

Ashville Medical Practice Patient Reference Group Meeting Minutes

22nd January 2015

Location: Ashville Medical Practice Conference Room

Attendees: Melanie Jones (Practice Manager)
Ruth Nowodny (Practice Administrator)
Patient Reference Group Members (14)

Update on Action Points from last meeting 23rd of October 2014

- Place posters in reception and information on the Jayex board, requesting patients not to use their mobile phones. Posters have been put up in the waiting areas and a message has been added to the Jayex board.

Agenda Items Patient Reference Group Meeting 22nd of January 2015

Practice News

- Mel welcomed four new members to the Patient Participation Group and thanked existing members for attending today with the bad weather conditions. There are now 34 members in our Patient Participation Group.
- Dr Campbell returns from maternity leave on the 2nd of February 2015 and will work Mondays, Thursdays and Fridays.
- We have two new GP Registrars starting at the practice on the 4th of February 2015 for 6 months, Dr Francesca D'Cruz and Dr Stephen Magadza. Dr Wardle and Dr Smith who are our current GP Registrars will leave on the 4th of February 2015. Dr Mahmood is with us until August 2015.
- Update on CQC – The practice had a CQC visit on the 16th of December 2014. CQC carried out a very thorough visit and no stone was left unturned. We have not yet received the full report from CQC, but they did give us positive feedback on the day. An observation which was not detrimental to the outcome of the visit was that we had no posters displayed in our waiting rooms about our chaperone service. The CQC highlighted that patients were aware of this service as the patient group discussed it with them. This comment was taken on board and posters were put up the next day. CQC gave positive comments about the practice's complaints procedure, Recruitment, Gold Standard Palliative Care. They commented that the surgery offers a good service to patients with good access to services such as IAPT and CBT and other counselling. Mel thanked the 10 members of the group who attended to speak with CQC and said she was very proud of our group. The group stated that since Mel has joined the practice significant changes have been made, and they felt they had been listened to, and thanked her for this. On the day of the visit CQC viewed feedback cards previously collected and shared the results. The majority of comments were positive. A couple of cards mentioned appointment availability. Members of the group asked how often CQC would visit the practice, Mel informed them that it is usually every two years or less if they have concerns.

- Friends and Family Test – This commenced in December 2014. The practice does not have to submit results to NHS England until the end of January 2015 and then will submit figures monthly going forward. In December 2014 we received 57 responses, 91.23% stated likely or extremely likely that they would recommend the practice, 1 extremely unlikely and 2 didn't know. So far in January we have had 27 responses 85.19% said likely or extremely likely that they would recommend the practice, 1 didn't know, 2 unlikely and 1 extremely unlikely. Some patients left comments stating, good staff, always receive best care possible, nearly always get an appointment within one day, warm and comfortable reception. A couple of negative comments were received- one patient said they didn't like ringing at 8am and 2pm and two said it was a problem to see a Doctor of choice.
A query was raised about the male/female question however no further action is to be taken, as a patient would either be male or female and other would not be appropriate. The questionnaire has also been provided by NHS England.

Priorities Action Planning – PPG Report and sign off

Three priority areas were chosen last year in the patient participation meetings. These areas were appointments, patient participation group and to increase numbers to enable a more diverse representation of the practice population, and obtaining feedback/comments. We have to submit a report to NHS England by the end of March 2015 to prove the work has been carried out on each priority area and this report has to be signed off by a member of the patient participation group.

Mel discussed the report and discussed the questions that were being asked to make sure that all members agreed with the actions that had been taken and also asked for feedback from members to make sure that nothing had been overlooked. It was mentioned that if meetings were held in an evening then more patients may join especially workers, however then we agreed that it was highly likely this would not be the case as some members would not be prepared to attend a meeting on an evening. Mel informed that patients are welcome to join as virtual members if they are unable to attend meetings. This way the virtual members will be sent any information that is sent out to all other members regardless of whether or not they attend meetings. One member of the group asked how the group would become aware of virtual members comments/opinions and Mel stated she would share this information.

One of the new members to the group stated that she joined as she saw the advertisements for the group whilst in surgery and wanted to attend, so she took the time off work to come. Mel informed the group that the advertising has helped as last year we had 20 members and now we have 34 and she was proud that we have such an established group.

A member also asked about communication with non-English speaking patients. If patients require interpreters there is a service we can use called Big Word.

