

## St Paul's PRG Meeting

20<sup>th</sup> June 2013

### PRESENT

Dr C W Scott (CWS), Mrs A P Bagot-Moore (APB)  
Mrs C Adams (CA), Mr M Entwistle (ME), Mrs E Bramwell  
(EB), Mrs B Rigby (BR), Mr J Waters (JW)

### APOLOGIES

Mr J T Roulston

**Meeting opened:** 17:40

**Meeting closed:** 19:45

Item	Minute	Action
13/SPG/01	<p><b>Welcome &amp; Introductions</b> APB welcomed everyone to the group. Each attendee introduced him/herself. APB outlined the programme for the meeting, which was agreed.</p>	
13/SPG/02	<p><b>New NHS Structure</b> APB gave a brief overview of the changes to the NHS structure in terms of how they relate to general practice.</p> <p>Prior to 1<sup>st</sup> April 2013 most practice services were commissioned and guided by the Primary Care Trust (PCT) and the funding came mainly via that source. Practices also had to take into account guidelines from NICE etc.</p> <p>Now the practice's services are commissioned by the Local Area Team (LAT) of NHS England along with the local Council and the Clinical Commissioning Group (CCG). We are still guided by NICE and have to meet the standards set by the Care Quality Commission (CQC).</p> <p>There was discussion about how the new structure had come into being, as the original plan had been for a much simpler version. CWS explained that the structure had been amended in the light of the broad consultation exercise that had taken place.</p>	
13/SPG/03	<p><b>PRG Action Plan 2012</b> APB reminded everyone that last year's patient survey had focused mainly on use of technology (text, e-mail, social networking sites, etc) and patients' confidence in managing their long-term conditions.</p> <p>The survey had resulted in a 3-point action plan.</p> <p>The practice had agreed to advertise surveys in advance to improve response. There had been no further surveys, but this will be implemented at the next opportunity.</p> <p>We had been asked to check that online prescriptions ordering allows for patients to give extra information. APB confirmed that this was the case.</p> <p>To improve patients' confidence in managing their long-term conditions, the nurses are encouraging more patients to attend the Expert Patient Programme and making more use of care plans.</p>	

13/SPG/04	<p><b>Practice Development Plan – Triggers</b></p> <p>APB explained that each year she constructs a Development Plan for the practice which outlines the projects we intend to achieve in the financial year. These are based on:</p> <p><u>NHS contracts</u> – i.e. what we are commissioned to do</p> <p><u>Patient demographics</u> – our services have to be geared to the needs of our particular practice population. These needs are influenced by characteristics such as age, deprivation, lifestyle and prevalence of disease</p> <p><u>Practice performance measures</u> – We receive information about our performance against national targets relating to screening for disease, management, referrals, hospital admissions and patient satisfaction to name a few. While we perform well across the board, there are always areas for improvement.</p> <p>Patient feedback – this can come from complaints, suggestions, surveys and meetings such as the PRG.</p> <p><u>CQC &amp; RCGP Practice Accreditation</u> – The CQC has a raft of quality indicators that we must meet, covering everything from cleanliness to staff training. Practice Accreditation is a quality standard endorsed by the Royal College of General Practitioners. It goes beyond the CQC requirements and we plan to achieve this in the current financial year.</p> <p><u>Risk assessments</u> – These relate mainly to practice premises and equipment to ensure they are fit for purpose.</p>	
13/SPG/05	<p><b>Practice Development Plan – Underlying Principles</b></p> <p>Having determined the development areas from the triggers above, we need to frame our plans in a way that is consistent with our core principles including:</p> <p><u>Practice ‘Vision’</u> – Our motto or mission statement is ‘We care FOR you, we care ABOUT you’. This principle should underpin everything we do.</p> <p><u>Patient experience</u> – This is not just patient satisfaction, but providing the best possible outcome for patients.</p> <p><u>Safety &amp; safeguarding</u> – Of course we need to keep staff and patients safe from accidents. Safeguarding refers particularly to patients who are more vulnerable, such as children, frail elderly, those with learning disabilities or mental health problems, and the recently bereaved.</p> <p><u>Involvement</u> – As described earlier, this relates to both patients and staff.</p> <p><u>Equality &amp; dignity</u> – This can relate to race, gender, sexual orientation, religion, disability, etc.</p> <p><u>Governance</u> – You may hear the terms ‘Clinical Governance’, ‘Information Governance’ or ‘Corporate Governance’. In short they relate to honesty and integrity.</p>	

