

Summerhill Surgery Patient Support Group Meeting

Friday 8th February 2013

Attendees – Jackie Horne (Practice Administrator), Christina Houlton, Alice Stratton, Michael Sellwood, Raymond Hill, Barbara Baret, Betty Ansell, Albert Holness, David Stephens, Jayne Courtney Westwood, Phillip Rudd, Spridoula Duffey, Ladi Daheely

Apologies – Peter Richardson, Kayleigh Ansell

- **Minutes from 8th December 2012** – agreed by attendees.
- **Staff Update** –
 - Confirmed that Dr Knottenbelt is to remain as a long-term locum on an indefinite basis. Lots of positive comments from the group, some had seen RK and thought he will be an asset to the surgery as well as bring clinical stability.
 - Gloria Daly (Nurse Practitioner) was also mentioned in a very positive light. Group raised concerns that the surgery only has three GPs and one NP. JH commented that at present

there are no plans to increase the number of GPs until the list size starts to increase.

- Announced that Richard Lawson is no longer working at the surgery, JH has been temporarily promoted to Practice Administrator. No firm plans to the next step.

- **Appointments** – JH described the recent changes to the appointment system with the introduction of extended hours, increased availability of pre-bookable appointments as well as the cancellation list and the sit and wait clinics. JH went on to state that, as far as the surgery is aware, the surgery is dealing with all requests for an appointment on a daily basis, whether this is offering a sit and wait appointment after morning surgery, a home visit, an emergency appointment in the afternoon, an on the day telephone consultation or a pre-booked appointment for another day. The cancellation list is cleared on a daily basis and on at least some days the surgery has not utilised its full capacity. There was concern from individual members that this had not been their experience. It was discussed and agreed that personal issues should not be reviewed at the meeting and that JH would review on an individual basis. JH also

discussed a recent audit undertaken by the surgery to compare appointment availability, including the type of appointment, and it was generally felt that these changes improved access and flexibility to the surgery (Audit attached).

- **Telephones** – JH pleased to announce that after concern was raised at the significant amount of money the surgery had been quoted for a new telephone set up the surgery had two further quotes, one for £1500 and the other for £500. JH to finalise and complete new system by end of February/beginning of March 2013. Concern was raised at the length of time patients have to wait on the phone. JH agreed that this was unacceptable and felt that the new telephone system would help. In addition the new appointment system should be reducing peak times as patients are no longer asked to phone back the next day...patients can now pre-book many more appointments and with the monies saved through the above investigation the surgery is considering purchasing a 24hr, 7 day a week telephone booking system, so that patients will be able to book, check and cancel appointments, again to reduce demand at peak times and hopefully will reduce the 'did not attend' rates!!

- **Education** – Comments were made about the lack of information regarding these changes...JH agreed but argued that systems have to be trialled to ensure they are working before we invest time and money into educating and informing patients. This will be the next step once the telephone system is in place. We have made some moves to alert our patients to the changes, such as on repeat medication slips and on the website. It was commented that not everyone has access to that type of media. JH agreed and stated that the surgery will be looking at an information campaign to cover:

- New patient packs
- Repeat medication slips
- Website
- Recorded message on the telephone system
- Patient Television in the waiting room
- Using events such as flu clinic or recent COPD project, where we write to patients to inform
- General correspondence could also include information regarding this information.

- **Letters** – discussed that the content of letters should be checked – recent letters

from surgery informing patients to have their blood tests at the Newington Road Clinic or the Hospital. Agreed that the surgery should be clear about what services we are currently offering. JH explained about the balance between offering an unlimited number of blood appointments versus the need to offer other services, some of which patients can not access elsewhere. Education regarding what and how to access services would be beneficial.

- **Electronic Services** – prescriptions, text messaging, website, appointments – JH acknowledged this has taken longer than the surgery planned for but partly because the surgery wanted the appointment system and telephones up and running before an overhaul could be contemplated, although the patient television was updated yesterday!! The technology and information systems need an overhaul and JH has arranged for the GPIT Managers and our clinical system representative to attend the surgery to help re-develop and upgrade everything including the website and the introduction of text message reminders.

- **Building and re-decoration** – briefly discussed the pharmacy and the potential re-build including additional parking (front

garden area?). At present the pharmacy is being negotiated and has to be established and trading by 9th August 2013 according to the 100 hour contact. The build is almost at the planning stage and is integral to the pharmacy. The waiting room is still a concern but the Partners feel that any improvement would be a waste of time and resources as seating area would be moved into the central part of the building where the administration team are currently seated.

- In the meantime the surgery is undergoing a re-decoration programme, this will include:
 - Patient toilets
 - 8 clinical rooms
 - Clinical corridor
 - Carpet cleaning

Comments regarding the heavy door through to the waiting room – find a solution to this... knowing that the doors will be replaced in the future.

- **Survey and Action Plan 2012 and 2013**
– copies of the survey and summary sheets given to attendees. Comparisons were made between the 2012 and 2013 survey; showed some areas of slight improvement

and other areas of slight deterioration... group felt that the survey probably did not reflect the changes that have been made in recent months.

