

Ashville Medical Practice Patient Reference Group Meeting Minutes 26th April 2012

Venue: Ashville Medical Practice Conference Room
Attendees: Melanie Jones (Practice Manager)
Ruth Nowodny (Practice Administrator)
Patient Participation Group Members (8)
Apologies (6)

Introduction

Melanie Jones the Practice Manager thanked the group members for attending the meeting.

Update on action points from last meeting (26/1/2012)

1. Telephone accessibility

Positive feedback from the group was received stating they had not experienced any issues contacting the surgery since the telephones had moved into the back office. The group mentioned that queues at the reception desk had also improved, as the receptionist was not being interrupted by the telephone. Action point closed, however the practice will continue to monitor.

2. Television promoting health promotion

Mel informed the group that due to the uncertainty of the future at the moment with regards to funding, the practice had put this request on hold however had implemented notice boards in the waiting area advertising health promotion, and had also included more information on the practice website. The feasibility of an overhead projector was also discussed however, was agreed this would not be a suitable solution as the bulbs would not sustain continuous use, and it would be too costly to replace them frequently.. The group were in agreement to put this request on hold however one member mentioned asking a drug representative to be a sponsor.

Update at next meeting

3. Doctor to patient ratio

The Primary Care Trust states the ratio of patients to doctors is 1727. The practice Dr/patient ratio is currently 1263 therefore the practice has more Doctors than the PCT expect. This is based on full time equivalents of doctors.

Action point closed.

4. Pain Management Services

Mel informed the group that since 2nd April 2012 patients referred to Pain Management Services will be able to be seen at Oaks Park Primary Care centre.

Action point closed.

Update on Actions from Patient Reference Group Report

1. Promote opening and closing times

Mel informed the group the practice website and leaflet has been updated, and the opening times are displayed on the Jayex board at the surgery. There are also leaflets available with the opening times on, for patients to take away from the surgery.

Action point closed.

2. Promote online ordering of repeat prescriptions

Additional posters have been displayed in the practice at the side of the prescription request box, and the facility to order prescriptions via the internet is displayed on the practice website.

Action point closed.

3. Promote practice website

Additional posters have been displayed in the practice and the practice leaflet has been updated. Mel informed the group that it was not possible to display the website on the Jayex board due to the length of the website name and formatting on the Jayex board.

Action point closed.

4. Advertise the number of DNA's (patients who did not attend their appointment)

As discussed at a previous meeting the number of did not attends will be reported once the new IT system is implemented. This will be from June 2012. The group asked if it would be possible to put details of how much the DNA's cost the practice, and if the cost could not be indicated to advertise wasted appointments cost the practice money. Mel thought it more appropriate to advertise the DNA rate in time wasted and request that patients cancel appointments if not required as there would be a cost to the practice in wasted clinical resource.

Action point carried forward.

5. Explore the feasibility of having a television installed to promote health promotion

Explanation given in action point 2 in the section "update on action points from last meeting 26/1/2012".

6. Walk in Clinic

Mel informed the group that after an in depth discussion the practice did not feel it appropriate to offer a walk in clinic. Since the meeting in January an appointment monitoring survey had taken place so that the practice could understand the demand for appointments against capacity, and patterns with regards to same day or pre bookable requests. The survey highlighted that the majority of requests for appointments were for the same day irrespective if the appointment was urgent or not. Based on the results of the survey the practice have implemented offering the majority of appointments on the same day, there are also pre bookable appointments 2 weeks in advance and appointments allocated for urgent requests on the day.

Mel shared with the group the average number of appointment requests received on a daily basis over a 4 week period. The numbers are as follows:

Monday	154 requests
Tuesday	107 requests
Wednesday	114 requests

Thursday 112 requests

Friday 99 requests

Average total weekly requests for appointments is 586

Mel also mentioned that if a walk in clinic was implemented it was felt that issues would arise of a different nature, and based on the numbers above was concerning that there would be no control over the number of patients arriving at the surgery thus resulting in high waiting times to see a doctor, and also it was imperative the doctors were providing a safe service in terms of the number of patients they see.

She also informed the group that the practice had received positive feedback from patients in that there had been a noticeable improvement in appointment availability at the practice. The patients also liked the fact they were able to be seen on the same day without the requirement for the appointment to be an urgent appointment. The practice also issues a red card to patients who attend for an urgent appointment. The card gives information on the type of appointment they have requested and what constitutes an urgent appointment. The reason for this is ensure that urgent appointments are for that reason only now that there is more appointment availability. It is well known that patients have been requesting urgent appointments inappropriately i.e. to obtain a sick note and the practice wishes to eradicate this problem.

One member of the group highlighted she had an issue seeing a Dr of choice, and this was to be discussed with Mel on an individual basis outside of the meeting.

The group mentioned that a walk in clinic was a suggestion to try and make it easier to offer appointments however, stated there had been a noticeable improvement in the practice being able to offer appointments and that issues they had previously been made aware of from the patient population had gone away.

Mel thanked the group for their positive comments and also advised that that availability of appointments at the practice would be continuous improvement however, the priorities for the next month were to implement the new IT system, and prepare for the formal training visit.

