



## **Patient Reference Group PRG Annual Report 2013**

**Paul Brown  
March 2013**

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## Summary

This March 2013 report is prepared so as to update the patients of Stowhealth and NHS Suffolk of the activities that have taken place during the last 12 months to involve patients in the improvement and development of this Practice



## Practice Profile and Details

Stowhealth serves the community of Stowmarket and has a practice population of 17,500. This is an increase of almost 1000 patients in the preceding 12 months. In order to meet the needs of the community the practice employs 12 GPs (equivalent to 8.75 full time GPs), 1 Nurse practitioner, 5 practice nurses and 4 Health Care Assistants.

### The Practice Opening times are:

<b>Monday</b>	<b>08:00 am – 06:30 pm</b>
<b>Tuesday</b>	<b>08:00 am – 06:30 pm</b>
<b>Wednesday</b>	<b>08:00 am – 06:30 pm</b>
<b>Thursday</b>	<b>08:00 am – 06:30 pm</b>
<b>Friday</b>	<b>08:00 am – 06:30 pm</b>

In addition to this the practice offers additional evening and weekend appointments to patients on the following days:

<b>Monday</b>	<b>06:30 pm – 08:00 pm</b>
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**Saturday 08:30 am – 12:00am**

Patients can access services and clinicians through a variety of traditional and non-traditional methods. These include in person, by telephone, using the website for online booking as well as the most recent automated telephone booking-in and cancellation facility.

### **Objectives of the Patient Reference Group (PRG)**

The purpose of the Patient Reference Group PRG is to ensure that patients are involved in decisions and the range and quality of services provided by Stowhealth. It is an opportunity for patients to highlight what is important and what can be improved. The PRG are in contact with the practice and each other through a variety of means that best suit each patient representative. These are:

- Evening meetings: 21<sup>st</sup> June 2012, 20<sup>th</sup> September 2012, 7<sup>th</sup> February 2013
- Email and online consultation of patient views and issues of importance
- Letters and documents sent to individuals who do not have internet access

### **Profile of the members of the PRG**

The table below shows the demographic profile of all the current members of the PRG. There are 9 male and 8 female members of the group.

<b>Gender</b>	<b>Age</b>	<b>Ethnicity</b>
Female	28	White European
Female	35	White British
Female	36	White British
Male	49	White British
Male	57	White British
Female	63	White British
Male	64	White British
Male	64	White British
Female	65	White British
Female	66	White British
Male	66	White British
Male	67	White British
Male	68	White British
Female	72	White British
Male	72	White British
Female	88	White British
Male	92	White British

### **Steps taken to ensure that the PRG is representative of its registered patients.**

1. Advert posted on practice website and the plasma/Jayex screen in waiting area
2. GPs were encouraged to invite patients personally to join the PRG.

3. The local Stowmarket high school was contacted to see how they could be more involved in the work of the practice.
4. Contacted the local Stowmarket Learning Disability Group to see if anyone would like to contribute to the PRG this was repeated during the patient feedback exercise.
5. Members of the PRG recruited like minded patients who fitted the profile of the practice.
6. Asking new patients at the point of them registering at the practice.

The steps taken did improve the representation of RPG and it was felt that the current membership is a fair and reasonable representation of the practice population.

### 2012 PRG Action Plan and progress made in 2013

Action	Progress at year end
<b>Sign posting local Mental Health services</b> - The practice does not easily advertise to patients how to access local mental health services. Information about mental health services should be made easier for patients to find.	Completed
<b>Asthma Self Care project</b> - has been started to improve the ability of patients to self administer inhalers and access up to date clinical information using the practice website. Project to be undertaken by the Nurses/Dispensary/Retail Shop on Inhaler Technique.	Completed
<b>Complementary Medicine</b> – It is planned to have an open afternoon in May to advertise what services are available in the area, not just Stowhealth. This will be open to staff, patients and therapists.	In progress
<b>Complaints/Compliments</b> – Although there are two GP Partners who handle all complaints etc, it has been discussed within the Practice that a regular report is available to all GP's to ascertain whether there is a certain trend happening which needs addressing.	Completed
<b>Patient Self care and education:</b> Patients managing their problems which may then reduce OTDT telephone calls.	Completed and ongoing
<b>Develop skill mix of clinicians:</b> Using more trained nurses for minor illness may also cut the demand for OTDT appointments, thereby releasing Doctors to offer more routine appointments.	Nurses are currently completing their qualifications
<b>Patient awareness of the appointment system:</b> Informing patients regarding on line booking/why Reception ask patients for their problem when being seen in the OTDT/informing the practice of mobile telephone numbers and any changes in numbers so that text messaging can be used	Complete

### Seeking our patient views in 2012/13

The PRG were asked what method of patient data collection they felt would be most effective and which they would choose to undertake. It was shared that the

