A) Description of the profile of the member so the patient participation group (PPG)

We have set up an e-mail PPG and a face-to-face PPG. The e-mail group has 66 members and the face-to-face group 14. We did this to try and ensure the widest possible participation in the group.

The profile of the e-mail PPG is attached in appendix 1.

The profile of the face-to-face PPG is attached in appendix 2.

B) Steps taken to ensure the PPG is representative of our registered patients

We advertised the e-mail and face-to-face PPGs by:

- E-mail to all patients over 18 with an e-mail address in their contact information
- Posters and leaflets around the surgery and given out by staff
- Leaflets in all new patient registration packs
- A page on the practice website with scrolling banners on other most frequently used pages to attract attention

We extracted data about the demographics of the practice profile from the EMIS clinical system. We then compared our practice demographic data with that produced for the North West Chiltern Local Area Profile (from the Buckinghamshire county council website). Unfortunately a similar local area profile was not available for the Chinnor part of our practice area but it was felt the population was likely to be quite similar.

The patients who responded to become part of the E-mail and face-to-face PPGs were asked to fill in an on-line questionnaire about demographics so we could then identify any missing groups
It was identified that there were no carers in the groups and not many people aged 17-34. To try and increase these numbers we searched the practice data base for all patients in these groups to target them more directly:

- Texts were sent to carers and those age 17-34
- This did slightly increase numbers

After the initial advertising numbers were low for the face-to-face group so we took the following steps:

- Doctors/nurses suggested people who may wish to be involved
- Representativeness of the group was discussed at the practice meeting
- Of those suggested the most representative in terms of age and other factors known to the GP were selected
- Doctors also suggested further people who fell into missing age groups
- Letters or e-mails were sent to these people to ask them if they would like to join the group
- An e-mail was also sent to the e-mail PPG to recruit more face-to-face members

The profiles of the face-to-face and e-mail PPGs were discussed at the first meeting of the face-to-face PPG (see outcomes appendix 3)

Other areas of representativeness offered by the group but not included in the profiles were:

- Involvement in a local charity arranging transport for people who find accessing appointments difficult
- Previous patient representative for a national NHS reference panel

Noted areas not represented by the face-to-face group and discussion around what to do about this:

<table>
<thead>
<tr>
<th>People who are care home residents</th>
<th>Consider asking a member of staff or relative (these would not then be patients so need to check they can be involved and still comply with the DES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>People age 17-34</td>
<td>Ask the health visitor to raise awareness amongst young mums</td>
</tr>
<tr>
<td>People with learning difficulties</td>
<td>Consider asking a member of staff or relative (these would not then be patients so need to check they can be involved and still comply with the DES)</td>
</tr>
<tr>
<td>Ethnic minorities</td>
<td>This was felt to be reflective of the practice population. It was noted that that the group remained open to people</td>
</tr>
</tbody>
</table>
On reflection after the meeting it was decided to consider these actions and also use the survey to try and recruit people from the missing groups.

C) Details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local practice survey

An on-line questionnaire was constructed to ask the e-mail group what they felt the priority areas for the survey should be. The first part of the questionnaire was a very open question so areas important to patients would be suggested. The second part of the questionnaire asked people to rank suggested priority areas. These suggested areas were compiled after review of last year’s survey and also areas from other surveys found on http://www.napp.org.uk/. See appendix 4 for the results of this survey.

Staff ideas for priority areas were discussed at a practice meeting and staff voted for their preferred priority areas. See appendix 5 for the results of this meeting.

Discussing which priority areas should be included in the survey was the main focus for the first meeting of the face-to-face PPG. The documents outlining the practices priority areas and the e-mail groups priority areas were e-mailed to the face-to-face group prior to the meeting. These documents were used as a basis for discussion at the meeting.

The priority areas picked for the survey were values, appointments, reception and communication. Appointments, reception and communication had been identified by staff and the e-mail group as important. Appointments had gained by far the most votes from patients and staff so it was decided that the majority of the survey should focus on this area. It was also felt important to discover what people valued about the practice and so would not want to change which is why this was also picked as a priority area. Thinking about the future it was also decided to include a question about what future priority areas should be. (See appendix 3 outcomes).

