

Norden House Surgery Patient Involvement Group Annual Report 2011/12

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 to Date

The work of the Group has been varied over the years considering issues 'small and large' and giving the patients view on matters that include:

- Premises.
- Maintenance and provision of facilities for patients.
- The appointments system.
- Review of Complaints at the surgery.
- The local chemist.
- The Practice dispensary.
- Results of the patient survey.
- 28 day prescribing.
- Waiting Room furniture.
- The Practice Website.
- The work of other patient involvement groups.

The Group meets 3 to 4 times a year and considers numerous issues of which the above are just a few.

Some issues require a small amount of discussion, whereas others have involved more input and work and I would like to look at some of the bigger issues in more detail as they still continue to be important for the membership of the group. (appendix 2)

Premises

The Patient Involvement Group first started discussing the issue of premises in 2007. The Practice had been in discussion with the PCT regarding new premises development for at least 5 years and as patients of the practice the group wished to know why there had been no progress to date. Patient dissatisfaction with the premises, particularly access to the premises, appeared on a regular basis in patient surveys and members of the group had witnessed elderly patients struggling with the stairs. (see inserts below from patient surveys)

there anything that could be improved?

A new Health Centre for the benefit of Doctors, Patients & access.

Any other comments?

work in less than ideal circumstances. Patients, many elderly, like myself, have stress to enter the premises and to reach the consulting rooms.

is there anything particularly good about your health care?

I consider that the practice gives remarkably good service, in view of the overcrowded conditions under which it has to operate.

is there anything that could be improved?

ALTHOUGH THE PRACTICE OPERATES EXTREMELY WELL IN THE PRESENT PREMISES, IDEALLY, IF FUNDS WERE MADE AVAILABLE, LARGER PURPOSE BUILT PREMISES WOULD BE BENEFICIAL TO GPs, NURSES, STAFF, AND OF COURSE, PATIENTS.

The Group wrote to the PCT Chair Stewart George and 'lobbied' for a resolution. They invited Stewart George to the surgery to meet with the Group and showed him 'first hand' some of the issues.

While it has not been possible to fund a new premises development, the PCT has facilitated the use of half of the neighbouring Winslow Health Centre. This has undergone a major refurbishment last Summer and has been able to provide the practice with six new clinical rooms and as a consequence improved the amount of Ground Floor access for patients. The practice has

also secured an agreement in principle to purchase the Health Centre. The Groups input to this project has been ongoing.

Review of Complaints

The Group has requested to be provided with a summary of complaints against the practice so that issues can be identified and discussed at Involvement Group Meetings.

Anonymised reports are produced three times a year for discussion at the Involvement Group Meetings.

Appointments System

There is ongoing discussion about the appointments system as this is identified by patients through surveys and review of complaints. As a result of discussions a review of appointments was undertaken and the report shared with the group. Despite the review and the proposals within it the pressure on the appointments system has not eased. In the last year the Group has wanted to look at the issue of patients that 'Do Not Attend' for 'booked' appointments. This is a significant problem for the practice with between 6 and 30 appointments lost every week. (On average 15 appointments per week or over one whole clinic).

Annual Review of Patients Survey

The group reviews patient's surveys on an annual basis and identifies priorities for consideration arising out of the survey.

Patient Engagement in Commissioning

With the advent of the new Health Bill and a proposed emphasis on patient input into future commissioning plans. The Northern Locality of the new Aylesbury Vale Clinical Commissioning Group has moved to set up a Patient engagement group for the northern locality. As a means of doing this quickly and effectively, representation has been sought from existing groups. Two members of Norden Houses Patient Involvement Group have been co-opted onto the new group to give the patient perspective on Commissioning 'going forward'. (Appendix 3)

Objectives for the Coming Year.

In light of central guidance now available on the work of Patient Participation Groups in GP Practices, the group has looked at the 'make-up' of the group and considered whether it is representative of the current patient population. It has always proven difficult to recruit to the Patient Involvement Group and a number of different methods have been used. The practice has advertised on the TV Screen in

the waiting room, posters on the walls and on the practice website (Patient Involvement Group has its own pages) as well as via advertisements placed in local parish magazines.

