Minutes of the meeting held on Saturday 13 July 2019 at 10am at Milman Road Health Centre

Present : Christopher Mott (Chair) [CM] Anne-Marie Dykes (Interim Secretary & Practice Representative) [AD]

Monica Morris (Vice Chair) [MM] Paul Williams (vice Chair) [PW]

Ken Fisher [KF]Mary Fisher [MF]Adam Harrington [AH]Helena Turner [HT]John Walford [JW]Marie Panter [MP]

Apologies: Darren Jones, Jo Jones, Gillian Tunley, & Dot Wylde

Welcome, Introductions & Apologies (Agenda item 1)

CM said we need to increase our group numbers via advertising and word of mouth – particularly amongst the ethnic groups. Anne-Marie has agreed to remind the GPs to identify potential members so that they can be invited to join the group.

Minutes of the meeting on 23 February 2019 (Agenda item 2)

The minutes of the meeting held on 23 February 2019 were accepted as an accurate record and signed by the Chair (CM).

Matters Arising (Agenda item 3)

The action log was reviewed and updated as follows:

Action 18 – Car park markings – Update, AD advised that this is still with Partners. Action continues.

Action 20 – Photo board of staff. Update, AD advised that we are waiting for the final members of our team to join in September. The PPG are frustrated by the delay of this action point and suggest that the practice use the security pass photograph for the photo boards. A professional photographer was to be engaged as the internal option had failed. Location of the photo board had not been decided. AD will take the proposal of using security photographs back to the Partners. **Action continues**.

Action 24 – Disabled parking space – Update, AD advised that this is still with the Partners. Action continues.

Action 26 - Larger noticeboard for ground floor. Update, still with the Partners. Action continues.

Action 29 – Wheelchair. Update. The practice has agreed the case for acceptance of the gifted wheelchair. AD agreed to check where the signage is and let pharmacy know that we have a wheelchair available. **Action continues** until the signage is in place.

Action 36 – External lights. Update. PW reported that the responsibility for external lights had moved to Mrs Mittal and there had been an immediate positive change. Lights during the week in British Summertime (BST) would be on from 18:30 to 21:15.

This is a reduction of over 26 hours. At the weekend in BST the lights would be on 20:30-21:30. This was a reduction of 10 hours. PW said this action could not be completed until the light timings for GMT were agreed. **Action continues.** AD had indicated the lighting in the evening was for the safety of cleaners and doctors working late. PW said the Darren Jones had advised of a switch (which could be installed) which could override the evening timings to allow for transition between the building and cars and remove the need for a light to be on permanently during the evenings. PW agreed to forward Darren's advice (done).

Action 37 – Out of order terminal. AD confirmed that the terminal had been removed. Action closed.

Action 40 – CCG not funding additional functionality. AD to speak to others about improving IPlato functionality. **Action continues.**

Action 41 – Late arrival policy. AD has provided the practice policy for managing patients that are late for appointments. The group have asked that a patient poster is displayed about arriving late for appointments. **Action continues.**

Action 42 – "Switch off your engine" poster. PPG members cannot remember seeing it. AD check on the interim poster location. Action continues.

Action 43 – Partner to explain and answer questions about Milman Health Centre business plan. Update, AD to follow up with the Partners to see if one is available to present at a future meeting. **Action continues.**

Action 44 – Asian lady needed on PPG to improve the patient demography. No progress. Action continues.

Action 45 – Newsletter contribution from Dr Thava. No progress. It was agreed that one is done as soon as possible. Topics – flu jabs, pneumonia and shingles, staff updates, evening and weekend appointments, organisation chart, MM agreed to help. **Action continues.**

Action 46 – email addresses – it is clear that a lot of older people do not provide / have email addresses. This maybe due to a focus on new registrations as opposed to capturing these details from long standing customers. AD to look at ways of caturing email details from existing longstanding customers – engage the reception team to make sure that they check the contact details at every opportunity. Run a search now and then compare the numbers in 1 year. AD will produce a list that has the % in each age group. Adam Harrington asked that we check the GDPR regulations for sending out the Newsletter – must get consent. This could be a simple tick-box on the sign-up sheet. Action continues.