D) How the practice tried to obtain the views of its registered patients

An online survey was constructed using http://kwiksurveys.com/

The survey was given to patients by:

- E-mailing the face-to-face and e-mail PPGs
- Texting all patients over age 18 with a registered mobile number pointing them to the on-line survey
- Advertising on the practice website with a webpage and scrolling banners on frequently used pages
- Flyers handed out in reception with encouragement to fill in the survey online but the option of a paper copy so as not to prejudice against those unable to access the internet
- Flyers given to the local health visitor to make sure those in the younger age groups had the opportunity to fill in the survey
- A number of hard copies of the survey, together with SEAs were given to the district nurses to try and encourage housebound patients to complete

E) Steps taken by the practice to provide an opportunity for the PPG to discuss the contents of the action plan

There were a number of opportunities for the PPG and the wider practice population to review the survey, feedback their views and be involved in developing the action plan:

- Survey results were put on the website for anyone to see and comment on – this is on the website www.wellingtonhouse.nhs.uk
- Outcomes from the face-to-face meetings and the Thinking Differently meeting were put on the website
- This PPG report and action plan were put on the website
- The face-to-face group were invited to attend the ‘Thinking Differently’ workshop to generate ideas for the improvement plan
- The survey results were emailed to the face-to-face group and the email group
- A meeting was held with the face-to-face group to review the results in detail and develop the action plan. Appendix 6 details the outcomes from this meeting.

F) and G) and H) Details of the action plan setting, summary of evidence and actions agreed

The face-to-face group reviewed in detail the survey results and the ideas generated by the ‘Thinking Differently’ workshop at a meeting on the 16th March 2012. From this they developed an agreed action plan for the practice to develop further and implement.

Details of this meeting are in appendix 6.

The group felt that, overall, the survey results were very positive and there were no significant service changes to be made.
The group also considered the statistical significance of the number of surveys returned. We had 171 surveys returned for a practice size of 8965 patients. In previous years the patient survey has been carried out nationally by MORI. The last survey carried out by them had just over 130 surveys returned so the group felt that over 170 was a reasonable number on which to base decisions.

I) The opening hours of the practice premises and the method of obtaining access to services throughout the core hours

The practice opening hours are detailed below – they are also publicised on the practice website and in the practice leaflet.

**Princes Risborough Surgery**

Monday 8:30am-6:00pm  
Tuesday 8:30am-6:00pm  
Wednesday 8:30am-1:00pm  
Thursday 8:30am-6:00pm  
Friday 8:30am-6:00pm

**Chinnor Surgery**

Monday 8:30am-6:00pm  
Tuesday 8:30am-1:00pm  
Wednesday 8:30am-6:00pm  
Thursday 8:30am-6:00pm  
Friday 8:30am-6:00pm

Patients can access appointments with a doctor by booking on line, telephoning the surgery or booking at reception.

Patients can access appointments with a nurse by telephoning the surgery or booking at reception.

J) The times which health care professional are accessible in extended hours

We provide an extended hours surgery once a week outside our normal surgery times to accommodate patients who cannot attend during the day.
The service is aimed at enabling people to access routine, planned appointments (ie not acute care) that they couldn’t otherwise access easily.

Key points of the service are:

- Appointments from 6:30pm to 7:50pm one evening each week – all are bookable on the internet
- Two GPs working at each session
- Appointments are pre-bookable only – all emergencies still to call Bucks Urgent Care/A&E etc
- Sessions will be on different evenings each week
- Some sessions in Risborough and some in Chinnor
- Surgery will be open only for these appointments – no ability to telephone/call in to make appts etc

Details of dates and venues are available on the practice website and via notices in the surgery.
Appendix 1

Profile of E-mail Patient Participation Group

Members = 66

Comparison with practice population:

![Gender Chart]

![Age Chart]
Comparison with local area profile

**Ethnicity**

![Ethnicity Chart](chart1.png)

**Household Composition**

![Household Composition Chart](chart2.png)
Other aspects of representativeness of the group

How often do you come to the practice?

- Regularly: 35%
- Occasionally: 45%
- Very Rarely: 10%
- No response: 5%

Do you have any of the following conditions?

- Death or severe hearing impairment: 2%
- Blindness or severe visual impairment: 5%
- Substantially limited basic physical activity: 7%
- A learning difficulty: 10%
- A longstanding psychological or emotional condition: 45%
- Other including any longstanding illness: 25%
- No longstanding condition: 20%
- No response: 5%
Are you a carer?

