

## **Funding Meeting**

**Date:** 9<sup>th</sup> May 2016

### **Present:**

Wendy Parkin

Judith Fenton

Andrew Wilson

Michelle Eastwood

Suzanne Smith

1. Premium funding has been received and so is available for PPG to use
2. Hard to reach survey being trialled through Harden Pharmacy – evaluation to follow
3. Schools survey, in progress, hopefully going out next week – running in conjunction with Springfield, Oak Glen and Bingley
4. Access Plan report – due in by 24<sup>th</sup> June, PPG to fill in form with summary of items between PPG and the surgery
5. Ideas for General Practice Access Plan:
  - Keep minutes of meetings such as this one where PPG and surgery are present.
  - Will document when PPG are coming in to surgery to discuss their yearly results.
  - Ongoing – surveys such as Hard to Reach, Schools, Men's Health, Warfarin.
  - Increasing feedback in PPG comments box – use of TV screen.
  - Warfarin survey discussed as a good model template for co-working however this is AQP not a practice thing so not exactly suitable for funding form.
  - Phone surveys are a good example of working together – PPG to have a meeting with reception staff to collate ideas.
  - Men's survey was also a great PPG/GP collaboration.

ARW explained to all present the reason this is important for our funding being when the GMS changed to PMS funding was re-negotiated and we lost at least £80,000 towards our staffing costs – when we originally received the funding we took on a salaried GP and staff nurse – losing this funding would have meant losing/not replacing staff when they left meaning less F2F with patients.

We are committed to doing what we can with the resources we have for patient access to medical staff.

6. ARW/ME explained to PPG members that we are looking at a new phone system which will hopefully assist with some of the below average statistics on the spreadsheet provided by Wendy. The phone system will hopefully be funded by grant money and it will assist with call stacking, call recording, statistical reports of waiting times at different say/parts of the day to help identify any problem areas. PPG thought it would be worth carrying out a phone survey before this system and a similar one after to see any changes – agreed by all that this was a good idea.
7. PPG would like to be able to put information on the new TV screens when up and running and suggest inform patients why we use the music we do as this is their most common complaint. Also wanted to know if they could advertise for new PPG member's etc. as required – this was confirmed. Michelle did however explain ideally we want to update the information of the screens and make relevant quarterly.

Other negative area on the statistics table was satisfaction with opening hours – ARW explained that so far in his experience the 7.30am slots are being pre-booked by people who don't necessarily work or need early morning slots and so we will need to look at front end training with receptionists.

Also some of the patients ARW have spoken to who do work were not aware we offered early morning slots and so perhaps the PPG could work towards informing patients

It was also commented that patient expectation seems to be swayed by the TV/Government stating 7 day access – this is NOT the requirement according to GP Going Forward booklet.

DNA statistics have rocketed in the last year or so regularly being over 100 per month wasting appointments – PPG was shocked by this; surgery will be displaying these figures to try and curb this increasing figure. We will also be writing to regular offenders. 1 option open to the surgery is to say 3 DNA and you will be de-register however they can reapply again within 2 weeks so making work for ourselves

8. Information evening – ME said this AJS is going to be discussed on Wednesday at the GP meeting – it was agreed it would just be our patients this time and would be either self-care and/or pharmacy 1<sup>st</sup>. It is generally felt it will be easier now that we have extra GP cover as we now have LB/IZ and SGIL coming back from maternity. ARW also pointed out that the pressure on GPs had been lifted daily with the use of an in-house pharmacist for RA/SMR – quite expensive and so was wondering about applying for money for this and then the money the surgery was currently paying out could go towards F2F with patients. Wendy suggested this could go against self care and prevention.
9. PPG would like a table in reception for a week to run information exchange and a post it table for patient ideas – the PPG would staff at all times and wall comments would be removed daily – ARW agreed

It was suggested the PPG try to promote online bookings, appointment cancelling, ordering of meds etc.

10. Mums and Baby survey many need updating and making more relevant – ARW suggested we have to have a five year plan in place for all tis work and so it could perhaps be timetabled in for another year. This year's deadline for the signed and completed form is 24<sup>th</sup> June 2016.
11. BMJ research shows that people who are involved more with local social activities are likely to be healthier – do we have any local activity leaflets – ME suggested speaking to HALE who are here on Fridays until June as they are compiling a list of local activities to help our patients in our environment. Also the Wilsden Village Voice magazine was put forward as a good example of this. Do Cullingworth have a similar magazine – ME to ask staff members who live over that way.

In summary ME to liaise with SH for a suitable date for reception to Liaise with PPG and PPG will discuss action groups within their team for planning ahead.