**PRG Meeting Notes**

**Tuesday 9th December 2014 at 12pm**

Present:

Angela Marwood Practice Manager (Chairperson)

Kate Lamb Assistant Practice Manager

Colin Cooper Patient Representative

Paul Stephens Patient Representative

Mick Lomax Public Health Nurse

Rianne Norton Public Health Administrator

Apologies received from:

Sabrina Alexander Gail Alexandra Rita Harrison

**PRG Survey**

Angela explained that the main purpose of the meeting today was to discuss the new PRG survey. The PRG has now been in existence for 4 years, and in that time, the surveys distributed by them have covered a range of topics. The first year covered a ‘little bit of everything’, and offered a more generalised overview of the practice and its staff, whereas in the second year we looked at areas which patients weren’t happy with. It is now time to make a decision on what we will cover this year. Angela suggested that we go back and use the very first survey distributed by the PRG, which was first used in 2011/2012. It was agreed that this questionnaire was straightforward and concise, and there was no detriment in repeating a previous survey. Angela also explained that it was very different to the Friends and Family Questionnaire, so there was less chance that patients would get the two mixed up. In addition, and as the practice is starting to think about implementing an online appointment booking system for patients, it was discussed that two additional questions will be added - “Do you use the online prescription service?” and “Would you be interested in online appointment booking?” The responses received can then be used to help gauge whether there is any interest in this service. We will need at least 385 responses from this survey. We will then collate all of the responses and develop an action plan. It is hoped that the questionnaires will be available to patients before Christmas. It was also suggested that PRG members may help to distribute the questionnaires, and encourage patients to complete them.

**CQC Intelligent Data Monitoring**

On Friday 5th December, the CQC published ‘Intelligent Monitoring Data’ which rated practices according to their perceived risk – our practice has been rated as ‘high risk’. This information is available for members of the public to access online. This data has been collated in response to surveys sent out by NHS bodies to patients at their home addresses. We need to put these results into perspective, and remember that it may only be patients who are unhappy with the practice that have returned the questionnaires. We do not know how many questionnaires were sent out or how many were returned. It is also important to note that the last 3 PRG surveys conducted by the practice have been significantly more positive, with 80% of respondents marking the practice as either good or excellent. Later on that same Friday, the CQC apologised to GP practices, and admitted that it had been hasty in publishing these figures. Initially, 861 GP practices in England were listed as ‘high risk’. Angela stated that whilst watching the BBC news at 6pm that night, the figure had dropped to 670 practices, and is expected to drop further still. The CQC have stated that they will be sending out letters of apology to practices who have been listed in error as ‘high-risk’. Our practice will have to wait and see whether we will be removed from that category. Angela has tried again this morning to look at the CQC website, but it continues to read “working on intelligent monitoring data”.

The chairperson of CQC was asked why it was that certain practices in the Wakefield district had been listed as high risk, when they had had a satisfactory CQC inspection in 2013, but no response was provided. Angela explained that unfortunately the practice is not able to obtain the results of the questionnaires. She also explained that although there will always be issues to deal with, she does not believe that the practice should be labelled as ‘high risk’.

**Friends and Family Questionnaire**

Angela explained that the Friends and Family Questionnaire was now live, as of 01/12/14. There are not yet any figures for how many questionnaires have been returned. During the previous PRG meeting, some time was spent discussing the second question for this survey, and it was decided that we would ask patients what the surgery was doing well, but also ways in which we could improve. However, Kate explained that she had recently attended a meeting with staff from other local surgeries who had started their Friends and Family Questionnaires, and their feedback was that using open-ended questions was inviting a great deal of negative response, including patients highlighting areas within the practice that can’t be changed. With this in mind, it has been decided that the second question will read, “Did you know that we have a Patient Reference Group where you can contribute to changes at your surgery?” It will be an opportunity to promote the PRG and to try and encourage other patients to become involved.