<table>
<thead>
<tr>
<th></th>
<th>Number of PPG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>60</td>
</tr>
<tr>
<td>No response</td>
<td>2</td>
</tr>
</tbody>
</table>
Appendix 2

Profile of Face-to-Face Patient Participation Group

Members = 14  Information from 13 responses
Comparison with practice population:

![Graph showing gender distribution of PPG and practice population]
Comparison with local area profile

Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>100</td>
</tr>
<tr>
<td>Mixed</td>
<td>0</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
</tr>
<tr>
<td>Black</td>
<td>0</td>
</tr>
<tr>
<td>Chinese/other</td>
<td>0</td>
</tr>
</tbody>
</table>

PPG
Local Area Profile

Household Composition

<table>
<thead>
<tr>
<th>Household Composition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single occupant adult</td>
<td>5</td>
</tr>
<tr>
<td>Couple</td>
<td>30</td>
</tr>
<tr>
<td>Couple with dependent child/children</td>
<td>15</td>
</tr>
<tr>
<td>Lone parent with dependent child/children</td>
<td>5</td>
</tr>
<tr>
<td>Household with non-dependent children</td>
<td>5</td>
</tr>
<tr>
<td>Pensioner(s)</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
</tbody>
</table>

PPG
Local Area Profile
Other aspects of representativeness of the group

How often do you come to the practice?

- Regularly: 30%
- Occasionally: 70%
- Very Rarely: 0%

Do you have any of the following conditions?

- Severe cognitive impairment: 20%
- Longstanding emotional condition: 70%
- No longstanding condition: 10%
Appendix 3

Outcomes 1st meeting PPG

Face-to-Face Patient Participation Group (PPG) - Wellington House Practice

Introductory Meeting 27/01/2012 Outcomes

1. Welcome and Introductions

Attendance:

**Members - Present**
- Linda Pritchard  Both
- Ian Martin  Risborough
- Ruth Archer  Chinnor
- Jacqui Mackinson  Chinnor
- Cynthia George  Risborough
- Matt Bateman  Chinnor
- Steve Eyre  Chinnor
- Geoff Bamford  Chinnor
- Jackie Highe  Risborough
- Mike Britnell  Both
- Cathy Clark  Chinnor

**Members – Apologies**
- Liam Nairn
- Louise Smith
- Andrew Davies

**Practice**
- Dr Suzie Gill  Chair
- Lesley Munro-Faure  Managing Partner
- Dr Stephen Stamp  Senior Partner
2. What do we want from a PPG?
Discussion around the encouragement for practices to set up a patient participation group by NHS employers and the BMA as part of an enhanced service.
Aims of Wellington House PPG:

- To facilitate good relations and communication between the practice and the practice population
- To discuss patients’ perspective on our services
- To contribute to ideas for improvement of services

Steps for the practice and PPG:

1. Develop a patient participation group
   a. To be as representative to the practice population as possible
2. Agree areas of priority with PPG
3. Collate patients views through a survey
4. PPG and practice discuss survey findings and agree areas for change
5. Practice and PPG agree an action plan for implementing changes
6. Publicise actions taken and achievements

3. What are the ground rules of the PPG?
The following ground rules were proposed and accepted (originally adapted from [http://www.napp.org.uk/](http://www.napp.org.uk/))

1. In order to be a member of the face-to-face group you must be a patient registered at Wellington House Practice
2. The face-to-face group is not a forum to discuss personal health issues, treatment, complaints or personal health campaigns
3. We advocate open and honest communication and challenge between individuals
4. We will be flexible, listen, ask for help and support each other. Silence indicates agreement – we will speak up but also allow others to have their say.
5. We will demonstrate a commitment to delivering results as a group
6. All views are valid and will be listened to
7. The role of the chair is to maintain focus on the agenda and ensure the agenda questions are answered. All members will respect the chair.
8. No phones or other disruptions
9. We will start on time and stick to the agenda
10. The outcomes of the face-to-face group meetings and the anonymous annual survey results will be made available via the practice website. (See attached PDF Ground rules for basis for discussion)
4. Are the e-mail and face-to-face PPGs representative of our practice population?
The profiles of the face-to-face and e-mail group were reviewed. The steps taken to ensure the groups are representative were outlined:

Steps taken:

1. Advertising of PPGs by e-mail, posters, leaflets around the surgery, leaflets in new patient registration packs, the practice website
2. Data about the demographics of the practice profile obtained from EMIS system and Local Area Profile – North West Chiltern
3. E-mail group asked to fill in questionnaire about demographics to identify missing groups
4. As a result of the above texts sent to carers and those age 17-34
5. Numbers lacking for face-to-face group
   a. Doctors/nurses suggested people who may wish to be involved
   b. Representativeness discussed at practice meeting
   c. Request to become a member sent out by e-mail and letter
6. E-mail then sent to e-mail group to recruit more members

Other areas of representativeness offered by the group but not included in the profiles:

- Involvement in a local charity arranging transport for people who find accessing appointments difficult
- Previous patient representative for a national NHS reference panel

Noted areas not represented by the face-to-face group and what to do about this:

- People who are care home residents Could a member of staff or relative represent this group?
- People age 17-34 Target young mums through toddler and baby groups or schools. It maybe that this group may be able to attend face-to-face group due to practicalities but to try and recruit and if not then aim to increase numbers in e-mail group.
- People with learning difficulties Could a member of staff or relative represent this group?
- Ethnic minorities However this is reflective of the local population demographics

Actions:
Liaise with the practice health visitor – request promotion of the e-mail and face-to-face group to mums under 34
Consider inviting staff or relatives of patients with learning difficulties or living in care homes
What about adding a question in the survey?

5. What local priority areas should we focus on for our annual survey?
Documents reviewed
• The results of an online survey filled in by the e-mail group
• The results of a practice meeting staff discussion

How the survey will be sent out:
• To the e-mail PPG
• Texts to all with a mobile number This is about 30% of the practice population
• Advertisement on the website
• Flyers handed out in reception With encouragement to fill in online but the option of a paper copy so as not to prejudice against those unable to access internet
• Liaise with district nurses ?would they be happy to give out copies to their clients

The survey should:
• Be short
• Have a punchy title

Priority areas agreed:
• What people value about the practice
• Appointments – the main focus as this was identified as the single largest priority
• Reception Experience
• Communication
• What people think should be the next priority areas for a future survey

Areas discussed around questions:
• Include short statements that explain how things currently are as this may not be understood
• Important to find out if the areas are important to people or not / option to keep as it is
• E.g. How happy are you with the current appointment system?
• How do people make appointments / how would they prefer to make appointments
• Give multiple choice answers
• Is it more important to you to be able to get an appointment: on the day, in the current week, in the next two weeks, longer term than this
• Is it more important to you to have an appointment with the same doctor or to have an appointment at a specific time
• Discussion around the complicated nature of booking nurse appointments online
• Is it more important to you to be able to book a nurse appointment online or to have flexibility in when you can be seen? (e.g. could book online if nurse clinics focused on one thing e.g. diabetic clinic on a Thursday afternoon)
• Within the working day when would you prefer to have an appointment? (e.g. not just in current specified clinic times).
• If you have telephoned to get an on the day appointment in the last 6 months were you able to get one?
• If not were you offered a telephone call with a doctor?
• Do you understand the current appointment system
• Telephone calls – would you prefer that there were fewer telephone slots but with specified times or to know you can always access a telephone call but not know what time the call will occur on that day.
• How do you prefer to be communicated with?
• What areas do you think we should focus on in our next survey? Rating

**Actions:**
- Devise survey
- Send out as above
- Liaise with DNs about practicalities of involvement
- What about asking if people want to join e-mail group in survey / also giving to staff

### 6. What are the next steps?

Agreement by the group that it would be a good idea to highlight the existence of the group on a poster in reception and on the practice website.

Discussed ideas generation at practice education afternoon based on survey results – face-to-face PPG invited

Date for next meeting – sometime in March

**Actions:**
- Make a poster about face-to-face PPG to go in reception
- Confirm details for ideas generation afternoon with face-to-face group
- Members to e-mail their availabilities in March – then fix a date with best availability
Appendix 4

E-mail group suggestions for priority areas for survey

What do you think are the most important issues for the practice to focus on improving over the coming months?

