

Village Green Surgery
Meeting to Discuss 2012 Patient Reference Group Survey results
12 February 2013 - 11.30am

Attendance

Dr Stephen Blair

Dr Mark Westwood

Dr Aliya Soomro

Dr Nicola Fell

Dr Danielle Robinson

Ms Beverley Suddick

Mrs Paula Davis

Dr Jane Riddle

Dr Peter Olley

Dr Alasdair Wallace

Dr Anne-Marie Cole

Mr Philip Horsfield

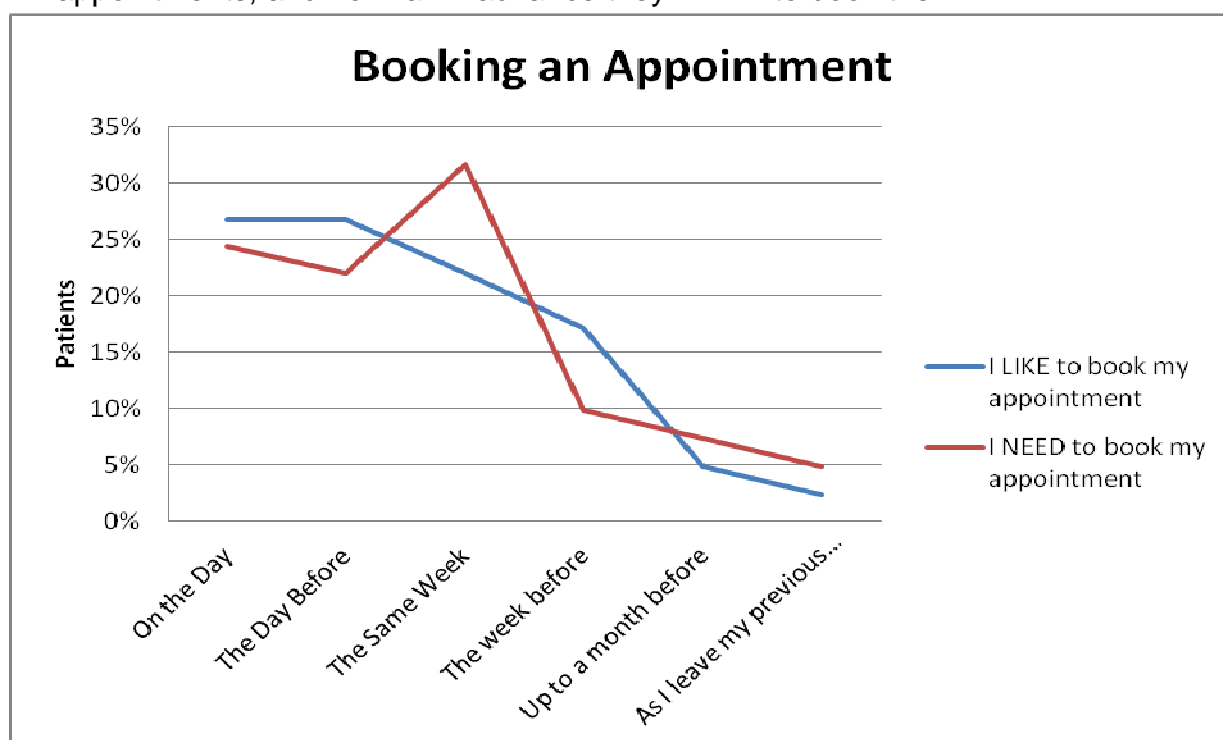
Mrs Anne Davies

Patient Reference Group Survey Action Plan

The results of the last PRG online survey were discussed and actions agreed as follows:

The following areas were felt to be most appropriate for action, and the survey results are recorded below each question:

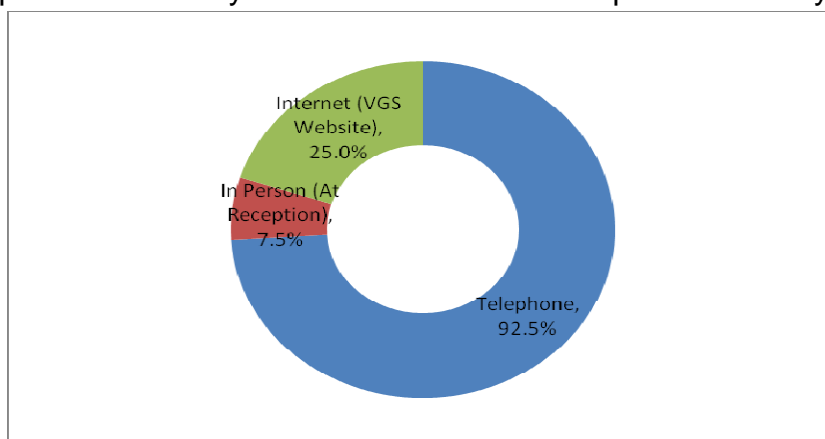
1. **When do patients feel they need to book appointments?** The practice was interested to know how far in advance the PRG patients LIKE to book appointments, and how far in advance they NEED to book them.



Response of meeting: We will take a more in depth look at this issue to understand whether our appointment system is fully meeting the needs of our patient population. There is no perfect answer to this, as different people want different things. We will monitor the calls taken by our

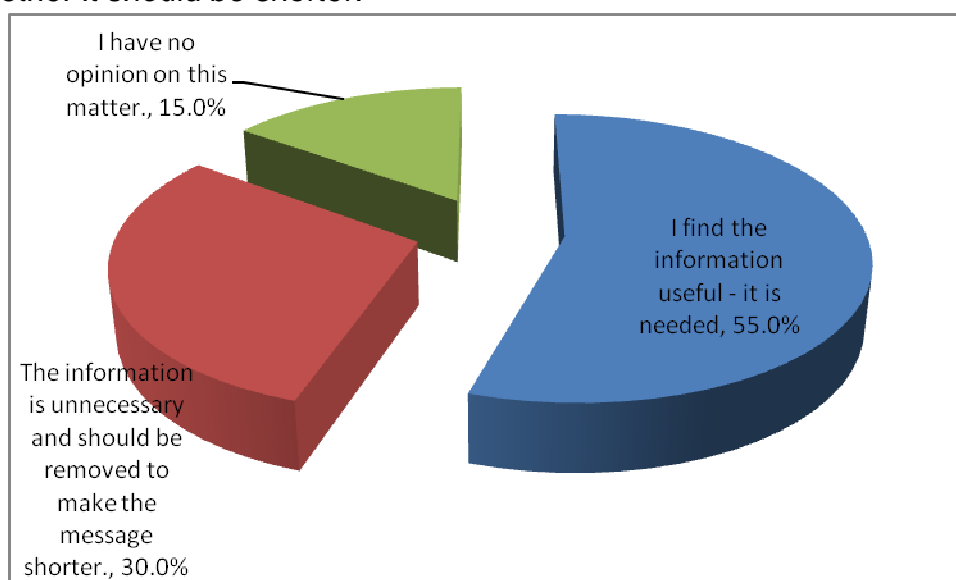
reception team to find out how often patients are asked to ring at another time to get an appointment.

2. **Appointment Booking Preferences.** The PRG was asked how they book their appointments. They were asked to select all options that they use.



