

## **Patient Participation Group (PPG) Meeting**

Meeting held at MyHealth Health Care Centre, Strensall.  
Wednesday 10<sup>th</sup> April, 6.30pm.

### **Present:**

Dr Fran Matthews, GP Partner  
Joanne Rowe, Managing Partner  
Lucy Murdoch, Operations Manager  
Lucy Wylie, Patient Services Team Leader  
Ella Thornton, Dispensary and Reception Team Leader  
Ellie Cox, PA to Managing Partner (Minutes)

Robert Clark  
Sian Wiseman  
Trish Barker  
Katie Bowen  
Wendy Davison  
Polly Graham  
Gill Maxwell

### **1. Review of previous minutes**

Lucy Murdoch (Operations Manager) opened the meeting with a quick welcome, and gave a brief recap of the minutes from the previous PPG meeting:

Lucy explained that we have continued to receive a lot of positive feedback regarding our Urgent Care Clinic which was launched in October, and there has also been some positive comments posted on the community Facebook page.

At the last meeting, it was suggested that we advertised for volunteers to help raise practice awareness. Lucy updated the PPG members with progress on this and some suggestions:

- PPG members to help us promote the new tools we have – for example: the new blood pressure monitors. This self-service equipment can now carry out additional functions including weight and blood pressure checks, smoking status, carers' status, contact details check, and the Friends and Family test. All data taken on these machines is automatically synchronised straight in to the patient record and if outside of certain parameters it is flagged to a clinician for appropriate action. Lucy explained that if we can utilise these machines more and encourage patients to use them, it will alleviate some of the pressure on appointments, and as patients do not need an appointment to use these machines, it will also decrease the number of patients waiting in call queues to book in.
- Flu Campaign – Lucy advised that we had received some negative patient feedback following the last 2 clinics of the 2018 flu campaign. Although, we offered twice as many clinics as we did in previous years because the flu campaign was so complex, new plans have already been put in place for this year to ensure a successful campaign this winter. The PPG will hopefully be able to help promote this when the time comes around.

## 2. Review of patients with complex needs

Dr Matthews (GP Partner) provided an update on patients with complex needs, and how we are looking at managing their needs:

### Chronic Care

Dr Matthews explained that Liz Stenton (Clinical Nurse Lead) has been reviewing the way we follow up on chronic issues. For example: stable asthmatics – these annual reviews can be carried out over the telephone as opposed to a face-to-face appointments. This will hopefully not only relieve the pressure on Practice Nurse appointments but will also make it easier for patients that do not need to attend in person.

Patients with increased blood pressure (and no other health issues) are able to use the self-service blood pressure pods to record their annual readings. If this records a reading that is out of range, it will be flagged to the Clinical Nurse Lead, who will then contact you to discuss the next steps. Again, this will reduce demand on the number of face-to-face Nurse appointments.

One PPG member mentioned that she would not like to use the blood pressure machines, Dr Matthews confirmed that these are optional, and patients who would prefer a face-to-face appointment are more than welcome to book one.

Dr Matthews went on to mention that we have recruited a Clinical Pharmacist, Clare Hayward, who is able to carry out medication reviews both over the phone and with face-to-face appointments.

A PPG member queried what the role of a Clinical Pharmacist entails. Dr Matthews explained that the main duties include:

- Medication reviews and updates
- INR dosing
- Reviewing safety aspects of medications
- Reviewing medications which are not available, and sourcing alternatives for our patients
- Supporting dispensers and MDS (Monitored dosage systems)
- Supporting the Clinical Nurse Lead
- Home visits when necessary
- Monitoring purchasing
- To name but a few things.

Dr Matthews explained that the Clinical Pharmacist is a new role within the practice, so it will evolve to fit with the requirements of both the practice and the patients where necessary to ensure we are providing safe and effective prescribing.

One PPG member has come in to contact with Clare and advised that she found her very helpful and informative, and felt like she took the time to explain everything thoroughly and clearly.

### Learning Disabilities

Dr Matthews explained that there has been a huge amount of work carried out in York to form a more robust system of managing patients with learning disabilities. This is to ensure these patients are attending regular screening appointments and annual reviews.

A PPG member mentioned that there is a specific learning disabilities Nurse in East Riding. Joanne Rowe (Managing Partner) advised that the practices in York are looking at recruiting to this kind of role for York, too.

### **3. Contract changes**

Joanne explained that practices are required to form a Primary Care Network (PCN) this year. PCN is essentially to bring geographically aligned practices together to help to provide services to a specific locality. To form a PCN there must be a patient population of a minimum of around 30,000 patients, which can comprise of any number of combined practices.