<table>
<thead>
<tr>
<th>Appointments – availability and booking (29)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>On-line / phone</strong></td>
</tr>
<tr>
<td>- Find a way to allow same day appointments to be booked on line.</td>
</tr>
<tr>
<td>- Find a way to allow on line appointments to be booked less than 2 weeks in advance.</td>
</tr>
<tr>
<td>- There should me more online appointments for both Chinnor and Risborough than there are at present</td>
</tr>
<tr>
<td>- Appointment booking and facility to book in advance both online and by phone. Perhaps consider possibility of having more appointments available for online booking.</td>
</tr>
<tr>
<td>- On the day booking telephone costs are too expensive and complicated</td>
</tr>
<tr>
<td>- Continue to work at improving patients’ accessibility to medical staff, either with a face-to-face appointment or by telephone.</td>
</tr>
<tr>
<td>- Can a facility be arranged whereby nursing staff can be booked on line?</td>
</tr>
<tr>
<td>- being able to book nurse appointment in advance on line</td>
</tr>
<tr>
<td><strong>On the day</strong></td>
</tr>
<tr>
<td>- Booking of appointments; if someone is ill they should have the chance to come in that day without appointment, accepting that they may have to wait some time.</td>
</tr>
<tr>
<td>- Improve the availability of appointments on the day.</td>
</tr>
<tr>
<td>- More appointments available “on the day”</td>
</tr>
<tr>
<td>- Booking Appointments. When you ring first thing in the morning to book an appointment the line is continually engaged and when you finally get through you are told you are in a queue of three people. If the morning session is fully booked, you then have to go through the whole procedure in the afternoon. Why cannot appointments be made for the whole day first thing in the morning?</td>
</tr>
<tr>
<td>- I feel that the current system of having to ring at 8.30 and 2pm to arrange an appointment is very difficult and stressful, as often the phone is constantly engaged. The pre booked appointments don't seem to work terribly well as they are few and far between and often weeks in advance</td>
</tr>
<tr>
<td><strong>In advance</strong></td>
</tr>
<tr>
<td>- Method of booking appointments further in advance</td>
</tr>
<tr>
<td>- Don't like that on occasion you can only book an appointment on the day, especially if you have a non-urgent need to see a doctor but want to go on a specific date.</td>
</tr>
<tr>
<td><strong>Opening hours</strong></td>
</tr>
<tr>
<td>- Availability of evening appointments for people who work</td>
</tr>
<tr>
<td>- Opening hours – can be frustrating that the Risborough practice is shut Friday afternoons</td>
</tr>
<tr>
<td>- Evening appointments help but could Saturday mornings be used, much like for flu jabs?</td>
</tr>
<tr>
<td>- Saturday Appointments</td>
</tr>
<tr>
<td>- Saturday morning opening once a month?</td>
</tr>
</tbody>
</table>
- Bookable Saturday appointments for people who work all week

Other
- I have much difficulty in getting an appointment with Julia
- Appointment availability
- I believe doctors accessibility for appointments needs to be improved.
- As many doctors in the practice as possible every day
- Efficient use of nurses resources i.e., having to make two separate appointments to see a member of the nursing staff, one for blood pressure testing and the other for blood sample tests.
- Can there be more flexibility given to the booking of Doctors appointments?
- Improving the appointment system
- The process for making appointments

Communication (10)
- Doctor/patient communication
- The communication of information to patients about test results, etc. is not something that should left to reception staff without a great deal of consideration. While it may seem to be a simple solution for a busy doctor to delegate this task, the patient will in many cases have questions and concerns resulting from hearing this information, which the reception staff will undoubtedly be unable to answer. This is an unsatisfactory situation for both sides, and particularly bad when it may then be a long time before the patient can speak to the doctor who will be able to clarify things.
- Communication with patients – as a particular example although we both need to have flu jabs each year, unless we happen to call into the surgery at the right time we have no way of knowing when the clinics are; they are not even on your web site. And this year one of us was promised a text when further dates had been arranged but we got nothing – so ended up paying for the jab in a high street pharmacy. Where is the patient care?
- Notifying patients when tests etc. are necessary. I.e. blood pressure
- Ensuring that patients that visit infrequently are kept up-to-date on services, e.g.: date of flu jabs
- In process terms, your service involves what I think are five or six process steps which logically follow each other in a circle i.e. Consultation, Referral, Prescription, Prescription Fulfilment, Progress Review and then back to Consultation. Your website, Reception team and service partners (e.g. NHS and Lloyds) play a key part in ensuring that the quality of service ‘circle’ works smoothly; …and the EMIS web interface (for those able to use it – what%?), could be enhanced thereby taking some load off the Reception team.
- Being able to contact via phone, email or text 24 x 7. The website is very good in terms of email contact, appointments and repeat prescriptions but needs to go further.
- Accessibility to GPs and nurses - e.g. via email. I think a lot of health questions could be answered this way and reduce the number of consultations needed.
- All patient historical test result data to be made available to them on-line together with the date of the next test required date plus any associated comments e.g., fasting or non-fasting blood test required.
- Winter flu jab availability dates to be made available on-line, email or via text message.

