

LOCAL PATIENT PARTICIPATION REPORT

THE FINDINGS:

The practice set up a PRG (Patient Representative Group) in June 2009. Quarterly meetings are held with a face-to-face group to discuss practice performance and to look at areas where improvements could be made in order to facilitate communication and to create a more reliable connection between the practice and its patients.

The practice has tried to include a fair representative of a cross section of the practice population including the disabled. Our PRG is articulate and assertive and can represent the views of others rather than themselves. Discussion is open and constructive, analysing service provision and introducing alternative perspectives which are valuable for the medical team and the patients. The group has fostered a sense of ownership and partnership between the practice staff and patients.

Appointment times and how to reduce waiting times is an ongoing issue at the surgery. It was therefore agreed with the PRG to include a set of questions in the patient survey to see how patients thought we could reduce waiting times and how long a patient would be prepared to wait for an appointment before expecting an explanation for the delay.

A patient survey was developed in order to obtain views. Questions were based on priorities identified by the PRG and the practice. This was available for patients to complete in paper form at the reception desk or on our website, www.peelparksurgery.co.uk.

After the survey ended, the PRG was provided with an opportunity to comment on and discuss the findings of the survey and to put an action plan in place in order to try to reduce appointment waiting times.

A summary of evidence relating to findings was as follows:

Patients thought that:

- They should be seen in the order they arrive – 52%
- The practice should be stricter with patients who arrive late – 43%
- They should be given appointments with the first available doctor – 33%
- They should be offered appointments of different lengths – 9%
- Doctors should only deal with one problem for a patient at each consultation – 6%
- Doctors should only deal with the family member for whom an appointment has been made – 4%
- They should be offered longer, but fewer, appointments – 3%

Our response as a result of these findings and our intended actions are as follows:

We did not agree that patients should necessarily be seen in the order they arrive for the following reasons:

- Found not to be efficient
- Does not allow adjustments of attendances to meet specific needs, e.g. blood tests
- Does not allow prior preparation in advance of attendance
- Patients arriving on time may be held up by patients arriving early

We did agree with the PRG that we should be stricter with patients who arrive late - Patients who arrive late may have to wait, even on occasion until the end of surgery to be seen.

We did agree with the PRG that patients be given appointments with first available doctor but must take note of wish to see particular doctor or specific sex.

We did agree with the PRG that doctors would normally only deal with one problem at each consultation and no more than two.

We did agree with the PRG to offer longer appointments – This is essential to achieve balance between demand and available time for each individual.

We did agree to offer appointments of different lengths. This has already been done.

We did agree to deal only with the family member for whom an appointment has been made – This has already been done.

In the future we plan to discuss:

- Self-help projects to meet the needs of fellow patients.
- Methods to assist patients to assess the urgency of their appointment need.