

PRG MINUTES: 10.10.2013

Present: Chair: Mr WH
Practice Manger: WM

Apologies: WC

Meeting opened at 13:05pm by Mr WH

Election of New Secretary: Pending for the Interim: WM will facilitate this.

Minutes of previous meeting: Correct

Agenda item 1: Review of 2012 patient Survey Data:

Speaking to or seeing the preferred GP.

It has been noticed that not all patients are being offered a preference to which GP they see or talk to. Suggested by WM that staff be re-informed that they should be requesting patients at time of appointment booking if they have any preference to which GP they see.

WM also promoted the electronic booking system where patients can choose their preferred GP online

ACTION WM

How easy is it to get through to somebody at the surgery?

Results discussed and Mr WH and WM agreed there was still for improvement in this area.

Wendy Muhly relayed to Attendees that JSMC have employed 2 new receptionists due to start next week which will mean there will be 2 receptionists on desks at all times during chore working hours.

Mr WH suggested that perhaps after CRB checks etc that maybe a retired person or possibly 6th form/college students from local Schools or colleges be able to volunteer their services in answering overflow calls or tidying waiting room, ensuring waiting room is patient friendly, leaflets are up to date etc.

WM would put this proposal forward to Head Office to see if this could possibly be facilitated.

How helpful do you find receptionists at your surgery?

Mr WH and WM both agreed that ideally we would like to see zero in the not very helpful and not at all helpful.

Mr WH suggested ideally a desired figure would be to have 75% very helpful and 20% fairly helpful.

If you were unable to get an appointment or the appointment was inconvenient why was that?

Mr WH suggested a manual diary in the event of computer break down which WM agreed.

The 8am-8pm debate was discussed and WM informed members that this was as far as she was aware being led as a pilot and that at present John Smiths hours would be remaining the same at present.

How long after your appointment time do you usually wait to be seen.

All agreed that there had been an improvement.

Mr WH suggested a small white board with current waiting times, so patients are fully aware as they arrive if there is a delay thus giving the patient an opportunity to rebook if they wish and patients are kept reliably informed.

Action: WM

Opening times:

Staying the same at present,

The option of online booking system to be updated on NHS Choices and Practice website.

Action: Wendy Muhly

Agenda Item 3 Reception Touch Screen Facility:

Explained that at present due to difficulties with the software, this item was still being looked into.

Proofing of New Patient Survey.

Mr WH suggested the following:

1: That PRG be changed to PPG as this is more informative and is most commonly found on when researching what a PRG is.

2: A comments box at the bottom

3: Under opening hours section to remove don't know and none of these.

4: In regards to question 18 the PRG Group instead of if yes please leave your details with a member of staff to put the Chairs email address for further information.

Mr WH has kindly already set up an email account in regards to this

chairofjsmcppg@virginmedia.com

WM asked members if they had any ideas in promoting the PRG as the uptake at JSMC is Very Poor.

Mr WH has kindly suggested that he come down on 13.11.2013 to promote the PRG from a patient's perspective.

This was agreed and WM to contact HO in regards to promotional material.

Mr WH also suggested inviting Mr Singh the local ward Councillor as John Smiths falls into his ward.

Next PRG Meeting arranged for: 15th January 2014 at 1pm

PRG MINUTES: 27.02.2014

Present: Chair: Mr WH
Practice Manger: WM

Apologies: 0

Meeting opened at 13:30pm by Mr WH

Agenda item 1: Review of 2013 patient Survey Data:

Speaking to or seeing the preferred GP.

It has been noticed that most patients are being offered a preference to which GP they see or talk to. Suggested by WM that staff be re-informed that they should be requesting patients at time of appointment booking if they have any preference to which GP they see.

This is an improvement on last year's results

WM also promoted the electronic booking system where patients can choose their preferred GP online

ACTION WM

How easy is it to get through to somebody at the surgery?

Results discussed and Mr AWH and WM agreed there was still slight room for improvement in this area, although there has been a rise in the amount of patients finding it easier

It was agreed the phones are being answered a lot quicker although it was brought up that when patients are asked to hold for a moment, the patients should be given an opportunity to state whether they can or not.

Action: WM to relay this information to staff and ensure they give patients the opportunity to hold or not.