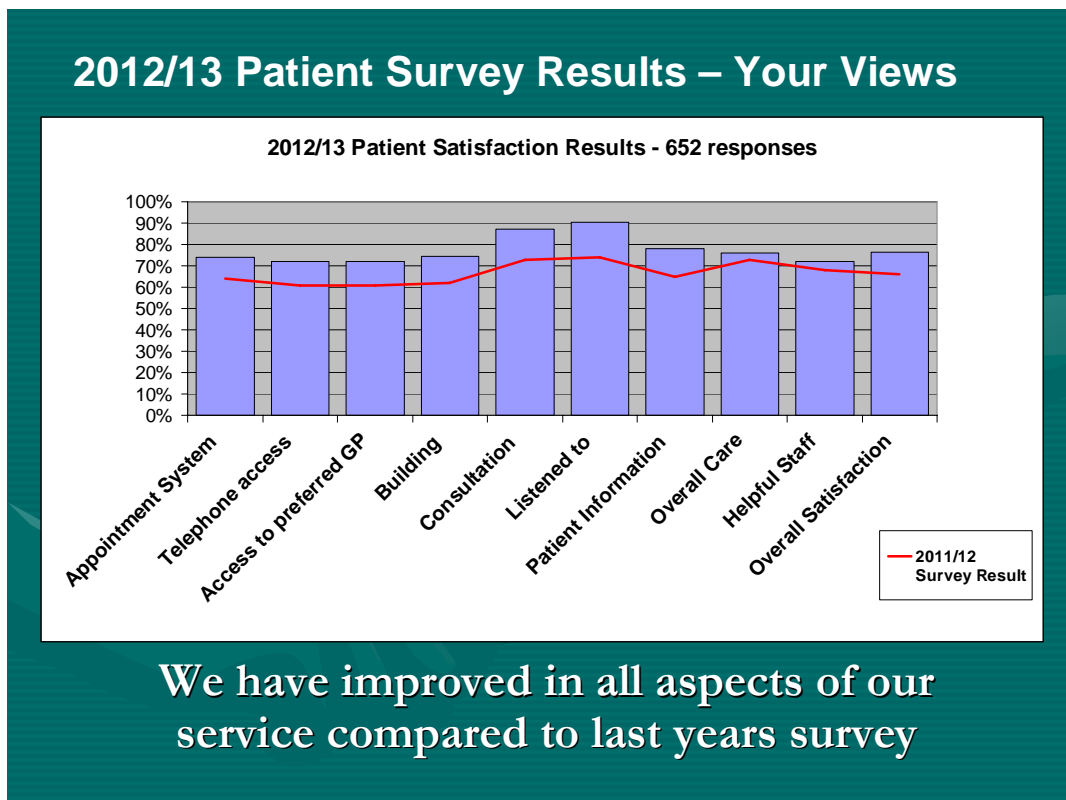
practice had in previous years undertaken an independent IPQ survey and that we could also this year do the same. The group thought this would be the most meaningful and statistically accurate method to adopt.

1. How do you rate the appointment system at Stowhealth?
2. How would you rate telephone access to the surgery?
3. How would you rate your ability to access a suitable clinician (GP or Nurse)?
4. How would you rate the building environment?
5. How would you rate the quality of your consultation?
6. In your consultation did you feel listened to?
7. How would you rate the quality of patient information provided by the practice?
8. How would you rate the overall quality of care provided by Stowhealth?
9. How helpful did you find the non-clinical staff?
10. How would you rate your overall satisfaction with Stowhealth?

It was agreed that the practice would obtain a similar number of responses so that a comparison could be made with previous years results.

### Results of Patient Survey

In total the practice received 652 responses collected throughout the Summer and Autumn of 2011. This is similar to response in 2011/12 of over 600 responses received. The key findings are shown here.



## Patient Comments about the quality of Doctor and Nurse appointments:

parking a big problem. Two weeks for appt is a long time before you see your own gp  
much better than my previous surgery  
waiting room often very hot. Sometimes takes a while to get appt with own gp. Parking sometimes difficult  
always too hot in waiting room - please open the windows when open  
the car park is always full and does put extra stress on any appt arrangements made - maybe a new layout of car park  
very difficult to get appt with the same dr. especially within 2 weeks/1 month - However when I do get to see a dr they listen to me and explain things w  
everything fine  
Dr LDA listens and is very considerate  
my dr is very good  
we are very lucky to have Stowhealth - they are second to none!!  
long wait for appts  
would be good to be able to see your own dr without waiting three weeks  
PARKING IS A NIGHTMARE - someone damaged my car whilst parked here! Not reported by the driver  
Car park rubbish!  
Had incident on phone where "nurse" insisted I come to surgery when I was really physically unable - not treated as individual! Very poor that day  
Dr only wanted to sort out easiest problem. If you have several concerns you need to be careful which one you mention first  
The tick for excellent (mostly) speak for themselves! Keep up the good and excellent work!  
Just felt my appt was rather rushed but very pleasant GP  
In the dealings I have had with Dr VK I find her an excellent Dr who listens and makes one feel their concerns are being dealt with in a professional manner  
Stowhealth always shines! Accessible, convenient, polite, helpful and experienced. Top marks!  
I live nearby, however the parking when needed seems a worsening problem. Text reminders are very helpful  
Parking needs to be looked at  
Often difficult to get appts for blood tests etc outside 9-5 working hours  
Car park awfull  
More parking needed  
Dr VK was absolutely excellent  
Dr VK is excellent, I certainly feel listened to  
Car parking a real pain. Should have been made a lot bigger  
Dr VK has been the best Dr I have ever had. Nothing is every too much Thank you Dr VK  
Dr VK is always very helpful and approachable and as a patient I feel very confident that I can speak to her and she will listen/support me  
Car parking needs improvement  
Your staff are great!  
Parking is still appalling!  
I'm quite sure the building and signage would not pass an access audit. Signs too high, too small and confusing (sack your architect!)  
Internet info is also excellent  
Yes all staff and doctors have that quality which gives patients a faith and trust which is not always demonstrated in other medical establishments - thank you  
On the day telephone and appt service efficient and really helpful  
to wait 15 days for an appt is far too long to wait  
Q8 reducing! Q10 it has reduced  
very difficult to get a non-emergency appt with a dr of your choice!  
out of all the surgeries I have used, Stowhealth has  
been the only place I have felt comfortable. Brilliant practice and such lovely friendly staff Thank you so much!  
Dr TL was very helpful. I have mixed feelings  
probably cant be sorted but car parking always a  
problem. Blood tests could be available at other times of the day  
the car park is a constant problem for me - I often have  
to park elsewhere and walk up. I do feel sometimes we have to push to get extra treatments due to cut backs. I have found the gp to not always communicate well  
ventilation in the waiting room in hot weather is still a  
parking - always a concern if there will be a parking space - especially a disabled one  
the waiting room is too warm  
car parking - difficult to park at times  
thank you to all staff (medical and non-medical)  
Appts often cant be made in less than a 2 week wait! On the other hand your "on the day" system is brilliant. But excessive wait for (non-urgent) appts must lead  
to undue pressure for the on day team!!

