Castlegate & Derwent Surgery patient Participation Group (CDSPPG) 2016

Minutes of the meeting held on Wednesday 25 May 2016

In attendance: Dr Simon Desert, Suzanne Hughes-Rudd (Practice Manager), Julie Pearson (Office Manager), Jo Crozier (Administration) from Castlegate & Derwent Surgery

Jean McGrath (Chair), Robert Bratton (Vice Chair), Audrey Metcalfe, Peter Colquitt, David Stephenson, Sylvia Noble, Frank Harkness, Tom Alston, John Wood, Diana Johnson, Margaret Coley from CDSPPG

Apologies: W Cornwall, D Keeler, J Hully, E Smyth, W Sanders, R Petecki, M Swanston, F Crowley

WELCOME - Jean McGrath (J McG) opened the meeting and welcomed everyone, this being the first chaired by a member of the Patient Participation Group (PPG).

Matters arising from previous minutes

Publicity - Suzanne Hughes-Rudd (SHR) had prepared a press release on practice improvements that was circulated amongst the group for feedback. The group emphasized that this should published in its entirety without editing. SHR advised that the local newsagent had confirmed they would allow copies of the newsletter to be placed posted in their window.

Patient appointment backlog Dr Desert (SD) reported that the new temporary system of same day clinics had started and was a work in progress. There was a whole team available to help with a variety of medical problems – not just doctors. A triage system was being run to ensure that the right resources were available for patient need. The new nurse practitioner (Sharon Erlston) was playing an active role and this was making significant inroads into the backlog of appointments. Patients faced some waiting on arrival, and whilst this was not desirable it was re-emphasised that this was only a temporary solution. Moving forward we needed to ensure patients had confidence in accessing other healthcare professionals rather than GPs which would only happen with greater awareness of staff capabilities.

SD also reported that the Pharmacy was about to take on extra responsibility for prescribing antibiotics for minor illnesses, whilst continuing to treat minor ailments. There was a great capacity for nurse appointments with the start of new staff to offer a more sophisticated interface for patient choice. It was agreed that this would not necessarily be reflected on the website due to its own limitations and that a more sophisticated online system was needed so that the internet booking system did not undermine the triage work.

SHR advised that they hoped to continue and expand the system with a same day morning clinic also becoming available in June. When asked that SD agreed that this same day system was in use elsewhere in the UK. This is currently the quietest period for the practice and therefore the optimum time to try and erode the backlog of patient appointments. The 'triage' phone calls were to cease yet again increase GP availability with it being more efficient to see patients to avoid double handling.

It was felt that it was very difficult to get through to the surgery when the lines opened to book the same day clinics. Julie Pearson (JP) confirmed that maximum staffing was available on the four telephone lines available for both surgeries from 8am until at least lunchtime. Telephone calls tended to decrease later in the day, and it was hoped that with more appointment availability and

patience confidence in their ability to secure an appointment that this current pressure would drop in future.

The group also felt that it was often better to ring for an appointment as a sooner date would be offered than trying to book it through the patient access system. SD confirmed that only a proportion of the actual appointments available were shown on the website as not all our patients have the ability to (or choose not to) use the online booking system. It would not be fair or equitable for the minority of patients to be able to book the majority of appointments. He agreed to keep the PPG updated on progress. **Action: Future agenda**

J McG expressed her thanks for the practice recognising the PPG's concerns and the staffs' flexibility in trying different ways of working to meet the patient need.

GROUP OBJECTIVES 2016/2017 - J McG advised that it had been important to detail the remit of the PPG to others and that she and SHR had met to discuss the priority areas of concern to form these objectives. She felt it was important that the PPG's role should be to help the practice move forward as a 'critical friend' and that they should be helpful rather than overtly critical. It would be ideal if sub groups took ideas forward and if any participants wished to become more involved they should either email her or SHR.