How helpful do you find receptionists at your surgery?

Last year we were a little disheartened to see that that a small amount of patients found reception staff not very helpful or not at all helpful.

This year we are pleased to report that 67.8% of patients found receptionists very helpful with a further 28.5% finding receptionists fairly helpful

Only 9 patients out of 242 patients found receptionists not very helpful

It was agreed that this is the way forward and the PRG are pleased that we are going in the right direction.

If you were unable to get an appointment or the appointment was inconvenient why was that?

199 patients out of 247 answered this question.

120 stated there weren't any appointments available on the day

40 stated there wasn't any for the time they required

39 were for other reasons.

AWH and WM spoke a little regarding this as it didn't correlate with the 203 that answered what you did on this occasion. It was felt that due to the length of the survey patients might just be ticking boxes randomly.

Booking on line was discussed as this isn't being utilised fully by patients and the high DNA rate was also discussed as if pts DNA that is a lost appointment that could be offered to another patient if it had been cancelled.

How long after your appointment time do you usually wait to be seen.

All agreed that there had been an improvement.

83% of 208 patients state that they wait 15 minutes or less.

This is an improvement on last year although it was suggested that we do an internal audit to see if our waiting figures replicate that on the patient survey results.

Action: WM

Opening times:

Out of 234 patients 205 stated that our current opening times are suitable.

This was an improvement on last year.

The option of online booking system needs to be publicised more

Action: WM

PRG MINUTES: 28.02.2014

Present: Chair: Mr WH
Practice Manger: WM
PW

Apologies: No Responses

Meeting opened at 18:00 by WM

Minutes of previous meeting: Correct

Agenda item 1: Review of 2013 patient Survey Data:

WM and AWH explained that they had gone of the survey data prior to tonight's meeting and the general consensus was that we are improving, and the comments box at the bottom of the survey was a good idea as this gave us valuable feedback. Perhaps next year the Patient survey could be made shorter possibly down to 1 or 2 pages as it was a mutual feeling that the survey is too long and were being filled in randomly.

1: PW this was his first time attending a PRG Meeting and he informed us that he was only aware of the PRG meeting as WM had spoken to him personally in regards to this . He feels more Publicising with in the premises is required to promote the PRG Meetings

AWH agreed this would be a good idea but was aware of the limited space within the waiting area.

There is an approx 15ft by 4ft space where if it was boarded would make an ideal information board.

Action: WM to contact HO and Marketing Leads in regards to better promotional materials and full measurements of identified space.

2: It was suggested that the EPS and booking on Line facilities needs to be publicised more.

Action WM.

3: AWH suggested an A4 newsletter front and back with an introduction about the practice, PRG details and what the group is and a bit about information and services provided.

Action: WM to email Marketing

4. Mobile Phones when calling the practice. PW bought forward the fact that when patient's phone a generic message starts, but it may be a while before the receptionist answers, which runs up phone bills and eats credit. It was suggested that possibly some kind of alternative system could be used such as a message facility where if someone is phoning from a mobile and their credit is being eaten by waiting for our service then there is an option that the patient could possibly leave their number and we phone them back, or non-urgent appointments press 2 etc.

Action: WM to put forward to IT/Communications

5: For the Children's Area it was suggested that perhaps more educational material in health could be facilitated there: i.e.: like a giant operation game, Good Food, Bad Food. Etc.

Action: WM to contact HO

The waiting area was discussed at length and all were in agreement that a shared waiting area with the homeless and vulnerable persons unit is not appropriate.

1: Noise Levels are at times completely unbearable

2: Housing client's children are often running all over the place including jumping on the surgery seating area.

3: The behaviour of housing clients can be intimidating especially when there is swearing and threatening behaviour.

4: When housing waiting area seats are full the overspill will sit on the surgery seats despite signage on the seating area.

PW said that the current situation is a recipe for disaster as patients are not well and housing clients are often angry not a good mix.

AWH suggested every time the noise volumes or disturbances happened that a phone call be made to upstairs to managers from the housing to let them know of the situation and ask them to come down and resolve it.

Action: to discuss with facilities at HO to see if anything can be done

General feedback regarding staff were good although still room for improvement in areas.

Meeting Closed 18:55pm

Next meeting arranged for : Wednesday 28th may at 6.30pm