



## **Practice Patient Participation Group** **Annual Report and Action Plan**

The Patient Participation Group (PPG) is now in its second year. Its aim is to ensure that patients are more involved in decisions about the services provided and commissioned by their practice. We decided to set up our very own face-to-face in November 2011. We need to work with as many different patients as possible and make sure that the group is a fair representation of our entire patient population.

Within this report you will see the following information which the practice has been working on since 8th November 2011 along with an explanation as to what the patient group types are, how the survey questions were devised and conducted and the agreed action plan for the practice.

### **A description of the profile of the members of the PPG**

**Face-To-Face (PPG – Patient Participation Group):** this group consist of the 9 original members plus an additional 8 members who we've been signing up since October 2011, totalling 17 patient members.

#### **Profile of the PPG**

The current PPG membership is reasonably representative of our practice population as shown by the table below. Our membership age range is between 35 and 86. We will be looking into ways of signing up patients in the age range of 15 - 34 this year. We have 15 female and 2 male members. The ethnicity is made up of 13 white British, we have one 1 Asian background, 1 Caribbean ethnic background and 2 any other mixed background. Our group members are a mixture of people who are employed, unemployed, and retired. One member has a learning disability, one member is a young mum, one very elderly and several with certain long term medical conditions. The practice is actively seeking to recruit members from other minority ethnic groups and also seeking to recruit members of the younger population.

# THE SURGERY 36 Belmont Hill, Lewisham SE13 5AY

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Dr Gail Holloway Dr Steve Pierpoint Dr Cristina Melchor Dr Quyen Nguyen

	1 Emis 459 2	2 Emis 372 9	3 Emis 996 5	4 Emis 1850 2	5 Emi s 521	6 Emis 123 9	7 Emis 596 5	8 Emis 1044 3	9 Emis 1911 6	10 Emis 311 2	11 Emis 1012 6	12 Emis 373 8	13 Emis 202 7	14 Emis 233 2	15 Emis 793 9	16 Emis 289 2	17 Emis 2239 1
<b>Patient Profile</b>																	
Male			v											v			
Female	v	v		v	v	v	v	v	v	v	v	v	v		v	v	v
Working Population	v		v	v		v	v		v		v		v		v		
Older Population/retired		v			v					v		v		v		v	v
Patient with learning difficulty/disabilit y								v									
Have children under 16									v						v		
Carer				v													
<b>Surgery Clinics attended</b>																	
Diabetes	v				v							v				v	
Asthma/COPD	v	v						v									
Child Imms															v		
Mental Health review clinic								v									
<b>Frequency of visits to the practice</b>																	
Regularly	v	v	v		v				v			v					
Occasionally			v	v		v	v			v	v				v	v	
Very rarely													v	v			v
<b>Age group</b>																	
Under 16																	
16-24																	
25-34																	
35-44										v							
45-54			v								v				v		
55-64	v											v					v
65-74				v			v	v		v		v					
75-84		v					v						v				
Over 84					v											v	
<b>Ethnicity</b>																	
White British	v	v			v	v	v	v		v	v	v	v	v	v	v	v
White Irish																	
White & Black Caribbean																	
White & Black African																	
White & Asian																	
Indian									v								
Pakistani																	
Bangladeshi																	
Caribbean											v						
African																	
Chinese																	
Any other background	v			v													



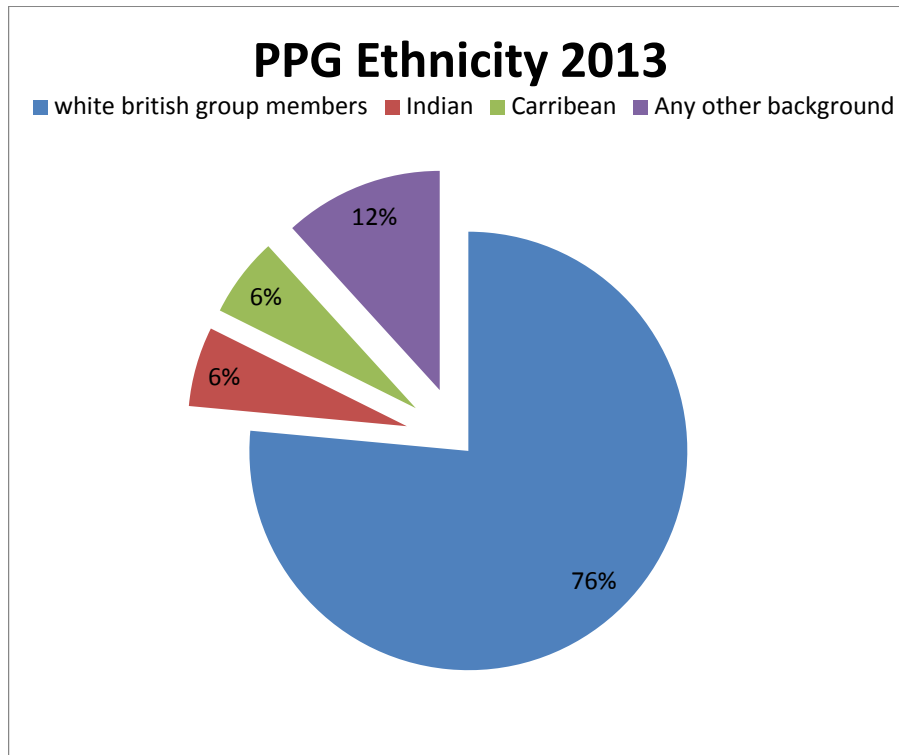
**Steps taken by the practice to ensure that our PPG is representative of its registered patients and where a category of patients is not represented, the steps the practice took in an attempt to engage that category.**

