

Chrisp Street Health Centre
Patient Participation Group (PPG) Meeting Minutes held on 17 January 2017
18:00 – 19:30 hours

1. Introductions & Welcome

Chair – Gordon Joly (patient) – Gordon clarified that at last meeting, he had agreed to take on Chairmanship of the PPG for one year

Minutes – Simon Robinson, Practice Manager

Attendees

Patients: Patricia Thomas, Sandra Chalmers, Jeremy Lynton, Bill Colverson, Evelyn Wasdell, Terry Ellis, Lillian Leonard

Staff: Alison Smailes (GP); Ripa Begum (Reception)

Apologies

Oliver Lynton, Mary Barclay

2. Minutes of Meeting, 11-10-16

Agreed as correct record. Chair confirmed with the PPG that minutes were to right level of detail.

3. Matters Arising

Change in Appointments System – Simon reported no changes at this time (at previous meeting, discussion held about move towards higher ratio of telephone to face-to-face appointments).

E-consulting – at last meeting, queries about safety of system and people obtaining confidential information. Simon had discussed with Dr Bhatti who confirmed system meets safety requirements.

Premises – still in process of liaising with architects over possible changes.

Web site – clearer section for younger patients is awaiting completion

Suggestions – doors are now open at 8.25, so patients with appointments at 8.30 don't need to wait in queue; named manager notice in place; fees are mentioned on the desk and on latest newsletter

3. Practice Updates – see Appendix A

The group discussed the following points:

DNA's –10% of appointments were not attended in December. PPG felt this was very frustrating given the waiting times to see a GP.

Simon reported there is a process in place for a) reminding patients by text b) contacting patients by phone at particularly busy times c) writing to patients and sometimes removing those who serially don't attend. The PPG felt we could be stricter about removing patients, but accepted there are sometimes good reasons why patients miss their appointments.

The PPG reported there is sometimes variability of when text message confirmations and reminders sent. **Simon to review.**

The PPG were reminded about pre-bookable telephone appointments. The PPG felt we should produce a flyer explaining when it may be helpful for patients to book one of these. **Simon to action.**

Noted that more patients come to their phlebotomy appointments than other types of appointment. Group asked why when booking online these appointments are called "*Blood Tests Pre-Arranged only*". Dr Smailes explained this is to prevent patients booking an appointment without having seen a GP beforehand (as the GP needs to order the tests before bloods are taken)

Online Access - If pre-book telephone appointments booked online it would be preferable to have reassurance from the web site that the appointment has been booked; perhaps a confirmation message. **SR to raise with EMIS (who supply the software).**

Social Prescribing – PPG felt this new initiative (a one stop shop including signposting for all health/social issues was positive). Dr Smailes explained there are so many local services which are always changing,

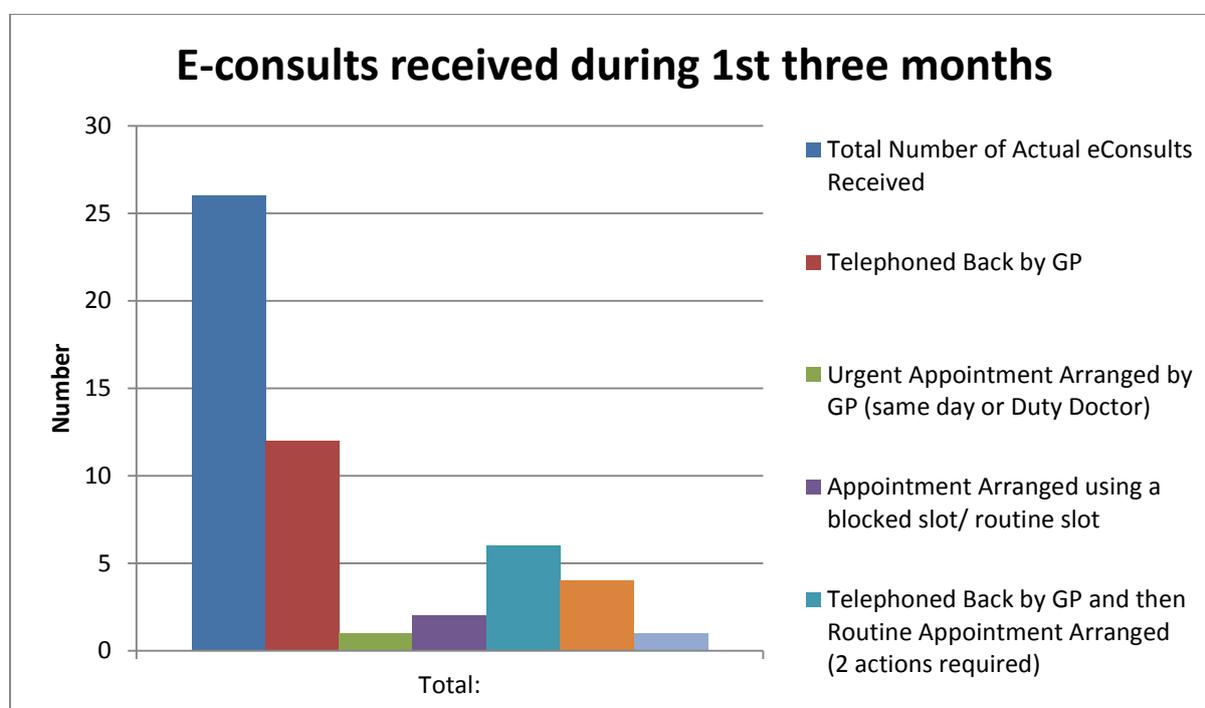
and that GPs often could not keep track of them all and who to refer patients to. Bill explained there had been previously been attempts by the Council to produce a social warehouse database that could be accessed via the IDEA store, but this had stalled.