Action 47 – Improve awareness within the practice of FFT. No progress. **Action continues.**

Milman Road Health Centre - Patient Participation Group

Primary Care Network [PCN]

CM asked AD to update the group on the progress relating the formation of a PCN in South Reading. AD explained that the robust development of the Alliance had allowed a smooth transition to the PCN. AD confirmed that the other practices within our neighbourhood are London Street, Long Barn Lane and South Reading/Shinfield. The neighbourhoods must have a patient population >30,000 to allow for funding for developmental funds. AD outlined the plans for a first contact physiotherapist who would be shared amongst neighbouring practices and that they would spend 1.5 days per week here and patients could see them about relevant conditions for an assessment without the need to see a GP first. There is a training plan in place to ensure that the reception teams are signposting correctly to this service to maximise it's potential.

Friends and Family Test Update (Agenda item 4)

PW presented the analysis latest data available (see appendix A). The concerning picture is that the numbers of responses are dropping each month and that satisfaction responses are also dropping. The greatest frustrations are evident about the appointment horizon and time waiting on the phone. The group asked if there was any way of finding out how many calls are dropped each day? Action 48 - AD will ask this of our telephone provider to see if such data is available and report back. Due to the way that iPlato sends out messages (only to those who have booked their appointment more than 48 hours in advance) only 1/3 of appointment attendees are being questioned. Action 49 - AD will look to see if these settings can be changed within the basic package. Because of this, the practice need to improve our uptake for those who book on the day (who will not receive a text message), therefore we need to focus on collecting more paper surveys. Action 50 : AD to implement paper based FFT system for the practice. Forms will be available at reception desks.

AD asked if anybody would be willing to volunteer to conduct paper surveys in the lobby area and several people indicated that this was possible. PW will help to develop the questionnaire to capture F&F data as well as other useful information for the practice and the group. **Action 51 – PW to work with AD and PPG volunteers to devise a questionnaire.**

Private Medical Certificates costs (Agenda item 5)

PW presented his short paper (see appendix B). The group asked for clarification of the scale of fees for private work. AD explained that all requests were costed individually based on the amount of work required. Website searches show that Milman Road is more expensive than other practices in the area and AD agreed to feedback this message to the Partners. The group asked if all of cluster practices consider charging a coordinated fee. AD to feed this back too.

Practice Update (Agenda item 6)

AD updated the meeting on staff additions and changes.

2 new receptionists – Nasrine and Sharon – joined the team mid-June.

2 further receptionists – Sophie & Chantelle – have been appointed and will start on 12th August.

A new HCA, Amjad Saleh, joins on Monday 15th July. Jenny (recent new HCA) has left the Practice. A new Practice nurse, lan Qualtrough, will join us at the end of September. He is currently working for the District Nurse team so is already familiar to some of our patients.

Sharon Hales will be joining the team at the beginning of September as a Paramedic Practitioner. She will be doing her prescribing training during her first few months here and will be working closely with the Nurse Practitioner offering on the day appointments for minor illnesses. This will help to release some GP appointments for managing more complex patient issues.

A first contact physiotherapist will also be based here on a part-time basis – this resource will be shared across the PCN. This will enable receptionists to direct suitable patients directly to the physio therapist without requiring a GP appointment and referral. Again, this will help to release GP appointments.

Hannah Seward is the new reception team supervisor – she was been here for 10 years, working her way up through the reception team.

Any Other Business (Agenda Item 7)

IT systems outage on Thursday 4 July 2019. AD explained that this was a hardware issue which was identified and the faulty equipment was replaced as quickly as possible - normal service was resumed by 5.50pm that day. AD explained that all GPs were working off of one list that was co-ordinated by the reception team manager on a whiteboard and that patients were made aware that the GP would not be able to access the patient's records when consulting to try and remove as much patient frustration as possible. GPs and the Nurse Practitioner then selected appropriate patients from that list that met with their competencies. Handwritten prescriptions, blood test forms, x-ray forms, sick note forms were used during the consultations and the GPs made handwritten notes which were then typed into the clinical system retrospectively once the system was up and running.

Lift outages. On the afternoon of Friday 5th July, the lift ceased working. There were no patients in the lift at that time. An engineer was called and attended site. He ordered a replacement part and returned to site on Monday 8th July when the lift was re-

Milman Road Health Centre - Patient Participation Group

commissioned. PW said it had been a year since we had seen a list of lift outages and requested another for the next PPG meeting in September. Action 52- AD to provide a list of lift outages since June 2018 to date.