1. The practice organizes quarterly meetings held at 5pm with our PPG members to ensure all can attend at that most suitable time.
2. PPG meetings were held from April 2012 to 31st March 2013 with the minimum of 10 patients attending each meeting. The PPG members were notified of meetings by letters, telephone calls or by emails.
3. We endeavored to make the PPG as representative as possible of our registered practice population and to find a time convenient for both patients and the practice team to attend.
4. We decided the best way to recruit patients for our group was to hand forms out in the waiting room, advertise on the practice website using a secure online form as well as posters in various places in the waiting areas, newsletters and leaflets around the surgery. We also promoted the recruitment by putting posters in the baby clinic room to encourage and invite young mums to join. An added effort was made by the practice by introducing an invitation to patients newly registering at the practice. This was done by including the PPG form to the registration pack to be handed out to everyone taking the new registration form. We did this so we could inform and encourage new patients of all ages and genders and ethnicity to join our group.
5. The GPs would also hand leaflets out and talk to patients about signing up to the group during surgery. If not all aspects of the practice are shown within the group, i.e. age, range, careers, ethnic group, learning disability then Cindy Mootosamy(Practice Manager) will call patients in the areas not covered to ask them. We engaged in reaching different groups by the following: Patient Emis 10443 with learning disability found it hard to remember to attend the meeting and was not able to attend when it gets too dark, we therefore arrange the meeting at a convenient time and reception staff rang to remind her of the meeting. Patient Emis 3112, agreed to bring another patient with her by car. Patient 19116 could not attend during school time as she has to drop off her child; we therefore arranged the meeting also at a convenient time for her to attend. With all the arrangements above, different groups have attended at least 2 meetings between April 2012 and March 2013.



6. The practice would like to thank all the members of the group for giving their time to attend.

### **Patient Participation Ethnicity Chart 2013**



**Details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local practice survey.**

**1<sup>st</sup> Year 2011 - 2012**

1. Priorities for the patient survey were agreed on 11th November 2011 after discussion with the members of the group, patients' suggestions, practice concerns and themes from complaints.
2. These were mainly related to attitude of staff, the telephone and appointment system.
3. One patient felt that one priority area should be nursing cover when our nurse is on leave, as recent ill health had put a strain on the practice and



patients were unable to see a nurse for a period of 2 weeks for important issues i.e. ear syringing, travel jabs, dressings etc.

4. In summary the priority areas identified by the PPG and the practice staff were:

- Access to the practice by telephone
- Access to book appointments
- Attitude and behavior of Reception team
- Customer service
- Nurse cover

5. The issues of priority were then used as a base for the patient survey questionnaire 2011-2012. The result and findings of the survey were discussed with the PPG group members last year in March 2012. The results then helped the practice to put some changes in place to influence improvement in services. These changes were implemented in 2012.

In 2012-13 it was agreed by the members after discussion at the meeting on the 13th November 2012 to review the results of the changes implemented in 2012 and its outcome. There were also other areas, changes and new developments involving patient care for e.g closure of Lewisham A&E, new staff, the closure of our phlebotomy service, Electronic prescription service etc were discussed in the meeting. It was also agreed that in the next meeting, we will discuss about a survey to be conducted in the practice to get feedback from our patients regarding the changes implemented.

**See Appendix1 for the minutes of the meeting held on the 13th November**

In the meeting held on the 15th January 2013 it was decided to discuss about the survey questionnaire and other issues also. It was discussed that the survey should be not only about the changes made in the practice and their results but that we should also asked how could we improve the services provided to the patients. We engaged with our PPG providing them with an example survey questionnaire we'd devised and asked them to provide their input for modification and or additions. Members of the group helped and participated in the process by giving some suggestions to change some of the questions, for e.g. question 6 was originally 2 separate questions but 3 members (patient Emis 9965, Emis 4592 and Emis 3112) of the group suggested we use the questions number 6 instead and all agreed in the meeting. Also one member of the group helped with question number 3 as she was a school teacher (Emis 3112) and suggested that we use 'helpful' instead of 'Well' related to the answer choice given to patients on the questionnaire. We also discussed the method for



conducting the survey and the time scale for running it which was agreed for 6 weeks from 16<sup>th</sup> January 2013 until the beginning of March 2013, allowing us to collate and analyse the results in time for the next patient participation group meeting in March 2013. Based on the previous year's survey where questionnaires were posted and not many returned them back to the practice within the deadline but instead we are able to capture feedback better while patients were in the practice. It was therefore decided that the survey questionnaires should be given in the practice by reception staff and clinicians too.

**See Appendix 2 for the minutes of the meeting**

**See Appendix 3 for the finalised and agreed questionnaire**

## **The manner in which we sought to obtain the views of our patients**

Patients were asked by reception staff, doctors and our nurse to complete the patient survey questionnaire. It was agreed that the survey will run for 6 weeks. Every patient attending the practice for an appointment or for any other business was offered and encouraged to complete the survey. GPs and our practice nurse promoted the completion of the survey as well. Patients who phoned in were also informed of the survey and asked to complete one when they came into the surgery.

The practice distributed approximately 300 questionnaires and we had 71 of them completed and returned to the practice.

**See Appendix 4 for the results of the analysis**

**See Appendix 5 for the comments from patients who completed the survey 2013**

## **Details of the steps taken by the contractor to provide an opportunity for the PRG to discuss the contents of the action plan**

These results were discussed with the PPG group on the 5<sup>th</sup> March 2013 and also available to view in the waiting area with the results from the practice survey along with all the comments patients made.

**See Appendix 6 for the minutes of the meeting**



At the meeting the members were given the opportunity to discuss and formulate an action plan that resulted as an outcome of the survey. As the survey was to follow up on the changes implemented, customer care satisfaction and overall services provided by the practice, as a result of the survey of the previous year, the group had to look into these areas to either continue or discontinue with the changes that were implemented as a result of the first survey.

**Details of the action plan setting out how the finding or proposals arising out of the local practice survey can be implemented and if appropriate, reasons why any such findings or proposals should be implemented.**

From the finding of the survey 2012-13 an action plan was agreed with the PPG members at the meeting of the 5<sup>th</sup> March 2013. It was agreed that the changes implemented with the telephone system, new telephone consultation appointment services and customer care training provided to staff had a positive effect and should be continued.

