

Minutes - Hilary Cottage Patient Participation Group Meeting

Thursday, 11th June 2015, 1.30 p.m.

Present:

John Read (Patient & Chair) RJR
Diane Piatek (HCS Practice Mgr) DP
Stephen Andrews (Patient) SA
Katy Archard (Patient) KA
Sarah Basley (Patient) SB
Margaret Davey (Patient) MD
Liz McFadyen (Patient) LM
Gill Northen (Patient) GN
Ann O'Hara (Patient) AO
Jane Read (Patient) JR
Suzanne Sagers (HCS Staff & Minutes) SS
Dorne Towler (HCS Dispensary Mgr)

Apologies:

Dr. Marie Aitchison (HCS GP) MTA
Martyn Merrett (Patient) MM

In Attendance:

Sophie Ayre (Healthwatch) SA
Rhiannon Pring (Telecare) RP
Rosie Seal (Boots Pharmacy) RS

| Minute No. | Item | Action |
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- 1. Welcome**
Chairman welcomed SA to the meeting.
- 2. Apologies**
Apologies received from MTA and MM.
- 3. Minutes of the Last Meeting**
Minutes of last meeting dated 25th February 2015 were agreed and approved.
- 4. Matters Arising**
 - 4.1 Appointments Presentation**
SS reported that Diabetic appointments have been changed in order to increase capacity. Currently, patients are asked to make a 30 minute appointment with Nurse Kennedy. With effect from July 2015, patients will be asked to make a 15 minute appointment with the Healthcare Assistant for a height, weight and foot check, followed by a 15 minute appointment with Nurse Kennedy.
- 5. Healthwatch Gloucestershire**
Sophie Ayre from Healthwatch reported that it was established in April 2013 under the NHS reforms. It is a consumer champion for health and social care in England giving children, young people and adults a powerful voice. Healthwatch Gloucestershire is one of 148 local Healthwatch organisations working with Healthwatch England.

Healthwatch act as a single point of access for health and social care information and have three main functions:

- To act as an influencing service
- To provide a signposting service
- To provide a route for advocacy regarding complaints

Membership is free and there are currently 900 members. However, patients do not need to become members in order to voice their experiences. 3,000 comments have so far been received since conception, a third of which are complimentary.

Following feedback received, Healthwatch will analyse trends and as a result commission work accordingly.

The AGM is scheduled for 18th June 2015 in Gloucester with guest speakers from the Care Quality Commission.

Chairman was keen to establish what the PPG could do in order to support Healthwatch Gloucestershire. Sophie asked that we cascade information to our patients regarding this initiative and share individual patient experiences with them as the Care Quality Commission prefer individual patient 'stories' as opposed to general feedback.

RJR

6. **Telecare Gloucestershire**

Rhiannon Pring, Community Link Officer, attended the meeting to give an overview of the Telecare service within Gloucestershire. This is a jointly funded venture between Gloucestershire County Council and Gloucestershire Care Services whose aim is to help people stay safe and independent at home by managing risk and emergency situations.

Telecare was launched in May 2006 with approximately 3000 current users. This is free service for adults but there is an eligibility criteria. Patients do not need to be referred via a GP but can call the Helpdesk direct or visit the Telecare self-assessment website www.staysafeandindependentathome.co.uk

Telecare equipment is assistive technology which can be linked to a 24 hour monitoring centre. Stand Alone equipment can also be used within the home to alert a carer via a pager system. Telecare help a variety of people who are at risk of falls, wandering, memory concerns and those unable to manage general safety.

It was agreed that the PPG would produce a newsletter for inclusion in local parish magazines promoting this free service. Chairman asked Rhiannon for a press release that we could use to support a PPG article. Chairman asked Rhiannon to provide a cost analysis of the benefits of people staying in their own home and using the Telecare service versus being taken into social care /hospital.

LM/AO

RP

7. Boots Pharmacy - Fairford

Rosie Seal attended the meeting to discuss the significant issues regarding poor service which have become increasingly apparent over the course of the last six months or so. Rosie is a store manager from Gloucester who has been assigned to Boots in Fairford for the next six weeks to address current issues and ensure the backlog is cleared. Rosie attended the meeting having been at Fairford for one week.

Rosie acknowledged that there are “big issues” and that she is embarrassed by the level of service customers are receiving from Boots at this time. Rosie is aware that patients have been let down with their medication requests not being ready on time and subsequently offering excuses and blaming other people. Processes have also not been followed and this has led to broken customer trust. Rosie offered her apologies and stated that she is here to help. Rosie asked the group to share what they thought the problems are.

SA read excerpts from individual patient to give specific examples of complaints received via Fairford Council.

Chairman was keen to establish ‘target times’ i.e. what percentage of medication requests would Boots expect to fulfil and within what timescale. Rosie stated this would be dependent on the type of medication requested and staff workload at any particular time and so could not provide specific timescales.

It was acknowledged that there has been no regular Pharmacist for some time and therefore Locums are being used on a regular basis. However, a Pharmacist from Minchinhampton has been assigned to Fairford for the next six weeks, plus an extra Pharmacist for an initial two week period to clear backlogs. The plan is to clear current backlogs over the next six weeks and then adopt consistency going forward with all staff following correct procedures / protocols.

SS asked whether there were measures in place for stocking medication for ‘end of life’ care as this concern has also been raised recently whereby customers had to travel elsewhere as no stock in Fairford. Rosie will check this and report back.

RS

Rosie acknowledged there are high staff turnover levels and SS asked whether there was a policy for staff to hit ‘individual staff targets’ thus adding extra pressures. Rosie stated there were no staff targets in place within the Fairford branch but acknowledged that some branches operate a staff target system.