The group has always been keen to spread information about its work more broadly and this is reflected in the objectives that have been agreed for the coming year.

1. Raise the profile of the Patient Involvement Group and its terms of reference.
 - Picture Board of members of the Patient Involvement Group.
 - Central Communication Point for the Patient Involvement Group so that patients can communicate directly with them.
2. 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.)
3. Consider ways of engaging with local population - e.g. Facebook/Twitter, Parish Magazine, local notice boards, local groups, schools/nurseries/playgroups, local press (not forgetting the areas surrounding Winslow).
 - Proposed producing a Patient Involvement Group newsletter to be handed out at reception, put in Dispensary bags etc.

It is likely that recruitment to the Group will always be difficult, particularly among those groups of patients currently under represented, there is a hope that by increasing awareness and being more inclusive this might be redressed in future.

Noel Ratcliffe – Practice Manager
March 2012

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 8 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.

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

Patient Involvement Group
Wednesday 9th November 2011

Present:

Mrs Christine Dodds
Mr Norman Hide
Mrs Joan Poole
Mr. Keith Dedman
Mr Alan Eatwell
David Saunders
Mr Noel Ratcliffe (Practice Manager)

Apologies for absence:

Mrs Deena Christie

1. Minutes Of The Last Meeting

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

NR informed the meeting that David Essam and Gwen Owen have both withdrawn from the Group. NR introduced David Saunders to the meeting. David is a member of the 'Friends' Committee and NR has encouraged him to join the PIG.

NR reported that works in the Health Centre are all but complete. The Nursing Team has moved in and the Duty Doctor will be joining them next week. CD wanted to know the plans for the downstairs rooms in Norden House.

NR informed the meeting that it is planned to decorate both rooms, then establish room 2 as the downstairs consulting/clinic/emergency room. It is planned to move Dr Fearon into room 3 for the 3 days a week she is here. The remainder of the time room 3 will be used for downstairs consultation.

On a daily basis anyone seeing a nurse, the duty doctor or Dr Fearon will always be seen on the ground floor. For those others needing to be seen downstairs there is always room 2 and room 3 for half of the week.

Room 7 on the middle floor which was formerly a nursing clinic room has been taken out of use for seeing patients. It is inadequate and is to be used by the dispensary team for the preparation of monitored dosage packs for patients.

No other matters arising from the minutes.

2. Patient Engagement in Commissioning.

NR reported on the development of GP commissioning in line with the Governments Healthcare reforms. Local practices all meet monthly in preparation and are working much more closely together.

An important part of the reforms is the inclusion of the Patient Voice in any commissioning plans. To this end a Patient Engagement Group has been set up to represent the patients of Norden House and all the Buckingham Practices. To speed its formation representatives from each surgery were nominated by the practice. In our case AE and CD have volunteered to join the group. They have been joined by Frank Donlan another patient of the surgery. It is early days in the formation of the group, they have met twice and have drafted Terms of Reference.

3. Complaints Review

NR had circulated this for the year to date in advance.

4. Patients That Do Not Attend.

JP had requested details of the numbers of patients that do not attend appointments thus wasting appointments for those that actually need them.

Further JP wanted to know:

- How the surgery respond to these DNA's?
- Are the appointments more often those pre-booked in advance?
- If we have patients repeatedly missing appointments what do we do about that?
- Is there a different way of booking appointments eg blankclinic/sit and wait your turn.

NR had prepared data as requested. There is little that can be done to help with this problem, it is a national problem. Some practices have experimented with reminder text messages sent to all patients reminding them of their appointments. This approach has had some success but is very labour intensive.

There are posters around the surgery, messages on the TV screen in the waiting room encouraging patients to let us know if they need to cancel, and early enough to allow us to reuse the appointment.