The group agreed that monitoring should continue although they were very satisfied with the improvement made. They feel that reception team has improved their attitude and new members of staff who joined reception recently are very helpful.

The findings of the survey also brought up a few new issues patients are facing with the services we are providing, and they were discussed in the PPG meeting on the 5<sup>th</sup> of March. The group also agreed that these areas should be included on the action plan 2013.

**A summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local practice survey**

**Summary of progress made with the 2011-12 action plan.**

<b>ACTION PLAN OBJECTIVE</b>	<b>DATE TO ACHIEVE</b>	<b>OUTCOME TO DATE</b>
1.Appointment and telephone system The practice will review its	March 2013	Upgrade of our telephone system and new telephone system has been implemented



<p>appointment &amp; telephone system. At present our telephone system doesn't have a queuing up system and patients receive an engaged tone when the lines are busy. Appointment system to make some changes and offer another booking system</p>		<p>in the practice since November 2012 to enhanced patient care. Callers never receive an engaged tone. Automated system - the telephone system can direct the patient to the right person quickly and also enables the practice to queue calls. With the queuing system the patients are told where they are in the queue. Appointment system - changes made since June 2012 and patients are now able to book a telephone consultation appointment with the doctors. These appointments are available on the day or 2 weeks in advance.</p>
<p>2.Customer service and attitude of staff The practice is considering rejuvenating customer care skills of administrative and reception team by providing in house training to staff. The practice is in the process of booking half day of training on 17<sup>th</sup> May 2012 with Cherith Simmons learning &amp; Development centre</p>	<p>May 2012</p>	<p>Training provided in the practice as planned on 17<sup>th</sup> May 2012 to all reception and admin staff. In view of providing a better customer service, during our recruitment process, we selected the candidates who have proven track of past excellent customer service within their previous jobs. With the new staff members, we have been informed through the survey and group meeting of their satisfaction with our customer care service.</p>
<p>3.Practice Nurse and locum nurse cover To provide a locum nurse cover during annual/sick leave</p>		<p>The practice is providing nurse cover when the nurse goes on leave.</p>





## **ACTION PLAN 2013**

<b>Action plan</b>	<b>Action to be taken</b>	<b>Review and achievement date</b>
<p>1. Changes in our appointment system: The practice is offering telephone consultation appointments</p>	<p>From the survey finding it was agreed by the group that this will remain one of the priorities and we will continue to monitor this specific change implemented. As a result of the survey it became apparent that this service is innovative, helpful and has a positive effect in patient care. We also discovered that some patients find this system brilliant but only knew about it because it was mentioned on the survey questionnaire. One patient said: 'I was not aware of this new system but I think it is fantastic', 7 patients said they have not used the system, 8 said 'no comments' and 35 said 'not applicable'</p> <p><b>With the group, it was agreed to include in the action plan 2013, that the practice should advertise and promote more this service or by providing a leaflet on the website and in house about this new service to raise awareness so that more patients can benefit from it.</b></p> <p><b>It was also agreed that the practice should actively promote the online booking system and the website - one group member mentioned that there are not many posters in the practice about the website.</b></p>	<p>Monitoring will be ongoing and discussed quarterly with the group members New agreed plan to advertise this service will be actioned at the earliest possible.</p>



<p>2. New telephone system</p>	<p>This will also remain as a priority in our action plan, as the old system has now changed and we offer a telephone queuing system which enhance patient care and on the other hand, we had to change our telephone number to an '0844' number . With the introduction of the '0844' we had mixed feedback from the survey and it was agreed by the group that monitoring should continue and from the survey findings it was concluded that many patients were totally satisfied with the new system however this new number is not always part of 'bundle minutes' and some service providers are charging more when they call the practice. I quote from the patients: ' I am paying extra for calling the practice', and ' have a mobile friendly number'. With the survey we realized that some patients will benefit with this change and some may not, the group agreed that we should introduce a local rate number in the practice at the earliest possible to work alongside with the '0844' to give the choice to the patients on which number they want to use to ring us.</p>	<p>March 2013 - at the earliest possible</p>
<p>3. Nurse Cover</p>	<p>Ongoing monitoring to ensure that the practice provides the service and cover when our practice nurse is on leave</p>	<p>Long term basis</p>
<p>4. Phlebotomy clinic</p>	<p>Based on the findings of the survey, the group agreed that this is one priority and</p>	<p>August 2014</p>

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	the practice should work towards recruiting another phlebotomist and not to discontinue the blood test clinics in the practice.	
5. Patient's toilet to be redecorated and refurbished if financially affordable.	The PRG group agreed that the toilet needs redecorated and modernized for e.g. repainting, the toilet unit to be replaced etc	2014-2015

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## **Appendix 1: minutes of the meeting held on the 13<sup>th</sup> November 2012**

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## **Meeting Agenda and Minutes**

### **BELMONT HILL SURGERY**

**Patient Participation Group (PPG)**

**Date: 13<sup>th</sup> November at 5pm**

**Staff members: Cindy Mootoosamy (Practice Manager) & Samara Graham (Receptionist)**

**Attendees: Emis 3729, Emis 4592, Emis 9965, Emis 521, Emis 5965, Emis 3112, Emis 19116,**

**Emis 22391, Emis 3738, Emis 1239 and Emis 10443**

**Apologies: Emis 10126, Emis 2027, Emis 18502, Emis 2332, Emis 2892, Emis 7939**

**Minutes taken by: Samara Graham**

### **Agenda**

#### **Ground rules**

- This meeting is not a forum for individual complaints and single issues.
- We advocate open and honest communication and challenge between individuals.
- We will be flexible, listen, ask for help and support each other.
- We will demonstrate a commitment to delivering results, as a group.
- Silence indicates agreement – speak up, but always go through the chair.
- All views are valid and will be listened to.
- No phones or other disruptions.
- We will start and finish on time and stick to the agenda.