Mel discussed patient feedback/comments and asked the group if they agreed that we regularly update them with patient feedback/comments. All members agreed. Work has been done to gain more patient feedback, feedback boxes have been added to the waiting areas and messages have been added to the Jayex board; Mel logs all comments and suggestions on a 'You said, We Did' basis and has done since 2011. Feedback has increased since adding the feedback boxes and promoting feedback/comments to our patients. Mel informed the group of recent feedback from 2014/2015:

- Spotlights too bright in waiting room – We altered position of the lights to shine away from the waiting room area and also turned off the spot lights when they are not required.
- Appointment availability – We altered the appointments system on the 28th of April 2014 to increase same day appointments, pre-bookable appointments and to increase accessibility at the practice. Thus improving times which patients are seen and appointment availability at the practice.
- There should be one person on reception to give out prescriptions when it is training day. – We are closed for training and training is for all staff therefore it is not appropriate to have a person on reception as the practice is closed.
- Provide a bus service for those who cannot get to surgery easily. It is £4 each way for some people and it is unfair. – The practice will not be considering this issue further.
- Patients were not taking notice of the mobile phone policy in surgery – Therefore we displayed more posters around the surgery, and also placed a message on the Jayex board asking patients not to use mobile phones.

The group briefly discussed the issue of patients using their mobile telephones in reception and thought it would be a good idea to add a reason why we ask for patients to not use their mobile, as a lot of people did not seem to be taking any notice – Mel asked if the group could think of suggestions for a poster and let her know at the next meeting.

Mel explained that section 4 in the report has to be signed off by a PPG member and asked if anyone would like to do this, the members nominated a member and the member was happy to do this. The nominated member will sign to prove that the report is a true reflection of the work that has been carried out, by email.

Patient Survey Results

Mel discussed the patient survey results and discussed the comparison from the last 2 year's surveys. There are things to take into consideration when comparing the results such as the changes made to the appointment system in April 2014 and also the high winter pressures that we have been faced with.

Booking an appointment with a Doctor – this has improved from previous surveys and 72% patients found the process easy.

How acceptable patients find the timescale of seeing a Doctor of choice – this has reduced from the survey in 2013, and falls in line with introducing the sit and wait clinics thus reducing choice of Dr. A group member mentioned that this question may be misleading. Patients may think we are asking them to rate the consultation instead of the timescale of booking the appointment. We will consider this for the next practice survey and may change the wording.

Time Taken to see any Dr – this has increased to 63%. Recruitment of another GP is still ongoing.

We are awaiting the specification of the Patient Participation Direct Enhanced Service for next year and at the next meeting will discuss if any changes need to be made.

Patient Council

AH gave an update on the last patient council meeting. AH stated that Jacqueline Griffin attended the meeting and gave an update about Patient Reference Groups; Jacqueline works for Barnsley CCG and is supporting practices in setting up patient groups. She informed them that currently 27 GP Practices in Barnsley have a Patient Reference Group and that during 2014/2015 it will be mandatory for all GP Practices to have a Patient Reference Group. AH informed everyone that the next Patient Council meeting will be held at Barnsley College next Wednesday the 28th of January at 6pm. Mel will forward the agenda to patient group members on email.

AOB

One member asked about having a registered GP and then struggling to get in to see that particular GP. Mel explained that this is a group practice and patients register with the practice not a particular GP. Since April 2014 patients aged 75 and over are allocated a named GP however, are also able to see any GP at the surgery. Mel explained that if a patient limits themselves to one GP then they will have to be willing to wait to see them. Some GP's are part-time and they also have to hold different clinics such as baby clinic, smear clinic and post natal clinic's and these all have an impact on their availability.

One member of the group mentioned the car park when it snowed.

Post meeting note- Mel spoke with the Landlords after the meeting and they confirmed that every morning the car park was gritted, and cleared accordingly, although it might have been slushy in places. It was impossible to clear the slush completely, as the snow kept coming. In addition Barnsley Council also came and gritted the car park as well as the Landlords.

A group member wanted to pass on their compliments about care they received at the practice. The group member had an accident and came to surgery at 13:45pm and asked if a Nurse could see them. They were given an appointment at 14:25pm and had very good care.

One member asked if we put copies of the minutes from the patient participation meetings in the waiting areas. Mel informed them that we did however they end up being strewn round the waiting room potentially causing a health and safety issue.

Action Points

- Patient group members to provide feedback on wording to be used on the mobile phone poster.
- Mel to forward the patient council agenda and minutes.

Next Patient Participation Group Meeting to be held on: -
Thursday 23rd of April 2015 at 1pm