The group objectives suggested are:

- **Review information to patients on situation with appointments and what can be done to help them– via press releases, newsletters, website etc. Clear messaging on what we are doing i.e. reviewing appointments, the need to not always see a GP and the utilisation of other skills available within the team**

- **Review the website for combined surgery, asses how we can provide more information on self-care, identifying resources for patients to use e.g. NHS Choices**

- **Promote the patient online access and try to encourage more patient to use this to order prescriptions and book appointments – PPG members to demonstrate how easy in surgery to other patients**

- **Membership of group – look to set up virtual group on Facebook, involvement of local school sixth formers (perhaps those interested in medicine)**

Discussion ranged regarding these objectives. SD suggested that the PPG take the lead in obtaining patient feedback as they might secure a more frank response and that prepared patient surveys were available on the National Association of Patient Participation Groups website. Jean Mc G advised that the charged £60 per annum for access to these and it was agreed that this was a reasonable expenditure. SHR reported that the CQC had looked for the last patient survey (2014) and that we needed to bring this up to date. **Action: SHR to arrange membership of National Association**

SHR also agreed to look into using Facebook more effectively as the current membership of the PPG was not representative of the patients using the surgery and would aim to relaunch of the Facebook page during Patient Participation Week (6th – 11th June) **Action: SHR**

Clear messaging re appointments type and staff skillset is vital. J McG advised that the PPG should seek to pass this on by word of mouth, better use of social media eg Facebook, and in the newsletter. It was agreed that not all patients were aware of their ability to self-refer for the services available e.g. physiotherapy with additional publicity needed to advise of this. A review of the website information was suggested, and SHR asked the PPG to look at other surgeries' websites and give feedback on possible improvements to our own. **Action PPG**

The PPG agreed to act as mystery shoppers to report back **Action PPG**

It was agreed that the text messaging re appointment confirmation was good and suggested that they could add information to this e.g. regarding patient access, staff skillset etc. Further consideration of the use of other social media could be given eg. Information via email/Twitter as well as greater use of the TV screens within the building. It was also suggested that the voice messaging could be changed during call waiting to advertise these services. **Action SHR**

Demonstrations to be given to patients in surgery by PPG on the use of the online Patient Access system. It was agreed that this was particularly useful for out of hours requirements e.g. prescriptions and once enrolled was very user friendly. Anyone can enrol simply needing to come into the surgery, complete a form and provide a form of identification. Everyone is issued with a PIN to ensure confidentiality **Action PPG**

SHR confirmed that every new patient is asked for details of their mobile/email etc. and it was suggested that a concerted effort should be made to obtain such details from those who have not supplied this information. Displays/leaflets were being used to promote the above, but SHR suggested that active 'floor walkers' in clinic times would perhaps have a greater effect and this would be an ideal role for the PPG. **Action PPG**

It was suggested that poor take up might be because of the large majority of the patients living in Cockermouth being elderly despite previous good publicity about these services. The group felt that many of the younger patients were of working age, and not necessarily able to get to surgery in traditional clinic times so consideration might be given to having an 'open day' at the weekend or on the hospital's anniversary. SHR advised that she thought the take up on this might be poor as traditionally people only want access to the clinic when they are ill! A similar event had taken place previously with Bruce Keogh (Medical Director NHS England) attending and take up on this had been poor.

SD agreed to explore the possibility of the Pharmacy encouraging patient enrolment in Patient Access and training could be given to them. SHR reminded the group that the Pharmacy was open until late and that reception would soon be open until 7 to allow greater access outside working hours for patients.

It was agreed that a future date at the end of September would be agreed for them to take forward some of the ideas raised. **Action PPG.** Meanwhile SHR confirmed that there would be large information displays, promotions of available services as well as encouraging participation of the PPG during the Patient Participation week (6-11th June).

