

MINUTES OF THE LUPSET HEALTH CENTRE PATIENT PARTICIPATION GROUP (PPG) HELD  
ON WEDNESDAY 25<sup>TH</sup> JANUARY 2012 AT 1.45PM

Present: 12 attendees listed on the attendance sheet and in the minutes.

Apologies: 8 apologies noted

Item	Description	Action
1	The Chair welcomed everyone and thanked them for attending. He introduced Dr The Chair Tree Booker, the Senior Partner who wanted to say a few words. He also introduced a new virtual member of the group, whom he had asked to attend as she had assisted in the patient Survey.	
1.1	The Chair then asked if he may deviate from the proposed agenda so that Dr Tree Booker was present during the discussion on the patient survey. Dr Tree Booker thanked everyone on behalf of all the partners and staff for their work in the compilation and distribution of the survey. He stated that this was vital work for us all to be able to shape the service provision of the future.	
2	<b><u>Primary Care Transformation Scheme</u></b>	
2.1	As a precursor to the presentation The Chair briefly outlined the Primary Care Transformation Scheme. He explained that Wakefield has one of highest attendance rates at and subsequent admissions from A&E in the Yorkshire and Humber area. He showed a chart which showed that some 1,400 Lupset patients attending A&E in the last 6 months of 2011, with another 300 attending via 999. Of these over 700 were discharged with no further action required at all, and another 400 were discharged to see their GP. This shows that potentially up to 1,100 need not have attended A&E. Given the approximate average cost of attendance is between £80 - £100 this represents more than £150,000 spent on <i>potentially</i> inappropriate attendances just from our surgery.	
2.2	The Chair explained that the PCT was attempting to solve this significant issue by giving practices a financial incentive scheme to attempt to drive down attendances and admissions. This money <b>must</b> be spent on ways of tackling this problem with proof of expenditure provided. If successful the scheme would continue as a 'spend to save' scheme. This means the practice would be in a position to spend money on more clinicians providing additional appointments.	
2.3	<b><u>Patient Survey Results</u></b>  The Chair then gave a powerpoint presentation of the results of the survey questions showing the responses as percentages within pie charts. The questions and responses, discussion points and proposed action plans are at Appendix 1. The results and	

	subsequent report will be published on the Surgery website, but in the meantime the powerpoint will be attached to the minutes.	
3	<b><u>Minutes from the last meeting and any matters arising</u></b>	
3.1	It was agreed that the minutes were a true reflection of the last meeting and The Chair asked for any matters arising.	
3.2	The Chair said that he had looked for a book of appreciation for Dr Tree Booker's leaving gift from the patients but had not been able to find one. A member suggested Blackwell's of Leeds.	The Chair to investigate
3.3	One of the members as unable to attend but asked for the following to be recorded: <ul style="list-style-type: none"> <li>• Para 2.4. St George's Community Centre is a good local source of information, especially for those not registered anywhere for medical treatment. The website is stgeorges.org and the phone number is 01924 369631</li> <li>• In line with 'Choose Well' any pharmacy is a good source of initial advice.</li> <li>• Para 4. Mind Matters does take GP referrals and is very good.</li> <li>• Para 3.4. Great. GPs would be prepared to visit school if requested.</li> <li>• Para 6.2. Congratulations to you all at the PPG and thanks to the PPE officer for the encouragement.</li> <li>• Para 6.1. So sorry to hear of Dr Tree Booker's retirement. Is it possible for the patients to mark this in any way? The Chair said that it was and this was being looked into.</li> </ul>	
3.4	Another stated that she believed there may be some additional dates for the Community Research Skills training advertised as an appendix to the last minutes. The NHS Dev Worker is on leave this week so she will check and come back to The Chair with any new dates.	Member to speak to her colleague.
4	<b>Update on work strands.</b>	
4.1	<u>Practice Website.</u> The Chair mentioned that the volunteer's work on the SystmOne online booking form had been received well by the PCT who had asked if they may use it as a template. All the members of the group congratulated him on this work.  The Chair briefed on the work already done by the volunteer and him on the website. The volunteer stated that in his opinion the website is very pedestrian and commented about being slight dismayed that no 'positive benefits' were forthcoming. The Chair and the PPE both suggested that the fact that this work had prompted such discussion about the website was in itself a positive outcome. The Chair displayed both the practice website and Mid Yorkshire Hospital's website as a comparison.	

