

# **St Luke's Practice**

## **Patient Participation Group (PPG)**

### **Tenth Annual Newsletter 2015**

#### **Introduction**

St Luke's Patient Participation Group has been meeting for ten years; it was one of the first PPGs to be formed in Nottingham City and is now considered a strong voice. Many more PPGs have subsequently been set up and meet in GP surgeries. It is mandatory requirement for all practices to have a PPG. These groups are particularly important at a time of great change in the NHS as issues raised through them inevitably carry more weight in bringing change than the more disparate information garnered from individual views.

Members would like to thank all the staff team for their support and commitment to understanding the needs of patients and listening to their opinions.

#### **Farewells**

Receptionists Akeela Khan and Grace Cafferkey left the practice in June; members wished them well in their new posts, although Grace has agreed to stay and help out on her days off while we settle in the new staff

#### **Welcomes**

An experienced receptionist, Shazia Alam and Rubab Bano, previously on receptionist work experience, joined the practice permanently and were both welcomed by members. The practice was considering setting on an apprentice

Julie Jackson joined the practice as a locum nurse for one day depending on demand. This will be reviewed after three months and a more permanent position considered. Julie has settled in very well and is an experienced Practice Nurse.

#### **NHS Reorganisation**

Throughout the year there has been lengthy discussions with Dr. Amin on the NHS changes affecting general practice. These discussions focused on the shortage of doctors choosing to train for General Practice and the reluctance of GPs to stay in General Practice. For example only 60% of the numbers of doctors in training, compared with previous years, choose to become GPs. This was at a time when the role of the GP was becoming more demanding, both in duties related to the Clinical Commissioning Group and in the expectation that GPs would work longer hours and take on more responsibilities. Many factors had caused this decline, including the heavy administrative burden on practices. It was agreed that the PPG would send a letter to the two MPs in whose constituencies members lived and would ask how the Labour party intended to attract and keep GPs and express members' concern that the shortage could lead to a crisis in health care for patients. Dr. Amin emphasized that his priority was to ensure the stability of St Luke's Practice.

Our letters to local MPs received favorable and positive replies, particularly from Chris Leslie MP, but the new administration does not appear to have plans to address shortages in provision in Health and Social Care. This administration's priority appears to be to provide unfunded 24/7 primary and secondary care. This seems a strange priority as Nottingham does have an efficient Out of Hours service provided by NEMS

During the year Hartley Road practice closed which resulted in a noticeable increase in the number of patients coming to St Luke's. All clinicians are therefore under more pressure and patients have experienced longer waiting times for appointments. Members were pleased to learn that Dr. Mir (locum) has increased his sessions from one to four and other GPs are expanding their sessions.

### **Practice Matters**

Members were pleased to note that Kauval Haque's hours had been extended to help achieve the targets for NHS health checks and Kauval has been working some Monday evenings. Dr Sadia Nawaz now works on Wednesdays and on Thursday mornings, allowing Dr Amin to catch up with administrative duties.

DNA (Did Not Attend). Patients who do not attend appointments is a national issue and St Luke's practice is not an exception. DNA figures for April and May were 85 and 65 respectively. The policy of asking for explanations where people DNA was discussed and it was agreed that Dr Hippisley Cox

should be asked whether, in her research role, she was aware of any practice elsewhere which had resulted in reduced DNA.

Members learned that the practice was in dispute with the NHS on the “cost of utilities” ie the overheads charged to the practice by the NHS, which range from disposal of waste, fuel costs and rent. These charges have been increased unilaterally based on a formula based on notional floor space. Many practices throughout the Country are also in long-standing dispute with the NHS and there seemed to be no obvious resolution although it has been escalated to the Clinical Commissioning Group & Local Medical Committee.

The analyses of patients’ comments on the *Friends & Family* forms were examined. In general patients had a positive view of their experience but where they were dissatisfied, it appeared to be due to misunderstanding of the practice procedures, such as booking appointments. The booking procedures have been outlined in the Practice Newsletter and members suggested that the appointment system should feature in future staff training, as should the rare issue of lost prescriptions.

The Practice Manager was congratulated on her work on the Practice Newsletters and members suggested that, whenever mention is made of the surgery being closed, the availability of the out of hours service provided by NEMS, if a patient phones the GP surgery number, should also be mentioned.

Medical Interoperability Gateway [MIG]. This is a protocol for the exchange of patient information between services. At first staff were very concerned about patient confidentiality but after a meeting/presentation, staff were satisfied that safeguards had been built in to protect patients’ rights. The system was not yet operational in Nottingham but is used in other areas of the country and is hoped to be completed before the winter pressures commence. It will provide only relevant patient information when essential. The information will not be stored and is only a snapshot of the patient’s details. Its use will be invaluable for certain cases, for example, if a patient was admitted unconscious to A and E or when in hospital the patient was not aware of the drugs they had been prescribed.

