

**Minutes of Patient Participation Group Meeting
Held on Thursday 8th January 2015 at 4.30 pm
Avenue House Surgery, 109 Saltergate, Chesterfield**

Present: Clive Archer, (Chair), Bill Richards, Dr D I Anderson, Michael Crossley, Morton Joynes, Ruth Watts, Rita King, Laura Gummer, Carmen Villegas-Galvez, Derek Ashmore, Alan Kirk, John Ross

Apologies: Dr P Rawat, Kim Blagden, Alexis Diouf, Denise Lovegrove

1. Minutes of Previous Meeting

The accuracy of the previous minutes was confirmed.

2. Matters Arising

- a) The meeting at the Chesterfield football stadium re "Joined Up Care" will be held on 5th February 2015 at 2.00 pm. Clive and Michael will be attending.
- b) Leaflets regarding tinnitus are now available in the surgery.
- c) PPG Day – A flyer will be provided by Clive and circulated for approval. The Group discussed the contents for the flyer and if anyone would like particular items to be included please contact Clive. The aim of the PPG day is to try to encourage younger patients to be involved, either within the Core Group, or become virtual members. The date for the PPG day will be 23 February 2015. Volunteers are needed to cover 8.00 am to 6.30 pm. Please e-mail John as and when members will be available.

Action: All Members
- d) Gary Apsley, the Lay Governing Body Member, is to be invited to a future meeting.

Action: John
- e) Electronic prescriptions have not been actioned at Avenue House as there have been teething problems and the GPs are to observe and review.
- f) The dedicated telephone line for Helena Muxlow, Care Co-ordinator, has not as yet, been resolved and ongoing discussions are being held with DCHS who actually fund the Care Co-ordinators.

3. Friends and Family Test

Following the last meeting Clive wrote to the Strategic Projects Team regarding the Friends and Family Test. Please see Appendix 1 & 2 for résumé of the correspondence.

Leaflets for the Friends and Family Test are now available at the surgery, however there is still concern regarding the use of the collated statistics.

During discussions Laura advised that a video for the waiting area information screen was available and she would investigate the possibility of the video being displayed.

Laura also suggested that she may be able to provide the results of the Friends and Family Tests to the Group as part of her praises and grumbles report.

4. Chesterfield Locality PPG Meeting Feedback

No report was available as the meeting is now being held on 14th January 2015.

5. Patient Praises and Grumbles

There was one positive, where a patient who had only been with the practice for 7 weeks described the way they had been treated was an "awesome experience".

There was one negative where a patient reported that Reception staff were rude, abrupt and unhelpful and they now wanted to change to another practice.

Ruth added that she had knowledge of a visitor to the area who required advice regarding their medication, as they had run out, and found the experience very frustrating.

Laura reported that due to sickness and holidays, 6 members of staff were unavailable for work from a total of 14 and unfortunately this resulted in inexperienced personnel being placed in the Reception area. The Group recognised the difficulties and the resulting stress levels and are supportive to the practice. Laura would look into the possibility of placing a notice in Reception regarding staff under training. The Group appreciated that the practice has recognised the problems and have plans to alleviate any further problems.

6. Updates from the Practice

Laura informed the Group that the Reception Manager will be relinquishing the management role and interviews for a replacement will be held in the near future.

The partners are supporting additional hours for the Admin Team for a specialist role, i.e. co-ordinating and re-arranging appointments.

7. Integrated Care Group

Both Dr Anderson and Clive are pleased with the progress to date. There are now two new Integrated Care Service Support Teams based at Staveley and Walton hospital.

Mental Health service is now helping with Integrated Care Service which also includes Health Care, Social Care, Therapy (Physio and Occupational), Voluntary Sector, End of Life Care etc. By working together, this enables a co-ordinated and speedier response to patient's needs and care.

The process now involves just one telephone call to a Care Coordinator of the Integrated Care Service from either Community, GPs etc, which should result in the service being mobilised quickly.

There is a need for the Integrated Care Service to provide feedback to GPs. Patients and families also need to be kept informed (same day if possible), regarding the services activated and details of who will complete the assessment.

There are challenges to Integrated Care from some practices and there is a feeling that due to higher patient visits to A&E, GPs feel they are being criticised and even blamed because of the situation and therefore monies being spent on Integrated Care should be stopped and distributed elsewhere. Dr Anderson explained that the funding was from different budgets and would therefore not affect the existing budgets. He also explained that Integrated Care resulted in better care at home but if patients require hospital admission it will be actioned. Admission avoidance is a phrase being used but again if hospital admission is needed it will be actioned. There are situations for which admission to hospital could actually "damage" the patient's condition, i.e. dementia and end of life.

