

Norden House Surgery Patient Involvement Group Annual Report 2013/14

Background

The patient involvement group at Norden House Surgery was established in January 2005. The membership originally grew from the membership of the 'Friends' Committee but the establishment of Terms of Reference for the Group (see appendix 1) which include agreement on recruitment of members and length of time that patients can serve on the group, have seen the membership change considerably over the intervening years to the point now where both groups have very different memberships and 'raison d'être'.

Work of the Group in the Last Year

During the last year, membership of the Group was affected by retirements. By the September meeting membership was down to 4. This made meetings difficult and achieving set objectives challenging. A robust recruitment campaign was planned including advertising on the website, the screen in the waiting room, Facebook site, posters and flyers in the medicines bag.

It was agreed to recruit as many as possible and if necessary change the Terms of Reference to reflect any new membership. The view was that more than currently required by the Terms of Reference was better as not everyone can attend every meeting and as such we would always have reasonable numbers at meetings.

The recruitment campaign was very successful attracting eight new members and growing the numbers to 12.

Current membership of the Group is as follows:

Mr Peter Saxton
Mrs Debbie Scott
Mr Alan Eatwell
Mrs Jill Lord
Mrs Shirley Oldham
Mrs Rose Scott
Mrs Helene Roberts
Mr Peter Scott
Mr Norman Gibbard
Mr Ian Hook
Mr Joseph Beckett
Mr David Whinyates

The new Group met for the first time at the end of January and are familiarising themselves with the work of the Group.

In last year's review objectives were set as follows:

1. That patients know that Patient Involvement Group reviews Practice complaints.
2. A prominent board in the waiting room to show the number of DNA's in the previous week/month. Ongoing information to the Practice Population about these difficulties.

3. A higher profile for the group so that patients can identify who can represent them and who to talk to. To consider (with everyone's agreement) photographs on the website and photographs on the notice board in the Norden House waiting room.
4. More dialogue with practice staff at meetings; Ten-minute slots just to identify the Group to representatives of the various teams in the practice (a GP representative at one meeting, a practice nurse at another, a member of admin staff at another) and to highlight to staff that the Patient Involvement Group is trying to be a link between patients and staff so that we can perhaps put their perspective on occasions; This would help the group understand the staff perspective better and enable them to represent the staff better in conversations with other patients.
5. To put a short piece in the Winslow Parish News to highlight the existence of the Patient Involvement Group – consider ways of communicating with patients that do not have access to a computer and who do not necessarily attend the surgery often.
6. Consider with practice staff the provision of information to patients (e.g. new patient leaflet, provision of leaflet with details of helpful health organisations with contact details/websites/telephone numbers.)
7. Revisit the terms of reference to look at numbers on the Group and membership rotation.

Progress against these objectives was as follows:

1. Patient Involvement Group minutes published on the practice website and appended to the annual reports. Need to investigate the availability of a noticeboard for the Group.
2. DNA's now published weekly on the waiting room screen as well as a poster. Need to develop a more robust approach for informing the practice population about this.
3. Need more work on the profile of the group. Have discussed with new membership potential models, e.g. representative from Mursley who provides local focus for information/debate about the practice. Need a coordinated approach. Previous membership seemed reluctant to develop the photo board. Needs to be explored with the new membership.
4. The attendance of practice staff at meetings needs to be explored further, for example does the group wish for staff to attend by invitation or be a part of the Group and which staff should that be?
5. Information has been placed in Parish Newsletters. This needs revisiting and needs to be part of a concerted plan of communication with the practice population.
6. Practice leaflet reviewed by the Group in the last year. Range of literature to be considered.
7. Revisiting the Terms of Reference has been delayed to allow the new group to form. It is planned to do this at the next routine meeting in May 14.

