

Norden House Surgery Patient Involvement Group Annual Report 2012/13

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

Last year the Patient Involvement group set objectives for the coming year.

Most of these related to the make up and membership of the group and how the work of the involvement group might be more effectively communicated to the community.

The objectives set were as follows:

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.

The first edition of the Patient Involvement Group newsletter was produced and this has proved successful in attracting new members. In year, two of the existing committee retired and four new members have joined.

The practice has set up a Facebook page which has advertised the work of the Patient Involvement Group. The Practice Website has been completely redesigned with dedicated Patient Involvement Group pages that are clear and easy to find from the Homepage.

The other objectives are still to be met.

As with last year the group has undertaken a quarterly review of complaints and review of the annual Patients Survey.

The survey identified ongoing issues with the appointments system which have prompted ongoing discussion and debate. In particular the numbers of patients not attending for booked appointments. The group has looked at a number of measures that the practice might implement to improve this. In the last month software has just been installed designed to send text message reminders to patients about booked appointments. Early indications are that this is working well.

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

Objectives for the Coming Year.

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.

**Noel Ratcliffe – Practice Manager
March 2013**

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 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

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.

6. 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

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

Patient Involvement Group
Wednesday 11th July 2012

Present:

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

Apologies for absence:

Mrs Joan Poole
Mr David Saunders

1. Minutes Of The Last Meeting

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

NR updated the meeting about completed tasks around Winslow Health Centre as had been recommended at the last meeting. JP had written to Gillian Gibbs on behalf of the group to request the completion of works. In response drains in the car park have now been cleared along with the gutters and this has improved the flooding problems. Grounds maintenance staff are now carrying this out on a regular basis.

Broken kerbstones at the entrance do not belong to the Health Centre and are the responsibility of the council.

The Pear tree has been removed.

Builders waste remains.

No other matters arising from the minutes.

2. Patient Engagement in Commissioning.

AE and CD updated the meeting on the work of the Locality Patient engagement Group. Both are a little unsure as to the purpose/usefulness of the meeting though acknowledge that this might be because 'GP Commissioning' is still a work in progress.

Both also attend the Locality Commissioning meeting which has representation from the clinical/admin teams of each practice in Buckingham and Winslow. These meetings are more focused on commissioning services for patients and as such the patient voice is more important. NR thinks that these meetings may well replace the Patient Engagement Group meetings in the longer term. He explained that the northern locality is ahead of the game when it comes to patient engagement in commissioning but we are still feeling our way with this as there is not yet any guidance on what patient engagement should look like.

3. Complaints Review

NR had circulated this for January to June 2012 in advance. CD concerned about the number of complaints about Doctors. NR explained that this issue was under review and that he was not able to discuss the detail.

NR also gave background around current difficulties patients experience in getting appointments. This area constitutes 8 complaints in the year to date. Changes are being considered to appointments to try and improve things for patients though there is unlikely to be an easy fix. NR believes the principal irritant for patients is having to ring back several times to get an appointment. This is largely because of the 48 hour appointments being released in 'tranches'. The practice is considering getting rid of 48 hour appointments. These used to be a contractual requirement but this has now changed. The proposal is to have Book on the day and book ahead only. This will be done with careful scripting for receptionists so that we can ensure that appointments are allocated in relation to their urgency. There was general agreement that having to ring back to get an appointment is very irritating.

4. Patient Questionnaire.

There is a requirement to complete a patient questionnaire this year and NR was considering the subject areas for any questions. The following suggestions were made by the meeting:

Questions around continuity of care, can you see the Doctor you want? It was noted in the last national survey we had scored badly in this area.

How long patients wait to see the Doctor or Nurse once they arrive at the surgery? Does this matter?

How easy is it to get an appointment?

How about some questions about the Patient Involvement Group. Do patients know of its existence and if so do they know what it does? How could they support/ contribute to the work of the group.

NR to compile a draft survey and circulate it for comment.

5. PIG Newsletter

In the annual review it was mooted that we should devise a PIG Newsletter. All at the meeting felt this was a good idea. NR suggested that he pull together a one sheet draft and circulate for the Groups comments.