Seasonal Influenza Results – Despite extensive advertising, the Practice had not met its 75% NHS England flu vaccination target for patients aged 65 and over. PPG felt many patients didn't attend due to their previous vaccination experiences, but we need to determine what is putting people off. PPG were worried that vaccinations given by Pharmacy prevented us reaching our targets, but Simon explained we were informed about these vaccinations and they did still count.

4. E-consulting

Chair fed back he had submitted an online consultation which had been dealt with on the same day as he emailed it across to us.

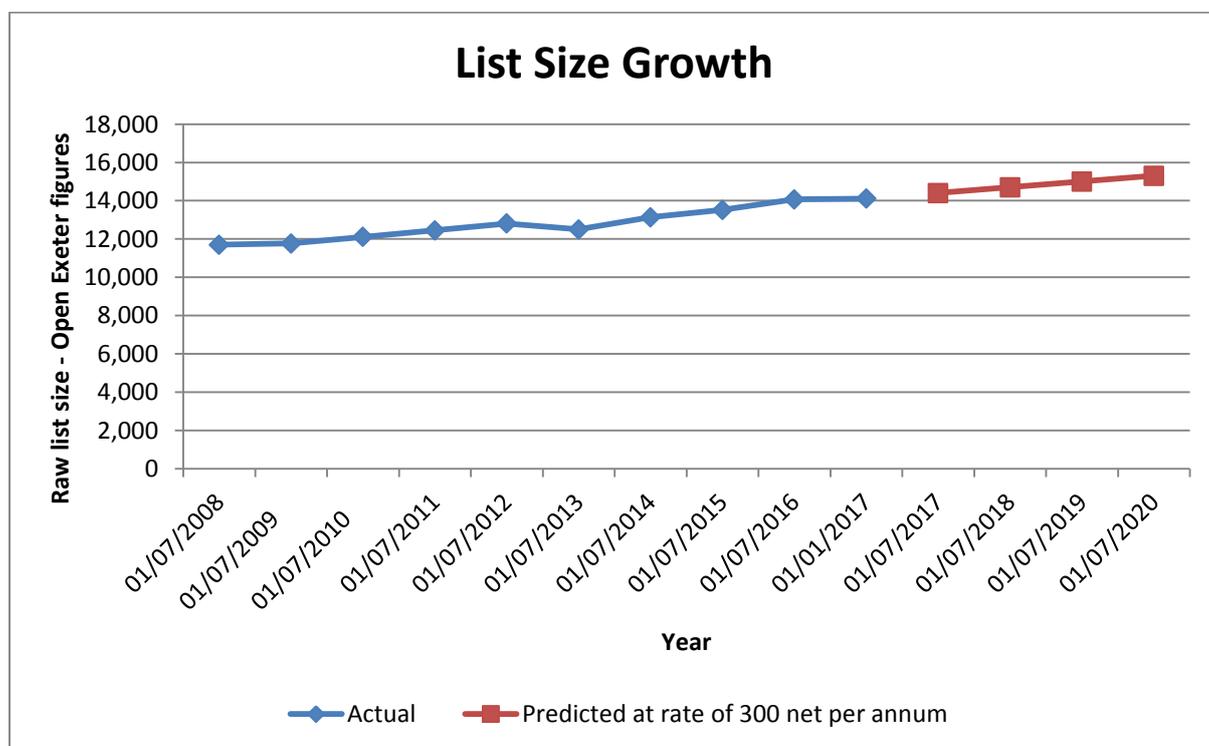
Simon showed data of usage – still very limited use at this time. The data below shows that of the 26 e-consults in a 3 month period received most were resolved by a phone call back to the patient.



PPG felt there should be more publicity about e-consults, e.g. when people are on hold waiting for the phone. **Action: Simon**