Marie Panter expressed her concern over the lack of progress made by the group and wanted to understand the aims of the group. PW agreed to send (after the meeting) a copy of the Terms of Reference (done).

Date of Next Meeting (Agenda Item 8)

The date of the next meeting will be Saturday 28 September 2019 at 10am.

Was the PPG meeting a success using agreed criteria?

- 1. Quorum achieved 10 pts.
- 2. Attendance demographics achieved 5 pts.
- 3. Actions completed positively 0 pts.
- 4. PPG proposal/presentations 5 points.

Therefore, 20 points from a possible 40 points. Meeting was a partial success.

Friends and Family Test (FFT) - Emerging results for the Milman Road Health Centre

The NHS FFT test was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to give opinions after receiving care or treatment across the NHS. Patients are asked to respond to a SMS message on mobile phones and provide text to support their view. Below are the tables which capture the results.

MILMAN ROAD HEAL	TH CENT	RE FRII	:NDS &	k FAIVII	LY AN	ALYSIS		05-Jul-19			
TABLE A Categorisation of recomen	dations to famil	v and frien	ds								
	#Aug	#Sept	#Oct	#Nov	#Dec	#Jan	#Feb	#Mar	#Apr	#Mav	#June
Extremely likely to recommend	24	42	80	72	82	104	66	57	68	34	29
Likely to recommend	6	28	53	37	38	57	52	50	38	31	14
Neither likely nor unlikely	0	1	14	14	7	11	9	3	7	2	
unlikely	0	1	9	7	5	5	17	7	5	2	-
Extremely unlikely to recommend	0	2	11	6	3	6	3	5	3	2	
Don't know	0	0	2	1	2	1	2	2	0	2	(
Total	30	74	169	137	137	184	149	124	121	73	5′
TABLE B % who will recommend to f	amily and frien	ds									
	#Aug	#Sept	#Oct	#Nov	#Dec	#Jan	#Feb	#Mar	#Apr	#May	#June
	100%	95%	79%	80%	88%	88%	79%	86%	88%	89%	84%
Data source: iPlato	NB some pat	ients identif	ed more tha	an one issue	•						
TABLE 1 Categorisation of reasons f	or not recomm	ending to f	amily and f	riends							
Category			#Oct	#Nov	#Dec	#Jan	#Feb	#Mar	#Apr	#May	#June
Continuity (never the same doctor)			0	1	0	0	0	0	0	0	(
Appointments availability (appointment horizon & time waiting on phone)			15	13	9	14	16	15	10	3	
Nurse attitude and performance			1	3	0	6	3	0	0	1	(
Reception attitude and performance			23	11	6	6	8	5	4	1	-
Parking Issues			1	1	0	0	3	1	0	1	(
Doctor or nurse running late			0	5	1	5	4	1	1	0	(
Doctor attitude and performance			5	5	5	3	4	1	5	3	
Tot	al		45	39	21	34	38	23	20	9	(
TABLE 2 Reason for not recommen	ding - as a ner	rentage o	f all reason	ns							
Category	umg - as a per	centage 0	%Oct	%Nov	%Dec	%Jan	%Feb	%Mar	%Apr	%May	%June
Continuity (never the same doctor)			0.0%	2.6%	0.0%	0.0%	0.0%	76WIAI 0.0%	0.0%	0.0%	0.0%
Appointments availability (appointment horizon & time waiting on phone)			33.3%	33.3%	42.8%	41.3%	42.1%	65.2%	50.0%	33.3%	12.5%
Nurse attitude and performance			2.2%	7.7%	0.0%	17.8%	7.9%	0.0%	0.0%	11.1%	0.0%
Reception attitude and performance			51.1%	28.2%	28.6%	17.8%	21.1%	21.7%	20.0%	11.1%	75.0%
Parking Issues			2.2%	2.6%	0.0%	0.0%	7.9%	4.3%	0.0%	11.1%	0.0%
Doctor or nurse running late			0.0%	12.8%	4.8%	14.8%	10.5%	4.3%	5.0%	0.0%	0.0%
Doctor attitude and performance			11.1%	12.8%	23.8%	8.3%	10.5%	4.3%	25.0%	33.3%	12.5%
totals			100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.09

Findings

The score in table B above, % of respondents who will recommend to family and friends, which is reported to the NHS, is returning to 88%. This figure needs to be in the mid 90's to be competitive with the best performing practices in Reading.