## Table of GP specific feedback results

	Total number of responses	Q1 - How would you rate the appointment system	Q2 - How would you rate the access to the surgery	Q3 - How would you rate the telephone access a suitable clinician (GP or nurse)	Q4 - How would you rate your ability to environment	Q5 - How would you rate the building your consultation	Q6 - In your consultation did you feel listened to	Q7 - How would you rate the quality of patient information provided by the practice	Q8 - How would you rate the quality of quality of care provided by the clinical staff	Q9 - How helpful did you find the non-clinical staff	Q10 - How would you rate your overall satisfaction with Stowhealth	
Blank	45	73.78%	73.33%	71.11%	76.00%	87.56%	95.00%	76.00%	82.67%	74.67%	83.11%	79.32%
Dr A	54	67.41%	67.78%	65.56%	70.37%	82.59%	87.04%	73.70%	69.63%	70.37%	69.26%	72.37%
Dr B	78	73.08%	70.77%	70.26%	75.13%	87.95%	92.31%	78.21%	75.38%	70.51%	73.59%	76.72%
Dr C	44	73.18%	69.09%	69.09%	74.09%	87.27%	91.48%	78.64%	81.36%	78.18%	78.64%	78.10%
Nurses	73	73.42%	67.95%	74.79%	73.15%	86.58%	91.44%	77.26%	78.63%	73.42%	79.18%	77.58%
Dr D	45	76.00%	74.67%	75.11%	70.67%	88.89%	91.67%	79.56%	76.44%	70.67%	79.11%	78.28%
Dr E	27	71.11%	73.33%	66.67%	70.37%	85.93%	85.19%	78.52%	80.74%	81.48%	82.96%	77.63%
Dr F	79	78.99%	74.68%	75.95%	79.24%	90.13%	90.19%	80.76%	73.16%	69.87%	72.91%	78.59%
Dr G	15	77.33%	76.00%	73.33%	72.00%	88.00%	88.33%	77.33%	69.33%	69.33%	73.33%	76.43%
Dr H	71	73.24%	71.55%	70.70%	74.93%	82.82%	85.21%	75.49%	72.68%	68.17%	70.70%	74.55%
Dr I	22	74.55%	73.64%	75.45%	79.09%	88.18%	93.18%	81.82%	70.00%	62.73%	72.73%	77.14%
Dr J	99	77.17%	73.33%	74.14%	76.57%	91.31%	94.95%	79.19%	81.21%	75.35%	81.62%	80.48%
<b>Average %</b>	<b>652</b>	<b>74.10%</b>	<b>72.18%</b>	<b>71.85%</b>	<b>74.30%</b>	<b>87.27%</b>	<b>90.50%</b>	<b>78.04%</b>	<b>75.94%</b>	<b>72.06%</b>	<b>76.43%</b>	
<i>Equivalent score for 2011/12</i>		64%	61%	61%	62%	73%	74%	65%	73%	68%	66%	



## Patient Response to PRG selected questions

**2012/13 Patient Survey Results – Your Views**

**Although the survey results  
were positive more can be done**

**What we need to improve on...!**

- Car Park!!**
- Waiting times to see preferred GP**
- More helpful staff**
- Ambient room temperatures in the summer**
- Steps leading to the cemetery**

The above slide is the information that has been displayed on the practice waiting room plasma screen and indicates the principle areas to improve. This was put together following discussion at the PRG meeting of the 7<sup>th</sup> February 2013.

### PRG Action Plan for 2013

Action	Practice Lead
Review and change current appointment system. Design so that it focus on continuity of care and access to preferred GPs	Dr Neil Macey
Develop excellent customer care – by delivering further training for staff	Wendy Denny
Install air conditioning in nurse treatment rooms to improve patient experience	Paul Brown
Liaise directly with the council to explore options to improve car parking facilities	Paul Brown
Improve physical access to the building by working with the council to install steps from the cemetery	Paul Brown

Below is copy of patient information slide shown in the waiting room for the impending change to the appointment system due to take place on 2<sup>nd</sup> April 2013.

## **Changes to the appointment system...**

**The practice is currently reviewing changes to the appointment system to improve your access to the GPs and Nurses.**

**From April 2013 we expect to introduce a new system that improves waiting times to see the GP of your choice.**



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TOTAL HEALTH

### **What Happens next?**

Progress will continued to be monitored by the PRG in 2013 and ideas for further improvement put forward.

The PRG is next due to meet on the evening of **Thursday 6<sup>th</sup> June 2013** and anyone interested in joining or providing any comments can contact **Wendy Denny** (Practice Manager) or **Paul Brown** (Business Manager) on 01449 776000 or email [stowhealth@nhs.net](mailto:stowhealth@nhs.net)

**Appendix 1. Minutes of meeting Thursday 21<sup>st</sup> June 2012 at 7.00 p.m. in Library**

**Present: Wendy Denny (WD), Paul Brown (PB), David Evans, Sylvia Gentry (SG) Devam Hendry (DH) Bruce Hunt (BH), Nigel Rozier (NG) Mark Shenton (MS) Deborah Turner (DT) and Natalie Fraser (NF)**

**Apologies: Lynn Dailey (LD) Sam Brett (SB) Lynda Edwards (LE) Lawrence Harris (LH) Ian Leedham (IL) John Parsell (JP) Marnie Simms (MS) Anders Mosesson (AM) Nicki Elmer (NE) Ann Lapsley (AL)**

