

## Reach Healthcare Patients Participation Group (PPG)

Notes of meeting held at 6 pm on Wednesday 12<sup>th</sup> June 2019  
Lordswood Community Healthy Living Centre, Sultan Road ME5 8TJ

Present:

Ann H. – Practice Manager  
Ann E. – Practice Manager  
Carol – Patient  
Deoduth – Patient  
Dr. Musoke  
Helen – Patient  
Ken – Patient  
Martin – Patient  
Miriam – Patient  
Neil – Patient  
Sue – Patient/Chair (SS)  
Tony - Patient

1. Welcome and Introductions. Members were welcomed to the meeting.
2. Apologies for absence were received from Dr. Lall, Dr. Shum, Jeanette, Christine, Kathryn, Marion R, Gill, George P, April and Amanda.

The group was informed that Alison the note-taker and a patient, had left the group.

3. Notes of the meeting held on 13<sup>th</sup> March 2019 were agreed by the Members who had attended that meeting.
4. Action Log from 13<sup>th</sup> March.
  - I. To liaise regularly and update the local social media groups. – Dr. L and SS. Completed.
  - II. To explore options for a Reach Healthcare Facebook Group. – SS. Completed. To discuss further.
  - III. To liaise re volunteers in surgeries to promote the EPS. – AE, AH, Dr. M and SS. Not completed. To be discussed further.
  - IV. Invite Pharmacist to a future meeting – SS (with assistance from AE) - Not completed but agreed to leave for now.
  - V. Confirm date of next meeting – AE - Completed
5. General update from Practice, including the Care Quality Commission ('CQC') Inspection

Ann E and Ann H informed the Group the CQC had carried out an Inspection of Reach Healthcare the previous week, over two days, at all three sites. The Inspectors included a Doctor. Everything about the practice was inspected, including amongst other things, clinical performance, patients' notes, administration, staff, patient engagement, policies, protocols, quality outcomes, complaints, drugs storage, health and safety in buildings etc. From the verbal feedback the practice felt overall it went well. A report will be forthcoming in several weeks' time. The members were pleased for the practice that it had gone

well. The PPG had not been contacted by the inspectors and there was disappointment over this. The Chair was enquiring of CQC Guidance whether it was an obligation or not to liaise with PPGs and also asked the practice managers to feedback to the CQC, its disappointment.

The practice is currently advertising for a new pharmacist which is an essential member of staff.

## 6. Final update on new Telephone System

The telephone system is installed and so far, has proved a success. It was two years promised and since installation, there has been good feedback from patients; there is less stress on staff and a calmness in reception (the telephone hub is behind the scenes). Several members expressed satisfaction in recent weeks. The system is being monitored in various ways to capture data. Ann E agreed to bring a small report to the next meeting. There was brief discussion about appointments being found once the patients had got through on the telephone, with some concerns still. Members were asked to pass on any information if they hear about no access to appointments. There were now additional doctors. Partners review this issue each month. Receptionists on the telephones have been trained to enquire of patients the nature of the call, in order to pass them to the most appropriate professional..

## 7. Communications with Patients (where the PPG could have a role).

### a. Social Media

The Chair had sought advice from a member of the Communications and Engagement Team in Kent and Medway NHS on the potential for the practice to have a Facebook Group. Below is a segment of her reply.

*“...It is not at all difficult to set up a Facebook page – if there is a member of practice staff who uses one personally, they may feel inclined to lead on this. You have to set it up as a business page and it has to be done from someone’s personal account so that they can be administrators of the page. However, I would caution that the practice needs to be really clear what the page is for. You cannot simply give information and not allow comment – that’s not how Facebook works. If it’s a simple information sending service, then the practice might want to look into sending text messages to patients instead – I don’t know what is involved in this, but if you have a Facebook page, people will use it to comment or try and get in touch with the practice and you can’t get away from this. The caution I would offer to a practice is that you need to make it clear in the profile that the page is not for making appointments and they need to be clear what times and days the account will be monitored should someone choose to get in touch. I would suggest it would make more sense to set up a Facebook page for a primary care network that all practices in that network can feed into which takes the pressure off just one practice having to maintain a page, but I think this needs some more thought once PCNs are established and working well...”*

Those present discussed this and agreed that the idea should perhaps be shelved until the Primary Care Networks were fully established.

### b. Electronic Prescriptions online

Dr. Musoke gave out a leaflet for signing up to the Electronic Prescription Service (EPS). Patients sign up and liaise with their chosen pharmacy, either local or near their workplace. It is geared more for repeat prescriptions which would not normally need intervention until review. It saves several stages in the way repeat prescriptions are managed and saves GPs’ time. It is an additional service and patients who wish to

continue in a non-electronic way, will still order and collect manually. It was also an additional service to patients online. PPG members were invited to volunteer to attend waiting rooms and alert patients to the service, who may not know about it. There were 10 members who had indicated they may be able to help, subject to knowing a bit more about it. Dr. Musoke agreed to write a paragraph or two with more explanation and perhaps a couple of FAQs that the volunteers may be required to answer. The Chair said that after that, she would invite the volunteers again.

c. MyGP App

Occasionally patients are booking two appointments simultaneously on the App when they anticipate needing a follow-up. Whilst the reasoning was understandable, it does take two appointments away from the then current available list. Ann H said she would investigate.

