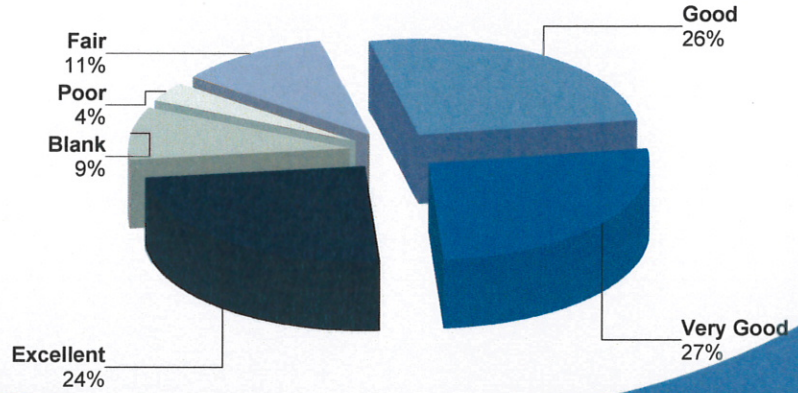


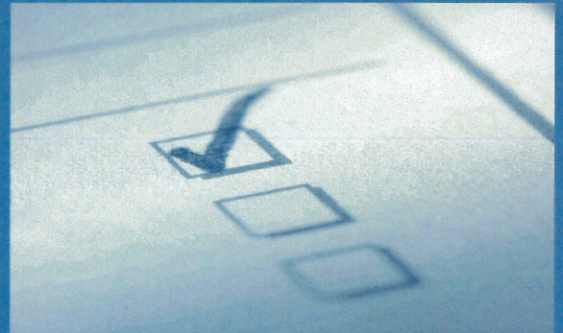
77%

of all patient ratings about this practice were good, very good or excellent



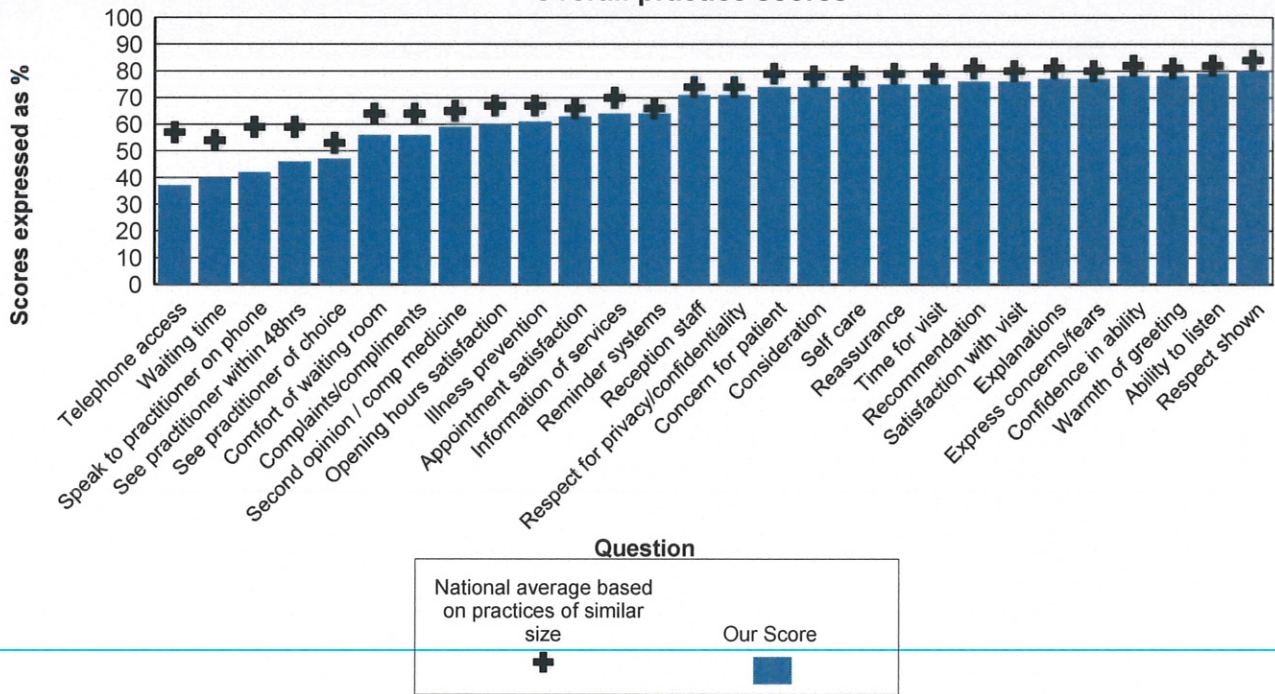
Thank you for your participation in this survey

