Patient Participation Group A Summary of Activity & Focus in 2017

AC – Dr Andrew Coombes SHMC – Sally Charlton, Practice Manager NJ – Nikki Jones, Head of Patient Services

Meeting date: Monday 5th June 2017

Welcome

NJ welcomed everyone to the meeting. NJ passed on apologies from group members unable to attend and from Tony Morgan, Specialist Practitioner.

Condolences

NJ expressed regret at the loss of PPG member AM who would be greatly missed by the group and thanked group members for attending the funeral.

Nursing team changes

NJ advised that senior practice nurse Sally Chappell was retiring from her contracted hours and moving in to a bank role involving project work and mentoring. NJ confirmed that Nurse Margaret Evans had finished employment at the practice and that a new nurse Jessica Ginger had joined. Jessica is proving a quick learner and is fitting in very well, having previously worked as a Nurse on the trauma and orthopaedic ward at Hereford hospital.

Doctor team changes

AC advised that Dr Johnson would be finishing work at the practice this month after providing locum cover for 6 months following Dr Pringle's retirement. Despite running more than one advert the practice had not been able to recruit a new GP partner. Tony Morgan a former paramedic joined the practice as Specialist Practitioner in February and a new female salaried GP Dr Rees has now also joined the practice. Tony's role is to assist the doctor's with on the day patient demand and home visits. Tony is a prescriber and able to provide antibiotics to patients with infections.

Dementia friendly community survey

NJ advised the Forest of Dean Dementia Action Alliance were in the process of running a survey. NJ explained the alliance is a partnership of organisations and individuals working together to:

- Ensure everyone in the district living with dementia is respected and supported to continue to enjoy living in own community for as well and as long as possible
- To support wider community understanding of dementia
- To develop an informal network of local community champions to support each other and the wider community

The aim of the survey is to obtain thoughts from people living with dementia or those supporting others who have dementia. NJ advised group members that she had survey forms at the meeting should anyone want to take part in the survey.

Primary Care Offer - frailty

AC advised this is related to a commitment for practices to recognise and manage patient frailty. It is recognised frailty can generate other else issues for patients. Service agreement levels for this enhanced service are very detailed. The practice has appointed internal lead roles for frailty and frailty meetings will take place every four weeks. Clinicians need to assess and then determine frailty severity levels for relevant patients using a defined calculation.

Letter / form requests

NJ and AC discussed plans for a collaborative approach from local GPs through the Forest of Dean Primary Care Group, to try and reduce the amount of requests GPs receive for letters or form completion that do not constitute contracted, funded work. The aim of this is to free up GP time for their clinical work, necessary due to huge increases overall in workload.

NJ shared draft, example paperwork from the Primary Care Group.

NJ advised letters will be sent by the group to the council, schools etc. AC discussed how requests of this nature can include:

- letters for ill school children
- letters to support housing and other benefit applications
- fitness letters for gyms
- fitness letters for activities and events
- letters for employers

This list is not exhaustive.

SJ advised that schools are advised they must request GP letters by exam boards. AC advised he would share this information with the Primary Care Group.

Friends and family test survey Dec 2016 - May 2017

NJ provided group members with a summary of feedback received from December 2016 until May 2017. NJ advised that 95% of patients taking part had indicated they were either likely or extremely likely to recommend Forest Health Care to friends and family if they needed similar care.

The group discussed some of the comments linked to question 2 "Tell us one thing we could change about your care or treatment, to improve your experience." Many comments were positive and indicated no change was felt needed. NJ discussed patient requests for more phone lines at Cinderford and how there is no available works space to grow the support team further.

Many comments were linked to improved appointment access. AC advised Forest practices would be piloting a funded Improved Access pilot scheme, working together on a rota basis across the Forest to provide appointments between 8am and 8pm Monday to Friday and appointments on Saturday mornings.

