

**ABERNETHY HOUSE PATIENT PARTICIPATION GROUP**

Membership of the group remained very constant with our loyal members and some new members volunteering by email, saying that they were happy to be contacted.

Two members joined us in the New Year. One with the experience of being on another patient participation group in a different area which has proved very useful to the group and in March 2014 another member from a local community joined us.

The group continued to meet quarterly looking at improvements to the surgery and planning new patient services and we talked about how we would roll out patient tracking and monitor patient experience.

On January 14<sup>th</sup> we met to finalise our patient survey for the waiting room. This survey took place during the month of February and on March 12<sup>th</sup> 2014 we met to discuss the results.

It was agreed to ask the same questions as the year before for comparison, however, we did change some of the questions. We asked about whether patients had used our complaints procedure and what their experience had been and we also asked questions about the website to see if people had become more aware of our website.

The most common complaint and comments in the questionnaire were regarding difficulty in booking routine appointments with their usual doctor and also there were some negative comments regarding the length of wait to see the doctor when attending the surgery. It was suggested by one member that we put a notice in the waiting room explaining that a routine appointment was for 10 minutes, however, there were times that doctors had to deal with emergencies and it was agreed that if we could try and educate patients regarding the use of appointments and if they come with a long list of things for the doctor to deal with, then the doctor will inevitably fall behind.

We also agreed that the Practice Manager would put this in a newsletter and we also talked about the nurse triage and that the afternoon triage had now stopped and the group agreed that this was a good thing in the afternoon, as they felt that the emergency appointments were better served by the duty doctor seeing all the emergencies and up until late in the evening.

There were also comments about the fabric of the Practice and the Practice Manager was happy to tell the patient group, that as a result of an improvement grant awarded from NHS England that we were able to start work in the very near future on the refurbishment of the waiting room, patient toilets and large nurse's treatment room.

It was also suggested by the group that we needed to look at putting electronic doors on the front of the surgery to help enable disabled people and people with pushchairs to access the surgery easily.

It was also agreed that privacy was an issue and we discussed about how patient's would like piped classical music running through the waiting room to protect confidentiality of patients and the patient group felt that this would be soothing to other patients. Tracey Jenkins would take these suggestions back to the Partnership.

It was also agreed that we again should look at patient education next year. Educating patients how to book appointments and how various systems like repeat prescriptions work. We also agreed that we would put in the newsletter about emergency appointments not being with your usual doctor and that it would be with whichever doctor was on call.

We also discussed patient tracker. Two members of our group very kindly agreed to pilot the use of this in the waiting room on 26<sup>th</sup> & 27<sup>th</sup> March and the group would meet again early June to look at how this had been received by patient's in the waiting room.

**Tracey Jenkins,**  
**Practice Manager**