**At the next scheduled meeting it is planned to revisit the direction of the Group.
The following objectives to be looked at:**

- Terms of Reference, in particular the number of members of the group and retirement policies.
- Does the Group wish to lead/chair itself and set its own agenda. The profile of the Group.
- The role of practice staff in the work of the Group.
- How the practice population should be communicated with. Revisit the format of a Patient Involvement Group newsletter.
- Representing patients, how is this best done?
- Devising the next patient survey.
- Ongoing review of complaints and sharing this?

**Noel Ratcliffe – Practice Manager
March 2014**

NORDEN HOUSE SURGERY
Drs Fairfield, Dickson, Straker, Mason & Ramasamy
Patient Involvement Group
Tuesday 28th May 2013

Present:

Mrs Jill Lord
Mr Kieth Dedman
Mrs Debbie Scott
Mrs Shirley Oldham
Mrs Christine Dodds
Mrs Joan Poole
Mr Noel Ratcliffe (Practice Manager)

Apologies for absence:

Mr David Saunders
Mr Alan Eatwell

1. Minutes Of The Last Meeting

NR introduced Debbie Scott to the Group.

Minutes of the last meeting were accepted as a true record.

No other matters arising from the minutes.

2. Update on Practice Business.

NR updated on recent developments at the Practice.

Acknowledged that he had not yet done anything about inviting different members of staff to the meeting.

3. Practice Leaflet

Several inaccuracies identified. Meeting happy with the appearance of the leaflet.

DS had a number of suggestions for changing the booklet. She will make sense of her notes and pass to NR.

JP pointed out that a lot of the relevant info in the booklet is now available on the Website/Facebook site. NR explained that in the main these booklets are handed to new patients of the practice.

4. Complaints Review 2012

NR had circulated this for the first 5 months of the year. Numbers of complaints very high. Large proportion relate to difficulties getting an appointment.

Practice still carrying a Doctor vacancy and recent recruitment campaigns have been unsuccessful. Patient numbers in the town are slowly rising as new housing is built. General debate about patient expectations and how this might be managed.

Some discussion about the use of the NHS Choices website and how those happy with the service might be encouraged to post to provide some balance.

4. PIG Annual Report.

NR had precirculated the PIG reported. This has been posted on the practice website for the last two months.

Reviewed the objectives for the coming year with the Group.

SO described how she works within her village as a link between the village, the PIG and the practice.

DS suggested it might be good to set up a table in the waiting area 'manned' by the Group and do this during flu clinics, surgeries etc.

5. Any Other Business

No other Business.

Next mtg Wednesday 18th September @ 1pm.

Noel Ratcliffe
Practice Manager

NORDEN HOUSE SURGERY
Drs Fairfield, Dickson, Straker, Mason & Ramasamy

Patient Involvement Group
Wednesday 18th September 2013

Present:

Mrs Jill Lord
Mr Alan Eatwell
Mrs Shirley Oldham
Mr Noel Ratcliffe (Practice Manager)

Apologies for absence:

Mrs Debbie Scott

1. Minutes Of The Last Meeting

NR Informed the meeting that there have been 3 retirements since the last meeting. Thanks were extended to Mr Kieth Dedman, Mrs Christine Dodds and Mrs Joan Poole for their contributions over the last three years.

Minutes of the last meeting were accepted as a true record.

No other matters arising from the minutes.

2. Update on Practice Business.

NR updated on recent developments at the Practice. Two new lady Doctors commencing from the beginning of October. Dr Wendy Loukes and Doctor Nini Hlaing.

Acknowledged that he had not yet done anything about inviting different members of staff to the meeting. Asked the meeting which staff they would most like to meeting. Consensus was that it would be interesting to meet a variety of different staff over different meetings.

Amended Practice Leaflet as reviewed at the last meeting is now being distributed to patients.

3.Flu Clinics

Flu clinics are about to commence and it had been discussed that the Group might like to have a presence. Agreed that given current low membership it might not be practical. Christine Dodds, a former member of the Group is now working with the 'Winslow Big Society' Group and they plan to attend the flu clinics.

