

Minutes
STOCKTON HEATH MEDICAL CENTRE
PATIENT PARTICIPATION GROUP
Wednesday 9 March 2016
5.30pm – 6.30pm

Present: Dorothy Carter, Diane Bowers, Moyra Pethybridge, Susan Scales-Barlow, Dave Lamb, Tara Shaikh, Angela Fell, Laura Fargher, Richard Utely, Bernie Wilkinson, Karen Chriscoli

Apologies: Peter Whitehead, Zoe Thompson, Joanne Price, Katharine Douglas-Furner

PPG Code of Conduct/Terms of Reference/Brief introduction of each member of Group

Laura – Diabetes UK and patient involvement
Dorothy – Charity for older people/Age Concern/Lecturer at university/3rd Sector representative for carers (retired)
Richard Utely (new to area) Publishing/Further Education and Universities (semi-retired)
Dave – Project Manager (retired)
Tara – Teacher/Home Start volunteer/Alzheimer's groups
Sue – Civil Servant (retired) Parish Councillor/ Alzheimer's groups
Diane – Cook for M&S (retired) Charity work/ Alzheimer's groups
Angela – Pharmacist WDGH (retired) Healthwatch Warrington/People's Voice
Moyra – Lecturer computer & business studies (retired)
Karen – Practice Manager been with surgery 15 years
Bernie – Assistant Practitioner – been with surgery 16 years

CQC presentation and visit

[..\CQC\CQC Presentation 2016 PPG.pptx](#)

The Practice is awaiting the report from CQC inspection, overall feedback on the day was positive however the Practice was requested to give an action plan within 48 hours to address difficulties of patient access to appointments.

<http://www2.deloitte.com/uk/en/pages/life-sciences-and-healthcare/articles/primary-care.html>

General Practice Funding

Global Sum each month.

£76.51 per patient however we don't receive the full amount.....

Calculated Carr Hill Formula – estimate of patient workload and unavoidable Practice costs. Patient list size is adjusted through Carr-Hill formula to reflect differences in the age and sex of patients, morbidity, mortality and impact of geographical location together with patient turnover. Practices receive more

funding for newly registered patients as it is assumed that they will be seen more in the first 12 months.

List size = 16817 patients – using Carr-Hill formula gives us a weighted list size of 15950 patients, we only receive funding for this figure. From this global sum deductions will be made for superannuation payments for GP's and any advanced payments. The figure we receive varies from month to month and until we receive the statement we do not know what the full amount is.

We then gain extra funding through the following channels:

Quality Outcomes Framework (QoF) or CQRS monthly aspiration payment and then at year end + 2 months we get the back pay for the achievements recorded at end of March.

The Practice has targets in the following areas: Asthma, Diabetes, Chronic Obstructive Pulmonary Disease, Chronic Heart Disease, Mental Health, Learning Disability, Stroke, Hypertension, Smear, Contraceptive, Smear, Smoking. If targets not reached then the Practice does not receive full amount of funding.

Directed Enhanced Services (DES) quarterly payments

The Practice is given the option to sign up to deliver additional services/meet other targets to work towards further payments.

Dementia Diagnosis

Extended hours

Avoiding unplanned admissions

Learning Disability Checks

Vaccines – childhood, influenza, pneumonia and shingles for older patients.

QoF and DES can change each year depending on NHS England/Government directives.

The additional payments the Practice received for over 75's only ran for 12 months and will not continue going forward.

<http://www.bma.org.uk/support-at-work/contracts/gp-contracts-and-funding/general-practice-funding/focus-on-global-sum-allocation-formula>

Patient Survey

Discussion re the changes the Practice is making to access following feedback from patients and CQC inspectors. Group suggested that we do a survey after 3 months of new system to ascertain patient response to changes.

Try to balance demand for acute access (emergency) and routine access. Hoping to be able to offer a mix of telephone and face to face consultation to give patients a choice of which they prefer for routine access.

To offer at least 20% of appointment to be booked on-line in advance. Further details to be shared with group before changes are implemented.

Suggestion: use of website/newsletter and patient leaflet to explain how system works (could be confusing for some).

Suggestion: A flow chart for Acute Access and Routine Access

Suggestion: Need a “You said...We Did” display but to be honest with finite capacity and what patients can expect.

Suggestion: to re-introduce use of text messaging to remind patients about appointment time.

Suggestion: introduce systems information for patient who suffer from long term conditions. Advise what they should expect/when they will be re-called for check- ups/medication reviews etc.

- Date for next meetings Wednesday 20th April 2016 at 5.30pm