

SAXON CROSS PATIENT PARTICIPATION GROUP  
Minutes of meeting held Thursday 20<sup>th</sup> July 2017

Present: Julie Bryant (Chair)  
Wendy Taylor  
Janet Jackson  
Bryan Dalton  
Maggie Saville  
Frances Rigley  
Joe Sells  
Tony Oram (Practice Manager)

**1: Welcome and apologies for absence**

All were welcomed to the meeting, especially Joe who had attended as a member of the VPPG. Apologies were noted from Ann Hyde, Ann Ginnevan, Claire Lyons and Michael Rich. Invitations had been sent to patients who had expressed an interest in an evening meeting, during the annual patient survey, but no responses had been received.

**2: Minutes of the last meeting held 25<sup>th</sup> May 2017**

Agreed as a true record. It was requested that the final version be checked for any unaccepted amendments before being sent out.

**3: Matters arising**

**3.1: Virtual Patient Participation Group (VPPG)**

Members were informed that following a recent renewal confirmation exercise, the original VPPG membership had dropped from 52 to 10. It was noted that some communications were now being received from the VPPG. It was agreed that the development of the VPPG membership continue to be nurtured.

**3.2: Jargon Buster (JB)**

Members were reminded that this would be useful for inclusion in a members' welcome pack and for the wider population, with an aspiration to have the JB available through the Practice website. Some terms were no longer used or had been superseded but are included for clarity. Clarifications were provided by the Practice Manager and further help was on its way. The intention is to include terms of interest locally, make it easy to read and offer a direction to new terms. The original sources included the Practice, the CCG and the CCG's Quality Team. The final draft version (v3.2) will be made available for review.

*Post meeting note: The Practice Manager's comments were received following the meeting.*

**3.3: Members pack update**

Following a suggestion at the previous meeting, the Chair had drawn up a draft NHS Flow Chart to explain local commissioning arrangements and the relationships between the CCG, the PRG and the PPGs. Some minor amendments were suggested and these will be incorporated into a final version. This will be circulated in a pdf format for ease of viewing and will be included in the members welcome pack once finalised. It will also be shared with all PPGs in the Nottingham West area. It was noted that this version was only valid at the present time and would need to be re-designed as and when NHS hierarches and policies change.

**3.4: Annual Patient Survey results**

The Chair had circulated a summary version of the full results, noting that these were received later than in previous years. A good return had been received and the Practice's results mirror the National Survey results. Following discussion within the Practice, the key points were waiting times and a slippage in patient experience with Reception staff, which will be addressed. Further discussion included: -

- Waiting times - The standard appointments time is 10 mins and some GPs were better than others at keeping to time. The BMA was pressing for 15 min appointments but this would affect the number of slots available. As previously discussed at the PPG, some GPs prefer to spend more time on complex cases and efforts were being made to identify these so that the receptionists could offer double appointments. Members welcomed the information provided by delay messages which were now on the check in screen.
  - Comments on the waiting room being too warm have been flagged with LIFTCo (owners of the building)
  - Children's toys have been considered but the issue of risks and hazards needs to be taken into account
  - A new water fountain was on order
  - Staff were looking at ways to freshen up the waiting area in general, but the fact that the Practice/NHS does not own the building complicates initiatives in this area

Responses relating to access appeared to be overall positive. Tony reported that there was no further news on the extended hours scheme but it was expected to be in place by 1<sup>st</sup> April 2018 with an expectation of 8am to 8pm opening from Monday to Friday, plus possibly 8.30 to 12.30 on Saturday. Locally this will probably involve "hub" working across Stapleford practices for both routine and emergency appointments. Although some patients were interested in Sunday opening, it was felt that weekend appointments were as likely to be booked by non-working patients. There will be no additional work force to cover the extended hours and patients would need to consider having to see another GP who does not know them. Other issues of concern were different IT systems being used by practices and the challenges of viewing patient records and adding to them. The IT system providers have commenced work on this with the help of NHS Digital. Emergency care also needed to be considered and when practices would need to have the phone conversions on to NEMS or 111. Although the Practice welcomed the intention to increase capacity, there would need to be a large investment in resources, i.e. GPs. Practice staff and consulting rooms. It was estimated alone that an additional 5,000 more GPs would be needed nationally and there were already local problems with recruitment. At the last PRG meeting, it had been reported that Nottingham West had the best access in the country, compared to other CCGs.

#### **4: Short update from the Practice**

##### **4.1: Cyber attack**

Tony reported that the broadband had failed during the previous weekend but this was not a repeat of May's cyber-attack, which had affected about a third of the Practice's computers. No patient records had been affected as these were stored on a remote server. Loss of communications had been the biggest issue. If the Practice had known earlier then systems could have disconnected. The overall view was that computers across the NHS were not being regularly updated for Windows, which could have protected them from the cyber-attack.

##### **4.2: Extended opening hours**

Topic covered at item 3.4 above

##### **4.3: Telephone system**

The new servers were still being plagued with niggling problems, e.g. 1-way conversations, and engineers were currently working on this. Once the system has settled down, the Practice will look at any updates and improvements, e.g. booking appointments using an interactive keypad menu without the need to speak to the Receptionist. Another option might be the facility to book repeat prescriptions via a message system. Text reminders were already being used to confirm appointments with an option to text back if they wish to cancel, plus send one off messages to patients. It was noted that The Royal Derby Hospital include the cost of missed appointments in their reminder messages and Tony agreed to look into this as an option for the Practice

#### **4.4: Staffing**

Dr Finlay will be going on maternity leave in October or November. Dr Roe completes training soon and has been offered a full-time post to cover 3-4 sessions per week. Dr Hogg will be returning in August to complete the final year of training. In April 2018, a 3<sup>rd</sup> Registrar will return for a short period of time. Overall recruitment for GPs in Nottingham is poor.

