

Meeting:	Patient Group Meeting
Date:	15th August 2011
Location:	Seminar Room
Chair:	Joan Crowhurst

Notes:

Present:

Brian Kolbe, Narendra Thakrar, Joan Crowhurst, Lynne Waller, Iris Bishop
Deanna Morgan- Russell, Elias Zakaria, Colin Bridges,
Farina Ahmad, Dr Arwa Kayali

Apologies:

none

	Agenda item	Discussion/Requirement	
1	Welcome to new members	Narendra Thakrar, Elias Zakaria and Colin Bridges.	
2	Minutes of Last Meeting	<p>Minutes distributed and discussed.</p> <p>A quick recap on the PCT guidelines on conducting a patient survey with the input of PPG members. There are a number of key steps PCT have outlined that PPG will have to follow:</p> <ul style="list-style-type: none">– collate patient views through use of survey– PG to discuss survey findings– agree action plan with PG based on survey findings– publicise actions taken and subsequent achievements <p>Under AOB , FA explained that if a patient DNAs (Did not attend) more than twice , a letter is now sent out to the patient. Letters are also being sent to patients for unnecessary A&E attendances, where the patient could been seen at the practice or out of hours (Thamesdocs) after 6.30pm. Posters have now been put up for patients to be more aware of this .</p>	

3	2010/2011 PCT Patient Survey results	<p>FA discussed the Patient survey results compiled & produced by the PCT. PCT over last year (1.4.2010 -31.3.2011) had sent out patient surveys randomly to the our patients. The response rate for the practice was 45% , higher then the national average of 36%. Nork Clinic achieved for the first time 100% of its QOF points for the patient survey. PCT had allocated 91.5 points (out of 1000) for this.</p> <p>We scored very highly on patients being able to get an appointment with 48 hours, booking ahead, and the ease of getting through on the phone. The practice scored above the PCT & national average in these areas. Patients can now book up to 6-8 weeks ahead. We achieved slightly below average on practice opening hours. Drilling further down into the questions, patients who responded were not aware that we opened late on Monday evening and remain open at lunch times. We are now adverting this through posters around the building and website. JC suggested that some patients would prefer to open on Saturdays. FA explained that if our patient list size reached a certain threshold then PCT could then ask the practice to also open on Saturdays. Other areas for improvement were seeing a preferred GP. FA explained that this could be due to the fact the Drs M & N Ahmad have reduced their sessions and so patients are now familiarising themselves with other Drs within the practice.</p>	
4	Practice Development & Achievements	<p>The practice has recently been re-awarded for a further 3 years for Paperlite Accreditation. This involves the PCT assessing the Practice to ensure that we, as a practice are following the correct rules and regulations for storing patient records on our clinical system electronically, making sure all our protocols are in place and ensuring that all our staff treat patient records with the highest confidentiality.</p> <p>The Practice achieved the maximum 1000 points for year 2010/2011. This reflects the practice meeting clinical (for chronic diseases & patient care) and non-clinical targets (addressing complaints/ significant events within the time frame) set by the PCT. Clinicians and staff start to work on these indicators as soon as they become available. These are monitored and reviewed on a month by month basis to ensure that targets are being met throughout the year and that the best care is being provided to patients. Additional targets have been set for 2011/2012 to reduce A&E attendances, GP referrals and making ongoing prescribing savings.</p> <p>On line Appointment Bookings & cancellations went live from the 1st July 2011. At present 221 patients have registered for online bookings. The staff coped with the addition of this new service very well. The admin team upstairs have dealt with any IT issues where patients have been unable to register, so not to use the reception time whilst dealing with patients at the front desk. Patients have been asked to come and collect their registration papers, showing some form of ID on collection, otherwise these are being emailed to the patients directly where some form of ID has already been seen.</p>	