	<p><u>Quality</u> – As measured by performance standards and patient feedback.</p> <p><u>Legislation</u> – This may relate to Health &amp; Safety, Data Protection, Employment and much more.</p>	
13/SPG/06	<p><b>Key Themes – Patients – Screening</b></p> <p>We are aware that there is a body of patients who have a disease that has not yet been diagnosed. The sooner a diagnosis is made, the quicker and more effectively treatment and management can be put into place to reduce or delay the more extreme consequences. Examples include:</p> <ul style="list-style-type: none"> <li>✓ Hypertension (high blood pressure)</li> <li>✓ Heart disease</li> <li>✓ COPD (breathing problems)</li> <li>✓ Cancer</li> <li>✓ Diabetes</li> <li>✓ Dementia (new screening introduced this year)</li> <li>✓ Osteoporosis (fragile bones)</li> <li>✓ Alcohol problems</li> <li>✓ Obesity</li> </ul> <p>How this screening can be achieved was discussed.</p> <p>JW asked about the situation for homeless patients. APB explained that there is a practice that provides for homeless patients.</p> <p>There was discussion about how patients would be picked up if they were not registered with a practice. APB explained that nobody is obliged to register with an NHS GP. Some people may choose to see a private GP or disengage from health care completely.</p> <p>CA asked if the practice could attend local groups such as ‘Comfort Zone’ at the Community Centre. CWS explained that we are only allowed to see our own patients and it would be difficult to do this in a setting where patients from several practices could attend. Schemes to cover the whole locality are better in these circumstances, such as those given below.</p> <p>There are several national screening programmes that we promote and encourage patients to attend such as:</p> <ul style="list-style-type: none"> <li>- Breast screening for ladies aged 50+</li> <li>- Bowel cancer screening programme</li> <li>- Know 4 Sure cancer early warning signs</li> </ul> <p>CWS explained the local schemes including:</p> <ul style="list-style-type: none"> <li>- Know Your Numbers (blood pressure)</li> <li>- Prostate cancer awareness raising in conjunction with the football club</li> </ul> <p>APB explained that all patients aged 40+ are eligible for an NHS Health Check and we are in the process of inviting patients for this. In addition doctors and nurses encourage screening when patients attend the surgery for other reasons. New patients are also offered screening.</p>	

	BR commented that patients feel they are very well looked after at St Paul's and that some surgeries do not seem to send for patients as we do.	
13/SPG/07	<p><b>Key Themes – Patients – Prevention</b></p> <p>APB explained the vaccination programmes that the surgery offers, including:</p> <ul style="list-style-type: none"> <li>- <u>Routine childhood vaccinations</u> now including Rotavirus from July</li> <li>- <u>MMR</u> – catch-up programme for young people who did not receive 2 doses of the vaccine in early childhood. CWS explained the need for high levels of uptake to provide 'herd immunity' to reduce the incidence of measles in the population.</li> <li>- <u>Pertussis</u> – for women from the 28<sup>th</sup> week of pregnancy. It is believed that this can give some protection to the baby and also reduce the risk of the mother passing on the illness before the baby has his/her first immunisations</li> <li>- <u>Shingles</u> – Later this year we will be able to offer this to patients aged 70 and we will be writing to eligible patients nearer the time.</li> <li>- <u>Pneumococcal</u> – there is a vaccine for babies and also one for adults. All patients aged 65+ should have this once, as should younger people in an 'at risk' group.</li> <li>- <u>Flu</u> – It will soon be time for the annual programme. We expect to give around 3,000 vaccines across the 2 sites.</li> </ul>	
13/SPG/07	<p><b>Patient Care – Special Groups</b></p> <p>This relates to the vulnerable groups already mentioned, and includes:</p> <ul style="list-style-type: none"> <li>✓ Children</li> <li>✓ Patients with learning disabilities</li> <li>✓ Patients with mental health disorders</li> <li>✓ Elderly frail</li> <li>✓ Patients at the end of life</li> <li>✓ Carers</li> <li>✓ Bereaved</li> </ul> <p>Examples include the ACE Programme (Advanced Care of the Elderly) offered at St Paul's and Ashfield. Under this programme a doctor performs a thorough review of elderly frail patients, to ensure they have the right medications, falls assessments if required, support they need, etc.</p> <p>We also hold a monthly meeting with the Trinity nurse, Community Matron, Case Manager and District Nurse to discuss all our patients who are terminally ill to ensure their needs are being met.</p> <p>The needs of bereaved patients was discussed. BR reported that Dr Haworth had been extremely good to her when she was bereaved.</p> <p>It was agreed that a survey to find more patients' views about the kinds of support and help they would like from the practice at the time of bereavement would be useful.</p>	