Patient Experience Survey Results 2013/2014 Skelmanthorpe Family Doctors



"Striving towards excellence"

Overall practice scores



The results of this survey will help us to provide the best possible service to you





**PRACTICE PATIENT REFERENCE GROUP
REPORT 2013 - 2014**

Component 1

Practice Profile

Skelmanthorpe Family Doctors is based in the semi rural village of Skelmanthorpe and serves the population of the surrounding area. There are four partners, Drs Welch, Kaye, Ollerton and James. The practice employs two salaried doctors, a nurse practitioner, 3 practice nurses, two healthcare assistants, ten receptionists, one medical secretary and one summariser.

The practice has a population of 9177 with an age profile as below:

Age Groups	0-16	17-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Totals
Males	867	369	468	590	739	619	532	249	71	4504
Females	840	331	462	649	705	651	578	298	131	4645
Total	1707	700	930	1239	1444	1270	1110	547	202	9149
%	18.7	7.7	10.1	13.5	15.8	13.9	12.1	6.0	2.2	100

Ethnicity data is available for 7436 patients, 82% of the practice, 81% recorded as being White British.

Ethnic Category	White British	Arab	White & Black Caribbean	White & Black African	White & Asian	Indian	Pakistani
Number of patients	7436					21	
% of practice population							
Ethnic Category	Japanese	Caribbean	African	Chinese	Other	No Data	Total No Patients
Number of patients						1692	9419
% of practice population							

The Patient reference Group was established in 2011 and members were recruited through in-house advertising, website explanations and by displaying posters throughout the village. The recruitment campaign continues and the group meets regularly at the surgery.

The practice does have concerns that although the group is representative with regard to the ethnicity of the practice population, it is not representative as far as age is concerned.



Attempts have been made to try and redress this imbalance by continuing to advertise the group and including details of the group in new patient's registration packs.

To date there are 11 members of the group, all of whom are white British and 10 of whom are from the 55-74 year old age group as below:

Age Group	0-16	17-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total
Males	0	0	0	0	0	2	3	1	0	6
Females	0	0	0	0	1	2	2	0	0	5
Total	0	0	0	0	1	4	5	1	0	11

Recruitment is ongoing and we continue to strive to have a more representative group as we move forward.

Contacts with the Group

The group has met on the following dates this year: 29/04/2013, 10/06/2013, 02/09/2013, 11/11/2013 11/03/2014. The agendas and minutes for these meetings are attached. New members to the group are sent a welcome email and a copy of the Terms of Reference and a copy of the minutes of the previous meeting. (Appendices ABCDEF).

Component 2

Local Practice Survey

It was agreed at the meeting of the Reference group on the 11th November 2013 that the report would again be commissioned from CFEP with the standard sample size. There were no requests for any additional questions from the group.



Component 3

Distribution of the survey started in February 2014, and questionnaires were distributed by the reception staff and also members of the Reference Group. The staff and group members were instructed to follow the CFEP guidelines and an information poster was available in the reception area

284 Patients completed the survey and the following areas were highlighted by the Practice for action:

Area for Improvements	Action	Owner	Completion Date	Review Date if required
Telephone Access (37%)	Surgery in discussions to revert to local area code.	Practice Manager to feedback to Partners	3 months	3 months
Waiting times (40%)	Practice Manager to inform reception staff that they need to keep patients informed if clinicians are running late. Automatic check in screen to be programmed to show waiting times for each clinician	Practice Manager/Reception staff	Ongoing	To be reviewed at monthly admin team meetings
Speak to Practitioner on phone (42%)	Clinicians/Practice Manager to review appointment system	Practice Manager/Clinician	Ongoing	3 months
See Practitioner within 48 hours (46%)	Admin staff to have telephone technique training to ensure that they ask the correct questions when patients request appointments. Also patient education campaign to better inform patients	Practice Manager	Ongoing	Every 3 months
See Practitioner of choice (47%)	As above	Practice Manager	Ongoing	Every 3 months



The Improving Practice Questionnaire Report dated February 2014 produced by CFEP UK Surveys was circulated to all members of the PRG for consideration prior to the meeting held on 11 March 2014 to discuss this.

