



Luson Surgery

Patient Participation Group

Meeting Notes Wed 1st November 2017 – 6.00pm

Attendees:

Jenny Roncaglia, Martin Ellacott

Apologies:

Marjorie Stockley, Glyn Meredith

Notes from meeting on 7th June 2017 accepted with no amendments required.

New Topics

Growth of patient numbers

A graph representing the rise in patient number was discussed, which indicates an increase of 6% over the past 18 months. Factors include new housing in Wellington and a steady flow of patients from Wellington Medical Centre.

The introduction of the Nurse Practitioner Role has taken some of the pressure from the GPs for on the day appointments, and we now have a NP every morning and on Monday afternoon. Both Nurse Practitioners are now able to prescribe, which helps with their speed of consultations.

There remains pressure on GP time, and the practice are currently making changes on the Administration side to relieve the GPs of some of their paperwork burden, releasing them to focus on patients.

National GP Survey July 2017 results

In general the results are very pleasing with the practice at or above the Somerset CCG average in 21 of 23 indicators, and at or above the national average in 22 of 23 indicators.

It was good to see that patient satisfaction with GP consultations had been maintained at its high level since past surveys. The figures for nurse appointments have seen 4 of 6 indicators reduce slightly. This reflects the reduced experience in the treatment room following the introduction of Nurse Practitioner role. More pleasing is maintaining the improvement in patient satisfaction with their nurse appointments. We had seen an increase in all 6 indicators over each of the previous 3 surveys, and they remain at high levels.

We have improved our high score for telephone access, we see our patients within 15 minutes on more occasions than average, and a high percentage of patients were able to see their preferred GP, due to our personal list system. Our score for overall experience remains in the low nineties.

We have made significant improvements in the areas raised as in need of improvement in last year's review;

Opening hours

This indicator improved from 74 last year to 79 this year and is now in line with the Somerset average. This is despite the survey figures being taken before the introduction of improved access hours.

Confidence and trust in the last nurse they saw or spoke to

This indicator improved from 96 last year to 98 in the current survey, matching the Somerset average and slightly ahead of the national average.

The last appointment they got was convenient

Our survey results have improved from 93 last year to 96 this year. In the same period the Somerset and national levels fell, leaving the practice well ahead of both indicators.

What the practice does best

96% of respondents usually get to see or speak to their preferred GP
Local (CCG) average: 63% National average: 56%

91% of respondents find it easy to get through to this surgery by phone
Local (CCG) average: 77% National average: 71%

94% of respondents would recommend this surgery to someone new to the area
Local (CCG) average: 81% National average: 77%

What the practice could improve

82% of respondents say the last nurse they saw or spoke to was good at involving them in decisions about their care
Local (CCG) average: 87% National average: 85%

92% of respondents say the last nurse they saw or spoke to was good at listening to them
Local (CCG) average: 93% National average: 91%

98% of respondents had confidence and trust in the nurse they saw or spoke to
Local (CCG) average: 98% National average: 97%

Practice Response

The last nurse they saw or spoke to was good at involving them in decisions about their care – this indicator has dropped from a high last time of 90% to 82%, which is below both CCG & National figure.

Analysis of the responses shows that 16% of patients responded that they were 'neither satisfied nor dissatisfied with the last nurse they saw or spoke to was good at involving them in decisions about their care. This figure is high compared with other practices, and counts against the practice score. The introduction of a less experienced nurse in the treatment room taking the place of a more experienced nurse, who is working as a Nurse Practitioner may well be a factor.

The last nurse they saw or spoke to was good at listening to them - this indicator fell very slightly during the period in question leaving us 1% below the Somerset Average and 1% above National Average.

This score remains high despite being highlighted. Our score remain in line with both Somerset and National Averages, and the small margin is not considered significant.

Had confidence and trust in the nurse they saw or spoke to - this indicator showed a 2% improvement during the period at 98%, level with Somerset Average and above National average.

Again this score remains high despite being highlighted. Our score remains in line with both Somerset and National Averages, and the small margin is not considered significant given our continuing high scores in this area.

Action Plan

The three areas highlighted all relate to nursing. During the year we have experienced a change in Treatment Room nursing, with less involvement of more experienced staff. This may well be a factor whilst the new nurse 'finds her feet', and would hope for an improvement next time.

The issue of involvement of patient in decisions will be raised with all nurses in the course of their upcoming appraisals.

Patient Input into Service Reviews

We have recently received requests from various sources for patient input into reviews of a number of services.

1. Patient Transport
2. Dentists in Wellington
3. Family Support Service and Children's Centres

Whilst leaflets have been placed in the waiting room and hallway, copies of the leaflets were handed out for the members of the PPG to consider whether they wished to provide their thoughts.

Digital Developments

With increasing life expectancy resulting in more patients with more numerous and complex conditions, coordination of care and information has become more important. There are a number of initiatives either recently completed or underway, which aim to improve the availability of information at the point of patient contact, and we briefly ran through a presentation of these developments. Other developments improve the efficiency of delivering care and reduce the amount of paperwork in the system.

EMIS Viewer – now allows specific individuals at Musgrove Park Hospital to access a 'read-only' version of a patient's GP medical record after obtaining the patient's consent.

SIDeR – is a new shared electronic record being established within Somerset which will allow GPs, community services and hospitals to use a joint care plan for patients, to ensure consistency of care.

On-line Access to Medical Records – all practices are now able to offer patients access to their detailed medical record via the internet. This has proved useful for patients wishing to order their medication, or to view test results.

Electronic Prescribing – allow all practiced to send prescriptions electronically to any pharmacy of the patient's choosing. This reduces paper flow and speeds up the process.

eRS – allows all referrals for hospital care to be sent electronically, allowing GPs to track the progress of referrals, and again reducing paper flow.

EMIS Web – all Somerset practices are now using the same medical records system, which allows practices to provide evening appointments for each other's patients.

These new developments help with the efficiency of the processes, and in turn assist in coping with increasing workflow.

AOB

With the loss of Marjorie who has now moved away from the area, our PPG member numbers have fallen further and need to be increased.

2 ideas were discussed to increase numbers;

1. ME will liaise with GPs to proactively ask patient who they feel might wish to contribute.
2. If we are unable to find recruits, JG will come into the practice in the new year and talk to patients in the waiting room in an effort to find new recruits.

Date for next meeting was agreed as 7th March 2018 at 6pm.

The meeting closed at 7.00pm

3rd November 2017
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