

**UPTON SURGERY
PATIENT PARTICIPATION GROUP
Monday 19th October 2015
MINUTES**

Present: **Patient Representative Members:** Chair: Chris Milne (ChM), Jenny McGowran (JM), Janet Bastick (JB), Rebecca Maund (RM), Jo Daniell (JD), Dawn Patterson (DP), Jo Cousins (JC)
Surgery representatives: Dr A R Havercroft (ARH), Dr C Evans (CE), Philippa White (PW) Ben Kent (BK) and Lysa Ball (LB) note taker

1	Apologies: Roy Tyler	
2	Minutes of previous meeting 20th July 2015 Agreed and will be published on the website	LB
3	<p>Matters Arising:-</p> <p>Hanley Castle Art Work: JD confirmed that a cup had now been donated from the school and the next step was to engrave with “Dr George Wilson Memorial Art Cup”. Ownership of the pictures had been checked with the school and confirmed the actual picture is owned by the student artist but agreed that the frame belonged to the provider which is UMST. It was suggested that the frames would either be returned or a donation to cover the cost would need to be made to UMST should the artist want their work returned in the frame. PW will discuss with the partners their choice of winner and will let JD know the outcome and then JD can progress the presentation and PW will see about media coverage.</p> <p>PPG Recruitment: ChM updated the group and confirmed 3 new potential members. (1) RW had previously been Chair of the PPG and would like to rejoin (2) CD has two young children and has marketing experience, (3) DS is semi-retired, a Parish Councillor and would like to support the group. The group agreed to invite all three to join the group and their first meeting will be January 2016. ChM to contact them and once agreed ChM will let LB have details for contact.</p> <p>Patient online update/digital inclusion project: Equipment has arrived and is being tested at present as there are some areas in the building it does not work well due to not having Wi Fi. PW confirmed that she had contacted the local library but at that time they did not have a computer trainer but they would be able to signpost to a library that did until their replacement was available. No new volunteers had come forward from the newsletter. The walkers were being asked if any of them would support. Other suggestions for consideration would be putting the iPad on the reception desk, taking down to the Well leg club and involving our new Business Apprentice. LB to discuss further with JC regarding local school involvement.</p> <p>Prime Ministers Challenge Fund: ARH gave an overview of the project now in phase 2. The focus is on patient access to new services in primary care and laying the foundations to allow primary care to evolve. Use of new technology such as apps and websites is part of the project and a South Worcestershire GP Services self-care website is being developed. The current version had been emailed to the PPG for information prior to the meeting. The long term aim is to have a service which will include a combination of GPs, Pharmacists, ANPs, Nurses, Paramedics and other health professionals with options to deal with on the day and minor illness. The infrastructure is being developed to allow information sharing between</p>	<p style="text-align: center;">PW/JD</p> <p style="text-align: center;">ChM</p> <p style="text-align: center;">PW/LB</p> <p style="text-align: center;">LB</p>

	<p>the 32 practices in South Worcestershire and a shared access at the point of individual consent to the Emis clinical system record. There are notices in the waiting room regarding this. Patient education is essential in order for these services to be effective. A variety of options will be available to patients over the next few months; schemes that have started are the Clinical Contact Centre and the Pharmacists Minor Ailment Services. Access is in stages by locality. The four localities are going to focus on a different area with Upton/Malvern/Pershore focusing on support for the frail elderly which will also tie in with our nursing home residents and access to GP service on a Saturday and Sunday. SW GP Services have two U tube links which will be forwarded to the group that explain the new services. It is hoped that some services will become more local although may involve patients having to drive to access them.</p> <p>DNAs: See item 7</p>	
4	<p>Antibiotic Reduction Campaign: BK confirmed that this had been issued by the National Patient Safety Alert and Upton Surgery had produced an action plan for the CCG to address this. A brainstorming meeting had already taken place with many actions highlighted. An antibiotic display table has been put up in the main patient waiting area; a write up has been published in the Patient Newsletter and BK to discuss further ideas with the GP Partners. BK showed a sample of an individual “care plan” that did not require a prescription for antibiotics but how they could help themselves. This was felt to be a very good idea and we will look into this being available on EMIS consultation and for GP to be able to file in patient records.</p>	BK
5	<p>Managed Repeat Prescriptions: Covered in item 6</p>	
6	<p>Proxy Access to Online Patient Records: With new online services, practices are now facing challenges around proxy access rights and limitations. Proxy access refers to access to online services by somebody acting on behalf of the patient. Practices must consider the following when providing access to those other than the patient: the following rules apply:</p> <p>Competent Adult – patients over the age of 16 are presumed to have capacity and should be given appropriate access.</p> <p>Adult Patients who lack capacity – where a patient has a Lasting Power of Attorney (LPA) or a deputyship has been ordered by the court of protection, proxy access can be provided to the nominated person. Where these arrangements do not exist, next of kin or carers may request proxy access. It is the GP’s responsibility to ensure access is only given where necessary and it is in the patients’ best interests</p> <p>Children up to the age of 11: Proxy access will be given to parents/guardians on request. At the age of 11 the access will be switched off.</p> <p>Young people between the ages of 11 and 16: Whether or not the parents/guardians have automatic proxy access to the records will be at the Practice’s or Doctors discretion determined by the Gillick competency test. Those who can make independent and informed decisions will be actively involved in decisions about who can access their information</p> <p>Young people aged 16 – 18: In exceptional circumstances where a young person aged 16 – 18 lacks capacity to manage their healthcare needs, GPs may decide proxy access should remain with the parents/guardian</p>	