### **5: Report from the Patient Reference Group (PRG)**

#### **5.12: Greater Nottingham Financial Recovery Plan**

The Greater Nottingham CCGs (Nottingham City, Nottingham North & East, Nottingham West and Rushcliffe) have “aligned” to deliver a plan which aims to save an estimated £44.6 million from CCG budgets, via a range of proposals. These are largely divided into 2 categories, i.e. getting the best value from contracts and improvements schemes which involve efficiency and transformation. The plan is closely connected to the Sustainability & Transformation Plan (STP) which the CCGs have been working on for some time. A question was asked if the saving was for one year or across a longer period (connected to the STP and the Five Year Forward View) and the Chair agreed to find out more detail. Additionally, a clarification of the scale of the saving against the budget for the period was requested to aid in understanding the scale of the saving target. The STP intends to join up health and social care and cross cutting themes include prevention of ill health; more care at home and in the community; better discharge planning from hospital and management of referrals to secondary care. Tony reported that regular meetings were held to discuss the appropriateness of referrals to hospital and there could be risks involved for some patients. Prescribing budgets were also being squeezed and despite work done little savings could be made. Nottingham City CCG has now taken over the communications and involvement for the STP and they have plans to produce an up to date summary document and question & answer sessions for the public. The Chair is a member of the STP’s Citizens Advisory Group and will keep members up to date with news and information.

#### **5.1: Cyber-attack**

It was reported that systems across the CCGs had been affected and closed down including all GP practices. Support and recovery had been provided by the IT provider. No data in systems had been affected and a post recovery debrief is in progress to review the events and to produce lessons learnt report. There had been no disruption to clinical services, no hard drives had been affected and no patient data had been compromised. Communications had been a problem.

#### **5.3: Proposed merger**

The representative from Bramcote Surgery reported that the planned merger with Hickings Lane would not go ahead, however no detail was provided about the reasons.

### **6: Discussion Time/Any other business**

**6.1:** Following a request from a VPPG member, questions were raised about Patient Access particularly awareness and promotion, the sign up, utilisation and if it was used in conjunction with EPS (electronic prescription service). It was explained that Patient Access is part of the EMIS system which is used by this Practice. It works well for booking routine appointments and repeat prescriptions however GP double appointments cannot yet be booked. The NHS use the term Patient Online to describe the programme designed to support GP practices to offer and promote online services to patients. The national target was now for 20% of patient usage from April 2018. In this Practice whilst 19% of patients had registered only 8% actually used it. Promotional reminders have been placed on the website, the TV screen in the waiting room and newsletters. Other details discussed and explained were:-

- To sign up, patients need to produce some proof of ID to receive a password, e.g. passport, driving license.
- The Practice had made a conscious decision not to allow access to children’s records and there was an age limit. System upgrades may give prompts at times of adolescence when young people can make their own decision to give access consent.

- All GP appointments were available to book on line however it was not suitable for nurse appointments due to the varied times needed.
- The basic level of information is the Summary Care Record showing current medications and adverse reactions to medications or allergies. Patients may request to have access to a more detailed record. The NHS inspires aspires to provide patients with their full record of all health and care interactions although it was noted that this has constantly slipped over the past few years.
- Practice staff were always happy to talk to patients if they had any queries

Several members said that they had used Patient Access and found it a convenient way to book appointments and repeat prescriptions. It was noted that the patient interface varied depending on the device used to access the record and some problems had been encountered when trying to view records on a tablet. The Electronic Prescribing System was fraught with problems and some medications can't be electronically ordered for patient safety reasons which causes split prescriptions. The GPs were being encouraged to explain why some repeat prescriptions are being rejected to avoid confusion. Preferably repeat orders should be made via the Practice as pharmacy systems may not have the up to date medication information on their system. This could result in over-prescribing and wastage especially if the medication has been changed since the last issue. A question was asked about stopped medications still appearing on the summary record and therefore not being able to order and Tony agreed to check why this was happening. Legally GPs should review medications at least annually. A question was asked about non-electronic records which may have been transferred from a previous practice. Tony explained that paper copies are reviewed and anything judged significant will be transferred onto the computer system.

**6.2:** One suggestion form had been posted in the box, which requested that a pen be available for the suggestion slips. It also asked why the PPG minutes on the notice board were out of date. Both issues were handed over to the Practice.

**6.3:** Copies of Healthwatch's latest question of the month cards were tabled and members invited to take part.

**6.4:** Members were informed of a Local Services Information Event which will be held at the Care Centre on Wednesday 23<sup>rd</sup> August between 11.30am and 1.30pm. This had been organized by Broxtowe Borough Council and covered details about local councillors, local police officers and community safety.

**6.5:** The CCG was planning to run a stall at the Stapleford Carnival on 2<sup>nd</sup> September 2018 and PPGs have been invited to join in. This might be an opportunity to promote the PPG, VPPG and Patient Access.

## **7: Dates of next meeting**

Following discussion, it was agreed to continue with evening meetings during Spring/Summer and revert back to daytime meetings in Autumn/Winter.

**Thursday 21<sup>st</sup> September 2017, 6.30 to 8.30pm (evening meeting)**

Thursday 23<sup>rd</sup> November 2017, 2-4pm