**Rise Park Surgery Patient Participation Group Meeting**

**Saturday 1st March 2014**

**Minutes**

Present:- Mrs H, Mrs C, Mrs R, Mrs R, Mrs C, Mrs M, Mrs J, Mr P, Mr W, Mr G, Dr Margaret Jones, Jo Hynes, Deborah Lewis and Cheryl Farabella.

Following the welcome by Dr Jones and the introductions by all persons present the minutes of the last meeting were reviewed and approved.

The purpose of the meeting was to discuss the outcome of the recent patient questionnaire and to identify objectives for next year. At the last meeting the group had asked that this year’s questionnaire predominantly be based on appointment availability. The questionnaire therefore had a number of questions regarding pre-bookable and triage appointments and also a few general questions regarding the patient experience whilst at the surgery.

It was agreed that the format of the meeting should be that we would review the questionnaire and results and then look at the project plans for the current year and 2014-2015.

Mrs Hynes advised that a total of 113 patients responded to the survey. This result was disappointing as the questionnaire had been circulated for a longer period of time than in previous years.

Question 1 asked patients how easy it was to get a routine/prebookable appointment to which 67% of patients had responded that it had been either fairly easy or very easy. Whilst the surgery team would have preferred this to have been a higher number of satisfied patients, in view of the amount of upheaval there had been during the summer and autumn of 2013 with regular GP partners on extended compassionate and maternity leave it was felt that this was a respectable figure. Dr Jones advised that this situation would hopefully become easier as the GP’s have added extra surgeries and thus appointments into their schedules. Dr Jones also explained that it was a very difficult balancing act in terms of getting the ratio right between pre-bookable and urgent appointments. She was however confidant that acutely ill patients were being seen by a GP on the day because of the telephone triage system that the surgery has in place.

Questions 2 and 3 asked if patients had been able to see the GP they had wanted to when booking a routine appointment and 63% had said that they had. Dr Jones also added that wherever possible patients would be given a triage call with their usual GP to ensure continuity of care following feedback in previous PPG meetings.

Question 4 asked how important patient’s felt it was to see a specific GP when coming to the practice and not unsurprisingly 78% had said that it was either fairly or very important. Dr Jones commented that this was also important for the GP’s as they also preferred continuity of care whenever possible especially when patients have long term, chronic conditions. The GP’s will always try and book patients in with their own GP if possible following a telephone triage call.

Question 5 focused on the punctuality of the GP’s by asking how long after your appointment time do you normally wait to be seen. Forty seven percent of respondents were waiting longer than 15 minutes to be seen and 6% were waiting longer than 30 minutes to be seen. Dr Jones stressed that all the GP’s arrive for their surgeries in plenty of time (often well before their surgery begins in order that they can complete paperwork etc). However, for various reasons a patient may need longer than their allotted 10 minute slot. Mrs Hynes added that there are signs in surgery advising patients that each appointment is scheduled for 10 minutes and to book a double appointment if they feel that they may need longer than 10 minutes. There are also notices on the website to this effect. The GP’s are aware of the findings and did add that wherever possible they do try and run to time.

Question 6 asked patients how they felt about the waiting time when they were in surgery. Seventy six percent of respondents said that they didn’t have to wait long or that it was a bit too long. The participants in the meeting all said that they understood that the GP’s did sometimes over run and that they were happy to wait as they appreciated that sometimes they might also need the extra time with the GP.

Sixty one percent of patients said they still did not know what days of the week their GP worked which was question 7. This had been an action from the previous year however because of the uncertainty around the availability of GP’s and the extensive use of locums during the summer this information was difficult to publish. The surgery had experienced a very difficult year with regards to GP availability and as such we had used a lot of locums throughout the summer. It was also clear around Christmas that Dr Earis’s days of work would be changing once she returned to the surgery following her maternity leave plus Dr Lacey was joining the practice after Christmas and Dr Jones would also be working an extra day. It was therefore considered best to wait until all of these were finalised until issuing the information. Mrs Hynes also advised that a new nurse was joining the practice w/c 17 March and once her working days were finalised then the information would be available in a ‘leaflet’ format to take away, as a poster in the surgery and added to the Rise Park Surgery website. Mrs. Hynes committed to having this information as soon as possible.

With regards to the telephone triage which was what questions 8, 9, 10 and 11 asked about, the general consensus from the survey was that approximately half of the respondents found that their issue was resolved following a phone call with a GP. Fifty nine percent of respondents were asked to come in to surgery to see the GP; 53% of them were the same day and 10% within 3 days and 7% after 3 days. The majority of patients present at the meeting were very happy with the triage system, some even citing that it was “brilliant”. Some meeting participants were still very concerned about the wait for routine appointments which the surgery team committed to review at regular intervals.

