

GROSVENOR MEDICAL CENTRE

PATIENT GROUP MEETING

12 March 2014

11 – 1 pm

Purpose of the meeting: To review the Patient Participation Questionnaire results and to agree the 2013/14 Patient Participation Questionnaire Action Plan. To provide the panel with an update of current developments within the practice.

Present:

Rachel Lloyd – Service and Patient Participation Group Administrator
Caroline Harley – Practice Manager, Grosvenor Medical Centre
Trish Vickers – Senior Practice Nurse
Trevor Gomersall – Patient Panel Representative
Colin Yoxall – Patient Panel Representative
Catherine Edwards – Patient Panel Representative
Kevin Larkin – Patient Panel Representative

Apologies

Dr A Spooner – Partner, Grosvenor Medical Centre
Sylvia Davey – Patient Panel Representative
Nino Mastroianni – Patient Panel Representative
Michelle Bromhead – Patient Panel Representative

Unfortunately Dr Spooner could not attend so in his absence Trish Vickers agreed to chair the meeting. The meeting opened with welcoming another new patient panel member – Kevin Larkin. Kevin had been part of the original patient panel.

1. Update on the CCG

Trish Vickers recapped on the role of the South Cheshire Clinical Commissioning Group (SCCCG). This group covers the South Cheshire area (Crewe, Nantwich, Alsager, Middlewich, and Sandbach areas) and comprises of 18 GP Practices. It manages the budget for the healthcare of the patients in its area. There is an accountable board for the SCCC and Trish in the Nurse Quality Lead for the group.

One of the current key areas being discussed by the SCCC is the potential that housebound and vulnerable patients may not always get the best services due to their inability to access them. The group is looking at innovative ways to improve this i.e. a named person to support the patient, contacting them periodically to review their circumstances and options that may be available to support them. This fits in with the wider NHS agenda for 'at risk' patients.

There was discussion as to who may be vulnerable or housebound as these patients are not obviously identifiable particularly if they are isolated or lonely. They may not attend surgery regularly and therefore will not be aware of services that could be available to them. GPs on home visits could establish if patients have relatives supporting them or not and if the patient receives social services input. These patients could then be coded as housebound on the computer. Every patient newly registering with the practice is given a new patient questionnaire and it was suggested that a box could be added to the questionnaire for a patient to indicate YES/NO to the question Are you Housebound? Do you receive help from Social Services? Once a list is built up these patients can be contacted to check that they are ok particularly during the winter months.

The SCCCG is also, as part of the Transformation Agenda, looking at ways of working differently to bring services out of the hospital into the community i.e. potentially into GP surgeries. GP practices will have the opportunity to influence what can be moved locally i.e. advanced minor surgery, consultant out patient clinics. Moving services out of the hospital will move the money associated with that service and it will be essential to ensure that the hospital is not de-stabilised in its funding.

2. Practice Nurse Update

Trish advised the group that the 2013/14 flu vaccination campaign that the surgery ran had the best ever results. The national target was set at 75% of patients over 65 to be vaccinated and the surgery achieved 77% which was excellent. For patients under 65 in an 'at risk' group the practice achieved 61% coming 4th in the SCCCG and top in Crewe which again was an excellent teamwork effort. This now sets the benchmark for 2014/15 which the Department of Health is hoping that practices will commence from the 1 August. The two 'flu vaccination' Saturdays that were run in October were very well attended so the practice will run this again this year. Any help on the day from the Patient Panel will be appreciated as will any health promotion work that can be done at the same time.

Trish is attending a training day in the near future which is linked to the practice having the opportunity to train nurses in the practice in conjunction with Chester University. This will encourage new nurses to understand and experience primary care in the current fast moving, evolving environment. The GPs at Grosvenor Medical Centre are supportive of this. Also the current practice Health Care Assistant (HCA) has expanded her role and now provides injections e.g. flu, pneumonia and Vitamin B12. She is keen to progress and has applied for an Advanced Practitioner Role which will involve two years of training through a University Course. Successful completion will lead to an Advanced Practitioner Post which could be the first one in this area. This new role would be able to release work from the current Senior Nurses to enable them to have more capacity to work with vulnerable patients.

3. Patient Questionnaire 2013/14 Feedback and Action Plan.

The final questionnaire that patients received is below:



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There were questions that had been used before and some new questions.

In advance of the meeting Rachel Lloyd had provided comprehensive packs of the survey results. These were excellently presented and can be opened via the following attachment. The results of questions used before had previous years' results to allow for direct comparison. For the new questions there will only be for this years' results. Please open the following attachment to view the results.