<p>4.2</p> <p>4.3</p>	<p>After much discussion it was agreed that all members who could afford time to look at the website should do so in preparation to comment on it at the next meeting. However initial thoughts from the group were:</p> <ul style="list-style-type: none"> <li>• The font for the menu should be in black ink.</li> <li>• The menu bar should be across the top and a better site map should be introduced.</li> </ul> <p>AFTERNOTE: The Chair has checked the website on a more up to date internet explorer and the site map is still displayed at the bottom of each page.</p> <p><u>Snapethorpe Primary School</u>. The Chair briefed that he had given certificates of appreciation to those pupils who had participated in the survey and website design work. The PPE officer commented that she was extremely disappointed that the article had not been published as the children had hoped to see themselves in the paper. She had contacted Wakefield Express who had confirmed that the story would be run in the near future.</p> <p><u>Patient Survey</u>. Discussed in paragraph 2.3 so Dr Tree Booker could be in attendance.</p>	
<p>5</p>	<p><b>Patient Comments and Suggestions</b></p> <p>The Chair stated that there were no comments or suggestions left since the previous meeting.</p>	
<p>6</p> <p>6.1</p> <p>6.2</p> <p>6.3</p>	<p><b>AOB</b></p> <p>The latest member asked if she could show her digital artwork to the group. She had asked if these could be displayed in the surgery with her company name and telephone number, but the partners had declined stating that this was tantamount to advertising. She then said that she would donate the pictures to the Practice and to the Community Centre to brighten up the waiting areas.</p> <p>A member quoted a patient who had been questioned about his ability to get to the Surgery after he requested a home visit. The Chair re-affirmed that the group was not the place for personal comments or complaints, as there was already a method of doing this, but could comment generally. A home visit will take, on average, approximately 3 times the length of a practice-based consultation and is not as good for the patient due to lack of resources. We therefore encourage patients to come to surgery if at all possible. That said we respond to all genuine cases and if questions are asked they are in no way implying that <i>particular patient</i> is abusing this system, but are merely generic questions asked of all patients not known to be housebound.</p> <p>The group asked the Chair if it was possible to have a printed list of all GPs and the days they work for patients to retain. This was</p>	<p>The Chair to produce the list</p>

	agreed.	for reception.
6.4	It was also asked if opening times could be added to this list. Agreed.	The Chair to produce consolidated list.
6.5	It was asked if it was possible to measure the amount of hits the website has got.	The Chair to ask the webmaster.
6.6	Tackling Poverty and Growing our Economy meeting to be held on 27 <sup>th</sup> Jan at 1.30 pm was mentioned. The group did not know about this meeting, but subsequent enquiries have shown that the event appears to be fully booked.	The Chair to call County Hall to enquire about the meeting.
6.7	A member asked about the list of names for the PPG. The Chair said that the original word document had been sent to all members (with their permission) but this had now been transferred in to an excel spreadsheet. This would be sent out again with these minutes, and the list of names with no further details (address etc) would be posted onto the website.  There being no further business for the good and benefit of the surgery The Chair thanked all for coming and closed the meeting.	The Chair to send to group and webmaster as appropriate.
7.	<b><u>Date and time of the next meeting</u></b>  Date and time of next meeting was agreed as 1.30 for a 1.45 start on Tuesday 21 February 2012.	All

Q1. How easy is it to contact the surgery by telephone?

Although 63% of responses suggested that they were “very happy” or “happy” a significant minority of 30% felt it was not that easy. Sue suggested that a telephone triage may help. The Chair said this was a very good idea and one that the practice was considering as it would cut down the actual time spent on the phone to receptionists initially. A brief discussion on the relative merits of Nurse versus GP triage then took place.

Action: The Chair to brief the partners on the suggestion at the planning “away day” on 28<sup>th</sup> January.

Q2. How helpful do you find the Admin and Reception staff?

An impressive 96% of responses stated that they found the staff to be either “very helpful” or “helpful”. It was agreed that nothing needed to be done about this other than ensure the staff are briefed on the results.

Action: The Chair to send an email to all the staff quoting the results and thanking them for their hard work and efforts.

Q3. How easy is it to book a **same day** appointment at the Surgery?

44% thought it was “very easy” or “easy”, but a significant number of 55% believed it was not. Therefore this was identified as a major work strand. Discussion centred around the following:

- Possibly extending triage or telephone consultations. We felt it was important to stress that triage is NOT a barrier to an appointment, merely a prioritisation process to ensure the most urgent cases are seen first.
- Looking at demand versus capacity
- Depending on the results of the above audit, providing additional appointments at peak times. This would not only result in more appointments being available on a particular day, it would also reduce the number of patients having to ring up on the following day due to a lack of capacity in the appointment system.

