

Meeting:	Patient Group Meeting
Date:	28th January 2013
Location:	Seminar Room
Chair:	Joan Crowhurst/ Brian Kolbe

Notes:

Present:

Brian Kolbe, Lynne Waller(LW), Colin Bridges (CB), Joan Crowhurst (JC), Farina Ahmad (FA), Dr Mustafa Sarang (MS)

Apologies:

Elias Zakaria, Deanna Morgan- Russell, Narendra Thakrar

	Agenda item	Discussion/Requirement
1	Apologies for Absence	Apologies from Deanna Morgan- Russell & Narendra Thakrar
2	Matters arising from the minutes of last meeting	<p>Cars parked outside the entrance gate in Warren Road & exit gate still remains a problem and there has been no reply from the council. BK has kindly offered to take photographic evidence and send this to the council. FA to forward last correspondence to BK</p> <p>Talks suggested by BK eg for back pain / selecting a popular topic- to discuss with BK how to get this up & running- suggested dates for Spring.</p> <p>The surgery phone number does not come up as 'blocked' now and reads 0844 576 9008. This should save on patient missed calls.</p> <p>The suggestion of having a text messaging service to reduce DNA attendances- this will now be looked into as part of new surgery phone number replacement from January 2015. Meetings have been arranged in March 2013 with different phone system providers. Main priority is to be able to have a local number but with the same number of phone lines as we currently have (10 phone lines), which allows patient to queue, choose the option they require and no engaged tone. BK to also check with Virgin Media if they provide business packages.</p> <p>Patient DNA (Did Not Attend) data will be displayed monthly on the Patient Notice Board for all patients to see when they arrive. A message will also be added to the telephone system to request patients to contact the surgery of any appointment cancellations so that their appointments can be offered to someone else due to the shortage of appointments</p>

<p>3</p>	<p>2012 / 2013 patient Survey findings-</p>	<p>The 2012/2013 Nork Clinic Patient Survey was distributed before the meeting to PG Members to review and discuss survey findings.</p> <p>The PG response on the Patient Survey was very positive with excellent feedback and comments from Members.</p> <p>The questionnaires were aimed at patients who had visited a GP / Nurse at the Practice recently. This had initially been decided by the PG members in our September 2012 meeting and was considered the best way to learn about our current services provided to patients and where improvements could be made. The questionnaire was also made available on the Nork Clinic website.</p> <p>It was noted that out of 500 questionnaires passed to patients during their visit to the Surgery from October 2012- January 2013, 343 questionnaires were returned. A response rate of 68.6%, a 22.25% increase in patient uptake compared to the previous year (2011/2012).</p> <p>The dissemination for 2012/2013 Patient Survey questionnaires was discussed in the September 2012 PG meeting to boost questionnaire returns. Suggestions put forward included:</p> <ul style="list-style-type: none"> -Supportive PG members coming in and taking the time out to help with the handing out of the questionnaires direct to patients, with a brief explanation what we are trying to achieve and how vital it would be to complete and return the questionnaire back to the practice. - Have a table outside the Doctors room and patient waiting area with patient questionnaires, pens / clip boards for patients to complete there & then. <p>The above methods certainly helped boost the number of questionnaire returns this year. 2011/2012 uptake was 46.35% (197 questionnaires returned).</p> <p>The graphs in the patient survey report were discussed in detailed. Overall the results represented the Practice well due to the high uptake.</p> <p>We scored highly on the following:</p> <ul style="list-style-type: none"> Ease of patients getting through on the phone – 87.9% Satisfaction with Practice opening hours – 87.9% Ease of getting test results over the phone -81.2% Ease of speaking to a Doctor over the phone – 86.2% Doctor/Nurse ability to listen to patient -97.6% Doctor/Nurse explanation on how best to deal with health problem-96.9% Patients overall satisfaction with the Practice – 95.6% The manner in which patient was treated by reception staff- 94.4% <p>The majority of questionnaire returns came from the 65-74 age category at 21.1% with the 'Over 75' category at 18.4%, equating to 39.5%.</p> <p>Gender of patients for returned questionnaires – 61.8% female & 38.2% male</p> <p>A suggestion was made to amend the graphs in relation to 'Ease of speaking to a Doctor over the phone' and 'Ease of getting test results over the phone', where PG members agreed to remove the ' haven't tried' data to provide a more accurate result as shown above.</p> <p>The patient survey results have remained similar to the 2011/2012</p>	
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Practice Patient survey with a slight improvement on ease of patients getting through on the phone.
Ease of booking an appointment in advance – 56.7% and ease of seeing a Doctor with 48 hours – 66.8% has somewhat fallen slightly but this is in correlation to the increase in practice patient list size.

A daily phone triage has been introduced from January 2013, as a way of dealing with patients with minor illness, to free up appointments for patients with acute/chronic problems. We are also in the process of recruiting a Salaried GP.

CB mentioned how the graph displaying 'which dr/nurse have you seen today' showed some interesting numbers eg Patients seeing Dr W Deen showing the highest number of questionnaires returned by patients. This was down to how Drs had distributed their patient questionnaires. Some Drs felt it was not appropriate to see the patient & then ask them to complete a questionnaire, so they would ask the patient to collect a questionnaire on their way out. The Drs who were passing patient questionnaires direct to the patients after seeing them, had a higher response rate.

Following the above discussions about the patient survey findings, the PG members agreed an action plan on how best to implement the changes for Practice, in a way that the Practice could better its service.