Component 4 and Component 5

The findings of the Survey were discussed with members of the PRG on 11 March 2014. The members of the PRG reviewed the action points that the Practice had highlighted from the survey findings and agreed on the proposed course of action (as above) After further discussion it was agreed that an additional action should be:

Area for improvement	Action	Owner	Completion date	Review Date if required
Patient online access and use of Electronic Prescribing	Patients to be actively encouraged to use online access and to sign up for electronic prescribing. Leaflets to be distributed to all new patients and patients requesting/collecting repeat prescriptions	Practice Manager	6 months	Monthly

Progress made with the action plan resulting from previous year's survey

You said	We did	The result is
Telephone system	Negotiated with telephone suppliers to return to a local area code number	Within the next month all calls to the surgery will be via a local area code number Review in 3 months (June 2014)
Improve waiting room	Provided toys for children	Play table and chairs have been ordered Magazine racks have been ordered Review in 1 Month (April 2014)
Appointments running late	Carried out a review of appointment system	A new appointment system will be implemented during 2014 Review in 3 months (June 2014)



Posters have been prominently displayed in the Surgery to inform patients of the outcome of the Patient Experience Survey 2013/14. The Practice received a certificate of completion of the Improving Practice Questionnaire. (Appendix FG). The Surgery also received two bound copies of the report for their records.

A copy of the report produced by CFEP is displayed on the Practice website: www.skeldocs.org

Component 6

Confirmation of opening hours

Surgery times are as set out below and are included in the patient leaflet and online on the Practice website. Patients may contact the Surgery by telephone or alternatively via the website: www.skeldocs.org

Skelmanthorpe Surgery

Monday	8.00am – 6.00pm
Tuesday and Wednesday	7.00am – 6.00pm
Thursday	8.00am – 6.00pm
Friday	8.00am – 6.00pm

Denby Dale Surgery - 313 Wakefield Road, Denby Dale, Huddersfield HD8 8RX

Monday	8.00am – 12.30am	2.45pm – 6.00pm
Tuesday	7.00am – 12.30pm	
Wednesday	7.00am – 12.15pm	2.00pm – 6.00pm
Thursday	8.00am – 12.30pm	
Friday	8.00am – 12.30pm	

There are extended hours surgeries for Doctors and Nurses at both Skelmanthorpe and Denby Dale on Tuesday and Wednesday.



APPENDIX A

AGENDAS FOR PATIENT REFERENCE GROUP MEETINGS

APPENDIX B

MINUTES OF PATIENT REFERENCE GROUP MEETINGS

APPENDIX C

WELCOME EMAIL

APPENDIX D

TERMS OF REFERENCE

APPENDIX E

AS APPENDIX B

APPENDIX F

CFEP SURVEY RESULTS POSTER

APPENDIX G

CERTIFICATE OF COMPLETION DATED 27 FEBRUARY 2014



PATIENT REFERENCE GROUP

Monday 29 April 2013

Skelmanthorpe Health Centre

6.00-7.00 p.m.

A G E N D A

Introductions

Apologies for absence

Matters Arising

Any Other Business

Date and Time of Next Meeting



AGENDA

PATIENT REFERENCE GROUP

Monday 10 June 6.00-7.00 p.m.

- 1.0 Minutes of last meeting
- 2.0 Review Terms of Reference
- 3.0 Report : Dr Steve Ollerton
 - New ways of running Surgeries/seeing patients
 - Waiting room screen
 - Appeals charges
- 4.0 Report: Practice Manager
- 5.0 Compliments/Complaints
- 6.0 Monitoring – Targets
 - a) Telephone stats
 - b) Appointment waiting times
- 7.0 Any Other Business



AGENDA

PATIENT REFERENCE GROUP

Monday 2 September 6.00-7.00 p.m.

- 1.0 Minutes of last meeting
- 2.0 Report : Dr Steve Ollerton
- 3.0 Report: Practice Manager
- 4.0 Compliments/Complaints
- 5.0 Monitoring – Targets
 - a) Telephone stats
 - b) Appointment waiting times
- 6.0 Patient Survey 2013/14 – discuss contents and company to commission to produce it



AGENDA

PATIENT REFERENCE GROUP

Monday 11 November 6.00pm – 7.00pm

- 1.0 Minutes of last meeting
- 2.0 Patient Survey 2013/14 – discuss contents and company to commission to produce it
- 3.0 Report : Dr Steve Ollerton
- 4.0 Report: Practice Manager
- 5.0 Compliments/Complaints
- 6.0 Monitoring – Targets
 - a) Telephone stats
 - b) Appointment waiting times
- 7.0 AOB



AGENDA

PATIENT REFERENCE GROUP

Monday 10 March 2014 6.00pm – 7.00pm

- 1.0 Minutes of last meeting
- 2.0 Patient Survey 2013/14 – results
- 3.0 Report : Dr Steve Ollerton
- 4.0 Report: Practice Manager
- 5.0 Compliments/Complaints
- 6.0 Monitoring – Targets
 - a) Telephone stats
 - b) Appointment waiting times
- 7.0 AOB