□ **Summary of discussion:**

BOOKING APPOINTMENTS:

- **23 % of patients found it easy or fairly easy to get through to the practice** – group felt this highlights the concern over patients having a difficult time getting through and the need to review and make improvements to the telephone system.
- **20 % prefer to book appointment in person 82 % by phone and 32 % would prefer to book online** – telephone system needs review and patients would benefit from automated system as well as development of online booking.
- **88 % of patients say it is important to be able to book appointments ahead of time and 24 % find it very easy or fairly easy to do so** – showing that the practice had made the right decision to increase pre-bookable appointments by 30%
- **20 % would like appointments before 8.30am 3 % lunchtimes 32 % after 6.30pm 33 % Saturdays 8 % Sundays** – showing the practice had again improved patient access by reinstating extended hours to include early morning and late evening appointments... in addition the late GP on a Monday also offers appointments between 12 and 2pm again increasing access.

ACCESS TO GP:

- **36 % of patients, if they need to see a GP urgently, say they can normally be seen on the same day** – interesting that only 36% say they can be seen on the same day when for the last 3 months of the cancellation list the surgery has not seen any patient stating that had a problem that could not wait. Perhaps this is reflective of the old appointment system... it is also somewhat contradicted by the two figures below....as 40% are not only seen on the same day but are seen by the GP they preferred!

- **40 % of patients are normally seen by their preferred GP same day or next day** – this will increase with the cancellation list system as the surgery will always try to book patients with the GP they prefer or who saw the patient last if it is an ongoing problem.
- **66 % of patients are normally seen by any GP same day or next day** – as above.
- **68 % of patients prefer a particular GP and 24 % of those say they see their preferred GP always or almost always** – as above. In addition to this the practice is planning to split the population three ways, each patient will have a 'usual GP' this should help with continuity for both patient and clinical staff.... This allocation will not be set in stone and patients will be able to switch GPs if they are not happy or feel that he problem would be better dealt by someone else for a one off consultation.... The idea is that continuity is preferable but not essential....obviously holidays and days off etc make this a flexible system which on the whole will create a sense of continuity throughout the Practice.

RELATIONSHIPS:

- **96 % had confidence in their GP** – this is a good result but could be 100%!!
- **90 % had confidence in their Nurse** – as above!!
- **80 % of patients say their experience of this GP surgery is good, very good or excellent** – this is a really good result for the surgery and can now be improved on with the stability through having three regular GPs, maintaining the clinical and administration team and striving to make improvements such as the appointment system, telephones, electronic improvements, continuation of the patient support group. These improvements and developments should be managed in parallel to the ongoing training, improving the clinical services the surgery offers as well as ensuring the surgery engages in the continuing development and management of clinical excellence.
- **73 % of patients would recommend this surgery to someone who has just moved to this area.** – would like this to be 100% Working to achieve this... please see above!

ADDITIONAL QUESTIONS:

- **Q41 If you were unable to see a GP urgently, how**

would you rate the advice given? 2% decrease in excellent, very good or good (43%) since last year as well as a slight decrease in poor or very poor. Group discussed and felt that this was marginal and the new appointment system should help to improve this figure further, especially if patients have a greater understanding of what and how the surgery offer appointments.

- **Q42 If you need to see a Nurse urgently, can you normally get seen on the same day? 2% decrease in the number of yes answers from last year but in addition a 6% decrease in the number of no answers. So this must mean a 4% improvement! JH advised the group about a recent change in the nurses appointments where the surgery has introduced a number of emergency slots everyday to try enable urgent problems adequate time. It should also be pointed out that on many occasions nurse fit extras in, work through their lunch and breaks as well as work overtime. Patients are probably unaware of this as to remain professional the nurse would not let the patient know this.**
- **Q43 Do you know which services your GP surgery provide? 4% increase for those saying yes and a 7% increase in those saying some – group felt this will improve with the above changes, education campaign and electronic tools.**
- **Q44 Do you feel that you know how to access these services appropriately? 7% less patients felt they knew how to access and 4% more stated that they knew how to access the services offered...as above!**
- **Q45 How do you rate the overall décor at the surgery? Overall the survey indicated that patients felt the décor at the surgery has got worse over the last year...group felt this was due to the survey being filled out before the patients went into the areas which have been redecorated! The waiting room is an ongoing concern but as discussed above, a decision will be made based on the potential build. Group agreed that the recent re-decoration has greatly improved the clinical rooms.**
- **Q46 How do you rate overall cleanliness of the**

surgery? 5% less patient rated the surgery's cleanliness as excellent, very good or good, please see above!

- **Q47 How do you rate the physical access to the surgery? Little improvement from last years, nothing has really changed. Discussed the entrance doors and the need for a temporary measure until automatic doors are fitted during the re-development. Concerns raised over the availability of parking spaces both during the build as well as the increased traffic from the pharmacy. JH discussed the proposed plan to increase parking for staff and doctors at the front of the building to try and increase parking for patients at the rear.**
- **Q48 How do you rate the surgery with regards to the administration supporting your medical care? 3% improvement for excellent, very good or good, however it was noted that the increase has occurred through more patients selecting good and less selecting very good or excellent. This might improve with the new telephone system (ability to speak directly to secretaries and prescription clerk etc) as well as the stability regarding the clinical team.**
- **Q49 If you have a chronic/ongoing medical condition such as Diabetes how do you rate the monitoring and support you receive? Again slight decrease in excellent and very good but also a decrease in very poor and poor. So some improvements? More patients stating does not apply? Hard to tell if there has been a significant reduction in services... as above.**

JH to formulate the Action Plan based on today's discussion – to be sent to all members to be agreed before next meeting.

- **Group set – Committee and Annual Meeting – to be discussed at next meeting – majority of members attending today felt that they are committed and would like to**

be a committee.

- Next Meeting...Friday 22nd March @11am, St Marks Church.