

The patient participation reference group was established approx 2003 the first meeting took place on 12 March 2012.

The members of the group at the time of the March meeting were Karen Wood, Practice Manager, Lisa Littlefair, Administration Assistant, and 24 members of the practice patients.

Lisa Littlefair took over the role of the patient participation group coordinator in 2011 when she joined the practice. There were already 6 members of the group.

The practice is always actively trying to attract more members to the group by displaying posters in the waiting area, the local sure start centre, local shops and chemists. Lisa carried out an in surgery survey to gather information in 2011 and obtained a further 18 members. We held a meeting in March 2012 to discuss the recent survey and devise an action plan for the next 12 months.

Face to face members and virtual members were all contacted and invited to attend. If any member could not attend I asked them to contact myself if they had any information or points they would like me to take to the meeting on their behalf. (see appendix 1 for minutes)

Following this meeting, the surgery has put in place a PRG notice board and asked members of the group to design posters that they would like to see up on this notice board. We have one suggestion from a member which is appendix 2.

Lisa also sat in reception and greeted patients when they arrived for their appointments and explained about the patient participation reference group and actively encouraged patients to join. She also looked at patients who rarely visited the surgery and sent them information out to them about the group asking if they would be interested in joining.

With all this action undertaken another 18 patients joined the group. We now have cross spread of members, ranging from 17-84 years including carers, disabled people and carers.

The group profile is as follows:

Female	25-34 white British
Male	35-44 white British
Female	17-24 white British
Female	35-44 white British
Female	45-64 Asian background
Female	55-64 Asian background
Female	25-34 Chinese
Female	17-24 white British
Female	55-64 white British
Female	55-64 white British
Female	45-54 white British
Male	35-44 white British
Female	75-84 white British
Female	25-34 white British
Male	45-54 white British
Female	35-44 white British
Female	55-64 white British
Female	65-74 white British
Female	45-54 white British
Female	75-84 white British

**Patient Participation Reference Group
Report 2012 / 2013**

Female 55-64 white British
Female 45-54 white British
Female 45-54 white British
Male 65-74 white British

The practice received a draft questionnaire from the Primary Care trust (PCT). Lisa emailed and posted out the draft questionnaire to the members of the group to ask their opinion on the questions and if they would like any amendments to be made or certain questions to be added to the questionnaire, the members were happy with the draft questionnaire. However Karen Wood, Practice Manager did add some additional questions into the survey.

The patient survey was carried out in November 2011 and a total of 50 patients completed the questionnaire. The questionnaire was again posted out to patients that rarely visit the surgery to ensure that we tried to obtain a view point of each category of our patients.

Survey results 2012

Lisa emailed and posted out a copy of the results to the survey to all the members of the patient participation group. The group then discussed the findings at the March 2012 meeting.

There were only two members that attended the March 2012 meeting. The two members that attended the meeting agreed that the results of the survey reflected what they thought themselves.

76% of patients make their appointments over the telephone 64% of the 76% of patients said that they found it very easy to get thought on the telephone to make appointments.

The survey showed that 44% of patients feel that they wait too long to see seen for their appointment and 12% feel they wait a little too long. We discussed this with the two members and the issue of the improvements that need to be made in the surgery regarding the waiting times that patients incur. The main problem the members felt is that the patients do not understand that the GP and Nurses only have a 10 minute slot to see patients, this can be a problem if patients are not clear what they are seeing the doctor or nurse for at the start of a consultation. If they list all the problems at the start the doctor or nurse can prioritise the problems. We are trying to educate the patients on this, we have published an article in the surgery newsletter which patients read in surgery while waiting for an appointment, and posters are being created to try to inform the patient what is involved in the consultation from the doctor's side.

One member highlighted that if the patients are made aware that if they hold up the GP then they are causing the waiting time to increase for other patients, if patients are aware they only have a 10 minute slot they may be more courteous and think of other patients.

Another member also raised the issue of patients turning up late for an appointments, causing GP to run behind – she finds this frustrating and thinks that the surgery should advertise that if patients are late they will not be seen, Karen informed the members that we have a 10 minute late policy which means that if a patient is 10 minutes or more late then it is up to the discretion of the GP or Nurse but they may not be seen, the members think 10 minutes is too much time for patients to be allowed, it was suggested that the rule be changed to 5 minutes.