Joanne mentioned that MyHealth have been looking to form a PCN with Pocklington practice, and also potentially Elvington practice. Practices who wish to work together in order to pool resources and form a PCN are to confirm they wish to do so by 1<sup>st</sup> July 2019.

Joanne explained that PCN will enable funding for additional clinical support, for example: Physician Associates, Physiotherapists etc. to help us provide different kinds of care. By 2025, it is predicted that there will be more than 20,000 additional clinical staff who are not GPs, working within General Practice.

Joanne advised that each PCN needs a Clinical Director. We are hoping to appoint Dr Russell Saxby as our Director, as he has also played a fundamental role in the Improving Access launch, again as Clinical Director.

Another PPG member queried whether all staff would be aware of PCN – Joanne explained that this is still in the early stages, so not all staff are aware at present, however we are holding a staff training event the following day which will cover this topic.

### **4. Telephony systems**

Joanne shared the news that we are hoping to have our new telephony system rolled out during the second week of August. We are currently in the process of exploring costs between two different companies, to source the best telephony solution.

Joanne explained that several of the York practices have moved to a new system, so it could be beneficial to move to the same one. A PPG member agreed that if other practices have 'tried and tested' the new system it would make sense to go with them based on the positive feedback.

The new software will be cloud based but will meet all GDPR standards. We will be able to fully personalise the options, to direct patients to the most appropriate area eg appointments, prescriptions. The system will also allow for call recording, call back functionality and voicemail options. Joanne suggested that the PPG could help us design the 'auto attendant' options.

Joanne explained that York practices have been provided with the telephone system from York Trust but that this is no longer viable. We believe that we have had issues with calls getting 'stuck' in the system so we've been trying to move to a new system for some time but it is a complex process as we have tried to purchase as a group of York practices to save costs, but not everyone wanted the same thing.

There have been several occasions when patients have stated they have been unable to get through, or have been on hold for a long time – these would be examples of when we believe calls are getting 'stuck'.

Lucy explained that we have software to identify call stats, queues and wait times, and these are reviewed weekly to ensure peak times are always covered with adequate staffing. There is also a Call Centre Manager who reviews and manages the KPI's (key performance indicators) on a weekly basis. The accuracy of these stats could be misleading, as they do not register the calls that are 'stuck' as calls are only registered when they reach the practice 'end' and receive the message 'thank you for calling MyHealth etc'.

Lucy advised the PPG, that we can understand the patient's frustrations when they are unable to get through on the telephone, and that we recognise that there is a problem. Joanne also added that we have experienced some unprecedented unexpected long term absence within our team, both clinical and non-clinical. This has also added to the increased frustration from patients on the telephones, as when they do manage to get through there have been limited routine appointments available to book.

A PPG member queried how many calls we receive per week – Lucy advised that we receive on average 2,500 calls per week. Lucy advised that if a call is not answered within a certain amount of rings, it moves on in the loop to the next available call handler.

The PPG member then queried whether all 2,500 phone calls would be to book an appointment – Lucy advised that patients call in for a number of reasons e.g. to obtain test results, to order prescriptions, as well as to book appointments. Lucy advised that with the new system, we would be able to decipher the reason for the call based on the patient's option choices.

Another PPG member also queried whether we have seen a decrease in DNAs (Did not attends) now that there are more appointments available online – Lucy confirmed we have not seen either an increase or decrease in DNAs at present. It was suggested that if patients were unable to get through on the telephone to cancel an appointment, it could increase our DNAs.

Another PPG member also mentioned the increase in population, and questioned whether the growing population had been factored into the infrastructure. Lucy advised that despite the new build estates at Stamford Bridge, we have not seen a vast increase in practice list size. Lucy explained that a lot of patients like to remain at their original practice for continuity.

It was queried who would hold the contract with the telephony company – Joanne advised that this would be MyHealth, which is why we are exploring fully all options to ensure we get what is right for both the practice and our patients.

## **5. Carers**

Trish Barker, chair of Pocklington carers group attended the meeting to provide some information about carers.

Trish explained that she has been part of Pocklington carers group for 9 years now, and over the last year she has seen no new carers register at the group. Trish explained that this could be because some people do not necessarily realise that they are carers, and are not aware of what help and support groups are available to them. Trish added that it is estimated that there are approx. 40,000 carers in East Riding, only 4,000 of which are recorded.

Trish shared some leaflets with the PPG group, which includes a list of all community health links and contact details.

Lucy advised that MyHealth has 8 'carers champions' who help to promote awareness and signpost carers to appropriate means of support. Lucy explained that if a patient is a carer this is recorded on to their medical record so appropriate care can be give when necessary e.g. increased appointment times, ensuring the flu vaccination is offered etc.

