



Patient Participation Group Meeting
Wednesday 5th March , 2014 - 5pm
Minutes / Local Participation Report

Attendees :

Patients

John Tait - JT
Marie Curran - MC
Eric Fallais - EF
Harry Frith - HF
Laura Mullin - LM
Jean Kyle - JK
Rabena Hussain – RB
Neil Sutcliffe – NS
Davina Outhwaite – DO

SMG Staff

Dr Mari McGeever - MMG - GP Partner
Nicola Johnson – Administration Manager
David Nicholson - DN - Practice Manager

Apologies :

Linda Rule - LR
Alan Rule - AR

1. Previous Minutes

The meeting opened with a review of the minutes from the last meeting. EF commented that Alison Sweeney at NECS had been very helpful in answering his questions about the work of the ACORN Patient Participation Group (PPG) who also informed him that feedback from other Practice PPGs had been limited. DN mentioned that flyer advertising the last meeting of

the ACORN PPG , agenda and minutes of previous meeting had been emailed to Practices only a couple of days before the meeting so there was insufficient time to circulate to our members. ***Should anyone like to receive future information can you let DN or MMG know, these can also be emailed if you would like to supply us with an email address. Please send address for attention of David Nicholson to Saville.med@nhs.net
MMG mentioned past issue with strong representation from SMG patients and subsequent feedback from ACORN that group needed to have a broader representation from member Practices. MMG – the point of these meetings is patient engagement, EF to raise with Alison Sweeney.

BA – attendees had asked questions of ACORN group about finance.

EF – has sent email to board about GP appointment provision particularly at time of student intake , DN explained the excellent work of Involve North East at the local universities last year in helping Practices across the city with the influx of patient registrations.

2. Care Quality Commission (CQC) Inspection Visit

DN gave brief summary of visit. The full report can be viewed by clicking on the CQC panel on the front page of our website www.savillemed.co.uk

- Visit took place on 27th November , following 48 hours prior notification , and was carried out by a CQC Inspector and a Healthcare expert
- CQC staff spoke to the Practice Manager, Doctors, Nurses , Admin , Reception and Medical Secretarial staff.
- 5 core standards and other areas of practice work were reviewed, all 5 were judged as having met the required standard.
- It was a very thorough process that some Practices have found daunting as it is a learning curve for us all. Overall we found the visit to be stimulating and we are very proud of how the Practice was viewed.

3. Appointments Update / Survey 2013-14 Results

HF – mentioned poster relating to 30,000 student registrations to which MMG explained that any drop in list size would result in a drop in funding and therefore our ability to provide the sort of range of services that we do at present.

EF – suggested that SMG approach CCG for extra finance to staff Practices during busy student intake. DN explained this is very unlikely but would raise at Practice Engagement visit with CCG on 13TH March. HF also suggested we raise the issue with our CCG.

Some members of meeting felt that dedicated University Health Centres located on campus at the Universities would ease the pressure on a number of Practices such as ourselves.

NJ explained that part of the reason we attract so many student patients is that we do have a good reputation with the students.

BA – raised wider issue of demand placed on the Practice by the student population, MMG explained list size stays relatively stable, DN added that we work very hard to finance extra staff and resource to meet seasonal demand. MMG – we can't just close Practice list to new patients and we are operating within capacity, recommended provision is 2,000 patients per full time GP. Our main priorities are 1) Patient care and 2) Appointment availability, we constantly strive to make the system fair.

NJ – students often require care from a Nurse Practitioner rather than a Doctor, this has been actively promoted by SMG staff.

EF – impressed with use of text messages by the Practice

MMG – Over 22,000 of our patients are not students but we will communicate suggestions to our CCG about trying to improve how Practices meet seasonal increased demand during student intake.

NJ – explained to meeting how our appointments system now works following previous PPG meetings and other feedback. We offer routine appointments (that can be booked 3 weeks in advance) , urgent access appointments (triaged on same day basis by the Access Doctor) , pre-bookable appointments available at 24 and 48 hours notice that are released at 8am and 1pm. Previously all such appointments were released at 8am every morning but this was not deemed as being fair and equitable. We also offer Nurse Practitioner, Practice Nurse and Healthcare Assistant appointments (a second Healthcare Assistant was employed in July 2013). During half term holidays we revert to a book on the day system to address patient demand to staff holidays.

MMG / DN – We migrated to a web based Practice clinical system on 23rd January that allows us more flexibility to make refinements to the system. For example we have been able to introduce the “trickling” of appointments at different times of the day and appointments are more easily visible when booking online.

In response to feedback from previous meetings and survey results we have doubled the number of staff answering telephones from 8am to 9am although number of lines available is an issue. We have also recruited four apprentices to take over a lot of the basic administrative tasks to free up the staff answering the telephones. Results indicate there are as many patients booking appointments online as there are who do in person , further promotion of online appointment booking facility would ease pressure on phone system.

JT – it is easy for people to criticise access to booking appointments but has found the Access Doctor service to be excellent as a call back from Doctor has proven to be an appropriate means of answering healthcare issues without the need for a GP appointment.

MC – finds the message heard by patients whilst they are on hold on the telephone to be on the long side although. NJ - we did shorten this as much as possible following patient feedback and also it finishes as soon as a member of staff is free to take the call. On the positive side the message does seem to be improving signposting amongst patients to most appropriate clinician

LM – message is good as it gives patients different options, Nurse Practitioners are very good to see and more involved problems can be directed to Doctors.

EF – mentioned inappropriate use of A & E by some patients across the city, this situation is being discussed at CCG meeting in May.

