

*DR K OKUNRIBIDO, DR M MYAT,*

*DR M CHANDER AND DR R AHMED*

**LITTLE LONDON SURGERY PATIENT PARTICIPATION GROUP**

**THURSDAY 21st November 1-2pm – LUNCH PROVIDED**

**Apologies for Absence**

MR BRIAN SALT

**IN ATTENDANCE**

DR M CHANDER - GP

JODIE HOWELLS – SUPERVISER

GAYNA TAPPER – SECRETARY

JOHN PAGETT – PPG MEMBER

CHRIS PAGETT - PPG MEMBER

ANDREA STANTON – PPG MEMBER

BARBARA HOLDER – PPG MEMBER

MALCOLM NEWPORT – PPG MEMBER

DIANE MASON – PPG MEMBER

DIANE MCLEAN – PPG MEMBER

JEANETTE BARNFIELD – PPG MEMBER

BRENDA BURDEN – PPG MEMBER

ANNA WEBSTER – PPG MEMBER

Mr Newport appointed Chair for the meeting by Committee to liaise with John Pagett on occasions when Mr Newport cannot chair.

Mr Newport welcomed everyone to the meeting.

**DR AHMED DISCUSSION ON PCM – PRIMARY CARE NETWORKING**

Dr Ahmed explained above. Recent changes introduced new changes commencing April of last year. Patients surgeries are grouped together depending on number of patients, minimum of 30,000 patients and a maximum of 50,000 patients. Any number in between is considered as 1 PCN. Walsall is divided in 7 PCNs, mostly on basis of locality. We are members of south 1 and the other practices we have in this PCN is Black Health Centre, Forrester Health Centre, Brace Street Practices, Amber medical Centre, Beechdale medical Centre. The total number of patients we have in total in our PCN is 40,000 patients and LLS is the lead practice for south 1 and RA was elected by vote as lead for south 1. The votes are decided on the basis of number of patients per practice, for example if someone has 8,000 patients they have 8,000 votes. After the election for PCN leads the 7 PCN leads meet with a chair to chair meetings and make certain decisions to run the services. The services are divided into two areas:

1. Services that come from above and we are told to deliver them according to certain specifications, ie, they wanted us to deliver our extended hours from 1 hub which we successfully provided from Little London Surgery on Saturday mornings from 8am-3.30pm we provide extended hours for the 9 practices. The time allocated is decided according the number patients appointments. There is ANP, 2 health care professionals and 1 GP on call to provide the service. LLS is the only PCN which is providing 100% of practices. We in future are attaching practice pharmacist for PCN. The CCG will fund 70% of the funding for a pharmacist for the 1st year, 50% for the 2nd year and then funding will be taken away and the practice will then have to fund this. We will have a practice pharmacist from January 2020. The second practice pharmacist will hopefully be April/May. They will be equivalent to 2 full time practice pharmacists for the 9 practices. The main aim is to improve medication reviews and reduce workload from GPs. We have regular meetings (first Thursday of December to decide how we are going to use the practice pharmacists.
2. Social prescribers - these have been used successfully in other parts of England. They will not be prescribing (also called link workers). They will be given training of 3-4 days and under constant supervision and training of GPs they are working with. Every PCN will have a minimum of 1 practice pharmacist and 2 by April 2020 in each PCN. Roughly 75 hours which will be attributed amongst all PCNs. Patients will be referred by GPs/nurse/experienced receptionist. SS/DNs etc will not be referring at moment. A social prescriber can treat anything non-medical (housing issues employment issues domestic problems parking tickets wheelchairs) anything that is not medical and does not require a GP.

PPG member explains her understating of social prescribing. RA says it has taken 3 months to decide how LLS is to utilize a social prescriber. PPG asks what kind of qualification a SP will have. RA states some sort of experience in social services, primary care and every one will be given training including ongoing practical training. PPG member asks how appointments are made to see a SP. RA states patients referral comes from nurse, GP or a trained receptionists because we don’t want SP to be inundated with inappropriate referrals. PPG member asks how is a SP different from an advice Centre e.g. citizens advice why would we not refer patient directly to citizens advice instead of SP who will then refer to citizens advice/housing team etc. Ra explains when you go to citizens advice for example, you know it’s a housing problem. RA states an example of SP EG; if patient informs GP of suicidal thoughts, GP clinically assesses patient to determine exact problem and finds out that a housing issue is causing the patient to feel depressed and low. The GP will make a clinical decision to the patients safety and once establishes the patient is safe the GP can then refer to the SP who can help the patient sort out their problem, rectify their situation/issues and follow up / review the patient saving an appointment with the GP.

PPG member asks if we have a counsellor attached to our practice – yes and social prescribers will be linked to GPs and relevant services in Walsall working together. The surgery is given some funding for services. RA asks if PPG members could nominate a few people to make aware of PCN issues so eventually we can take on patients to make certain votes. If anyone is interested to be informed about PCN we can send emails informing of the service so patients can have their say. . PPG member agrees it’s a step in right direction. RA asks if PPG members would like to attend general board meetings to make decision. PPG members can attend but cannot vote. RA will keep patients informed of progress and answer any queries and concerns.

PPG member asks how many emails do we send out, probably double to who attends.

**DR CHANDER – PATIENT SURVEY**

365 surveys were sent out to patients by an independent market research.

MC discusses only 29% completion rate/only 106 surveys returned out of 365 sent back – reason behind this is because patients only tend to respond if has something negative to express. Please refer to GP patient survey for breakdown of results also.

