

5th SPRING HALL PATIENT PARTICIPATION GROUP MEETING

Tuesday 26th March 2013 6.30pm

Patients and staff in attendance:

Dr Steven Cleasby	GP
Tracy Worrall	Deputy Manager
Debbie Noakes	Secretary
VI	Patient
RS	Patient
NB	Patient
NC	Patient
LB	Patient
EH-T	Patient
ML	Patient
ME	Patient
KR	Patient
KH	Patient
PF	Patient
PF	Patient

Dr Cleasby introduced himself to all of the patients attending and thanked them all for coming out on such a cold evening. He explained that the Patient Participation group was set up to give us a chance to discuss how the surgery runs with the people who use it and hopefully improve the service where necessary. He asked everyone to introduce themselves and say how long they have been with the surgery. The majority of the patients attending have been with the surgery for many years but we did have a few new members attending the meeting.

Tracy thanked the patients who had been kind enough to help out on the flu days and said how grateful the nurses had been and hoped that they had enjoyed the experience. One of the patients said he had never realised how much happened at the back of reception and it had given him a new appreciation to the work which is done in the practice.

Dr Cleasby explained that the purpose of this evenings meeting is to go through as much of the national survey as we could with the patients present and see if we could come up with any ideas on how to improve the services in the areas where the survey had shown improvement is needed. He explained that the national survey is sent out by the government completely randomly for every GP practice and the Questions asked are always the same the results are then published. We can then compare our results against a national average or against individual practices. He explained that we also do an in house questionnaire and unlike the national one we can control the questions asked. We advised that a copy of the results for both questionnaires will be posted on the Website www.springhallgrouppractice.co.uk along with the minutes from all of the previous meetings.

Each question was looked at and where it was felt improvements could be made they were discussed in more detail. We started looking at the results from question 3 which was about patients' access to the surgery. The question asked how easy the patient had found it getting

through to the surgery on the phone. The results suggested that 85% found it fairly easy but we still have 11% who don't.

The patients discussed the reasons for this and one gentleman suggested that this could be down to the time that the patient is trying to call. He suggested that if they are trying to call on a Monday morning at 8am that the phones would be busier at that point but if they were calling mid week mid morning that maybe the phones would be quieter at that time. The members of the group did however feel that it is good that the surgery does not use the 0845 numbers which cost the patient more to call Dr Cleasby agreed the decision had been made that these would never be used by our surgery.

Options suggested-

1. One patient suggested if patients are ill over the weekend and they feel it is urgent to call the surgery on Monday morning then they should be contacting 111 to be dealt with out of surgery hours. Dr Cleasby explained that a lot of our patients do contact the out of hours but sometimes they are advised to wait until the surgery is open and contact their own GP.
2. Another of the suggestions was to put a statement onto the website and the Jayex in the surgery, to advise patients of the surgery's busiest times and that if they were calling reference a routine problem they would be better to call later in the day
3. To put more reception staff on answering the phones at busier times.

Question 5 where the patients were asked if they felt they were overheard at reception and if they felt happy with this situation. The results showed that 53% of patients felt they are overheard in reception and were ok with that but 33% were unhappy with the fact that they can be overheard in reception.

The patients agreed that the acoustics of the building are not good for privacy and that even sitting in the nurse's area the consultations can be overheard.

Options suggested

1. The radio to be played in the reception area
2. The chairs to be moved from the nurses waiting area back into the main reception.
3. The reception desk to be looked at to see if alterations could make it more private.

Questions 6 and 7 were asking patients how they normally book an appointment, on the phone in person or other methods. The results showed that our patient use the only methods available which are the phone or in person, but that 20% would like to be able to book appointments online.

The patients discussed the other options mentioned, they all agreed that the other options wouldn't work given the way that the surgery works with the triage system and that in general most people are happy with the way it currently works

Questions 8 and 9 were asking patients if they had a preferred GP and if so how often did they get to see that GP. The results said that 56% who have a preferred GP 50% felt they could see them some of the time and 25% felt they almost never saw their preferred GP.