6. Membership of the Group

NR feels that the membership is currently a little light. If two or three are unable to come we are left with a small meeting. He proposed that we increase the size of the membership/ look for new members. A number of the current group are due to retire. NR suggested that if they were prepared to carry on we should wait until we review membership and accordingly the terms of reference. All agreed to this. NR requested that we give some thought to this.

7. Any Other Business

CD asked about well women/men checks. Did they still exist? NR explained about the National NHS Health Checks, for all those patients that are currently not receiving an annual check for a chronic Health Condition.

NH raised ongoing issues with the chemist. He has asked patients to report these to NR at the time they occur so that they can be passed on in a timely fashion.

Some issues raised around X-ray. NH described the issues around getting through on the phone to Buckingham Hospital to book an x-ray. AE wished to know what happens if your x-ray is cancelled by the Department? Is it automatically rebooked or do you need to see the GP again for re-referral. NR will find out about these issues from the x-ray department.

No other Business.

The next meeting of the P.I.G. is scheduled for October 2012. NR to be in touch nearer the time with suggested dates and times.

Noel Ratcliffe
Practice Manager

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

Patient Involvement Group
Tuesday 5th February 2013

Present:

Mrs Jill Lord
Mr Alan Eatwell
Mrs Shirley Oldham
Mrs Christine Dodds
Mrs Joan Poole
Mr Noel Ratcliffe (Practice Manager)

Apologies for absence:

Mr Kieth Dedman
Mr David Saunders

1. Minutes Of The Last Meeting

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

NR informed the meeting that Norman Hide has resigned from the Group. NR also welcomed Shirley Oldham and Jill Lord who had both responded to the PIG Newsletter article. There was some discussion about numbers in the Involvement Group. The terms of reference currently state that the Group should have a membership of 8 patients. NR feels this might not be enough given that it is unusual for 100% attendance at meetings and meetings can have small numbers at times. It was agreed that the membership should reflect this and a membership of 10 – 12 was agreed. NR to adjust TOR.

NR has also been approached by a patient Debbie Scott who is volunteering to join the Group. She has just started a new job so would like to wait until things settle a bit.

No other matters arising from the minutes.

2. Update on Practice Business.

NR updated on recent developments at the Practice.

New phone system has been installed plus three new lines. Meeting informed that it is still difficult to get through in the mornings.

New Clinical Record system installed in January.

Practice now registered with the CQC. This has required a lot of extra work and expense to ensure the practice compliant with the essential standards.

3. Complaints Review 2012

NR had circulated this for the year 2012 in advance.

High proportion of complaints relate to the appointment system.

NR in discussion with the Partners as to how the Doctor Vacancy money might best be utilised to try and address any increase in patient numbers brought by the new housing.

General view that complaints was as expected and that in some areas it was very low given the quantity of patients we are dealing with on a daily basis.

4. Patient Survey.

The results of the most recent patient survey were pre-circulated.

Some concern from some at the meeting at the nature of some of the comments from patients. NR identified that generally the outcomes against all questions were very positive. One area of weakness is difficulty some patients are facing when trying to see their Doctor of choice. No easy answer to this particularly when popular Doctors are or become part time. Some debate around the importance of continuity.

Some general discussion about the appointments system, the nature of some patient appointments and the numbers of patients continuing to miss pre booked appointments (20 to 40 per month). Some concern that there are often patients turning up for appointments for simple ailments that could be self treated at home. Some thought that this could be remedied by use of 'Triage' techniques. The merits or otherwise of Triage systems were debated briefly. NR informed the meeting that the practice are going to trial some software that will send text reminders to patients.

5. PIG Newsletter

NR reported that he had received positive feedback about this. Proposing to do a second edition and was hoping that some of the group might contribute to writing an article. NR will e-mail round some proposals.

6. Patient Engagement in Commissioning

NR updated the newer members of the group on the patient engagement in commissioning initiative. AE proposes to step away from this, feels the practice are well represented by CD and Frank Donlan.

7. Targets for the Coming Year

NR required to write an annual report by the PCT. This to include targets set by the Group. NR requested that the Group consider this, he will e-mail round for ideas.

8. Any Other Business

No other Business.

NR will circulate proposed dates for the rest of the year.

Noel Ratcliffe
Practice Manager