#### **AGENDA:**

1. Review of changes implemented in 2012 – Appointment system and changes, New telephone system, nurse cover, customer care and attitude of staff
2. New staff / Dr Holloway – Dr Mistry.
3. Phlebotomy services – to be replaced by a Nurse



- 4. Emergency Care UHL - Closure / TSA report and flyers to be given**
- 5. List maintenance cleaning project**
- 6. EPS - Electronic prescription service :leaflets**
- 7. Summary care records : Leaflets**
- 8. Improvement grant : reconfigure reception/low level counter etc**
- 9. AOB**

## **MINUTES**

Introduction made.

Cindy gave an overview of the agreed action plan 2012 and what changes have been made since last meeting.

### **1. Appointment system**

Discussed about the new appointment system with the group members, group is happy that we have added 3 urgent slots to each Doctor and 2 telephone consultations to each doctor daily. Members made aware that each doctor has one pre-bookable appointment at least 2 weeks in advance.

#### **New telephone system**

Patients informed of new phone system, they agree that the upgrade was necessary and the change will improve patient care and access; despite the new number may be slightly dearer. Getting through would be a lot easier for them as we can hold a lot more lines at a time and with this new technology there will never be an engaged tone.

#### **Nurse Cover**

As agreed with the PRG in the previous year, cover should be provided during the nurse's absence, annual and sickness leave as it will impact the service and care if there is no nurse available for one or 2 weeks. Locum nurse has been covering during leave and the group members agreed that this should continue and the practice has to monitor this change on a long term basis.

#### **Customer care training to reception and administrative staff**

Cindy informed the members of the group that the training was completed in May as agreed. Cherith Simmons learning centre and development did the in-house half-day training. All reception and admin staff attended the training as the practice was closed in the afternoon for protected learning time. Group discussed that there has been an



improvement in reception staff attitude and also new staff recruited are excellent in their customer service.

Member Emis 3112 said that one reception staff is very helpful and delivers excellent customer service at the reception. Another member of the group also said that staff members are more friendly and helpful in comparison with last year.

**It was then agreed by the group members after discussion at the meeting to review the results of the changes implemented in 2012 and its outcome by conducting another survey to get feedback from our patients regarding their experience about the changes made in the practice. The group agreed that during the next meeting the draft survey questionnaire should be seen and discussed by the PPG.**

2. Discussed Doctor Holloway's absence and sabbatical leave. Dr Mistry is covering her absence and patients are happy with this until her return.
3. Discussed our phlebotomist has now left and advised them to book for bloods externally. Made aware of plans for another nurse to join us a couple of weeks.
4. Discussed the closure of emergency department of UHL. Advised all to sign the petition.
5. Patients made aware of the list maintenance project and anyone who has not been seen by a clinician in over 18 months will receive first and second letter from the health authority asking them if they are still with our surgery and at the same address. If they do not reply they will be automatically removed. The practice is losing many patients and group was informed that the practice is making every effort to check patients' details in the practice, by writing to them and also on the phone.  
One member asked how will this affect the practice?  
Cindy informed the group that the practice will potentially lose 300 patients and this loss will have a financial impact on the practice and the services we provide.
6. Made patients aware of the new electronic prescription service, very happy about this as it will make things faster and more convenient to get prescriptions.



7. Informed patients of the summary care records allowing healthcare professionals to access patients' current medications, allergies and bad reactions to medication when being admitted to A&E. PPG group pleased about this as it will save a lot of time and easier access to patient's records in case of emergencies. etc.
8. Delighted to hear that the surgery will make some improvement work in the practice. Discussed reconfiguration to reception desk enabling patients in wheelchairs to access the reception desk.

### **Patients comments and ideas for surgery improvements**

Patients complained that it was hard at times to get appointments and thought we took emergencies only on the day. We explained that we provide a duty doctor who deals with emergencies only and a few routine appointments on the day at a first come first serve basis for non-urgent cases. Some patients were not aware of this and suggested we advertise this on posters and the website as well.

Group member Emis 9965 suggested we have a Facebook account and advertise anything going on at the surgery on the Facebook page. Management discussed the importance of patient confidentiality. PPG agreed with this.

PPG requested that we promote our website more by putting out more posters and flyers

PPG requested that we should have others means to contact them via email as well as post or phone.

PPG suggested we have a lift in the surgery for elderly patients who cannot get up the stairs and wheelchairs users. Advised that our surgery is a little too small for a lift and anyone who cannot make the stairs can be seen down stairs as the doctor will always come down to suit patient's needs.

PPG group delighted with the amount of doctors we have for the amount of patients we have, as opposed to other surgeries, having more patients and fewer doctors. One member complained who was told in a consultation by a doctor that their 10 minutes was nearly up. Patient felt offended about this. Management aware.



## **Appendix 2: Minutes of meeting held on the 15<sup>th</sup> January 2013**

### **Meeting Agenda & Minutes**

#### **BELMONT HILL PRACTICE**

#### **Patient Participation Group (PPG)**

**Date: 15<sup>th</sup> January at 5pm**

**Staff members: Cindy Mootosamy (Practice Manager) & Samara Graham (Receptionist)**

**Attendees: Emis 3729, Emis 4592, Emis 9965, Emis 521, Emis 5965, Emis 3112, Emis 19116,**

**Emis 22391, Emis 3738, Emis 1239 and Emis 10443**

**Apologies: Emis 10126, Emis 2027, Emis 18502, Emis 2332, Emis 2892, Emis 7939**

**Minutes taken: Samara Graham**

#### **Agenda**

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- All views are valid and will be listened to.
- No phones or other disruptions.
- We will start and finish on time and stick to the agenda.

#### **AGENDA:**

1. Patient survey – questions in the survey and draft questionnaire to be agreed by the group
2. Appointment and New telephone system questions to be included on the survey questionnaires
3. Website – more posters in the practice /Newsletters on the website with be published quarterly.
4. NHS choices website – IT manager has applied for access and management of the account from the Primary care trust.
5. TSA report A&E closure.