7	<p>Did Not Attend – September 2015: The results were emailed to the group prior to the meeting. Results showed 55.08 hours lost in September compared to 55.48 hours in June 2015 and 59.15 hours in March. PW confirmed that some patients do telephone to apologise on the day and are always thanked, there are often very good reasons cited but some calls are only 5 minutes before the slot so cannot be filled. We will do one more audit and LB will do this in November 2015 and see if now we are using SMS texting messaging for appointment reminders if this makes a difference. Agenda item January 2016.</p>	LB Agenda item 18.1.16
8	<p>SMS Text Messaging: This service started in September and we are still learning about the system. We have 3400 patients with mobile numbers registered so far. The group felt that we should be very proactive in promoting this service and should have a combination of promotion ideas. Suggestions for consideration: Notice “if your address or contact numbers have changed please let us know”. Reception to ask “do we have your current contact details including mobile number?” Produce promotion slips for prescription bag drops. Also could we put a message on the actual prescriptions? Promote again in Newsletter “Why we want your number”. GPs to hand out slip in consultations but CE felt that the majority of patients would forget to do this and it would be more beneficial to target the patients on arrival and therefore it was suggested that maybe we put slips on seats in waiting room and keep replenishing for one week with a collection box on reception.</p>	PW/LB
9	<p>Potential Survival Strategy for General Practice Presentation: PW BK and AH attended a talk 'A Potential Strategy for Primary Care' from Dr Robert Varnham, GP and Head of Practice Development, NHS England. Key themes were a focus on Self Care and that 27% of GP appointments could have been dealt with by other professionals, systems or self-care. The Right Place Right Time Right Care and Right Person i.e. not necessarily a GP to create headroom and time for experienced GPs to manage the Long Term Conditions in Primary Care setting.</p> <p>General Practice was not set up to care for these groups, previously it was all undertaken in hospitals and yet the 10 minute model is still in place in primary care and cannot cope with the complexity that presents in surgery these days. We heard how by the age of 75 nearly a third of the population will be living with 4 or more LTCs and as the population numbers in the over 75's increases, so the care required to keep people well at home and managing their conditions also increases. A proactive team approach with new roles in Primary Care to keep people out of hospitals was proposed with pharmacists, physios and paramedics. Better connections between practices to share roles was promoted as the only way the agenda could be delivered, various layers of care for a shared purpose, some between a few practices, some at federation across 32 practices, some county wide.</p> <p>The dwindling GP workforce due to early retirements and people moving abroad and reduced choice of career path for young doctors coupled with reduced funding for the primary care setting was also presented and the issues discussed and it was reassuring to hear the same issues are actively being discussed at National NHS England level and he felt the tide was turning for our sector.</p>	