The group felt that there might be trust issues with patients wanting to see a GP rather than a nurse practitioner when we were trying to encourage use of other staff rather than doctors. SD assured the group that all patients for the same day clinics were seen in the nurse hub to ensure that the right staff members were available for the patient including a GP. He and SHR confirmed that nurse training was given a great deal of attention and that the practice took this

very seriously. They reassured that if in doubt about a patient's treatment a nurse would not hesitate to 'refer on' and that they only worked within their own area of expertise. The training given was ongoing and meticulous and meant that seeing a nurse for treatment was very low risk. SD advised that greater use of nurses was a common practice throughout the UK as there simply were not enough GPs available.

The group advised that the Podiatry/Physiotherapy clinics were not on the check in screens and this led to a suggestion of lack of cohesion. Changing this would also save on staff time from having to explain to patients where to go. SD advised that these groups were paid for by a separate group within the health trust and they had not been willing to pay the costs involved in using the check in screens. He confirmed that this may well be under consideration now that they were to continue using the same computer system (EMIS).

When asked SHR confirmed that there were currently various ways of patients offering feedback either through the website, email or direct correspondence. The group advised that there was a general lack of awareness of how to do this or equally how to offer praise. **Action PPG**

CQC UPDATE – SHR advised that this had generally gone well, with two visits being conducted in successive weeks as the surgeries had not yet officially merged but the CQC were aware that the practice was operating as a combined surgery. All presentations to them had been given from the viewpoint of both surgeries. Good positive feedback on staff and the practice overall had been received initially. The CQC had brought a pharmacist with them and had been very complimentary about our Dispensary. They had found 'processes' that required some improvement in the new surgery. The full report was still awaited after which the practice will check the report for accuracy and have the chance to contest anything that is incorrect. SHR advised that she will circulate the CQC report to the PPG in the interests of transparency. **Action SHR.**

RECEPTION – SHR advised that the practice wanted this to work for both staff and patients. CQC had commented on the lack of confidentiality with the patients currently queueing outside whilst another was talking to the receptionist.

JP advised that the current setup was causing staffing problems with both desks having to be manned by two of her staff who could at times have nothing to do. She stated her desire was to have one central desk where staff could work on other tasks if demand allowed with greater staffing flexibility. Currently she had to pay overtime to ensure these desks as well as back office phones were manned to requirements. She also opined that the booth set up allowed patients to 'linger' thereby providing a less efficient service to all. The pods also were configured with two doors to allow staff egress when faced with aggressive patients and little could be done to change them.

The group reported that they had on occasion attended when there had been no staff at all on the desks. JP confirmed that receptions were aware they were not supposed to leave their positions, but occasionally this was required but staff members were to return as soon as possible.

It was agreed that patient confidentiality was a priority, and the chairs were currently too close to the booth. Various options including a barrier system, repositioning of chairs, repositioning of a new desk and chairs, background music to make conversations were all considered. SHR agreed to investigate the possibility of renewing the Performing Rights Licence previous held to allow music to be played along with any purchase of equipment required. **Action SHR**

The PPG agreed to personally review the reception desks setup and report back. JP and J McG agreed to visit other surgeries to look at their practice and report back. **Action JP/ J McG**

Volunteers were sought to take all ideas forward on this as well as the PPG objectives and these were **Jean, Bob, John, Margaret, Sylvia, Tom, David and Frank.**

ANY OTHER BUSINESS

Audrey Metcalfe advised that she had received correspondence from the Northumbria Acute Trust to confirm that the merger with Cumbria Health Trust was no longer to go ahead.

SHR confirmed that the practice was still actively recruiting staff. A new doctor Rose Singleton would start part time in August with some interest from other GPs visiting the surgery. The problem is that there are so many vacancies that we are just one of many trying to recruit. Dr Harnor is due to leave the practice in July and Dr McArdle in September. SD confirmed that GP recruitment nationally is in crisis and that 25% of GP posts in Cumbria were vacant.

There being no other business, the next meeting was agreed on **Monday 18 July between 6-7 pm**