MINUTES OF PATIENT REFERENCE GROUP MEETING HELD ON MONDAY 29TH APRIL 2013 AT 6PM

Present: PS CP
 AG GH
 BM SM
 AF PP
 JV BT
 DT JC
 SO LW
 SC

		ACTION
1.0	SO began the meeting by introducing JC as the new Practice Manager. JA who has been helping the Practice on a part time basis will remain until the end of August to help during the transition period from the old Practice Manager to JC. JC introduced herself to the meeting.	
2.0	SO said that the Practice had held an excellent staff development session in April and that we are looking at new ways of working. These meetings take place once a month and focus on working together as a team.	
3.0	<p>Patient Survey – AG stated that out of 27 categories in the survey 5 have produced a worse response than the previous survey. However the survey is only based on a response by 253 people which represents 2 ½% of the patient list – it is simply not representative. He felt that we needed to get the message across about how good the surgery really is.</p> <p>This year the survey had been given to Patients when they visited a particular Doctor as this was what had been requested.</p>	
3.1	<p>It was suggested that perhaps we should devise and carry out our own survey – perhaps do this in 6 months' time. It was agreed that cold hard numbers do matter and that we do need to measure ourselves.</p> <p>It was agreed that good “customer service” was vital and SO told the meeting that this was one of the topics that had been covered at the recent staff development session and that this was something that we would continue to focus on over the coming months.</p>	
4.0	<p>Purpose of the Group – Concern was expressed that younger people were not represented in the Group, but it was agreed that they probably used the surgery less than most.</p> <p>All agreed that the purpose of the Patient Reference Group is ill defined. There is a lack of clarity and that the focus should be on:-</p> <ul style="list-style-type: none"> • How can we be most effective, useful and helpful 	



	<ul style="list-style-type: none"> • What can we do to make the biggest difference • What are other Patient Reference Groups doing? <p>It was agreed that individuality of each Practice is important but that it would be a good idea to share ideas in principle.</p> <p>Defining the role of the group would make sense so that it can be more focused.</p> <p>SO explained that for the vast majority of GP Practices this was “uncharted waters”.</p> <p>It was agreed that Terms of Reference for the group should be revisited and that they should be redrafted preferably to align with skill set/competency/desires/aims and objectives. AF, GH, and AG will meet with SO and JC on 13th May to discuss further.</p> <p>In advance of this meeting it was agreed that JC would circulate the Terms of Reference so that these could be considered prior to the meeting.</p> <p>It was agreed that we should establish what is important and what actually matters to the Community that we represent.</p>	<p>AF/GH/A G/SO/JC</p> <p>JC</p>
5.0	<p>Agenda – it was agreed by all that the Agenda should contain some standing items.</p> <ul style="list-style-type: none"> • Update from Doctors • Key Item • General Item • AOB <p>The above should focus on what is good and what we could do better.</p>	JC
6.0	<p>SO gave a Practice Update to the meeting.</p> <p>The Practice is undertaking an MMR Catch Up exercise initially targeted at 10-16yrs.</p> <p>Electronic access to medical records. This will initially be for a small number of patients and will then be reviewed. Any patient has the right to request to view their medical records.</p> <p>Telephone system – SO agreed that the 0844 number is contentious but the telephone system was introduced in order to make the Surgery more accessible. JC produced some statistics showing that the time take to answer calls had dramatically improved during the last month.</p>	JC
7.0	<p>DATE OF NEXT MEETING</p> <p>It was agreed that the next meeting would take place at the beginning of June – date to be agreed.</p>	JC



MINUTES OF PATIENT REFERENCE GROUP MEETING HELD ON MONDAY 10 JUNE 2013 AT 6PM

Present: SO JC
 LW SC
 GH CP
 BT DT
 JV

Apologies: AF SM
 BO

		ACTION
1.0	MINUTES OF PREVIOUS MEETING Minutes of previous meeting were approved	
2.0	TERMS OF REFERENCE It was agreed that the revised terms of reference accurately reflect what is required of the group and that they should be approved. Proposed by GH – Seconded by CP. It was agreed that these should be reviewed in June 2014 Liaison with other PRG’s – JV has a link with the PRG at Honley Surgery and they are keen to share information. Feedback – should be a regular agenda item. How member of the PRG could obtain feedback was discussed. It was agreed that names of the members of the PRG (together with the village that they live in) would be displayed on the noticed board. It was also agreed to set up a generic email account so that member of the group can be contacted. This information will also be put on the Practice website	SO/JC
3.0	APPEALS Appeals Charges – SO explained that ATOS who are in charge of Benefit Claims are unwilling to pay for any letter which we may be asked to provide in order for a patient to appeal against a decision. It was decided that it was unfair to charge the patient however the GP’s are producing a number of these letters.	
4.0	WAITING ROOM SCREEN SO table a list of topics that are covered on the waiting room screen and asked whether there was anything else that should be shown. In all it takes approximately 30 mins for all of the topics that are shown on it.	SO



