

specifications.	ACTION
<p>J. Morgan referred to Neurology services which he has involvement with and stated they talk to all CCGs on a professional basis. With Stafford and Cannock they have agreed to sit down as a group and work through service provision specifications, and with North Staffs they helped put together the specification and helped with tenders.</p> <p>ANNUAL PATIENT SURVEY 2013/14: Appropriate pages from the survey had already been sent to members of the group for perusal prior to the meeting. The overall rating was 87% giving an outcome of very good or excellent. One area highlighted as below average was around the Practitioner and “respect shown”, and 11% above the national average was all staff across all three sites which was a major achievement. Also regarding complaints and compliments we are above average. It was felt that a lot of the problems are common and speaks of a wider NHS problem e.g. choice of doctor and access. S. Powell confirmed that the returns were reflective of patients from all 3 sites with Weeping Cross having a population of 10,400, Beaconside 5,500 and John Amery Drive 2,600. There was discussion about the type of questions on the questionnaire and it was felt it was inevitable that we would never make every patient happy all of the time. S. Powell stated that each GP in the last year had done an independent survey for their annual appraisal, and they then discuss the results with their appraiser. S. Powell stated that the analysis of the survey is done by the Company called CFEP and not the Practice, and they report back on qualitative comments verbatim. 28% of the results were comments from patients who felt there was a problem with the opening hours, but it was felt that every single Practice in the country’s main issue would be patients availability to book appointments when they want to, and the “system” is at the point of overload. People are living longer, becoming more demanding and attending the surgery for ailments that years ago people would have dealt with on their own. There was discussion about the text messaging service and skype, and the fact NHS IT is about 10 years behind the real world! It was also pointed out that the on call GP each day has 4 emergency slots and if a patient really does need to be seen on the day, then these slots are released for such appointments. The Practice had also started re-assigning appointments so that patients cannot book so many appointments in advance, half of the slots are not released until the morning to take the pressure off the walk in, and we will also be extending this across all 3 sites to make more daily appointments available. There was a conversation about social isolation and people with dementia. The Practice has launched a new dementia project and has it’s own Eldercare Facilitator now who takes responsibility for the health and social needs of patients with dementia. It was agreed that the Practice needed to look again at how appointments are allocated but there was no more capacity. It was felt it would be easier sometimes for patients to have a conversation with a GP over the phone, as some ailments do not need face to face contact which would free up more appointments.</p> <p>S. Powell refreshed the Group’s memory on the 3 areas the Practice agreed to focus on following last year’s survey. An Action Plan was then successfully agreed by the Group following this year’s survey comprising of the following areas:</p> <ol style="list-style-type: none"> 1. The Practice to investigate the possibility of GP/Nurse telephone triage and explore alternative methods of consultation such as SKYPE 2. To continue the analysis of afternoon routine appointment booking across the three sites and determine how “urgent” and “acute” slots are released with a view to creating additional ‘same day access’ particularly for those not wanting to attend the ‘walk in’ sessions at 	<p style="text-align: center;">RS</p>

Weeping Cross.

ACTION

- 3. The Practice and PPG to jointly develop "Did You Know...." Newsletter on educating patients regarding the services the Practice offers and to highlight patient responsibility so that the Practice can operate in the most efficient and responsive manner within the resources devolved. To use various methods of distribution to maximise readership – e.g. handouts / Jayex reference / website section / SMS messaging etc.**

J. Smith pointed out she had tried to get through to the surgery via telephone all of last Thursday afternoon but was unable to speak to anyone. S. Powell reminded everyone that the surgery is closed all afternoon on the first Thursday of every month for PLT (Protected Learning Time).

DATE OF NEXT MEETING: Wednesday 18th June, 2014 at 6.00 p.m. at Weeping Cross Health Centre.

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