Patients not checking in with reception staff was also mentioned, patients need to be aware that they must check in with reception staff to make sure they are marked in as attended. If patients do not make reception aware that they are here for their appointment they may miss their appointment slot.

Comments and suggestions

Suggested improvements for the surgery via the survey:

- Offer online appointments service where patients can book on surgery website – due to the current computer system that we have in place this facility is not available as the surgery cannot set specific times that the patients can book. This would cause major disruptions the running of the clinics.
- Better magazines – all magazines are donated by the community
- Tea / coffee machine for patients – unfortunately due to health and safety we cannot allow hot drinks machine in the surgery. If patients become thirsty we can provide a glass of water if they ask a receptionist.
- Staff keeping to appointment times (less waiting time)
- More privacy when talking to receptionists – this is something that the Practice is keen to do but to provide a privacy hatch means looking at restructuring some of the building to accommodate this & has financial & organisational impacts. The practice will continue to review this & make changes as resources become available. In the interim if patients would like to speak in private, there is the facility to be taken into a private room.
- Longer opening hours – we will look into this in the future.
- Earlier appointment times

Comments regarding the surgery:

- Very good surgery
- Excellent surgery
- 10/10
- Very pleased with the surgery and the services we provide
- Outstanding surgery
- Friendly & helpful staff

In November 2012 we engaged in the winter pressure scheme and decided to open on a Saturday morning 8am-1pm. We thought this would be a great trial for the patients as they had previously requested in 2012 survey they would like longer opening hours. This service was initially due to run until the end of February 2013, but as the service became popular we have extended the Saturday morning clinic until the end of April 2013.

Survey results 2013

In February 2013 we carried out an addition survey to assess the practice performance and to gather the patient's feedback on the services we provide. This time we carried out the survey, in surgery, via email, attached it to our website and included it on the surgery's Facebook page. We used a wide range of services in order to give as many patients as possible the chance to access and complete the survey.

The results from the survey showed that 86.67% of patients try to call the surgery between 8:30 and 9:30am. There was a few issues regarding the appointment system and patients felt that it was difficult for them to get through on the phone between these times. Unfortunately we have one receptionist in the surgery at this time of the day. The practice will look into review this as part of the current recruitment campaign.

31.63% of our patients felt that they wait a little too long to be seen for their appointment, however 61.62% said that they had to wait between 6-15 minutes for their appointment. This issue was discussed in practice and 6-15 minutes was felt reasonable though the medical team will endeavour to be on time as much as possible. The practice will continue to educate patients as to being prepared for their appointment by wearing appropriate clothing if being examined and informing the GP of all of their queries at the beginning of the consultation. This would help to keep appointments running on time.

Two comments were made from patients that they would like a post box to be available for the surgery. The Practice will look into the possibility of this.

A total of 100 patients complete the survey then Survey Monkey was used to gather and analyse the data. These results have been published on our practice website, and sent out via email to our patient group with a covering letter (appendix4) asking for feedback on the recent results.

Comments and suggestions

Suggested improvements highlighted by 2013 survey

The feedback received from the 2013 practice survey highlighted the following areas which the patients feel could be improved

- **Comment:** The recorded message is irritating, time consuming & almost impossible to hear.

Response: This is now re-recorded every Monday. We play back the recorded message to ensure that it is clear and easy to understand. Thank you for raising the problem.

- **Comment:** The car park is very small area

Response: Unfortunately we cannot rectify this without applying to purchase more land. The Manager has made enquiries with the Council re this but any purchase would be subject to having funding. The manager has also contacted the Council to enquire whether disabled parking could be marked at the front of the building but this has been turned down. The Practice will continue to explore possibilities in this area and update patients as information becomes available.

- **Comment:** Request for over the phone prescription ordering.

Response: This service is not available due to the security and the risk of errors that could be made such as the mispronunciation of two similar drugs which could cause the incorrect item being issued. To offer this service would also require a large increase in staffing to concentrate on prescription requests and additional telephone lines. Patients can join our on-line ordering service or make enquiries with their Pharmacy regarding services that they have available.

