

**Minutes of Patient Participation Group Meeting
Held on Thursday 12th March 2015 at 6.30 pm
Avenue House Surgery, 109 Saltergate, Chesterfield**

Present: Clive Archer, (Chair), Bill Richards, Dr D I Anderson, Laura Gummer, Rita King, Michael Crossley, Morton Joynes, Alan Kirk, Denise Lovegrove, Robert Mennell, John Ross, Debbie Pickering, Julie Boulton, Clare Ryall

Apologies: Ruth Watts, Carmen Villegas-Galvez, Derek Ashmore, Kim Blagden, Jennie Grice, Alexis Diouf

The Chair welcomed Denise Lovegrove (new Group member), Debbie Pickering (Derbyshire Health United), Julie Boulton (recently appointed Reception Manager), and Clare Ryall (Community Matron).

1. Minutes of Previous Meeting

The accuracy of the previous minutes was confirmed with one minor alteration.

2. Matters Arising

- a) Gary Apsley, the lay governing body member will attend the next meeting on 14th May 2015.
- b) Electronic prescriptions will be live on 28th April 2015.
- c) The dedicated telephone line for Helena Muxlow, Care Co-ordinator, has now been resolved and the backup is provided by the surgery switchboard.

3. Derbyshire Health United – Debbie Pickering

Debbie gave a presentation explaining how the organisation was established via two organisations established in the 1980/90's by GP consortiums and is a **not for profit** social enterprise.

DHU is responsible for the NHS 111 service for Derbyshire, Northamptonshire, Nottinghamshire and Leicestershire (over 4 million patients). They provide an out of hours GP clinical advice and face to face service to Derbyshire, Derbyshire Prison contract, evening and night nurse service, walk-in centre and three urgent care centres. They employ over 900 staff and operate from 12 peripheral locations.

111 calls are free for patients and is staffed by fully trained call advisors and well supported by nurses. The service guides patients to locally available services or can provide advice/information on a 24/7, 365 days a year basis. When a patient rings 111 the call is answered by NHS111 service provider who takes the caller's name, GP & postcode (the details are repeatedly requested to ensure the caller is actually who they say they are). This is followed by a triage protocol to run through problems and certain questions are also asked to eliminate other reasons. (Nurses or doctors can be involved where required). If for example, a life threatening emergency is detected, an ambulance is despatched automatically by DHU and pre-arrival instructions are given.

Information is sent (where consent is given) to GP practices within 3 minute of the call ending.

DHU currently receive approximately 17,000 calls per week in Derbyshire. For example Easter 2014 DHU (NHS111) received 19,501 calls from East Midland patients with the breakdown and performance of calls answered within 60 seconds as follows:-

Friday 18 th April 2014	5,456 calls (90.41%) This was the highest number of patients contacting the service in a day as at Easter 2014.
Saturday 19 th April 2014	5,102 calls (93.17%)
Sunday 20 th April 2014	4,441 calls (96.09%)
Monday 21 st April 2014	4,500 calls (96.96%)

The longest wait for any patient to be answered was on Friday 18th April and was 3 minutes and 41 seconds.

During Christmas and New Year 2104/15 the out of hours service treated record volumes of patients across the Bank Holiday period totalling 2,239 primary face to face consultations, 726 home visits and 2,307 patients treated through clinician advice compared to 1,300 consultations and 559 home visits over the Easter 2014 Bank Holiday.

The NHS111 service received 26,761 calls from patients over the Christmas 2014 weekend compared to 19,501 calls received during the Easter Bank Holiday 2014.

There was an unprecedented demand with high call volumes of 75% extra calls during Christmas weekend and 52% extra calls during the New Year weekend into DHU's service compared to the previous year. On Saturday 3rd January 2015, 5,770 calls were received by DHU which is the most calls ever taken in their history.

The results from DHU's Friends and Family tests show an overwhelming positive response.

DHU are risk averse and are given instructions via clinical commissioning groups as to where to send patients who require hospital attention.

Clare advised advanced care planning for multiple illness where patient's conditions, medications, and personal needs/preferences are linked into the NHS111 service thus assisting doctors should they be required out of hours.

DHU's contract is due for renewal in 2016 and the Group felt that as DHU employ local people, i.e. doctors, nurses etc., this should influence the CCG's decision. There will be large private health contractors wanting to enter into the NHS and could probably afford to bid at a loss, therefore services could suffer in the longer term.

Clive suggested the PPG Group should attempt to have an input into the consideration for a new contract placement, the Group agreed as NHS111 is a service for patients.

Clive thanked Debbie for her presentation.

4. Community Matron – Clare Ryall

Clare has been in post since November 2014 and is part of the Community Care team which covers Avenue House and St Philips Drive Hasland surgeries.

Clare said she has seen great benefits from Integrated Care which tries to improve life for patients who have chronic illnesses. Clare visits patients to assess their needs which can take up to 2 hours for the initial assessment. During the assessment she talks and listens to patients to ensure she is able to establish the correct requirements for the individual and is very passionate about her role. The objective is to keep patients in their own home if this is their preference.

Clare commented that she has seen how Integrated Care has greatly benefitted patients and carers.