As to the type of appointments there is no particular pattern. It is not necessarily those booked in advance. We have had cases where patients book an appointment in the morning and fail to turn up in the afternoon. JP questioned why patients would want to book in advance. NR reported that it was useful for a variety of patients, those that want to book a non-urgent appointment, those that work, those that the doctor wants to follow up at intervals. AE reported that he finds this useful, he books his via the internet.

There is a clear practice policy as to how we manage those patients that repeatedly fail to turn up. NR shared a copy of the policy with those that were interested.

NR provided explanation about the 'mixed economy' of appointments, how it had developed in line with Government initiatives and how it was part of our contract with the NHS/PCT. 'Sit down and wait' clinics are discouraged by the PCT.

5. Developing Patient Engagement at Norden House

The formation of Patient Groups is now being actively encouraged by the Government. There is an emphasis on making them as inclusive as possible and that the group develop clear objectives/areas for development for the surgery. NR encouraged the group to give this some thought so that we can develop an action plan.

NR also asked whether the surgery should be considering other means of communication to disseminate information broadly to patients and to gather their opinions. Some surgeries have experimented with Facebook and e-mail lists/newsletters. Some enthusiasm from the meeting. NR to look into the feasibility of this.

5. Any Other Business

DS introduced himself and explained his interest in coming to the meeting. Has raised concerns re the flooding of the car park and the possibility of a solution, maybe funded by the Friends. NH a former Friends Committee member felt this was not appropriate for Friends funding but was very keen to see the problem resolved. NR explained that the car park belonged to the PCT and that he had no authority to sanction work in it. He has reported the problem to the PCT, in particular the drains that are clogged with leaves/moss and probably tree roots. NH requested that NR contact the PCT again re this.

The next meeting of the P.I.G. was scheduled for the 25th January 2012 at 1.30pm.

Further Meetings for the year:

13th June 1.30pm.

17th October 1.30pm.

Noel Ratcliffe
Practice Manager

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

Patient Involvement Group
Wednesday 25th January 2012

Present:

Mr Norman Hide
Mrs Joan Poole
Mr. Keith Dedman
Mr Noel Ratcliffe (Practice Manager)

Apologies for absence:

Mrs Christine Dodds
Mr Alan Eatwell
Mrs Deena Christie

1. Minutes Of The Last Meeting

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

Works in Winslow Health Centre now complete. Nursing Team and duty Doctor have moved across from Norden House surgery. Room 2 in Norden House has now been set up as a generic Clinical Room and our new salaried doctor, Dr Alison Fearon is now seeing patients from room 3. Both rooms have been refurbished.

Some concern expressed by the meeting that not all building waste has been cleared from the site and that there are ongoing issues with the drainage of the car park, maintenance of the grounds and remedial work to kerbs, gulleys and the surface of the car park. NR explained the difficulties of getting this done as the Health Centre is a PCT site but agreed to convey a letter from the PIG to the relevant manager.

No other matters arising from the minutes.

2. Patient Engagement in Commissioning.

NR had been unable to attend the last meeting of this group and had hoped that AE and CD could update the meeting.

3. Complaints Review

NR had circulated this for the year 2011 in advance.

4. Objectives For The Patient Involvement Group For The Coming Year.

NR had circulated some proposed objectives from CD.

These were generally accepted with some proviso's.

It was agreed that a picture board of the Group might be helpful there was general disagreement with publishing personal addresses/e-mail addresses. Suggestion of an Involvement Group suggestions box was made.

NR felt it important that the Group remained separate from the operations of the Practice, such as admin, manning clinics etc however felt that help with newsletters, website, Facebook etc would be very helpful. JP proposed the production of an Involvement Group newsletter which could be circulated via reception, dispensary bags etc.

NR felt that it would be helpful for the PIG to review current practice documentation.

NR proposed producing a document for presentation to the Group within the next month based on CD's proposals and the discussion at this meeting.

Discussion around whether it would be helpful to be involved in devising the next patient survey.