HF – asked if our staff answering the telephones ask patients questions in order to best triage their calls , NJ confirmed we do but pointed out some patients find this an imposition.

BA – noted the positive developments by the Practice in using text messages.

Survey 2013-14 Results - See appendix A for full results of survey

Q1 – we were surprised by the response, still firmly believe we need a far more suitable building for our city centre surgery.

Q2 – we will feedback the results to our CCG. MMG pointed out that the opinion of the Practice, that covers questions 1 and 2 is that we need a far better equipped building to provide the sort of additional services our patients would like to see at Saville Medical Group.

Q3 – timing of calls is clearly an issue, MMG – the Practice believes the “trickling” of appointments has helped.

Q4 – Results are pleasing, feedback provided at meeting was that some members of staff could be more personal in their approach although they are very professional. Reception area is not ideal but patients are taken to a quiet area if a confidential discussion is required.

Q5 – results showing that booking online and in person both recorded 14% responses show that we still need to promote online services. HF – repeat prescribing service is excellent. It would be useful to collate figures about online usage by patients at the Practice.

Q6 - Again we clearly need to promote the Access Doctor service , could well help inappropriate use of A & E. We will look at promoting via back of prescriptions, phone message, website, flyers etc. MMG – explained how the Access Doctors prioritise the calls logged on their screens.

EF – asked how long appointments lasted, MMG – standard appointment is 10 minutes in duration, surgery structures differ amongst Doctors i.e. some like to factor in breaks that are known as firewalls. As a Practice we believe 14 appointment sessions are safe and manageable. HF – asked if Doctors bring up the notes of a patient before they came into the room, MMG – yes they do. It is likely in future that some Doctors will increase the duration of their appointments to meet the ever increasing amount of information the NHS is asking Doctors to record although the number of appointments will remain the same.

Q7 – we were very pleased with the response, Nurse Practitioners perform a vital role within the Practice.

Q8 – we were relatively pleased with response but there is definitely room for improvement.

Q9 – Again this gives us an area for improvement, the question was included in the survey to find out the time periods our patients want to book their appointments.

Q10 – LM – felt there had been a tremendous improvement. As a Practice we believe we should keep going with revised appointment system

Q11 – Responses for Saturday and Sunday were surprisingly low, perhaps question could have been better phrased. MMG – we have made sure our Doctors and Nursing staff provide sessions that straddle the lunchtime period to meet patient demand , we do provide good cover for the time of day when Doctors do their home visits to see patients.

Q12 – As an action point we will feedback to our CCG.

Action Points from Summary

1. Work to improve communication pathway with ACORN group / CCG.
2. Look at student turnover and in particular the possible provision of extra resource.
3. Working with our CCG to further promote the Out Of Hours service.
4. Promotion of the Access Doctor service at SMG.
5. Build on good work last year on the appointments service and refine and improve where possible.
6. Feedback to our CCG the additional services highlighted in question 2 of our survey.

AOB

BA - would like to offer suggestions as to how to improve number of respondents to next SMG survey including virtual options. Also would like to see promotion of the work of our PPG.

NS – would welcome a student at meetings as at past meeting.

EF – would like more advice by Doctors about taking medication.

JK / DN – to look at and arrange signing interpreter.

MMG / DN - The next meeting of the group will be in June. We will write to members of the group to confirm date and time.



Results

Survey 757612

Number of records in this query:	428
Total records in survey:	428
Percentage of total:	100.00%



Field summary for smg1

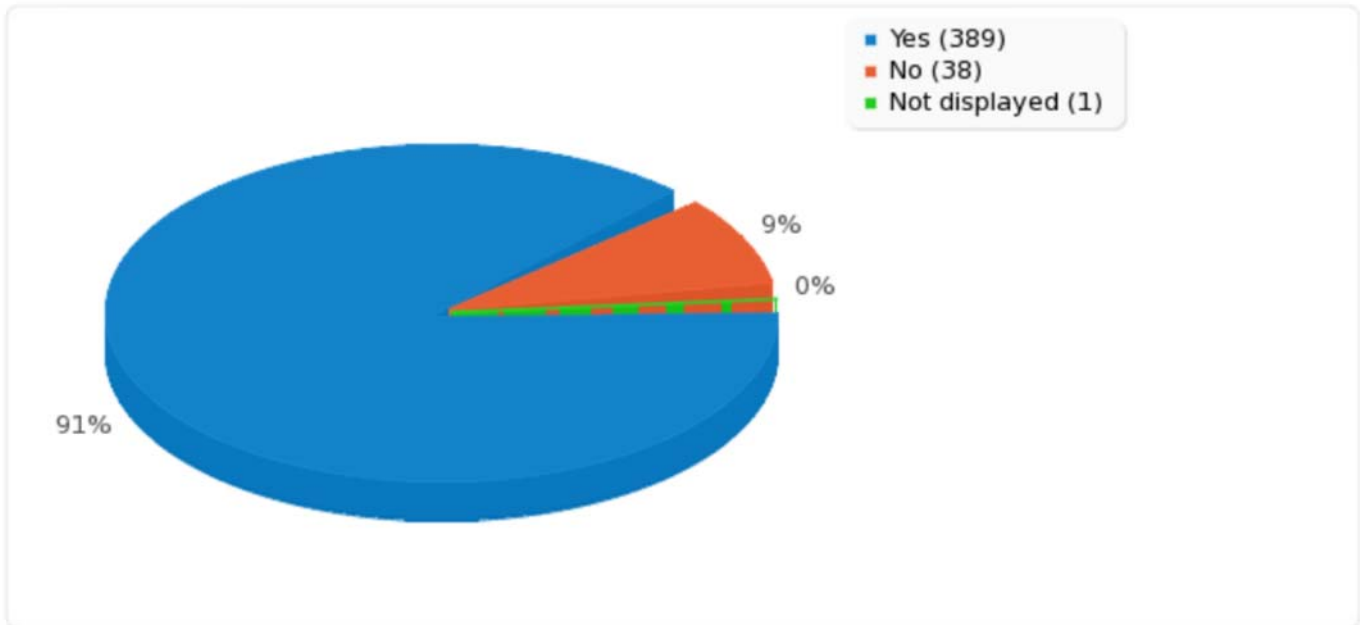
Saville Place Surgery operates from a modified terraced property. Do you feel the amenities are suitable for a modern GP Surgery ?