1.	<b>Introductions</b>	Introductions made on account of new attendees.
2.	<b>Matters Arising</b>	<p>1. PB has since amended the previous minutes concerning the item "New Salaried GP." The details have been clarified as requested.</p> <p>2. Detail regarding the level of patient contact occurring in any one day is now highlighted on the reception plasma screen and website.</p> <p>3. PB explained to the group that Stowhealth's current web provider is causing difficulty with uploading an interactive video to promote Asthma Project. This is ongoing. <b>Action: PB</b></p> <p>4. PB / WD explained that the complementary medicine afternoon planned for 24<sup>th</sup> May 2012 was postponed due to a heavy workload. A new date will be planned for September / October 2012.</p> <p>5. MS informed the meeting group that alteration to the current community mental health service will be taking place from 30<sup>th</sup> July 2012. The official launch will commence in September 2012. The specifications for mental health services will be changing in order to provide a more effective primary care function and to lower the threshold for patients wishing to access a range of mental health services. The Norfolk and Suffolk Mental Health Trust are working to unite services in order to bridge gaps and provide better linkage.</p> <p>6. Further feedback regarding the Patient Survey will be discussed later in conjunction with the Action Plan.</p>
2.	<b>Practice Update</b>	<p>PB stated that three projects are currently in place for 2012 / 2013:</p> <ol style="list-style-type: none"> <li>1. Patient Education in conjunction with other practices</li> <li>2. Medication Wastage / Usage Review</li> </ol>

		<p>3. Nursing Support in regards to housebound patients and annual long term reviews</p> <p>WD confirmed that RB is retiring from 25<sup>th</sup> June 2012.</p>
3.	<p><b>Review of PRG Actions</b></p>	<p>PB highlighted that following the recent patient survey the following actions have been identified. Handouts of the action plan were provided.</p> <p>1. Signposting of mental health services has been improved both on the Stowhealth website as well as promotion of services in the practice building.</p> <p>2. PB explained that the developers of the Stowhealth website will not allow changes to be made to the "Health" section of the website. Therefore this is restricting changes planned for the asthma section of the website and is an ongoing issue. <b>Action: PB</b></p> <p>3. As discussed in Matters Arising funding for a complementary medicine open day planned for September / October has been approved and will be combined with staff and patients at Combs Ford Surgery. The open day will be an opportunity to showcase services and PB invited members of the Patient Reference Group to attend. PB will set a formal date in due course. <b>Action: PB</b></p> <p>4. PB informed the group that an annual review of our complaint numbers took place by BY earlier this year in order to look at any specific trends / themes. WD explained that the thirty complaints received over the last year (with a patient list of 17,000) covered a variety of different areas but did suggest there was some mismatch in patient expectation and realistic delivery of care. WD confirmed there were no specific learning points identified but that there is always room for improvement. WD confirmed that some of the complaints received occurred as a result of an external factor (e.g. community pharmacy prescribing an incorrect medication).</p> <p>MS stated that we have a very good complaint response mechanism in place which serves our patients well and ensures all complaints are dealt with sensitively and in a timely manner.</p> <p>5. WD confirmed that the practice is improving the skill mix of clinicians and two nurses are currently undertaking minor illness and prescribing training. This will subsequently release</p>

		<p>doctor time and increase the number of appointments available. PB envisages that improvements will be noticeable by the beginning of next year.</p> <p>6. Improving patient awareness of the appointment system has been made via the plasma screen in the waiting area. This has been improved by a rolling power point presentation which demonstrates the range of appointments and services available.</p> <p>7. WD confirmed that online booking has also been promoted via the plasma screen and website. DE and NR suggested that the identity requirements are very strict. WD will review the Caldicott guidelines to assess if this service can be made more patient / user friendly. <b>Action: WD</b></p> <p>8. Discussion took place regarding mobile phone numbers. The group felt that if a mobile phone number is given to the health centre it would be reasonable to expect to receive text messages regarding basic appointment details etc. WD will add information to the plasma screen suggesting that if a mobile phone number is given, patients may receive appointment information by text. <b>Action: WD</b></p> <p>9. Discussion took place regarding the practice newsletter and it was generally felt the plasma screens and website are a more effective means of conveying information. However, WD will endeavour to ensure any useful information / notifications are published in the local parish magazines as they are a useful communication tool and are likely to appeal to the senior patient community. <b>Action: WD</b></p>
4.	<b>Access to the Building</b>	<p>1. PB confirmed that planning application for five additional spaces has been approved. However, following a recent practice meeting it was felt that the number plate recognition system would be a better solution overall. Plans for this system are pending until further notice from Oak Lodge who are applying for direct access onto Violet Hill Road (residents at Oak Lodge currently require access to the car park to access their property).</p> <p>2. LS carried out a recent survey which demonstrated that seventy visitors were on site by 8.30am and that a number of staff members were parking in the practice car park despite free car parking at the nearby football ground.</p> <p>3. PB confirmed that if the number plate recognition system is installed any disputes will be settled by the Enforcement</p>

		<p>Group and will not involve Stowhealth.</p> <p>4. PB also confirmed that the path leading to the cemetery will be paved to improve safety and general access to the practice building.</p> <p>5. Discussion took place regarding the need for a local bus service as this would greatly improve car parking issues on site.</p>
5.	<b>Patient Education Project</b>	<p>1. PB stated that following the practice managers monthly meeting a project proposal for the transformation fund has been discussed. This proposal will be aimed at reducing patient demand and promoting realistic patient expectation. This proposal has been based on the rationale that GP workload is significantly increasing and there is an increasing pressure for appointments. This is resulting in a rise in patient dissatisfaction and complaints.</p> <p>2. PB stated that the project's aim is to inform and influence the patient community and improve general knowledge of a broader range of services. The project hopes to use the slogans "Choose Well" and "Cherish And Use It Wisely". These will be in conjunction with an image of a thermometer to demonstrate various services and to match these with the patient's level of need. This will help to inform the general public regarding the full range of NHS services and prevent unnecessary A&amp;E attendance. This project has been inspired by the "Take Care of Yourself" promotion undertaken by West Suffolk Hospital a few years ago which dramatically improved A&amp;E service usage.</p> <p>3. DE suggested that the "Take Care of Yourself" message is much more positive in comparison to the two new slogans discussed and wondered if the language could be improved. DE and NR considered that the current messages convey a sense of defensiveness by the practice that may have a negative effect on our engagement with the patient and subsequently the overall aim of the project.</p> <p>4. in contrast, DH and other group members considered the message and thermometer to be a useful guide and would promote confidence and familiarity in a wider selection of services. The thermometer image also helps to convey the incremental levels of service provision and is simple and effective in its approach.</p> <p>5. MS suggested that the bar sizes could be altered to reflect</p>

