

Neston Medical Centre

Patient Participation Group

Meeting Tuesday 31 January 2012 1.30pm @ Neston Medical Centre

Minutes

In attendance:- Mrs Moira Andrews, Chair; Mr John Gilfoyle; Mrs Betty Smith; Mr Brian Slack; Mr John Gibbon; Dr Chris Steere, GP; Mrs Dot Stevenson, Practice Manager

Apologies: - None

Minutes of Last Meeting:- The minutes of the last meeting were agreed as accurate.

Matters Arising From Last Meeting:-

Community Transport

Betty informed the group that there was Council Funding available to purchase a vehicle for the Neston area. A bid has been submitted and it looks likely that it will be successful. Betty is currently canvassing support for the venture in the local area, plus volunteer drivers. (The GP's have since written expressing their support – copy letter attached.)

1. Patient Survey – The Practice has recently conducted a Patient Survey with a company called Patient Dynamics. The results of the survey have recently been received (and previously distributed to the Group members) and the main aim of this meeting was to discuss those results and produce an Action Plan.

Overall, the Group were very pleased with the results of the survey. Looking at the 24 questions on reports ratings page (page 3), the majority of the ratings were excellent. Thirteen of the questions scoring 90 or above; six of the questions scoring 80 or above; three of the questions scoring 70 or above and only two questions scoring 60 or above.

All the group were particularly pleased with question one, 'how helpful do you find the receptionists at your GP Practice?' which scored 96. Mr Gilfoyle did however comment that he did not know all the receptionists names and suggested that they wear name badges. Dot did say that they used to in the past but the 'pins' ruined the blouses, plus we also had a receptionist that felt uneasy having her full name on a name badge because she lived locally. It was suggested that the staff just have their Christian names on their badges and that we purchase badges that have a metallic backing. This was agreed by all, in order to create a friendlier atmosphere.

As the majority of our results were highly positive, the Group decided to look at the two areas in which we scored the lowest:-

- How easy is it to get through to someone at your practice on the phone? (61)
- How easy is it to book ahead at your practice? (60)

Betty thought that the phone (and other) questions had been asked in previous surveys (Betty was previously a Quality and Outcomes (QOF) Lay Assessor for the Primary Care Trust (PCT) and suggested that we look at those surveys to see if there had been any improvement. Dot said that she still had previous year's results and would produce a comparison report (copy attached). As you can see for the question 'how easy is it to get through to someone at your practice on phone?', our results have improved year on year from 49 in 2006/7; 52 in 2007/8; 53 in 2008/9 to 61 in 2011/12. The question 'how easy is it to book ahead at your practice?' has not been asked in previous years.

We all agreed that it was difficult to get through to the practice at 8am when the phones are switched over from Out-of-Hours. However, we cannot stop patients ringing if they want to. In previous years, some patients suggested that we have more lines coming through to the surgery. This would mean employing more staff to answer them. If you had more lines/staff, the appointments would be taken even sooner. None in the Group could think of a better system, although the practice is always open to suggestions on how to improve. When the results of this survey are published on our website, we ask that any patients who have any suggestions for improving systems or any proposals which would benefit all patients please submit them to the practice for consideration.

(Post meeting addendum – we are due to change our computer system later this year. We then hope to introduce 'on-line booking', which may alleviate pressure on the phone system)

Regarding the booking ahead question, the Group felt that some patients did not understand our appointments system. The Practice releases half of its appointments 2 weeks in advance (except on Mondays and Fridays, where research has shown that more patients require available on the day appointments). We also offer telephone consultations every morning. Dr Steere also mentioned our 'guaranteed next day appointment system', which he felt, was unique to our practice. Betty suggested writing an article for the Neston Local Magazine explaining our appointments system. Dot agreed to write an article. Dr Steere also thought that if our receptionists could ask patients for a 'broad outline' of their problems when patients require 'emergency appointments' they could be directed to the most appropriate person/resource in the practice. Some of the group felt that some patients would object to being asked this by reception staff, although others felt that if it was done professionally and couched in such a way; for example 'could you possibly give me an indication of the problem so that I might best direct you' then it might be ok. Dot to discuss with staff at the next staff meeting.