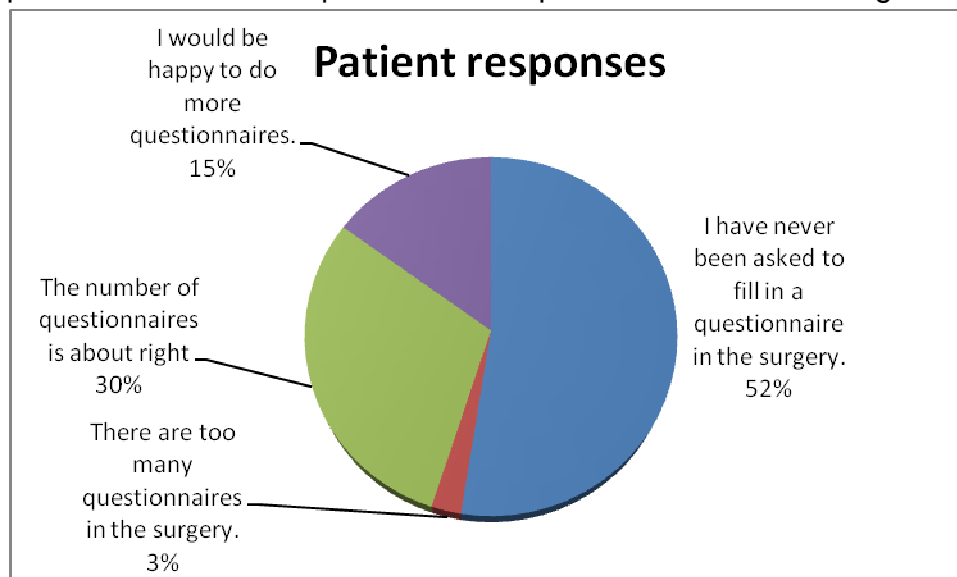
Response of meeting: The overwhelming preference is for phone booking. We will therefore ensure that this service is maintained and developed using technology and ingoing training. Booking via our website is slowly growing, and we will reinforce the advertising of this service to people who are currently unaware of it.

3. **Telephone Switchboard Message.** The PRG was asked whether the surgery switchboard greeting which lists phone numbers was helpful, or whether it should be shorter.



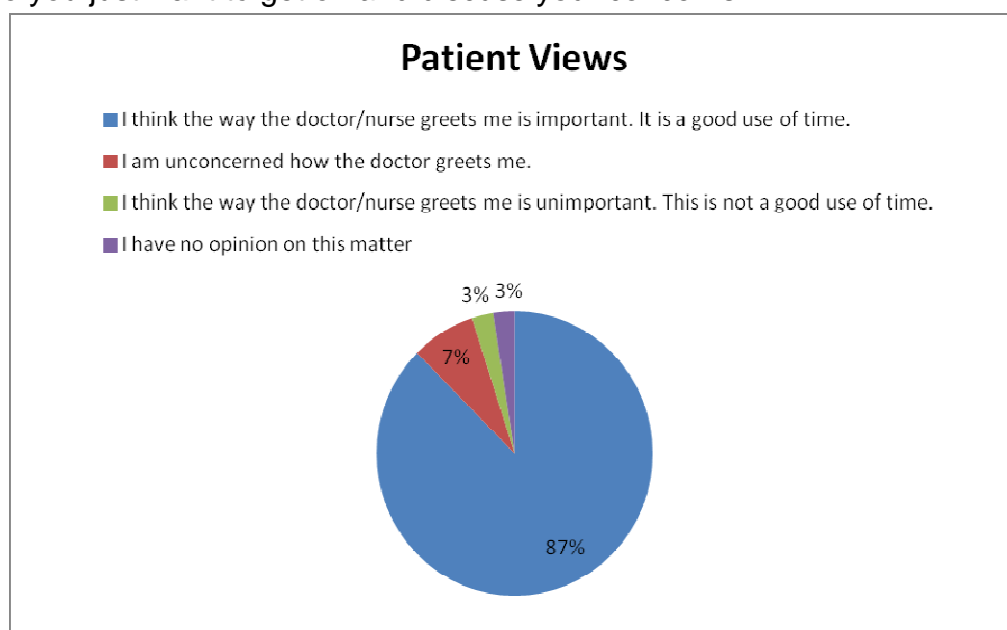
Response of meeting: There was no huge majority for any of the options, but the one with the highest response “I find this information useful – it is needed” garnered 55% of the votes. We will therefore leave it as it is.