		<p>what each service group can provide and overall the group felt the image and messages are a good starting point to work from.</p> <p>6. The "Take Care of Yourself" leaflets used by West Suffolk Hospital were discussed, and it was generally felt that although the promotion of self care was very effective, the leaflets could be better formatted. The group felt the amount of information could be viewed as overwhelming and therefore may not be read in any detail. The group discussed the option of pictorials and problem-solving signposting as an effective alternative. This would enable patients to navigate and direct themselves to the correct service without necessarily having to read lots of text. PB confirmed that Stowhealth would work with a Communications Team to discuss these ideas more fully.</p> <p>7. As this topic generated many ideas and discussion during the course of this meeting PB invited all members of the Patient Reference Group to attend the next Practice Manger's Meeting on 10<sup>th</sup> July 2012 at 11.30 where proposals and plans will be discussed in greater detail. PB will confirm date and time with all attendees. <b>Action: PB</b></p> <p>8. WD explained to the group that rhythm pads have been developed to record an ECG reading and ascertain if a patient has atrial fibrillation. The equipment is portable and is used by the Community Matron to test housebound patients. This equipment could be used during the flu clinics and WD suggested that if members of the patient reference group would be interested in testing patients during one of these clinics to inform WD. <b>Action: PRG members as appropriate.</b></p>
6.	<b>Stowhealth Survey in 2012 / 2013</b>	<p>1. PB stated that a new survey for the coming year is now required. PB explained that the practice is required to agree issues that are a priority and include these in the new survey.</p> <p>2. The group felt that the previous survey was very long and it would be helpful to reduce the number of questions to ten / twelve as this may encourage more patients to participate. The group discussed the importance of a good sample of simple and straightforward questions that meet national standards and are statistically meaningful.</p> <p>3. DE and NR suggested that a few of the questions could incorporate some of the issues around the provision and</p>

		<p>range of a greater number of NHS services. This would be a helpful exercise in ascertaining how well informed patients are.</p> <p>4. MS suggested the importance of questions around the quality of consultations in order to reflect on doctor consultations and further improve the appraisal process. Questionnaires could be coded to identify the consulting doctor concerned.</p> <p>5. PB will draft a series of questions and will circulate this draft to all group members within the next fortnight. PB clarified that the survey must be completed by March 2013 and therefore submission of the survey to our patients is likely to be scheduled for September / October 2012. <b>Action: PB.</b></p>
7.	<b>Any Other Business</b>	<p>NR queried if Stowhealth would be able to manage a further intake of patients if additional houses are built in the area. WD confirmed that the practice would be able to increase numbers to 20,000 from 17, 000 if required.</p>
8.	<b>Date and Time for Next Meeting</b>	<p>Thursday 20<sup>th</sup> September 2012 at 7pm, Library.</p>



**Appendix 2. Minutes of meeting Thursday 20<sup>th</sup> September at 7.00 p.m. in Library**

**Present: Lynn Dailey (LD) Paul Brown (PB) Sam Brett (SB) Lynda Edwards (LE) Nicky Elmer (NE) David Evans (DE) Sylvia Gentry (SG) Devam Hendry (DH) Bruce Hunt (BH) Ian Leedham (IL) John Parsell (JP) Nigel Rozier (NG) and Natalie Fraser (NF)**

**Apologies: Wendy Denny (WD) Sylvia Gentry (SG) Lawrence Harris (LH) Vic Hodson (VH) Deborah Turner (DT)**

1.	<b>Matters Arising</b>	<ol style="list-style-type: none"> <li>1. NE's apologies to be added to minutes of Thursday 21<sup>st</sup> June 2012. <b>Action: NF</b></li> <li>2. WD has added information to the waiting room plasma screen informing patients that if a mobile phone number is submitted to the practice as a contact telephone number, it will be used to send text messages regarding basic appointment details etc. This is now in operation and is working well.</li> <li>3. PB confirmed that he will be meeting with David Blackburn from Mid Suffolk District Council regarding improving access to the practice building via the cemetery on Wednesday 26<sup>th</sup> September 2012.</li> </ol>
2.	<b>Care Quality Commissioning (CQC)</b>	<ol style="list-style-type: none"> <li>1. PB distributed a handout to all members which details a brief list of essential standards expected by the CQC. There are 28 standards in total – 16 of which have been recognised by the CQC as being especially applicable to GP Practices.</li> <li>2. PB explained that the CQC have the power to conduct inspections of GP practices with a minimum level of notice. However, it was thought highly unlikely that the body would undertake an inspection without any notice at all. PB also explained that CQC inspections are based on both proactive and reactive regimes, and will often involve comment and feedback from members of the Patient Reference Group</li> <li>3. PB explained that Stowhealth has until the end of December 2012 to complete a lengthy online registration form with the CQC which involves questions relating to the 28 standards as illustrated on the handout. PB / WD have explored this registration form in some detail and are confident that all 28 standards are met at this practice. LD highlighted the importance of clearly demonstrating these standards and PB confirmed that a physical demonstration / verbal response from patients /</li> </ol>

