

## **Patient Participation Group DES Report – March 2014**

### **Patient Representative Group (PRG)**

Our practice is situated within a semi rural village in Rainford, St Helens and has a high elderly population. The practice has a small but pro-active Patient Representative Group which was established in March 2009. Members of the group were recruited via advertising for interested patients in the monthly practice newsletter and also on the practice website. The group currently comprises of four male and five female patient representatives of varying ages. In addition both Drs Eithne & Rosie MacRae along with the practice manager attend the meetings which are held on a Wednesday evening on a quarterly basis.

### **Questions within Patient Survey**

The decision by the practice and the group to use CFEP for the 2013-2014 survey was to enable a comparison to be made on the 2012-2013 results. It was agreed the questions would remain the same as the previous year.

### **Patient Survey**

The patient survey was undertaken the last week in November - and first week in December 2013. Equal numbers of questionnaires were distributed to patients of both doctors and the nurse . The questionnaires were sent to CFEP an external company for analysis. The results once analysed reported a 5% improvement on the 2012-2013 results from 88% - 93% reporting that the practice was good, very good or excellent.

### **Results Circulated to Patient Group**

The results of the survey were received prior to the Christmas break and e-mailed to group members the same week for perusal ready for the meeting held 8<sup>th</sup> January 2014. Following several e-mail discussions it was agreed that as a practice we continually strive to improve our service throughout the year and do not just wait for the annual survey results in order to make any improvements an example of this being the decision to go live with on-line appointments, repeat prescription ordering and text message reminders.

As the results and additional comments received were all very good this year it was felt the four items for which the practice scored the lowest would be discussed at that meeting.

These were;-

- to see a practitioner within 48hours
- speak to practitioner on phone
- see practitioner of choice
- comfort of waiting room.

## **Group Discussion held 8<sup>th</sup> January 2014**

The group started the discussion by reviewing the 2012-2013 action plan before moving on to the four individual items.

All actions proposed in the 2012-2013 action plan were completed apart from one; Within last years' plan the practice agreed to review & monitor the number of late appointments offered once an additional GP was in post. Unfortunately this post is still vacant so this action has is still to be completed.

### **1) To see a practitioner within 48 hours**

Each member present at the meeting felt this question was slightly ambiguous as the doctors will see any patient felt clinically necessary on the same day and regularly create additional appointments on any day demand is high. It was agreed there was nothing more the practice could currently do to address this.

### **2) To speak to a practitioner on the phone**

Patients frequently ring to speak with the doctors however it is not always possible for the doctor to take the call as it comes through, they will often be given a time to ring back. The group felt as one of its actions it should reword this question prior to the 2014-2015 survey as the question in current format was felt to be potentially misleading.

### **3) See practitioner of choice**

All patients are given the choice of which doctor they see. We have various appointment types which are same day, next day and pre-bookable up to 28 days in advance face to face, over the telephone and on-line. The exceptions around choice would be in the case of emergency appointments and open surgery which reception make patients aware of when they book as neither of these appointments are available to book on-line.

### **4) Comfort of waiting room**

Group members commented that the doctors now run much to time therefore they have found they do not spend much time in the waiting room. The general consensus of the group was that individual chairs with arms (to assist the less able) as present were preferred to the option of synthetic wipe-down covered bench seating. It was therefore agreed that the practice purchase cushions for the cane seats that comply with infection control standards.

<b>Outstanding action from 2012-2013 Plan</b>			
Later opening hours	Review the number of late appointments offered once additional doctor in post	GPs	To review in 2014

**Action plan (resulting from 2013-2014 patient survey)**

**In addition to the plan set out below the practice has already achieved the following this year:**

- **On-line access to appointments**
- **On-line repeat prescription ordering**
- **SMS text message appointment reminder facility**

<b>Priorities</b>	<b>Proposed changes?</b>	<b>Who needs to be involved?</b>	<b>When by?</b>
See a clinician of choice	Re-word the question within the patient survey prior to distribution 2014-2015	Patient Group & Practice	November 2014
Comfort in waiting room	Purchase seat cushions for cane chairs	Practice to order	April 2014 <b>Completed</b> <b>28/01/2014</b>