

Minutes of St Ann's Medical Centre Patient Participation Group
6th March 2012

Present: St Ann's: Dr Kenny, Helen Tilson – Nurse Manager, Stuart Abbott – Deputy Manager
Patients: DP, JP, VS, PG, MG, PE, RE
Apologies: DC, SB

Dr Kenny opened by thanking those present for coming and explained the purpose of the meeting was for him to present to the group the results of the survey generated as an outcome of the February meeting. He would also feed back on the issues raised last meeting that didn't make the survey but were discussed at a recent meeting of the GP's in the practice.

1. Feedback of issues from the previous meeting:

a. Telephones:

1. Separate Lines for Triage Nurses

The practice will look to preserve an outgoing line for triage nurses as part of the development of our phone system as detailed below

2. Local number – 01709 not 0845

The Primary Care Trust (PCT) have already spoken with the practice since the February meeting with a view to replacing ALL 08 numbers in Rotherham with local numbers. The practice intends to look into a phone system that will provide more services than the current system such as dedicated lines for certain teams. DG suggested the system should inform patients what position they are in the telephone queue.

b. Working with Social Services:

It was suggested that a member of social services be made available in practice to communicate with patients. This has been trialed in the past but with underutilisation of the service, it was withdrawn by the social services team. We agreed that if such a service became available again we would consider housing it at our practice as part of the impending development of further consultation rooms at the practice.

c. Posters:

1. Too many - the opinion was there were too many in the practice. The practice will aim to utilise the Jayex (patient display boards) and the new television system, which we are working with the PCT to install

2. Poor Grammar – this was noted and will be checked more thoroughly in all current and future posters

d. Website:

The practice agrees with the opinion that the website could be expanded to improve communication. See later re specific ways in which this is viable within the next 12/12

e. Communicate changes:

It was suggested that any changes made as a result of suggestions and / or complaints be relayed to the patients. This will be done by way of a "You said / we did" style section in the practice newsletter, on the new television system in the waiting room and on the website

f. Advertise better:

St Ann's does not have a brand. It was agreed that the practice should look into a logo that will appear on letters, newsletters and the website

g. Schedule of fees:

Some of the services provided by the practice fall outside standard NHS work and therefore are subject to fees. The practice will continue to publish a list of current fees but may advertise this better through the website and the new TV system

2. Survey Results:

Dr Kenny went through a PowerPoint presentation of the survey results. There were 100 posted out at random to people on the practice list. Another 20 housebound patients were invited to respond as were patients within the surgery. As the survey only ran for a little over 2 weeks there was insufficient time to publish on the website. The findings are summarised below:

- a. **Demographics** – the spread of age, sex and ethnicity of respondents was reasonably similar to that of the practice as a whole
- b. **Receptionists** – the majority thought receptionists were helpful, though we should aim to reduce the numbers in the minority.
- c. **Telephones** – 20% thought it hard to get through by telephone. We aim to change to a local number and increase online services which should make phoning the surgery easier
- d. **Booking appointments by phone** – again 20% found it hard to make appointments by telephone. By offering increased web access telephone access should improve. We hope to reduce the 20% to 10% by the time of the next survey.
- e. **Use of online bookings** – 50% would be keen to use online booking which would free up the telephone lines.
- f. **Nurse triage** – most patients found it easy to use, 15% don't use or unaware of the service
- g. **Ability to be seen on the same day** – the majority could but some said no. Is this because they really couldn't or did not have the nurse triage system explained to them?
- h. **Ability to book appointments in advance** – the majority want the option to book in advance, presumably to suit their personal lifestyle. Some practices have advanced access which means little or no pre-booking of appointments, patients have to ring, or queue, on the day and hope all the available appointments have not being filled.
- i. **Ability to see their usual GP** – patients want to see their own GP but will see any GP if their need is urgent.
- j. **Waiting to see a GP of your choice** – this statistic needs to be improved from more than five days to 2-5 days. This survey response could be for many reasons i.e. the GP in question is part time (St Ann's has 3 part time GP's) and needs more detail in the next survey. GP's also need to audit if all patients asked to come back i.e. for results, really need to
- k. **Length of wait in surgery** – 40% on time, 45% 5-15 minutes late. These delays could be due to emergencies or the GP giving the patient the time they need to discuss their problems and therefore needs a follow up question to discover how long patients are happy to wait before they become dissatisfied
- l. **Length of time your GP/nurse spends with you** – 80% believe they have enough time with the clinician, 15% feel they never have enough time which needs to be addressed and improved upon
- m. **Clinicians ability to explain** – 90% were happy with the clinicians ability to explain
- n. **Repeat prescriptions** – 60% were happy with the repeat prescription service, in the next survey we need to find out what those reservations are and if they relate to St Ann's or the repeat service offered by pharmacies
- o. **Use of online medication ordering** – 50% would be happy to use online ordering, this would reduce footfall at the counter, therefore shorter queues
- p. **Is the surgery clean and accessible** – only 8% were not satisfied
- q. **Use of SMS messaging** – Some respondents were not keen, patients can opt out of this service
- r. **Overall experience** – almost 100% were satisfied, though we need to convert more fairly satisfied patients into very satisfied patients
- s. **Would you recommend St Ann's**- 10% said no, we need to ask the reason why?

3. Issues arising from the survey feedback:

- a. **Did we take expert advice when compiling the survey?** No, due to the short timescale we based the survey on previous surveys, tweaking and adding questions to meet our needs. There are resources available at the PCT which we intend to

utilise next year. We can also use online survey resources such as Survey Monkey to reach a wider spread of patients.

4. Key Changes to be investigated / implemented

a. Telephones:

1. Local Rotherham number
2. dedicated lines for triage nurses
3. better use of telephone system i.e. menus, place in the queue
4. expand online services to free up telephone access
5. look into integrating telephones and computer so that patient details appear when phone is answered
6. consider allowing patients to request ring backs (from the receptionists, not the clinicians)

b. Online services

1. Expand online booking of appointment
2. expand online ordering of repeat medications
3. expand content of website including prevention and monthly topics based on

c. In Surgery:

1. **Touch screens don't always direct to the correct waiting room- to be updated**
2. **Topic of the month via Jayex, TV, posters-** in line with promotional topics on the website
3. **Look into extended nurse triage provision- to start earlier and run over lunchtime-**this has significant implications to working practice and will be looked at in the months ahead but cant be guaranteed at this stage
4. **increase printed information given to patients that relate to their conditions-**Dr Kenny will raise this at the next partners meeting and this could be audited in future
5. aid communication by asking patients to keep their contact numbers up to date
6. Welcome letter to patients outlining the way we work, the services we offer, our commitment to patients and our expectations of them – the practice leaflet effectively fulfils this role but will be reviewed to ensure it is fit for purpose.
7. Kimberworth Park, our branch, is not always open, sometimes the shutters make the branch look closed – staff to be made aware re clarity of opening times and appearance of the surgery.

5. Meeting brought to a close

Dr Kenny thanked everyone for attending and concluded that the survey and minutes of the meeting would be published on the practice website by the end of March 2012.

The date of the next meeting has not been set but is likely to be after the summer holidays to allow changes to be implemented and evaluated.