4. Complaints Review Quarter 2 2013

NR had circulated this for the period June to Sept 2013. The number of complainants has shown a significant decline in the summer months. Felt to be very encouraging. Complaints that had occurred were often related to causes that were out of the Practices control, such as supply issues with Travel Vaccinations, difficulties with the newly implemented child health recall system, unrealistic timescales around the issue of prescriptions and subsequent dispensing of medication.

Some more positive comments on the Patient Choices Website.

5. Membership of the Group.

With recent retirements membership of the group has become very low. NR to seek to recruit new members. Usual mechanisms such as Website, Facebook, Posters and notes in patient medicine bag.

5. Any Other Business

No other Business.

Next mtg – NR to circulate some dates after we have tried to recruit.

Noel Ratcliffe
Practice Manager

NORDEN HOUSE SURGERY
Drs Fairfield, Dickson, Straker, Mason & Ramasamy

Patient Involvement Group
Tuesday 14th January 2014

Present:

Mr Peter Saxton
Mr Alan Eatwell
Mrs Shirley Oldham
Mrs Helene Roberts
Mr Norman Gibbard
Mr Ian Hook
Mr Joseph Beckett
David Whinyates
Mr Noel Ratcliffe (Practice Manager)

Apologies for absence:

Mrs Debbie Scott
Mrs Jill Lord
Mrs Rose Scott
Mr Peter Scott

1. Minutes Of The Last Meeting

Recruitment to the group has been successful and there are a number of new members. Everybody introduced themselves.

Minutes of the last meeting were accepted as a true record.

No other matters arising from the minutes.

2. Introduction to the Role of the Patient Involvement Group.

NR explained how the group has functioned but pointed out that as there were new members it was a good opportunity to re-evaluate the role of the Group and make changes if required. With so many new members there would need to be changes made to the Terms of Reference and this should be an agenda item for the next meeting.

To date the Group had wished the meetings to be 'chaired' by the Practice Manager but NR very open to a different way of doing things. Proposed this is given thought for discussion at the next meeting.

3. Complaints Review 2013

NR had pre-circulated the annual complaints review.

DW raised the issue of the appointment booking system and its prominence in the Complaints review. NR gave a brief explanation of the evolution of the current appointment system. Highlighted issues around missed appointments and inappropriate use of appointments. DW and PS expressed that such explanation should be communicated to patients. Some discussion around how this might take place as a belief that patients become 'poster blind' after a while.

The issue of 'educating' patients around the appropriate use of clinician appointments also discussed. HR expressed the importance of patients utilising the skills of Pharmacists who she describes as better used in France.

NR reported that the Clinical Commissioning Group looking at alternative models of appointments and bookings to try and increase capacity. Models under consideration are predominantly 'Triage' type models which are not always liked by patients.

Record year for compliments about the practice was noted.

4. GP Data Extraction and Summary Care Records

NR explained the Summary Care Record which goes live at the practice in April. This is a brief electronic record containing name and address and details of drugs and allergies. This can be accessed by other clinicians with the permission of the patient. Patients are able to 'opt out' of this.

Shortly to go live nationally is the Care Data programme where the HSCIC (Health and Social Care Information Centre) will be extracting data directly from patient records for use with Health planning, research etc. There is an information exercise underway and leaflets should be arriving to patients homes in the next 2-3 weeks.

Again this can be 'opted out' of by contacting the practice. Some concern expressed by some at the meeting, PS feels we should not be concerned.

5. Care Quality Commission

NR reported that we are expecting inspection imminently. We will be given 48 hours notice prior to a team arriving. Practice not too sure what to expect. Has been described as OFSTED for Doctors surgeries.