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Direct comparison questions:

	2014	2013
Q1) Getting through on the telephone		
Positive experience	45%	27%
Negative experience	52%	69%

Although better than 2013 the practice would have hoped for more of an improvement. An extra part time receptionist was recruited to cover Monday and Tuesday morning the two busiest mornings in February 2013. In September 2013 the practice also took on two Apprentices as part of a national scheme. Part of the experience the Apprentices were to gain whilst at the practice was dealing with customers – in general practice this is the patients. From December 2013 they have been assisting on the front desk but as this survey was undertaken in January 2014 it may be too early to see if this has made an improvement in the ease of getting through on the telephone.

	2014	2013
Q2) Time calling the practice - before 9 am	57%	69%
- 9 – 11 am	31%	18%

Patients are not all calling at the start of the day which is encouraging as this does make it difficult to get through. Hopefully those calling slightly later are still able to get appointments which the practice will have to monitor on an on-going basis.

	2014	2013
Q3) Ability to get an urgent appointment	68%	58%

More people were accommodated for an appointment on the day when they rang rather than calling and not getting an appointment. This was an improvement from the previous year. The practice had reviewed the spread of available GPs, partners and Salaried GPs, to try and focus on key days. The practice had also been increasing the number of appointments released as being available on the day to meet the demand from patients who tend not to plan their care in advance or have a need to be seen straight away to address their problem. The practice still has the sit and wait emergency clinic once all routine appointments go so that no-one who feels they need to be seen on the day is turned away.

	2014	2013
Q4) Getting an ordinary appointment - Same day	24%	19%
- 1-2 days	9%	19%
- 3-7 days	24%	23%

More people got a routine appointment on the day they rang reducing a further wait.

	2014	2013
Q5) How did patients rate this?		
Excellent	18%	17%
Good	34%	27%
Fair	24%	26%
Poor	15%	24%

In virtually all areas there was an improvement on last year's performance which is encouraging. However it is recognized that there is still potential to improve on this further.

	2014	2013
Q6) Consultation meeting needs of patient		
Yes	97%	92%
No	3%	6%

This is an excellent improvement on last year and is encouraging for both the existing doctors and the new doctors who have joined the practice.

	2014	2013
Q8) Helpfulness of the receptionist		
Good	92%	86%
Not good	6%	14%

Again this is a good improvement on last year. There has been a new receptionist join the current team along with the support of the Apprentices which has aided the team in having more people available to deal with front desk queries and telephone calls. Potentially this has provided the staff with that little extra time to deal with the patients and their queries to assist patients appropriately.

	2014	2013
Q9) Opening hours Positive	77%	66%
Negative	3%	5%

Again this was encouraging that patients felt the opening hours were appropriate for their needs, particularly in the last year the practice had re-introduced a Saturday morning surgery at the Gresty Brook Branch surgery in April 2013.

New questions:

Would you recommend the Practice Nurses to your friends and family?

Extremely likely & likely (i.e. yes)	75%
Unlikely & extremely unlikely (i.e. No)	13%

This was an extremely positive response for the first time that this question has been asked and sets a benchmark measure for re-surveys of this question. However on discussion the practice was not sure that patients fully understood the question.

Did you know that the Gresty Brook surgery was open on a Saturday morning for pre-bookable appointments?

Yes	No
36%	63%

Despite the high uptake of the appointments the response of the survey was very disappointing which indicates that there is a significant need to re-advertise this service to patients as it is highly likely that this would improve patient satisfaction further.

Did you know that these on-line services were available at the surgery?

	Yes	No
Appointment booking	41%	59%
Ordering a repeat prescription	36%	64%

If the following services were available would you use them?

	Yes	No
Emailing/sending a message to the surgery	62%	38%
Updating your personal details e.g. address	72%	28%
Viewing any part of your records	74%	26%
Checking your test results	80%	20%
Do you think online options would offer a Better service?	83%	17%

The positive approach from patients to embracing new technology is encouraging. Despite the opportunity to book an appointment and ordering a repeat prescription on line being available as a service, and being promoted, a high percentage of patients who completed the survey were not aware of this. Therefore it is important for the practice to promote this again.

However it is difficult to gauge from the survey, as it is anonymised, as to which sectors of the patient population completed the survey i.e. did any vulnerable people complete the survey? Did people who do not have English as their first language or who people whose literacy levels are not good with understanding questions complete the survey? Potentially on promoting the service different methods of communication may need to be considered.

Overall the survey results were better than last year and potentially indicative of a lot of hard work that has been undertaken over the last twelve months to improve the appointment system, to re-introduce the Saturday surgeries and to promote the patient available on line services. This work is still on-going as there are a large number of patients who are unaware of these services that would subscribe to them. The practice will therefore need to consider how to re-promote and advertise these services in the near future. It was also positive to see that the helpfulness of receptionists had improved along with the high positive percentage response to the nursing team. These are areas that the practice recognises could still be improved further and will be part of training focuses in 2014/15.