10	<p>Self Help – what could patients do for themselves: This was covered under Prime Minister Challenge Fund but it was suggested that once the website was up and running by SW GP Services that this could be the main page of our website with a drop down box for each GP surgery. CE informed that our GP Registrars were going to do a presentation here at the surgery in November for parents, “When should I worry” presentation. There are also leaflets on this topic on our antibiotic display table in the waiting room. A suggestion was made that we run a Self Help Event for 2016.</p>	
11	<p>Compliments/Complaints/Suggestions: Three complaints have been received, actioned and completed. Eighteen written compliments received via cards, letters and emails. From the suggestion box (1) Family Parking places – a write up in July Newsletter confirmed that spaces were available in our ‘less able’ designated slots. (2) Telephone appointment booking on Emis access – PW is checking with other practices if they have done this and how they manage separating them so people do not book thinking it is for a face to face appointment and then we have issues to deal with at the reception desk. We have received flowers x 3, 2 boxes of chocolates, a plant, a bottle of wine and donations to UMST to the value of £255.</p>	
12	<p>Upton Surgery update and Friends and Family Test for July/August/September 2015 See Appendix 1 PW also confirmed that a new Practice Nurse Post is in the process of being advertised for a Band 5 Nurse to increase cover our treatment room appointments.</p>	
13	<p>AOB WI Calendar – These are available locally at £7.50 each and the proceeds will be donated to Upton Medical Support Trust.</p> <p>PW also told the group that with the SMS text messaging service it may be possible to use the FFT (friends and family test) function to programme specific information to raise patient awareness, for example “<i>have you seen our new self-care website?</i>”, “<i>please let us have your current mobile number</i>”. Agreed this was a good idea.</p> <p>ChM – Are we able to let patients know how long they are going to wait to be seen? RM confirmed that on several occasions she had been aware of our reception team coming over to patients personally to apologise for a delay. We are unable to put this on the patient book in screen as it has to be reset too often and the system we use is not as sophisticated as some.</p> <p style="text-align: center;">Happy Christmas everyone!</p>	
	Date and Time of Next Meeting – Monday 18th January 2016 at 6.30pm	

Appendix 1

PRACTICE UPDATE – OCTOBER 2015

NEW DOCTORS

Three new junior doctors joined us in August.

- Dr Oliver Mott – Registrar GP ST3 is here until August 2016
- Dr Prasad Godbole – Registrar GP ST2 – is here until February 2016
- Dr Thomas Clarke FY2 doctor – is here until end of November 2015

COMMUNITY NURSING TEAMS

The District Nurse team was under extreme pressure over the summer due to vacant posts and sickness but the situation has now stabilised with 3 new DNs in post. Natasha Morris will start her new post as our community PACT nurse (Pro Active Care Team) undertaking the work Carol Styles did in nursing homes (prior to leaving in July) and also the same service to frail elderly in their homes.

We are the first practice to combine these two roles and combine as an integrated service to work closely with Jo Dodd. We also have gained funding for Pippa Knight for 2 days a week until December as we were in danger of missing targets due to the vacant posts in the community teams. We have been fortunate to have some help with the nursing home new patient reviews from a member of the Malvern Team and one of their PACT team will also work here 1 – 2 days a week to support Natasha as she is undertaking the prescribing course. Dr Havercroft and Ben are also providing support to her for that intensive course as mentors.

BUSINESS ADMIN APPRENTICE

Sam Palmer has joined the admin team for her year's apprenticeship.

CONTRACT UPDATE

Last year we had to change from our PMS contract to a GMS contract (the standard GP contract). Now we hear that another contract will be offered from 2017 but as groups of practices so we await more information regarding that. The local promoting Clinical Excellence Contract is underway and is a challenge especially the frailty aspect as there have been issues with the computer templates use of new tablet machines in a rural area and having so many nursing and rest home patients and frail elderly living in their own homes the number requiring this intervention is very high and the issues relating to the community nurse team vacancies have been a worry. We have to deliver on this as it is how we gain back some of the money we lost in moving from the PMS contract to GMS.

Other targets are less of a challenge for us as the normal GP/ pharmacist care has already achieved them in relation to blood pressure and hypertension management and is part of the high standard of usual care given to our patients which exceeded the QOF targets anyway.

ACCESS and MANAGING DEMAND for APPOINTMENTS

Dr Havercroft, Philippa White and Ben Kent attended a talk from NHS England's GP advisor on A Survival Strategy for Primary Care. The problems with managing demand now were linked to the information relating to the number of people aged

over 75 who will live and require medical management in primary care of 4 or more Long Term Conditions. The challenge this will bring as the GP workforce shrinks and how to survive as individual practice business models trying to provide this care was discussed. This already accounts for 1/3 to 1/2 of a GP working day and will increase as the number of older people increases year on year. The focus needed to shift to the right place, right time, right care but also the right person i.e. not necessarily a GP and how we get this message to patients. Also what should be routine self-care is an emerging theme.

NEW TEXTING SERVICE

Commenced in September and is already being used for flu reminders.

TRAINING AND CONFERENCE USE

Thornbury Nurse Training x 10

Federation Meeting x 8

South Worcestershire CCG x 4 meetings (30 delegates each)

Nurse Revalidation Information Event

Medicines Management and Prescribing Event

Staff Customer Care (in-house) meeting

Access 2 Education – HCA Course x 16

Access 2 Education - Seasonal Flu x 40

Access 2 Education - HCA Immunisation and injection two day course x 24

Access 2 Education - Chaperoning Workshop x 9

PACT meeting x 8

Fairways Pensions update x 16

FRIENDS AND FAMILY TEST – JULY/AUGUST AND SEPTEMBER 2015

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 102	Total 10	Total 2	Total 2		

What are we doing well?

