

REVIEW OF PPG ACTIVITIES 2013-14

The following synopsis explains the activity of the Patient Participation Group over the past 12 months. The partners at the surgery would like to express their gratitude to all members who voluntarily spend time helping us in our attempts to make fair decisions that are in the best interests of the patients registered at the surgery

1. Review of Action Plan 14.3.13

- **Promoting and Educating the Practice Website to Patients:** This has been done using Envisage and adding the website address to the appointment cards. It has been an on-going discussion to have a newsletter sent out to patients by email as it was agreed this would be a more wide-reaching approach. The Group agreed that this should be a practice-led newsletter and set about increasing the number of email addresses that we hold for patients. Number of hits per website cannot be accurately measured because we would have to use cookies and would still be reliant on patients choosing to accept these files. A new format is being reviewed whereby such information can be captured without using cookies. The plan from April 2014 is to further develop the website and work towards having a thousand patient emails who will then be sent a newsletter electronically.
- **Streamline answering telephone calls:** Steps have been taken to improve the fielding of phone calls. It is generally accepted that contacting a GP Surgery is prone to congestion especially at certain times of the day. This has been accentuated by the new appointment system supporting same day or next day GP appointments. It was noted that between 2013 and 2014 questionnaires there had been no marked improvement the responses on telephone have improved when benchmarked against 2012 data. The steps taken in 2013 are – an extra person on the desk from 8.00am Monday-Friday, delayed divert to other telephones to allow reception to be supported. The Surgery is in the process of installing a new computer system which has a built in telephone system. At a meeting held in March 2014 the patient group discussed the best way in which this technology can be used. Supporting the questionnaire done in 2013 the patient group again decided that any form of automation should be avoided even if this leads to frustration in getting through on the telephone.
- **Reduce by 20% having to ring more than twice:** This has not been achieved. Following the discussions at the meeting in March 2014 this became the only action point stemming from the recently completed questionnaire. The Group agreed that the onset of the new system was both mitigation and an opportunity to address this ongoing problem.

2. Summary of the meetings held in 2013

- Reviewed Terms of Reference. No amends
- Reviewed new appointment system 6 months after the introduction. The group concluded that the new system is working in the interest of patients as they are seen quicker. This was also understood as a requirement by the government to relieve pressure on A&E departments. No amends were made to the system although the practice manager did explain that patients would continue to get frustrated when having to call back but this was the only way to maintain short term availability.
- Discussed additional health services which could be made available in the town. A meeting was held with a member of the [Commissioning](#) team and it was fed back that

it was unlikely that we would see a similar service to that provided at Leek because the health intelligence data does not suggest a need. This topic has been raised at a number of meetings and the group plan to meet with a commissioner again in 2014.

- Recruitment drive for new members. The group is now 3 years old so the questionnaire in 2013 included a space to write your name if interested in joining. This resulted in 21 additional invites being sent for patients to attend the meeting in March 2014.
- Started a project on promoting locally the alternatives to A & E until national project overtook us.
- Addressed the DNA situation which continues to be a problem for the nurses. The new system has reduced the GP DNAs and the practice manager reported at the meeting in March 2014 that a new system had just been trialled and has shown early signs of success in reducing the DNA appointments for nurses.
- Discussed requests for specific doctors as an ongoing problem. The practice manager confirmed that there is no contractual obligation to provide a specific doctor unless it is a same gender request. When managing long term conditions GPs are now able to arrange a follow up appointment by handing a ticket to patients following their consultation.
- Performed another Patient Questionnaire in February 2014.
- We had six meetings in line with our Terms of Reference

3. Summary of the Patient Survey from February 2014 and Agreed Actions

- As referenced above, the group agreed that the problems of getting through on the telephone warranted being the one and only action point. The questionnaire was summarised to demonstrate a high level of satisfaction with all other aspects of the surgery