

Washway Road Medical Centre
Patient Participation Group meeting minutes
Monday 27 March 2017

Present: PPG - Merrall, Joyce, Stuart, Trevor, Sue.
WRMC – Sue, Julie, Dr Helen Wilkinson, Dr Mark Jarvis as guest speaker.
Chair: Julie Davis
Apologies: Chris, Susan, Anne, Sam, Graham, Martin, Jo, Sheila.

Arrival, refreshments & review of the last few months' Friends & Family responses.
Previous minutes from March 2016 meeting already distributed by email.

Review of progress against last year's agreed objectives, was given by Julie.

➤ **Improved patient education through email facility**

Julie reported a 20% increase in email addresses had been achieved, primarily captured as a result of the expansion of online services available. The practice was pleased to report that we had exceeded NHS England's 10% target of patients signed up for online services, with 16% patients actively participating in online access. Sue asked how the practice could further increase this uptake and with a productive exchange of ideas, it was agreed that the design of a colourful, eye-catching poster to affix to the prescription re-order postbox, may motivate more patients to order their prescriptions online. The safety, speed, efficiencies and patient control aspects of this were explained by Julie along with the news that printed paper prescriptions were being phased out nationally in 2017/18; it therefore made sense to actively promote this service. It was suggested that this might be a good topic for our medical students to complete. More active staff promotion when new patients registered with the practice was suggested too. Implementation of repeat dispensing for patients requiring weekly medication blister packs was also explained.

➤ **Active recruitment to PPG**

Julie reported there had been little success with this, despite promoting on waiting room screens and in new patient registration packs. All present felt their PPG was a positive, approachable group, welcoming of new ideas and members. Trevor suggested that we could consider targeting specific groups, maybe by text message, to ascertain interest and also to explore the reasons or perceived barriers to attending meetings. It was agreed to try this method of engagement.

➤ **Active contact with those patients failing to attend appointments**

Information was shared indicating that our "did not attend" (DNA) level had fallen by 14% since last year. However information featured in the current Surgery Snippets newsletter indicated that the DNA rate had doubled in the last 4 years, which astounded everyone. Julie gave some feedback from the national organisation Primary Care Foundation - working with Trafford Clinical Commissioning Group (TCCG) to explore ways of better matching practices' appointment capacity with patient demand. Julie explained that the 6 Sale practices had been working cohesively in attending several workshops over the last 18 months, reviewing their different approaches to this challenging topic. WRMC's DNA rate was significantly lower than the other practices' rates and as such the advice had been not to spend time worrying about it. Julie explained however that as the practice's baseline funding was significantly lower than all other local practices, every penny counted and that paying for extra GP or nurse locum sessions – to maintain an average appointment wait time of almost 2 weeks, was extremely frustrating and wasteful given the numbers failing to attend or cancel in good time.

Although some changes had been made by the practice as a result of last year's meeting, it was acknowledged that we had not completed all actions as originally intended and apologies were given for this, due entirely to workload volume.

PPG members felt that hospitals made clear to patients the monetary cost of missing their appointment and perhaps we should adopt a similar message. Trevor wondered whether patients were simply feeling better and forgetting to cancel their appointment. The practice had carried out an audit some years ago about the reasons for missing appointments but this had not been done recently. It was therefore agreed that a small audit could be repeated via text message responses to gauge patients' opinions, with feedback to the group in May.

Sue gave an overview of the practice's additional activities and achievements during 2016/17:

- Working together with other Sale practices in promoting the Saturday Hub appointment facility provided by Trafford Primary Health, located at Boundary House Medical Centre;
- Providing daily medical input to the intermediate care facility at Ascot House;
- Recruitment and employment of salaried GPs to support the Ascot House contract;
- Implementation of practice pharmacist to support the Ascot House contract and improve in-house prescribing safety & support to the GPs;
- Improvement in Quality & Outcomes clinical performance compared to previous years;
- Completion with two Salford Lung Study research projects;
- Active referral of patients to the new Trafford Co-ordination Centre team.

Dr Jarvis then joined the meeting to give an overview of the progress being made by TCCG working within the Devo Man partnership - joining health and social care together. Dr Jarvis explained that he now works half time at the practice and half time as clinical director at TCCG. He gave an overview about how Trafford's plans would improve the resilience and accessibility of general practice, including attracting an expanded workforce. In principle, practices would link to form a larger organisation, organising care into different streams eg domiciliary care (in nursing/care/own home), urgent care, long term condition reviews, general care, etc; whilst still retaining the continuity of care that patients value. He explained this is still in the planning stages and Trafford's bid for this has not yet been approved. More info at <http://www.gmhsc.org.uk/>

Discussion moved around the table throughout the meeting, with constructive contributions from everyone. Trevor raised an issue in the current Surgery Snippets newsletter regarding Trafford's exercise referral scheme, asking how patients could best access a referral for this. "Speak to our healthcare assistant, or one of our nurses or GPs and request a referral" was stated but in practice this was found to be less than straightforward. It was noted this could have been more clearly stated and it was agreed this would be clarified in the next newsletter. All members were keen to promote this as widely as possible ideally using patient feedback as a strong motivator. Stuart's suggestion "you only feel lousy when you stop (exercising)" was an excellent example. Julie indicated that this feedback method had been suggested by other patients in the past too and used to improved effect when inviting patients aged 40 – 74 for their NHS health check

Before closing, it was agreed the areas on which the practice would focus for 2017/18 were:

- **Develop & display engaging poster encouraging online access registration;**
- **Target unrepresented groups for greater PPG diversity;**
- **Perform snapshot audit of patients' reasons for failing to attend or cancel appointments and feedback to PPG in May 2017.**
- **Continue to promote exercise referral scheme & simplify referral process.**

Meeting closed at 7:30pm. All thanked for attending.