



## **Tadcaster Medical Centre Patient Participation Group Report**

**March 2014**

Tadcaster Medical Centre is a GP surgery located in the town of Tadcaster. The building is open from 8.30 am to 6.00 pm Monday to Friday. Appointments can be booked in person, over the telephone, using an automated telephone booking line or via the internet. The practice also offers Saturday morning surgery with a GP from 8.00am to 12.15pm. These are routine appointments, emergency cover is provided by the Out Of Hours GP Service and NHS 111.

The Patient Participation Group for Tadcaster Medical Centre had its first meeting in May 2011 and it has met quarterly since then. The group is comprised of patients and practice staff. The practice has been represented by one or two GPs and the Practice Manager, this has varied from meeting to meeting and five of the six GP Partners at the practice have worked with the group. The patients range in age from their mid 40s to their early 80s and we have a mix of male and female members, numbers attending meetings continue to vary over the year but have stabilised between four and eight. Some PPG members who previously attended meetings have found that they are no longer able to do so, these members now form part of the virtual PPG and receive all minutes and other communication from the practice but feedback in person or electronically at other times that are more convenient for them.

2013 saw the election of the first lay Chairperson – Professor Taylor – who agreed to take on the role for a year, it also saw the PPG join NAPP (the National Association for Patient Participation).

When the group was set up the practice decided that the best way to ensure that the population was representative selection would be by invitation. Each GP put forward names and a personal letter was sent from the two lead GPs to the initial meeting on May 20<sup>th</sup> 2011. Of the initial fourteen attendees very few can now attend on a regular basis and they have been replaced with patients who have either been approached by the practice or who have seen the PPG section on the website and want to be part of the group.

It remains the aim of the practice and the group to try to attract a younger membership.

We started the year with a number of actions generated by the 2012/13 survey.

#### Reception

Privacy at the reception desk was highlighted as a concern for patients, as agreed with the PPG some of the seating was moved away from the desk in February 2013 immediately after the survey review. In addition an airport style barrier was installed with clear signage asking patients to stand back and allow for private conversation. The majority of patients respect this barrier and this was reflected in an improvement in the survey result this year. There are still concerns and we will continue to review the area.

#### Appointments

The PPG felt that patients felt appointments were not available because they were not aware of how they were released rather than because of a lack of availability. It was requested that opening hours were put in a prominent place in the new newsletter and that Saturday opening was highlighted. This was implemented in spring 2013.

#### Access

Some patients had highlighted physical difficulties in getting into the Medical Centre, especially with a wheel chair or push chair.

A wall mounted rail was agreed for the slight slope up to the door and it was felt that an automated door would be beneficial. It was agreed that the inner door could not be automated as there is no line of sight and it could be a danger to patients. This was implemented in spring 2013.

At the May meeting the initial newsletter was approved but the PPG asked that it also be added to the practice website for those patients who do not come to the surgery. This was agreed, the PPG requested that the practice highlight different areas each quarter on the rear of the newsletter whilst retaining the key information on the front. They also asked that the practice try to celebrate what it does as well as share practical information.

Appointments continued to be debated at every meeting, there was a perception in the early part of the year that these were becoming more difficult to book rather than less as whilst waiting for Dr Burgin to begin his partnership there were a large number of locums being used to maintain access whilst the partners covered the on call, paperwork and training commitments of the practice as well as seeing patients.

The PPG did not want to lose the changes they had implemented (booking 28 days ahead and clinicians booking patients for review when clinically appropriate) over the past couple of years so it was agreed to monitor the situation and discuss it at future meetings.

By the September meeting it was agreed that the practice would look into the appointment systems used locally, particularly at one practice in Wetherby who have a great reputation for access and try to learn from them. The Stour System was also raised by the PPG and the practice agreed to look into this further.

A review of both these systems led to a reduction in the number of appointments that are available to book more than a day ahead, the PPG were given details in mid December and the system went live on January 6<sup>th</sup>.

For the annual survey the PPG decided that they wanted to repeat the survey that they had collated for 2012/13. This decision was taken to allow the group to look at any movement in the results year on year and to assess the impact of the changes that had been made as a result.

The survey was completed by patients between January and early March 2014, it was slightly delayed to avoid overload as two of the GPs were doing 360 feedback and also asking patients to complete questionnaires. All responses were anonymous and were collated by the practice. Patients could either complete a paper survey in the surgery or download one from the practice website.

The results and a document containing all the comments left by patients were circulated to the PPG members (including the virtual PPG) in advance of their March meeting so that they could review them. As many of the questions are also included in the MORI national poll the practice also circulated local, CCG and National scores to allow benchmarking.

A summary has been prepared and a number of copies laminated for patients to see in the surgery. The file is also available to download from our website. If patients want a copy this can be requested from the reception team.

The PPG met to discuss the survey on March 18<sup>th</sup> 2014. Although the practice team were disappointed with some of the results those who attended the review meeting commented that overall the comments regarding the practice were glowing. The clinical team came out very well, in particular the duty doctor system.

The PPG and practice agreed that they understood that the survey results were flawed by the fact that patients had to be using the website or the surgery to complete it but that as a guide to the views of service users it had validity.

As in previous years the issues raised were mainly recurring themes although access to the building was not noted as a problem after the changes implemented during 2013.

The areas identified for action are highlighted below.

## **RECEPTION**

### **Issue**

A number of patients asked that a receptionist sit at the front desk as it was felt that this would make them more responsive to patients in the surgery rather than on the telephones. There were also mixed comments regarding the reception team and their willingness to help, opinions were divided between high praise and deep criticism.

### **Action**

- Again the issue of patients feeling ignored was raised and a request made that they make eye contact with those waiting while they are on a call. AGREED
- It was accepted by those present that the reception role is particularly difficult and that the team have to work within protocols set out by the doctors. There is a new Senior Receptionist and she will be attending a Reception Masterclass on April 9<sup>th</sup> – the PPG expressed support for this external training. Learning from this can be cascaded within the team to help them handle difficult situations.

## **TELEPHONES**

### **Issue**

Although there was an improvement in patient perception of how easy it was to get through to the practice on the telephone year on year the PPG highlighted that comparisons both locally and nationally showed that the practice performs particularly poorly.

### **Action**

- One of the limiting factors currently is that the partners maintain a local (01937) Tadcaster number which limits the number of lines into the practice because of the cost involved. If we changed to a York number (01904) we could have more lines. Opinion within the group was divided as to how important the local number was with some patients feeling it was crucial and others not caring. The practice will be looking into a new telephone system over the next year as the current funding stream is being withdrawn. The PPG and practice are keen to work together on this and will do so over the next 12 months.

## **APPOINTMENTS**

### **Issue**

Patients still reported issues booking appointments, particularly with the GP of their choice. Whilst some of this was felt to be historic based on a long period of locum cover after Dr Hayes left the practice it is still of concern to both the practice and the PPG.

### **Action**

- Agreed a mid year short survey focusing specifically on appointments.
- It was felt that those filling in the survey had to be motivated by having either very good or bad feedback (this is based on the comments section). The PPG agreed to come in and encourage patients to complete it to try to get a wider crosssection.
- The PPG also requested some general information on appointments be on display as well as a celebration of some of the positive comments. The example cited was the Ofsted banners on many schools advertising success.
- The PPG to see if they can get anecdotal evidence from patients at other practices who are able to see their preferred GP and report back.

Each of the areas will be reviewed at the subsequent meetings and progress updates given.

If you would be interested in joining the PPG please ask at reception or contact the practice via email on [Tadcaster.admin@nhs.net](mailto:Tadcaster.admin@nhs.net).