#### **MINUTES**

1. **Patient survey** – Cindy provided a copy of the devised draft survey





Questionnaire to all members present and she encouraged ideas from the group and asked for suggestions. Members of the group helped and participated in the process by giving some suggestions to change some of the questions, for e.g. question 6 was originally 2 separate questions but 3 members (patient Emis 9965, Emis 4592 and Emis 3112) of the group suggested we use the questions number 6 instead and all agreed in the meeting. Also one member of the group helped with question number 3 as she was a school teacher (Emis 3112) and suggested that we use 'helpful' instead of 'Well' related to the answer choice given to patients on the questionnaire. We also discussed the method for conducting the survey and the time scale for running it which was agreed for 6 weeks from 16<sup>th</sup> January 2013 until the beginning of March 2013, allowing us to collate and analyze the results in time for the next patient participation group meeting in March 2013. It was also decided the best method to capture maximum feedback from the patients is to give the questionnaires in the practice by reception staff and clinicians.

It was agreed by the group that the six questions were simple, short and cover the changes implemented in the practice.

2. **Emis access and newsletters:** Patients happy with this as they can catch up on changes and latest news to the surgery. Patients happy with emis access as they do not have to always call the surgery to book an appointment or come down to order a prescription.
3. **A&E closure:** Discussed the final decision of A&E closure, also made patients aware of the final march on January 26th.

### **Patients' comments and ideas for surgery improvements**

**Patients request that we have disinfectant hand rub available and accessible for all patients as they enter and leave the practice.**

**Patients happy with new telephone system but suggest that when you call the surgery number the options are press 1 for patient appointments as opposed to press 3, it is costing patients more and keeping them on the line slightly longer that needs be, as you have to go through 2 options before trying to get through to book an appointment. Patients agreed that the majority call the surgery to make an appointment so it would be easier to just call and press option 1.**



**Appendix 3: Agreed and finalised survey questionnaire 2013**

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PLEASE RATE EACH OF THE FOLLOWING AREAS BY TICKING ONCE ON EACH LINE:

Name of Doctor/Practice Nurse/Staff (if applicable): .....

**1. How often do you visit or ring the practice?**

- a) Once a week
- b) Once a month
- c) Once a year
- d) Other (please specify)

**2. How long did you have to wait before you get through to the practice?**

- a) Extremely long
- a) Very long
- b) Moderately long
- c) Slightly long
- d) Not at all long

**3. How helpful did you find the new telephone queuing system?**

- a) Extremely helpful
- b) Very helpful
- c) Moderately helpful
- d) Slightly helpful
- e) Not at all helpful

**4. How well did the staff at our practice listen to you?**

- a) Extremely well
- b) Very Well



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- c) Moderately well
- d) Slightly well
- e) Not at all well

**5. How helpful were the members of staff at our practice?**

- a) Extremely helpful
- b) Very helpful
- c) Moderately helpful
- d) Slightly helpful
- e) Not at all helpful

**6. The practice is offering our patients a new appointment system which allows you to have a telephone consultation with the GP. If you have used this service, how was your experience?**

- a) Much Better
- b) Somewhat better
- c) Slightly better
- d) Satisfactory
- e) Slightly worse
- f) Somewhat worse
- g) Much worse

**How could we have improved the services provided to you?**

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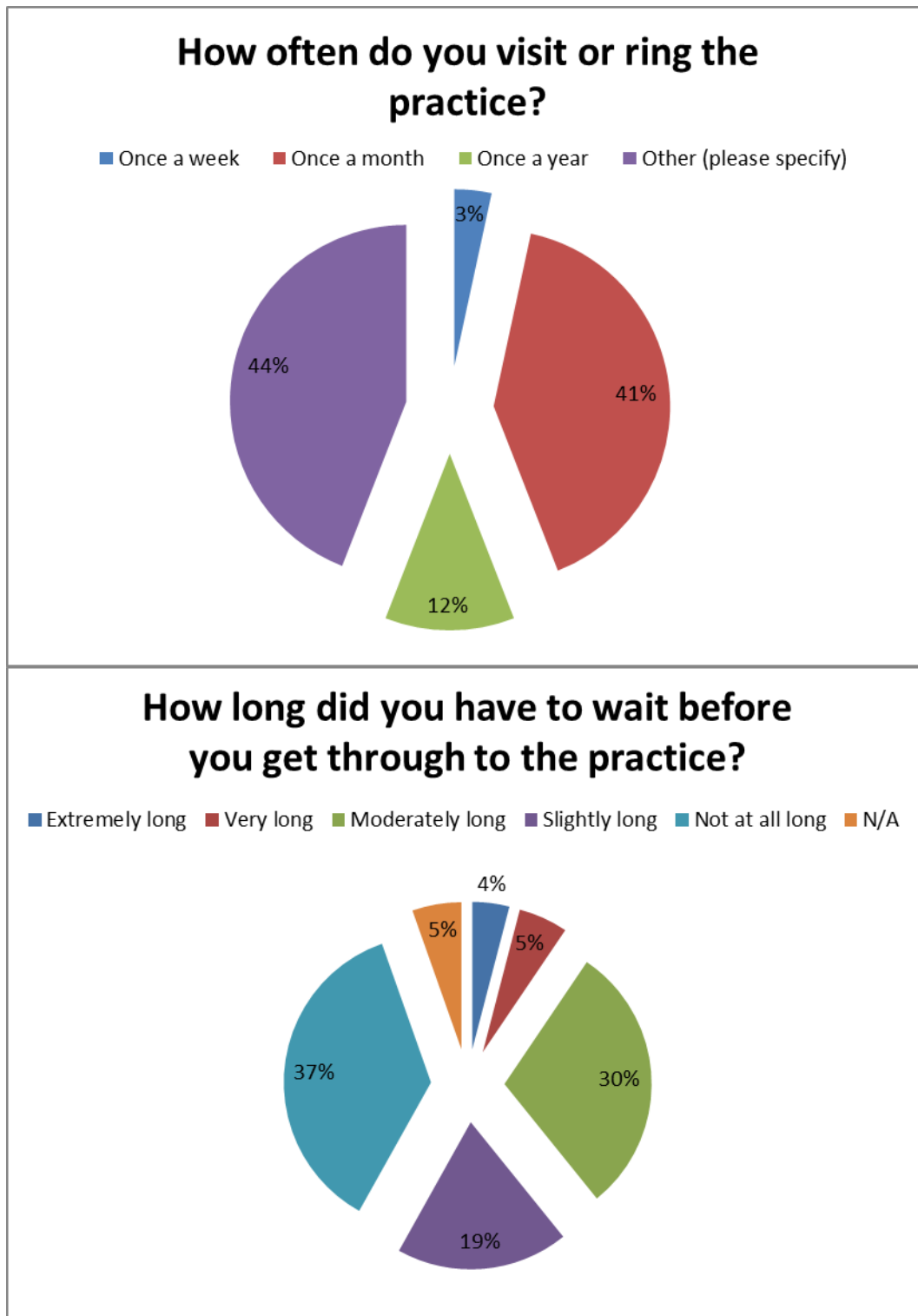
The following questions provide us only with general information about the range of people who have responded to this survey. It will not be used to identify you, and will remain confidential.