	<p>Some concern was expressed about some of the items and graphics used and SO agreed to review.</p> <p>It was suggested that a list of which each GP specialises in would be useful and also to advertise the fact that we carry out minor surgery.</p> <p>It was agreed that it could be used to “sell” the practice more by informing the patients of exactly what services we offer.</p> <p>Perhaps photographs of the Doctors could also be displayed on the screen</p>	
5.0	<p>PRACTICE MANAGER REPORT</p> <p>JC gave a brief update on call handling stats and appointment waiting times. A new appointment system had been introduced to reduce patient backlog after Bank Holidays and this had worked well.</p>	JC
6.0	<p>NEW WAY OF RUNNING SURGERIES AND SEEING PATIENTS</p> <p>SO gave a PowerPoint presentation outlining his ideas for a new way of seeing patients. This would involve patients coming for a “one stop shop” and seeing either the HCA’s, Nurses, GP’s or alternatively a mixture of one, two or all. (copy of presentation is attached to the minutes).</p> <p>It was agreed that in principle this was an excellent idea.</p>	SO
7.0	<p>DATE OF NEXT MEETING</p> <p>It was agreed that the next meeting would take place at the beginning of September – date to be agreed</p>	JC



MINUTES OF PATIENT REFERENCE GROUP MEETING HELD ON MONDAY 2 SEPTEMBER AT 6.00PM

Present: SO JC
 LW SM
 BM AG
 DH GH
 DT BT

Apologies: CP AF
 JV

		ACTION
1.0	MINUTES OF PREVIOUS MEETING Minutes of previous meeting were approved	
2.0	MATTERS ARISING	
2.1	SO read out the notes that had been written by JV of the PRG Area Meeting held on 9 July and gave some background information to the points raised. (notes attached). GH will be attending the next meeting.	GH
2.2	Generic Email Address - JC explained that she had experienced a number of issues setting up additional NHS.net mail accounts and suggested that it would perhaps be sensible to use the existing: admin.skelmanthorpefamilydoctors@nhs.net account that already exists. This email address could be put on the Practice website and on the notice board so that if patients wished to contact the group they could use this email. JC will monitor the email account and forward any items on that required the attention of the PRG.	JC
2.3	Text Messaging Service - DH asked if it was possible for the text messaging service to be altered so that reminder for Monday appointments are sent on Sunday rather than Friday. JC explained that this was not something that the Practice is able to control as it is an automated service run by a third party.	
2.4	Patient Feedback – the possibility of having some kind of freestanding patient feedback pod in the Surgery was discussed. SO stated that he believed that there was some kind of device available which may be worth further investigation.	SO
2.5	Patient Information Screen – GH stated that when he visited Denby Dale surgery he noticed that the screen was in the wrong place, too small and much of the text had a green background making it unreadable. SO will amend.	SO



2.6	<p>It was also agreed that photos of the Doctors and other key members of staff should be displayed on the screen and notice boards together with a list of additional services that the Practice offers. However the photos should be current!</p> <p>Patient Reference Group Membership – JC explained that she had a contact list of almost 40 patients for this, but suggested that only the names of people who regularly attend the meetings would be included in the list displayed on the notice board and screen. All agreed that this was sensible.</p>	JC/SO
3.0	<p>SO gave a brief analysis of the One Stop Surgery that had run in July. On the whole this had worked well. SO had been able to see more patients – but some had unrealistic expectations of what the One Stop Shop offered. It had been put on hold in August – due to holidays but it is planned to restart – and include another Doctor as well as a Health Care Assistant and a Nurse.</p> <p>The Practice is carrying out an on going analysis of working methods and looking at how things can be improved. For example we now have the facility to send SMS messages for test results – cutting down on phone calls and letters.</p> <p>Flu clinic will be held on Saturday 5 October. Following some discussion it was agreed that the Practice should also offer a Flu Clinic on one or two evenings which would enable patients who are at work during the normal working day to attend.</p> <p>EMIS mobile has been launched – enabling Doctors to access patients notes including documents when they make home visits. Tasks can also be sent to other members of staff e.g. regarding patient medication</p>	
4.0	<p>JC gave a brief outline of progress to date.</p> <p>Telephone call handling has greatly improved. Patient waiting time for an appointment has improved. Patient recall for routine examinations is being looked at in order to minimise the number of visits a patient is asked to make during the year. This in turn will lead to more appointments being available.</p> <p>Also looking at more efficient and effective ways of working – all administrative tasks are being reviewed.</p> <p>Using the IT systems available more effectively.</p> <p>Concern was expressed that the Practice does not try to do too much at once. JC explained that this was not the case as changes were being made on a phased basis. LW stated that she felt that things had definitely improved in the last few months.</p>	