5. Any Other Business

State of the Car Park raised as an issue. Condition of the surface, lack of parking for patients and the flooding around the path to Norden House Surgery. NR explained that the car park does not belong to the surgery and that the drainage is poorly maintained hence the problems. District nurses for North Bucks are now based in Winslow so car parking can be dominated by staff calling into base. NR has no jurisdiction over this so unable to change this.

No other Business.

Next mtg – NR to circulate some dates.

Noel Ratcliffe
Practice Manager

NORDEN HOUSE SURGERY
Drs Fairfield, Dickson, Straker, Mason & Ramasamy

Review of Compliments and Complaints for 2013

Complaints

In the year beginning 1 Jan 2013 to 31st Dec 2013 the practice has received 68 formal complaints, of which 29 were in writing (19 e-mails, 4 letters, 3 complaints forms, 2 NHS Choices website, 1 Comments/suggestion form), 8 were received in person and the remaining 31 by telephone.

Complaints can be broken down into categories as follows:

Nature of Complaint	Department complaint relates to	No of Complaints & percentage of total	Action taken as a result of the complaint	Comments
Complaints about the Consultation/clinical care.	Medical(12) Nursing(1)	13 (19%)	Each complaint dealt with on an individual basis and investigated with the clinician concerned. In each case resolution 'tailored' to the patients needs. This included further consultations and written apologies from the practitioner concerned if appropriate.	<p>Of the 12 complaints about Doctors 8 related to Locum doctors working at the practice at the beginning of the year and 5 of these relate to the manner of 1 of the Locum Doctors. The 4 remaining complaints related to clinical care provided. In all cases Doctors had followed recognised protocols but outcomes were not to the satisfaction of patients. In two cases SEA were carried out.</p> <p>The nursing complaint related to an error resulting in an incorrect vaccination being given. There was no risk to the patient.</p> <p>By way of perspective these numbers are small given that 50,700 face to face patient consultations were carried out last year.</p>
Complaints about the appointment system. These were largely about a lack of appointments, difficulty getting an appointment or difficulty seeing the doctor of their choice.	Surgery	23(34%)	<p>These continue to be at times of high demand and have coincided with the difficulties recruiting salaried Doctors. Two new salaried doctors in place from October 2013 which helps appointment availability.</p> <p>A lot of the complaints arise not because we cannot offer an appointment but because we cannot offer an appointment when the patient wants it.</p>	<p>Difficult area for the practice some patients can be unrealistic about what is achievable.</p> <p>83% of these complaints were received before the end of June 2013. Though the problem is greatly improved we are under no illusion that as patient numbers at the practice continue to grow and at times of high demand we will continue to experience difficulty. In the absence of new resources we will have to look innovatively at how we can increase capacity.</p> <p>Last year saw a 1% increase in the number of face to face patient consultations.</p>

Complaints about an error in the scheduling of childhood immunisations.	Practice	1(2%)	<p>Error resulting from the Child Health Scheduling system.</p> <p>Ongoing issues with CHIS.</p> <p>Generally the quality of recall is poor by the Childhood Immunisation service. Co-ordinator in the practice to 'double check' all lists received.</p> <p>Practice Manager sits on a Committee looking at the issues around recall.</p>	
Complaint around the need for two appointments to complete travel vaccinations due to supply issues with some vaccinations.	Practice	1(2%)	Well documented supply issues with some travel vaccinations.	
General complaints re the Dispensary	Dispensary	9(13%)	<p>Of the 9 complaints received 3 relate to prescriptions not being produced quickly enough for patients despite a clear and available schedule. Patients don't often appreciate that the time taken to produce and sign prescriptions needs to be factored into the timescale.</p> <p>2 relate to the phone in dispensary not being answered quickly enough.</p> <p>1 relates to an absent B Side(repeat medication request)</p> <p>1 complaint related to an occasion when a doctor ran late and that by the time the consultation was complete the dispensary was shut.</p> <p>The remaining complaints were general in nature expressing unhappiness with all things dispensary.</p>	Again this needs to be put in perspective, the dispensary issues around 2000 prescribed items a month (24000 a year) to patients.
Complaints from patients whose prescriptions are sent across to Lloyds the Chemist	Dispensary	3(4%)	<p>This relates to a tendency for Prescriptions being lost at Lloyds and patients being sent back to the practice to replace the prescription.</p> <p>In one case a patient was complaining because she had requested her prescription to remain at the surgery for collection and we had mistakenly sent it across to Lloyds.</p>	.