		<p>staff are preferable to that of written documentation / certification in many cases.</p> <p>4. PB shared with the meeting group that Stowhealth hold regular Training and Education Days (TEDs) for all staff ensuring that regular and systematic training is undertaken regarding a range of different subjects from CPR to computer system training. This would be another example of Stowhealth's proactive attitude towards the 28 standards set out by the CQC.</p>
3.	<b>Clinical Commissioning Group (CCG)</b>	<p>1. PB explained that the CCG was formerly launched last week and is a new regulatory / auditory body that will be replacing the PCT. PB provided all group members with a handout illustrating where the CCG sits within the new model of the NHS.</p> <p>2. The CCG sets out to commission pathways of care both in the hospitals and in the GP Practices by way of smaller contracts looking at ways to deliver health enhancement projects in the local community.</p> <p>3. PB explained that CCG have set a series of clinical priorities on their agenda which are:</p> <ul style="list-style-type: none"> <li>• Children and young people</li> <li>• Diabetic patients</li> <li>• Frail and elderly patients</li> <li>• Access to mental health services</li> <li>• Patients to die with dignity</li> <li>• Assessing the health of those most in need</li> <li>• Enhancing local care services</li> <li>• Promoting self care</li> </ul> <p>4. DE explained that at the CCG launch these priorities were set out as a consultation exercise for people to express ideas and opinions on.</p> <p>5. DR queried where Mental Health Services and the Ambulance Service would be placed in the handout provided by PB. PB explained that there are many services such as these and others including the LMC (a supportive / advisory board) and PIP (a provider of community services) that are not listed so as not to clutter the "basic" model of the NHS from a regulatory and financial perspective in this handout.</p> <p>6. DR queried if Suffolk Wellbeing is now bridging gaps</p>

		<p>between mental health issues and behavioural problems and LD confirmed that this is the case.</p>
<p>4.</p>	<p><b>Patient Questionnaire</b></p>	<ol style="list-style-type: none"> <li>1. PB provided paper copies of the patient questionnaire distributed electronically a few weeks ago. PB asked members to ensure they were happy with the final version ahead of the proposed start date of 1<sup>st</sup> October 2012.</li> <li>2. PB highlighted that the questionnaire had been developed with a view to pinpointing clear themes and questions but ensuring the length was reduced to encourage more patients to complete. PB hopes that we will be able to achieve at least 600 completed questionnaires as done so last year to obtain the same statistical reliance.</li> <li>3. PB suggested that a school leaver may be employed to aid the patient questionnaire project in a systematic way over a three month period. However, PB will be in contact with the group via email collectively should further volunteers be required.</li> <li>4. DE suggested including a crude demographic indication by way of a gender tick box and a "Under 30" "Over 30" tick box.</li> <li>5. LE suggested entitling the questionnaire as "Patient Feedback" which indicates that the information provided will be used to make improvements where required.</li> <li>6. It was generally felt by the meeting group that it would be particularly effective if clinicians handed out questionnaires to patients following consultations as this would add greater importance to the project. A school leaver could then help patients to fill out the questionnaires once they have reached the waiting room.</li> <li>7. IL suggested that the questionnaire is printed larger for visually impaired patients so they can also partake in the exercise.</li> <li>8. PB confirmed that a "reference" would be added to the top of the questionnaires to identify individual clinicians and support our appraisal process.</li> <li>9. All questionnaires will have an envelope attached so information will remain anonymous.</li> </ol>

5.	<b>Patient Education</b>	<ol style="list-style-type: none"> <li>1. PB provided the group members with copies of the patient leaflet final draft. PB thanked DE and LE for their help and input with this project.</li> <li>2. The leaflet provides helpful explanations of the roles of staff members within the practice and links into the "Choose Well" campaign.</li> <li>3. Discussion took place regarding the wording of the back page which includes information on "what to do when your GP surgery is closed". Several amendments were made including replacing "GP in hours" with "normal surgery hours", substituting "make an appointment to see your GP" with "make an appointment to see an appropriate member of the practice team" and replacing "Can it wait until you can see your GP in hours?" with "Can it wait until your surgery is open?" <b>Action: PB</b></li> <li>4. PB explained that these leaflets will be disseminated in practice waiting areas along with ensuring copies are available during the Flu Clinic Campaign. The waiting area plasma screen will also have four different slides which will link to the patient leaflet. PB highlighted that a GP pull-out will also be available in the East Anglian Daily Times and the Bury Free Press to further improve patient education with regards to service provisions. In addition, during our Stop Smoking Campaign we will be writing to patients who are known smokers but who do not regularly visit the practice to promote smoking cessation services as well as enclosing a patient leaflet.</li> <li>4. With the amendments detailed above, PB had approval from the group to arrange a print run of 15,000 copies of the leaflet. <b>Action: PB</b></li> </ol>
6.	<b>Practice Website</b>	<ol style="list-style-type: none"> <li>1. PB explained that monies had been granted by the Transformation Project to Stowhealth and that this will be used in part to update our current website.</li> <li>2. In the interim period a series of NHS Choice videos have been uploaded to the website regarding a number of long term conditions. This is following discussions with easyGP.net who are our current web provider.</li> <li>3. PB explained that our current model remains quite cluttered and less dynamic in comparison to more modern websites. Therefore, PB has been in contact with other web providers and a first draft has been created. This was shown to all members and illustrates a less</li> </ol>

		<p>complicated page with a clear breakdown of important categories / services unique to Stowhealth.</p> <p>4. PB suggested that the new website would provide useful links to other services such as mental health therapies etc and would be much better at signposting patients to the correct link compared to our current model.</p> <p>5. The group agreed that the “Where to go for advice” section is a very important part of the website and would need to be in an especially prominent place on the site to draw the patient’s eye. LE and DR spoke about effective CV formatting and transferring some of these ideas to creating and developing the website.</p> <p>6. LD highlighted the usefulness of online prescription ordering and PB will discuss this with RC. <b>Action: RC</b></p>
7.	<b>Any Other Business</b>	<p><b>HealthWatch Implementation (DE)</b></p> <p>1. DE raised HealthWatch Implementation and his appointment as an executive. He explained that HealthWatch is connected with Suffolk Link which focuses on discovering and articulating the voice of the patient.</p> <p>2. HealthWatch has the authority to enter and view premises that offer care services and has a statutory right to undertake these visits both on an announced and unannounced basis. If any issues are raised on account of these visits, HealthWatch will require a reasonable response from the service within 20 days.</p> <p>3. DE explained that HealthWatch is currently being formed and has one seat on the Health and Wellbeing Board. This body assesses and analyses the needs of the community and works with the CCG to provide services.</p> <p>4. HealthWatch are currently setting up an Implementation Executive group of twelve people (DE is one of these). This group will help to ensure the governance is in place and training is undertaken to allow for a calm and effective transition from Suffolk Link. An induction exercise will take place from 1<sup>st</sup> October 2012 ready for full implementation by April 2013.</p> <p>5. LD queried how a patient might know about Suffolk Link and whether this is currently connected with PALS. DE confirmed that Suffolk Link is separate from PALS and work is currently being done to raise Suffolk Link’s profile</p>