Answer	Count	Percentage
Yes (A1)	389	90.89%
No (A2)	38	8.88%
No answer	0	0.00%
Not displayed	1	0.23%



Field summary for smg1

Saville Place Surgery operates from a modified terraced property. Do you feel the amenities are suitable for a modern GP Surgery ?





Field summary for smg2

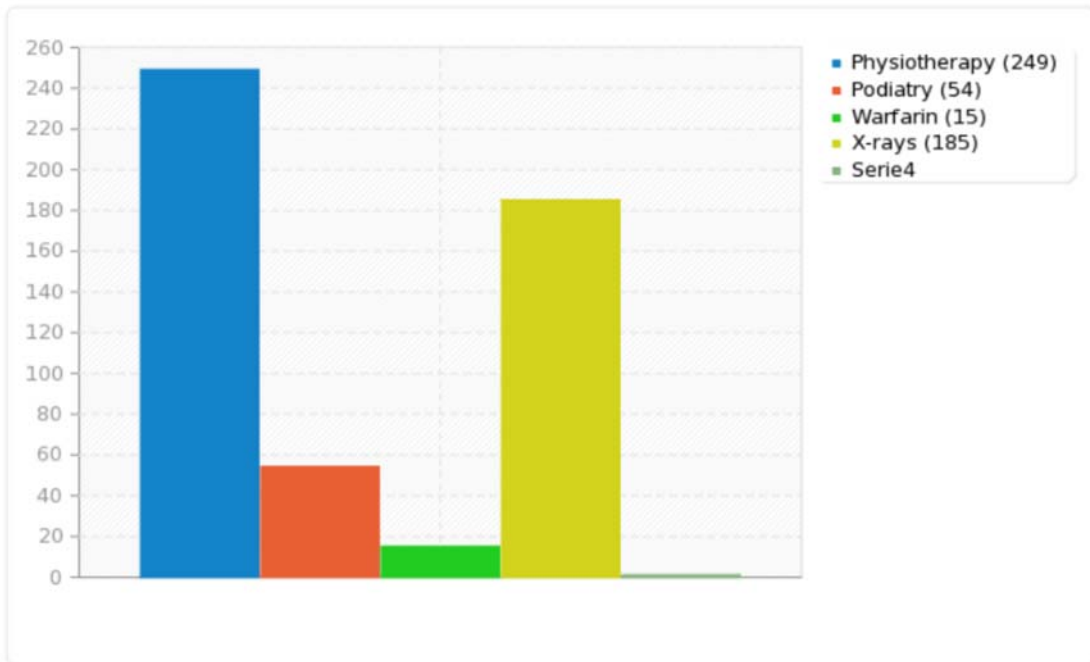
If possible , which of the following community services would you most like to see at Saville Medical Group ?

Answer	Count	Percentage
Physiotherapy (SQ001)	249	58.18%
Podiatry (SQ002)	54	12.62%
Warfarin (SQ003)	15	3.50%
X-rays (SQ004)	185	43.22%
Not displayed	1	0.23%



Field summary for smg2

If possible , which of the following community services would you most like to see at Saville Medical Group ?





Field summary for smg3

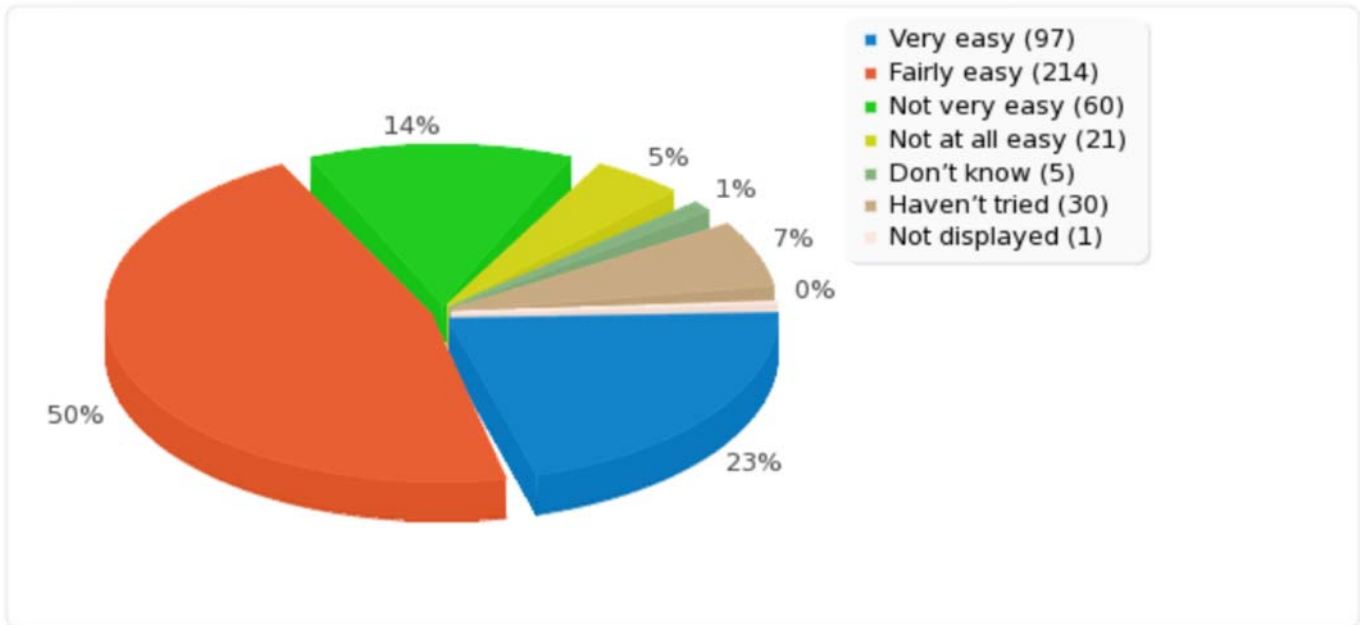
How easy is it to get through to someone at your GP practice on the phone?