4. **Number of Questionnaires.** The PRG was asked to comment on the number of questionnaires we ask patients to complete whilst in the waiting room.



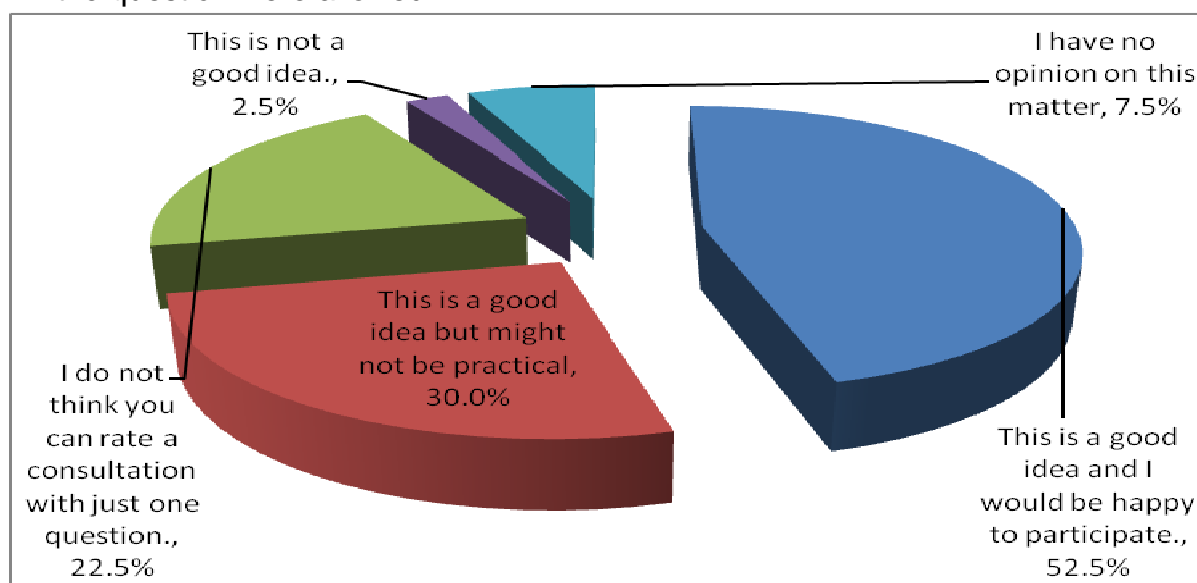
Response of meeting: The doctors are grateful that patients are willing to fill in the questionnaires in the waiting room, and were glad that 97% of respondents expressed no issues. This will help us greatly, as changes in legislation mean that we will need to ask people to fill in more questionnaires in future. We will use all the information to improve our services.

5. **Warmth of Greeting** The PRG was asked “Does the warmth of the doctors or nurses’ greeting concern you, and do you consider this a good use of time or do you just want to get on and discuss your concerns?”



