her visits. Upton Surgery ran a search regarding the number of missed appointments here and the group were astonished at the findings, for a four month period 396 doctor appointments had been missed. The group feel that we should provide exact figures and LB will monitor closely for the month of March to compare these figures. This will be discussed at our next meeting in April as to the findings and how we can communicate these findings to the community.	LB
12	SW Healthcare (DP): DP commented that she had seen in a local paper indication that a bid was in to run a local 111 service and that she thought this would be even more confusing. PW was aware of the bid, it is to try to support primary care to deal with the rising demand. We hear and read much about the pressure on A and E, but there is pressure on the whole system and if successful it would attract additional money for primary care services but may change the way we work. To be on the next agenda.	LB
13	<p>AOB</p> <p>Denied online prescription request - RM reported a problem with an online prescription showing request denied, yet after telephoning it was in fact ready for collection so asked why the system shows this as it is confusing. PW agreed that she would look into this and discuss with our Dispensary Manager and report back to the group the following day. Reminder that Patient Access is not a surgery system, it is a national system that links to the Emis Web clinical system that the surgery use. Dispensary Manager is aware of this and a full report was given to RM and the group.</p> <p>Community Event – PW confirmed that this looked promising following a productive meeting with Riverboats Children Centre. Riverboats were going to contact Upton Primary School and LB confirmed that Paul McCabe from Messy Church was also interested in a joint venture. PW to arrange another meeting to take forward.</p>	<p>PW/LB</p> <p>PW</p>
	Date and Time of Next Meeting – Monday 20 April 2015 at 6.30pm	

Appendix 1

A day in the Life of..... Nurse Lead for Older People/Complex care

12/02/2015 Start 8 am

Check visit book, catch up with emails, liaise triage team, GP's, district nurses, social workers, OAMHT, prepare paperwork for health assessments action any practice notes, liaise with staff.

Triage and manage home visits 09.00-11.30am. Troubleshoot on the day issues as they arise from reception, patients, staff, outside agencies and GP's. Liaise with other staff/agencies. Liaise with GP's re home visits.

First day of pilot to workflow and reassign all hospital discharges on Docman checking for any AUA patients (25 workflows today). Also undertaking simple audit for a week to capture workload and types/complexities of discharges received

Multiple phone calls received these include some from concerned relatives worried about support and care for their relatives. Today these include:

- a) Recent discharge from hospital. Partner felt they weren't coping despite care package in place. Struggling with meds, mobility, podiatry, bringing patient in to surgery for appointments etc.

Plan- Refer to dispensary for blister pack

Refer for domiciliary physiotherapy

Ask podiatry to undertake home visit until more mobile

On-going support to liaise in a few days to see if improvement in general mobility and if not arrange for GP home visit/review next week.

- b) Phone call from son of patient discharged yesterday who needs to return home tomorrow and felt worried about arranging some urgent private care before he left. Enhanced Care team (ECT) supporting but patient now has urine infection and feels they won't be safe to be left in-between calls once he leaves. Reassurance given that urgent care will be provided at a level necessary. ECT contacted who will visit today to review situation and look at alternative appropriate support options.

Phone calls from concerned patients awaiting planned surgery and worried about how they are going to cope postoperatively. Information and reassurance given. Offer to be point of contact/liaison always seems to be a positive outcome.

A thank you call from relative who recently lost their husband and appreciated the regular one to one support given during the previous couple of weeks.

A daughter ringing back after being very upset that her frail, elderly relative was becoming palliative a couple of days ago. Had suggested that worth having GP review before making any great plans. She rang to say what a great help and reassurance the GP visit had been and a new treatment plan was in place. Would like to keep in touch as/should situation change.

Face to face liaison in surgery with an upset relative regarding issues around a death certificate. Liaised with appropriate GP and clear plan in place. Appears some mis-communication between relatives themselves.

Health assessment undertaken in surgery (approx. 1 hour)

Multiple liaison with social services, GP, care home and OAMHT regarding escalating concerns about a recently placed patient in a local care home, whom we have been attempting to support on and off for many years.

Email liaison with Upton Carer support worker Sophie Wood regarding carers of patients I had recently referred to her due to escalating concerns. We often liaise and update each other.

Regular daily liaison with GP's Carol Styles Nurse Practitioner Care Homes, Sue Descher/Liz Atkinson social workers and District Nurses as often multiple teams involved with elderly/complex care patients both known and unknown to other teams. **Two home visits.** One was to see a patient at request of GP to review following their assessment visit yesterday. Other was to patient who is not keen to engage with support services and has regular falls. Found to have wound on arm from recent fall therefore dressed and referred to D/Nurses for further review. All contacts undertaken written up on Emis at time to ensure robust communication is maintained between everyone! Time spent writing up this and then updating PPG members with new role!

