

Description of profile of members of the Patient Reference Group (PRG)

17 people attended our first meeting and 7 attended the second. 6 people replied to our request to contribute via email. We were pleased the group was reasonably representative of the practice population but disappointed that some groups were under-represented or not represented at all.

Steps to ensure the PRG was representative

We used the EHRC 'protected characteristics' groups to attempt to engage a wide cross section of the community and were successful in getting a good age range, both men and women, married and unmarried, ethnic minority and differing religious beliefs. We also had employed, unemployed and retired representatives and one member who was wheelchair bound.

We attempted to engage all the EHRC groups through written invitations based on all members of staff suggesting patients who may be suitable for the group (and whom in many cases had agreed to be approached when asked by the staff member) but ultimately they were not all represented in the group that actually attended.

In the next cohort we would like to maintain those members who have been involved this year but also particularly engage more Asian, Afro-Caribbean , eastern European, young, pregnant or recent delivery and LGBT patients and we will specifically advertise this point via our website and in surgery via the practice leaflet and the TV/Jayex system.

Reaching agreement on issues in the survey

The first PRG meeting invited opinion in 5 main areas: access, facilities, staffing, care and complaints. An open house discussion the followed where a number of issues were raised. These were distilled into 2 lists

- Smaller items requiring the attention of the practice but not needing to be on the survey
 - Separate line for nurses
 - Ask pt to confirm address rather than us reading it back to them
 - Social services in building?
 - Excessive use of posters
 - Poor grammar on some posters
 - Reception Desk height
 - Expand website and online capabilities
 - Communicate changes or results of complaints
 - Corporate image – to design a logo

- Transparency of services i.e. fees on website
- Broader issues on which a broader patient opinion was required
 - These are listed later in this document

The first list was dealt with at the next partners meeting on 5th March 2012 and the decisions fed back to the second PRG meeting. The second group were incorporated into the survey.

Clicking on the icon below will take readers to minutes of the meeting held on the 6th March 2012.



Minutes of St Anns
PPG meeting 5.3.12 f

Seeking the views of our patients

Patients were approached in the following ways

- Invitations to join the PRG either in person or by email 45 sent
- Survey in person at the practice- St Ann's
- Survey in person at the practice- Kimberworth Park
- Postal surveys to a sample identified as housebound 20 sent
- Postal surveys to a random sample of patients 100 sent

PRG opportunities to discuss action plans

Both meetings as detailed above provided opportunities for PRG members to contribute to the action plan. The contributions of those agreeing to be involved by email were taken to the meetings as well.

Action Plan for the investigation and implementation of changes resulting from the survey and patient meetings

Item	Issue	Comments	Start Date	Actioned By	Completion date
Telephones	Local Rotherham Number	Under review by NHS Rotherham and Trust Consulting	5 th March 2012	Stuart Abbott / NHS Rotherham	TBC
	Dedicated Lines for triage nurses	As part of the above work	5 th March 2012	Stuart Abbott / NHS Rotherham	TBC
	Menu / place in the queue notification	To aid navigation and diffuse dissatisfaction. As part of the above work	5 th March 2012	Stuart Abbott / NHS Rotherham	TBC
	Consider integrating the telephones and PC's	To allow patient details to be brought up based on telephone number. As part of the above work.	5 th March 2012	Stuart Abbott / NHS Rotherham	TBC
	Consider allowing patients to request ring backs	To avoid queuing. As part of the above work	5 th March 2012	Stuart Abbott / NHS Rotherham	TBC
Online Services	Expand online booking of appointments	Emis Access has been tested and is now live. It is advertised to patients through the practice website, posters and Jayex board	March 2012	Stuart Abbott	Ongoing
	Expand online ordering of repeat medications	Emis Access has been tested and is now live. It is advertised to patients through the practice website, posters and Jayex board	March 2012	Stuart Abbott	Ongoing

	Expand the content of the practice website	To include topics such as Local and National health campaigns and awareness and preventative procedures	April 2012	Stuart Abbott / Dr Kenny	Ongoing
In surgery	Touch Screens	Don't always direct the patient to the correct waiting room this is being amended	April 2012	Stuart Abbott	April 2012
	Topic of the Month	To advertise topics of the month on Jayex boards and notice boards and on the soon to be installed waiting room TV system, along with newsletters as they are published. This content can also be added to the website	April 2012	Stuart Abbott / Dr Kenny / Nursing Team	Ongoing throughout the year
	Extended nurse triage	To start earlier and run through lunchtime. This would have a great impact into the running of the practice. To be investigated thoroughly	May 2012	Dr Waller / Dorothy Hardcastle / Helen Tilson	2012 –ongoing assessment
	Printed information for patients	GP's and Nurses to print more information for patients relevant to their conditions	April 2012	Dr Kenny at partnership meeting	April 2012
	Aid Communication	by keeping contact numbers up to date. Posters are already displayed in the surgery and there are messages on the Jayex boards. The practice website needs updating	March 2012	Stuart Abbott	April 2012
	Welcome Letter	To patients outlining the way we work, our commitment to patients and our expectations of them. The Practice leaflet fulfils this role but will be reviewed periodically. Ideally after major changes or at least every February and August as Registrars change	April 2012	Dr Kenny / Stuart Abbott	Ongoing
	Kimberworth Park	The branch surgery is not always open and the half opened shutters make the branch look closed. Stuart Abbott to try and ensure GP provision as often as possible. Staff to ensure the building is well presented. Supply of platform/step and pole to allow shorter staff better access to shutters	March 2012	Stuart Abbott / KP Staff	Ongoing
General	Corporate Identity	Something as simple as a logo – to identify St Ann's on letters, website and other communications	March 2012	Spencer / Dr Kenny	April 12

Summary of evidence from the patient survey

See attached power-point presentation outlining the results

Actions to be taken based on the summary of evidence

These are incorporated in the table above

Opening Hours of the practice

Main Surgery			Branch Surgery		
Reception Desk	Mon-Fri	7:00 to 6:00pm	Reception	Mon-Fri	8:00 to 10:30am
				Mon	3:00 to 8:00 pm
				Tues - Fri	1:00 to 3:00 pm
Telephone	Mon-Fri	8:00 to 6:30pm			
GP appts	Mon	7:00 to 1pm	GP appts	Mon-Fri	8:00 to 10:30am
		3:00 to 5:45 pm		Mon	3:00 to 8:00 pm
	Tues - Fri	7:00 to 10:30am		Tues - Fri	1:00 to 3:00 pm
		3:00 to 5:45 pm			

These are currently published at <http://www.stannsmedicalcentre.co.uk/v5/openingtimes.php> and on our practice leaflet.

Extended Hours

St Ann's offers an extended hours appointment system. These are appointments which fall outside GP "core hours" of 8am to 6:30pm. These are offered from 7am to 8am Tuesday to Friday at St Ann's and from 6:30pm to 8pm on Monday evenings at our Kimberworth Park branch surgery