

Ashville Medical Practice Patient Reference Group Meeting Minutes 19th July 2012

Location: Ashville Medical Practice Conference Room

**Attendees: Melanie Jones (Practice Manager)
Ruth Nowodny (Practice Administrator)
Patient Reference Group Members (9)**

Update on Action Points from last Meeting 26th April 2012

1. Text Messaging Service

Since the implementation of the practice new IT system the text messaging service is now in place and all patients who have an appointment where the practice holds a valid mobile telephone number will receive a text message to remind them of their appointment.

Action point closed.

2. Reporting Did not Attends (DNA's)

Mel shared with the group the number of patients who did not attend their appointments in May and June, and also advised that the information is displayed on the website and also on the Jayex board in the practice.

The practice are currently monitoring DNA's on a regular basis however, it was not appropriate to send letters to patients in a blanket approach as there may be times when patients do not attend due to circumstances beyond their control. The practice will continue to monitor this on a regular basis and share the statistics with the practice population each month.

The group were also surprised at the number of did not attends so soon after booking the appointment. In June there were 58 did not attends between 0 and 5 days of booking the appointment. It was agreed that going forward the time between booking a Dr appointment and the number of DNA's would be reported separately.

Mel highlighted that Dr appointments currently could be made up to 14 days in advance, however the statistics did raise concerns with the practice with regards to increasing this timescale.

Action point closed.

3. Request a Drug Rep to Sponsor a Television Promoting Health Promotion

Drug reps have been approached however, are not in a position to support the practice with this.

A member of the group stated they would approach the groups they attended to see if anything further could be done on this subject.

4. Hearing Aid Batteries

Hearing Aid batteries can be collected from the District Nursing area at Oakes Park Primary Care Centre

Action point closed.

5. Issue a Proforma to the Wider Patient Population to Obtain Views on Priorities for the Next Patient Survey

A proforma was issued and the results are as follows:

Priority Area	Potential Responses	Actual Number of Responses	Percentage
Ability to be seen quickly	57	48	84%
Ability to book ahead	57	34	60%
Telephone answering	57	17	30%
Experience and treatment of service received	57	16	28%
Opening Times	57	8	14%

From issuing the proforma the practice had 16 responses out of 57 of patients showing an interest in joining the patient reference group.

It was agreed that the practice survey this year would incorporate questions to cover all the areas above.
Action point closed

6. Sample Patient Satisfaction Questionnaire

A sample patient satisfaction questionnaire was brought to the meeting based on the priorities discussed in January 2012

Action point closed

Agenda Items Patient Reference Group Meeting 19th July 2012

Practice News

- The practice passed the formal training visit inspection on 22nd May 2012. The next stage of the process was for Dr Rainford to have a formal interview on 19th July, and if she passed the interview she would be a fully qualified trainer and this would enable the practice to have a second GP registrar.
Since the meeting Dr Rainford has passed the formal interview.
- The implementation of the practice IT system on the 22nd May was very successful.
- Practice met all the requirements for the Patient Participation DES, and passed this objective. Mel thanked the members for their input and support in enabling the practice to achieve this.
- Quality Outcomes Framework (Qof) - The practice is monitored on performance on an annual basis for Qof. The maximum points that can be achieved are 1000 points. The practice achieved 998.58 points and is proud of the outcome.
- It is with regret the practice has to announce that staffing cuts have been made resulting in Dr Chawla, Dr Hirani, and Nurse Alison being made redundant.
- Lynn the receptionist has resigned and the practice are holding a recruitment drive to recruit 2 part time receptionists. The additional staff should also help reduce queues at reception.
- Dr Dunthorne will leave the practice on 31st July to continue with his studies at his next placement. Dr Andrew Mills and Dr George Cooke will join the practice on 1st August 2012.
- Dr Scargill is on annual leave until the end of August 2012.
- Kerry Hunter administration assistant is on maternity leave.
- The self check in arrival board has been moved to near the entrance and it is hoped this move will encourage patients to use it to try and reduce queues at the reception desk. Mel approached the group to request assistance in showing patients how to use the board, and also a suggestion was made with regards to the practice engaging in work experience with schools nearby.
- Dr Gabriel is now qualified to give joint injections, in addition to Dr Trivedi and Dr Ainsworth, thus enhancing the skills of the practice clinical team.
- Suggestions were made by patients to have chairs with arms on in the waiting area. The practice has accommodated this request and 5 new chairs are in the waiting area.