5.0	DATE OF NEXT MEETING. It was agreed that the next meeting should take place in mid November – date to be advised.	JC
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MINUTES OF PATIENT REFERENCE GROUP MEETING HELD ON MONDAY 11 NOVEMBER AT 6.00PM

Present:	SO	JC
	JV	SC
	AG	GH
	DH	CP
	BT	DT
	SW	NW
Apologies:	SM	AF

		ACTION
1.0	<p>MINUTES OF PREVIOUS MEETING</p> <p>Minutes of previous meeting were approved</p>	
2.0	MATTERS ARISING	
2.1	<p>Patient Survey – JC asked if the group were happy to use the same firm as last year to commission the Patient Survey. All agreed that they were happy to do so.</p> <p>There was discussion as to how best to circulate the Survey in order to ensure that it accurately reflected the patient population not just the patients who regularly use the Surgery. A number of ideas were suggested:</p> <ul style="list-style-type: none"> • Online link on the website • Text message • Send copy by post to patients who attended the Surgery in the last year • Maybe use check in screen in some way <p>JC will contact the company to investigate what options may be available for data capture.</p> <p>It was agreed that in all cases it would be difficult to get a representative sample but that every effort should be made in order to ensure that a good cross section of patients complete the survey.</p> <p>JC will contact members of the PRG when she has heard from the company to outline the options available</p>	<p>JC</p> <p>JC</p>
3.0	<p>PRACTICE MANAGER REPORT</p> <p>JC gave a brief outline of events since the last meeting. Efforts are being concentrated on reviewing the administration systems to ensure that</p>	



	<p>things are being done in the most efficient and effective way.</p> <p>Staff policies and procedures are also being reviewed. Three new administration staff are joining the Practice during November. JC has designed a new induction procedure for this.</p> <p>CP suggested that it would be a good idea to enclose a small leaflet/newsletter with all prescriptions outlining the services that we offer e.g. online access for appointments/prescription requests/holiday vaccinations etc. JC agreed that this was an excellent suggestion and will investigate this</p> <p>There have been some staffing issues over the last two months which have taken up a considerable amount of JC's time – these have now been resolved.</p> <p>As a result of these issues there has been fewer administration staff available and this has affected call handling. It is hoped that by the end of November the new staff will be trained and the situation will improve.</p> <p>Assistance was offered by members of the PRG – JC explained that the difficulty of non NHS employees working in the Surgery – but was most grateful for the offer and will consider if this might be possible.</p> <p>A meeting has been arranged with Surgery Line in order to examine the options available to the Practice to replace the O844 number. There may be significant costs involved and the options will have to be carefully considered before any decision is made. SO/JC will provide an update at the next meeting</p>	<p>JC</p> <p>SO/JC</p>
4.0	<p>SO REPORT</p> <p>Patient screen in the waiting room has been updated with photos of the Doctors. It was agreed that Nurses and HCA's photos should also be included.</p> <p>One Stop Shop is being reintroduced on Friday mornings. SO explained that this will be reviewed on a regular basis. For the majority of patients this is a good way of working. The system is not a replacement for normal appointments. CP suggested that instead of One Stop Shop perhaps it should be renamed "Fast Track" appointments – then patients would be more aware of what to expect. SO agreed that this was an excellent suggestion.</p> <p><i>Post meeting note: "Fast Track" is now being used.</i></p> <p>Appointments via Skype area also being piloted An HCA has been on some home visits and used Skype on an iPad to contact SO. This has worked extremely well. The patients have to be handpicked to ensure that they are suitable for this kind of appointment but it is a very clever</p>	