Answer	Count	Percentage
Very easy (A1)	97	22.66%
Fairly easy (A2)	214	50.00%
Not very easy (A3)	60	14.02%
Not at all easy (A4)	21	4.91%
Don't know (A5)	5	1.17%
Haven't tried (A6)	30	7.01%
No answer	0	0.00%
Not displayed	1	0.23%



Field summary for smg3

How easy is it to get through to someone at your GP practice on the phone?





Field summary for smg4

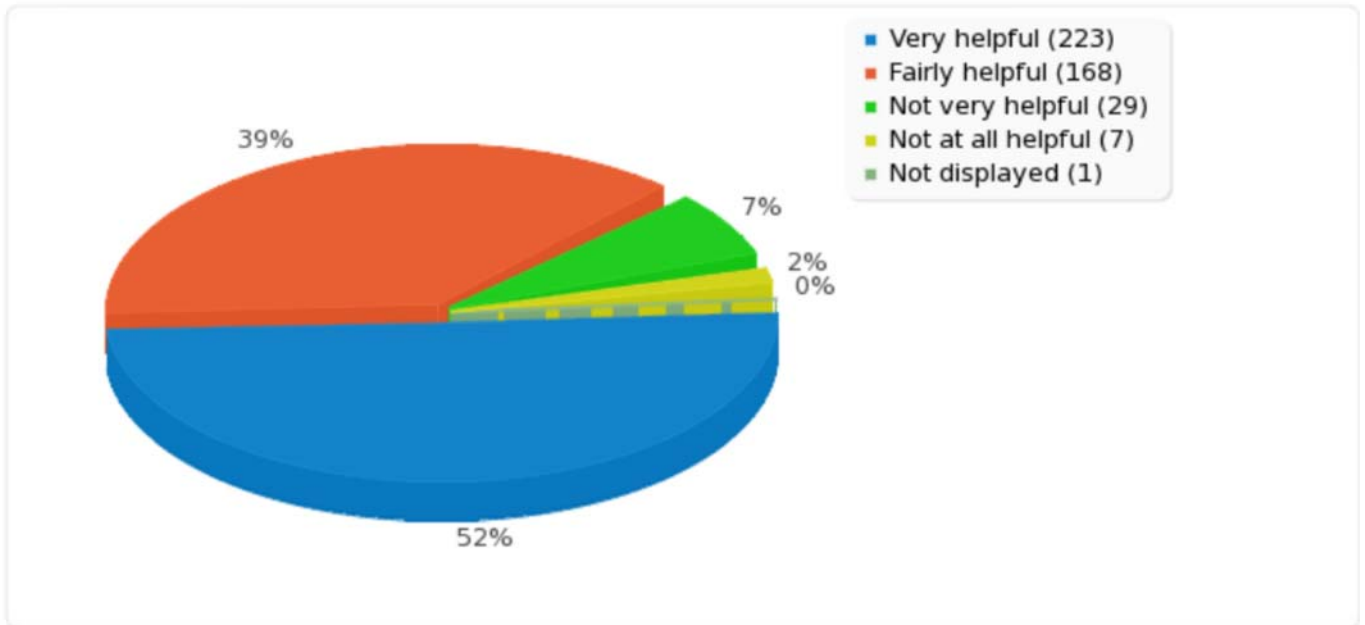
How helpful do you find the receptionists at your GP Practice?

Answer	Count	Percentage
Very helpful (A1)	223	52.10%
Fairly helpful (A2)	168	39.25%
Not very helpful (A3)	29	6.78%
Not at all helpful (A4)	7	1.64%
No answer	0	0.00%
Not displayed	1	0.23%



Field summary for smg4

How helpful do you find the receptionists at your GP Practice?





