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| PATIENT MEETING | | | | | |
| Minutes | 3rd february 2014 | | 12.30pm | lONGROYDE sURGERY |
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| Attendees | | Dr A C Brook - GP  Dr J P Grant - GP  Dr J Preston - GP  Joanne Kellett - Practice Manager  Gail Jones – Receptionist  JR  SR  PR  3 members sent their apologies | | | |
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Introductions and welcome to the meeting.

The group reviewed the action plan for 2013-14.

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| **You said…** | **We did…** | **The result is…** |
| The practice will increase the awareness of the Healthcare Assistant and promote the appointments that she and the Practice Nurse carry out | Difference in roles and what each can carry out displayed   * On notice board in entrance area * On practice website * Poster in waiting room * On practice leaflet | Fuller clinics for HCA which has relieved some of the pressure from the Practice Nurse  We are looking to extend HCA duties to include spirometry and possibly ECGs |
| The practice will investigate if any of the trees in the car park can be removed to allow better access | We contacted the council who inspected the trees. Unfortunately they all have Tree Preservation Orders so cannot be removed. | We are, however, in the process of arranging to have the dead branches removed. |
| The practice will promote the practice website | We promoted details of the website via posters and displays and flyers on the reception desk | Last year the website had 21,225 visits. The website is used to access SystmOnline and in the last 12 months   * 117 appointments have been booked online * 813 repeat prescriptions have been ordered online |

The group was happy that the practice had completed all actions from the 2013-14 action plan

The group discussed the results of the survey carried out in October 2013. This survey was in a different format to our previous surveys and focused more on patient feelings at different stages of their appointment journey rather than yes/no type answers. The results showed that patients were generally happy with their patient experience and from the 273 feedback comments received, only 20 were not positive. It was noted that whilst most of the results appeared positive, there are no benchmark figures to compare the data against. It was agreed that the Practice Manager would try and obtain benchmark figures to give our data more meaning.

It was agreed that whilst the results of the patient experience survey were interesting, it would be more beneficial to re-visit the survey carried out in 2011-12 as the practice has taken on more patients over the last 12 months and future survey results would hopefully show we are maintaining our excellent access and our patients are still happy with their care. We currently have about 3800 patients and the GPs agreed that maximum capacity would be around 4500 patients. Dr Brook stated that he believes that we achieve excellent access by being a small practice. The PM informed the group that she and Dr Grant regularly meet with the neighbouring practices to discuss issues, and ideas and improvements surrounding access are shared. It was noted by one member that our reception staff appear to work well as a team and juggle demand well.

As a practice we pride ourselves on access and patient care and one member suggested that we have a mission statement to encompass what we want to achieve. It was agreed to add this to the action plan for 2014-15. *““We will strive to provide excellent Primary Care – prompt access for those who are or believe themselves to be ill.”*

A discussion took place on waiting time when in the surgery. The survey results confirmed that, whilst sometimes surgeries are running late, patients are not unhappy as, when they are seen, they are not rushed and feel respected and valued. Dr Grant confirmed that we do not operate the one appointment, one problem approach that other surgeries do. Catch up slots have been added to surgeries to reduce the waiting time for patients.

The PM asked the group for their views on privacy in the waiting room as one of the comments from the survey was to have background music playing. The group believes that this is unnecessary and might prove irritating if patients are feeling unwell. Whilst the practice does not have a private reception area, there is a hatch in the entrance hall that patients can use for privacy or they can ask to speak to someone away from the reception desk and we have signs on the front desk informing patients of this. Gail confirmed that the receptionists do try and keep personal information to a minimum when working on the front desk.

The practice is trying to improve communication of information to patients and produced a winter newsletter recently. This was only available for patients to read when attending the practice and it was agreed that it would be useful to add it to the website and maybe email it to patients that we hold email addresses for. If we could set up an email distribution list, it was agreed that this would be a good way of communicating with patients who do not attend the surgery regularly. We would assume consent to send a newsletter for all those for whom we have email addresses and just include an “unsubscribe” link in case some wanted excluding.

The group was given an overview of the Care Quality Commission (CQC) inspections that all practices will have to undergo over the next few years. The practice should get 48 hours notice of an inspection and it is likely that the inspectors would want to speak to members of the Patient Group to find out their patient care experience at the practice. Two of the members present agreed that they would be happy to be contacted by the CQC inspectors.

The following action plan for 2014-15 was therefore agreed by the group.

* To obtain information to enable the practice to benchmark their survey results against others
* To agree a mission statement to encompass what the practice wants to achieve and add to the practice website
* To improve communication to patients and look at setting up an email distribution list to send information to patients
* To utilise website more to improve communication to patients
* Carry out a patient survey in September and meet as a group to discuss the results

The group was thanked for giving up their time to attend the meeting.