Action Plan Proposals

The patient group is important in helping the practice to understand how to communicate with patients and to ensure that the patient group is representative of the patient population. Key points from the survey identified by the attendees at the meeting:

- Patients like to see survey information and how this information is displayed is important. Patients like the information to be clear and also to understand any problems. As every year to publish the survey results both on the practice website and in the surgery. It is imperative

that patients see the results and more importantly what the practice is doing to try and improve areas

- The panel noted that there although there are notice boards in the waiting room to communicate service changes or things happening they are often obscured by patients who use the seats near by. By the door to the consulting rooms there is a large notice board which is used for health promotion campaigns. The panel felt the wall area would accommodate another notice board that could be used for important communications – messages that relate to things the surgery needs to promote. The current boards could still be used for voluntary and other services but practice services should take priority areas
- Appointment availability – although there were some improvements in this area there is always room for improvement. It is essential that the practice continues to review the numbers of appointments available along with the amount that can be pre-booked. One panel member still thought that the diary availability was not very far ahead as this had been the case when the practice migrated from EMIS LV to EMIS Web. Once the migration was complete the normal diary availability of at least six weeks ahead can be pre-booked was restored. GPs are now advising patients that when they need to book a review appointment in a month's time that the computer diary should have these available
- Friends and Family test – recommending the Nurses – One thing the practice could not predict was that patients perceived other health care professionals that they saw i.e. phlebotomist, midwife, dietician were part of the practice nursing team. They did not realise that these staff were from Leighton Hospital providing services in the community. This misconception therefore affected the survey results. The Practice Nursing team have therefore decided to do a further personal nurse survey which will hopefully give some more meaningful information.
- Booking appointments on line and ordering prescriptions on line – due to the low level of knowledge that patients could sign up to this facility this will be promoted on the practice website and in the surgery immediately.
- The panel was very keen to embrace the use of technology more proactively. The panel felt health promotion campaigns and promoting self care was essential to help patients to manage their health and time limiting conditions. Using other services that are available e.g. pharmacies and self help leaflets needed to be promoted more. The practice does have a website so Trevor, one of the Panel members, expressed that patients could be directed more on the website to self care leaflets e.g. those produced by NAPP. Health promotion presentations could also be put onto the TV at Gresty Brook to sign post patients accordingly. If successful this could be replicated at Grosvenor Medical Centre. When the flu campaign starts this would be a useful resource to promote the vaccination
- Promoting issues when there is a wider audience – e.g. the flu vaccination sessions was felt a useful opportunity to promote the panel but also to give patients a leaflet that gives useful contact numbers, using services wisely and signposting patients to alternative services.

Often the most vulnerable patients come to these sessions so this would assist with supporting and engaging these people

- Questionnaire design – the number of returned questionnaires was disappointing. The belief was that that the questionnaire was not only done at the same time of year each year but the benchmarking questions always came first. It was felt that for next year improvements could be made as follows:
 - any new questions should go first to ensure that the questionnaire looks different and therefore refreshed
 - too many questions can put people off – it is more important to get meaningful questions rather than large numbers of questions
 - consideration should be given to doing shorter questionnaires but maybe 2 – 3 times a year focusing on different areas therefore giving the opportunity of a variety of important actions i.e. at the flu vaccination Saturday sessions when there is a wider audience?
 - not everyone has English as their first language or are confident at doing questionnaires – could panel members be around on certain days to help people and to talk to patients?
- The panel felt that when the GP called the patient in often the patient wasn't concentrating and would miss the room number. They would then have to find out from the receptionist thus causing a delay to get to the GP's room. This could also happen if a patient does not have a good understanding of English. The panel felt a whiteboard near the consulting room door with the GPs name and room number would be useful. Patients could check the board before going to the rooms

Action Plan

The practice agreed to firm up an action plan to take forward the suggestions. All of the survey process, results and subsequent action plan will be put into a report that will be uploaded onto the practice website for patients to view along with meeting minutes.

4. Updating Patient Contact Details

The surgery struggles to keep up to date information as patients change mobile numbers frequently. Sometime due to GP sudden illness a surgery has to be cancelled. This is very difficult if telephone numbers are out of date. Also when patients move they don't often think of telling the surgery. The panel were asked if they could think of innovative ways to encourage patients to provide this information. The panel agreed to perhaps think of a snappy slogan/ poster that identified this as an issue and promoted patients to be 'ahead of the game' and let the surgery know their up to date information. This would be incorporated into the action plan.

Meeting closed at 1pm