IT Issues. Some of the health recording systems were not compatible with one another. For example some practices use ‘System One’ while others use “EMIS”. Our practice uses EMIS and this is incompatible with many other case recording systems. In future limited EMIS information will be available to non EMIS users via the MIG

## **Reports on Patient Group Meetings**

John Hannam had attended the monthly Robin Hood Cluster meetings and gave a presentation on patient representation at the AGM. Reports were given on New Leaf smoking prevention, improving Diabetes Services and improving the physical health of severely mentally ill patients. John resigned from the Cluster during the year and it is hoped that another patient representative will be appointed.

Janice Fox and the chair had attended the CityCare Patient Experience group meeting on end of life care.

Janice reported that CityCare has had its contract as the provider of community services extended for a further two years, which is excellent news for patients as it indicates that it is performing well, and that the disruption caused by a fresh tendering process at this stage was avoided.

On October 1st the London Road Walk-In centre extended its services and reopened as an Urgent Care Centre. The Walk-In Centre on Upper Parliament Street closed. On behalf of patients, the Chair has been in correspondence with various organisations in an attempt to establish re-routing of a bus service to serve the Urgent Care Centre .

Connect House, which CityCare has opened in Basford as a convalescent home for people leaving Nottingham University Hospital, is up and running. People in hospital who find it difficult to manage at home straight away will be eligible. While the hospital will deal with referrals, it is as well for patients and their family/friends to be aware that they can ask for this option.

A Behavioural and Emotional Health Service has been established for children and young people up to the age of 24. It is in an early stage but is already meeting need. Around one children in ten experiences a mental health issue or behavioural concern.

PPG members are reminded that the phone number for Citycare's services is 0300 300 3333, and from this number you will be directed to the service you need or have your queries answered. Citycare cover a very wide range of services including podiatry, district nursing and phlebotomy.

The Chair had attended PPI meeting on Dementia, Frail Older People and Palliative Care in which research projects were discussed.

In November the Chair and Vice Chair of the PPG met with Tracie Baker, the Engagement Co-ordinator of Nottingham Clinical Commissioning Group (CCG) at her request to discuss the following:-

“Under Section 1422 of the Health & Social Care Act 2012 the CCG has a duty to make arrangements to involve patients and the public at various specified stages of the commissioning process. It is in their best interest that all their member practices have a strong, effective, ‘healthy’ PPG made up of active patients working closely with their GPs and practice teams to help the CCG fulfill this duty. Working together, the CCG can ensure that the practice populations’ perspective and priorities contribute to the continuous improvement of services, ensure practices are more responsive to the needs, wishes and priorities of patients and help to effectively target the use of resources.”

“The CCG wishes to engage practice PPGs in a two-way communicative process and, to engage effectively, is looking to introduce a model for meaningful engagement with PPGs, regular and meaningful engagement between the CCG, GP Management Boards and PPG networks and ongoing support available for practices in sustaining their PPGs.”

We had a 2 hour meeting, during which time some specific issues were discussed, ie the London Road Urgent Care Centre and more general and wide-ranging suggestions on meaningful engagement.

In summary we requested:-

- i) The CCG should provide PPGs with an up-to-date list and contact details of named persons to contact in the event of queries (such as the London Road Urgent Care Centre, Dermatology, Admiral Nurses etc), which list should be regularly updated.
- ii) We thought that, generally meetings were boring and unproductive, so the CCG should present their PPGs with regular updates of results of national surveys, with priorities to which they have to adhere, and also give a list of local priorities, garnered as a result of local surveys carried out by the CCG; this document should be no longer than 4 sides of A.4.
- iii) It would be useful to be provided with a flow chart of all the various PPI groups run by the CCG and the local authority.

### **St Luke’s Surgery Patient Participation Group** **Mission Statement**

*To act as a liaison with the surgery, with a two-way flow of information between staff and patients and to identify any issues which may improve the patient’s experience.*

The Minutes of all the PPG meetings are available in the office or on the TV and the website

We would welcome more members. If you would like to join the group or would like more information, please contact Audrian by email [audrianasmith@hotmail.co.uk](mailto:audrianasmith@hotmail.co.uk)

### **Dates of Meetings in 2016**

These will be held on Tuesdays at 2pm on 8th March, 14<sup>th</sup> June, 13<sup>th</sup> September and 13th December unless circumstances make it necessary to change a date.