

**Heathgate Medical Practice**  
**Patient Reference Group (PRG)**  
**Minutes of a meeting on Tuesday 4<sup>th</sup> November 2014**

**Patient attendance**

An attendance list was completed with annotations as to where attendees live. This confirms there was representation from the majority of parishes within the Practice boundary and from patients that use both our surgeries at Poringland and Rockland St Mary.

**Practice attendance**

Doctors Palframan and Wallace along with the Managing Partner, Mr Gary Whiting.

**Welcome**

Mr Whiting welcomed the 23 patients that were present. This was the highest attendance we have seen at recent PRG meetings, which was great to see.

There were a number of new faces; some as a result of heavier promotion of the meeting in our Practices (leaflets as well as posters) and the promotion of the group at the recent 'Silver Sunday' community event.

**Minutes of the last meeting**

These were circulated before hand to those who confirmed their planned attendance. Additional copies were available.

**Matters arising and updates since last meeting**

Handovers between long standing Partners and the most recent additions to the GP team continue.

Extended hours – Mr Whiting thanked the PRG for their endorsement last time of our plan to continue with extended opening hours across three different days of the week (Wednesday evenings, Friday mornings and adhoc Saturdays). As a result of the group's endorsement, the NHS England Area Team agreed that we could continue with these opening hours rather than offer one longer session.

There were questions around extended opening hours, which the Practice representatives were able to answer. This included how we promote the sessions and the length of appointment times during these clinics.

Named GPs for over 75's – the letter which the PRG approved last time was sent to all our patients over the age of 75 providing details of their named GP. The group discussed how these letters had been received and what this actually meant to patients. Mr Whiting explained the background but reassured members that the allocation of a named GP did not prevent them seeing the GP of their choice.

Accepting patients outside our current Practice area – this voluntary scheme which was due to be introduced on 1<sup>st</sup> October 2014 was discussed last time and the general view of the group then was that allowing patients to remain registered with us after they move away from the area, could place strain on the services we offer. Mr Whiting explained that the pilot start date had been deferred whilst the logistics of who would be responsible for GP home visits and Community Nursing is resolved and that we would consult again with the PRG when the final details were known.

The discussion extended to questions around our appointment availability, DNA rates (the number of patients that do not arrive for appointments) and the numbers of patients that approach us each morning for same day need consultations. Again the Practice representatives were able to answer the questions and explain how we plan to meet the same day need for appointments.

### **Send us a post card survey**

To assist the Practice with its contractual obligation this year to agree an 'action plan for improved service', the last PRG meeting suggested that the Practice conducts a short, snappy survey of its patients during the summer and the 'postcard' idea was born.

The survey took place and 239 patients responded. Approximately 400 post cards were passed out and this is a 60% response rate, which members acknowledged was a great achievement.

The full details and analysis of the survey results were circulated with the members and reviewed at the meeting. This is available on our website.

Generally, like the Practice team, members felt we should be pleased with the overall satisfaction result of 94% of patients being either fully or partially satisfied with the service they received from us during the period of the survey.

As well as the general satisfaction question, each of the postcards carried a second question (one of four) and it is the results from these questions which have helped us agree with the PRG the following action plan:

- Greater promotion of the existing services we provide
- Clearer promotion of our opening times on our website and on display from outside the building
- Promotion around how to obtain medical care when the surgery is closed – in particular, greater awareness around 111 both on our web site and through articles in the local parish newsletters.

Other suggestions included posters at reception on 111, fridge magnets with 111 on and the 111 logo on the reverse of appointment cards that we provide.

There was a wider discussion about how 111 works in Norfolk and who provides the service.

Members agreed to send Mr Whiting the contact details for the parish newsletters of the villages in which they live, so an article can be sent for inclusion in a future issue.

One further suggestion from the Practice representatives was associated with the question around the time patients wait in Practice between their agreed appointment time and when they are seen. The survey identified 73% of patients were seen within 10 minutes of their appointment time and the Practice had suggested that they could set themselves an increased target of between 75% and 80%. The members felt that this was not necessary and that there were often very good reasons why a clinician may be delayed and would not want to stop them attending to the needs of the patients they were with.