Action point closed.

7. Conduct the next patient survey over a period longer than 1 month

It was agreed that the next patient survey would be conducted over a period longer than 1 month to try and obtain feedback from a wider selection of the patient population. The group also asked when the survey would commence. This is to be discussed at the next meeting when a sample of survey questions will be presented to the group.

8. Text Messaging Service

Action point carried forward.

This service will commence in June 2012 when the new IT system is implemented. All patients who have a mobile telephone number recorded in their records will receive a text message to remind them of an appointment booked.

9. Improve appointment availability at the Practice

Please see action point 6 (walk in clinic) above.

Action point closed however the availability of appointments at the practice are to be monitored as part of continuous improvements. Appointments are also a fixed agenda item.

Agenda Items Patient Reference Group Meeting 26th April 2012

Practice News

❖ Congratulation Dr Rainford

Dr Rainford has passed her exams to become a GP Trainer. The practice will have a formal inspection visit on the 22nd of May and provided the visit is successful Dr Rainford will then be invited to an interview. Upon successful completion of both of the above Dr Rainford will be allocated a GP registrar.

The group requested their congratulations and best wishes be conveyed to Dr Rainford.

❖ Congratulations Dr Campbell

Dr Campbell gave birth to a baby boy 'Henry' who weighed 8lb 13oz on the 6th of April 2012.

❖ Dr Chawla returns from maternity leave on the 9th of May.

❖ Student Nurse – the practice has a student nurse 'Lucy' working with the nursing team. This is the first time the practice has worked with student nurses and wished to do this as it is inline with the practices ethos as a training practice. The student nurse will be at the practice for 8 weeks.

❖ Lynn the new receptionist commenced her role on the 20th of February 2012.

❖ The new IT system will be in place from the 21st of May – there will be a period between Mon 14th May and Friday 18th May when we would appreciate patients refraining from ordering repeat prescriptions. We have been handing out leaflets at reception, and also attaching information to prescription requests received to try and reduce the requests.

We also discussed that from the 8th May ordering prescriptions will not be available via the internet until Monday 28th May. At this time any-one wishing to use this service will be required to obtain a new user name and password from reception. Their previous user name and password will be obsolete.

❖ Who's Who board is back- As requested at the last meeting, the board is on display in the entrance to the practice, and has also been placed on the practice website www.ashvillemedicalpractice.co.uk.

❖ Health Information Notice Board – Further to the last meeting this has been implemented in the waiting room to give information to patients about different services offered within the community.

Practice Website

❖ The practice website has been updated. Mel gave a demonstration to the group of the updates carried out and there was agreement that the content of the website had improved and that it looked very professional.

Priorities for the next patient survey

Mel informed the group that priorities would need to be set for the next survey to ensure the right questions were asked.

Based on previous discussions the following were suggested as priorities for the next survey.

- ❖ Opening times
- ❖ Ability to be seen quickly
- ❖ Ability to book ahead
- ❖ Telephone Answering
- ❖ Experience & treatment of service received

The group agreed with the above priorities however, Mel suggested that it was also important the wider patient population had an input into the priorities set for the next survey.

It was agreed that a proforma would be given to patients coming into surgery to obtain their views.

Mel will provide a sample patient survey questionnaire based on the priorities at the next meeting. The survey questions will also be added to the practice website so that patients can print their own copies, should they not be attending the surgery during the timeframe the survey will be carried out. Group members offered to take copies of the survey to their groups also.

Positive Feedback

As well as discussing areas that required improvement Mel stated that it was equally important that the practice received feedback on areas that were working well. A summary of the positive feedback throughout the meeting is as follows:

- ❖ Noticeable improvement in the availability of appointments
- ❖ Noticeable improvement in answering the telephones
- ❖ Less queuing at reception since the telephones had moved to the back office
- ❖ Positive feedback regarding the helpfulness of reception staff
- ❖ The practice had demonstrated since the last meeting that the groups views had been listened to, and the appropriate actions had been taken
- ❖ The content of the practice website had improved and the website looked professional
- ❖ There is structure to patient reference group meetings, and the meetings are controlled well

Mel thanked the group for their positive feedback

Any Other Business (AOB)

1. Patients parking in the disabled parking spaces inappropriately were problematic. We discussed that the only way to solve this problem was to constantly police the car park however the practice did not have the resource to do this.

Also parking in front of the surgery entrance was causing problems. Shaun (Caretaker) informed the group that he has recently ordered new signs that will inform people the front of the practice is a drop off point only, and parking is not permitted.

2. Hearing Aid Batteries- The group asked if these were available at the practice instead of travelling to Barnsley. It was mentioned that they could be obtained from the Lift Centre in Worsbrough.

Action Points to be carried forward

Text Messaging Service

Reporting DNA's (did not attend)

Action Points

1. Request a drug rep to sponsor a television promoting health promotion- Mel
2. Confirm if replacement hearing aid batteries can be supplied at the practice- Ruth
3. Issue a proforma to the wider patient population to obtain views on priorities for the next patient survey- Mel
4. Provide a sample patient survey questionnaire at the next meeting – Mel

Date of next meeting to be confirmed