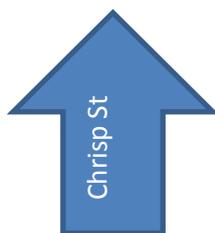
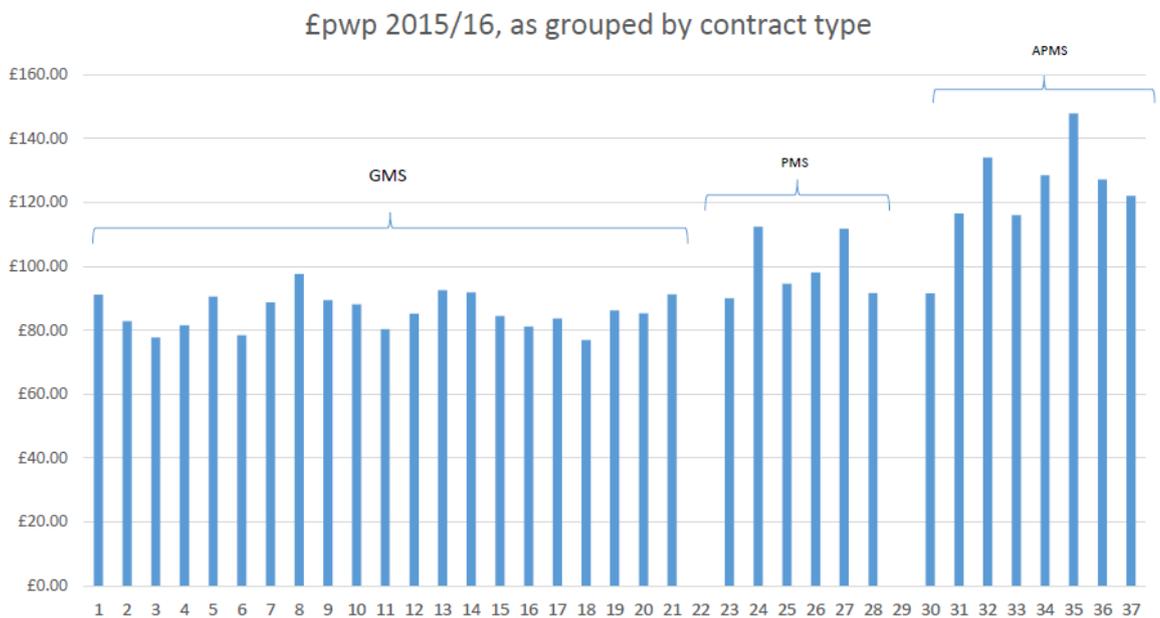
5. Review of Practice Growth and Income

The Practice list of patients has steadily grown over the last 8 years (see below).



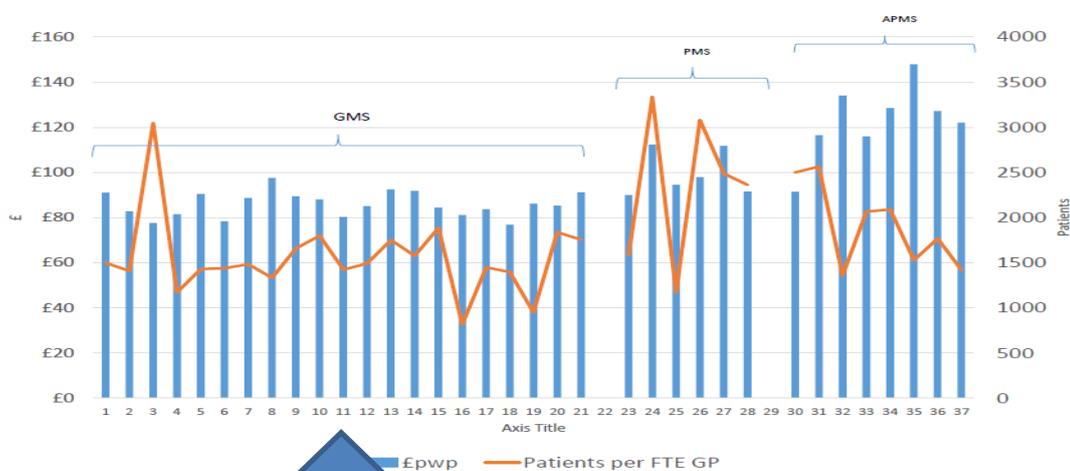
The PPG was shown data of how much income the Practice receives per patients in comparison to other local Practices. Some Practices receive more because they are open longer/weekends etc. We currently receive a lower amount and it is hoped this will be re-dressed through proposed changes in the way practices are funded nationally and locally. Simon apologised for the complexity of the graphs but the PPG agreed it was important to see variations in funding across the Borough, particularly given levels of deprivation in the local area.

Overview of Funding: General Practices in Tower Hamlets



An additional graph shows that despite receiving less income, GPs at Chrisp Street have less patients on their individual lists than at other practices. This is a positive thing for patients and enables better continuity of care.

No. of patients per GP FTE Vs. £pwp



6. Getting Through By Phone

Simon presented data from the first two months since the installation of the new digital phone system. The results – see Appendix B – were encouraging. Two thirds of calls are answered within 30 seconds. The new system also informs callers about their position in the queue. Although many calls each day are abandoned, data shows that many patients ring off quite quickly. So this may be due to patient choice (e.g. finding they are 4th in the queue and deciding to call later rather than having waited a long time and given up). Inevitably there may be times when it is more difficult to get through, especially if receptionists are called away from their station – eg to assist or translate for a patients. Overall the PPG found the results encouraging.

7. Care Quality Commission (CQC) Inspection

In December, the Practice received its finalised report from the CQC following its inspection on 1st June 2016. The Practice had been rated Good across all measures. There were no action points.