		<p>and build publicity so it is more accessible to the general public.</p> <p><b>Patient Complaints</b></p> <p>1. DR queried if the number of patient complaints had increased as per recent news reports. LD confirmed that patient complaints had increased in the last year but analysis had shown there were no specific trends. WD had attended a Practice Manager’s Meeting which concluded that complaints in general across the local practices had increased. This was thought to be connected to increasing patient expectation and a more accessible complaints procedure.</p> <p><b>Local Bus Service</b></p> <p>1. DR explained that the new bus service is up and running. The route will be altered to avoid the railway line as This had been causing delays. The bus will now use The Navigation Approach Bridge.</p>
8.	<b>Date and Time for Next Meeting</b>	Thursday 17 <sup>th</sup> January 2012 at 7pm, Library, Stowhealth.

Appendix 3. Minutes of Meeting Thursday 7<sup>th</sup> February 2013 at 7.00 p.m. in Library

Present: Paul Brown - Chair (PB) Sam Brett (SB) Lynn Dailey (LD) Wendy Denny (WD)  
David Evans (DE) Natalie Fraser (NF) Devam Hendry (DH) Ian Leedham (IL) John Parsell  
(JP) Finter Rose (FR) Nigel Rozier (NR)

Apologies: Nicky Elmer (NE) Sylvia Gentry (SG) Lawrence Harris (LH) Vic Hodson (VH)  
Bruce Hunt (BH) Deb Turner (DT)

1.	<b>Matters Arising</b>	<ol style="list-style-type: none"> <li>1. Minutes agreed as a true and accurate record</li> <li>2. PB confirmed that further to the last meeting we have now developed a full working model for our new practice website which is due to be launched in approximately four weeks.</li> <li>3. PB explained that the website offers more effective signposting to various resources including local and community services as well as the opportunity to book appointments online.</li> <li>4. The group felt that the option to book appointments via the live system could be clearer and PB will alter "book appointment" to "book online appointment" to avoid any ambiguity.</li> <li>5. PB highlighted that in addition to the website, a variety of news updates regarding the practice can be accessed via Twitter.</li> <li>6. PB agreed to send the current link of the full working model to all members for their opinions and comments in order that the system is thoroughly reviewed before "going live." <b>Action: PB</b></li> </ol>
2.	<b>Patient Questionnaire Survey Results</b>	<ol style="list-style-type: none"> <li>1. PB / WD informed the group that a comparison between our most recent survey and last year's has indicated consistent positive opinions regarding the quality of consultations (a handout to this effect was provided). DE queried the different number of questionnaire responses received for each doctor and it was confirmed that the smaller numbers received related to doctors who are part-time and undertake fewer sessions.</li> <li>2. The less positive comments from the survey mainly related to car parking, access to own GP appointments and the uncomfortably hot temperature of the surgery waiting room and surrounding areas.</li> </ol>