5. Facebook and Twitter

NR had pre-circulated an article looking at the differences between Facebook and Twitter. Discussion around the perceived usefulness of this to the surgery and or the PIG.

Agreed to explore setting up both, NR to discuss this with the doctors.

5. Any Other Business

No other Business. The next meeting of the P.I.G. was scheduled for the 13th June 2012 at 1.30pm.

Further Meetings for the year:

17th October 1.30pm.

Noel Ratcliffe
Practice Manager

Patient Engagement Group Meeting 5th March 2012

Those present

Jonathan Pryse
Alison Banks
Frank Donlon
Christine Dodds
Paul Singleton
John Wrigley
Carol Penny
Lynne Dunford
Debbie Ratu

Apologies

Noel Ratcliffe
Peter Roberts has resigned

Graeme Johnston
John Smith

Item 1

Reminder with regards to change of date for the Locality Meeting now Friday 16th at the North End Surgery 12.30, due to meeting with Milton Keynes hospitals with reference to the urgent care use and MK being the primary provider for the Buckingham / Winslow practices.

Item 2

JP updated the group on current issues and projects

- £2 per head access money business case. The North Locality decided to use some of this money to look at MK usage in relation to urgent care, reviewing A&E data and emergency admissions. Another stream is the MK Rapid Access Intervention Team, to see how their integrated approach may lead to a reduction on resource use for unplanned care. We intend to share the outcomes of this work with the group, and build better relationships with Milton Keynes .
- Discussion took place around A&E use and OOH cover and the availability of services outside of normal working hours, and how these could be re-commissioned differently.
- The south of the county are doing similar work concentrating on Heatherwood and Wexham / Oxford hospitals

Item 3

Issues raised by PEG members

- Better Healthcare in Bucks for a future agenda item, and following comments related to Item 2 and The Better Healthcare in Bucks consultation.

- Service changes have been mentioned but affecting smaller numbers, meaning re-configuration of services being done to rationalise resources and the availability of services geographically.
- Services at WGH are unlikely to be utilised by North Bucks residents as a one off or in an emergency, when JR, SMH and MK can offer all necessary services including hyper acute services.
- The geographical issues do become more difficult however if patients are started on certain treatment pathways as most are geared towards SMH and WGH.
- Organisational boundaries and community services availability

Item 4

United Commissioning will close as a LLP on 31st March 2012. Dr Johnny Marshall will be stepping down as GP Chair and a new GP Chair, governing body and executive team will be recruited/elected. March will be busy and yet from 1st April will be a Clinical Commissioning Group in shadow form, working towards authorisation as a statutory body.

Item 5

Recruitment for other members of the group would be appreciated if we can engage any younger patients or those from Black Minority Groups, if anyone can encourage any friends or relatives this would be great. Group to think of alternative ways to reach out to all local population, including social media or advertising.

Item 6

Directory of Services for 111 - Plea to all for current community/voluntary services available that can be incorporated into the directory. Suggestions from the PEG would be gratefully received please send to Deborah.ratu@nhs.net

Suggestions to follow up:

Lynne Maddox

Jane O'Grady

Community Impact Bucks

Stephen Townsend – Buckingham Way

Carers Bucks and North Bucks Carers

AOB

Dementia update meeting – Wednesday 18th April – Community Centre Buckingham. As a follow up meeting to the September 2011 event. Also pilot and publicity for early diagnosis dementia. Open to all public, carers and patients.

Bucks Community Hospital – The new contract will be negotiated and commissioned by BHT. The CCG will not have responsibility for the commissioning of the medical cover and provision. Outcomes issues and influences from the PEG would still be welcomed to feed into BHT.

Further meetings – Discussion took place about future meeting and general consensus was that the group were happy to continue with the 2 monthly evening meetings whilst we all find our feet and yet all are welcome to the locality meetings as publicised.

The meeting closed at 8pm, the next locality meeting will be 16th March 12.30 at North End Surgery and then 4th April 2012 at Buckingham Community Centre and the next evening meeting will be 21st May 2012 7pm at North End Surgery.