Field summary for smg5

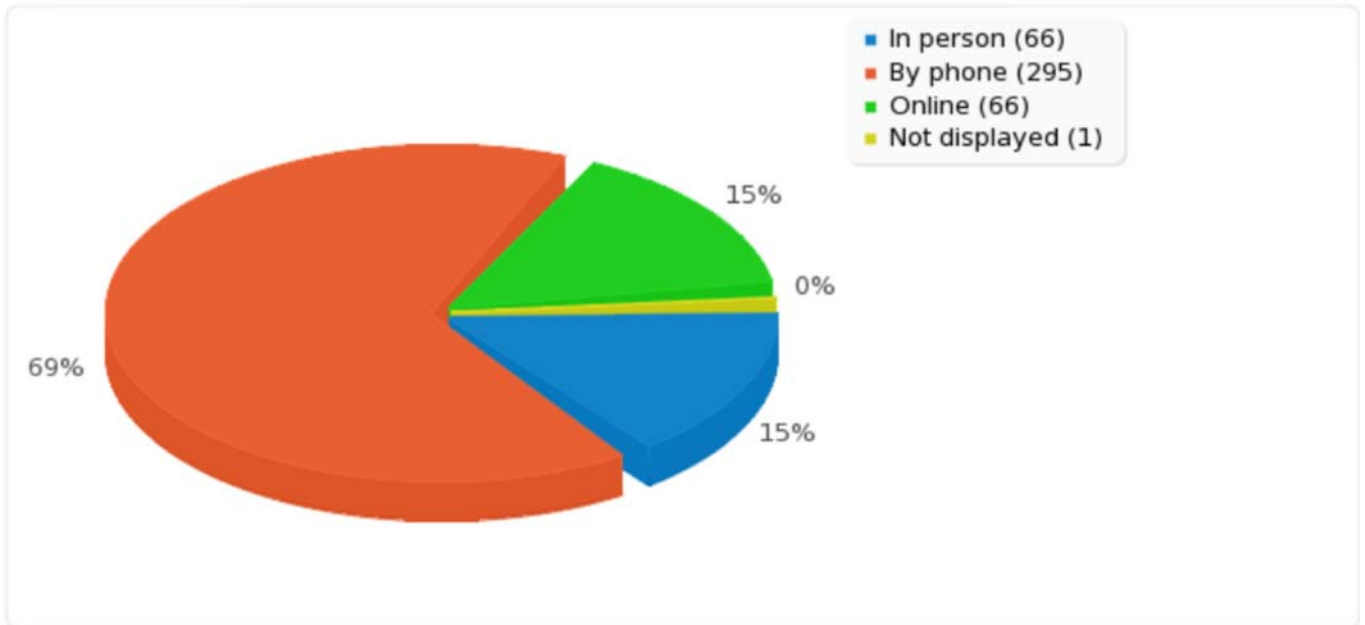
How do you book the majority of your appointments ?

Answer	Count	Percentage
In person (A1)	66	15.42%
By phone (A2)	295	68.93%
Online (A3)	66	15.42%
No answer	0	0.00%
Not displayed	1	0.23%



Field summary for smg5

How do you book the majority of your appointments ?





Field summary for smg6

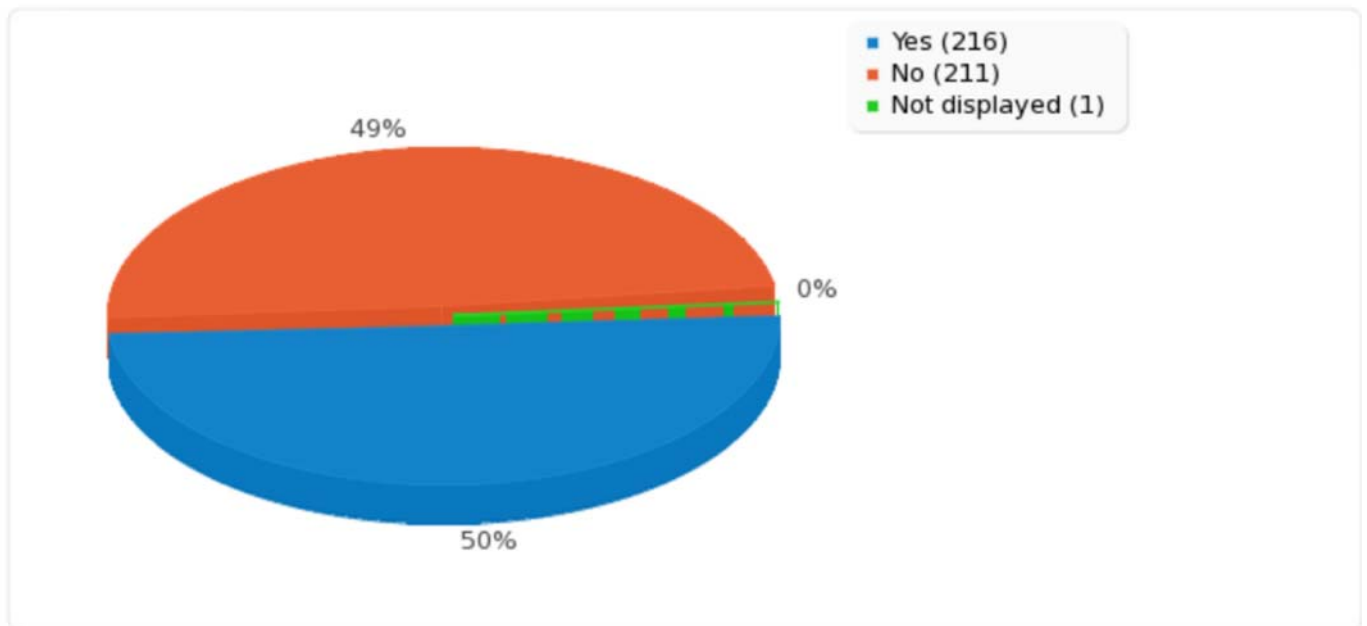
Are you aware we have an Access Doctor who is available Monday to Friday for telephone assessment of urgent problems?