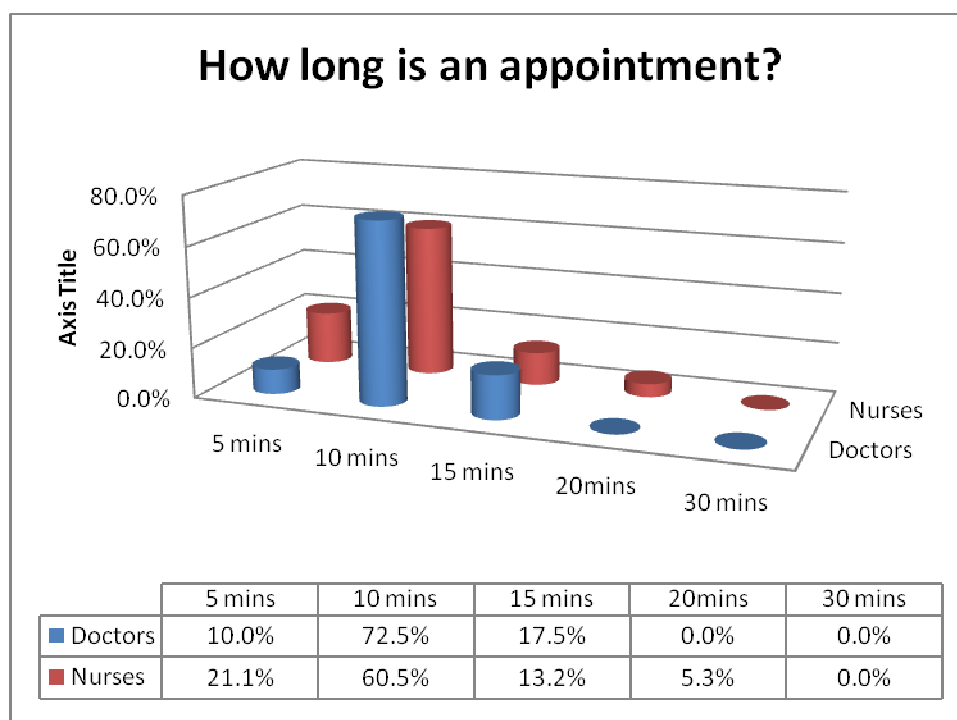
Response of meeting: The doctors are keen to deliver the best possible service to our patients, but are aware that communication skills are very important. We will ensure that the ongoing training which we organise continues to emphasise the importance of consultation skills alongside clinical excellence.

6. **Instant Rating of Consultations.** The PRG was asked “what do you think of the idea of rating your experience today as you leave the surgery with a single question *how do you feel your consultation went today*”. Multiple responses to the question were allowed.



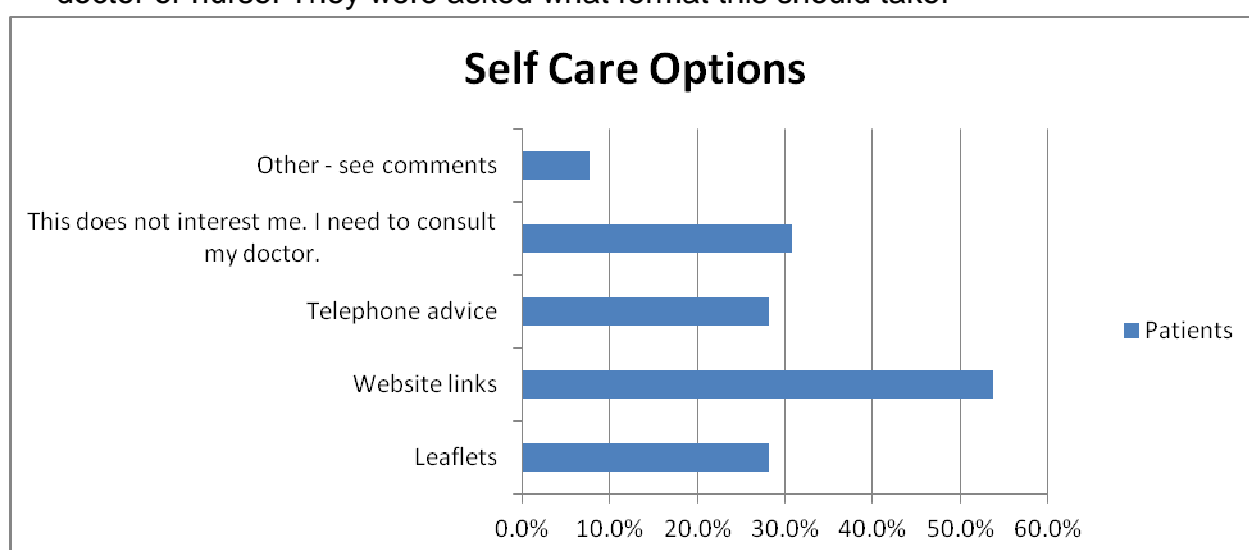
Response of meeting: The generally positive response to this question is interesting. Since asking this question of our Patient Reference Group, the government has indicated that it intends to introduce the “friends and family test” (for example “based on your consultation today would you recommend this practice to your friends and family”). As this might become a legal requirement, we will await guidance on the matter before pursuing it.