	<p>use of technology.</p> <p>SO is also piloting using Skype to contact patients at home for consultations – this has only had limited success mainly due to difficulties with the IT.</p>	
5.0	<p>ANY OTHER BUSINESS</p> <p>JC stated that a less than complimentary comment about the Practice had been posted on NHS Choices website.</p> <p>JC stated that this was extremely disappointing, particularly as the patient had been given two appointments in one day. JC to post a response on the NHS Choices website on behalf of the Practice</p>	JC
6.0	<p>DATE OF NEXT MEETING</p> <p>It was agreed that the next meeting will take place in late January/early February 2014.</p>	



MINUTES OF PATIENT REFERENCE GROUP MEETING HELD ON MONDAY 10 MARCH 2014 AT 6.00PM

Present: SO JC
JV SC
DH CP
DT SW
NW AF
SM BM

Apologies: BT AG

		ACTION
1.0	SO welcomed everyone to the meeting. He thanked JV, AF, and DH for their help with the Patient Survey recently – the return was more than double last year –their help and hard work was very much appreciated. They all said that it had given them an excellent insight into how the Surgery works.	
2.0	MINUTES OF PREVIOUS MEETING	
2.1	The minutes of the previous meeting were approved.	
3.0	MATTERS ARISING	
3.1	Patient survey – it was felt that a link on website to some kind of patient survey would be a good idea. JC stated that this may be possible when the new website is launched. To be investigated.	
3.2	Still have staffing issues – JC will update when she gives PM report	
3.3	Patient screen – nurses and HCA's photos now on the TV screen in the waiting room.	
3.4	One stop shop name has been changed to “ Fast Track Clinic” – still getting the wrong patients but working well in the main Fast track surgery uses 3 rooms –notes typed up in admin area – easier for SO to go into rooms on a rotation basis. Slight issue if having to do a Chose and Book patients are taken into admin area, however patients seem to like this! SO stated that he also doing more Skype consultations. Patients book a time and then are ready for consultation. If never done a Skype consultation before then they need to provide a Skype address. Advantage of Skype consultation over a telephone conversation is that	



3.5	<p>Doctor is able to gain information about patients over Skype e.g. can see if they are having a bad day. Elderly patients also feel reassured by seeing the Doctor. For example the HCA takes Ipad to Care Homes and patients are reassured when they see the Doctor on the screen. Generally they like it and it saves a lot of Doctors time.</p> <p>DH questioned what is the advantage of Skype is over a telecom. SO agreed that in future he will ask the patients why they had chosen Skype over a telecom.</p> <p>SO stated that the people who tend to use the Skype consultation option tend to be working professionals and 60 year old men!</p> <p>Patient Survey</p> <p>AF, JV, and DH gave the meeting an insight into the patients that they had met during the time that they had been carrying out the survey. The felt that:</p> <ul style="list-style-type: none">a) A number of patients come in with “attitude” – they have a “beef” and they want to make themselves heardb) Upset about the automatic check in screen – it was a full time job showing patients how to use the screen – all to ready to say that it “doesn’t work” <p>All present felt that the Survey does not reflect the quality of the service provided. Interestingly people who have just joined the surgery say how brilliant it is here – compared with where they had come from.</p> <p>JC stated that she was very disappointed by the outcome of the Surgery and was most upset on behalf of the administration staff who were working extremely hard to ensure that they provide an excellent service. The service provided has greatly improved over the last 12 months and this is not reflected in the comments made.</p> <p>All present agreed that it takes a long time to change perceptions – that we are capturing patients on the day – when they are feeling unwell and perhaps vulnerable. Also majority of surveys completed were from older patients – answers probably reflect not just their experience on the day but on previous occasions – some patients not confident about filling out the form.</p> <p>All agreed that we should consider our approach next year in order to get a more measured response from the patients.</p> <p>JC stated that she planned to run a “patient education” campaign. CP suggested that posters/leaflets could be designed with “Did you know.....” so that patients are better informed and understand how to get the best out of their patient experience.</p>	
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	<p>JC stated that telephone training is first on the list: Staff will be trained to ask the correction questions... ensuring that as far as possible the patients see the Doctors of their choice.. and as far as possible on the day and time that they wish to see them.</p> <p>The Surgery will also be more proactive – sending text messages to patients – and also encouraging them to be responsible for their own health – not relying on the Surgery for constant reminders.</p> <p>SO stated that whilst we are not catching people at their best it does not explain why we are below the national average on every score. It is well known that we have demanding patients – not something new. Far more responses this year and it is significant that there are far more positive comments this year. He also agreed that it is very significant that there are far more positive comments from patients who have recently joined the practice.</p> <p>JV and AF commented that there were some very awkward people and it was difficult to persuade them to fill in the survey – really had to work and encourage people to do this. Quite a few people struggled to fill the form in.</p> <p>Lot of complaints about the phones</p> <p>All agreed that as a result of the survey the priorities for action are:</p> <ol style="list-style-type: none"> 1. Reduce footfall – by patient use of online access and EPS system 2. Change telephone system – (in hand) 3. Patient education/information programme ...”did you know...” 3. Admin staff training 4. Better cross section of completed surveys – next year 4. Investigate possibility of survey on new website 5. Offer a prize for completing the survey 	
<p>4.0</p> <p>4.1</p>	<p>SO REPORT</p> <p>Practice has been discussing joining a federation of GP’s called Prime Health Huddersfield. The group started n Holmfirth – small number of local Practices involved - not going to become some kind of massive health centre.</p> <p>Aim is to share best practice amongst admin staff – economies of scale – learn from each other. There is a shrinking of Primary Care budgets – safety in numbers and offers more resilience.</p> <p>Example of this is that if 7 day working becomes a reality this will be a great help as will happen across the federation rather than individual practices. Meeting tomorrow evening. Future survival depends on this.</p>	