Dot also mentioned our 'did not attend rates' (DNA's) i.e. patients who failed to attend booked appointments, which obviously means that these are 'wasted' appointments. The group were surprised at the high numbers of

patients who failed to attend (50 to 60 patients each month for GP's and even more if you include the nurses). The Group recalled that the practice used to publish (via posters in the surgery) the numbers each month and suggested that we re-commence doing so. Dot to action. (Afterthought from Dot, we could also publish on the website)

The Group went onto discuss some of the 'comments' – of the 53 comments made, only 10 were negative and these were the ones the Group decided to focus on. (Page 18) 'Receptionists difficult and sometimes rude' – this comment seems to be in the minority (see previous comments re reception staff) – however Dot said that if receptionists were rude; patients should complain to her via our complaints procedure. The Group also thought that the previously mentioned name badges might help in that a) if receptionists were rude it would be obvious who they were and b) the use of the badges could create a friendlier atmosphere.

(Page 20) 'Sometimes the temporary doctors can be a little abrupt' - Dr Steere commented that we are trying to get away from the use of as many locums. We have appointed new GP's and put extra sessions into the Practice.

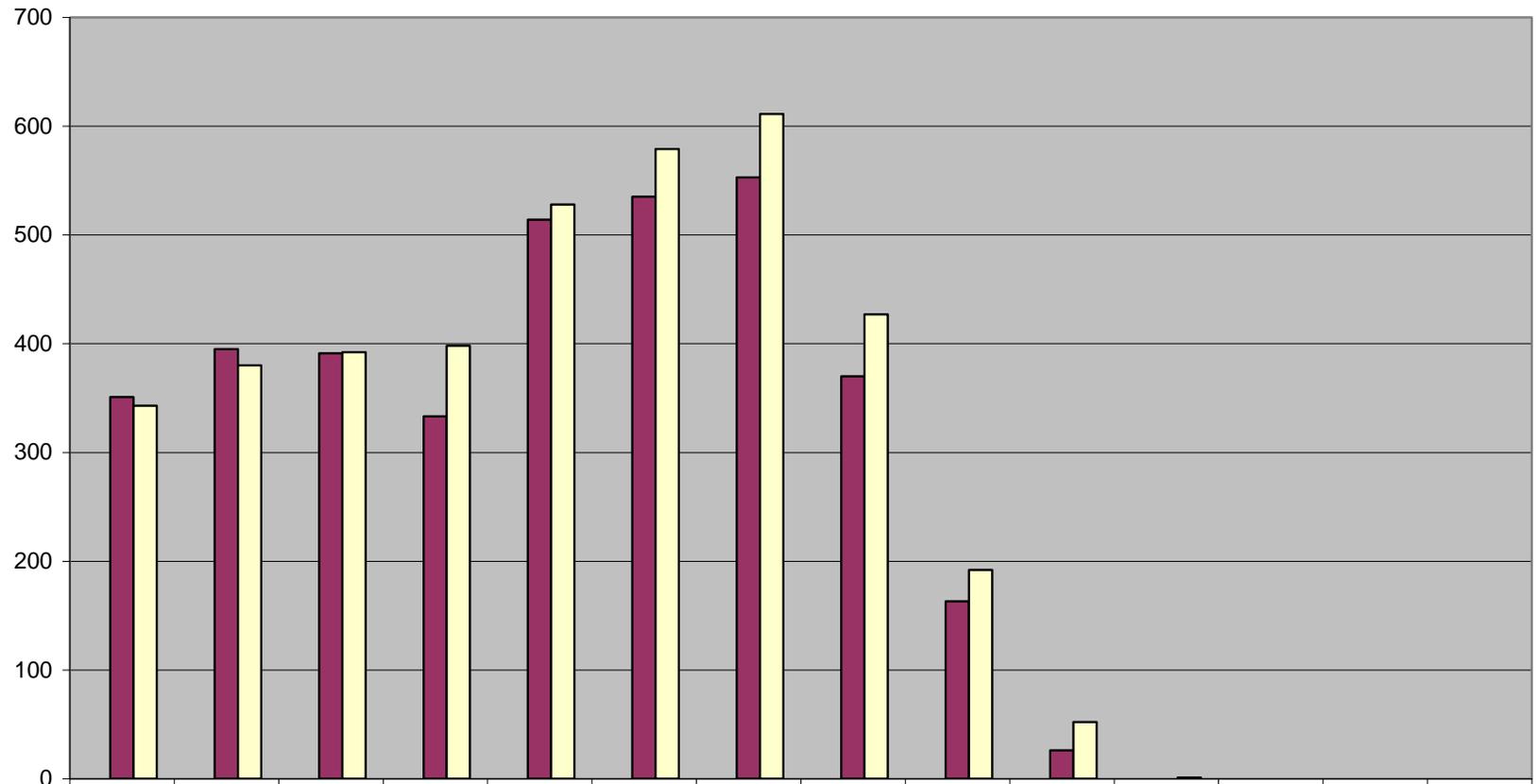
Action Plan – all to be achieved by 31st March 2013