		<p>Nurse Taborro has just passed the Warwick diabetes course and Nurse Buxton who passed the Warwick course last year along with Dr Elamin, has started to initiate insulin to our Type 1 diabetic patients. The patients therefore no longer need to attend the hospital for their appointment and can be seen at the practice.</p> <p>With the growing list size, a proposal has been put to PCT to extend its waiting room area with an additional consulting room adjacent to this. Planning permission not yet acquired. Dr MA to provide architect drawings & plans to BK to speak to the council</p> <p>In addition to Dr M Ahmd, Dr M Sarang has also started performing minor surgery.</p> <p>KB mentioned that whilst away from home, his wife needed an urgent prescription, which Boots refused to do, as soon as contact was made to the surgery, and Boots notified by fax from Nork, the prescription was dispensed within 9 minutes. KB praised the staff on acting so swift and dealing with this so efficiently.</p> <p>Dr AK mentioned that we are hoping to become a training practice soon, with Registrar and F2 doctors</p> <p>FA mentioned that there was a theft at the surgery last week in which a staff member's purse was stolen from the Admin office, upstairs. Police & PCT informed. JC suggested a poster going up for patients to be 'more vigilant'.</p>	<p>FA</p> <p>FA</p>
5	2011/2012 Patient Survey preparation	<p>FA explained for the last two years PCT had conducted their own patient survey for each practice within the locality but for 2011/2012, the PCT would like the practices, along with their PGs to undertake a practice annual survey where the PG members are involved. The questions will be based on the priorities identified by the PPG and the practice.</p> <p>Past survey questions had been sent to the PPG members prior to the meeting, so that patient views could be collated and shared by the PPG to try and arrive at a questionnaire that would be agreeable with</p>	

		<p>all parties concerned.</p> <p>Numerous positive suggestions were made to the existing 'Improving Practice Questionnaire' which has been used mainly by Drs in the past. FA to incorporate these changes and to feedback to the PPG via post / email for agreement.</p> <p>It was agreed by the Group that the best way locally to canvas the practice population (6,800) would be for patients to complete the survey in the surgery after seeing the Dr / Nurse. Surveys would be made available at reception and handed personally to the patient by the GP/ nurse for completion. The patient could even post / drop off their questionnaire to the practice at a later date.</p> <p>Clip board & pens to be made available.</p> <p>Based on last the PCT survey, the practice would need a minimum of 4-5% survey returns from patients – approximately 280-340 patient questionnaire returns.</p> <p>As yet the practice has not sourced a company to analyse and interpret the findings on the survey returns. The practice is aiming to do this itself, however if time becomes tight, pending Partners approval, this may need to be outsourced.</p> <p>The survey findings and action plan will be discussed at the next meeting.</p>	
6	Mid –Surrey Consortium	<p>The PCT will no longer exist after April 2013- they will merge into 4 clusters across the country which will report to National Commissioning board.</p> <p>Currently the Mid – Surrey Commissioning group is made up of 9 GP practices, with a patient list size population of around 95k. Longcroft recently moved across to Medlinc.</p> <p>With the present chair T Richardson due to retire and no other GP in a position to take over his role, it is apparent that we will have to merge with another Consortia. PCT are also keen for this to happen as there too many small consortia currently within Surrey.</p>	
7	Any Other Business	<p>CB suggested that the email & website address of the practice be added to all our letter templates</p> <p>EZ asked a number of relevant questions in relation to how much payment the practice receives . FA explained that the practice receives an annual sum of £69 per patient and any additional serviced we provide in over and above this is called Enhances Services eg minor ops / vasectomy / contraception service / diabetes review / joint injections etc.</p> <p>As a practice we have the second lowest prescribing spend within the Mid Surrey Consortia Group (MSCG), however PCT keeping asking</p>	FA

		<p>practices to make further savings year on year. Our general spend is also lower compared to other practices with the MSCG, relative to population size.</p> <p>Drs running late – this was discussed and agreed that patients would still like to be told verbally that Drs are running late. Some members are keen to have a board showing this. FA explained that the touch screen where patients check in, will be upgraded soon to include the exact waiting time for the Dr they are seeing. The system currently states there is '0' waiting time which often frustrates patients. FA has asked for this to be removed but JAYEX are unable to do this until the new upgrade is available – will keep PPG posted.</p> <p>BK & other PPG members praised Dr M & N Ahmad for their continued service over the last 30 years and for being so detailed / meticulous/ caring with the patients and the excellent service they have both provided -it will be a great loss not only to the practice but to the community aswell when they decide to retire.</p> <p>DATE OF NEXT MEETING – MONDAY 28th NOVEMBER, 2011 AT 5.30 P.M.</p>	
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