After Clare's initial visit she follows up with a second visit approximately 4 weeks later to review any actions taken. Family and friends of patients can contact Helena (Care Co-ordinator) if they have any concerns.

Clive thanked Clare for her presentation.

5. PPG Day & PPG Plan

Clive explained to the new members of the Group that a PPG day had been held on 23rd February 2015 where members of the PPG and Morton's wife had explained briefly to waiting patients in the surgery what the PPG did. A PPG newsletter was handed out with the NHS Friends and Family test questionnaire. There had been an excellent response from patients to the completion of the F&F test with very few patients not completing the form. Clive analysed the results with the breakdown listed as follows:

Positive Comments

Praised Staff	50
Generally Satisfied	34
Appointment System Good	26
Diagnosis Good	1
Facilities Good	3
Website Good	1

Less Positive Comments

Problems with Blood Tests	4
Have To Wait For Appointments	4
Reception Problems	3
Parking	3
Don't Know New Doctors	1
Can't Always See Same Doctor	1

There were 5 responses in total of which neither likely nor unlikely (3), unlikely (1) or extremely unlikely (1) were to recommend the practice. The comments/reasons relating to the above were broken down as follows:

Appointment Problems	3
Problems with Staff	2
Problems with Treatment	1
Others May Want Different Things	1

Clive commented regarding the F&F tests that the aspect of 4 people mentioning problems with blood tests did surprise him and should be kept under observation for the future. He also stated that given the general tenor of responses, it may be worth using them more widely to support the notion that some GP practices are getting things right. He reiterated his previous caution that we should be aware that one possible response might well be, "there's a practice that doesn't need any more resources", rather than, "we should try to use the figures to encourage a response to invest in success."

During discussions the Group thanked Clive for his work organising the day and analysing the results. With regard to other items of concern, Robert said that when ringing the surgery there

were only specific options available, i.e. appointment, emergencies, test results etc., and no general option. Laura said there were 20 lines into the surgery with most going to their “call centre” with prescription enquiries going to the front desk.

Morton suggested waiting for a blood test appointment had been a problem. Laura said that it did cause problems if one of the phlebotomists was not at work through illness, to try to compensate for this the practice had hired locum phlebotomists.

Clive suggested that the F&F tests be repeated and Laura agreed but suggested that Hasland practice should also be included. The Group agreed with Robert attending the next event at Avenue House to observe protocols prior to the Hasland Practices’ PPG day. Morton said specifics could be covered, i.e. on line prescriptions. Laura suggested that the new electronic prescription process could be covered and she would prepare a leaflet, to which the Group agreed.

Laura informed the Group that the PPG plan had to be submitted by the end of March 2015. The Group decided that the 3 objectives for the next 12 months should be as follows:-

- a) Better use of technology
- b) Further PPG Days
- c) More Information available via Newsletter

6. Chesterfield Locality PPG Meeting Feedback

A presentation had been given by Derbyshire Healthcare regarding mental health issues. Other PPG’s were producing newsletters and it was agreed that the Group would discuss this via the agenda for the next meeting. Members were asked to consider how the newsletters could be compiled regarding contents and ensure effective circulation.

A brief introduction had been given at the Locality PPG meeting regarding the new Intradoc software system that covers most aspects of a CCG/GP practice and covers such items as HR records/training, linkage to CQC assessments, record management etc.

The problems associated with patients not attending appointments had been discussed and generally if a patient had 3 DNA’s they could be asked to leave the practice. Robert informed the Group that the Hasland practice did show missed appointments. Laura said considerations had to be made for patients with communication problems.

7. Integrated Care Group

There are now integrated care practice based teams. There is a team based in Walton hospital where all health and social care is co-ordinated. There have been slight problems where staff were not fully aware of the system and therefore further training will be given.

Dr Anderson said that Chesterfield is well in front of other areas and most concerned departments are fully accommodating. He also explained continuing care is where all patient requirements are funded as opposed to social care where patients contribute to the costs. However continuing care would like to be involved with integrated care.

Clive thanked Dr Anderson for all his work involving integrated care.

8. Patient Praises and Grumbles

A complaint had been received where a patient had requested a telephone call appointment from a practice nurse but had not received the call. Laura had investigated the issue and discovered there had been an operator error as the request had been recorded but

unfortunately had not been forwarded to the nurse. Laura explained the results of her investigation to the patient as to how the fault had occurred and apologised to the patient with the patient accepting the apology.

A patient had praised reception staff who had provided a glass of water when they had requested it. Dr Anderson stressed the need to maintain hydration. The installation of a water fountain was suggested for the waiting area as staff are often asked by patients for drinks of water. It was agreed that the PPG would investigate this. Robert said Dr Kemp should decide the requirements for the Hasland practice. Alan asked if the Praises and Grumbles box could be moved to a more prominent position.

9. Any Other Business

There was no further business except the mention of a seminar on Joined Up Care which will be held at the Proact Football Stadium on 16th March 2015 at 6.00 pm

Date of Next Meeting is Thursday 14th May 2015 at 6.30 pm at Avenue House Surgery.