Answer	Count	Percentage
Yes (A1)	216	50.47%
No (A2)	211	49.30%
No answer	0	0.00%
Not displayed	1	0.23%



Field summary for smg6

Are you aware we have an Access Doctor who is available Monday to Friday for telephone assessment of urgent problems?





Field summary for smg7

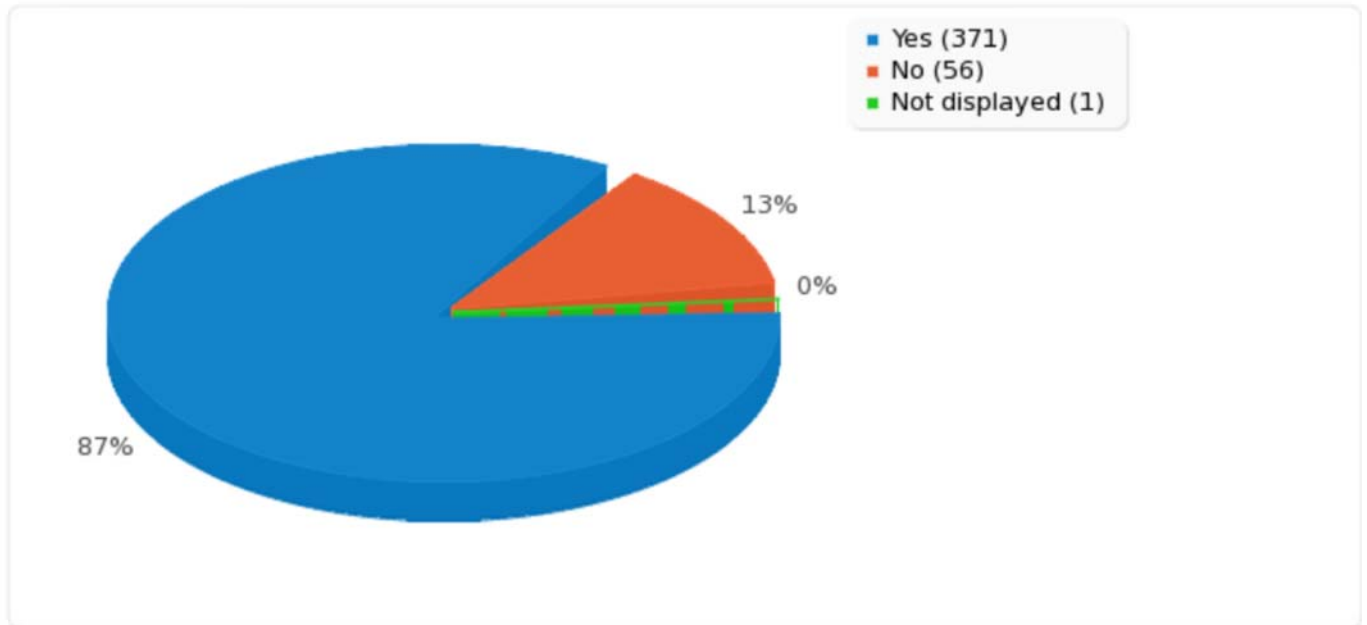
Are you aware that we have Nurse Practitioners who can prescribe for minor illnesses and injuries ?

Answer	Count	Percentage
Yes (A1)	371	86.68%
No (A2)	56	13.08%
No answer	0	0.00%
Not displayed	1	0.23%



Field summary for smg7

Are you aware that we have Nurse Practitioners who can prescribe for minor illnesses and injuries ?





Field summary for smg8

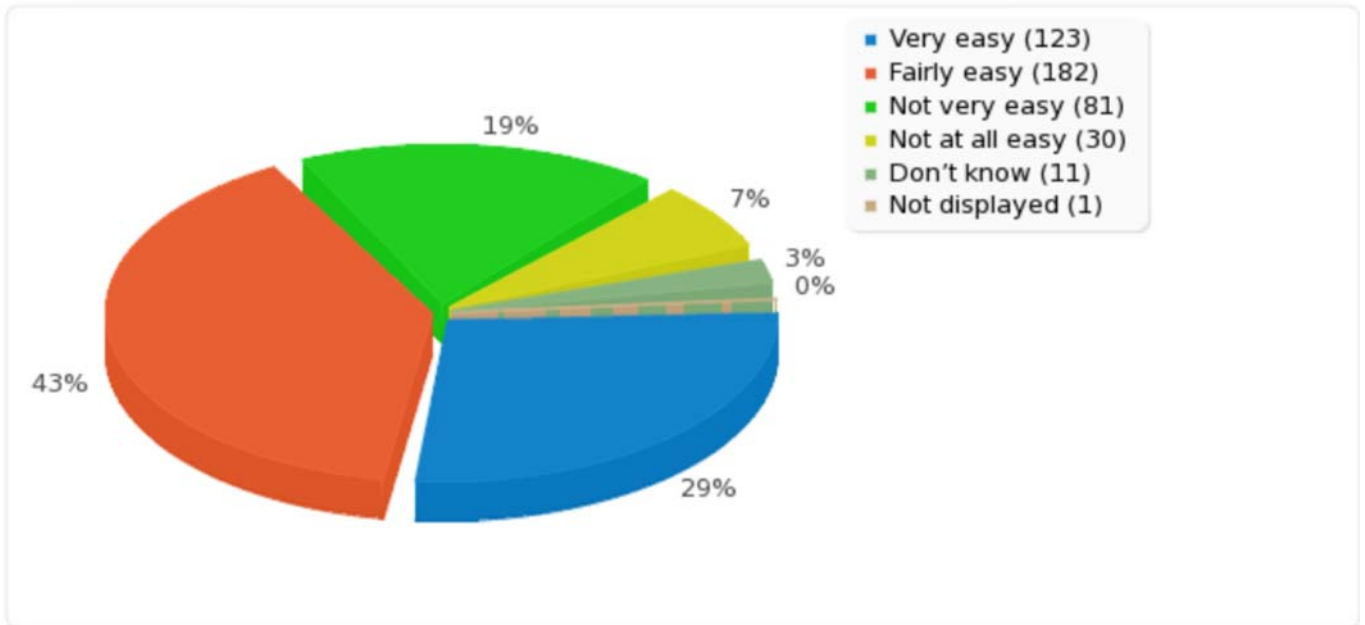
How easy is it to book an appointment ahead in your practice?

