

## **Local Patient Participation Report – March 2012**

### **Introduction**

Audley Mills Surgery has signed a Directed Enhanced Service with the local Primary Care Trust for Patient Participation. The purpose of this is to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned by their Practice. It aims to encourage and reward Practices for routinely asking for and acting on the views of their patients.

We decided to do this in two ways -- we would e-mail a random group with a standard questionnaire and the results of this would be discussed with the existing Patient User Group. The random group, known as a Patient Reference Group (PRG) was a selection of 50 patients taken from all those who had supplied e-mail addresses. There were also a few patients who had completed a form given to them at reception asking if they wished to take part.

In time, we intend to work on creating several PRG's who are representative of the Practice and include as many categories as possible, although this may be difficult at first.

The first survey was sent out in December 2011 and the results discussed at the Patient User Group in March 2012, with an action plan agreed. The action plan is shown below, together with the original questionnaire and the results (although the results may be a bit difficult to read!).

The Patient User Group, as well as agreeing an action plan, discussed at some length what sort of questionnaire should be used in future and which Patient Reference Groups it could be sent to. The requirement of the DES is that the groups should be as representative as possible, but it doesn't specify if these should be particular clinical groups such as diabetics, those with heart disease etc or whether the groups should be split just into age or sex, for example. It was felt by the Patient User Group that it wasn't sufficient just to contact those who had supplied an e-mail address and it was agreed to write as well. A decision was taken for the next year that the original questionnaire would be sent to another random group of 50 to 100 patients and that a second questionnaire would be drawn up in consultation with the group and the GP's and perhaps sent to those who were perhaps the most vulnerable, even though this might mean that the responses would come from their carers.

### **The action plan**

Although there were many complimentary comments in the response to the Patient Questionnaire, the negatives were :

- The phone system – cost and queueing
- Reception staff – lack of politeness
- Repeat prescriptions – communication issues if there are problems
- Difficulty in seeing a particular doctor

- Difference between different types of appointments

### **The phone system – cost and queueing**

It was agreed that SystemOnline should be promoted as much as possible, as this would help patients to avoid the phone system and also relieve the pressure on it. The size of the queue if the phones are busy would be increased from 20 to 50. This would then give patients the chance to hang up if they wished, whereas at that moment if patients are more than 20th in the queue, they are cut off with a message to ring again later, but they still have to pay the connection fee. The surgery will also investigate whether it is possible to change the phone system, without being financially penalised, so that patients are not charged on bundled calls from mobiles. It was felt that this is unlikely in the short term, but certainly needed to be taken into account when the contract is renewed.

### **Reception staff – lack of politeness**

It was firstly pointed out that there were some very favourable comments about the reception staff in the response to the questionnaire. However, it was suggested and agreed that the receptionists on the front desk should be asked to take part in an exercise asking for feedback from patients regarding how well they were treated on the day. A slip would be given out to the patients with the receptionists name and this would be put in a box with their comments.

### **Repeat prescriptions – communication issues if there are problems**

The surgery is already, at the request of the User Group, trying to telephone patients in the evening if there are queries about repeat prescriptions. This will continue and it is planned to start to use mobile phone texts, both for appointments and for queries.

### **Difficulty in seeing a particular doctor**

It was not easy to provide a solution for this, but it was suggested that patients need to be reminded that they can book 2 to 4 weeks ahead, which would make it easier to see the doctor of their choice.

### **Difference between different types of appointments**

This was felt to be a communication issue and it was suggested by the Group that the surgery composed a summary of the available types of appointments and how they can be used. This could then be added to the current review in the Practice Brochure, could be advertised in the waiting room and could also be put on the website. There was some agreement that it would always be difficult for a receptionist to decide what was an acute medical need and what could be seen at a different time.

See below for the questionnaire and the responses. Finally, the DES suggests that the Surgery opening times are advertised here – please see this section in the website which supplies full details.