

Minutes of Patient Participation Group

Date: Wednesday 25/01/2012

The meeting commenced at 5.00 pm with refreshments. The Practice Manager welcomed everyone and explained that the sole purpose of this meeting was to discuss the results of the Questionnaire which had been done during November and December 2011. The Practice Manager explained another member of staff had been responsible for helping her with this questionnaire and that this person would therefore take the lead for this meeting. She explained that as this was the first in-house questionnaire we had done, we would try to look at all aspects of our practice.

All members of the group were given a copy of the results which had been prepared in-house. The members of the group had all seen the questionnaire and approved it before it was distributed. One of the group asked how we had chosen the participants. It was explained that as we decided to keep the cost to a minimum we would not post the questionnaire. The paper work was handed out at reception as patients came to the practice. The staff tried to choose all age groups and ethnicity groups and divide as evenly as possible between male and female. We asked all recipients not to identify themselves in any way when they returned the questionnaire in a sealed envelope which we provided. None of these envelopes was opened until a couple of days after the last day. A closing date had been added to ensure we got the results in as soon as possible. 55 questionnaires were handed out and 42 were returned i.e. 76%. It was agreed that this was a very good return. Not all questions had been answered by everyone, but most had been answered.

All questions were looked at and comments made. The group thought that the results were very good with one or two points which we needed to discuss. In general the "Access" to the practice was excellent and everyone agreed with this. The way the appointments are made was also very good with most people wanting to use the telephone or coming in person. Very few wanted it on line and no-one wanted a Fax method. Coming to the practice and waiting for the appointment was also very good. 75% said they had no problem getting into the building and 73% thought it was a very clean surgery. 72% thought the receptionists were helpful. Waiting times for appointments once arriving were very good and most were very happy with the time they had to wait to be seen. There was one area of concern and that was that 22% said that they were unhappy that they could hear what was being said at the desk whilst they were in the waiting area. This was discussed later.

We then proceeded to look at how satisfied patients were with the GPs and opening times. It was interesting to note that a lot of people were unsure of the normal working hours. This was discussed and the results of the discussion will be given at the end. 75% were happy with the opening hours, but comments were added indicating that several would like more late openings during the week, which are advantageous for working people and those at school or college. Only a few would like some weekend opening times.

We then looked at the answers to experiences of seeing a doctor and the Practice Nurse. In both cases most were satisfied with their experience.

72% were satisfied with their care at the surgery and 54% said they would recommend the practice, 15% said they would probably would, 4% were not sure but no-one said they would not recommend it.

We then looked at the health of our patients and asked whether they had longstanding health problems and if so how well were they treated. 38% said they had long standing problems and of these 95% said they had had discussions with the nurse or doctor in the last 12 months. These discussions were analysed and in most cases the results were very good, however there were a couple of outstanding problems. These were to do with lack of written information for the patient given to them by the doctor or nurse and the lack of information re a “care-plan”. These were both discussed and the results will be given at the end.

General questions about the patient were then asked to ensure we had a good distribution for our survey. We surveyed 43% males and 44% females. (NB: not everyone answered this question)

The age range gave us a normal distribution curve with a range from under 18 years to over 85 years.

We also asked questions regarding employment, general health, guardianship, carers and ethnicity to ensure we had an overall picture.

Once we all had looked at the results a general discussion took place.

Discussion

All the group members felt that the survey was a fair one and were pleased that we had had such a good response.

All agreed that the outcome was very good and it was commented that they thought all clinical staff were excellent. The role of a Healthcare Assistant (HCA) was discussed and it was agreed that our HCA did a good job. Everyone thought the nurse was very helpful and good at her job and she was trusted as she had been here a long time. All thought that the GP was excellent and did a very good job especially as she was a single-handed GP.

A. The problem with confidentiality at the front desk was then discussed. The waiting area is quite small and the seating cannot be easily changed as it is built in.

Several ideas were talked about.

1. Sometimes a patient is asked to go to the front desk by the GP to make an appointment for a particular test which they do not want everybody in the waiting area to hear. It was suggested that the GP writes the request on a "chitty" and the patient can hand this to the receptionist to make the appointment.
2. Maybe it would be possible for the telephone on the front desk to be moved to the back of the office as everyone can hear the conversation at the front desk.
3. Is it possible to alter the waiting area to remove the front row of seats which are very close to the front desk?
4. A notice about Confidentiality is already on the Notice Board asking people to stand well back to wait for people already at the desk to finish before they come to the desk, but it is obviously not prominent enough. A new notice in colour will be provided and will be enlarged and placed at the front of the reception desk.
5. It may be possible to put up a notice board asking people to queue behind it whilst waiting.
6. It was also discussed that it may be possible to use "number" cards to be picked up on entry to the practice, so that people only go to the desk one at a time and in order of arrival.

All of these will be discussed in a practice meeting along with the GP. As well as the above, all reception staff will be reminded to think about confidentiality at the front. If there is a need to discuss something of a sensitive nature or if the patient requests it we must speak to them in private away from the front desk.

B. Opening Hours

It was obvious from the survey that there is uncertainty at the opening hours as some people thought we were open at weekends!!

It was decided to put up notices in several places giving the opening hours. It was also decided to include the actual consulting hours and the times needed for a “Home Visit” request.

Practice Leaflets to be printed again to give out to anyone who wants one. All new patients should be given a leaflet when they register.

The website to be advertised again in the Practice as this gives all the relevant information needed.

It was also asked whether there could be a time saved for either the doctor or nurse to have telephone consultations. (This will be discussed with the GP)

C. The lack of written information given to patients by the Nurse and GP and lack of care-plan information for long term health problems.

1. Would it be possible to give information leaflets out to patients when they attend the surgery? This was discussed and it was felt that the GP/Nurse would perhaps find this difficult at the time of the consultation due to time constraints. It was suggested that it may be possible for the reception staff to print them out if the Gp/Nurse informs them of the one they need. Another idea was to have some of the more frequently used/asked for leaflets to be at reception so they could be handed out at the front desk. There are several leaflets in the racks, but it is well known that patients will not really look at them and the information given may not be relevant. The EMIS system does have access to Patient Information Leaflets which can be printed.
2. We felt that patients do have a care plan as this is essential however they may not realise it if the GP/Nurse does not actually use those words, so maybe they need to be reminded to use the words “**care-plan**” when speaking to patients.
3. It was also suggested that we should encourage patients to be “ready” for a consultation before they arrive at the surgery by making note at home of the things they wish to ask or speak about to the GP/Nurse. It was suggested that a colourful new notice was provided saying “Help Your Doctor/Nurse Help You” explaining that patients need to prepare well before they are seen as this will help diagnosis and treatment.

We all felt that we had got a long way with the survey results. It was explained that the results had to be put up in the practice and on the website. We also had to put on the website our discussions and any outcome as well as send all this to the Primary Care Trust (PCT). The practice will now have to meet with the GP and look at all these ideas, before any major changes are made. The Patient Group will be kept up to date.

The next meeting date will be announced later, but it will be in March 2012. We will update the group on the outcome of the Practice discussions following today's meeting and look at any other business.

The Practice Manager thanked everyone for attending and stressed how much we appreciated their input. The meeting ended at 6.00pm.