Ratings	
Overall rating for this service	Good 
Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Good 

The PPG had been forwarded a copy of the full report and if there is anything they wish to raise, they are welcome to do so at future meetings. A copy of the report to be put on our web site. **Action: Simon**

8. Any other business

It was Bill Colverson's final meeting. Bill has been a long-standing member of the PPG and also works with local Healthwatch. Bill was thanked for all his support over many years and was wished well for the future.

10. Date of Next Meetings

Tues 11 April at 1pm

Tues 18 July at 6pm (*note the date was changed again after the meeting in order that Dr Smiles may attend*)

Tues 10 October at 1pm

APPENDIX A - PRACTICE UPDATE JANUARY 2017

Staffing

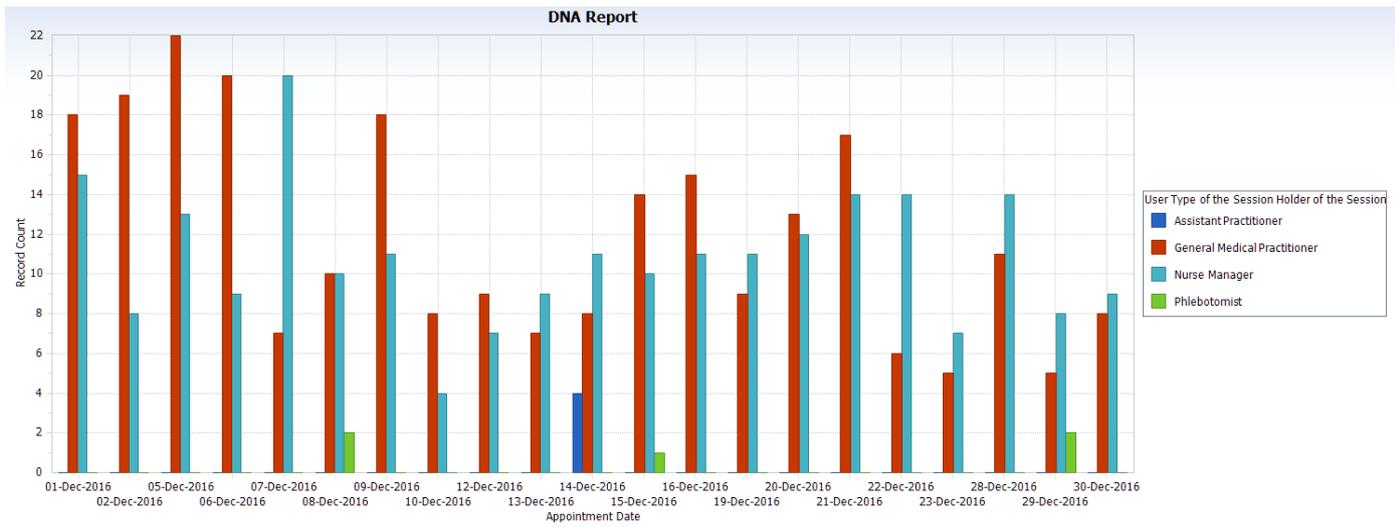
- Dr Faz Khwaja will be taking a one year sabbatical and replaced by former trainee Dr Low for 1 year
- We were unsuccessful in recruiting to our new Reception Manager position. In addition, we recruited to replace Kadir (IT Administrator) who left us in December. But the successful applicant pulled out just before their start date, by which time our second choice had found a new post elsewhere. We will re-advertise both posts again shortly.
- New apprentice Ruhena joined us in November for 1 year via the Bromley by Bow scheme.

Premises

- No news on the next round of Section 106 funding availability. We check this with the CCG routinely.
- We are completing consultation about our plans and need to feed back any changes to the architect.
- Our new phone system was installed in November. The system stores data about length of time to answer calls – we set a target of 30 seconds; and other useful information such as number of abandoned calls. Data will be circulated at the meeting