Reception Experience (8)
- Receptionists showing empathy and understanding of patients’ needs
- Attitude of some of your front desk staff is not always helpful nor sympathetic. They need to remember that people contacting them are generally feeling unwell, possibly frightened yet
the telephone manner in particular is not that friendly

- I am still not convinced that the Reception staff are Customer-focussed. I feel that I am seen as a nuisance and that I am intruding in their lives.
- Confidentiality - phone calls are taken in the waiting room and everyone can hear the patient's name and sometimes medical details
- Speed of check in at the practice
- Ease of checking in at reception
- Answering phone more quickly.
- Minimum of two reception staff required during busy times of the day so that all incoming telephone calls can be answered quickly and the patients within the reception area can also be dealt with.

<table>
<thead>
<tr>
<th>Emis Web (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Speed of access when using internet booking.</td>
</tr>
<tr>
<td>- Emis website is quite often unresponsive or unavailable particularly at the weekend.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice structure (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- How the practice is structured</td>
</tr>
<tr>
<td>- Forthcoming changes in personnel</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Repeat Prescriptions (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Quick turn around on repeat prescriptions</td>
</tr>
<tr>
<td>- Ease of ordering repeat prescription-email?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Waiting Times (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Waiting times in surgery. Not waiting too long when arriving on time.</td>
</tr>
<tr>
<td>- Keeping the waiting patients informed of long delays, I always experience delays when waiting to see the doctors, and whilst I understand some patients needs take more time up than their allotted time this causes a knock on effect as the day passes. I would suggest that the patient is made aware if the doctor is running more than 10 minutes over, then it sets the patients expectation when waiting to be called.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Blood tests (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- This only pertains to me personally but it concerns the frequent need for blood tests. Regrettably some of the nurses are unable to extract enough and over the last six or so times Nurse Julia Coates and two doctors have been the only ones to be successful and I have much difficulty in getting an appointment with Julia. I apologise if this sounds trivial but to me having four or five needles without success does not always leave me in the best frame of mind.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Car parking (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Car parking</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Continuity of care (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Patients need to feel that they have continuity of care, often they feel that this is not the case at the moment and I think that, perhaps, this is related to point 1 above (point 1 was about difficulties booking an appointment)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investigations for over 50s (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Proactive Investigations for the 50+ patients</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OOH (1)</th>
</tr>
</thead>
</table>

### Out of hours service

#### Pharmacy (1)

- In process terms, your service involves what I think are five or six process steps which logically follow each other in a circle i.e. Consultation, Referral, Prescription, Prescription Fulfilment, Progress Review and then back to Consultation. Your website, Reception team and service partners (e.g. NHS and Lloyds) play a key part in ensuring that the quality of service ‘circle’ works smoothly. So, at the moment, and in my view, the service provided by Lloyds is poor (often muddled and slow).

#### Quality of GPs (1)

- Quality of GPs (skills and experience): This is very obvious when you have to see various GPs at times.
- Listening skills of some GPS. They cannot be listening if they are writing on Emis at the same time

#### Compliment (1)

- Apart from that you are almost perfect

#### No comment (1)

- I would prefer not to comment further until the terms of reference for the group have been agreed
Past surveys have focused on the areas listed below. Which of these areas do you think it is important for the practice to focus on now? (Please pick one)

If possible please give details of what you think we should specifically look at improving in the area you chose