The general consensus is that Integrated Care is a very good system and patient care is paramount. There are approximately 10% of patients in hospital who cannot be discharged, as home care is not available, Integrated Care helps to resolve this situation and helps prevent further issues.

As the Voluntary Sector is now integrated into the system, this enables them to act quicker.

It was agreed there will be ongoing teething problems implementing Integrated Care as no system is foolproof, however the Group was unanimous in its support for Integrated Care and agreed the system is proactive rather than reactive.

8. Any Other Business

Laura informed the Group that there were three members of St Philips Drive Hasland PPG who wished to be members of the Core Group, and that the other members would become part of the Virtual Group.

The draft Practice Report has not yet been circulated and Laura will circulate as and when it is available.

The position of Deputy Chair and Deputy Secretary to cover meetings when the Chair or Secretary is unable to attend was discussed. Anyone who is interested with fulfilling the tasks, either permanently or on an ad-hoc basis please inform John.

Date of Next Meeting is Thursday 12th March 2015 at 6.30 pm at Avenue House Surgery.

APPENDIX 1

The Strategic Projects Team

Use of NHS Friends and Family Test for GP Practices

At the most recent meeting of the Patient Participation Group of Avenue House Surgery, reservations were expressed about the use of the Friends and Family Test (FFT) for all GP Practices as from 1 December 2014, when it becomes a contractual requirement for such practices. In particular we are concerned that results from various practices will be published on NHS England and NHS Choices web-sites which may be used as a guide for those searching for a surgery to attend. As chair of our PPG, I have been asked to write to you to express our concerns.

A major concern was expressed about methodology and collection methods. Sending boxes of FFT cards to GP surgeries for distribution may be seen as asking for trouble. However, even if we assume that all surgeries are as scrupulous as our own in dealing with such matters, there is room for misunderstandings, differences in interpretation of guidance and human error in the collection of this data. It was disturbing to see an NHS spokesman cited in 'The Pulse' (17 November 2014) as saying that practices 'will be allowed to seek feedback from "specific patients" if they want to' and that 'that "there is nothing to stop a practice seeking positive feedback" which can help give staff a morale boost'. To cite the Picker Institute report on FFTs (<http://www.pickereurope.org/assets/content/pdf/Policy/PIEReport-FFTFinalReport.pdf>, p.4), these methods mean that 'comparisons across providers are impossible'. While the same report recognises that subsequent changes have helped matters, the publication of data (especially that based on a low sample) on NHS England and NHS Choices web-sites means that it *will* be used for comparison, not least by those searching for a GP practice to join.

Concern was also expressed about the phrasing of the question and again this is reflected in the Picker Institute report, which on page 4 says that the term 'recommend' is 'either misunderstood or misinterpreted by a number of respondents'.

As a PPG, we are very much in favour of seeking feedback from patients. We recognise that the FFT has helped in obtaining speedy feedback about treatment especially in hospitals. Comments on the form could be useful for GP practices, but we are wary about the use of data on NHS web-sites. We should add that our practice has always done well in any measure of patient satisfaction, and we are happy that it should be continue to be evaluated using methodologically rigorous techniques.

Clive Archer

Avenue House PPG, Chesterfield

Appendix 2

Note by Clive Archer

Conversation with Dr Eric Saunders, NHS Strategic Projects Team,

26 November 2014

Subject: Friends and Family Test (FFT)

Dr Saunders admitted that originally there had been suspicion and concern about the use of FFTs in local practices but there was now an element of reassurance.

The methodology was that paper-based pilot surveys had been used. The FFT leaflets are sent out in boxes of 500 cards. NHS guidance allows practices to choose: they can offer the cards to specific groups (e.g. under-represented groups, those with a learning disability who can be helped); they can use texting: sending a text to patients with a link to the practice web-site with the FFT on the web-site.

There was the Corby Practice: surveys were sent to a random number of attendees at the surgery (all had given consent to use their mobiles): there was a 70% return compared with the usual 30%.

There is the question of how to send out data: small numbers bring distorted results, and it is not a scientifically rigorous system. However, it is designed to provide feedback.

Previous feedback has been overwhelmingly positive (95% so) with the rest either pointing to major issues that could not be easily changed or to minor things that could be fixed. Presenting the data to the partners was good for self-esteem. 'Poor practices' will also get positive feedbacks.

On the issue of the data being used in NHS Choices, there are many other sources of data such as location, number of doctors, nurses, range of services provided, that are more important.

Though FFT is part of a contractual obligation, it is a small part of that contract: it costs £40 million in England & Wales per annum out of £113bn spent on the health service.

Patients should be more aware that they can feedback through this system.