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## Patient Participation Group (PPG) Feedback October

The 2<sup>nd</sup> meeting of the patient group took place on Wednesday 27<sup>th</sup> October and was attended by Dr Rachel McPherson, Mike Stemp and members of the group. Dr Rachel McPherson joined the practice in July, since then we have improved the appointment system, in particular more appointments are now available to patients and we have trialled a telephone appointment system and generally made good progress on patient access.

Feedback was given on two fronts. Many patients will have been asked to complete national patient surveys. These surveys reflect what patients think about the practice in several areas, including the ability to see a doctor the same or next day, satisfaction with overall care, and the ability to get an appointment with a doctor more than 2 days in advance. Patients are very pleased that they can usually book with the doctor of choice. The practice has made progress by giving patient's more information on how to get an appointment; this was achieved through information provided in the PPG newsletter, on the practice website and via waiting room TV.

The practice participated in an audit on our management of urgent care run by The Primary Care Foundation. This report primarily looked at how the practice works e.g. our appointment and telephone systems. The PPG discussed the key findings; patients particularly like the ability to see a preferred doctor, although there is no constraint on booking ahead, the balance of 'same day' and 'advanced booking' are well ahead of national average, i.e. more same day and less advance booking than a typical practice. At the time of the report (June 2011) says that about 30% of patients had to phone 2 or more times to get an appointment. The position is now much better since Dr McPherson joined the practice; however the group feel that there is a need to redraw our appointment system to meet patient needs taking into account these comments.

### Feedback from last meeting

1. Telephone trial. The trial is advertised on the TV and presented on the website. At this stage patients wishing to contact the doctors have their names added to the end of the appointment system. The appointment also shows a brief message to the doctor regarding the reason for the call. It was felt that the trial should be extended. We will seek to give patients the option of a telephone consultation rather than a full appointment if this is appropriate. This will be explored further in the patient survey.
2. The external walls of the practice have been painted.
3. The PPG News sheet has been given to approximately 1600 patients. The news sheet included an invitation to send comments back to the practice either in writing or electronically via the website. So far the practice has received only one comment. Q water vending for patients in waiting room. Our advice is now included on Waiting room TV presentation. The PPG suggested that to improve the response rate, the invitation to comment should be against specific questions.

4. Local commissioning priorities. Our doctors attended a local commissioning workshop and identified our priorities are as follows; (it was noted that these will be prioritised by the CCG)
  - Hep C testing in primary care. Currently patients are sent to hospital for these test
  - Alcohol detox programme in community
  - Increase of District Nurses available to Primary Care. Note all practices will be sending GP representatives to a city wide event in December when plans to reconfigure Community and district nursing services will be discussed and implemented.

#### The appointment system

The practice has traditionally had a surge of request for appointment on the same day. We discussed a number of issues as follows; there is too much bias towards same day appointments, we may need to make a staged change based on patients needs. We agreed to conduct a survey initially focusing on a few key areas Patients need –v- urgent appointment, better access to pre bookable appointment, and telephone access. Release of all appointments at 8:30 rather than the 8:30 and 11:30 water shed. The group felt that this could be particularly helpful if patients new that they could book ahead. Again we need to measure patient response and plan any change carefully. We discussed 'on line booking' and although this would be available for say 2 appointments per day the group felt that we should hold back on this for the time being.

#### Telephone consultations

Currently the trial has involves leaving call back messages on the appointment system. The doctors then phone back at the end of surgery. The group discussed how this could be improved. Patient calls are not triaged, i.e. when a patient books an appointment often the reason for the call is not discussed. As part of the patient survey we need to consider other solutions for example call back earlier in the day. Giving patient more opportunities to have a call back from a doctor may create more capacity within the practice. We shall survey patient needs prior to making changes.

#### Other issues

There is a currently a 2 week wait for Phlebotomy appointments, patients are very happy with the service they get from the phlebotomist...it's not good use of GP/practice nurse time although bloods will be taken by the clinicians when urgent. This is a question of capacity. Mike will investigate extending this service and report back.

We discussed confidentiality; there is a sign up in outer waiting room to discourage patients loitering outside consulting rooms.

Texting patients welcomed by some but not initially the priority. We also seek suggestion on how the web site and information on the TV could be improved.

Patient TV channel website the group asked to give feedback if they felt this link on website <http://www.parentchannel.tv/> may be useful

The group felt that we should tackle maybe just 3 or 4 issues. We agreed to invite a wider group of patients (A Patients Reference Group) to comment on what they wish included in the questionnaire. See attached. The group felt that the patient preference should be indicated by ticking boxes 1-5 (like to dislike) also patients to be given the opportunity to particulate by via email so that we may have comments on other issues/surveys in the future. See attached Questionnaire.