

St Paul's PRG Meeting
2nd August 2012

PRESENT

Dr C W Scott (CWS), Mrs A P Bagot-Moore (APB)
Mr D Parsons (DP), Mr M Stanley (MS), Mrs L Ward (LW), Mrs C Adams (CA), Mr M Entwistle (ME)

APOLOGIES

None

Meeting opened: 17:40

Meeting closed: 19:15

| Item | Minute | Action |
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| 12/SPG/01 | <p>Welcome & Introductions APB welcomed everyone to the group. Each attendee introduced him/herself. APB outlined the programme for the meeting, which was agreed, and gave a brief outline of the purpose and history of the Patient Reference Group (PRG).</p> | |
| 12/SPG/02 | <p>2011 Local Patient Survey APB outlined the purpose and outcomes from last year's local survey, which was drawn up following the first PRG meeting.</p> <p>APB reported that over 200 surveys had been completed, with a summary of the results sent to a significant number of respondents inviting further comment. An action plan was drawn up on the basis of these results and approved by the partners for implementation.</p> | |
| 12/SPG/03 | <p>Website Review The first action was to review the surgery website. APB reported that different providers were being considered and other sites researched. APB invited PRG members to suggest websites they particularly like in case we may be able to copy the format.</p> <p>CWS gave a brief history of website use at St Paul's.</p> <p>It was suggested that many patients might prefer to book appointments online. There are some challenges to do with skill-mix, but the practice is happy to revisit this idea and will research how it could be implemented at St Paul's.</p> | CWS |
| 12/SPG/04 | <p>Appointment Reminders/Cancelling Appointments APB explained that these projects had the aim of reducing the number of appointments lost by patients failing to attend without cancelling their appointments.</p> <p>Between 1st April 2011 and 31st March 2013 2,609 GP appointments were lost in this way. This equates to 10 per working day – almost a full GP surgery.</p> <p>In the same period 2,630 nurse/healthcare assistant/pharmacist appointments were lost. Again, this equates to just over 10 per working day. As some nurse appointments can be 30 – 40 minutes, the impact is significant.</p> | |

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| | <p>A number of ways in which attendance could be improved were discussed. These included:</p> <ul style="list-style-type: none"> - Not allowing repeat offenders to book in advance - Sending reminders by telephone/text - Displaying DNA data in reception - Providing a link from the website by which patients could cancel an appointment - Writing to patients <p>Some of these measures have been tried already with a poor outcome, or are already in use. However, the following ideas will be taken forward:</p> <ul style="list-style-type: none"> - <u>Sending reminders by text</u>. We do telephone patients to remind them of the longer nurse appointments. We also now have technology to use text, but need a system to integrate this with the appointment system. - <u>Displaying DNA rates</u> – This data is now easy to gather from the appointment system - <u>Allowing cancellations by text</u> – This system has been approved within the practice. We now need to publicise the text number. - <u>Website link for cancellations</u> – This option will be explored with the website providers | <p>CWS</p> <p>APB</p> <p>APB</p> <p>CWS</p> |
| 12/SPG/05 | <p>National Patient Survey</p> <p>APB gave information about the National Patient Survey, which is a postal survey issued and analysed independently. The results for every practice are published on the internet.</p> <p>APB had prepared a comparison of the results for St Paul’s against against 3 other local practices for benchmarking purposes.</p> <p>The results show that St Paul’s patients were far more likely to have been seen in the practice within the last six months than the patients from other local practices. This is likely to be related to the higher incidence of long-term conditions.</p> | |
| 12/SPG/06 | <p>Highest Results</p> <p>The practice had performed well across the board, but areas highlighted as particularly strong included:</p> <ol style="list-style-type: none"> a) <u>Care provided by the GPs</u> – including questions relating to the GP giving enough time, treating the patient with care and concern, listening, explaining tests and investigations, etc. St Paul’s scored higher than both the Blackpool average and the other local practices by quite a margin. b) <u>Care provided by the nurses</u> – these questions were the same as for the GPs and again the results for St Paul’s compared very favourably with the Blackpool average and other local results. c) <u>Overall satisfaction with the practice</u> | |
| 12/SPG/07 | <p>Room for Improvement</p> <p>APB reported that St Paul’s had performed well across the board. However, there were two related areas where the results, although</p> | |

