

## Summary Sixways Patient Participation Group Meeting

Monday 25<sup>th</sup> July 2016

Introductions by all present	
Feedback from CQC	<ul style="list-style-type: none"><li>• NW updated re our recent CQC inspection on Wed 4<sup>th</sup> May, there was a lot of preparation by all staff for the visit, and it was a long and intense day for all concerned.</li><li>• The feedback received from CQC was overwhelmingly positive. The full report is available on our website but the key points were as follows:<ul style="list-style-type: none"><li>○ We were classed as “Good” overall</li><li>○ We scored “Good” for all 6 key patient areas</li><li>○ We scored “Good” for 4 of the 5 key lines of enquiry which are Well Led, Safe, Caring and Effective, and received positive feedback specifically in relation to these areas.</li><li>○ We scored “Requires improvement” for the Responsive key line of enquiry. This was in relation to feedback suggesting that we need to re-look at our appointment booking system in relation to ease of booking and appointment, and availability of routine appointments after 5pm, although CQC did confirm we had the correct number of appointments available overall, based on our patient population</li></ul></li><li>• This was the first CQC visit for the practice and we are extremely pleased with how the day went, and the overall feedback.</li><li>• We discussed as a group the areas that had led to the rating of “requires improvement” under the responsive category. These included:<ul style="list-style-type: none"><li>○ Patient survey data showing us below average in certain areas relating to appointment availability and ease of booking-We agreed that as the volume of responses was small, and that people were potentially more like to respond if unhappy, this therefore did not necessarily provide an accurate reflection of the views of our patients. The members of the PPG present confirmed they themselves had not experienced issues with making appointments. We agreed that more robust data was required, and that the practice should undertake to survey a wider population, in such a way that would provide data more quickly. NW confirmed that the practice is looking at options with the local CCG to trial online surveys, and potentially to have a tablet in the practice to give real time feedback</li><li>○ Feedback suggesting that we do not have sufficient late appointments. The practice currently does not take part in the extended hours enhanced service, largely because the practice is keen to support work/life balance for all of its staff and GP’s. This was questioned by PPG members however NW confirmed that as this is an enhanced service</li></ul></li></ul>

	<p>it is optional, and that the doctors felt strongly about this to prevent overwork and stress. We will however be undertaking a review of how our appointments are offered, to ensure that there are pre-bookable appointments available after 5pm, as currently we only have urgent on the day appointments available at this time</p>
<p>Appointment Booking System and policy</p>	<ul style="list-style-type: none"> <li>• We discussed in general our appointment availability. All agreed that it was important to look at our clinical staff and the skill mix of those who could potentially prescribe, to alleviate the pressure on GP's. Initially nurse prescribing led clinics but going forward potentially pharmacists and/or paramedics supporting. NW confirmed that we would be trialling nurse led minor ailments clinics from August, initially 2 per week</li> <li>• We discussed the options of a triage system, where patients receive a call-back from a clinical member of staff who assesses their need for an appointment. Although there are benefits to this system it was felt that significant volumes of patients still need to be seen to be fully assessed, and that this potentially just adds another step before an appointment is made</li> <li>• We also discussed the options for video triage/consultation via Skype or similar, again there was the view that many patients would still need to be seen to be fully assessed, and that this potentially just adds another step</li> <li>• We discussed the need for greater patient education, to ensure that patients only called for an appointment when actually required, and that they were making use of other services first if appropriate, such as Pharmacy minor ailments scheme, and the Glos ASAP website. We agreed that these services should be further promoted to practice patients. NW to look to do this</li> <li>• We also discussed the social prescribing service. This offers patients appointments to support with social needs such as social isolation, benefits support etc as often when patients are making repeat GP appointments their underlying need is non clinical. The practice is looking at ways to increase the volume of patients who are booked into this service. All agreed that this could do with being promoted throughout Gloucestershire</li> <li>• We discussed the Choice Plus appointments, as these have been extended and are proving very successful. One concern was patients who refuse to take the offered Choice Plus appointment, insisting that they will only be seen at the practice. NW confirmed that we are looking at ways to address this as if a patient really needs to be seen urgently, should they really be able to refuse a suitable clinical appointment.</li> </ul>
<p>Andoversford Branch surgery</p>	<ul style="list-style-type: none"> <li>• NW confirmed that we had initiated discussions with the CCG with regards to our branch surgery in Andoversford. The surgery is clinically not fit for purpose. It is not heated or insulated, has no clinical systems access or phone access, and there are issues with patient confidentiality due to the structure and layout. There would be significant investment required to make it fit for purpose.</li> <li>• We have agreed with the CCG to initiate a consultation with</li> </ul>

	<p>patients to understand their views on the branch surgery, as currently patients would request to be seen there, and we have not received a request for a significant amount of time.</p> <ul style="list-style-type: none"> <li>• The views of the PPG members present were sought as to their views if it was closed.</li> <li>• One PPG member lives closer to Andoversford than our main site in Sixways, he did not have a concern as felt for him it was equally easy to travel to either Andoversford or Sixways, and that as there is no pharmacy in Andoversford, the chances are that even if he was seen there, he would have to travel to Sixways for any medication required. He felt that this was likely to be the view of many residents, and felt that most of them are able to travel as it is likely that they do so currently for weekly shopping, etc.</li> <li>• The remaining members present did not have a strong view either way, as long as patients were still able to access the services they required.</li> <li>• We discussed that it would be worth investigating the current planning proposals within Cotswolds district to understand the long term plan for the area, NW will look at this as part of the consultation</li> <li>• We also discussed public transport availability from Andoversford to Sixways, and agreed that this was good, as is the parking situation at Sixways, which is something that is not the case at Andoversford.</li> </ul>
Issues/queries from PPG members	<ul style="list-style-type: none"> <li>• We discussed preventative care and how we work to improve that. NW confirmed the practice approach to recalling patients for chronic disease reviews and that those with key conditions will receive a letter requesting an annual review, whilst asthmatics under 18, and diabetics will be requested to attend biannually.</li> <li>• There was a suggestion that we try to do more to work with young people with chronic disease, and that we could investigate the option of running a specific meeting/session with them, with a guest speaker who would be of interest. NW to investigate this as part of the practice planning for chronic disease management</li> <li>• We discussed ear syringing and micro suctioning. NW confirmed that currently the practice is not able to offer microsuctioning, and we are referring patients to be seen at Leckhampton surgery. We are awaiting CCG confirmation that this will become a new Enhanced Service, and will be looking to offer this service within the practice once this has been confirmed.</li> <li>• We discussed the PPG network event, that would be taking place on the 14<sup>th</sup> October, and which any PPG members who are interested can attend. This will be at Churchdown Community centre with a start time of 11am</li> </ul>
AOB	<ul style="list-style-type: none"> <li>• None</li> </ul>
Next meeting	<ul style="list-style-type: none"> <li>• We agreed that the next meeting should take place in early October, prior to the PPG networking event. The next meeting will be held early evening, to accommodate those members who work in the hope they will also be able to attend</li> </ul>

