

## Local Patient Participation Report

### Park View Surgery – Normanton March 2012

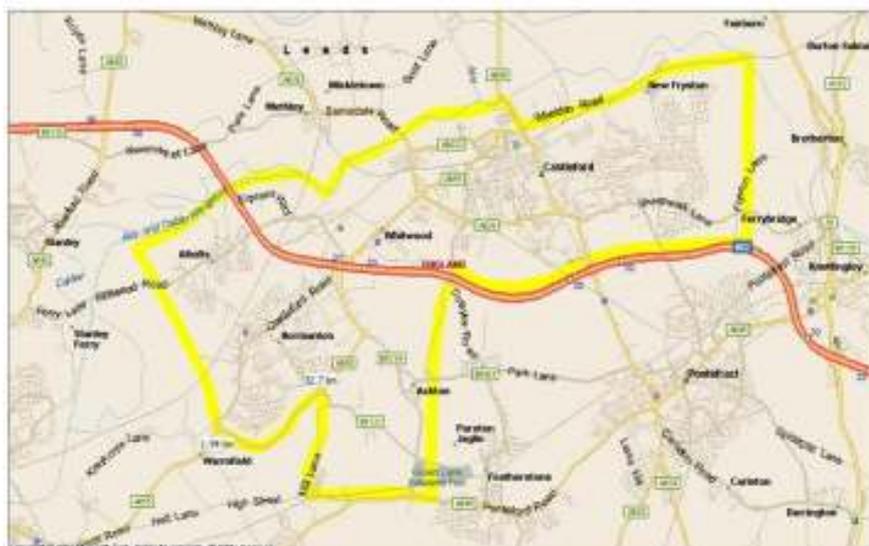
#### Profile of Practice Population and PRG

Park View Surgery is a small GP training practice based in Normanton with both male and female GP's. We currently have a patient population of 2739 of mixed age groups and ethnicity.

The practice has had a patient participation group (PPG) for around 5 years. The group generally only met around 3 to 4 times per year but it has now become more established and we try to meet on a monthly basis.

Our PPG is represented by a mixture of male and female members, both working and retired patients of which some members are disabled. We currently have 8 members, 50/50 split, who attended the meetings but there are some members that can be contacted virtually should they not be able to attend.

#### Practice Boundary Area Map



#### Recruitment

The group have been working with the Patient and Public involvement rep from the PCT. We have tried many ways to recruit further members by giving out information leaflets, putting posters up in the waiting room, including the PPG leaflet in our new patient packs, on the Practice Website and verbally through Midwives etc. We also added a paragraph at the end of our patient survey to see if we could attract further

members from the different ethnic groups and younger age group but did not have any success at this present time.

*Appendix 3- PPG Flyer (these were also put in new patient's packs and in the waiting room)*

*Appendix 4-PPG Poster (Displayed in the Waiting room)*

Practice population			PRG profile	
AGE	No	%	No	%
% under 16	509	<b>19</b>	0	
% 17 – 24	288	<b>10</b>	0	
% 25 - 34	349	<b>13</b>	0	
% 35 - 44	451	<b>16</b>	0	
% 45 - 54	446	<b>16</b>	2	<b>25</b>
% 55 - 64	297	<b>11</b>	1	<b>12</b>
% 65 - 74	234	<b>8</b>	4	<b>50</b>
% 75 - 84	122	<b>4</b>	1	<b>12</b>
% Over 85	39	<b>1</b>	0	<b>0</b>

### Ethnicity

Practice Population Profile		PRG Profile	
White British	<b>43%</b>	8	<b>100%</b>
British or mixed British	<b>47%</b>		
Irish	<b>0.8%</b>		
White and Black Caribbean	<b>0</b>		
White and Black African	<b>0.3%</b>		
White and Asian	<b>0.25%</b>		
Other Mixed background	<b>0.02%</b>		
Indian or British Indian	<b>0.9%</b>		
Pakistani or British Pakistani	<b>0.37%</b>		
Other Asian background	<b>0%</b>		
African	<b>0.37%</b>		
Chinese	<b>0.33%</b>		
Other	<b>0%</b>		
Ethnic category not stated	<b>5.3%</b>		

Sex	
Female	47.8 %
Male	52.2 %

The group accepts that it is not fully representative of the practice population particularly around representation for younger people but there is a wealth of knowledge and experience and representation as detailed above. The group has

been working with the Local Community Development Worker to determine the best way to target the underrepresented groups. Work will continue to improve representation.

### **Meeting of 8<sup>th</sup> December 2011**

At the meeting of 8<sup>th</sup> December the group welcomed two new members and introduced the PPI rep who outlined what was expected of the group and how to take it forward. It was also agreed that the group would develop a patient survey.