Action: The Chair to feed back to partners during next meeting so an informed decision may be reached.

Q4. How easy is it to book an appointment **In Advance** (Up To 2 Weeks) at the Surgery?

Once again 44% of respondents said it was either “very easy” or “easy” to book an appointment up to two weeks in advance. Again it was agreed that an extended triage clinic will free up more appointments as previously discussed. Patients who call for an appointment today but are unable to book one tend to book advance appointments. This is particularly true of those patients who have called on consecutive days to get an appointment. Together with additional appointments, the extended triage clinic will reduce demand for advance appointments by treating these patients on the day that they call.

Action: The Chair to feed back to partners during next meeting so an informed decision may be reached.

Q5. How do you feel about the 0844 number being used for the Surgery?

We knew this to be an emotive subject as the practice has had comments, suggestions or complaints about the number's use. 58% of respondents were unhappy with its use, although there were some positive comments about the use of a menu and queuing system. The Chair stated that the contract still had approximately 4 years to run and that the practice had looked at the financial penalties for early termination, but these were cost prohibitive. The practice management is now in the process of collecting evidence to inform future decisions on telephone service provision. In the meantime a patient education programme on this is ongoing, advising patients to use a landline wherever possible. The practice will also look at the feasibility of providing a geographical number to run alongside the 0844 number.

Action: The Chair to retain report as evidence for future meetings on phone services and to feed back to partners.

Action: Practice to explore the possibility of providing a geographical number.

Q6. How happy are you with the current opening times for the Surgery?

This brought an overwhelming 99% of responses stating that they were "very happy" or "happy" with the current opening times. All present believed therefore that no further work was required on this for the time being.

Q7. If you could change the opening times when would you like to see more appointments?

Although the main responses were earlier or later in the day or on Saturday, it was agreed that as the responses to question 6 were so positive no work was required. However it did prompt a discussion on whether the early and late sessions should be used by those that worked. It was agreed that whilst it was admirable for those that didn't work to avoid these appointments, nothing could be enforced.

Action: The Chair to retain information for future reference as and when required.

Q8. Do you know how to contact the Out of Hours Service if the Surgery is closed?

Although 65% of respondents did know how to use the Out of Hours Service, 34% did not. A patient education programme is required to increase this number. It is particularly noticeable that a number of those who did not know how to access OOH Services were from minority ethnic groups. Therefore, one of problems may be an inability to understand the information that is on offer or not knowing where to seek this information. The Chair did suggest that a way around this would be to produce pictogram leaflets with pictures depicting opening times at the surgery and OOH services thereafter and this may be able to be produced centrally for uniformity across the district. These could also be used for patients with learning difficulties. The PCT said that there was insufficient funding this year, so The Chair suggested that this is something the practice may look to fund themselves.

Action: The Chair to implement patient education campaign consisting of posters, waiting room TV screen and other ideas (such as repeat prescriptions, footer on routine letters etc).

Action: Practice to look at feasibility of locally produced pictogram poster.

Q9. Overall how satisfied are you with the service the Surgery provides?

94% of patients stated that they were either “very satisfied” or “satisfied” with the service. This was noted by all the group as a remarkable achievement and one that must be passed on to the staff in the practice.

Action: The Chair to send the following email to all staff “I know I have said this before, but on behalf of the partners - thanks to you all for clearly doing a very difficult job very well indeed. I think the staff always knew this, but now we can prove that the vast majority of the patients also know this.”

Q10. The list of any other comments was entered into the spreadsheet we used to populate the pie charts. The Chair and Daniel looked through and the only trends that were identified were:

- Dissatisfaction with the 0844.
- The ability to book an appointment on the day.
- The ability to book an appointment in advance.
- The ability to book an appointment with a named GP.

All of these were discussed and it was agreed that if the plan is implemented this should go some way to alleviating 3 out of the 4.

Finally the ethnicity of those responding was discussed. It was agreed that within the practice no ‘targetting’ of patients should take place, instead every single patient who came through the door should be given a survey questionnaire. The vast majority (80%) declared themselves to be either “British” or “white”. 15% left that section blank although anecdotal evidence from the patients handing out the leaflets suggested that a significant number of these were either black or Asian ethnicity. This was discussed briefly. The next highest percentage at 1.5% was a specifically targeted Eritrean group and thereafter less than 1% were Black, Pakistani, Sikh, Burmese, Asian, Irish or Polish. It was accepted that this is largely indicative of the general practice population.