			<p>We log all prescriptions that are sent across as we were often being blamed for the loss. Despite identification of the problem it continues to occur hence the request from some patients to not have their prescriptions sent across but to remain with us for collection</p> <p>Alerts are placed on the records of those that wish to collect their prescriptions.</p>	
Complaint about the fee charged for a letter deemed non NHS work.	Admin	1(2%)	Complaint was received even though patient was aware of the charge prior to requesting the letter and the fee was clear.	Belief on the part of the patient that all work done at GP practice should be free.
Complaints regarding delays in the running time of a surgery.	Medical	3 (4%)	2 occurred on days when the duty doctor had to deal with an unscheduled emergency.	In this case the lateness was unavoidable due to an emergency in the surgery. Explained to the complainants. One related to DS Clinic running late.
Complaints regarding the Telephone system and getting through in the morning	Admin	3(4%)	<p>Phones are very busy in the morning. 2 extra lines added at the start of last year. Difficulties despite 8 available lines.</p> <p>Encouraging patients to book appointments on line.</p>	
Complaints about the manner of a receptionist.	Reception	5(7%)	<p>Each complaint was responded to either by letter or with a telephone call.</p> <p>Incidents investigated, staff spoken with where necessary.</p>	<p>Can be difficult for receptionists when the capacity of the surgery is stretched.</p> <p>Patients can become aggressive when unable to get an appointment that suits. Verbal abuse is quite common.</p> <p>That this has not resulted in any substantive complaints about the Reception Team demonstrates how skilfully they manage these difficult circumstances.</p>
A complaint about out of date information being given to a patient over the phone.	Reception	1(2%)	Apology given, information updated.	
Complaints relating to referrals being made on behalf of patients	Admin	3(4%)	In all cases secretaries chased up the referrals on behalf of patients, in all cases the fault was not at our end but as a result of errors or delays at the other end.	
Complaints from patients that turn up expecting an appointment and there is no coinciding appointment on our system.	Reception	2(3%)	It is impossible to know whether the mistake is ours or theirs. In both cases we apologised and sought to resolve the solution.	

