

St Paul's PRG Meeting
20th July 2011

PRESENT

Dr C W Scott (CWS), Mrs A P Bagot-Moore (APB)
3 patients

APOLOGIES

Mrs J Cash, Mr M Stanley

Meeting opened: 13:05

Meeting closed: 15:20

Item	Minute	Action
11/SPG/01	<p>Welcome & Introductions APB welcomed everyone to the group. Apologies were received from 2 other people. Each attendee introduced him/herself. APB outlined the programme for the meeting, which was agreed.</p>	
11/SPG/02	<p>Patient Reference Group APB gave a presentation in which the Patient Reference Group (PRG) was described as:</p> <ul style="list-style-type: none"> a) an opportunity for the practice to gain the patient perspective on a range of issues b) a means of identifying truly local priorities c) a partnership between patients and the practice d) a means of giving (patients) and receiving (practice) regular and honest feedback and ideas e) a means of canvassing the views of 'hard to reach' groups f) an opportunity for patients to get involved in the planning and quality improvement process for their local practice. <p>These issues were discussed in some detail. It was recognised that face-to-face meetings, while advantageous in some ways, can exclude patients who find it difficult to attend. Some groups of patients can be particularly hard to reach, such as those with learning disabilities, addiction problems, mobility difficulties, etc.</p> <p>CWS outlined some of the alternative means of involving people, such as by post, e-mail, addressing local support groups etc. In this way a group of patients willing to give feedback could be established without the need for frequent large meetings.</p> <p>It was agreed that some meetings would still be valuable.</p>	
11/SPG/03	<p>Why have a PRG? APB explained that St Paul's has a history of patient involvement, with the FOPS (Friends of the practice) having been established for many years. This, however, was formed as a fund-raising group and although involvement in other ways has increased over the years, the group is not ideal as an involvement forum.</p> <p>The format for the new PRG has been defined by a national scheme, which most if not all practices will be adopting.</p>	

	The St Paul's team feel strongly that this should be a worthwhile scheme that benefits both patients and the practice. The overall aim is quality improvement geared towards local needs.	
11/SPG/04	<p>St Paul's & Ashfield APB gave a very brief overview of the practice and attendees asked a number of questions for clarification.</p> <p>CWS explained the doctor training system that results in the practice taking doctors at various levels of their training (FY2, ST2 & ST3)</p> <p>Questions were also asked about some of the quality standards we have to meet both clinically and organisationally, such as QOF (Quality Outcomes Framework), NICE guidelines (National Institute for Clinical Excellence), etc.</p>	
11/SPG/05	<p>Patient Survey – best bits APB gave information about the National Patient Survey, which is run on a quarterly basis with results available for all practices via http://results.gp-patient.co.uk .</p> <p>APB had prepared a comparison of the results for St Paul's against last year's performance and against 3 other local practices for benchmarking purposes.</p> <p>The practice had performed well across the board, but areas highlighted as particularly strong included:</p> <ol style="list-style-type: none"> Ease of access by telephone (83% easy or very easy to get through on the 'phone) Helpful receptionists (90% found receptionists helpful or very helpful) Satisfaction with opening hours (86%) and with overall care provided by the practice (93%) <p>70% of patients would DEFINITELY recommend St Paul's – this is higher than any other local practice.</p>	
11/SPG/6	<p>Patient survey – most improved APB reported that the areas St Paul's had improved on most were:</p> <ol style="list-style-type: none"> Patients' ability to book an appointment 2+ days in advance (up from 52% to 73%) Nurse care in terms of listening and explaining tests etc up from 79% to 82% and 71% to 78% respectively Patients given written documentation about the discussions they had had with the GP/nurse – up from 15% to 26% <p>CWS explained about the balance the practice tries to strike between advanced booking and 48-hour access.</p> <p>It was noted that written documentation is not appropriate for every consultation.</p>	
11/SPG/07	<p>Patient survey – best of the bunch St Paul's had scored significantly higher than other local practices in these areas:</p>	

	<p>a) Trust and confidence in the doctor (76% - only 1 of the other 3 practices had a score over 70%)</p> <p>b) Ability to see the preferred GP (82% - compared to scores between 63% and 71%)</p> <p>c) Ability to speak to a nurse on the 'phone (41% compared to 16% to 25%)</p> <p>APB explained the importance of benchmarking, so we can see if an issue relates particularly to the practice or to the local area.</p> <p>St Paul's aims to provide the highest quality of patient care and service and we therefore are always interested in how we compare locally.</p>	
11/SPG/08	<p>Patient survey – could do better</p> <p>The 3 areas identified as most in need of attention were:</p> <p>a) Ability to get an appointment within 48 hours – down from 86% last year to 76% this year</p> <p>b) Waiting time between arrival and seeing the doctor – patients having to wait a bit too long rose from 13% to 21%. This is still better than most other local practices, but not where we want to be</p> <p>c) Knowledge of opening times – many patients were not able to answer correctly questions about whether the practice was open early, late or at lunchtimes</p> <p>The number of appointments available for booking within 48 hours has fallen as more appointments have been released for advanced booking.</p> <p>Lack of appointments is exacerbated by the number of patients who fail to attend (DNA). There was a discussion about how this might be addressed, and it was felt to be important to find out <i>why</i> patients did not attend or cancel their appointment.</p> <p>CWS explained the system of contacting patients the evening before long nurse appointments to confirm they will be attending. He also noted that some patients fail to attend even when they have booked the appointment the same day.</p> <p>The role of the Walk In Centre was discussed.</p> <p>Attendees took a quick look at the practice website www.stpaulspcc.co.uk and noted that the opening hours are not shown on the front page. Patients using the website for prescriptions might not look at the other pages.</p> <p>It was felt that a newsletter highlighting the opening hours and the website would be beneficial. One area to explore in a further patient survey could be to look at patients' preferences in terms of communications.</p> <p>There was further discussion about the website and how it could be used to better effect. According to the survey 20% of patients</p>	

	would like to be able to book appointments online.	
11/SPG/09	<p>Patient views</p> <p>APB invited attendees to suggest areas they feel would benefit from further scrutiny via a local survey as required under the national programme.</p> <p>One suggestion was to find out if patients are disabled. Attendees were surprised to learn that the practice is not informed (other than by the patient him/herself) if a patient is disabled. It was felt that this should be highlighted so that patients can inform the practice particularly if they have difficulty in getting upstairs.</p> <p>Other suggestions were as given above in respect of a patient newsletter, DNAs and online booking. The survey could also find out what would encourage patients to get involved.</p> <p>It was felt that the patient survey should be short and simple, and use a range of methods to encourage completion. It was accepted that having patients complete the survey whilst attending for an appointment would ensure a good response and would focus on patients who actually use the service. However, housebound patients would be excluded, and it was therefore felt that there should be some posted out to patients.</p> <p>It would be necessary to obtain some demographic information to ensure a representative sample is received.</p>	
11/SPG/10	<p>Next steps</p> <p>It was agreed that APB would write up the notes from the meeting and distribute these by e-mail to the attendees and by post to those patients who sent apologies.</p> <p>APB will also start to construct a draft survey for approval by the group.</p> <p>In the meantime, the group members were encouraged to submit any further ideas that occur after the meeting to APB at anne.bagot-moore@nhs.net</p> <p>APB thanked everyone for attending and for contributing so positively to the group</p> <p>The next meeting will take place in November at a date and time to be agreed.</p>	APB

Next meeting

TBA

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

Dr C W Scott
GP Principal