The agreed action plan by Members based on patient comments were as follows:

POINT 1

- Fifteen patients raised the issue of not being able to book ahead and to phone at 8.30am daily to guarantee an appointment does not suit everyone eg school run, going to work

PG members suggested to promote the 'online' appointment booking service. Posters are already around the surgery and on the website.

To aim to meet this request from patients, the Practice will be creating an additional 6 appointments a day (30 for the week) for online booking slots from 5-6pm. This should enable patients to book ahead avoid 8.30am call to the Practice. This will start from next week.

To be actioned by February 2013

POINT 2

- Ten patients had raised their concerns about the 0844 phone number to be changed to a less costly number.

FA explained to the PG members, that this had already been raised by the PCT some time ago. The Practice is currently on a contract with our existing phone provider and this comes to an end in January 2015. FA has set up meetings with various phone system providers who specialise in this area in March 2013.

GP partners are aware that from 2014, the Practice will be looking to change to a local number or a 0300 number.

At the same time the Practice does not wish to compromise its good

patient 'access' record by going for a local number where only 2-3 phone lines would be available, leaving the 4th patient on the phone with an engaged tone. This was the main reason why the practice changed its number to 0844 back in January 2008, due to patients complaining that they could never get through on the phone. The surgery currently has 10 phone lines.

All PG members felt we have a very good phone system in place at present. It allows certain phone calls to filter upstairs to admin/ secretary for referrals etc and the patient are in a queuing system and know how many calls are ahead of them.

A notice will go up on the Patient Notice Board briefly outlining the above with a view to looking to the change the 0844 to a local number from January 2015.

PCT are also aware of this.

POINT 3

- To provide patients more information when the Drs are running late or patient waiting times

Although reception staff do regularly inform patients when Drs are running late, if the staff become busy, then this is always not possible .

A message has already been added to the LCD visual display board , suggesting that if the patient has been waiting more then 20 minutes, to come to the front desk to ask reception.

POINT 4

- Later opening hours and an extra evening for extended hours.

The various graphs and results from the survey revealed that 87.9% of the patients who took part in the survey are highly satisfied with the Practice's opening hours. Our late evening appointments do tend to go very quickly as they are pre-bookable.

PG members felt as the surgery is open until 8.15pm on a Monday and survey results indicate 87.9% patients were satisfied with surgery current opening times, the practice continues as it is.

POINT 5

- Length of Drs appointment. 10 minutes is not enough

Dr MS indicated that this has already been raised by the RCGP to increase the length of an appointment from 10 minutes to 15 minutes but this is only at review stage. In order to provide a better quality of care is not often possible to see all patients within 10 minutes, especially in an aging population. As a result, GPs do often run late.

As per previous year, the 2012/2013 Patient Survey Findings are to be published on our Nork Clinic website along with a report to the PCT.

FA to write up the report to submit to PCT.

FA to check with all PG members if their Profile sent to FA last year has

4	Mid-Surrey Commissioning Consortium Feedback	<p>changed / needs updating.</p> <p>Any changes to the graphs will be sent to the PG members for final approval.</p> <p>PG members agreed that as a way of thanking the patients who took part in the survey, a summary of the issues raised will be put up on the Patient Notice Board for all patients to see. The Patient Survey will also be available for patients to review.</p> <p>MS outlined BSBV (Better Services Better Value). Helen Lewis will be stepping down from her role after 8 years wef 1.4.2013 as a lay representative. BK has been approached by Helen to continue to represent Nork.</p> <p>The general overview of BSBV is to have 3 Acute Hospitals only, namely St Georges (SWL) , May Day & Kingston. This may result in Epsom & St Helier losing major services and classed as Urgent Care and not a major hospital.</p> <p>BK mentioned the Public meeting due to take place on the 7th February in relation to BSBV. The meeting has been called by Chris Grayling(MP). His views were circulated in a letter to all local doctors in early January 2013. This meeting is to discuss the support AGAINST Epsom General Hospital closure. All Drs & patients welcome to support and attend the meeting. BK will update us further at the next PG meeting.</p>	
5	Latest Practice Developments	<p>The Practice is currently in the process of recruiting a salaried GP for 3-4 sessions a week. This will help with the increase in demand for appointments</p> <p>Minor refurbishments: PCT have confirmed that our grant application has been approved for Nork to carry out minor refurbishments to make the premises CQC compliant. This includes the replacement of carpet in all clinical rooms, corridors and waiting room area to vinyl flooring. Replacement of cloth chairs in consulting rooms & waiting areas to wipeable chairs & replacement of couch curtains. This is expected to take place by 31.3.2013.</p> <p>Flu campaign 2012/2013: The uptake this year was good at 74.24% for 65s & over. This equates to 983 patients having the flu jab out of 1324 patients. The national average is 75% which all Practices are expected to achieve.</p> <p>Phone Triage: To help with the demand for appointments, the 'Phone Triage' system has been re-introduced from January 2013, whereby 12 telephone slots are allocated to a GP on a daily rota basis. The aim is to try to treat the minor illness cases over the phone. This would then free up more appointments for patients with acute / chronic problems to attend the surgery. A total of 60 phone triage appointments have been created.</p> <p>Next FY2 Doctor: Laura left in December 2012 after her four month rotation. She was a great asset to the practice and developed a great rapport with patients and staff here. She will be greatly missed. Our next FY2 Dr will be starting on the 3rd April and will be with us until the end of July.</p>	

6	AOB	Handrail to be added on the LHS of the stairwell, while the lift is out of operation- to chase up	
7	Date of Next Meeting	DATE OF NEXT MEETING : MONDAY 13 th May 2013 5.30pm	