How old are you?	
Are you male or female?	
How many years have you been attending this Practice?	

**Thank you very much for your time and assistance.**

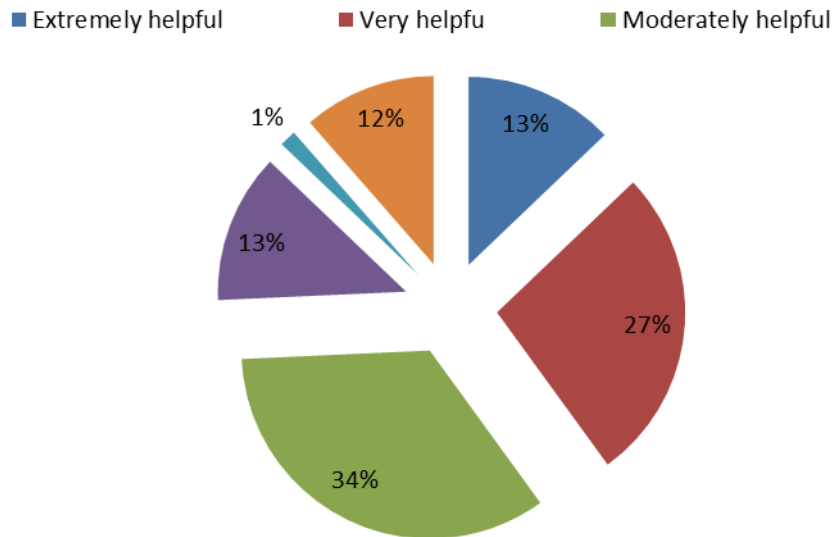


## **Appendix 4: The results of the analysis 2013**

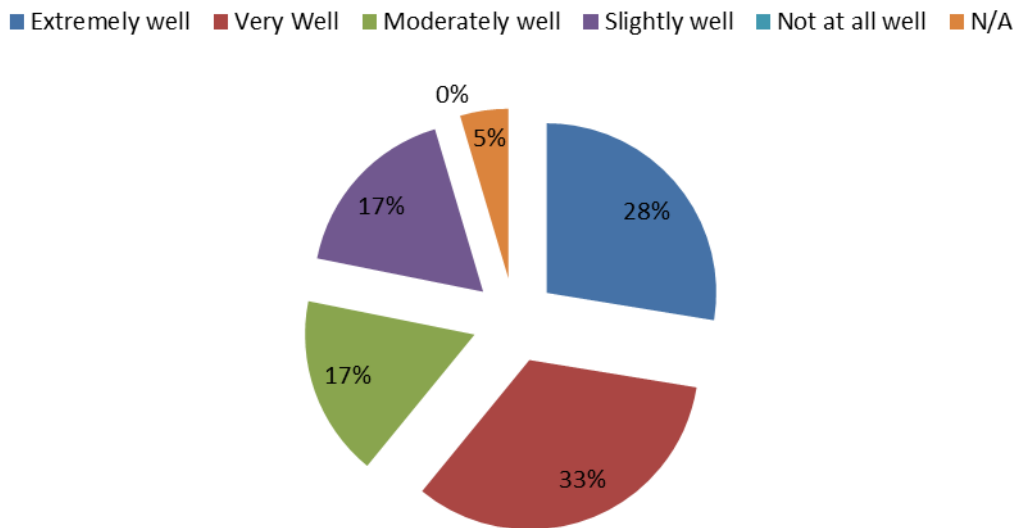


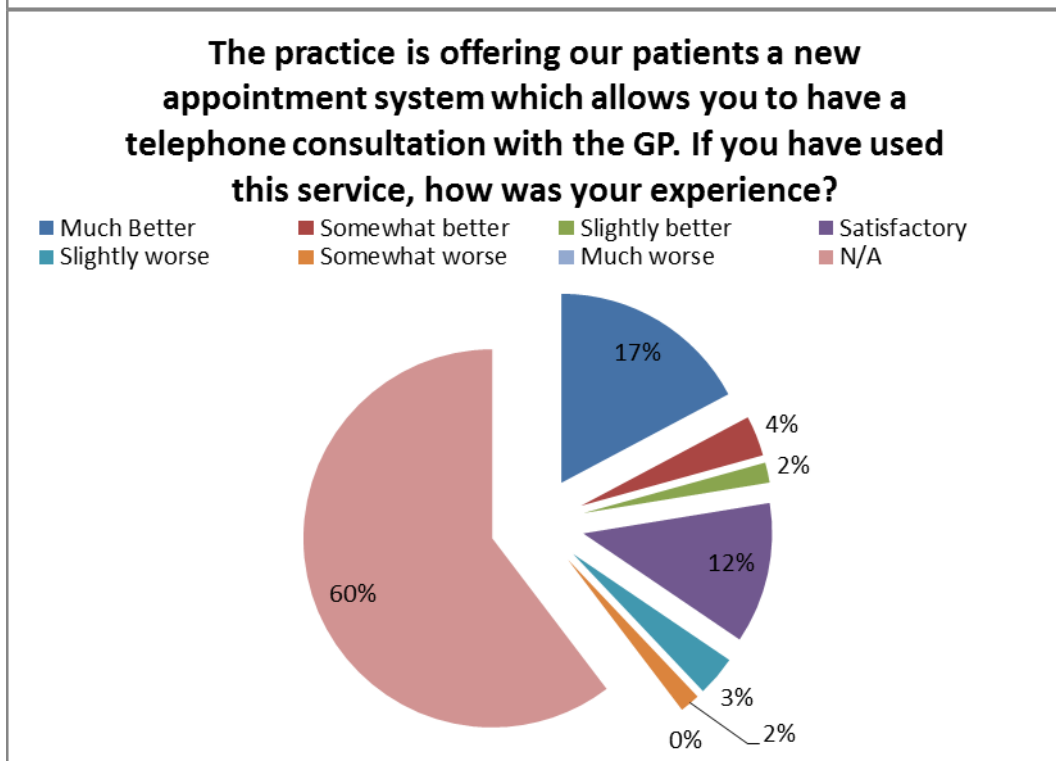
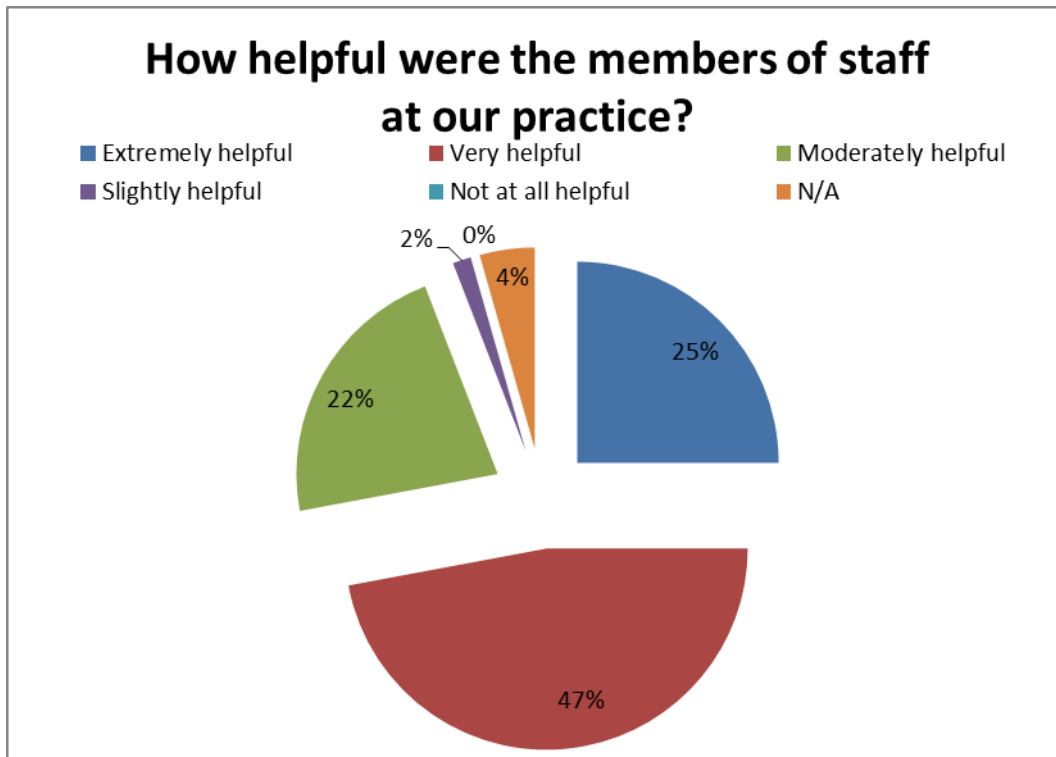


### How helpful did you find the new telephone queuing system?



### How well did the staff at our practice listen to you?







## **Table Format of the survey analysis 2013**

<b>How often do you visit or ring the practice?</b>		
Once a week	3%	2
Once a month	41%	24
Once a year	12%	7
Other (please specify)	44%	26

<b>How long did you have to wait before you get through to the practice?</b>		
Extremely long	4%	3
Very long	5%	4
Moderately long	30%	22
Slightly long	19%	14
Not at all long	37%	27
N/A	5%	4

<b>How helpful did you find the new telephone queuing system</b>		
Extremely helpful	13%	9
Very helpful	27%	19
Moderately helpful	34%	24
Slightly helpful	13%	9
Not at all helpful	1%	1
N/A	12%	8

<b>How well did the staff at our practice listen to you?</b>		
Extremely well	28%	24
Very Well	33%	29
Moderately well	17%	15
Slightly well	17%	15
Not at all well	0%	0
N/A	5%	4

<b>How helpful were the members of staff at our practice?</b>		
Extremely helpful	25%	17
Very helpful	47%	32
Moderately helpful	22%	15
Slightly helpful	2%	1
Not at all helpful	0%	0
N/A	4%	3

<b>The practice is offering our patients a new appointment system which allows you to have a telephone consultation with the GP. If you have used this service, how was your experience?</b>		
Much Better	17%	10
Somewhat better	4%	2
Slightly better	2%	1
Satisfactory	12%	7
Slightly worse	3%	2
Somewhat worse	2%	1
Much worse	0%	0
N/A	60%	35