- **Comment:** Provide a 'listening' service by trained listeners, which would not be counselling but might help expelative in tough circumstances

Response: The surgery will pass this on to the Commissioning Team.

- **Comment:** Online Appointment facility

Response: This is a service that the practice is keen to offer. We are awaiting a date for our new clinical system to be installed and then will implement this. We will continue to keep patients updated on progress.

38.78% of patients scored their overall satisfaction with the surgery as 10 – excellent

31.63% of patients scored their overall satisfaction with the surgery as 9. We feel as a surgery this is good outcome although we will continue to try to improve services and expand them as appropriate.

The results were made available on the Practice website at www.brandonlanesurgery.co.uk for patients to view. Patients were asked to get in touch by 8th March 2013 should they have any feedback on the survey results. Various methods of doing so were offered. No feedback was received from the members so Lisa and Karen discussed the results and devised an action plan to reflect patient views.

Action plan:

Look to extending the car park. This will require additional land, possible planning permission & funding. Information to be gathered by the Practice to see whether feasible.

Providing the provision of an online appointment booking service as soon as the new computer system is in place. The Practice is awaiting a timescale from our technical team & will keep patients updated on progress.

Look to implement a post box for patient use when we are closed taking into account security & confidentiality.

Continue to work on appointment time keeping in-house and by providing information for patients.

Continue to develop means of gathering views from a wide variety of our patient population including those that rarely attend the Practice.

Continue to work with our Patient Group and build on the foundations so that it becomes a fluent working partnership.

Review possibilities of improving confidentiality via structural changes as funding becomes available.

Appendix 1

Brandon Lane Surgery

March 12th PRG meeting

Attended:

Karen Wood – Clinical Practice Manager

Lisa Littlefair – Administration Assistant

Patients that attended:

KC

SH

Apologies:

TN

This meeting was to discuss what ideas the Practice Reference Group had regarding encouraging people to join our current group. We are always looking for new members to join and broaden our group's range of ideas and services that the practice offers.

It was also a chance to discuss the results from the survey and how they surgery could improve on the waiting times for appointments and the privacy issue for patients when speaking to reception staff. These are the two main results from the survey that the surgery feel need addressing first.

Confidentiality was the main issue brought up: Sandra suggested that people are unaware that the group is confidential and are worried that information may get fed back to the GP's etc regarding their opinions on the practice and they in turn may be treated differently. This is the main issue that we as a surgery need to address in advertising for new members to ensure that anyone interested in joining the group is aware that it is confidential group and any opinions/ideas will not affect the service /treatment they receive from the staff.

It was also suggested that members may be worried that to be involved in the group means they would have to have internet access and the use of a computer, this is another issue that is going to need to be addressed and explained to potential members that there is the option of face to face meeting's as well as virtual, and any ideas that are raised via email will always be discussed in the face to face meetings and visa versa.

The targets that were agreed in this meeting are as:

- To design people friendly posters stressing the confidentiality of the PRG meetings
- To spread the word about the PRG as much as possible, by advertising in the local papers such as, Jungle Book, Durham News, and Parish News. Kathleen Currie is going to speak to the staff at Action Area Partnerships to see if it is possible to advertise of some sort in their newsletter. We are also going to look to advertise in New Brancepeth village hall and the convenience store, as well as Parish Halls in surrounding areas.
- Kathleen Currie also offered her services to attend parish councils and spread the word on what the PRG means and what the input from the patients can help achieve. This is something we may look into in the future.

The issue of a PRG notice board in the surgery was raised, this board would be used only for PRG to advertise meetings, and display information etc. This is something the practice will look in to; it will need to be situated in an accessible spot for patients to read.

The issue of the improvements that need to be made in the surgery regarding the waiting times that patients incur. The main problem we feel is that the patients do not understand that the GP and Nurses only have a 10 minute slot to see patients, this can be a problem if patients are not clear what they are seeing the doctor or nurse for at the start of a consultation. If they list all the problems at the start the doctor or nurse can prioritise the problems. We are trying to educate the patients on this, we have published an article in the surgery newsletter which patients read in surgery while waiting for an appointment, and posters are being created to try to inform the patient what is involved in the consultation from the doctor's side.

Sandra highlighted that if the patients are made aware that if they hold up the GP then they are causing the waiting time to increase for other patients, if patients are aware they only have a 10 minute slot they may be more courteous and think of other patients.

