

## Minutes PPG Meeting 5<sup>th</sup> February 2015

**Present:** Kerry Malcolm, Janet Cock, Archie Howie, Pauline Hill, Elizabeth Trellis, Rosie Wignall John Summers, Michele Wall

**Apologies:** Claire Bush, Patrick Maher, Shelagh Woolmer

### **Review of minutes from last meeting. Agreed**

#### **Action Points completed:**

- **Michele tried to submit monthly information to Donyland Despatches**, however the format has changed and as such very limited words, so not feasible to submit useful articles. Elizabeth suggested the surgery could submit articles to Colne Life magazine. Michele explained she had done this monthly for 3 months at the start of the surgery campaign, but as this publication goes to homes all along the river estuary, it covers a much wider area than the practice area and may not be so relevant to the majority of the readers. Janet asked whether it was true that Michele was going to take on the production of Fingringhoe *News and Views*. Michele explained that she was aware the editor had stepped down and at present it is not being produced, so she had mentioned to the editor she would be willing to help if it meant preventing it from stopping altogether. Michele had been approached by a patient the day before who had passed her e mail address onto someone new to Fingringhoe who had volunteered to produce *News and Views* so long as she had some support, so Michele may help her. There was also discussion re whether it could be possible for *Donyland Despatches* and *News and Views* to combine. Kerry offered to discuss latest format of *Donyland Despatches* as she has also been reluctant to submit school articles due to space constraints.
- **Kerry and Claire to gain feedback from school and pre-school.** Michele thanked Kerry for submitting year group summaries from classroom discussions about what children felt about the surgery, what they liked and what they felt could be done better or differently. Michele read the feedback to the group. The overall feedback was excellent, however all year groups asked that there be toys in the waiting room or child friendly books or magazines. Toys are not possible due to CQC requirements; however the surgery will look into books and magazines for children. **Action: Michele to arrange.**
- **Michele to see if any students or care home managers could be persuaded to join the real or virtual PPG.** It has not been appropriate to ask the care home managers who are patients at the surgery at this time, but Michele may approach them in the future. The virtual PPG has continued to expand however, with numbers having grown from 116 members last year to 151 members this year.
- **Michele to download survey forms from the parish council website to put out in the waiting room.** Completed at the time
- **Michele to look at improving visibility of the on line prescriptions on the website; to design a flow chart for those having difficulty, and if possible re-instate the old system to run in tandem for those who cannot manage the waiting room.** Michele amended the front page of the website and reinstated the old system for on line prescriptions. This has

negated the need for a flow chart as patients are now managing the system without problem as they can choose which system they prefer.

## **Agenda:**

### **1. Save Our Surgery Campaign**

Michele informed the group of the tremendous success that the surgery had achieved, with negotiating with NHS England to recoup the financial losses that the surgery was facing. She explained that although the negotiations had taken almost 12 months, and that many had given up hope of gaining any financial help, that John Summers had managed to find a clear way of demonstrating to NHS England that if the 2 surgery sites were to be treated the same financially then the surgeries would run the same, not having expensive registration sessions to register all the new students, but insist that every patient book a new patient medical appointment at the University Health Centre just as patients do at Rowhedge. This had been the turning point in the negotiations and had led to NHSE suggesting an Enhanced Service contract to cover the unusual work that the practice was having to fund. Although the negotiations continued right up to and including the Xmas vacation, the contract was signed by the 1<sup>st</sup> of January and in theory will protect the financial future of the practice until 2017. The group were delighted to hear the news, and Michele thanked patients for their support as this had made a huge difference both to how the partners had felt supported by how passionately the patients felt about the service they were providing but also in terms of the campaign that had been planned in January had the negotiations not come good, NHS England realised that these would not be empty threats of getting publicity in terms of what the patients had previously achieved.

Although there will still be uncertainty from 2017, for now the practice can continue providing the service that patients have come to expect.

### **2. Communications:**

- **Website Review:** The group were asked their opinion regarding the current format of the website and whether it was patient-friendly. The feedback was that certainly the visibility of the waiting room was much better. That there was plenty of information available for patients to access. Kerry acknowledged that it is always important for lots of information behind each of the drop down menus, that way patients can access as much or as little as they want.

Michele showed the group a screen shot of the current front page of the website and all the various different pages alongside. At present she has put a newsflash across the top of the page regarding the exceptionally high demand for appointments for coughs and colds, many of which that could be managed at home. Michele wished to know from the group how the message of self management would be perceived by patients, as she has a page designated to self care of minor ailments. The group felt this was appropriate, and offence wouldn't be taken, but that it is important to try to educate patients as much as possible regarding how best to use the service. The group were given a chart showing how many hits the website has each month over a period of the last 12 months. On average the site is visited 6,000+ times per month, rising to its maximum of 12,000+ in

September just prior to the new students joining the University Practice.

