## Park Avenue Medical Centre

# Patient Participation Group - Annual Report 2017

### Introduction

1. During the refurbishments of 2015-2016 the Patient Participation Group was suspended. It was re-established in May 2016 with a combination of old and new members.

### Aim of the PPG

2. The PPG aims to support the practice in providing the best services possible for its'patientswithin the budget restraints of the NHS. Also to provide a means of communication between the surgery & the patients.

#### Achievements of the PPG

- 3. During the year the PPG has:
  - a. Met monthly to examine issues which affect staff and patients
    - b. Conducted one patient survey(attached).
  - c. started a second hand book stall and a business cardholderto raise funds.
  - d. run a hamper and a cake raffle at Christmas and an egg colouring competition at Easter.
  - e. published 2 newsletters.

As a result of its fund-raising activities, the PPG has raised £ 400 towards a minor surgery lamp for Dr Ramesh.

### Aims for 2017 -18

- 4. The aims for 2017 18 are to:
  - a. Take a bigger role in the local health economy.
  - b. Continue to raise funds to better equip the practice
  - c. Take an enhanced interest in the reports and statistics which record the quality of the service provided.
  - d. Where possible, seek ways to help in programmes aimed at helping those with mental health issues.
  - e. Continue to be the means of communication between the medical centre and its' patients.

## PPG Questionnaire Results:

### Gender

1 9% more women than men were questioned.

### Age

### 2 AGE GROUP

56% of returns show 55 to 65 plus, represents 18% more than other age categories.

Cannot see if there are any correlation between sexes and age Recommend sex and age are co located for the next questionnaire in order to see if we have any correlation.

### 3 OPENING HOURS

41% felt they were very good, 57% recording fairly good. 0% poor. On the face of it 98% are fairly happy; I will reserve judgment at this time

No action until we have further statistics, from the next questionnaire

# 4. Would you like Saturday Opening

The answers show 57% recorded yes with 25% no, however, this is a skewed figure if I join both the yes and no response of 18% the yes becomes 68%, If I do the same with the 18% the no figure would be 32%

18 % no responses represent 1.800 patients, to many to not to include in any conclusions. To that end no action recommended until we can compare statistics with the next questionnaire

# 5. How good are the facilities at the surgery?

At the moment 97% feel the facilities are good to fairly good no action required at this stage

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## 6. How easy is it to contact the practice by telephone?

This is the most frustrating part of getting an appointment and is the first point of contact, reducing the time waiting for an answer will go along way to elevate some of the frustration when the person is told there are no appointments. On the face of the statistics 71% good to fair is a comforting figure, however 27% have recorded unsatisfactory to poor this represents 2.700 patients. Only 3 No responses Further discussions into how we can reduce the waiting time, or any way of automatically informing patients by answering machine when there are no appointments available and when the next batch will be released this would stop the stop the frustrating practice of getting through after 30 min to be told there are no appointments available. It would do no harm to inform the patients how the system works.

## 7. How easy is it to book an appointment

52% found booking good to fair, however 45% recorded unsatisfactory to poor along with the fair results cannot be acceptable, no response was only 3% so the figures are acceptable, however I would have expected a smaller margin between the results so has no correlation with question 6 It may be prudent to take no action at this time, combine question 6 for the next questionnaire which may alter both responses.

# 8. How easy is it to order a prescription?

53% where aware, however 35% where not, it also begs the question how many of the 53% use the system. Two areas of investigation

- a. How many of the 53% use the system
- b. How to inform the 35% who are not aware of the system

# 9. Triage Call Back

There was a small amount of work required to inform the 13% who were unaware of the call back system.

## 10. Helpfulness of Receptionists

To be reviewed with second questionnaire

## 11. Ease of seeing preferred GP?

To be reviewed with second questionnaire

## 12. How GoodIs The Doctor At Listening?

This is a basic principle, result of 27% fair to Unsatisfactory has to be a worry 2.700 patients to all intensive purposes come out of the consultation feeling let down, failure to nip this in the bud will result in a lack of confidence in the offending doctor with mounting complaints requiring investigations which will take up time of both the manager and doctor concerned.

Discussions with the practice manager to find a solution to this delicate situation

### 13. Time with the GP

To be monitored

### 14. Service of the Chemist next door?

The result of 67% good to fair come as a surprise, If I am allowed to make a observation I would not get excited at the 67% this I am sure is a vote of confidence in the staff who are first class, however, the systems are antiquated and not fit for a modern surgery who are trying to modernise their systems and look to the future. Unless the chemists modernise their methods of dispensing there systems will not be able to handle a 20% increase in their customer base this will have a direct effect on surgery down time. I have no idea of the ramifications of home delivery but unless the chemist moves into the 21 century they will increase. The present administration/work procedures are for the 70s

I recommend a review to be carried out in consultation with Lloyds to ascertain the way ahead, with a future customer base expanding by 20% work methods and space will have to change.

15. Would you recommend the surgery? Acceptable response

Part two – Sources of Help

**16.SURGERY WEB SITE** 

Better focus required to Educate and inform

17.NHS WEB SITE

Educate and inform

General

18. Are you a smoker who would like to stop?

Worth investigating 600 patients would like to stop Relevant nurse to join us to discuss how we can capture them

19. Are you worried about your weight or emotionally unwell?

Relevant nurse to join us to discuss how we educate and inform if that's possible

20. Do you have a Physical Difficulty? (Personal Difficulties)

This question does not supply sufficient information to make a conclusion.

Re-word the question in the next questionnaire

21. Do you or someone in your family need to have an interpreter to converse with a Doctor or Nurse?

Almost 2000 patients do not speak sufficient English to attend an appointment without an interpreter. Are there implications? i.e. cost to the surgery, litigations, doctors time etc Further investigation to ascertain the implication on the surgery

long term Med conditions

22.(1) and (2)LONG TERM MEDICAL CONDITIONS

This question plus the answers make no sense, when asked if you suffer long term conditions 90% answered with 52% answering yes and 38% no.

However when asked to list the illnesses only 43% listed them with a difference of 9%, 57% making no response a difference of 19%

Carry out a review of the long term medical conditions with a more targeted questioner every 3 months

### RECOMMENDATION

- As the questionnaire progresses the number of responses increase resulting in figures that bear no resemblance to the question so no conclusions can be drawn. It is obvious why, patients are not having sufficient time to complete the questions before being called in to see the doctor.

  This is our first attempt which has achieved the object so have learnt, It is we now need to return to the questionnaire to ascertain how we can reduce the amounts of number of responses and make it more streamlined.
- 2 Where we have recommended action we propose we action as a team in consultation with the relevant surgery staff to find solutions and implement corrective actions, which must include time limits, responsibilities and reviews.