**PPG Meeting Minutes – 25-09-2019**

**GP Contract Reform:**
Update provided on the key changes planned to be introduced in the next two years.

Plans for 2019-20

NHS App is available providing online services. Offers same information as Patient Access. Patients can register for either App according to their preference. If a patient is already registered with Patient Access they can still access the NHS App – they will not need to repeat the identity checks as these will have been completed previously when registering for Patient Access. Both Apps offer access to online medical records, ordering repeat prescriptions, book or cancel appointments. The NHS App also has an approved symptom checker.

Primary Care Network (PCN) – As of 1st July Pelham is formally part of the Freshney Pelham PCN. This is a collaboration of our practice along with those based at Freshney Green. Financial support has been provided by NHS England to help with recruitment for certain staff to across the network (rather than on a practice basis). These roles include:

- Social Prescribing: New role within practices for the purposes of providing patients with additional non-medical / social support and signposting to relevant services. This role will be a focus primarily for families, children and carers etc. across the federation.

- Pharmacist: An interview was carried out this week and we are intending to make an offer for the post. This will be an overarching role, focusing on priority areas of prescribing across all practices initially. Support for the practice may equate to approximately 1 day a week in the practice.

Plans for 2020-21

* Web or video based consultations (In addition to usual GP appointments)
* Patients to have full access of records to online records by 2020
* Fax machines for patient information – needs to be phased to by 2020
* Digitisation of medical records – all paper based records will be all electronic.

**Practice Update:**
We are currently trialling a service for pharmacy support. A pharmacist is currently remotely accessing records at Humberview, making changes on medication according to discharge documents. The aim is to assist with capacity and provide support to GP’s. Help to maintain timely update of prescriptions etc. If successful at Humberview may be introduced at Church View. Service is being monitored for its effectiveness.

Physician Associate – This is a fairly new clinical role to work alongside GPs. We have recruited a Physician Associate on rotational basis and he will be working between Navigo and our practice. It allows the candidate to have an exposure to both mental health and general practice. It is hoped the candidate will start work later this year.

Dr Bruning – Should be coming to us as a permanent member of staff; just awaiting confirmation of this, as he would have to be approved under the GP retention scheme.

Advanced Nurse Practitioner – We now have two nurse prescribers working across the week. We have also met another ANP and an offer is to be made so that we have additional support with a plan to have further ANP support at Humberview surgery.

PPG members queried about prescriptions. Not having prescriptions aligned can be a problem. RE confirmed the practice is aware of this as a problem. This is not an easy or quick problem to solve due to the volume of daily prescriptions and capacity constraints. Unable to give a timeframe for this at present.

 **Extended Access to Services:**
Overview given of our opening times – Including Extended access on various days at Freshney Green/ across sites within the Primary Care Network. Including weekend appointments also.

**CQC:**Last inspection Dates: Humber View – September 2016
 Churchview – January 2015

Changes to the regulations mean it now includes an annual phone call in addition to an inspection every 3-5 years typically. In July we had our annual regulator phone call which went well. Because of the last time we had an inspection we have been informed we would be having an inspection prior to January 2020 at Church View (as this would be the maximum time allowed of 5 years between inspections).

PPG member queried notice period that is given for an inspection. RE advised - 2 weeks’ notice for this inspection will be given.
 **Patient Survey Results:**RE gave an overview of results on a whole and also presented a chart of the results focusing on 4 areas for improvement and 4 areas where we are doing well or have seen an improvement over the previous year.

Humberview

Areas we have improved include:

* Patients felt able to see or speak to a preferred GP
* Health care professional good at giving enough time
* Patient felt their needs were met at their last appointment
* Overall experience described as good

Satisfaction with phone access is below the CCG average and significantly down in comparison to previous year. This matches the feedback we’ve been receiving into the practice directly. A PPG member queries whether it would be feasible to have a dedicated line to Humberview. RE advised that this has been reviewed previously and the decision was taken at the time to leave all calls coming through to the main site – due to staffing levels and utilisation. It may be something we review again in the future. PPG members gave a Suggestion of a separate line dedicated for Humberview patients, to be answered at CV. RE took this suggestion on board and said it would be reviewed.

Offering appointment of choice was also an area which we could do better on. RE confirmed this was surprising as GP capacity had been increased at Humberview in the last 12 months. We will continue to monitor in the future.

Chruchview:

Areas improved are

* Finding reception helpful
* Waiting 15 mins or less for appt
* Health care professional good at listening
* Patient felt their needs were met at their last appointment

Improvement required areas included:

* Access via the telephone.
* Being able to speak to preferred GP
* Offered a choice of appointment
* Describing the experience of making an appointment as good.

General Discussion followed about appointments and access:

Around two weeks wait for routine appointments at the moment. PPG member queried about being able to get on the day appointments for people who cannot get in touch from 8am for example people who cannot ring up at 8am and then miss out on on-the-day emergency appointments.

RE explained about the work we do on monitoring our appointment data. This is done daily and has been for approximately 3 years. The data we hold allows us to identify general trends on a daily and seasonal basis. The focus is first to ensure that we have enough emergency appointments each day (there are of course fluctuations but it is felt that in general this is managed well). Whatever is left after allocation of emergency / on the day is then available to be bookable for routine appointments. We use locums where we can to fill the gaps.

Work is ongoing to build our clinical skill mix to ensure that we have the appropriate staff mix to meet the demand, though this isn’t necessarily a quick fix.

RE also gave an overview of results from the survey relating to what patients are aware of with regards to online services – Some patients appear to be unaware of the full variety of things that we offer online. Telephone is the most common method for contacting the practice at over 85%. With increased awareness of online services in the future this may reduce the need for some calls. Currently we provide over 33% of appointments to be bookable online (routine GP appointments / some nurse and health care assistant appointment).

**Common Themes For Both Sites From the Patient Survey and Actions:**

Calls – Getting through on the phone. Work has been ongoing to improve call handling. Actions taken to date have included an increased number of call handlers at peak times, diverted calls for blood tests to a dedicated line, diverting non urgent calls away from peak call times (eg requests for prescriptions) and increased the phone capacity allowing more calls to be held in the queue. A fault has been identified in recent months with some calls getting caught in a loop and never getting through – this has happened when staff have been available to take calls and the cause is unexplained. The current phone system is old. We have committed to a new phone system which will be likely to cost approximately £25,000. This system will allow unlimited queuing and advise patient where they sit in the queue. It will also allow us to identify what the true call demand is and therefore identify whether further action is required in the future. Call system is hoped to be in place by November.

Appointment – availability. Increasing skill mix – work is ongoing. We are part of a pilot of a new system that will help us continue to monitor demand closely.

RE shared information from survey across the UK. Average wait time is now 15 days for an appointment. We are round a fortnight but we aim to improve this.

Member queried if we are seeing growth in our list size. RE confirmed the list has increased and this could also account for some of the increase in demand.