Appendix 2

FRIENDS AND FAMILY TEST RESULTS

How likely are you to recommend our GP Practice to friends and family if they needed similar care or treatment?					
Extremely Likely	Likely	Neither Likely nor unlikely	Unlikely	Extremely unlikely	Don't know
Total 49	Total 2				
What are we doing well? <ul style="list-style-type: none"> • All services very good • Pretty well everything, especially dealing and following up on emergency appointments • Helping with me giving up smoking • Prompt appointments, friendly, approachable medical staff and reception staff, efficient • All nurses I have seen have been very understanding and happy and makes one feel comfortable • Kind service, thorough, easy to deal with and make appointments • Good availability of appointments • Health care is first class • Providing quality service, when needed – gives me confidence because they care and generally know me • Looking after my health • Good when getting appointments • Everything • Very personalised service, always manage to fit you in, excellent service • Everything • Excellent GP's, I have always been offered a "same day" appointment if required, friendly reception staff, practice offers other services, excellent primary care • Very helpful • Listening • Never have to wait long in surgery be seen, absolute confidence in the doctors I see (SME and CM usually) • Everything, no complaints, excellent services • Everything, no complaints at all • Staff always pleasant and helpful, efficient • Doctors are very thorough and give excellent service and pharmacy 					

- First rate all round
- Everyone I see has such a pleasant approachable manner and a smile
- Everything
- Courteous reception, speedy appointments, brisk and efficient treatment
- Staff friendly, sorting out occurring incidents when needed same day
- Excellent team of GP
- I am always satisfied with the care I receive here
- Giving me time to talk
- It's a calm experience keep doing what you do
- Everything
- Instilling confidence and dealing with problems quickly and efficiently
- Being very caring

How can we improve?

- Nothing
- Continue as you are
- Making the doctor you require more available, in days and not two or three weeks
- Computer system for orders and appointments can be problematic
- Very minor comment because service is excellent, parent and toddler parking spaces
- You can't
- I am not looking for you to improve, I think everything is fine
- No need best surgery
- Extra disabled spaces in car park please
- CUSTOMER CARE – skills on reception (a friend agreed)
- Please bring back the possible germ laden magazines, no worse than adjacent neighbours cough in waiting room
- Turn the heating down a bit or open a window
- I would like to be able to come at weekends
- Fine as you are
- nothing

Appendix 3

Practice Update February 2015

Advanced Nurse Practitioner role

Julie Ackerman started with us on 5th January 2015. We now have two advanced nurse prescribers employed.

Lead nurse for older people

Jo Dodd joined the team on 1st December 2014

New Receptionist

Teresa Hodges started with us on 8th January 2015

Doctors update

Dr Loretta Shoderu joins us in February who you may remember and will be with us until mid-July and Dr Matthew Fincher will also be joining us in February until the beginning of August.

We will be having two more Warwick Students in April

Dr M Gemza will be leaving us in May

Innovative practice award – GP national awards

Lysa Ball represented the surgery along with Denise Wrathall from Access 2 Education attended the London Lancaster Hotel for the GP National Awards on Thursday November 2014 as we were shortlisted for “Innovator of the Year”. In 2012 we teamed up with Access to Education to offer training and education to nurses, healthcare assistants and administration staff within the primary care services. The project uses the surgery’s facilities and Access 2 Education’s experience to offer training in aspects of healthcare such as ear care, diabetes and childhood immunisations. Although unsuccessful in winning the award Lysa and Denise had an extremely enjoyable evening and were proud to represent the joint venture.

Training/Conference Use

Access 2 Education – Reception Training x 26 delegates
Access 2 Education – Healthcare Assistant Training x 16 delegates
Access 2 Education – Hypertension Training x 28 delegates
Access 2 Education – Travel health Training x 30 delegates
Access 2 Education – Minor Illness for Practice Nurses delegates
Thornbury Training – 9 delegates

Thronbury Training – 12 delegates
Event Mobility – quarterly meeting x 15 delegates
SWCCG Meeting x 30 delegates x 2 meetings
COSHH Training x 20 delegates
COSHH Training x 10 delegates
Accounts Presentation x 30 delegates
MHDC Meeting x 30 delegates

ELECTRONIC PRESCRIPTION SERVICES (EPS)

Due to our concerns regarding the smooth implementation of the system, and a lack of software compatibility we have postponed the implementation until the system has been robustly tested and is fully supported by our clinical systems

XPERT DIABETES

This took place towards the end of 2014. This was held over a six week period and 34 invites were sent out. 17 patients attended and 94% were patients newly diagnosed with diabetes. Overall the programme was well organised and a great help to those who attended.

PLACE

Thank you to Dawn and Janet for their input in completing this.

CHILDREN IN NEED CAKE SALE

Two members of our team, Georgia and Lisa organised a cake sale over two days for Children in Need. All staff participated in cake baking and a grand total of £175.08

STAFF CHRISTMAS RAFFLE

This year it was decided as our fundraising Christmas Event we would ask each department to complete a hamper with a Christmas theme. 5 categories were decided and each team provided one of the categories. The hampers were raffled and we raised £275 which was donated to Air Ambulance.

NEW TELEPHONE SYSTEM

New telephone system being installed W/C Mon 16th Feb, with the switchover day being Thursday 19th feb.

Some key points

- New phone handsets - these will be easier to use with access to different options not configured / available on our current system incl.
 - physical buttons that we can program to hold, park, transfer calls etc - with less reliance on functions.
- Telephone extensions will be programmed as they currently exist on this system (i.e. ext 2036 will stay as ext 2036)
- Call recording on all incoming and outgoing calls.

- Dual technologies being used instead of current single system.
 - Better resilience - if there is a problem with 1 system, the surgery can still continue to utilise the other system to make and receive calls.
 - Better future expansion capabilities - without the need of additional hardware, we can increase the number of lines on either of the 2 systems before either would need a hardware capacity upgrade.

CQC INSPECTIONS

Worcester GP Practices may be in the next batch of inspections up until June.