*Appendix 1- Minutes of PPG Meeting 8<sup>th</sup> December 2011*

### **Terms of Reference**

The group meets informally and have agreed to discuss the terms of reference at a later stage. It has been agreed that the current arrangements for the Chair and secretary of the group will stay the same i.e. Deputy Practice Manager.

### **Patient Survey**

The PRG met on 11 January to decide on questions that they felt should be included in the Survey, this was done by looking through previous patient questionnaires and surveys and issues previously brought to the group discussions.

It was agreed that between 8 – 12 questions would suffice and a small pilot with the group would take place before releasing to the wider practice population. The group decided on and formulated the questions, which related to the surgery opening times and GP and other clinical staff consultations and the overall service for the practice.

The survey was compiled and emailed out to the group for further feedback around amendments or layout. The Group members each completed a questionnaire to ensure it was workable. Once this was confirmed the Survey was published and put out to the rest of the patients.

It was necessary to get 25 surveys completed for every 1000 patients, therefore, this meant 75 completed questionnaires were required.

For 2-3 weeks in January, the surveys were handed out to patients by the receptionists, who encouraged completion and offered help where necessary. This was done as they attended the surgery, either for appointments or walking in to collect prescription etc. We found this the best way to capture different ethnicities and age groups.

*Appendix 2 Minutes of 11/01/12*

*Appendix 5 Patient Survey*

### **Survey Results**

80 completed questionnaires were returned. The responses for the survey were collated and discussed at the meeting on 28 February 2012. It was agreed the Group would work through each question and any comments actions would be recorded to enable the Action Plan to be agreed.

The results of the survey overall were very good with patients very satisfied with the service the Practice provided and with the staff in general.

The Group commented that they were not surprised by the result as they personally felt the surgery gave an excellent service hence the reason they have remained at the surgery for so many years.

The questionnaire did not include questions about the telephones as we had recently changed to a new telephone system back to a local area code of 01924 from a 0844 number as a result of past surveys and patient feedback. The group said this had been an excellent change and felt they had been listened to regarding the telephones. They were interested to know if the call volumes had increased since the change. It was agreed this would be taken forward.

There were some areas where the Group felt that there was room for improvement. The Group noted that Wednesday afternoons is not ideal surgery is currently closed and the Normanton On Call GP dealt with urgent calls. It was highlighted this service had been reviewed and calls were directed to Ferrybridge initially to be assessed. The Group agreed this was improvement. The Group were also advised of an opportunity for the practice to open on Wednesday afternoon to offer Nurse led appointments. This was welcomed and prioritised for the action plan. Other areas prioritised included providing a board to ensure the patients were aware of any surgeries running late and that further clarity was required around why patients were finding it difficult to book appointments. It was agreed this question could have been better phrased.

Having considered all the results the Action Plan was formulated and priorities agreed.

*Appendix 6 Minutes of PPG Meeting, 28<sup>th</sup> February*  
*Appendix 7 Survey Results*

**Action Plan**

The Group finalised and prioritised the Action Plan at the meeting of 28 February 2012. A copy of the Action Plan is detailed below and included in *Appendix 8*

**Progress Made with the Action Plan**

As the Action Plan has been agreed late in February, limited progress has been made in achieving the results. However plans are in place to take forward the actions and a summary of progress as of the 31 March 2012 is provided below.

<b>You Said</b>	<b>We did</b>	<b>Result is</b>
Wednesday afternoon access	We will be opening on a Wednesday afternoon from the 1 <sup>st</sup> April on a pilot basis	Additional nurse led appointments and improvements on long-term condition care planning.

Board or Patient notice to inform patients of any delay in appointment times	Receptionist now advice patients when clinician running late and look to have a board in place on completion of on going work within reception area.	Better communication for patients on status of their waiting time.
Difficulties in booking appointments.	We have agreed to look into this to determine why	Planned to undertake a further telephone survey
Comparison of volume of calls, before and after change of telephone system	Agreed to assess how this can be done.	

### **Confirmation of opening times**

The survey included questions around access and opening times, though around 90% of the patients were happy with what was already provided. It was noted the Practice are looking to open on a Wednesday afternoon from April 2012.

The surgery does not currently provide extended hours, this is due to no demand from previously opening on a Saturday morning.

Our opening times at the moment are:

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>AM</b>	<b>08.30-12.30</b>	<b>08.30-12.30</b>	<b>08.30-12.00</b>	<b>08.30-12.30</b>	<b>08.30-12.30</b>
<b>PM</b>	<b>13.30-18.30</b>	<b>13.30-18.30</b>	<b>closed****</b>	<b>13.30-18.30</b>	<b>13.30-18.30</b>

The Reception Desks are open at the times detailed above.

\*\*\*\* Plans to open on Wednesday afternoons from April are being finalised and times will be publicised when confirmed.

The telephone lines are open throughout the day from 08.30 to 18.00 to make/cancel appointments order prescriptions and other queries. Messages can also be left out of hours to order prescriptions or cancel appointments.