Answer	Count	Percentage
Very easy (A1)	123	28.74%
Fairly easy (A2)	182	42.52%
Not very easy (A3)	81	18.93%
Not at all easy (A4)	30	7.01%
Don't know (A5)	11	2.57%
No answer	0	0.00%
Not displayed	1	0.23%



Field summary for smg8

How easy is it to book an appointment ahead in your practice?





Field summary for smg9

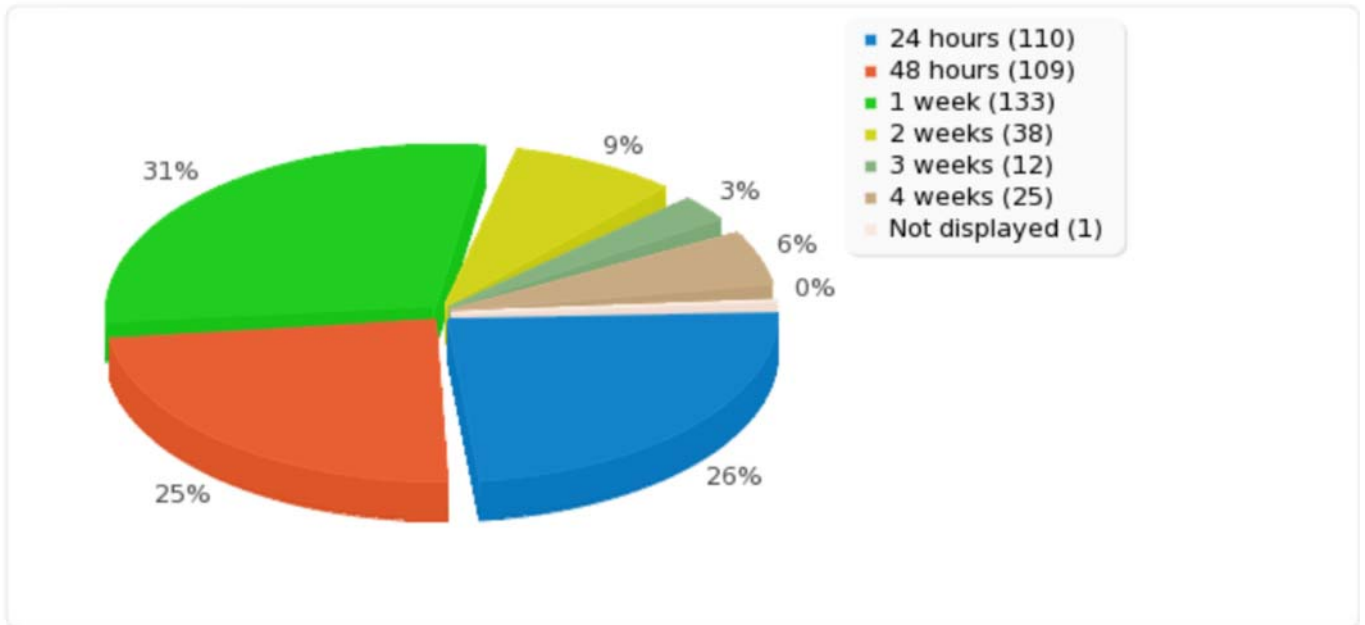
How far in advance would you like to book your appointments?

Answer	Count	Percentage
24 hours (A1)	110	25.70%
48 hours (A2)	109	25.47%
1 week (A3)	133	31.07%
2 weeks (A4)	38	8.88%
3 weeks (A5)	12	2.80%
4 weeks (A6)	25	5.84%
No answer	0	0.00%
Not displayed	1	0.23%



Field summary for smg9

How far in advance would you like to book your appointments?