We also asked a question about patients being able to overhear possibly confidential conversations at the reception desk or in the waiting room. Fourteen percent of respondents were unhappy about this. The surgery acknowledges it is a problem and will put signs up advising that a room is available should patients wish to speak to a member of staff privately.

With regards to cleanliness at the surgery 86% of respondents said that the surgery was either very clean or fairly clean. This figure was down 7% on last year. This information would be shared with the cleaning team. No one at the meeting had any concerns about cleanliness levels at the surgery.

Another question regarding the patient experience asked about interaction with the reception team; 85% of respondents found the receptionists to either be very or fairly helpful. Also, 79% of patients said they would recommend Rise Park Surgery to family and friends which although is down on last year’s figure of 89% in view of the difficult year we have experienced this was deemed acceptable. The group members were happy with this level of satisfaction.

The final questions on the survey asked about patient demographics of the respondent’s. More women than men had responded and generally patients aged 55+ had taken the time to complete the questionnaire; just 12% of respondents were aged under 44 years of age.

Following the review of the questionnaire results the 2013-2014 project plan was reviewed.

The appointment review had been completed as part of the patient questionnaire as per above. Whilst this is deemed completed for this year it will be a recurring theme as appointment availability will always a contentious issue and as such will be added to the 2014-2015 project plan. Mrs Hynes committed to review the appointments on a quarterly basis.

The idea to advertise the GP days of work/availability for patient information hadn’t been completed thus far as documented previously but would be actioned as soon as possible.

The virtual PPG had yet to get off the ground too. It was agreed with the meeting participants that as that as the numbers attending the actual meetings were good we would concentrate our efforts on other areas at present. Mrs Hynes added that now that the new computer system was in place this might make it easier to send out more text messages and emails to patients in the future.

Unfortunately, the educational events hadn’t been organised as yet either. Dr Jones was very much the driving force behind this initiative and as she had been away for such a long period of time in 2013 it had been postponed to 2014. Various members of the group suggested subject matters/conditions such as The Stroke Association to Diabetes UK, Terence Higgins Trust and The Carers Association.

Sadly the promise to produce 2 patient newsletters per year had also failed to be delivered upon. This would be added to next year’s project plan.

Finally the technology enhancements were discussed now that the new computer system was in place. The staff present explained that they and their colleagues were still getting used to the new way of working so if patients could just bear with us a little while longer! However, the facility to book appointments online had been continued, a patient self-arrival system had been added into the reception area and the facility to request repeat prescriptions online was just about to be activated! As far as patient announcements via the TV screen was concerned we had decided to abandon the TV screen after negative patient feedback and play a local radio station instead by way of ‘entertainment’ and covering up conversations at the reception desk.

There was also much discussion around the planned housing developments at both Rise Park and Bestwood Village. The Rise Park development will be adjacent to the boundary of the surgery and there were concerns from the meeting participants as to the pressure on services at the surgery and also the impact of noise. As yet the numbers for the development are unclear so all agreed that the surgery would respond appropriately at that time.

The plans around the Bestwood Village developments are also still unclear. According to local press anywhere between 300 and 500 properties could be built in the next few years in the village. Dr Jones reiterated the surgery’s previous position in that the partners may be interested in opening a branch surgery in the village if the right premises could be found and it was financially viable.

Plans for next year were based around the outstanding items from this year that had not been completed namely patient communications (new practice leaflet, publish the usual working days of the clinicians), publish a bi annual patient newsletter and arrange 2 educational events for patients. It was also agreed that appointment availability should also be reviewed on a regular basis as the ability to prebook appointments was a concern for all.

Dr Jones also advised that the waiting room and Treatment Room 1 would be revamped within the next 12 months and that the doors into the building would become much easier to access for patients in wheelchairs. Building works to upgrade the building had started in 2013 however the contractor had unfortunately gone into administration and so it meant that some of the works had been started (i.e. the electric mechanisms and fittings for an automatic front door) but not quite finished. The Clinical Commissioning Group is aware of this situation and it is hoped that new contractors will be starting in the very near future. These improvements will be of benefit to both patients and surgery staff.

Finally Dr Jones asked if there was any more business. Mrs M asked about DNA’s and what we were doing about them to which the surgery staff said that persistent offenders were ‘dealt with’! Mrs R added that she thought the triage system was great especially as she had a young child so it provided her with reassurance that she would be seen when needed and also as a working parent she appreciated the appointments on Tuesday and Thursday evenings.

Dr Jones thanked everyone for attending and for their time and the meeting ended at 11am.