

Patient Participation Directed Service

1. Develop a Patient Reference Group (PRG)

Both Parkway Health Centre and Headley Drive Surgeries were running Patient Participation Groups for several years prior to the imposition of the DES. These were formed by analysis of our demographic data which had been collected at the point of registration and through regular system reminders and periodic information acquisition drives. Armed with this information as a template for the ideal respective levels of representation, we chose to concentrate our efforts on recruitment partly through advertising on the practice notice board but mainly through personal face-to-face requests by GPs and the Practice Manager. In so doing, we were able to create two groups comprising of 5 patients from across both practice sites, 3 female and 2 male. The patients ages range from 40 – 80yrs old, all are white British, and 2 have disabilities. We are actively seeking more patients to join our patient group and would not discriminate against age, ethnicity etc

These aimed to meet quarterly but at the very least bi-annually.

These were combined last year and assumed the role of the Patient Reference Group.

2. Agree areas of priority with the PRG

At the PRG meeting on 12 March 2012 (see Appendix 1a for minutes), the group was questioned over what areas they would like the patient survey to focus on. There was a strong emphasis on patient access including the ease of contacting the surgery by phone, monitoring the demand for seeing a GP quickly, and waiting times; these were felt to be crucial fundamentals. From our perspective, we also felt it was important to cover most other general aspects of practice healthcare where possible, and accordingly devoted questions that addressed overall satisfaction with clinicians, receptionists and the building.

3. Collate patient views through the use of a survey

The practice utilised a basic ten question survey through Survey Monkey. This was conducted over the week of 19 – 23 March 2012 by creating a link on the practice website and also randomly assigning questionnaires to willing patients attending the surgery for appointments throughout the week. The sample size was 40 for each surgery.

4. Provide PRG with opportunity to discuss survey findings and reach agreement with the PRG on changes to services

The practice convened a special meeting of the PRG on 28 March to discuss the findings of the survey (see Appendix 1b for minutes). The PRG agreed that no significant changes were mandated by the survey results but wished for the action plan to address the minor concerns raised.

5. Agree action with the PRG and seek PRG agreement to implementing changes

A rough draft of an action plan was formulated, dictating the following:

- 1) Specific training aimed at improving receptionist efficiency on the telephone, including one-to-one guidance and group role plays and discussions in practice meetings.
- 2) Greater publicising of online booking including regular telephone and verbal reminders from reception, and advertising on the practice noticeboard and within the newsletter.
- 3) Focus on clinicians keeping to time in their surgeries through regular audits of waiting times per clinician and any concerning trends to be discussed in clinical meetings and one-to-ones.

6. Publicise actions taken – and subsequent achievement

The practice will publish its full Local Patient Participation Report summarising its findings and action plan on its website in due course.

Appendix

1a

PRG MINUTES

Held On: 12 March 2012

Present: Practice Staff – Nicola Shergold, Dr Neeraj Gujral
Patient Reference Group – **JP, CD, DD, SR, KS,**

Chaired By & Minutes By: Nicola ShergoldM

	AGENDA ITEM	DISCUSSION	ACTION
1	Apologies For Absence	Dr Fiyaz Lebbe	
2	Previous meeting's minutes	Nothing of note	
3	Matters arising – Staff uniforms	PRG generally approving of new staff uniforms. JP had wondered if name badges might be a good idea. NS stated she would discuss with FL and report back to group.	NS to suggest idea of name badges to FL
4	Clinician profiles	In similar vein, JP suggested that mini-biographies of clinicians' training and specialties and interests would be helpful to patients when it came to helping them decide who to see. NS stated that she would also pass this suggestion to FL.	NS to pass suggestion for clinician's histories and medical interests to be available to FL
5	Public address system	PPG raised concerns about the difficulty of hearing the tannoy over the noise of the waiting room. NS already aware of this issue and indicated she has raised this with the building manager who is investigating the possibility of upgrading.	NS to update with progress
6	Continuity of care	CD annoyed that she could not always get to see doctor of her choice at her preferred time. NS explained that certain doctors, especially the one in question, can be very popular and get booked up very early. The best thing to do would be to book several days in advance if she wants to see a specific clinician	N/A
7	Patient survey	NS solicited opinions and guidance on types of questions PRG would like to be included in patient survey. General agreement on questions about phoning the surgery, requesting an urgent appointment, and waiting times. Practice also wanted to canvass patients on overall satisfaction with the surgery. PRG approved rough draft of survey. NS explained method of conducting survey.	NS to compile and conduct patient survey as jointly agreed between practice and PRG; to discuss results and formulate action plan at next meeting

Next meeting: 28 March 2012

1b

PRG MINUTES

Held On: 28 March 2012

Present: Practice Staff - Nicola Shergold

Patient Reference Group –**KS, SR, NS, MG**

Chaired By & Minutes By: Nicola Shergold

	AGENDA ITEM	DISCUSSION	ACTION
1	Apologies For Absence	Dr Fiyaz Lebbe, CD, DD, JP	
2	Patient survey	NS discussed results of patient survey. There appeared to be no areas of major concern. Phone contact appeared to be slightly easier at PHC though this is perhaps understandable due to a greater concentration of staff. There remained a significant interest in being able to book online (10%). Though clinician's scores were good in all areas, there was room for improvement in all areas, especially in waiting times at PHC. Overall patient care satisfaction scores were higher for PHC though with minor but significant dissent. PPG and NS agreed an action plan to focus on minor changes: 1) the practice manager to provide extra telephone training aimed at improving receptionist efficiency, including discussing in practice meeting 2) greater publicising of online booking 3) regular audits of waiting times per clinician and any concerning trends to be discussed in clinical meetings and one-to-ones.	NS to formalise changes in Local Patient Participation Report

Next meeting: tbd