

**PORTER BROOK MEDICAL CENTRE
PATIENT PARTICIPATION GROUP MINUTES**

Thursday 28th February 2013

Present: Susie Uprichard Practice Manager & Business Partner
 Natalie Phillips Patient Services Manager
 Dr Gurjit Barn GP Partner
 Anne Baird Nurse Practitioner
 Leslie Green
 Hana Hussain
 Raza Hussain
 Charlie Khan
 Timothy Nelson

Apologies: Dr Kirsty Goddard GP Partner
 Emma Apsa
 Craig King
 Eileen Nelson
 Clare Rushen

1. Apologies	Actions
Apologies were received with thanks.	
2. Minutes Of Last Meeting	
The minutes of the meeting held on 25 th October 2012 were accepted as an accurate record.	
3. Matters Arising	
<p>1). Retirement of Dr's Jones & Buchanan – Dr Jones' comments book was extremely well received when it was presented to him at his retirement function on 12th February. Dr Buchanan works her last day at Porter Brook on 11th March. Her comments book is available at reception for patients to leave messages of goodwill.</p> <p>2). The comments box has now been replaced by a more prominent book in reception along with a notice. A poster has also been placed in the waiting area advising patients that they can leave informal feedback in the comments/ suggestions book at reception, and the recent practice newsletter has highlighted its availability. The management team will review entries periodically.</p>	
4. Patient Survey 2012/13 – Methodology	
<p>The annual Porter Brook patient survey was carried out over a period of 3 months between November 2012 & January this year. Student Health at SHU devised and carried out a separate survey to accommodate the student population who attend this City Campus.</p> <p>Questionnaires were handed out to by the reception staff as patients attended for appointments, and the survey was also available for completion online via the practice website. The Group had agreed that these methods of distribution would be most effective and would ensure</p>	

<p>that opinion was canvassed from a representative mix of our practice population.</p> <p>Due to the diversity of different languages spoken by our patient population it had been decided that it was not feasible to translate the survey into alternative formats. The practice website is in the process of being updated & will hopefully incorporate a translation tool which will benefit future surveys.</p> <p>A staff member was available in the waiting area to answer any questions and assist patients with reading/ completing the survey where necessary.</p> <p>411 questionnaires were completed in total which the Group felt was as sufficient a sample size to ensure credibility. 3 out of the 411 were completed online.</p> <p>Results from the patient survey were collated and analysed in house.</p>	
<p>5. Patient Survey – Action Plan</p>	
<p>The results and analysis of the patient survey had already been disseminated to Group members for consideration prior to this meeting.</p> <p>The group discussed and agreed on a conclusive action plan to take from the patient survey. Key areas of discussion and agreed actions as follows:</p> <p>A1 - Getting through on the telephone - 90% of respondents either find it very easy or fairly easy to get through to the practice on the telephone.</p> <p>The group agreed that this was an excellent response (and an improvement on last year where 78% found it very easy or fairly easy). No formal actions were identified, although the group agreed to repeat this question on all future surveys.</p> <p>B2 – Access Within 2 Working Days – 57% of those who had tried to access a Dr within 2 working days were able to do so. 87% of those who had tried to access a nurse within 2 working days were able to do so. The group agreed the response for nurses was acceptable; however more immediate access to Drs could be looked at.</p> <p>Actions points agreed as follows:</p> <ul style="list-style-type: none"> • Feedback this information to the practice access group for further consideration. • Re-assess access later in the year when additions to the clinical team have been established. <p>B3 – Duty Dr – 72% of respondents were offered a telephone call back from the Duty Dr (if they felt that they needed to be seen before the next available appointment).</p> <p>It was agreed that this was a satisfactory response, & that the remaining 28% would have been offered an alternative. The Group felt that patients now have a high level of awareness about the Duty Doctor system & that reception staff would ensure that anyone needing to be send urgently would be. Additional comments about the duty doctor system were largely positive. No actions identified.</p>	

B4 – Booking Ahead – 87% of those who tried to book ahead were able to get an appointment with their preferred doctor, & 94% could do so with their preferred nurse.

Again, this was an excellent response with no further actions to take other than to continually monitor patient access via the Access Group periodically. Some patients reported that there can be a long wait to see their preferred clinician, however, this is as to be expected taking into account leave, part-time working and covering at City Campus.

C5 – Cleanliness of the Practice – 76% of respondents found the practice to be very clean & 23% fairly clean.

Action – The practice has recently changed cleaning contractors and will continue to monitor standards in line with CQC requirements. The infection control lead (nurse Katie) will conduct spot checks and report back.

C6 – Reception Staff – 321 and 83 respondents reported that they find the receptionists very or fairly helpful and polite respectively. Additional comments were largely positive.