4.2	<p>Saturday morning – we were open for 13 weeks – one of 28 practices in the CCG. Only for urgent appointments. Never very busy. Combined with Kirkburton so that we only covered half of the weeks. They came here and logged on to our system - this worked well.</p>	
5.0	<p>PRACTICE MANAGER REPORT</p> <p>5.1 Efforts are still being concentrated on reviewing the administration systems to ensure that things are being done in the most efficient and effective way. Some improvements have been made and the staff have welcomed these.</p> <p>5.2 As suggested at a previous meeting information leaflets are now being enclosed with prescriptions. Patients are being encouraged to sign up for Electronic Prescribing at a Chemist of their choice – which will reduce footfall at the Surgery. There has been some reluctance on the part of the patients and the local Chemist – JC is having regular meetings to monitor progress.</p> <p>5.3 Staffing – 5 new members of staff will be joining the Surgery over the next two months.</p> <p>5.4 Telephone system - it is hoped that the 0844 number will be replaced by a 01484 number within the next few weeks. There have been on-going negotiations with the provider in order to minimise the additional cost involved. It was agreed that the members of the PRG would be “mystery shoppers” and feedback on their telephone experience at the next meeting.</p> <p>5.5 JC and SO explained to the meeting that it was the Surgery “year end” and therefore extremely busy as patients who had not had their annual review were being recalled before the end of March. Some discussion ensued about the necessity of this – particularly if patients were under the care of the hospital and both SO and JC explained that the Surgery did not always receive the results of these reviews.</p>	
6.0	<p>ANY OTHER BUSINESS</p> <p>6.1 DH stated that he felt administration staff should wear name badges. After some discussion it was agreed that the Partners would discuss this and make the final decision</p> <p>6.2 There was also some discussion about how the members of the PRG felt admin staff should address patients but no firm conclusion was reached</p>	
7.0	<p>DATE OF NEXT MEETING</p> <p>The next meeting will be held on Monday 2 June 2014</p>	



Copy text of email sent to new members of Patient Reference Group

Dear

I am delighted that you wish to become a member of our Patient Reference Group. We meet on a quarterly basis – usually on a Monday evening at 6pm at our Surgery at Skelmanthorpe.

I attach for your information a copy of the minutes of the last meeting dated..... together with a copy of our Terms of Reference for the group.

Our next meeting is due to take place on..... and I do hope that we will see you there.

In the meantime if you have any queries please do not hesitate to contact me

Kind regards

JC

Practice Manager



PATIENT PARTICIPATION GROUP

TERMS OF REFERENCE

The key role of the group is to bring together patients, doctors and members of the Practice Team to work in partnership in order to improve and support the Practice in providing high quality care and service delivery and to ensure that the Patients voice is heard

This Patient Participation Group (PPG) will:

- Contribute to Practice decision making and consult on service development and provision
- Provide feedback to the Practice, as appropriate, from informal discussions with other Practice users
- Feedback about new community services that may affect local health and well being
- Regularly review compliments/complaints
- Liaise with other PRG's in the area
- Review Practice processes and performance
- Advise on Practice communication to all patients

Certificate of Completion

This is to certify that

Skelmanthorpe Family Doctors

The Health Centre
Commercial Road
Skelmanthorpe
Huddersfield
HD8 9DA

Practice List Size: 10000

Surveys Completed: 284

has completed the

Improving Practice Questionnaire

Completed on 27 February 2014



Michael Greco
Director



Thank you to all patients who participated in this survey.
By letting the practice know your views, positive changes can be made for the benefit of all patients.