13/SPG/08	<p><b>Practice Development Plan – Infrastructure</b>  APB explained that this relates to premises, equipment and technology. They key priorities are:</p> <p><u>Extra clinical room</u> – a downstairs office is in the process of being converted to a small consulting room.</p> <p><u>Ventilation system</u> – This is needed for the rooms that have no exterior walls so no natural light or ventilation</p> <p><u>Exterior improvements</u> – There are still local people who do not realise that St Paul’s is a Medical Centre. The exterior signage will be improved and lighting provided</p> <p><u>Kitchen</u> – The existing staff common room is in poor repair and will be refurbished this year</p> <p><u>Computer system</u> – We have already changed to EMIS Web, which is working well. There is still work to do on templates to assist in recording information in the correct way.</p> <p><u>Telephone system</u> – This is due for replacement</p> <p><u>Website</u> – We are likely to move to an EMIS system in due course</p> <p><u>Online appointment booking</u> – To be achieved within the next 6 months</p> <p><u>Social networking</u> – We may make sure of Facebook or Twitter as a means of getting simple information to large groups of people quickly, e.g. when the flu vaccines have been delivered.</p> <p><u>Internal communication system</u> – Needed as the practice is more complex and across 2 sites. We need everyone to have the information they need quickly and accurately.</p> <p>BR asked what had happened to the plans to extend St Paul’s. CWS explained that when the new centres were being built at North Shore and South Shore etc, the calculation of how much space the practice could have was amended to be in line with the large Centres. This, along with the requirement to have larger consulting rooms meant that the project would not be cost effective.</p>	
13/SPG/08	<p><b>Practice Development Plan - Organisation</b>  This relates to doctors and staff and includes:</p> <p><u>Recruitment</u> – We are currently trying to replace a nurse who has left. We have received several applications. We are also hoping to recruit another salaried GP.</p> <p><u>Department reviews</u> – This is to take a step back and review the processes used in the various systems of the practice. We plan to use a LEAN approach, which is a means of streamlining and reducing duplication and waste. Due to the complexity of the practice we have divided the work into departments or teams, such as reception, secretarial, registrations, hospital letters, etc.</p>	