**WHERE PATIENT EXPERIENCE IS BEST**

66% of respondents were offered a choice of appointment when they last tried to make a general practice appointment - pleasing result.

73% of respondents were satisfied with the type of appointment they were offered – MC states there are limited choice of appointments on offer. It all depends on what type of appointment the patient requires: ie doctor of choice, ANP nurse for minor illnesses. Some patients do not want to see ANP. Trainee GPs - some patients are not suitable for them. We do not have the resources to offer everybody everything all of the time but we do our best to offer patients what they want as much as possibly able with the resources LLS has.

98 % of respondents had confidents and trust in the healthcare professional they saw or spoke to during their last general practice appointment – pleasing result.

**WHERE PATIENT EXPERIENCE COULD IMPROVE**

50% of respondents find it easy to get through to this GP practice by phone. MC states it depends how much time they have to be on the phone.

57% of respondents are satisfied with the general practice appointment times available: this is a national contract and times are decided by government. MC thinks more people would prefer 7 hours of access on a weekend than having 1.5 hours access on an evening. PPG Members agreed. We can expand of the appointment available in April of next year with extended hours which is better for patients.

40% of respondents usually get to see or speak to their preferred GP when they would like to

MC comments on CCG statistics - we are one of the most busiest practices in Walsall. Although the results are based on ‘an average’ LLS is a much busier practice than other practices and have more full time working GPs than most practices in Walsall. We offer more services than average practices in Walsall so the results are not always based on true average statistics.

**BREAKDOWN :**

50% find it easy to get through to GP by phone – local average 70% / national average 68%

91% find receptionists helpful – local average 89% / national average 89%

57% are satisfied with general practice appointment time’s available – local average 65% / national average 65%

40% usually get to see or speak to their preferred GP when they would like to – local average 45% / national average 48%

66% were offered a choice of appointment when they last tried to make a general practice appointment – local average 60% / national average 62%

73% were satisfied with type of appointment they were offered –local average 70% / national average 74%

90% took the appointment they were offered – local average 93% / national average 94%

64% describe their experience of making an appointment as good – local average 65%, / national average 67%

54% waited 15 minutes or less after their appointment time to be seen at their last general practice appointment – local average 71% / national average 69%

83%say the healthcare professional they saw or spoke to was good at giving them enough time during their last general practice appointment – local average 85% / national average 87%

88% say the healthcare professional they saw or spoke to was good at listening to them during their last general practice appointment – local average 87% / national average 89%

86% say the healthcare professional they saw or spoke to was good at treating them with care and concern during last general practice appointment –local average 86% / national average 87%

92% were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment – local average 92% / national average 93%

98% had confidence and trust in the healthcare professional they saw or spoke to during their last general practice appointment – local average 95% / national average 95%

86% felt the healthcare professional recognized or understood any mental health needs during their last general practice appointment – local average 87%, national average 86%

94% felt their needs were met during their last general practice appointment – local average 93% / national average 94%.

75% say they have had enough support from local services or organizations in the last 12 months to help manage their long term conditions – local average 77% / national average 78%

81% describe their overall experience of the GP practice as good – local average 82% / national average 83%

**PPPL (Patient Participation Liaison Group)**

Presented by Mr Newport explaining this is made up of a group of people who represent PPGs across Walsall. The group meets quarterly to support PPGs to represent the views of their local communities and encourage patient and public engagement within GP practices and to provide an opportunity to network and share practices ideas to improve the overall health and care of people in Walsall. Please see Mr Newport’s informative minutes regarding this explaining various services available discussed at the PPLG including Cancer Care, Working Together, Future PPLG working and group discussions. Next meeting is in December of which he will attend and invited any other PPG members to attend with him if they wish.

MN also states it a good idea to talk to patients to explain and encourage PPG when handing out questionnaires.

**Any other business**

PPG member recommended a neighbor to register with LLS and states how impressed with the practice they are. All PPG Members agree.

PPG member asks how to obtain a Saturday appointment – JH - through reception, telephone Monday – Friday and reception will offer a Saturday appointment (for minor illnesses only) with HCA.

PPG Member explains she, her husband and child have difficulty obtaining a routine appointment. Feels the appointment system is not working and can only obtain urgent same day appointments as routine appointments are all booked up in advance. Feels she needs a future routine appointment so she can plan ahead for work reasons etc and there are no routine appointments as they are full. Sates is happy with all other services of LLS. MC says it’s no simple answer, has been ongoing for years, a complicated issue of which all the other PPG members are aware and LLS has been trying to improve this for many years.

Also states both work and times of PPG isn’t ideal for working people this issue has previously been discussed and was felt that current regular PPG attenders would not be able to make late evenings or weekends

PPG member also states issues with receptionists screening patients when attending for an appointment so they can triage accordingly. States when long queues in waiting are feels uncomfortable informing receptionist the reason why attending when asked, especially if attendance is due to a sensitive issue. MC states receptionist staff are all trained to offer triage.

JH informed receptionists do ask patient queues to stand back when waiting their turn and there are notices in reception regarding this. Also JH states if patients feel uncomfortable discussing issues at front desk receptionists are more than happy to use a private room elsewhere in the surgery and have done so in the past with other patients.

MN suggested implementing a clear line on the floor stipulating to patients to stand away from reception window.

**Date and Time of next meeting to be arranged.**