Insufficient stock levels were discussed as this has been raised as an area of concern. Rosie explained there is no stock level monitoring system in place, only that once any particular item is dispensed, it automatically generates a request for another item. There are no minimum and maximum stock levels set or the option within the Boots system to do so.

Fairford branch should have 2.5 FTE dispensers, 1 Store Manager and 1 Pharmacist but historically they have not had this level of support.

DP is scheduled to meet again with Boots in three weeks to review progress. Practice Dispensary Manager is in daily contact with Rosie at the present time.

A meeting was scheduled for Chairman to meet with Rosie 2nd July 2015, 10 a.m. at Boots to discuss progress. RJR

Chairman asked for a representative from Boots to attend the next pre-PPG meeting at the Surgery on 27th August 2015. RS

8. PPG Report and Action Plan 2015-16

Areas identified for improvement / change discussed as follows:

8.1 Action Plan Format – the current layout was discussed and AO will circulate an improved Action Plan layout. AO

8.2 GP Appointment Availability - DP reported that managing demand on any particular day is difficult but that we are constantly reviewing appointments and as such have introduced ‘embargoed’ sessions which will open up appointments daily for either the next 3, 5 or 7 days. This will help to ensure there are always appointments available for patients to book within a week.

JR commented that ‘embargoed’ terminology is confusing for patients and asked whether it was possible for an explanation for patients using the on-line booking system. AO will include an explanation in next newsletter also. DP
AO

DP asked all PPG members present to go on-line to see what appointments are available. ALL

8.3 Improve Access to Services

8.3.1 Increase the Text reminder service – DP reported that our three month trial has ended and that the Practice has agreed to continue the service. DP reviewed those patients who did not arrive for appointments (DNA) since the introduction on SMS text appointment reminders and reported that DNA rates had reduced by a half since implementation. Statistics show those patients who book appointments more than six days in advance are more likely to DNA.

8.3.2 Extend variety of appointments to book on-line – LM asked whether blood test appointments could be included in those available to book on-line. SS explained this had been discussed within the Practice but would prove impractical as patients could book without the necessary blood form request generate by the GP in advance of the appointment.

LM asked whether Disease Monitoring Anti Rheumatic Drugs (DMARD) blood tests could be added to on-line services as generally patients are sent a letter and know a blood test form has been generated in advance. SS explained that this is also impractical as these appointments take place within the Phlebotomy clinic and therefore we could not ensure that patients other than DMARD would book these slots for any other type of blood test.

8.3.3 Further develop the Practice website – DP reported that although we can change the ‘look and feel’ of the website we are restricted regarding content as the majority of which is compulsory.

8.4 Patient Engagement

8.4.1 Monthly articles in local press – see Minute No. 9.

8.4.2 Production of Practice newsletter – DP produced a Spring newsletter which is shown on the Practice website. Further quarterly newsletters to follow.

9. Local Media Articles

LM and AO have drafted the next patient newsletter for inclusion in local parish magazines solely focussing on the Practice’s Care Quality Commission inspection in November 2014. Chairman asked for newsletters to be sent to PPG members in advance of any local publication. SS agreed to disseminate to group.

LM to source Editors for each local parish magazine and establish their preferred layout requirements. LM

LM / AO shared thoughts regarding future topics and it was decided that the next article should be to make patients aware of the Telecare service. AO asked the Surgery team to inform her of any future topics for inclusion. DP/SS

10. Website

Item to be rescheduled to next meeting. SS

11. PPG Recruitment

One new member. Item to be rescheduled to next meeting. SS

12. Telephone System

DP confirmed that the current system was implemented some years ago and will be reviewed by the Practice in due course. This item will therefore re-scheduled for discussion at the next meeting. SS

As part of the Prime Minister’s Challenge Funding, some local CCG’s are purchasing bolt on software to integrate with the practice existing telephone software so that patients can book a routine GP appointment over the telephone but not speak to a member of staff. DP will investigate as to whether this was part of the Gloucestershire bid. DP

13. Surgery Update

13.1 Premises

The Practice had sent an expression of interest application to NHS England with the aim to improve access to services as discussed during the last meeting. At this current time it is unlikely that any improvements made will be on a large scale. However, access through the inner doors for wheelchair bound patients is currently being looked into. The Phlebotomy room is also currently being re-configured. The PPG raised a concern as to how the practice would cope with the increase in patients (approx.500 extra patients) once all the housing to the South of PIPs Field and at the Football Club site were in build. The Town Council will be writing to the Senior Partner addressing these concerns in the near future.

SA

13.2 IT Developments

Skype pilot was unsuccessful due to connectivity issues and patients not wishing to sign up for it. The Practice will therefore not continue with this development at the present time.

Electronic Prescribing went live 21st May and is working well.

13.3 Specialist Groups

Information regarding any specialist groups or information for patients suffering with long term conditions can be found on the Practice website. Chronic disease management is led by the Nurses and they will signpost patients to sources of information/help as appropriate.

14. AOB

14.1 PPG Constitution – carried forward to the next meeting for discussion.

14.2 NAPP membership - whilst it was understood the reasons why the Partners initially declined to pay the membership it was felt that as the current members are new to the PPG, it would be most beneficial to the new group. This is based on feedback from other local PPGs who are current members and find it very useful. DP to feedback to the Partners.

DP

15. Date of Next Meeting

The next PPG meeting has been scheduled for Thursday, 10th September 2015 at 1.30 p.m. The pre-PPG, without HCS staff in attendance, will take place on Thursday, 27th August 2015 at 2 p.m.