

ST. PETER'S SURGERY - PATIENT REFERENCE GROUP (PRG)

MINUTES OF THE MEETING HELD ON TUESDAY 7 MARCH 2017

1. ATTENDANCE

PRESENT

Mr J Emery (Chair)
Miss A Boothby (Minutes)
Mr J Dwyer
Mr W Ellens
Mr C Bruno

APOLOGIES

None

2. WELCOME & REGISTRATION

Members were welcomed to the meeting and the attendance sheet was signed on arrival. No apologies had been received from group members.

3. MINUTES OF THE LAST MEETING

The minutes of 29.11.16 were approved. JAE reminded the members that all previous minutes are available for viewing on the Practice Website: www.stpeterssurgery.com

3.1 MATTERS ARISING

None

3.2 ACTIONS

Appointments "same day" vs "routine" – JAE explained that 60% of appointments are released on the day, 40% are set, of which 3% are routine online. A higher proportion of appointments are retained for released on Mondays to reflect an increased demand following the weekend. In addition, there are more appointments available overall.

JAE also advised that Saturday appointments are being offered in Aldridge and Willenhall which are run by Palmaris Healthcare to ease the effect on A&E.

WE asked if this was done via the 111 facility and to people outside the local area. JAE confirmed the access was only available to patients registered with Walsall Practices and it should be offered via the 111 system.

Both centres are situated a distance from the Manor Hospital purposely to avoid A&E attendances.

4. ACTION PLAN 2016-17 - Progress Review

Reception & Telephone Access – Practice is still striving to answer 90% of calls within 90 seconds. JAE highlighted that we are in the process of having a system upgrade and this currently is preventing us from accessing the telephone data; hopefully this should be rectified by mid-May and the data should be viewable. JAE highlighted the difficulties when trying to answer calls quickly and efficiently, patients complain that reception staff are 'abrupt' and the patients feel 'rushed'. However, JAE confirmed that the Practice would be continuing its drive to improve telephone answering.

We are still encouraging all patients to use the **self-check in facility**, to reduce queues at the Reception Desk. Unfortunately, the usage figures appear to have dipped in the Summer period but is now improving.

We are still promoting the use of our **online services** for ordering of repeat medications, booking appointments etc. WE asked which age group use the online service. JAE stated he did not have that information available.

The **prescription drop-off box** is now being used by all patients/ pharmacies. Requests are no longer received at the Reception Desk.

Appointment Access and Waiting Times - DNA's continue to be a problem. Practice policy is for patients to give 24 hours' notice to cancel an appointment. However, JAE advised that if an appointment can be reallocated a cancellation in less than 24 hours will not be classed as a DNA.

WE suggested having a sign in the waiting area stipulating how many appointments are being missed and the cost associated.

WE also commented on text messaging as reminders for appointments. JAE advised that with our current system does not have this facility but once our new system is in place this will be a consideration.

Development of the Patient Reference Group – All Flu patients invited to join, but no response to date. Patient Expectation and Experience Survey has been completed and analysed, see section 5.2 for results

5. PRACTICE AUDITS

5.1 Appointment Capacity Audit

JAE confirmed that the Practice was currently offering approx. 8000 Doctor appointments / patient contacts above the RCGP recommended target figures of 72 GP appointments per 1000 patients, i.e. 43680 appointments

5.2 Patient Expectation & Experience Survey –JAE gave a presentation of the results of the patient survey which very much supported the improving telephone response times and appointment access. Overall 91.4 % of patients rated us as satisfactory to very good

5.3 Friends & Family Test – The FFT is on-going although it is getting increasingly difficult to get patients to fill in the response cards. The latest statistics, March 2016 to February 2017, were discussed and JAE confirmed that the majority scored us extremely likely or likely.

6. ACTION PLAN 2017/18

The following items were agreed for the new 2017/18 action plan

- Upgrade telephone and call recording system to include additional direct dial in (DDI) lines to administration staff members to reduce pressure on the reception staff so that they can concentrate on patient calls.
- Continue with the “90 in 90” telephone answering target
- Encourage patients to use the self-check in and reduce the size of the queue at reception desk.
- Continue to promote online services.
- Review the Practice appointment system.
- Review the PRG membership and conduct GPAQ patient survey.

WE asked “could we use a TV to demonstrate online services, wellbeing and health issues”. JAE confirmed that this was not possible with the current system but may be possible if, following review, we adopt a new system.

7. PRG RECRUITMENT AND DEVELOPMENT

JAE highlighted the Walsall wide patient participation agenda and the CCGs big Conversation. JAE circulated feedback forms

8. CHANGES TO THE GMS CONTRACT - 2017/18

JAE gave a brief outline of the changes to the General Medical Services (GMS) contract for 2017/18, as follows:

- No changes to QOF.
- Increased payments for
 - Learning Disabilities
 - GP Retention
 - NHS Digital Workforce Surveys
 - PCSE – Failure of the Patient Record Transfer Service
 - GP parental and sick leave payments
 - Increasing CQC registration charges

9. ANY OTHER BUSINESS

JAE advised the group of impending changes to the Practice Partnership

With effect from 1st May 2017:

- Dr Houlahan is reducing his hours to two days (4 sessions) per week
 - Dr A Mashil will be joining the Practice working four days (6 sessions) per week
- WE suggested two contacts from Walsall Council, John Morris and Vanessa Croft who work with organisations to improve the area. They could be beneficial to the Practice by communicating to the public with health advice and promote online services and our upcoming new system etc. They are able to target a much larger area.

10. AGENDA FOR NEXT MEETING

- Annual Report 2016/17
- Review and Agree Terms of Reference
- Review Action Plan 2017/18
- Changes to the GMS Contract 2017/18

11. DATE OF NEXT MEETING

Tuesday 18th July 2017, from 7:00pm until 8:00pm