	<p><u>Staff performance</u> – All staff have an annual appraisal. In addition if there are performance issues these are dealt with at the earliest opportunity.</p> <p><u>Training</u> – In addition to mandatory training such as Basic Life Support, Safeguarding, Confidentiality, Fire Safety, etc we provide training specific to individual job roles. This year we plan to provide Customer Service training for all our Admin staff with a patient-facing role.</p> <p><u>Communication</u> – Linked to internal communication system under Infrastructure.</p>	
13/SPG/09	<p><b>Practice Development Plan</b></p> <p>As is the case for all public services, we are facing ever greater financial pressures. We therefore need to focus on:</p> <p><u>Funding streams</u> – The more complex contractual system we now have means that we have to be careful to ensure we claim and receive all the funds we are entitled to.</p> <p><u>Cost control</u> – We must continue to strive for maximum cost efficiency in managing the practice in the environment of rising prices.</p> <p><u>Outpatient appointments</u> – In addition to managing our practice finances we have an indicative budget for hospital care. We are encouraged to look for ways to manage more within the practice so fewer patients have to be referred to hospital. This means that care goes to those who need it most. For example, several of our doctors provide joint injections within the practice.</p> <p><u>Emergency admissions</u> – Similarly when patients are admitted to hospital in an unplanned way, the cost is very high. We can help to reduce this by better screening and prevention as discussed earlier. We also need to educate patients about how to manage their conditions so they can cope without needing to be admitted.</p> <p><u>A&amp;E attendances</u> – This is a significant cost to the local healthcare budget. Moreover if we can reduce the number of patients being seen in A&amp;E who could have been helped elsewhere, the A&amp;E staff can attend to appropriate patients much more quickly.</p> <p><u>Prescribing costs</u> – We have an indicative prescribing budget and we have to make the best use of this by prescribing the most cost-effective treatments.</p> <p>The objective of saving money in the hospital setting and prescribing is not to reduce overall spend, but to treat the maximum number of patients within the budget. The more cost-efficient we can be, the more patients and conditions can be treated.</p>	
13/SPG/10	<p><b>New and Improved – Recall invitations</b></p> <p>APB presented examples of the new invitation card that has been introduced to replace the old ‘birthday’ recall letter. The objective is to encourage patients to read the invitation and respond to it.</p>	

	<p>The group gave positive feedback about the card. They felt it was eye-catching and that patients would be more likely to read it. They also liked the fact that it could be displayed as a reminder and has a place to record the appointment details on the reverse.</p> <p>APB will feed these comments back to the team who developed the new letter.</p>	APB
13/SPG/11	<p><b>New and Improved – DNA</b></p> <p>APB reported that an audit of patients who failed to attend an appointment in January this year revealed that over 300 appointments – the equivalent of ½ a doctor and ½ a nurse were lost.</p> <p>A scheme has been devised which we hope will both resolve the problem of lost appointments and teach patients to cancel if they are not going to attend.</p> <p>Under this scheme, patients who fail to attend twice in 3 months will receive a letter warning them that a further non-attendance in the next 3 months will result in them being put on the DNA Register. Patients on the register can book an appointment in the usual way, but they must telephone or text the surgery to confirm they will be attending. If they do not confirm the appointment will be cancelled and released for another patient to book.</p> <p>The group agreed that patients have to take responsibility for cancelling appointments and approved of the scheme.</p> <p>APB also informed the group that patients can now cancel appointments by text, and this is proving quite popular. CWS explained that we have a practice mobile which is checked several times a day.</p> <p>ME asked how patients were informed about texting as he would generally only notice this kind of information if on the websites. CWS described that appointment cards have a sticker giving the information.</p> <p>APB stated that she has put some information on the website, but not on the front page. She will amend this.</p>	APB
13/SPG/12	<p><b>New &amp; Improved – Get Ready for School</b></p> <p>APB explained that this is a new scheme to encourage parents to bring their child(ren) for the preschool booster, which they have at age 3 ½.</p> <p>Instead of just being a vaccination appointment, we felt it would be attractive to patients if we took the opportunity to give the child a check up and advise the parents about healthy eating, exercise, managing common childhood conditions etc.</p> <p>The group felt this was a good idea.</p>	
13/SPG/13	<p><b>New &amp; Improved – Travel Health</b></p> <p>APB announced that St Paul’s is now a registered Yellow Fever Centre, meaning that we can offer the full range of travel vaccines to our own and other patients.</p> <p>Travel clinic can be a good opportunity to see people who rarely attend the practice. We can use this time to undertake the screening and prevention measures mentioned above.</p>	



	<p>The idea of an annual 'public meeting' was put forward to include more doctors and more patients.</p> <p>APB will send out copies of the presentation to the group along with the minutes.</p> <p>CWS invited the group to put forward more ideas for topics that could be explored by a patient survey, when they have had more time to think about the issues discussed today.</p> <p>APB thanked everyone for attending and for their contributions to the discussions.</p>	<p>APB</p> <p>All</p>
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**Next meeting**

TBA

I confirm that these minutes give a true record of the meeting

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Dr C W Scott  
GP Principal