Services

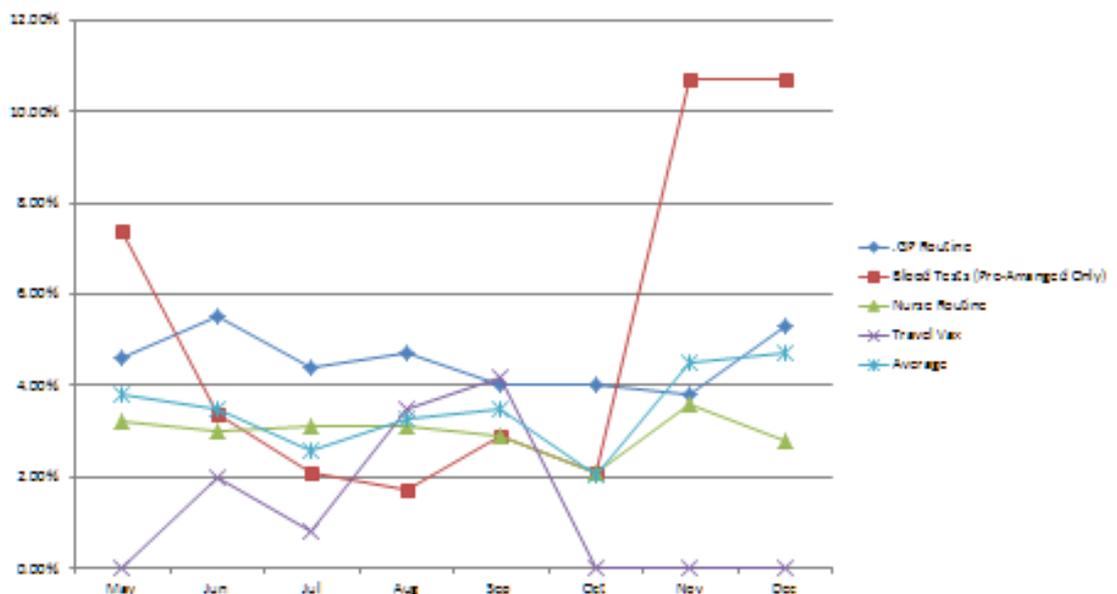
- **Appointments** – We have currently have a 2 week wait time for routine appointments.
- **Telephone Appointments** – Two pre-bookable telephone appointments offered in each surgery (for results, discussion of ongoing problems, complex medication issues etc). These appointments may be booked online
- **E-consultations** – we are currently receiving an average of 2-3 e-consults per week
- **Smoking** – a new early evening course for smokers is starting on 24 January
- **Social Prescribing** – new services begin shortly run by the Poplar & Limehouse Health Network
- **DNAs** – 485 appointments not attended in December across all professions



Online Access

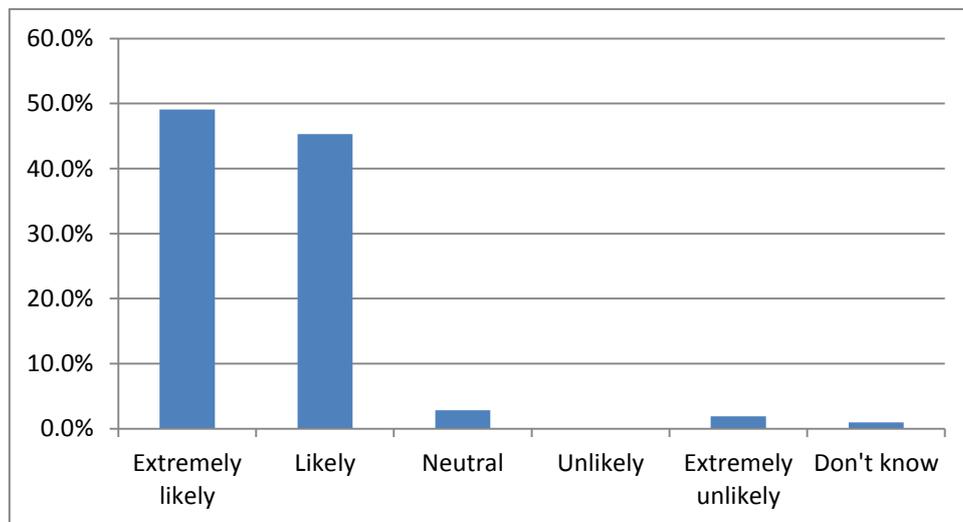
- **27%** of patients now have LIVE online access accounts, but only 7% of all patients are actively using their accounts. This includes “coded data” from their medical records such as consultations and laboratory results. To activate this service, patients must complete an additional application form and bring their ID and proof of address to Reception. This is to ensure only the correct people may access their record.
- Percentages of patients booking online is recorded below:

% of appointments booked on line from May 16

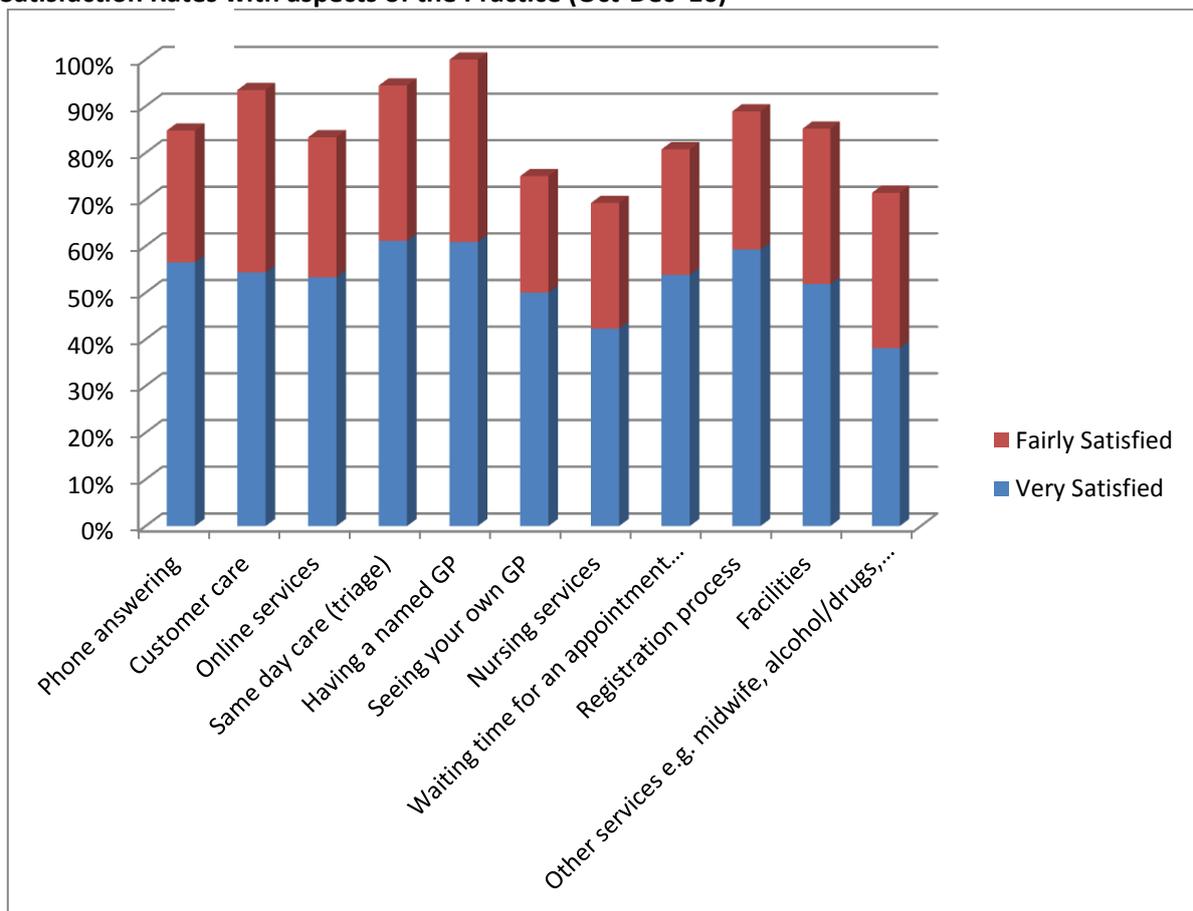


LATEST SURVEY DATA (OCT TO DEC 2016)

How likely are you to recommend the Practice?

