

Patient Participation Group Minutes

Date of meeting	Monday 26 th January 2015
Time of Meeting	6:15 pm
PPG Attendees	Liam O'Reilly, Kevin Hill, Charmain Taylor, Steve Haswell
Chair	Claire Deare (De Montfort Surgery's Business Manager)

Welcome and Introductions

Claire thanked everyone for coming, and introductions were performed.

Minutes of last meeting on 24th November 2014

The minutes were agreed as a true record of the meeting.

Matters arising from last meeting

Agreed to trial Friends and Family Test (FFT) for 3 months to see if there are a sufficient number of responses for it be considered representative, with Claire to provide a summary of responses for the next meeting

Claire had circulated a patient feedback report prior to the meeting, and there were 118 FFT responses received in December, with 107 responses received so far for January.

She had also included the responses from the most recent GP Patient Survey, a national patient survey administered by MORI and updated

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twice a year. 42 patients had completed the survey which was published this month (see <https://gp-patient.co.uk/> for full details).

The report also included the summary of the annual complaints data. 45 complaints were received in 2014.

CQC inspection – the CQC may request to interview members of the PPG when they come to inspect

Claire thanked Liam for coming in to talk to the inspection team when they inspected the practice on 7th January 2015. She shared the verbal feedback received on the day with the group, and explained the full report will be published on the CQC's website in around three months' time. The practice is legally obliged to display the results of the inspection and the CQC's rating from April 2015.

Student volunteers

Claire had looked into what her predecessor had done- it seems the volunteers were not registered patients. Claire is keen to get student patients into the PPG, but felt that perhaps volunteers in the waiting room would not reach a lot of people and there were perhaps other ways the practice could engage this segment of the population- e.g. using social media.

Review of previous survey action plan

All actions have been completed.

Review of patient feedback

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There was a long discussion about the feedback ratings and comments provided.

It was noted that satisfaction levels with nursing staff, especially in the national survey results, were lower than that of the GPs. PPG members present wondered if perhaps there were preconceptions around the role of nurses, and if patients appreciated that nurses have a role to play in primary care that is not secondary to GPs. The members present did not feel there is a serious issue with the practice's nursing provision.

It was noted that only 55% said they saw their preferred GP. Again, this was not felt to be the most pressing issue to address in the next 12 months, as there were lots of positive comments in the December FFT results about being able to get appointment with GP of choice.

The three themes we agreed to focus on for improving patient experience in 2015 are:

- Doctors running late
- Pressure on appointments system
- Phones being busy at 8am when the practice opens

It was agreed that Claire would draft some ideas for the next meeting and discuss and develop these with the PPG. She reflected that there are opportunities to extend the number of transactions that patients can perform online via the clinical software the practice uses. Already patients can book appointments and order repeat medication online.

By April the practice has to offer as a minimum access to summary information to patients, which would comprise the medications they are on and any allergies/adverse reactions that are recorded for them. However, there is the facility to make more information available online, e.g. test results, correspondence and other coded information, e.g. diagnoses. Claire agreed to look into that more.

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Changes to how the practice is funded

Claire said she felt a duty to share with the patients, starting with the PPG, that there is a national programme to change how some practices are funded.

There are three different types of GP contact- General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS).

When the current GP contract came into force in 2003, it was based on a funding formula called the Carr Hill formula, which applies weightings to differences in age, gender, additional needs/deprivation, number of newly registered patients, rurality and care/nursing home residency.

The theory is it was designed to assign funding levels to reflect local demographics, and recognise that some patients create more clinical workload than others. However, many practices considering their options found their funding would go down, and so the government at the time agreed a Minimum Practice Income Guarantee for those affected and opting to sign up to the GMS contract, to ensure funding levels remained at least at the same levels.

The PMS contract was an alternative available at the time. The GMS contract is a nationally agreed contract. PMS is a locally agreed alternative to GMS, and De Montfort Surgery holds a PMS contract. PMS contracts allowed local flexibilities.

The government published a white paper in 2006. Already at that time they had started to talk about removing the Minimum Practice Income Guarantee for GMS practices.

PMS practices did not get a Minimum Practice Income Guarantee. They were eligible to bid for what at the time was called Growth Money, and

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most of them invested it in clinical staff (additional GPs, or nurse prescribers or practitioners). The partners at De Montfort Surgery chose to sign up to a PMS contract and invested their Growth Money in clinical staff/provision to provide services tailored to the needs of our patient population.

The core problem is that the Carr Hill funding formula is, in Claire's professional opinion, flawed, and does not remunerate practices fairly for the work their individual populations generate. Practices are paid a flat 'Global Sum' for the number of weighted patients on their lists.

For example, for De Montfort Surgery has 18,826 patients, but would be funded via the GMS Global Sum for only 13,244 of them. The theory is because we have a lot of younger patients, we are less 'busy' than practices that care for older people. It is nationally recognised that the formula does not fully allow for the workload created by social and economic deprivation, and recently NHS England's Chief Executive Simon Stevens has met with a group of practices in East London who are protesting the removal of their Minimum Practice Income Guarantee, and has since instructed NHS England to make revisions to the formula from 2016 to better reflect the burden of ill health created by social/economic deprivation.

Over time, and especially since the changes brought about since the Health and Social Care Act 2012, PMS Growth Money seems to have been renamed 'PMS Premium', and now the government wants to make sure any 'premium,' money is delivering value for the taxpayer, so in April 2014 the government ordered NHS England to 'review' all PMS practices, and in December 2014 there was some new guidance published to NHS England about how to do this.

Locally, PMS practices have been given a choice of three options- we can move straight to the GMS contract, we can move to the GMS contract over 6 years, or we can ask for a review of our service provision and justify the level of funding we currently enjoy.

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Claire and the partners are very concerned about this, because we are talking about tens of thousands of pounds per year of budget.

The practice believes it offers a high level of patient services that are not commissioned within the 'core' GMS contract. The kind of cost savings we would have to implement could not be made without losing the services our patients currently enjoy, e.g. on site physiotherapy, in house obstetric and gynaecological ultrasound scanning performed within 24 hours, in house acupuncture to name but a few.

With these concerns in mind, Claire has organised a meeting with the local and national commissioners next week to highlight the concerns and try to find a way forward. She agreed to update the PPG at the next meeting.

Date of next meeting

Monday 16th February 2015 at 6:15 pm at the practice.

Thanks and close

Claire thanked everyone again for their time and input, which were both greatly appreciated.