Kath also raised the issue of patients turning up late for an appointments, causing GP to run behind – she finds this frustrating and thinks that the surgery should advertise that if patients are late they will not be seen, Karen informed Kath that we have a 10 minute late policy which means that if a patient is 10 minutes or more late then it is up to the discretion of the GP or Nurse but they may not be seen, Kath thinks 10 minutes is too much time for patients to be allowed, it was suggested that the rule be changed to 5 minutes.

Patients not checking in with reception staff was also mentioned, patients need to be aware that they must check in with reception staff to make sure they are marked in as attended, unfortunately if patients do not make reception aware that they are here for the appointment and they are missed they may miss their appointment slot.

Privacy was also discussed and how we can improve the confidentiality in the surgery. Kath suggested that the door at the side of reception be dropped back and a privacy hatch created, this is not possible as this door is used for clinical and reception staff to access reception, and it would also created a problem as the entrance to the store cupboard and record room is located to the left of this door.

It was suggested that there could be a possibility of a privacy hatch being created at the right hand side of reception desk, but if the receptionist was speaking to a patient and a queue formed at the front desk, they area would no longer be confidential as the patients would be standing beside the privacy hatch.

Action Plan:

Educate the patients in 10minute appointment slots and how to prepare for an appointment, by posters around the surgery and information in newsletters. Inform the patients of the 10 minute late for an appointment rule.

To provide the Patients with their own notice board – where we can advertise meetings and try to engage other patients to become involved.

Karen and Lisa have agreed to look at the layout of the building and see what changes could be made to accommodate a privacy hatch, but the surgery does have a confidentiality policy in that if the patient would like to speak to a member of the staff in private we can take the patient to a separate room.

If you would like any further information, please contact Lisa Littlefair at the surgery on: 0191 3782099 or via email on: lisa.littlefair@nhs.net

Appendix 2

!AN OPPORTUNITY!



YES YES YES

The Changes in the NHS mean that you

THE PATIENT



**Have more say in the NHS
care**

HOW ?

Join your Surgery Patient Group.

**Meet with others interested in having a
say**

EVERYTHING



is confidential.

You don't need to have a computer

Hooray!



Interested? Speak to the receptionist

Appendix 3

Hello,

I hope you are keeping well?

I have been reviewing the last meeting which we held in regards to the patient reference group and there is a few points I would like you opinion and ideas on, after all this group is about you as a patient having your say in what services we provide.

I'm looking for your opinion on

- What you would like to see advertised on the patient reference board in the surgery
- Ideas on how we can educate the patients that they have a 10 minute appointment slot with the Dr's and how they can utilise this time to the best advantage (things like, knowing your symptoms, listing your problems from the start to the Dr if you have more than one, then the Dr can prioritise them etc.) This will not only help the Dr but ensures that the patient gets the most out of the appointment.
- Where and how we can promote the patient reference group to appeal to more patients and try and encourage them to join

If you have any ideas I would be grateful of them, I would like any ideas that you have submitted to me via email by 15th November 2012 and then I can collate all the information and we can look to meet on 29th November at the surgery to discuss all the findings.

Kind regards

Lisa Littlefair

Administration Assistant
Brandon Lane Surgery

Appendix 4

Hello,

The Practice would like to thank those patients who completed our survey in February. The purpose of the survey is so that the Practice can receive feedback on performance and suggestions for where patients would like to see improvements made. This also allows us to prioritise any appropriate changes.

The results of the survey are attached. We surveyed 100 patients via our website, emails, Facebook page and in surgery, the results of which have been collated and graphs produced.

I would be grateful if you could take some time to look at the results and give your views on what could be done to improve the areas where we scored less highly. Please note that all improvements are limited to financial constraints therefore items, for example a rebuild of the waiting room, may be planned in for once funds become available rather than a specific timescale. Based on your feedback the Practice will produce an action plan of what we intend to do and how and when we intend to do it within the next 12 months.

I would be grateful if you could return any comments to me by Friday 8th March. You can email them to cd-pct.PPG@nhs.net post them or hand them in at the reception desk. If you have a question then please ring me at the Surgery on 01913782099.

Kind regards

Lisa Littlefair