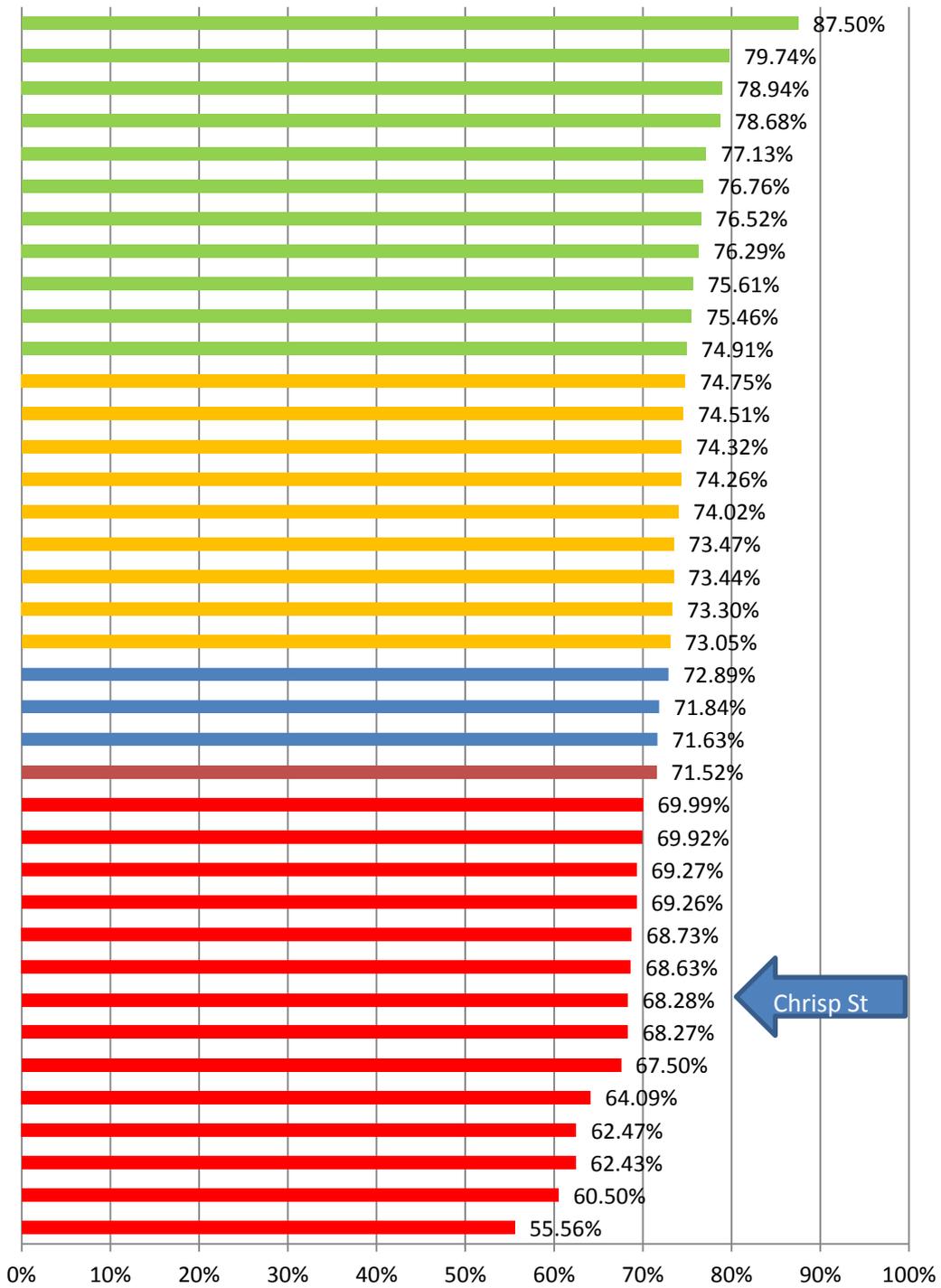


Satisfaction Rates with aspects of the Practice (Oct-Dec 16)



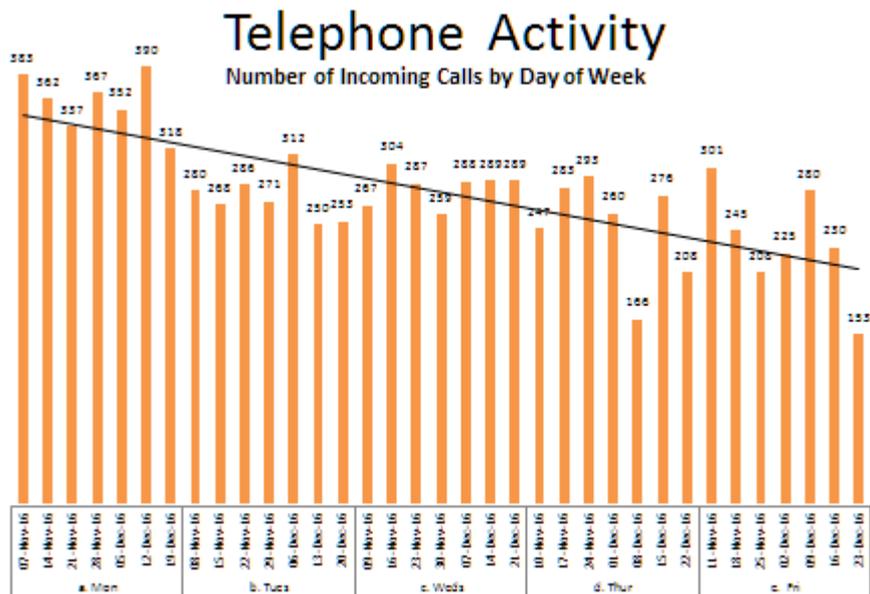
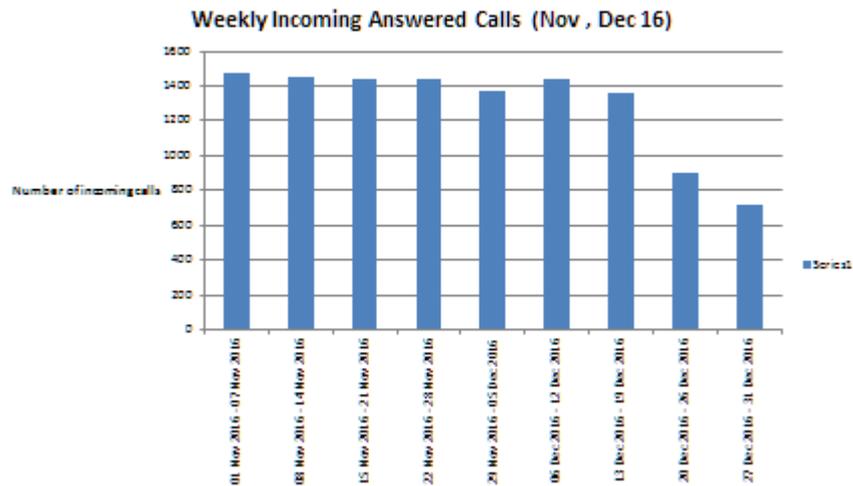
HOW WELL ARE WE DOING WITH FLU VACCINATIONS COMPARED TO OTHER PRACTICES?