**Appointments – availability and booking (11)**

- I think it is important to be able to get an appointment with the doctor of ones choice if at all possible
- To improve appointment making service including online as stated on previous page
- Possibility of seeing a doctor without a booked appointment
- Better online availability - you normally have to book 2 weeks out to get your doctor of choice. You cannot get anything same day surely you can reserve a few slots for online bookings?
- More evening sessions for those who work Ability to book appointments well in advance (2-3 months) More "on the day" appointments, which are often already full by the time you get through on the phone at 8.30am.
- Getting more people to use the online system from their homes
- Making it easier to book online, maybe improving timing of telephone call appointments?
- Being able to ring up and book an appointment, without having to wait and ring again to book "on the day". Would like more online appointments available on-line too.
- Can we not revert back to the old way of booking doctors appointment prior to the present system of phoning at 8.30am and 2.30pm. This appeared to give patients a higher level of flexibility
- My doctor requests that I make appointments foe follow up treatment with either a nurse or the doctor. For the most part these are within a short space of time following the consultation with the doctor. My problem is that appointments have not been "released" and appointments cannot be made "that far in advance" This makes treatment a chore when one has to work at
### Reception Experience (4)

- Whilst the receptionists have a difficult job to manage patients etc. I think they could be more friendly, they are always polite but usually in my experience they are not welcoming and certainly you are not greeted with a smile. Even if you are not a regular visitor to the surgery or are unknown to the staff it makes a difference to feel welcome when you are not feeling very well.
- Confidentiality needs addressing around the reception areas @ Chinnor & Risborough. It is not good enough that you can pick up information pertaining to patients easily when reception staff are dealing with telephone & personal conversations.
- Train your Reception people - we are the Customer and should be treated as such.
- Minimum of two reception staff required during busy times of the day so that all incoming telephone calls can be answered quickly and the patients within the reception area can also be dealt with.

### Communication (3)

- Newsletters giving up to date info on how the practice is operating
- Various aspects of giving information to patients. As well as issues relating to information specific to any particular patient (see previous comments on test results), more general information about the practice which may be put on the website. There isn't much point having a "Newsletter" section on the website, when there isn't a regular newsletter. There is a lot of useful information on the website, but it creates a negative impression when the latest newsletter is so far out of date
- You cannot rely on people calling into the practice as a way of communicating with them. In general we only come twice a year for check-ups so how are we to know what is going on. Much better use of the web site and e-mail of your newsletters to patients

### The survey (2)

- I think I answered this on the previous page. I have some expertise in survey design and I think this could be much better
- I have inadvertently already addressed this point in my first comment

### Capacity (1)

- I would just ask if it's getting near saturation point with the building of so many properties at the moment

### Checking in (1)

- With phones ringing and the receptionist on a lengthy call, the wait to check in for appt can be time consuming. Have you thought of automating this?

### Other areas don’t need improving (1)

- I feel all the other survey suggestion areas do not require improving.

### Pharmacy (1)

- Other = please see my comment about 'service partners’ and the service provided by Lloyds Pharmacy

### Quality of GPs (1)

- as previous - more listening (some GPs only)
<table>
<thead>
<tr>
<th>Waiting times (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Speed of turnaround</td>
</tr>
</tbody>
</table>
Appendix 5

From discussion at practice meeting 16/1/12
Votes from 13 Healthcare Professionals

More details about areas suggested:

**Appointments**
- Look at availability
- Is there demand for appointments at other times in our working hours of 8:30-18:00?

**Is continuity or accessibility more important to patients?**
- Having one person who co-ordinates all care and is deeply aware of the patients background vs. wide flexibility for appointment times

**Receptionists telephoning patients with information from their doctor**
- Do patients understand information given e.g. blood test results, warfarin instructions?
- What do patients think about this?
- Should it be done by the GP?

**Self-check blood pressure machine**
- Having a blood pressure machine in reception area
- Other equipment for patients to use

**Flu clinics**
- Organisation
- ?Alphabetical system

**The waiting room**
- Tidiness
- Organisation
- Creating a nice or different feeling

**Chronic disease management**
- How do patients feel about seeing a healthcare professional other than their doctor for reviews
- Are patients aware of benefits/skills of other healthcare professionals in this
- E.g. asthma, COPD, diabetes

**Education and information for patients**
- Written patient leaflets e.g. about cardiovascular disease
- Do patients want more education/information?
- Could we use online resources to give more information e.g. online information leaflets in reception

