

# **Petroc Group Practice Patient Participation Group Report.**

## **Establishing the Group**

The Practice works hard to listen to patient views and act on them where possible. In order to strengthen our commitment to listening, a Patient Participation Group was formed in April 2013 following a series of meetings with the public and parish councils. In recruiting to the Group we have tried to be representative of the practice demographics but recognise that we need to do more to engage with the younger age group. Efforts will continue and we are actively considering ways of using new media to engage with this age group.

## **Members of the Group**

Mrs. Pat Harvey (Chairman)  
Kevin Roberts  
Robert Grundy  
Jean Grundy  
Derek Middleditch  
Glynis Duffield  
Mary Harrison  
Linda Heggie  
Sue Collins  
Ian Gibson  
Kate Shields

## **Setting the agenda**

The Group met throughout 2013 and discussed the issues that were of concern. Members are keen to examine how the practice interacts with other partners and agencies in the wider health community and were particularly concerned at discharge arrangements from hospital. Further, the group were keen to seek the views of the practice and commissioned a survey of all our patients on the list.

In November 2013 the patient participation group determined that it would be appropriate for the group to designate itself the patient reference group and commission and respond to a practice survey.

The group used the improving practice questionnaire with additional questions to seek views on access and availability. The survey, which is published in full on our website, was very positive with over 86% positive responses. However the practice is keen to pursue continuous improvement and the patient reference group have agreed an action plan to address four key areas.

## **The Action Plan**

The patient reference group have agreed the priorities for action and established small working groups to tackle the following issues;

1. Review the appointments system to improve availability of doctor of choice.
2. Improve telecommunications and public address systems.
3. Improve the patient environment in the waiting areas.
4. Review the communication of test results.

## **Review**

The practice is committed to improvements in all of these areas and will survey the patients on the practice list again next year when, hopefully, these improvements will have had a measurable impact.