## **Appendix 5: The comments from patients who completed the survey 2013**

### **Comments made by patients from the survey questionnaires:**

- 1. *I wish you can stop other people from moaning about the service, I often hear people complaining when I am queuing outside and it annoys me because i think you provide an excellent service.***
- 2. *By having a mobile friendly number***
- 3. *Just told me about the telephone consultation on the phone as I was unaware of it other than than its all good.***
- 4. *Very important please can we have in reception for all the patients antiseptic wipes or hand gel***
- 5. *I've always been happy with the service provided. Friendly doctors, nurses and reception staff***
- 6. *I have been so happy with this practice (compared to Lee Health Centre where I was a patient for 20 years). I have found all the staff extremely helpful. The doctors, Alyson Bond and even Jane Mould-Jones are very professional. I cannot fault any of them***
- 7. *Can we improve the music on the phone?***
- 8. *Please can we re-introduce blood test clinic at the surgery?***
- 9. *I was not aware of this new system of telephone consultation but i think it is fantastic***
- 10. *The system for the non-urgent appointments works very well. It is more difficult if you need an emergency appointment.***
- 11. *Much better pharmacy link, skin clinic or referral, support group, more appointments on the system and via the website***
- 12. *The experience of making an appointment with the practice nurse has been very good and easy to do, no further improvement needed***
- 13. *Wtih the new telephone system we have to wait longer than the old system but all other services and stuff are very helpful***
- 14. *Good service***
- 15. *Change the irritating voice on the phone line***
- 16. *Patients' toilet is disgusting***
- 17. *Couple of team sound negative and sometimes abrupt***
- 18. *Better communication for e.g I did not know about the online booking***





- 19. Put our mind at rest that there will be no private health providers used by the practice and that the NHS is the preferred provider**
- 20. The one thing I would say is how reception is set out that means everyone can hear what is being discussed. Even if the information is not confidential it is usually personal it is embarrassing if not intimidating**
- 21. More appointments**
- 22. Keep the phlebotomy clinic**
- 23. Paying extra 40p for calling the '0844' number**
- 24. Costs 11p/min from virgin phone**
- 25. Keep local phone**
- 26. You need to re-instate the old phone system as using '0844' is not cheaper if you are a BT customer (£1.36 + vat)**
- 27. Blood test service on site**
- 28. No concerns or comments: everybody is helpful and friendly**
- 29. Two ladies in the past that i believe that their training was in the military service, too busy and difficulties to understand foreigners but now its better**
- 30. Good idea to facilitate with another number /front of house reception rude and helpful**
- 31. More flexibility in booking in advance**
- 32. We want to have an appointment via online and needs to be improved**
- 33. Blood facility would help**
- 34. More knowledge of mat b 1**
- 35. I hate finding it almost impossible to book an appointment in advance and often on the day too, very stressful when you are running out of medication**
- 36. The new telephone system is a great improvement although the wait is very long, it was just once call**
- 37. Telephone consultations are innovative I would extend this to the prescribing nurses as well as GPs**
- 38. Online prescriptions would also help with pick up at local pharmacy**
- 39. It would be good not to have to queue outside at 8am to get an appointment: fewer patients and more doctors would be great.**



## **Appendix 6: Minutes of meeting held on 5<sup>th</sup> March 2013 at 5pm**

### **Meeting Agenda & Minutes**

#### **BELMONT HILL PRACTICE**

#### **Patient Participation Group (PPG)**

**Date: 5<sup>th</sup> March at 5pm**

**Staff members: Cindy Mootosamy (Practice Manager) & Samara Graham (Receptionist)**

**Attendees: Emis 3729, Emis 4592, Emis 9965, Emis 521, Emis 5965, Emis 3112, Emis 19116,**

**Emis 22391, Emis 3738, Emis 1239 and Emis 10443**

**Apologies: Emis 10126, Emis 2027, Emis 18502, Emis 2332, Emis 2892, Emis 7939**

**Minutes taken: Samara Graham**

#### **Agenda**

#### **Ground rules**

- This meeting is not a forum for individual complaints and single issues.
- We advocate open and honest communication and challenge between individuals.
- We will be flexible, listen, ask for help and support each other.
- We will demonstrate a commitment to delivering results, as a group.
- Silence indicates agreement – speak up, but always go through the chair.
- All views are valid and will be listened to.
- No phones or other disruptions.
- We will start and finish on time and stick to the agenda.

**Agenda:**

- 1. Findings from Practice survey: Anonymized comments attached**
- 2. Identified key priority areas to improve in the practice based on the survey and Action Plan to be agreed with the group**
- 3. Next meeting in summer (as discussed 4 meetings yearly)**

**Minutes:**

**Cindy gave an overview of the minutes of last meeting and action taken since the last meeting.**



- 1. Findings from the survey - comments from patients who participated in the survey were given to the PRG members**  
Cindy gave an overview of the findings of the survey and the comments from the patients as a result of the survey were also provided during the meeting. Cindy informed the group that 71 patients responded to the survey.
  
- 2. Key priority areas and action plan 2013 discussed and agreed by all the group members of the PRG during the meeting:**
  - a. Continue with the changes implemented and an ongoing monitoring of the outcome.**
  - b. Customer care from reception team has improved however a few patients still remain dissatisfied with the attitude of some reception staff, monitoring is crucial to ensure that patients are receiving good service.**
  - c. To reinstate the Phlebotomy clinics and enable our patient population to have their blood tests in the practice.**
  - d. To run another local rate telephone number alongside the new telephone system with the '0844'**
  - e. If financially affordable the practice should refurbish and redecorate patients' toilet for e.g. painting the walls and change the toilet unit and modernize the toilet facility provided to the patients.**
  
- 3. All members agreed that the next meeting will be held during the summer and are happy to welcome Dr Holloway back in the next PPG meeting.**



## **Surgery Opening Hours**

The surgery is open Monday to Friday from 8am to 6.30pm

Access to reception and practice services can be obtained as follows:

- Attending reception in person
- Phoning the surgery
- Faxing the surgery
- Online access to book appointments, cancel appointments, making suggestions and complaints and also request repeat prescriptions.

## **EXTENDED HOURS SURGERIES**

<b>EXTENDED OPENING TIMES</b>	<b>18:30-19:30pm PREBOOKABLE ONLY</b>	<b>07:00-8AM PREBOOKABLE ONLY</b>
	<b>Monday</b>	<b>Thursday</b>
<b>Dr Quyen Nguyen</b>	✓	
<b>Dr Steve Pierpoint</b>	✓	
<b>Dr Gail Holloway</b>	<b>In other Drs absence</b>	
<b>Dr Cristina Melchor</b>		✓
<b>Practice Nurse: Julie Morton</b>		✓