1. Staff to be provided with name badges – Christian names only.
2. Try on-line booking of appointments when we change our computer system later in the year.
3. Write an article for the Neston Local magazine explaining our appointments system.
4. Get our receptionists to ask patients for a broad outline of their problem so that they may be directed to the most appropriate person.
5. To re-commence publishing our 'failed to attend' for appointments rates.

Next meeting Wednesday 21 March 2012 at 1.30pm, (Dr Sproule or Dr Sillitoe to be invited to attend) - please let Dot have any apologies.

The meeting closed at 2.40pm

Neston Medical Centre-Practice Population Age/Sex Register as at March 2012



	[0 - 9]	[10 - 19]	[20 - 29]	[30 - 39]	[40 - 49]	[50 - 59]	[60 - 69]	[70 - 79]	[80 - 89]	[90 - 99]	[100+]			
Age Sex Analysis	0	0	0	0	0	0	0	0	0	0	0			
Males	351	395	391	333	514	535	553	370	163	26	0			
Females	343	380	392	398	528	579	611	427	192	52	1			

We attempted to recruit patients to our Participation Group by:-

- Putting the information on our Practice website
- Having handouts at reception
- Putting up posters in the Practice
- Word of mouth by GP's

The Age/Sex profile of the Group is:-

F	72
M	74
F	68
M	63
F	69
M	72

We held our inaugural meeting on 16th November 2011 where amongst other things; discussion took place on how to make the Group more representative. We are to design a hand-out to be given out to parents at our Baby Vaccination Clinic, to try to encourage young mothers to join. We are also thinking of approaching the local High School to see if we can encourage some 6th Formers.

Discussion also took place regarding conducting a patient survey. It was decided, as time was short, that this year we would use an 'off the shelf' survey from the company 'Patient Dynamics' – General Practice Assessment Questionnaire GPAQ v3 was chosen. This is similar to surveys conducted by the Practice in previous years and one familiar to one of our Group who used to be a QOF Lay Assessor. In future years, the Group may look to design their own survey. We ordered 200 surveys and it was decided to conduct the survey before Christmas thus it was started on 12th December 2011 and completed by 23rd December 2011; 184 were returned. So as not to be mixed up with the Christmas post the survey was sent to Patient Dynamics for analysis on 3rd January 2012. It was received back on 13th January 2012 and discussed at our group meeting 31st January 2012.

Confirmation of Practice Opening Times

Our Practice is open from 8am to 6.30pm Monday to Friday.