Meeting with PPG members dated 24th March, 2014.

Present : Marilyn Marathe ( Practice Manager )

Janet Griffiths ( PPG Chairperson )

Ray Shingler ( PPG member) Mary and David Garner and Kath Ferguson

The purpose of the meeting was to discuss results of the recent patient survey. Like last year the practice used the GPAQ model which was 'tweaked' to enable the Practice to get feedback on recent changes to Practice policy- primarily our repeat prescription system which was launched 12 months ago and also Practice staff enquiring as to what the basic nature of a patients problem is so that the relevant clinician can be alerted to this. Regarding repeat prescriptions, Whilst patients still have telephone access to order their prescriptions there is now a designated period for this which has allowed Practice staff to monitor the number of telephone requests during this two hour window and to facilitate telephone access during the rest of the day. On the whole, the survey illustrates that patients have reacted favourably to this which is positive for the Practice.

Last year Ray had noted (from personal experience) that not all reception staff were informing patients of any delays which might impact on waiting times to see a clinician and this year there were no concerns regarding this from either the patients or the PPG.

Generally, patient feedback via the survey has been positive although the principal cause for patient dissatisfaction like last year is patients concern that they 'see different doctors every time'. Some time ago, the PPG shared this view point but through Marilyn's explanation of the appointment system they now understand the difference between routine and same day appointments. Arguably the rest of the patient population is still struggling with understanding this and whilst patients will always be offered an appointment with their preferred Clinician if a slot is available patients need to grasp that a same day appointment (which is generally for a new acute issue) doesn't mean that patients can always see the clinician of their choice. During the upcoming year the Practice aims to further educate parents regarding this. Mary suggested a notice on the patient television and a poster to advise patients of this which the Practice will produce.

Feedback from the survey suggested that patients sometimes found reception staff being nosey or making clinical judgements due to them asking patients what was the medical reason for their appointment. Marilyn explained that in fact all reception staff were doing was to try and facilitate positive patient experience. by providing the consulting clinician with some basic information as to what was wrong with a patient it allows them to prioritise their work load and to study the records of patients with complicated medical histories, sometimes asking more complicated patients to come to surgery outside of their appointment slot so that they could be given the attention required. Obviously there would be occasions whereby reception staff would make very common sense clinical judgements- for example, a patient complaining of chest pain would require they seeks urgent clinical advice or arrange an ambulance for a patient. Through her explanation members of the panel present agreed this intended to improve patient experience. Marilyn reminded the panel of the strict confidentiality clauses which govern all staff to protect patients and to hopefully make patients more comfortable to divulge brief details of the problem to the Practice's administrative team.

Some patients commented that they found it difficult speaking to members of the reception team to obtain a same day appointment. From personal experience, Marilyn explained that communication with patients was often difficult particularly first thing in the morning and this was compounded by a number of issues- poor telephone reception (the majority of patients call the surgery from their mobiles) poor language skills which not only makes ascertaining what the problem is but also basic patient information (name, address, date of birth etc) and the frustration of speaking to someone who isn't able to communicate might cause patients to think that reception are being rude as they are having to raise their voice to be heard or to try and rephrase something to help patients understand. All of the PPG were sympathetic to this and again suggested some sort of notice to alert patients to potential problems around communication both technically speaking with phone signal and also through language difficulty.

**You said, we did**

**You said**: ' I can never see the same Doctor'

**We say**: ' Where possible we will always try and accommodate patient requests to see your preferred clinician. Unfortunately for urgent same day appointments we cannot guarantee this and want to make you aware of this. For routine appointments and to offer you continuity please book all advanced routine appointments with a clinician of your choice.

**You said**: 'I don't like the receptionist asking me what my problem is, it's rude and they are not a doctor.

**We say**: ‘Our reception team are trained to ask all patients what the problem is. This isn't intended to cause offence it is a way for the Practice to assess the need for same day appointments. By giving the receptionist a brief outline of the problem they can ensure that you are directed to the right health care professional. In addition it helps clinicians to be able to assess their work load earlier- occasionally bringing in patients with more complicated medical histories outside of surgery slots so that they can be given the attention they need outside of the confines of a (normally) 10 minute slot. We feel this enhances our level of care and understanding of our patients.

**You said**: ' I find the receptionists I speak to on the telephone for an urgent appointment rude'

**We say:** 'This is not our intention but often between 8-9am the surgery is extremely busy and it can be a pressurised environment for reception staff. There are a number of things you can do to facilitate this such as ensuring you are able to speak English sufficiently to tell the receptionist who you are and also what the problem is and making sure you have enough signal for the phone call. Often patients refer to themselves differently to what might be their official names so please bear this in mind as it can hinder the process of locating patients and arranging appointments for them. If you struggle with English please come to the surgery and we can arrange for translation services.

**Notice to patients regarding same day appointments**

Please note that for urgent same day appointments you will not always be able to see your preferred clinician although we will try and accommodate your request where possible. For routine appointment for non-urgent or going issues we urge you to make an appointment with your preferred clinician.

**Notice to patients regarding telephoning for an appointment:**

Please note that it is Practice policy for our reception team to ask all patients as to what the problem is. Any medical history is strictly confidential. It is to help asses our demand for same day appointments and to ensure that patients are seen by the appropriate healthcare professional in the appropriate time period. It also means that whoever sees you is able to know in advance what you are coming in for and if this is complicated to consult your medical records in advance to help prepare. We hope this provides our patients with a better service although you don't have to divulge to the receptionist what the problem is it is helpful for the Practice team if you are able to.