Looking at the reasons for not recommending, appointment availability (appointment horizon and time waiting on the telephone) remains a consistent area of concern. The time waiting is partly caused by an inconsistent switching on of the call queuing system.

I have been looking at the low numbers of FFT returns at Milman Health Centre. I believe and this is confirmed by Francis Brown (a local expert) that the number of valid FFT returns should be in excess of 200 per month.

Milman Road Health Centre - Patient Participation Group

For those patients who do not have a mobile phone and wish to participate on FFT the only option is to use the website facility. I discovered that no FFT returns entered on the web site were being passed to me for monthly analysis. Anne-Marie reported that the facility was there for patients to add to but hadn't had the back end element switched on. This will help to increase the number of responses but needs to be publicised by the practice.

I also discovered that no FFT invite messaging was being sent for appointments made the same day. Anne-Marie reported that FFT invites are only sent to patients who have received an appointment reminder (text) and these are only generated for appointments booked 48 hours or more in advance. A paper FFT system or the use of the web site would cover this gap but this requires publicity from the practice. This is a significant missed opportunity, for example in the week 13-17 May 2019 of 785 appointments only 266 were booked more than 48 hours before the appointment time. The remaining 519 (66%) were booked within 48 hours. It appears that urgent customers are not been given to express an opinion.

Most surgeries have a paper FFT system in place. This seems essential given what we learned above but must be accompanied by some adverts in the waiting rooms encouraging participation. The down side of a paper system is the data entry work for the practice.

On average over of the last 6 months, 5.6% of failed SMS messages are due to out of date contact details. See table below. I would suggest that the practice up dates contact information for the failed messages. The average response 14.5% also suggests that patients need encouragement to respond.

	Sent	Delivered	Failed	% of failed/sent	Responded	Response Rate (against delivered)
Nov-18	868	816	45	5.2	140	17%
Dec-18	977	926	52	5.3	138	15%
Jan-19	1402	1325	76	5.4	189	14%
Feb-19	1118	1046	70	6.3	152	15%
Mar-19	1117	1048	72	6.4	126	12%
Apr-19	913	843	44	4.8	120	14%
				5.6		14.5

Many thanks to Anne-Marie for fielding my questions during the investigation.

Paul Williams PPG Vice Chair Milman Road Health Centre 5 July 2019

Non NHS services for which GPs can charge their own NHS patients

- 1. As part of our on going education about our Milman Road Health Centre and how it compares with other practices in Reading, I have had a look at charges for non NHS work. I must admit this was initiated by my personal need for sickness certificate for insurance purposes e.g. I missed a trip abroad due to illness and needed to make a claim on travel insurance.
- 2. Examples of non-NHS services for which GPs can charge their own NHS patients are:
- Accident/sickness certificates for insurance purposes
- School fee and holiday insurance certificates
- Reports for health clubs to certify that patients are fit to exercise
- Private prescriptions for travel purposes
- 3. Some surgeries provide information about their fees on their web sites. The web sites often say "it is recommended that GPs tell patients in advance if they will be charged, and what the fee will be. *It is up to individual doctors to decide how much they will charge.*" In these cases, I assume that Doctors have agreed charges as a collective.
- 4. A simple search of local practice web sites identified the following information about fees for accident/sickness certificates for insurance purposes.

Balmore Park Surgery £30 University Health Centre £30

Grovelands Medical Centre £15.50 to £23

Theale Medical Practice £35
Tilehurst Pottery (the Potteries) £40

Boathouse Surgery (Pangbourne) £30 minimum

Milman Road Health Centre £70 (not on the web site)

Other practices will provide fee information on request and I do know that some do not charge. These charges are not recoverable from insurance companies.

5. In times of austerity for working people, and knowing the demography of our practice, I would recommend that practice publishes a more comprehensive list charges on the web site and displays the charges in the surgery to avoid any surprises to patients! With the exception of private prescriptions for travel purposes, there is no choice where to go.

Paul Williams
Vice Chair
PPG Milman Road Health Centre
5 June 2019

Appendix A – Milman Road Health Centre web site fees

Appendix B – University Medical Centre web site fees

Appendix C – Grovelands Medical Centre web site fees

Appendix D – Balmore Park Surgery web site fees

Appendix E - Theale Medical Centre web site fees