Members asked if patients could be contacted by email, so that mass distribution of information could take place. This may be possible with a simple database, as patients have the option of giving their email addresses when they register to the practice.

d. Non online communications PPG could be involved (e.g. promotions by practice).

It was agreed this would not be pursued due to other activities the members had agreed to carry out, but to leave as an agenda item.

8. Changes coming to the NHS - to include Primary Care Networks ('PCNs')

Dr. Lall had been unable to attend the meeting but had asked that an animated video be shown which visually explained Primary Care Networks (PCNs), which are a vital part of the NHS 10 Years Long Term Plan, and which will be coming into being after July this year. The Chair had previously sent by email, slides from a presentation by the Clinical Commissioning Group (CCG) on the said changes, and which she gave out as handouts to members. Primary Care Networks were a way of GP practices coming together in geographical areas with a combined patient list of between 30,000 and 50,000. There will be seven in the Medway area. Two sites of this practice, Walderslade and Lordswood will be part of Medway South, the Clinical Director to be Dr. Lall. Balmoral Gardens surgery will be part of Medway Central. PCNs will be small enough to provide personal care but large enough for collaboration between practices in their local health and social care systems. Each PCN will include GPs, district nurses, community geriatricians, dementia workers, and other health and social care professionals and the voluntary sector. It will also eventually include pharmacists, physiotherapists and social prescribers. It will aim to give patients joined-up care and take the pressure of everyone thinking they need to see a GP for everything, (who would though still be in charge). Primary Care Networks were only one aspect of the Long Term Plan, and there will be changes to Clinical Commissioning Groups and how they work. These will be called Integrated Care Partnerships (there will potentially be four across the whole county, 'Medway & Swale' being one): Also a Kent & Medway Integrated Care System to oversee all health and social care in the County, with a countywide Clinical Commissioning Group, to commission on a large scale.

Members agreed that once this was all up and running, it should provide better joined up care for patients and practices.

9. Meetings/events attended by PPG members since the previous meeting.

a. Wheelchair Users' engagement event

This will be reported on at the next meeting as the member who went was unable to attend the meeting

b. Medicines Waste meeting

The Chair had cascaded information online about a pilot project in Medway which was attempting to save medicine waste and therefore save money. Nationally, Medicine Waste costs the NHS hundreds of millions of pounds annually.

c. PPG Chairs' forum issues

The Chair had attended meetings about the Long-Term Plan and PCNs mentioned above.

The Chair had cascaded an email from the CCG regarding proposed GP Online Consultation. There was a link to a pilot project (not local) in which GPs indicated that speaking to certain patients online saved hours of travelling, telephoning and time, and was a success. One of the weblinks in the email was for patients to complete a short survey giving their opinions on this new way of communicating with GPs, including how they wished to be triaged online – a human or a “bot”. Members generally felt that bots were not advanced enough and would prefer a human. Members were requested that if they had not done so, to have a look at the survey as the creators would like feedback. There was concern about the elderly or disabled and others who may not have access to computers. It was made clear in the weblinks that this was an additional service to face to face GP appointments.

d. MP visit to practice (including PPG member)

Tracey Crouch, a Medway MP had been invited to meet the Partners of the practice in May and the Chair had been invited as the PPG rep. It was a productive meeting.

10. Date and time of next meeting – Ann E will book a room for 6 pm Wednesday 11<sup>th</sup> September.

11. Any other business.

Ann H brought an issue on behalf of Dr. Lall. When our Primary Care Network (PCN) is up and running, the GP practices involved will be looking at extending appointment hours across the PCN area. This was separate to the 'Hub improved access' already running. Members were asked their opinions on whether they felt that those extended hours appointments should only be with GPs, or with others (e.g. Nurses or Health Care Assistants depending on the nature of the appointment). There was a brief discussion and the members present indicated they would feel generally happy with who was available but also felt that if it was not a GP, they would like to know there was a GP on site. It was noted that some patients would wish

to see only a GP, but that they would then, in theory, have more appointments to choose from in the daytime.

There was a query about an anomaly in the number of patients registered in Medway and the latest Medway population list, suggesting it was 30,000 adrift. Nobody present had an answer to this.

#### ACTION LOG

- I. Find out if CQC have obligation to speak to PPGs – SS
- II. Provide short report on data captured through monitoring the telephone system – AE
- III. Send short explanation of the EPS and FAQs for the volunteers – Dr. M
- IV. Sort rota for EPS – SS
- V. Investigate the issue of duplicate appointments taken on app. – AH
- VI. Report on Wheelchair Users' Engagement event – AR
- VII. Book room for September meeting - AE