The patients discussed this and agreed that due to some of the GP's having a speciality that they could get booked up quite quickly. They also felt that if it is for an urgent problem the need to see a preferred Dr is less important than when it is a follow up appointment and if booked through triage the GP would do their best to ensure the appointment is being made with the most appropriate GP. Some of the patients had found when asked to book a repeat appointment with a GP in 2 weeks this was not always possible as sometimes the appointments were not yet on the screen for booking. Dr Cleasby and Tracy explained that this sometimes happens when it is getting to the end of one month and the beginning of the next and this happens when the rota has not been done for the following month on time and sometimes this is also down to the time of year for example at Christmas or Easter.

Options suggested

1. Ensure rota on system for 4 weeks all of the time
2. The doctors specialities could be advertised along with their photos in reception and on the Website

3. One patient suggested it would be helpful to have the photos of all of the staff and their roles in the surgery so that patients' know who they are talking to on the telephone. They thought it would help patients to have with a more connected feeling with the staff.

Question 11 and 12 was when you last booked an appointment when they wanted to be seen and were you able to see or speak to a GP.

This showed that 54% of the patients had wanted to be seen on the same day and only 9% wanted to be seen the following day. Question 12 showed that 83% of patients did feel that they were able to get an appointment or be spoken to by the GP on the same day.

Dr Cleasby felt this showed very clearly that most patients who call want to be seen or spoken to by a GP on the same day which is why the surgery uses the triage system.

Question 18 asked if overall patients were happy with their experience when making an appointment. The results showed that 30% were very happy 40% fairly happy and 9% felt it was fairly poor.

The patients discussed this and again felt this could be down to the time that the patient is calling

Options suggested

1. Put note on website and Jayex explaining peak times

Questions 19 to 21 asked the patients about the length of time they had been waiting for their appointment once at the surgery. 57% had been waiting for 5-15 minutes and 31% said they had been waiting longer.

Dr Cleasby asked if the group felt that these waiting times were appropriate or if they had any ideas how they could be reduced. One patient said that she always tries to take into account that if the GP is running late, this might be because the doctor is listening to the patient and dealing with their issues and not rushing them in and out of the door. The group discussed this at great length and agreed that there is not a lot which can be done to reduce waiting times as all patient want to feel like they are being listened to and not rushed. The only way to cut down waiting times would be for the doctor to be stricter with the length of the appointment. The group agreed that the quality of the appointment was what was really important not the length of time they had to wait in surgery

Questions 21a-c these questions asked the patient how they rated the GP they had seen. From the time given at the appointment to the way they explained any test results etc.

The results showed that 70 and 80% of patients said they were happy with their GP.

In general patients seem to feel that the doctor is listening to them but one patient said that he sometimes finds it difficult to understand the GP especially sometimes over the phone.

Another patient said he has in the past left an appointment feeling that he hadn't been listened to but had not taken it any further. Dr Cleasby said that if a patient is unhappy and feels the GP had not listened to them then really they should let the GP know this, not necessarily in a complaint but in order to improve the service they are giving the GP does need constructive feed back.

Options suggested

1. A form comments which could be filled in at reception and left in a box which could then be shown to the particular GP later.

Questions 21c-d was asking about results and how they are given to patients and if they felt involved in the decisions about their care. The results showed that 70% of patients are happy with the way that the results are explained to them.

Dr Cleasby explained that a lot of the time for a normal result the result is sent out by text and that if an appointment is necessary or a message needs to be passed to the patient this will be done via the admin staff. He explained that reception staff are not medically trained and can therefore only advise what the GP has written for them. For example no further action required does not necessarily mean the result is normal, but could mean that it is what

they were expecting for that patient and are happy with the result. The group all agreed that in general they were happy with the way they were given and explained.

Question 22 was asking if the patient had confidence in trusting their GP. The results showed that 88% of patients had a lot of trust in their GP. The entire group agreed with this finding.

Dr Cleasby suggested that the meeting come to an end at this point due to the time and thanked everyone for attending. He asked everyone for one final comment or idea on how we can improve before leaving.

Final comments

- Joined up information- ensure everyone can see all of the patient's treatment.
- Don't have the music up too high.
- Availability of appointments with HCA nurses and GP's
- More frequent Patient Participation Group meetings
- Consciously target new patients to join the Patient Participation Group