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| | <p>good, were not quite as high as for Blackpool as a whole. These were:</p> <p>a) Patients' confidence in managing their health b) Providing support to manage long-term conditions.</p> <p>The group suggested a number of reasons why patients might not feel confident in managing their health. This included:</p> <ul style="list-style-type: none"> - A highly transient practice population, which reduces continuity of care and consistency of approach - Choice of other sources of healthcare advice, including the Walk-In Centre, Urgent Care Centre, the internet, etc again eroding continuity and consistency - Lack of information for patients on discharge from hospital, leading to confusion and uncertainty. <p>It was agreed that a local survey should be produced to ask patients about their confidence or lack of and how the practice might be able to help.</p> <p>Suggestions for the survey process included:</p> <ul style="list-style-type: none"> - Asking volunteers to assist patients in completing the survey - Asking the district nurses to take surveys to housebound patients - Producing an online form for patients to complete electronically. | APB |
| 12/SPG/07 | <p>General Issues</p> <p>Some members of the PRG enquired about the status of the Central Care Record. CWS explained that while the infra-structure is in place, the systems are not.</p> <p>CWS explained that the practice now receives hospital discharge letters and attendance information from the Walk-In Centre within hours. These now go directly into the patient's medical records without the need for scanning.</p> | |
| 12/SPG/08 | <p>Care Quality Commission</p> <p>APB gave a very brief outline of registration and key outcomes.</p> <p>The practice has requested a submission date in October 2012, with a view to full compliance by the end of March 2013.</p> <p>The practice is well placed to meet the standards, with many policies and procedures already in place, well trained staff, good premises, etc.</p> <p>CQC inspections should happen approximately bi-annually. As they may prefer to prioritise practices where problems are more likely to be present, there may be no inspection for a number of years. However, St Paul's will be ready and is well used to regular inspections by the Primary Care Trust.</p> <p>APB advised that the practice will be holding a planning meeting next week and there may be areas that need patient input. The PRG</p> | |

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| | would be an ideal route for obtaining this input. | |
| 12/SPG/08 | <p>Local Priorities</p> <p>In addition to the areas discussed above, the group explored ideas to improve uptake of screening/review invitations.</p> <p>CWS explained the call/recall process, which involves an initial letter being sent to the patient, followed by a telephone call if there is no response to the patient. If there is still no response, a third contact is made, usually by letter. This process is very time-consuming and costly for staff.</p> <p>Again the idea of using more modern ways of communicating with patients was put forward.</p> <p>This is another area to explore in a local survey.</p> | APB |
| 12/SPG/09 | <p>Patient Involvement</p> <p>There was a good deal of discussion about how to encourage patients to give their views. The key suggestions were:</p> <ul style="list-style-type: none"> - Create a display about the PRG and getting involved on the surgery notice-board - Create a suggestions box - Make use of Facebook - Hold a coffee morning at the local Community Centre <p>Facebook was discussed in some detail as it could be used both to seek patients' views on topics in a very simple way, for example by them clicking 'like', and to send out generalised reminders, such as 'book now for your flu jab'.</p> <p>It appears that patients do not choose to read the news items on the website and generally just use the website as a tool for ordering prescriptions. However a Facebook alert to inform patients about a survey or service with a recommendation to visit the website for further details could prompt them to look.</p> <p>Facebook can be restricted so that only the practice's registered patients can access the content.</p> <p>The challenges associated with obtaining and keeping up-to-date patients' mobile telephone numbers and e-mail addresses was discussed, but this is something the practice can look into.</p> | APB APB CWS TBA |
| 12/SPG/10 | <p>Next Steps</p> <p>It was agreed that APB will draw up a patient questionnaire and e-mail this to PRG members for approval/comment. The survey will then be run and the results analysed.</p> <p>The next meeting to discuss the results and create an action place will be scheduled in around six months' time.</p> | APB APB |
| 12/SPG/11 | <p>Close</p> <p>APB took e-mail addresses and thanked everyone for attending.</p> | |

Next meeting

TBA

I confirm that these minutes give a true record of the meeting

Dr C W Scott
GP Principal