Appointments- Did not Attend (DNA's)

- Please see action point 2 above

Practice Objectives next 12 months

Mel shared with the group the practice objectives up to year end of 31st March 2012

- Quality Outcomes Framework (Qof) The practice has clinical and organisational objectives to meet in this area by 31/3/2012.
- Accident and Emergency Attendance- It is known that patients attend the accident and emergency department when conditions are not emergencies, and could be treated by either seeing the GP the following day, calling the out of hours Drs service or attending a walk in clinic. The practice is

tasked with reducing Accident and Emergency attendances. Patients who also attend A+E and either refuse treatment or walk out without being seen cost the practice £54 each time they check in at A+E. In addition to this the practice will also review patients where an alternative care pathway may be more appropriate to save an attendance at A+E i.e. refer to a specialist service.

Mel shared with the group the practices position with regards to A+ E attendances, the approach the practice was taking to reduce A+ E attendances, the practice improvement plan and suggested areas for commissioning. The group supported the posters advertising the cost of inappropriate A+E attendances, and didn't realise the cost implications of attending A+E. They stated that the posters had already made an impact as some of their friends had mentioned to them that they were also unaware of the costs. They also highlighted that Barnsley didn't have a walk in centre and supported the suggestion for commissioning.

The practice was ranked 26 out of 40 practices on A+ E attendances, and it was also discussed that the problematic appointments system at the time the data was produced could have had an impact on the avoidable increased A+E attendances.

- The practice has to register with the Care Quality Commission between 2/10/2012 and 29/10/2012.
- The following objectives are initiatives from the PCT:
 - Alcohol screening on all newly registered patients over 16 years of age
 - Flu campaign
 - Conduct medicals on patients with Learning Disabilities who are on the health and social care register
 - Patient Participation directed enhanced service.
 - Conduct NHS Health Checks on patients who meet the criteria.
 - Childhood Immunisation targets- at least 90% of 2 and 5 year olds to be immunised.

The practice are also required to review Emergency Admissions and Outpatient referrals however there was no information to share at this current time.

Patient Survey Questionnaire/ Commencement of Survey

The group agreed the questions to be used in the patient satisfaction survey with amendments to the wording to be made to questions 4 and 12.

Comments were raised with regards to the steepness of the hill up to the surgery, however it was discussed this had been raised previously and that there is no further action to take. Confirmation took place after the meeting that the hill conforms to building regulations.

In addition one member of the group asked about having electronic doors on the internal doors into the building. Mel informed the group that a recent inspection had taken place from an external company, and that it is not feasible having electronic doors installed. Due to the close proximity of both sets of doors a "wind tunnel" effect would be created. This would be dangerous to any-one entering the building. The Landlord has installed a bell system should any-one require assistance with the internal doors.

Mel demonstrated how the survey this year will also be able to be completed online.

It was agreed that the survey would commence in September 2012.

Mel informed the group that under Department of Health Guidelines, 25 completed questionnaires per 1000 patients ensures a representative sample.

Appointments

It was agreed that appointments would remain an agenda item so that focus was not lost on this subject. Acknowledgements were made that there had been a significant improvement in the appointments system however, it was accepted that the change did not suit every-one.

It was agreed that no further changes would be made to the appointments system until the results of the patient survey were received.

Terms of reference

A terms of reference document was presented and agreed so that should there be new members they would understand the aims and objectives of the group.

Melanie Jones will be the chair person and Ruth Nowodny vice chair.

Positive Feedback

There has been a significant improvement in the appointments system

Any Other business (AOB)

A member of the group shared knowledge when ordering repeat prescriptions online. Patients are able to order medication within 7 days of the due date, and if they try to order before the due date the tick box at the side of the medication will not be available.

Action Points

1. Report the time between booking a Dr Appointment and the number of DNA's separately- Mel
2. Look at the feasibility of involving nearby schools doing work experience in the practice- Mel
3. Patient reference group member to approach groups they attend with regards to a television promoting health promotion

Date of next meeting, Thursday 18th October 2012, 13.00pm -14.30pm.