Field summary for smg10

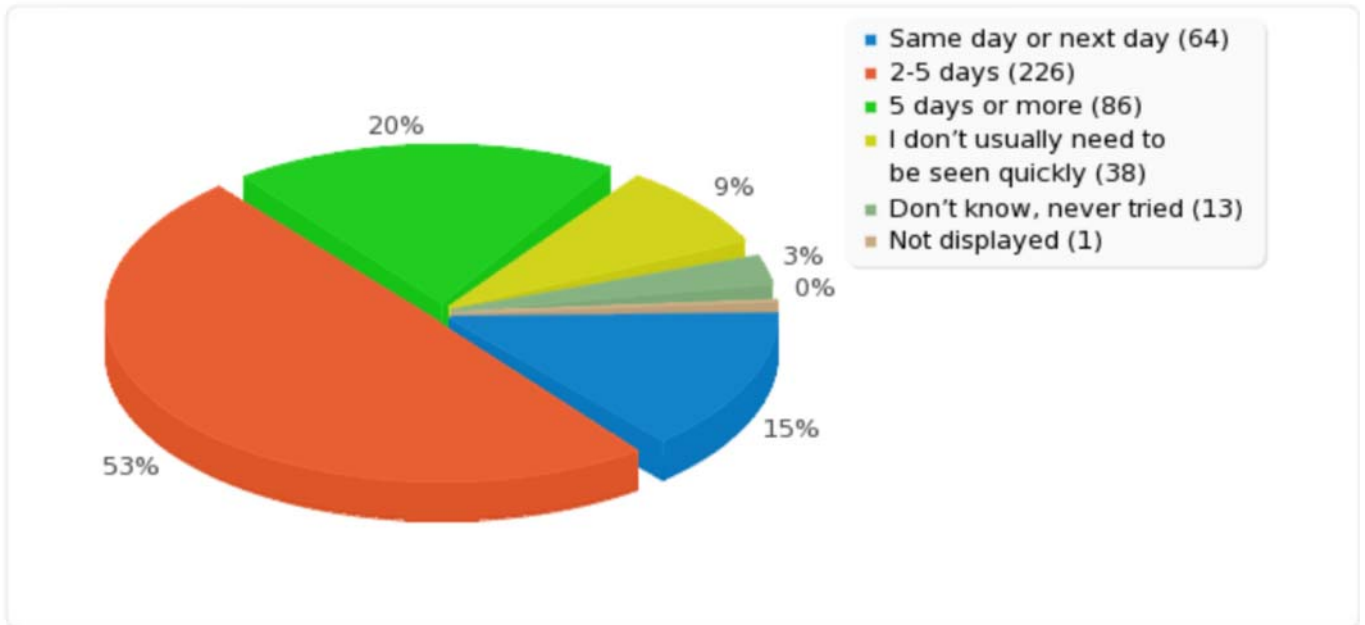
How quickly do you usually get seen?

Answer	Count	Percentage
Same day or next day (A1)	64	14.95%
2-5 days (A2)	226	52.80%
5 days or more (A3)	86	20.09%
I don't usually need to be seen quickly (A4)	38	8.88%
Don't know, never tried (A5)	13	3.04%
No answer	0	0.00%
Not displayed	1	0.23%



Field summary for smg10

How quickly do you usually get seen?





Field summary for smg11

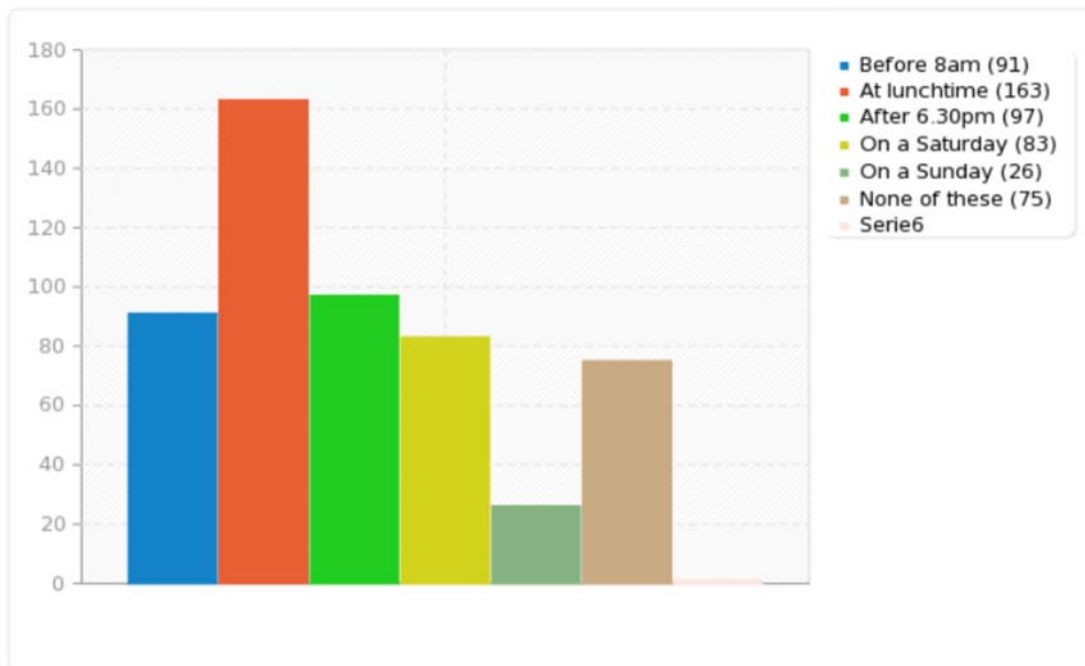
Where possible, which time would you most prefer to see or speak to one of our clinical team ?

Answer	Count	Percentage
Before 8am (SQ001)	91	21.26%
At lunchtime (SQ002)	163	38.08%
After 6.30pm (SQ003)	97	22.66%
On a Saturday (SQ004)	83	19.39%
On a Sunday (SQ005)	26	6.07%
None of these (SQ006)	75	17.52%
Not displayed	1	0.23%



Field summary for smg11

Where possible, which time would you most prefer to see or speak to one of our clinical team ?





Field summary for smg12

Do you know how to contact urgent care services when the surgery is closed ?

Answer	Count	Percentage
Yes (A1)	224	52.34%
No (A2)	203	47.43%
No answer	0	0.00%
Not displayed	1	0.23%



Field summary for smg12

Do you know how to contact urgent care services when the surgery is closed ?