		<ol style="list-style-type: none"><li>3. PB explained that there may be an opportunity for part of the playing field opposite to be used as a car park. However, this possibility is part of a long-term plan and will take five years to come to fruition.</li><li>4. Other car parking solutions have included the possibility of providing five extra car parking spaces on the existing grounds but this would be at a cost of £10,000. This was not deemed justifiable for the small benefit it would offer.</li><li>5. PB explained that our current neighbours had previously agreed to number plate recognition in the Stowhealth car park if they could adjust access to their driveway and home (originally required thoroughfare via Stowhealth car park in order to access own property). Stowhealth submitted a letter in support of Oak Lodge's planning application for this and subsequently changes to their driveway etc have been undertaken.</li><li>6. However despite a verbal handshake between Stowhealth and Oak Lodge regarding the implementation of number plate recognition in the car park they are now unwilling to pursue this option. Therefore it is unlikely this plan will go ahead in the future.</li><li>7. Currently the football ground car park is used by staff in order to reduce the number of cars in our grounds. However, WD highlighted that sometimes even the football ground car park becomes full – particularly during distribution of medical supplies between Allied Healthcare vehicles which occurs morning and afternoon. FR is a trustee landlord of the grounds and will enquire as to whether permission has been granted for this commercial distribution to take place in the car park and will report to PB / WD. <b>Action: FR</b></li><li>8. IL suggested the possibility of exploring parking restrictions on Violet Hill Road to prevent staff members parking in this area throughout the day. This could potentially provide approximately fifteen additional car parking spaces for patients if the restrictions were based on a maximum stay of ninety minutes. It was felt this would be a much better option than yellow line restrictions as this would be of no</li></ol>
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		<p>benefit to the patient. PB will raise this possibility with the council. <b>Action: PB</b></p> <p>9. Discussion took place regarding the current building temperature and it was felt that this is not only a comfort issue but also an environmental and economical one. WD explained that the building's heating is controlled by a thermostat and is set to a low temperature. However, the building is so well insulated that the problem arises even when the heating is fully switched off.</p> <p>10. Discussion took place regarding patients' comments pertaining to appointments and the dissatisfaction in delays for routine appointments with their usual GP. WD and PB explained that although the OTDT appointment system is an effective one (as demonstrated by patient's comments also) it is not being used correctly. This is mainly due to a lack of routine appointments. Consequently the OTDT becomes increasingly pressured and a backlog is caused.</p> <p>11. WD and PB explained that the practice has been exploring ways to work smarter and have been assessing the appointment systems created and developed by "Doctor First" and "Patient Access Community". The first part of this project has involved a patient appointment survey in which all staff members who book appointments completing a short survey for each patient. This has been running all of this week and findings will be collated to identify areas requiring improvement.</p> <p>12. The next part of the appointment system project will necessitate in a complete overhaul of our current appointment system for approximately eight weeks from the end of February. In contrast every GP will work effectively as an "OTDT GP" with their own list of calls to triage and to request patients to attend as necessary. GPs will be responsible for their own daily patient list and will be able to manage their own patients' care accordingly. They will also have the flexibility to manage their "consulting" day in regards to when they request patients to attend while also providing continuity and consistency of care for those patients who prefer "one-to-one" reviews with their own GP. In addition, for those patients who do not</p>
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		<p>request a specific GP, a further triage list will be available for patients to access which will be managed by those GPs without their own personal list (GP assistants etc). This entire system will be supported by trained nurse prescribers, nurses skilled in minor illness and our nurse practitioner.</p> <p>13. Queries were raised regarding whether it is most appropriate for a GP to be the first point of entry into the appointment system or whether it would be more beneficial for a team of nurses to triage the calls ahead of the GP team. LD suggested that although it may appear that the practice would be using their most expensive resource, it is likely to be the most effective and quickest based on skills and experience.</p> <p>14. SB also questioned how the system would accommodate those patients who are not able to receive calls while at work and need to make routine appointments in advance at a time that is more suitable. PB / WD agreed that this could clearly be an issue and may have to be worked through as the system is up and running and in place. It was agreed that at the next meeting the group would review the pilot findings and review as necessary. NF to add to next agenda. <b>Action: NF</b></p>
3.	<b>Patient Education Project</b>	<p>1. PB explained that previously DE and other Patient Reference Group members had been involved with developing patient education leaflets. A health supplement was also printed in the East Anglian Times and plans had been arranged for further patient education to be shared on local radio.</p> <p>2. However, the CCG have halted any other patient education project plans in favour of other funded projects and consequently the work in this area has come to an end. Nevertheless PB congratulated the group on their hard work and commitment during this project and highlighted the importance of patient education in any capacity.</p>
4.	<b>Carers Workshop and Handbook</b>	<p>1. PB explained that as part of the Transformation Project RC (Lead of the practice dispensary department) has been tasked with undertaking home medication reviews in care homes. Twenty out of forty reviews have been undertaken so far and this has resulted in a saving of £2000 of prescription drugs (following the</p>

		<p>discovery of some patients stockpiling medication).</p> <p>2. RC and nominated carers have been developing a carer's handbook to help promote and maintain good practice. PB explained that Stowhealth and Combs Ford will be holding a workshop here on 12<sup>th</sup> March 2013 from 11.30 to 1pm which will provide detailed explanation of the contents of the handbook and to demonstrate safe administration of drugs etc. Suffolk Carers will be invited to attend and PB will contact Age UK and Customer First as well.</p> <p style="text-align: right;"><b>Action: PB</b></p>
5.	<b>Patient Information, Communication and Signage</b>	<p>1. PB and WD guided the group to the first floor of the building to assess current patient information, communication and signage. Group members will feedback to PB about possible suggestions via email.</p> <p style="text-align: right;"><b>Action: All</b></p>
6.	<b>Healthwatch (DE)</b>	<p>1. DE clarified that he is currently applying for a post in Healthwatch and therefore has stepped down as Chair temporarily. However DE explained that the organisation and structure of Healthwatch will replace Suffolk Links and will also possess additional responsibilities / powers. Healthwatch are able to undertake "enter and view" visits and will be able to influence provision of the health service in the future. Healthwatch also have a seat on the Suffolk Wellbeing Board.</p> <p>2. DE explained that one of the criticisms of the existing Suffolk Links is its lack of connection to others. Healthwatch in contrast will aim to ensure local and countywide engagements and have a democratic structure.</p> <p>3. DE revealed that the Patient Reference Group in Waveney is connected with the PCT / CCG and has a seat on the Board. This does not currently exist anywhere else in the county but potentially suggests a model to follow.</p> <p>4. DE provided copies of Healthwatch questionnaires that are also available online as well as leaflets and posters promoting the Healthwatch body which will commence in April 2013.</p> <p>5. DE recommended that any group member who wishes</p>

		to be involved should make connections through the Healthwatch website.
7.	<b>Any Other Business</b>	<p>1. DH raised the issue of the current cemetery steps. PB explained that the area will be restored with a ramp for wheelchair users etc. SB requested that the ramp is wide enough for double pushchairs. The deadline for this will be late September 2013 and will form part of the council's budget for the new financial year.</p> <p>2. WD raised the health check project which is currently recalling patients between the age of 40-64 on a rolling automatic recall. The aim of the project is to identify "well" people who can attend for an appointment and have some general health checks to reveal any issues that may present a problem in the future and take measure to avoid them. However, patients are failing to make these appointments and WD asked if the invitation letter (handouts provided) could be altered in any way to encourage people to attend. IL suggested the letter could include a sentence about "maintaining and improving a healthy lifestyle" which may prompt people to action the request to attend. It was generally felt that a number of people probably feel well and see no reason in attending and taking up an appointment. WD will feedback suggestions to Claire Robinson, Head of Screening.</p> <p style="text-align: right;"><b>Action: WD</b></p> <p>3. FR queried if care home patients are allocated to a specific doctor at Stowhealth and LD confirmed that this is the case. Discussion took place regarding the current care home project led by Wendy Den Bleker (WDB). This project aims to improve carer skills and instill better confidence in them to make decisions around whether a patient requires admission to hospital. WDB is an ex community matron and has the knowledge and skills necessary to provide an excellent support and resource of information and therefore helping to prevent unnecessary admission of residents.</p>
	<b>Date and Time of Next Meeting</b>	Thursday 6 <sup>th</sup> June 2013 at 7pm, Library, Stowhealth