- Listen and act
- Friendly and clean
- The receptionist are very friendly and helpful
- Good reception and prescription staff, comfortable waiting area, clean and presentable
- Very caring, will listen to you, staff always courteous
- Staff are friendly and (seem) efficient
- Diabetes service – writing every 6 months, well informed
- Quality all round service
- On the day appointments
- Provide excellent service
- Friendly at all times
- Friendly, pleasant surroundings
- Always helpful, can always see a doctor or nurse
- Offering all round great service
- Everything great
- Giving time to listen, great nurses
- Drs/nurses personal skills interaction with patients and listening skills are excellent. Always give confidence with their advice, receptionists and pharmacy always welcome with a smile and helpful. Keep doing what you do.
- Good service and no waiting for appointments
- All things that I have experienced
- Diverse facilities
- Excellent service from all staff looking after all needs
- Pharmacy very good
- No complaints, very excellent service, staff very helpful
- Swift and efficient service
- Not a lot
- Everything!! Great doctors, nurses, in fact all staff
- Good staff in all roles, friendly receptionists, don't have to wait too long for appointments etc
- Everything
- Caring for us all
- Very well with limited resources
- Always dealt with by the nurses in a professional manner, very caring
- Everything asked for even when it's an urgent matter with no booking

- Friendliness, range of services, availability of medical staff
- Skilled staff, availability of clinics, timeliness, consistency of personnel
- Everything
- Prompt efficient service, nice nurses, no complaints
- Efficient service, pleasant staff
- Good service all round
- Everything
- Everything
- All of it
- Everything
- Always friendly, efficient and understanding
- The pharmacy is excellent
- Very good service, highly recommendable
- Caring, nearly always able to get appointment
- Looking after me
- Warfarin Clinic
- Lovely nurses
- Good explanations – questions welcomed – good care
- Everything
- Arranging appointments, I've never been kept waiting long
- Everything,
- Yes!!
- Everything I have no complaints
- Everything
- Everything
- Efficient clinic
- The service is great and the staff are very friendly
- All of it
- Good service all round excellent staff
- Top class practice
- Pleasant attitude
- No complaints – drs and nurses always very friendly
- Caring for me
- Most things
- Friendly, helpful, competent staff
- Pleasant surroundings, pleasant staff, caring staff
- Everything
- Really pleased wth care provided
- Team spirit
- Friendly staff
- Everything
- All good
- All pleasant
- Very good appointment available
- All of it
- Lovely staff
- No complaints

- Everything
- Everything
- Everything
- Prompt efficient service
- Everything
- Everything
- All good
- Everything
- Everything
- All the medical staff I have seen are extremely helpful, explain everything and can't be faulted
- Nancy (aged 7) and I appreciated the male Duty Doctor calling in a chaperone whilst he examined her private area. Even though I (mum) was with her I think it sets a good precedent for Nancy's future with doctors and what to expect and to be comfortable asking for
- The lovely building, the doctors, nurses, dispensers and all the staff are warm and welcoming

How can we improve?

- Keep on doing the same
- More money
- Really think that the service should continue as at present
- Keep going trying too hard may damage
- I doubt if you can
- Able to book appointments weeks in front on computer
- You can't
- Don't let Dr Everitt retire – ever!
- Reduce the time we have to wait for an appointment to see a doctor of your choice
- Serve coffee, impossible
- Absurd to wait so long to see a particular doctor for an appointment. Pity weekends are a complete NoNO. My INR has been cut down to 5 mins and this is too short – one needs time for the patient/nurses relationship. Too much like being part of a production line
- Do not think you can improve an excellent service
- Can't improve, just keep going
- The only gripe I have is with the chemist, they take forever to fill repeat prescriptions
- You can't
- Shut the door for privacy on a Thursday clinic
- I think you are 10/10 the best I have been to
- Difficult to improve on perfect
- Keep up the good standards you already have
- Just keep on the same path, caring and innovative!
- Keep doing same, my friends registered elsewhere are jealous of the system at Upton
- Can not think off hand as my wife and I very much appreciate the quality of service at the practice
- Reduce waiting times for non-emergency appointments

- You can't – clone your practice!
- Nothing
- Saturday clinics
- Nothing
- All very good
- Saturday opening weekly, possibly for people who work
- None
- Just keep on doing the same
- Can't compare
- Nothing I can think of it is a brilliant GP Practice
- I have given this careful thought but I cannot think of any improvement to as it is now