### **The new Friends and Family Test (FFT)**

Mr Whiting explained the background to the new Friends and Family Test coming to General Practice from 1<sup>st</sup> December 2014. He explained that every Practice, to meet its contractual obligations, has to undertake the survey.

The first of the two questions is mandatory:

How likely are you to recommend our service to friends and family if they needed similar care or treatment?

There are 6 options for responses:

Extremely likely
Likely
Neither likely or unlikely
Unlikely
Extremely unlikely
Don't know

The second question can be determined by the Practice, using its PRG to shape and agree this.

Mr Whiting explained the reporting requirements of the first question and how the results from each Practice in England would be reported on a national website.

NHS England has provided Practices with an initial supply of question cards with a second question already printed:

Please tell us the main reason for selecting your statement.
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With a free text area for comments
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The group felt that this was an acceptable question to ask during the first few months until perhaps a trend is identified, when a more specific question could then be used.

The general feeling was that patients are becoming a little 'survey fatigued' and that patients who visit the survey regularly could end up being asked to fill a FFT survey card in several times.

Rather than hand out cards, the PRG supported the view that the cards and post box for the answers should sit in our waiting rooms and patients can complete these at their leisure.

Mr Whiting confirmed a web site version of the card will be available from 1<sup>st</sup> December. He thanked members for helping them manage the introduction of FFT.

### **Nursing in Practice**

A general discussion about our nursing team. Some members were aware of a change in personnel, which has led the Practice to undertake a review of its nursing provision.

Mr Whiting explained the three types of clinician that make up our nursing team (Nurse Practitioner, Practice Nurse and HCA) and the roles and experience they each have.

There was a good debate around HCA's and how we are hoping to encourage all our patients to see them for phlebotomy appointments (blood samples), leaving our registered nurses to see more patients with long term conditions.

We spoke about the role of the Nurse Practitioner in Practice, enquiring how we could promote the role better as very often when same day need appointments are confirmed with the Nurse Practitioner, patients think they are seeing the Nurse.

The members view was that it was very much down to our reception team directing patients to the appropriate appointment and confirming at the end of each discussion when booking an appointment the type of clinician they are seeing.

This was a useful discussion for Practice representatives.

#### **CCG patient reference group meeting**

Mr Whiting had circulated details of the forthcoming wider CCG patient participation event at Hethel Engineering Centre on 13<sup>th</sup> November.

He encouraged members to attend as there were interesting sessions on PRG newsletters and case studies on how Patient Reference Groups worked in other locations in South Norfolk.

The afternoon session was due to focus on the Friends and Family Test that we had covered.

#### **Chair of the Heathgate PRG**

Mr Whiting had facilitated this meeting and whilst there had been very good contributions and debate from the members, he asked again whether there was anyone who had a desire to Chair future meetings.

Reflecting on the agenda items this evening, there was a feeling that it would be difficult for a member to Chair such meetings without having a vast knowledge of the internal workings of the Practice and some of the current issues being facing.

There was an acknowledgment that a Chair could work closely with the Practice representatives and that perhaps they could next time have a

stronger lead on agenda items. This could include a wider discussion on how we are managing a particular group of patients – say diabetics or mental health patients.

Mr Whiting agreed that he would ask in good time ahead of the next meeting for specific items for the agenda.

### **CQC in South Norfolk**

Mr Whiting explained how South Norfolk Practices were being inspected by CQC during November and that a number of Practices had been made aware of their selection.

At the present time, Heathgate has not been chosen but this could still happen. Members were supportive of being available to talk to the Inspectors about both the workings of the PRG and the general services that we provide.

Mr Whiting will advise members if and when the Practice is selected for an inspection.

### **Any other business**

There was just one item around Healthwatch. One member has been sent details of this organisation and Mr Whiting clarified its role.

'Healthwatch (Norfolk) was set up in April 2013 to ensure the voice of patients, service users and the public is heard by those people who make decisions about how and where health, social care and public health services are provided'.

This is a direct quote from the recent annual report for 2013/2014.

More information about the year's activity and the types of representation they provide on behalf of the public can be found at:

[www.healthwatchnorfolk.co.uk](http://www.healthwatchnorfolk.co.uk)

Again, at the end of the meeting, Mr Whiting and Doctors Palframan and Wallace thanked all those who had given up their time to attend the meeting and re-affirmed how valuable their contribution had been throughout the evening.

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