7. **Length of Appointments.** PRG members were asked whether they knew how long the doctor or nurse had for the consultation.



Response of meeting: This question was asked to aid us in planning appointments. Many appointments over-run, and we were curious as to whether patients were aware of how long the GP or nurse had been given to discuss their issues. The majority of patients seem aware of the length of their appointment. We will use this data to help our doctors plan their consultations with patients.

8. **Self Care Resources.** The PRG was asked whether it was interested in more information on “self care” (managing their own health without consulting a doctor or nurse. They were asked what format this should take.

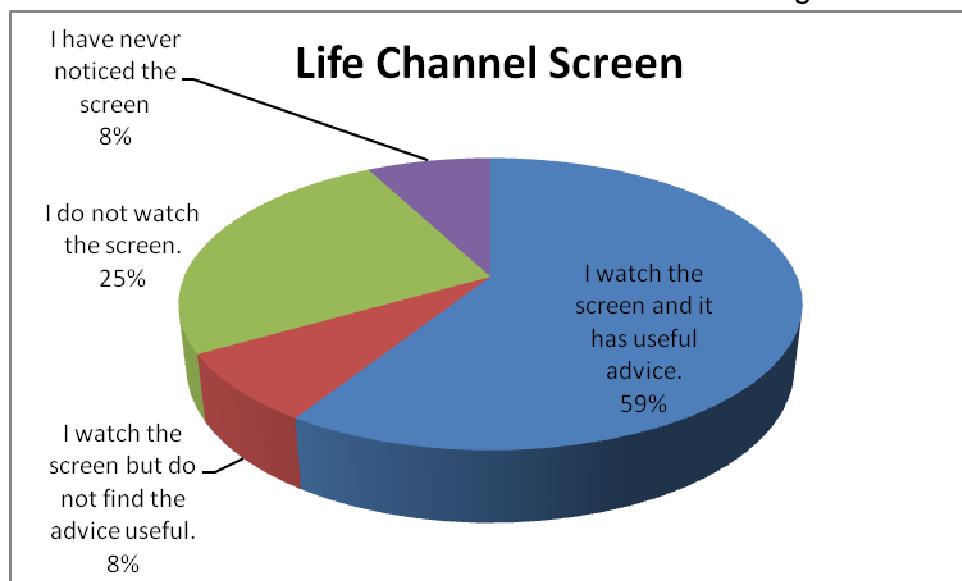


Comments:

1. *There are enough leaflets in the waiting room, any more would be messy. The NHS website has lots of medical information on as does patient.co.uk maybe you could direct to those sites (saves you reinventing the wheel).*
2. *I use my local pharmacy before I visit the doctor.*

Response of meeting: The meeting has agreed to use our website to meet the demand for more useful links. We have commissioned a new improved website with more capacity to include links and resources useful to patients and carers.

9. **Waiting Room Computer Screen.** The PRG was asked for views on the usefulness of the “life channel” screen in the waiting room.



Response of meeting: The meeting was pleased to note that the screen was popular with Patient Reference Group members. As lots of people clearly watch it, we will explore with the “Life Channel” whether we can add content which will be locally relevant.

Further Actions

PMH will action all decisions arising from the process. The PRG members will be thanked for their involvement to date and been kept up to date on upcoming plans and action.