Lucy mentioned that she has also been in touch with the York carers group and we are hoping to work closely with them in the future too.

## **6. Any other business**

### Technology Update

Joanne explained that another area of focus has been, and will continue to be technology:

- By July 2019 we are required to have 25% of our appointments available for patients to book online. We have reviewed our appointment system and now have significantly more than 25% available for online booking.
- From 1<sup>st</sup> April 2019 all new patient registrations must be allocated online access.
- From 1<sup>st</sup> April 2020 all patients will have online access to all retrospective information within their record.
- From April 2019 NHS 111 must have access to book 1 per every 3,000 patients directly into our appointment book – this works out at 6 appointment slots per day. We are waiting on further information from NHSE and our system provider as to how this will work in practice. This is a national issue and not just local to MyHealth.
- By April 2020 we must offer online consultations.
- By April 2020 all faxes will be removed from General Practice.
- NHS England is looking at creating a new Friends and Family Test.
- A new NHS App is being launched – however this is still in the initial roll out period.
- By April 2021 all paper records will be gone – these will be summarised and added to the patients records, and transferred via the electronic GP2GP system.

A PPG member asked whether any of these changes would affect the speed in which they can gain results e.g. X-Ray results. Ella Thornton (Dispensary and Reception Team Leader) advised that GP2GP will not necessarily speed up the results, however advised that Radiographers are now attending courses to be able to complete reports themselves, thus speeding up the process.

### Practice Open Day

Lucy explained that we would like to arrange an Open Day, and invite patients in to see more of what we do and how we run. This will give them a chance to ask any questions they have about our services, and to provide us with their feedback. Lucy explained that we could also invite other community links and support networks – for example: Carers Groups, U3A etc.

A PPG member mentioned that the York Hospital Trust had previously carried out Open Days which proved to be very successful PR and 'humanised' the system. It also proved an effective way to increase communication with the patients and to build relationships.

A PPG member suggested we carried out an Open Day and our other sites too, for those who are unable to travel easily. Lucy agreed, and suggested holding one at both our Strensall and Stamford Bridge branches. The PPG members to think about this topic some

more over the next couple of months and we will revisit this agenda item at the next meeting for further ideas and suggestions. Date of the Open Day to be confirmed.

### GDPR

A PPG member queried the process of communicating within the PPG as they noted all members had been copied in to a meeting confirmation email.

Lucy explained that this email was intended to be sent 'blind copied', however group members were just 'copied' in in error. Lucy apologised for this mistake, and explained that going forward all correspondence will be sent 'blind copied'.

PPG members however, confirmed that they are happy for email addresses to be shared.

### Compliments Procedure

Joanne mentioned that we had received some lovely patient feedback recently about our service, and in this letter the patient advised that she found it difficult to find information about how to make a compliment; the complaints procedure however, is readily available for patients.

The patient suggested that we change the complaints procedure, to a 'compliments and complaints' procedure. The PPG agreed that this was a good idea, as others had also heard that people find it difficult to raise a compliment.

It was also suggested by a PPG member to bring back 'compliments' slips in the waiting areas, so patients are able to leave a brief compliment if they wish to. All agreed to resurrect this.

### CQC

We believe that we are due for a CQC inspection, as we were last inspected at the beginning of June 2016. The CQC has previously approached our PPG, so JER asked whether any PPG members would be happy to speak with them if requested. All confirmed they would be happy with this.

### Extended Hours

A PPG member queried whether we provide Nurse extended hours sessions. Joanne confirmed that we do on a Thursday evening, however if the patient is looking for a weekend appointment, there will be Nurse appointments available through the Improving Access service. Joanne advised that they would need to call the practice to book an appointment as usual, but to specify they wish to attend one of the Improving Access Hubs.

### Linton-On-Ouse

A PPG member mentioned that historically all service persons and their family who are stationed at Linton-On-Ouse have all been seen at Linton-On-Ouse, including those living in Strensall. There has however, been a change in policy so those living in Strensall will no longer be able to be seen at Linton-On-Ouse. It will be the service persons choice as to where they register, but the PPG member wished to give us the heads up that we could potentially have several new registrations from those live at the Strensall Barracks.

## **7. Next meeting dates**

Lucy explained that we have provisionally booked in the PPG meetings for the rest of the year on the following dates:

- Wednesday 10<sup>th</sup> July

- Wednesday 18<sup>th</sup> September
- Wednesday 11<sup>th</sup> December

Confirmation of these dates will be sent nearer the time, along with a meeting agenda.

Lucy closed the meeting by thanking everyone for attending.