<table>
<thead>
<tr>
<th>Group clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Would there be benefit in having a group instead of one-to-one appointments in certain situations e.g. health checks</td>
</tr>
<tr>
<td>- When focus on prevention / lifestyle advice</td>
</tr>
<tr>
<td>- What would patients think of this?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Looking at the relationship between the practice, pharmacies and the patient</td>
</tr>
</tbody>
</table>
1. Welcome and Introductions

Attendance:

Members – Present

Ruth Archer  Chinnor
Jacqui Mackinson  Chinnor
Matt Bateman  Chinnor
Steve Eyre  Chinnor
Jackie Highe  Risborough
Gill Snooks  Chinnor
Louise Smith  Risborough
Andrew Davies  Risborough
Mike Britnell  Risborough
Cathy Clark  Chinnor

Practice
Lesley Munro-FaureManaging Partner
Dr Stephen Stamp  Senior Partner
2. Review of Patient Survey Results
All members of the group had already received an email copy of the survey so they could prepare for the meeting.

Members of the PPG had also been invited to attend a practice learning session (PLT) on the 16th February. This was a meeting of all practice members where the survey was reviewed and the meeting then brainstormed ideas on areas for improvement. This session was led by Dr Suzie Gill and, as well as looking at the survey results, was an opportunity to use some of the ‘Thinking Differently’ tools from the NHS Institute for Innovation as a means to approach the issues in a different way to develop innovative solutions.

At the meeting we did four things:

1. Presented the survey results and discussed each result in detail.
2. Presented the outcomes from the ‘Thinking Differently’ PLT session
3. Developed an action plan for areas where the PPG and the practice felt there were opportunities for improvement.
4. Agreed on the next steps

The group generally felt the following:

- The survey results were felt overall to be very good
- There were may positive comments received from patients
- For some questions it was difficult to understand what the responses actually meant since it could have been possible to interpret the questions in different ways.
- The survey was quite long – future surveys might focus on narrower areas.
- The survey had been driven by the areas the face-to-face and the email groups felt were the most important. It was focused heavily around the appointment system.
- Although the 160 returned surveys was, by some members of the group felt to be disappointing others thought was pretty good. (MORI have previously carried out patient surveys nationally and the last survey they carried out received 133 responses). We, therefore, felt that is was reasonable to propose changes based on the number of surveys received.
- The PPG felt that it was better to adopt a small number of changes and do them well than to propose larger numbers

3. Action Plan
The group agreed the following three improvement areas:

1. **Streamline the ‘patient journey’ through the practice**, particularly for patients with multiple chronic conditions. Once developed these will be communicated with patients. This will ensure that everyone understands when they need to attend, who they need to see, what tests they need to have done and why. It will achieve the following:
   - Ensure better care for patients
- Ensure patients see who they need to see when they need to see them – will reduce the number of times the patient needs to attend the surgery
- This should also free up more appointments since they will be used more efficiently
- Will ensure patients have a greater understanding of their condition and how it is managed

2. **Publicise the appointment system.** From being part of the PPG, the members of the group felt they became more aware of the work that goes into designing the appointment system, how/why it works, the roles of different members of the clinical team and felt they understood how to use the appointment system better. It was felt that this would be useful for all patients. Agreed we should produce a short leaflet about the appointment system for patients. Once done we should publicise in the practice, on website, library and make patients aware that it exists via text, notes on scripts etc.

3. **Privacy in reception so conversations not overheard.** The group felt this might be more difficult/costly to achieve within the current building. They were also concerned that although they would want to improve privacy they wouldn’t want to do this at the expense of loosing the current friendly atmosphere in reception. Agreed that the practice should look into the feasibility of this but bring back to the group before any changes made.

**Timescales**

The group felt that point 1 was the most important issue to tackle but also would be time consuming and would take significant clinical time to achieve. Felt that 6 months was an appropriate timescale for this. The group also felt that point 3 was likely to take some time to investigate and again that 6 months was a reasonable timescale for this. Point 2 was more straightforward and we agreed a timescale of 3 months. Agreed next meeting would be in 3 months time

4. **Next Steps**
- Meet in three months to:
  - Monitor progress of the three action points against plan. Point 2 should be achieved and progress report for 1 and 3
  - Presentation by Lesley Munro-Faure on clinical commissioning and what it means for the practice and for patients.
  - Publicise survey results in practice and on website