Seasonal flu vaccination coverage for over 65yrs
as on 21st December 2016



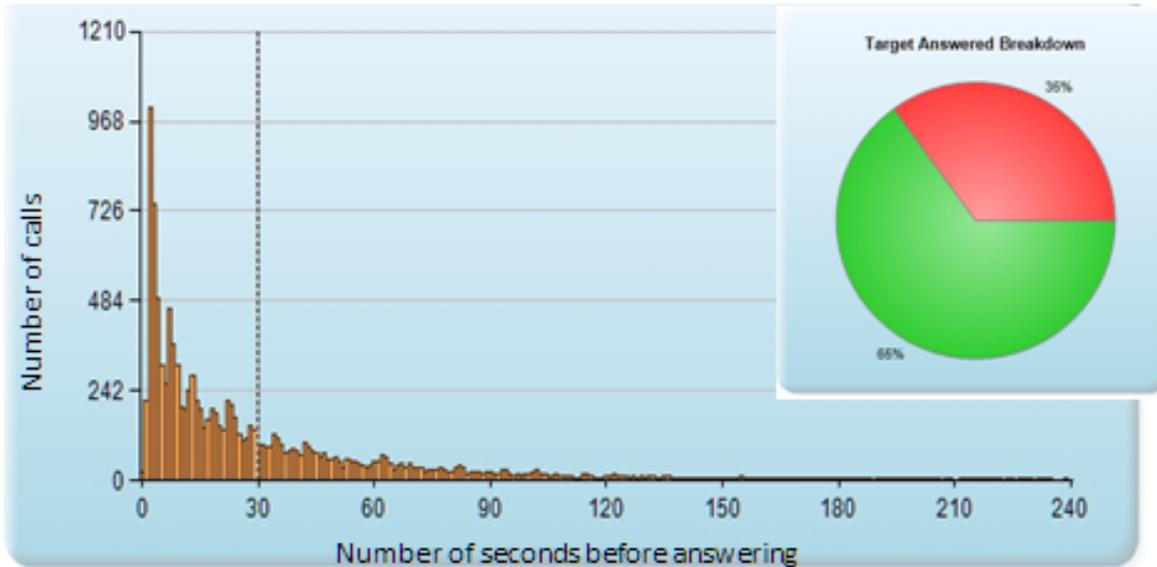
APPENDIX B - PHONE ANSWERING DATA – NOV, DEC 2017

Telephone Activity, Nov/Dec 16

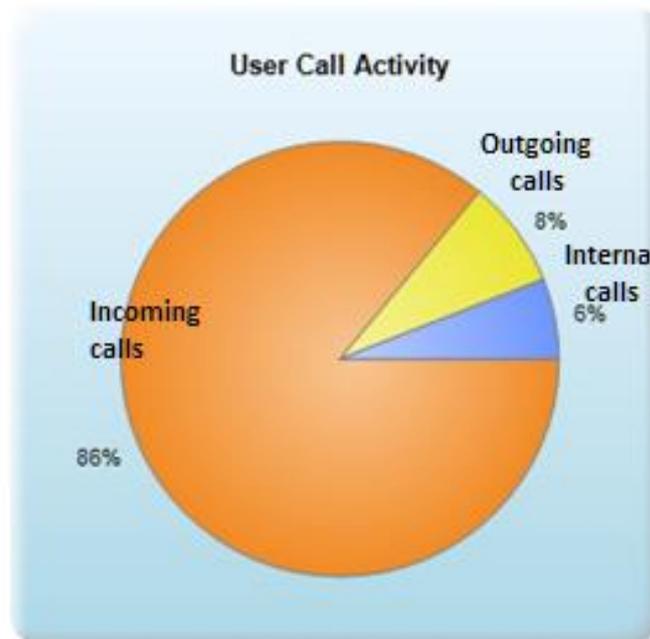


Telephone Activity, Nov/Dec 16

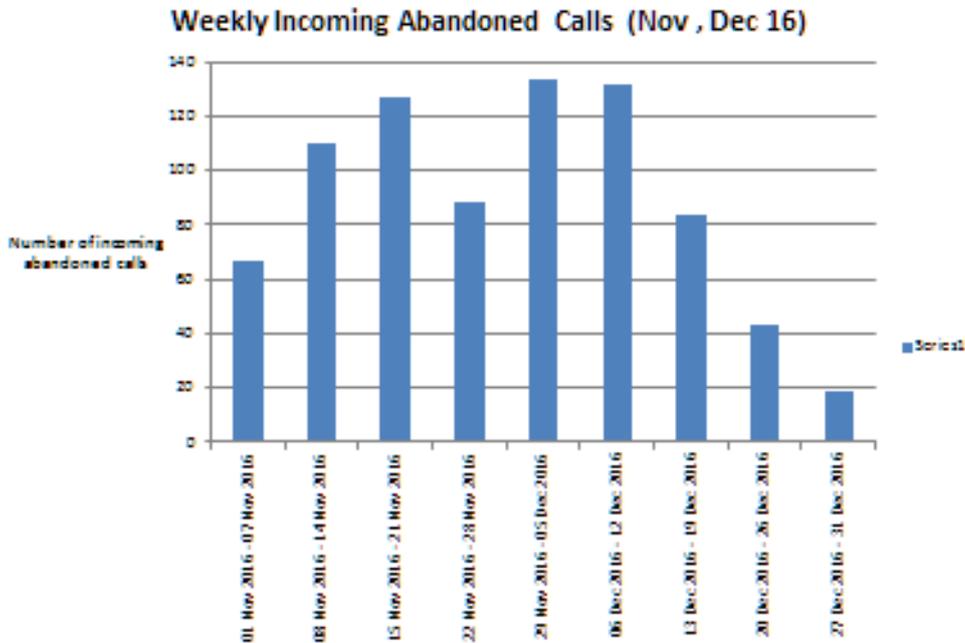
How long is it taking to answer calls
(Target = 30 seconds)



Breakdown of Call Activity



Telephone Activity, Nov/Dec 16



Telephone Activity, Nov/Dec 16

How long is it before patients abandon their incoming call
(Target = 30 seconds)