Compliments

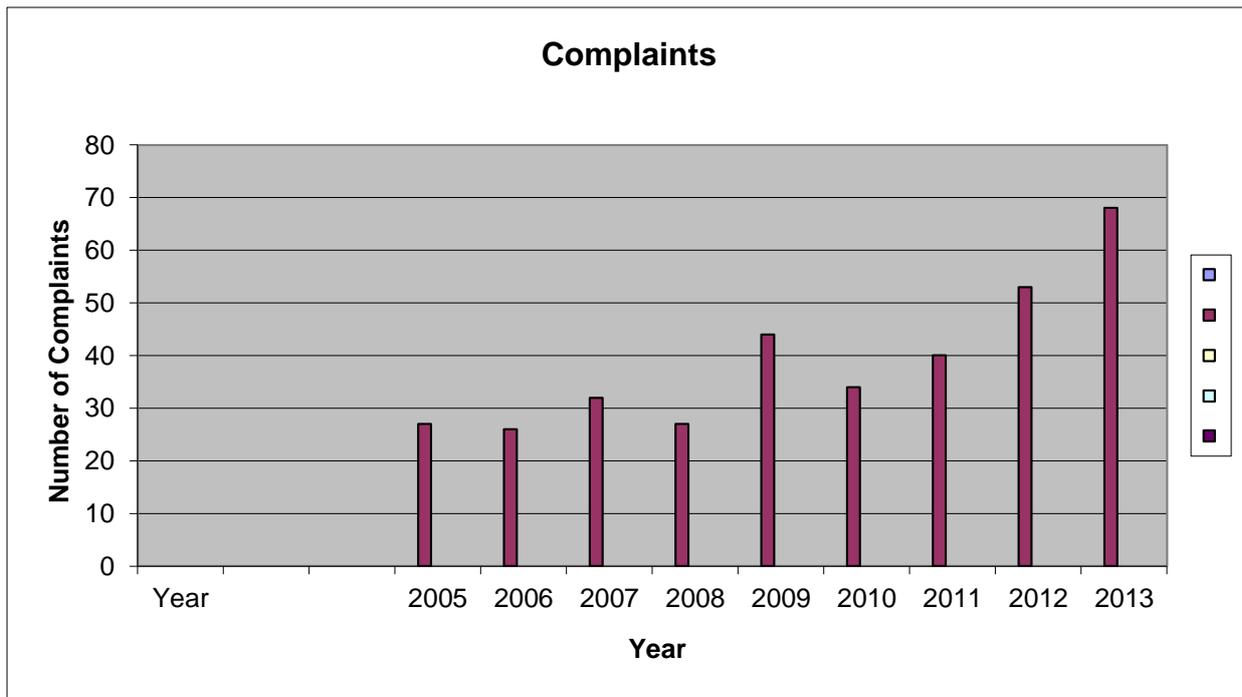
We have received 64 compliments this year (46% increase).

Compliments received as follows:

- 24 were about our doctors and their clinical care.
- 5 compliments about our nursing team.
- 15 about our reception team.
- 5 Compliments about Dispensary.
- 4 Compliments about the Practice Manager.
- 1 Compliment about our admin team.
- 1 Compliment about our online services.

Emerging Themes and Questions

- Complaints are up on last year (22%).
- 19% relate to our clinical care (compared with 31.5% last year)
- 34% of complaints relate to the appointment system. This is down from 47% last year. The practice population has increased by 183 patients and face to face consultations are up by 302 which suggests that meeting demand will continue to be an issue.
- Increasing number of patients using the NHS choices website. This has generated 5 comments about the practice this year, 3 very complimentary and 2 not. Difficulty with this is that these are often anonymous and as such difficult to address by the practice.



NORDEN HOUSE SURGERY

Drs Fairfield, Dickson, Straker, Mason & Ramasamy

Patient Involvement Group

Terms of Reference

Aim of the Group

To provide the patients perspective on the working and development of services at the practice.

This will include constructive feedback on:

- ❑ New developments at the surgery.
- ❑ New developments within the NHS and change flowing from this.
- ❑ The patient experience at the surgery.
- ❑ The patient/lay person's view of customary practice at the surgery.

Representation on the Group

The Group will have 7 Patient members and 2 representatives from the surgery team.

Each Patient member will serve for a maximum period of 3 years at which point they will retire from the Group and a successor will be sought. In some circumstances it might be necessary for a member of the Group to continue serving, in such circumstances a further period of 3 years may be granted by a majority agreement of the Group.

Meetings

The Group will meet 3 times a year. Extra meetings can be called if necessary with the majority agreement of the Group.

Meetings will be 'chaired' by one of the representatives from the surgery, preferably the Practice Manager. Other members of staff may be invited to attend the meetings as necessary in relation to items tabled for discussion.

Each meeting will be agenda driven. Preparation reading will be circulated prior to the meeting.

Ground Rules

- ❑ The meeting should not be the forum for personal 'Gripes'.
- ❑ Criticism is good but it needs to be constructive.
- ❑ Meeting content should remain focused on 'feedback' and it is not the role of the group to become involved operationally.
- ❑ Avoid personal comments in meetings.
- ❑ Respect each other's contribution.