**DNA (Did Not Attend) Appointments**

Angela advised that daily DNA appointment figures are now displayed on a board in reception, and these figures have been generating a lot of discussion with patients. Angela also gave a recent example of two individual patients phoning the surgery on a particular morning requesting emergency appointments, and then both patients failing to attend for these appointments. Kate suggested that it may be worth doing some further research into these figures, to determine if the number of DNA appointments is increasing. Mick then asked what percentage of total appointments resulted in a DNA mark, but no figures are available at this time. A question was raised as to whether DNA letters were sent out to all patients who failed to attend for their appointments. It was explained that DNA letters are not sent out as a routine measure, and that it would depend on the individual patient. A further question was raised, asking if patients who DNA several times can be removed from the practice. It was explained that there is a procedure in place before patients are removed. The patient’s medical history is considered, along with any current health concerns, and the information is then passed to a clinician for their consideration. If the clinician is in agreement, then the patient will be advised that, as a result of their DNA history, they have now been removed as a patient at this practice.

**Newsletter**

A suggestion was raised regarding the possibility of the practice distributing a newsletter for staff and patients, and Angela said that this would be something we can look at again in the New Year. She explained that we would have to look at the time it will take to create the newsletter, and who would be involved in contributing to it and distributing it. She suggested whether members of the PRG group would be willing to contribute in some way. Mick stated that a newsletter may be of benefit to the Public Health Team, as it could be used for advertising current health campaigns, e.g. Influenza vaccinations. Angela also stated that there is a lot of information which is disseminated to staff on a regular basis, some of which may also be of interest to patients, and could be incorporated into a newsletter. There was also a brief discussion on how frequently the newsletter would be circulated – perhaps, monthly or even quarterly. Mick suggested that as the facility was available on Systm 1, we could record patient’s email addresses, and send the newsletters out to patients via email, but Kate explained that we would need to be careful about the information that is sent out and to ensure it complies with the Data Protection Act. Another suggestion was that the newsletter could be used to inform patients about topical issues and how they are affecting the practice, e.g. the current funding cuts to GP practices. This will be discussed further in the New Year, and Angela and Kate will also take the idea to the next Line Manager’s meeting to get some additional feedback.

**Comments and Compliments**

Comments and compliments have now been received for the last quarter across all three sites.

A comment was made regarding the poor seating in the Kinsley waiting area. A bid has now been placed for funding to replace all of the chairs at Kinsley to the wipe-clean chairs. If successful, the funding will cover 66% of the cost with the practice responsible for making up the shortfall. Compliments have been received regarding reception staff and the therapy unit.

A comment was also made about being unable to get an appointment at Kinsley even when phoning the surgery at 8am. Kate said that we need to be aware that although the practice has three sites, we are still one practice and although you may not be able to get an appointment at your preferred location on a particular day, there may be appointments available at other locations.

**AOB**

Positive comments were raised regarding the mobile MRI Scanner, and how it makes the service much more accessible to patients.

Kate explained that at the most recent line manager’s meeting, the possibility of using online appointment booking was discussed. She said that it was not an easy process to implement, as it will need to be decided which appointments can be opened up for online booking. The practice is hoping to have something in place early in 2015, and will then be looking for volunteers to trial it. Kate said that her own GP surgery offers online booking, with all appointments online and available to book from 8am. She says that the surgery has received very positive feedback regarding this service. A concern was raised that this method of booking appointments may leave the elderly or those who don’t use the internet at a disadvantage, as all of the online appointments will be booked up more quickly, however, it was suggested that if one person uses the online booking system rather than making a telephone call, then this would leave a phone line free for another patient to get through to the surgery. Mick suggested that a percentage of the available appointments are offered online, and the remaining percentage is only available to patients who telephone the surgery. He also suggested that it may be difficult because of all of the different types of appointments available, e.g. GP, nurse practitioners, health care assistants, and patients may not be aware of who they need to book for, e.g. it would not be appropriate for a patient to book a blood test with a GP. Another suggestion was that the surgery speaks to other practices that are currently using online booking and get their feedback. Angela said that she was attending a network meeting on Monday where she would raise this issue. The feedback received can then be looked at along with the feedback from the PRG surveys. She also explained that in relation to the PRG survey, the feedback can be considered along with the particular age band of the respondent.

Next meeting has been arranged for 20th January