- **Waiting Room Report:** The online service called the waiting room is continuing to be a well-used service. Each member was given a report of the statistics for the 3<sup>rd</sup> quarter usage of the year. This showed that there were 433 online appointments available to book. Of these 189 appointments were booked online (a rate of 43.65%). Michele explained the remainder appointments were not wasted as they are opened up to reception to be able to book when patients phone the day before or on the day so there is full usage of all these appointments. Kerry noted that the balance being offered was probably a suitable proportion given there was no wastage of appointments. During the 3<sup>rd</sup> quarter of the year, 741 repeat medication requests were received on line (a total of 2382 medicines). Janet commented that she finds this system very user-friendly for patients. A total of 2,678 patients now have usernames and passwords to use The Waiting Room, which is 25.51% of the registered practice population.
- **Facebook Page:** The Save Our Surgery Facebook page now has 600+ followers, and Michele explained that it has taken time to build this number and these patients are a useful population to reach readily should the need arise in 2017 to mobilise a further campaign. When Michele was able to share the success of the campaign on the facebook page it was seen by > 3,000 patients so she feels it is an excellent way of reaching the masses. At present there is no need to campaign, but Michele wanted to seek advice from the group regarding how best to continue using this resource to enable them to keep their followers in case of need in the future. The group felt that using it politically to highlight what is happening from various parties in the run up to the election (so long as not biased) and also for helping to get health message across would be appropriate.

### 3. Friends and Family Test:

The Friends and Family Test has now been in progress since December. Patients can complete a card in the waiting room and post it in the collection box, or can complete it on line via the website. The questions asked are:

***How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment?***

***Extremely Likely***  ***Likely***  ***Neither Likely nor***  
 ***Unlikely***  ***Unlikely***  ***Extremely Unlikely***  ***Don't Know***

***Can you tell us why you gave that response?***

The results have been very encouraging. The vast majority of patients have stated *Extremely Likely*, however one person stated extremely unlikely and clarified their answer by stating that they would not be asked by friends or family! The group were given prints out of examples of the free text responses that patients had shared, showing how highly thought of the practice is. The group commented that they feel very fortunate as all members of the team are extremely helpful, reception will always do their best to find an appropriate appointment for them as soon as possible, and when they talk to their friends from other practices, they do not receive such an excellent service.

#### **4. Out of Area Registrations:**

John advised the group of a new arrangement that can be offered to patients in that if they are not within the practice area, they may now register with a practice, but would not be offered home visits. The Rowhedge Surgery has not signed up to take part in this option currently as the doctors are not yet satisfied that there is a safe and suitable visiting service available for these patients. It may also compromise patient care if the sickest patients are those who need visits, yet the GP visiting them does not have access to their medical records. This situation will be reviewed by the partners if they feel the service is suitably provided for in the future.

#### **5. Care Closer To Home/Urgent Care.**

Each member of the group was given a copy of a booklet (named above) that was produced by the CCG (North East Essex Clinical Commissioning Group). There is currently a survey being undertaken by the CCG called the "Big Care Decision." The CCG is wanting to seek patient opinion on what they feel are the needs and priorities of the community with regard to patient care, and have produced a survey form (within the booklet) for completion. The survey covers how capable the population is at meeting their own care needs, or requiring support at home, to service provision via the CCG eg audiology, cardiology, falls prevention, rapid assessment at home (and many many others); and to look at what would be the preferred option of patients for the future of the walk In Clinic and A&E. Eg 1. Transform the Walk in Clinic (WIC) into an urgent care centre. 2 Close the WIC and create an urgent care centre at the front of A&E. 3. Close the WIC, create an urgent care centre, and transform the minor injuries unit at Harwich and Clacton into urgent care centres and move some out patients services to the current WIC building. Elizabeth informed the group that she had attended the original discussion about this but there had been a very poor turnout of only 12 people. The group was asked to kindly complete the survey if they felt able.

**Action: group to complete the survey. Michele to send an electronic version of the survey to the virtual PPG.**

#### **6. A.O.B**

Elizabeth mentioned that the new Park and Ride service that is due to commence in April seems to have a ludicrous route, passing behind the hospital, yet not actually stopping at the hospital, so it won't help patients and family members who wanted to use it for that. It will also only run from 7am to 7pm. She had seen this in the paper last week and intends to write to complain about it. John suggested he could contact Bernard Jenkin MP to advise him that our PPG were unhappy that this system did not consider patient usage of the hospital service.

**Action: John to contact Bernard Jenkin MP re Park and Ride service not stopping at the hospital.**

Meeting concluded at 8pm