Actions:

- Congratulate & feed individual comments back to the reception team.
- Provide customer care refresher training as necessary. Continue to update support staff on procedural changes & new developments as required.
- 1 comment about being overheard – Notices in place, but look at the possibility of incorporating a queuing line at reception.

C7 – Late Arrivals – The majority of respondents do not feel that it is acceptable to arrive more than 5 minutes late for an appointment; however other patients felt that it was permissible to arrive later than that. Some patients commented that it depends on external factors, and others that clinicians sometimes run late themselves.

Action:

- Take this to the clinical group and formulate a ‘Late Arrivals’ policy for implementation in the practice.
- Advise patients of the impact on arriving late for appointments via the newsletter & website etc.

D8 – Consulting with a Doctor – Extremely positive response and no key developmental areas to highlight at this stage. Extra comments have generally been positive, although a few patients suggest that the level of service depends on the specific doctor.

Actions:

- Feed this back to the doctor team (including comments made).
- Next survey should focus on obtaining specific feedback for individual doctors.

D9 – Consulting with a Nurse – Again, a very positive response overall. No major areas of development highlighted. Many complimentary comments received.

<p>Actions:</p> <ul style="list-style-type: none"> • Feed this back to the nurse team (including the comments made). • Incorporate a mechanism for patients to leave some individual nurse feedback on the next questionnaire. <p>E10 – Practice Services – An improvement on the last survey with a greater proportion of respondents confirming that they are aware of the extended opening hours, website & online repeat prescription service. Less than half of respondents know about the ability to book double appointments however.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Continue to publicise all services in practice, via the website and practice newsletter. • Re-vamp the practice website so that it is more appealing to the eye & is easier to navigate. • Investigate the logistical and financial implications of having a custom screen for the waiting area. <p>F11 – Overall Satisfaction – Excellent response with 73% of respondents being very happy with the service provided and 23% being fairly happy. Comments were largely positive.</p> <p>The Group agreed that this was a satisfactory response and no formal actions were identified.</p> <p>G12 – Health Promotion Events – Some keen interest in attending health promotion events at the Practice. The most popular theme was an educational session on ‘Diet and health eating advice’.</p> <p>Action – Take this back to the clinical group and organise an event to be held over the forthcoming year.</p> <p>Patient Demographic – The group was pleased that the survey had reached out to a representative mix of our practice population as depicted in the age, gender, employment status and ethnicity charts. The variety of responses fits our practice profile.</p> <p>Comments – Many positive comments were received, the majority of which were based on the politeness/ helpfulness of the staff.</p> <p>There was a mixture of areas mentioned for development, most of which combine with areas mentioned above. It was noted that the car park can be slippery in winter. Susie agreed to liaise with the contractors who maintain the grounds to see if they can offer an additional service during icy/ snowy weather.</p> <p>A full report will now be produced and publicised on the practice website in due course.</p>	<p>Natalie</p>
<p>6. NHS Health Checks</p>	
<p>The NHS Health Check Programme is a systematic prevention programme that assesses an individual’s risk of chronic disease in those aged 40 – 74 years. It consists of a face to face assessment with a GP followed by risk management advice and interventions.</p>	

<p>Sheffield should be looking to deliver this Programme in the next financial year by offering an Enhanced Service to patients. The Practice has already begun work to implement this & will be sending out invitations to patients on a rolling programme from the summer. A recall system will then be put in place every 5 years.</p>	
<p>7. Practice News</p>	
<p>New Salaried GPs – Dr Chandika Brennan and Dr Rachel Shelston have recently joined the practice.</p> <p>Staff News ~ Dr Sarah Allum has given birth to a beautiful baby boy named Henry. Dr Lindsey Thomas will be covering her maternity leave. Dr Julie Endacott has started 2 sessions per week working for the Commissioning Group.</p> <p>111 Service ~ We are currently working on the phone system to allow switch over to the new 111 service (which is replacing NHS Direct as of 5th March). 111 is a 24 hour call handling service for non emergency problems. The practice is unsure about whether we are permitted to publicise this service at the present time.</p>	<p>Susie/ Natalie</p>
<p>8. Any Other Business</p>	
<p>1). PPG - The practice will endeavour to recruit some additional Group members over the next few months.</p> <p>2). Practice Leaflet – Several spelling and grammatical errors have been found on the practice leaflet. The leaflet is in fact produced in-house and as such can be edited and updated as necessary. Mr Green kindly offered to proof read it – this was welcomed by the Group.</p> <p>3). Epilepsy – Mr Khan kindly agreed to bring along some information about the Epilepsy service at the hospital.</p>	<p>Leslie</p> <p>Charlie</p>
<p>9. Date & Time of the Next Meeting</p>	
<p>The next meeting will take place at 6pm on Thursday 18th April 2013</p>	