Friends and family test 3rd question

NJ advised that the current 3rd question was based on trying to encourage patient uptake for online services. 51% had indicated they would be willing to register for this and 49% that they would not.

The group discussed and agreed that it would be best to continue with the same 3rd question to try and increase the number of patients registering and using online services for appointment bookings and repeat prescription requests.

Around-the-table

AC advised the group that GRH booking office issues is causing letters to be sent from the practice to hospital consultants daily.

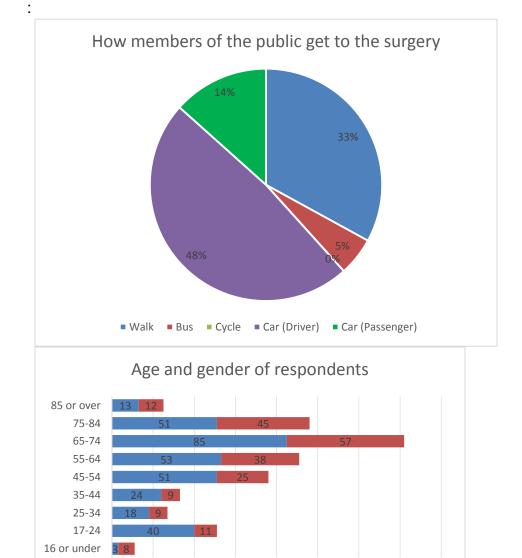
JG advised that other meetings she attends linked to other groups have been stopped due to council and general elections.

END OF MEETING

This meeting focused on development plans now taking shape for a new medical centre in Cinderford, to replace the current aged and over-crowded health centre.

PPG members, other practice patients and Forest Health Care staff met with the Dockham Road Surgery representatives and the developers Matrix to examine the plans and options available and to agree a location for this development. Jon Webb from Matrix and Chris Acton from the Primary Care Partnership led the consultation activity. They presented a detailed overview of the project to date and supplied information on the various locations available.

A survey was conducted with 561 survey forms completed providing information on means of access to the current health centre, see the charted outcomes below Initially 14 different sites had been identified, including development on the existing site. Jon explained the various issues that had ruled out sites from further consideration; this included restrictions on planning, excessive cost and other prohibitive factors.



 \cap

20

40

60

■ Female ■ Male

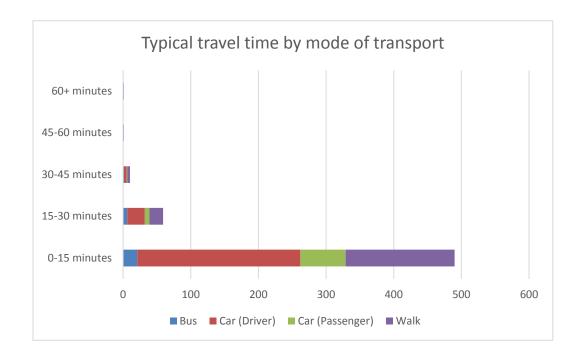
80

100

120

140

160



PPG members at the consultation divided into smaller groups to evaluate the remaining sites and options available:

Continue working as practices currently operate.								
Painting and decorating, re-organising internal layout where								
possible, adding a small extension.								
possible, adding a sman extension.								
Knock down the existing building and replace with new. Site								
not currently owned by practices.								
Large site, currently on market. Local authority has indicated								
that site is suitable for mixed use.								
Large scale, council backed redevelopment area.								
Improvements to road network planned.								
Former playing fields offered for sale by School Trust.								
Adjacent to Colliers Court and School Leisure Centre								
· · · · · · · · · · · · · · · · · · ·								
Large gateway site. Undeveloped agricultural land.								
Availability and planning issues of concern								

A scoring system was then used by these groups to rate the qualities of each site:

	Criteria	Explanation	Weighting
1	Sufficient land space to allow the inclusion of additional desirable facilities	Will the option allow the inclusion of facilities such as space for attached staff, room for public health meetings, health information points etc? Improving the environment for patients and staff.	20
2	Sufficient land space to allow for expansion	Will the option ensure there is space for the expansion of services as demand for Primary Care services grows and services are transferred from secondary to primary care? Provision for greater integration of health, social care, voluntary/community sector services.	25
3	Sufficient land space to provide adequate car parking space	Will the option ensure that those who need to will be able to park their car within the health centre site?	15
4	Proximity to the practice population	Will the option ensure the practices are located close to the population they serve?	5
5	Proximity to public transport services	Will the option ensure good access to the health centre by public transport?	15
6	Proximity to other health care and public facilities	Will the option be close to the provision of a pharmacy which will help to improve the integration of care? Will the option be close to public facilities like shops, library, local authority offices, religious centres etc?	5
7	Increasing recruitment and training opportunities for health care staff	Will the option attract the best possible staff?	15
8	Acceptability to neighbours	Will the option receive support from those living on the borders and the near neighbourhood of the site?	0
		Total Weighting	100

This table shows the criteria chosen and the weights given through group discussion, to each of these criteria. Interestingly those present allocated 45% of the points to developing a centre which improves the environment for patients and staff and allows for future expansion. There was also a strong feeling that new facilities would greatly improve the chances of the practices managing to recruit and retain key staff such as GPs and nurses.

The lowest weighting (zero points) was assigned to acceptability to neighbours which was felt to be planning issue, rather than one to be considered by the NHS. Also all the sites being considered were not perceived as being a major problem in terms of gaining neighbourhood support. The preferred option for the unweighted option appraisal from this table was therefore to build new premises at Valley Road (Option A) by some considerable margin.

	ş.ifticizent tank	space a dictarte	statistic specto alou-	not produce to produce and space to produce to produce the produce to produce the produce to the	se specific productive to productive to	a printight of the second	o od partitude sate	Tributes for health	net statt Other?	. Total
Do nothing	0	0	1	4	8	3	0	5		21
Do minimal (further development of the building to overcome some of its shortcomings)	0	0	1	4	8	3	0	5		21
Redevelop/build on current site	1	1	1	4	8	3	0	1		19
Build new practice premises at Valley Road (Option A)	10	10	10	8	7	8	6	8		67
Build new practice premises at The Northern Quarter (Option B)	10	10	10	0	0	1	7	10		48
Build new premises at Causeway Road/Latimer Road (School Fields) (Option C)	7	2	4	4	0	6	6	7		36
Build new premises at Belle Vue Fields (Option D)	9	7	7	2	7	0	9	0		41

The following table then gives the same scores but to the weighted options. The option to build new premises at Valley Road (Option A), remains the clear winner by some considerable margin.

Weighted Score	sufficient and sufficient specific	s to dise sologidise sologidise sologidise	State of Sta	de le Carte de la	a production of the state of th	police productive	ng dag dag dag dag dag dag dag dag dag da	grant de la	ut ^c out or	Total
Weighting	20	25	15	5	15	5	15	0	0	
Do nothing	0	0	15	20	120	15	0	0	0	170
Do minimal (further development of the building to overcome some of its shortcomings)	0	0	15	20	120	15	0	0	0	170
Redevelop/build on current site	20	25	15	20	120	15	0	0	0	215
Build new practice premises at Valley Road (Option A)	200	250	150	40	105	40	90	0	0	875
Build new practice premises at The Northern Quarter (Option B)	200	250	150	0	0	5	105	0	0	710
Build new premises at Causeway Road/Latimer Road (School Fields) (Option C)	140	50	60	20	0	30	90	0	0	390
Build new premises at Belle Vue Fields (Option D)	180	175	105	10	105	0	135	0	0	710

The evening meeting gave opportunity for our patient group members to rasie questions and be involved in discussions, along with active particiaption in the evaluation process.

Further consultation for both PPG members and the general public is scheduled.

END OF MEETING