The practice also offers online booking of GP appointments and ordering of repeat prescriptions on line. Please note registration to access this service can be requested by contacting the practice.

This information is also available in the practice leaflet.

### **Availability of Information**

The report is available to see on our patient notice board within the surgery and on our practice website [www.parkviewsurgery.co.uk](http://www.parkviewsurgery.co.uk)  
It will also be discussed at the next PRG meeting.

(Appendix 1)

**Park View Surgery  
Patient Participation Group (PPG)  
Thursday 8<sup>th</sup> December 2011**

**Present:** 3 Practice members, 1 PCT Rep & 7 group members

**Apologies:** 2 members sent their apologies

**1. Welcome**

Sharon welcomed everyone to the meeting including the new members and Gisela Clark from the Primary Care Trust who has agreed to support the group whilst the new meeting format is put in place.

**2. Apologies received**

Apologies were noted from Mr M and S

**3. Purpose of the meeting, what is a PRG and what are the benefits of a PPG**

Gisela spoke to the group and asked them what their expectations were and also what support the practice wanted from the group. Gisela gave a brief overview of how other groups across the district were operating and what sorts of projects they had been involved with that would benefit the practice and its patients.

**4. Introductions around the table**

Introductions were made around the table

**5. Background structure of the practice**

SC agreed to do a presentation around the practices background at the next meeting.

**6. Health Service Reforms**

Gisela handed out a document that had been written by the PCT which gave group members an overview of what is happening within the NHS at the moment and how the changes are effecting Primary Care Trust's and GP practices.

**7. Patient Reference Group Network**

Gisela explained to the group that the PCT holds a meeting once every three months where a member from each patient group across the district can come together. The purpose of this meeting is so that group members can share good practice and ideas and discuss what is happening within their individual groups. The PCT also provides them with useful information to take and feedback to their individual patient groups. The next meeting is on 14 March 2012, 10am – 12 noon at White Rose House in Wakefield. If any group

member would like to attend please let Gisela know. Gisela Can be contacted on 01924 317646 or email [gisela.clark@wdpct.nhs.uk](mailto:gisela.clark@wdpct.nhs.uk)

**8. Topics for next meeting**

The group has agreed to carry out a practice survey and the content will be discussed and agreed by the group at the next meeting.

**9. AOB**

The practice nurse informed the group that she was retiring from the practice and therefore would not be attending any further meetings however she did explain that she would be returning to the practice on a part time basis. The group were also informed that N who used to be the practice receptionist had recently completed her Clinical Receptionist qualification and now doing a further qualification as a Health Care Asst and would now be employed by the practice as a Clinical Reception.

Mr B told the group that he was standing down therefore would not be attending further meetings.

**10. Date and time of next meeting**

Wednesday 11<sup>th</sup> January 2012, 12 noon

**(Appendix 2)**

**Park View Surgery  
Patient Participation Group (PPG)  
Wednesday 11<sup>th</sup> January 2012**

**Present:** 6 members were present, 1 PCT member and 1 local community member were present and 2 members from the practice.

**Apologies:** 2 members sent their apologies

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**Failed to record in last minutes from meeting on 8<sup>th</sup> December 2011**

1. Thanks to CP on her retirement and will be missed
2. How good the practice is and that it gives a 1<sup>st</sup> Class service
3. Mr B announced he would no longer be participating in the group as from today (date of last meeting)

**Minutes of Meeting 11<sup>th</sup> January 2012**

1. GC introduced M W, Community Development Worker who would be able to advice on how to access hard to reach groups.
2. It was proposed that agenda items – Background of practice, terms of reference etc be deferred to next meeting.
3. GC – feedback around the practice is positive but what can do to improve – what are the priority areas, need to agree these and then pull together a survey for rest of patients.
4. It will also be necessary to determine how we are going to get it out to patients, could assistance in completing or explaining why the group is undertaking the survey.
5. 25 completed surveys required per 1000 population. This would require 75 questionnaires being completed at Park View.
6. A discussion ensued on how the polish population could be encouraged to complete the survey. M proposed that it could be translated or a patient approached with appropriate language skills. There was some concern that there would be an erosion of confidentiality if this was pursued. It was possible the local Catholic Church may be able to provide some support.
7. The group agreed that Demographics should be kept to a minimum to make the questionnaire less onerous to complete ie M/F, age.

8. It was decided that 8 to 12 questions would be sufficient to provide feedback on the surgery, which should reflect what the group identified as the priorities for PV.
9. On completion of the survey an Action plan would be developed and report made available for patients and included on the practice website.
10. It was agreed that a small pilot should be undertaken before the survey is released to the wider practice population. SC agreed to send all the members a copy of the proposed survey questions for agreement
11. It was noted the practice had moved to new telephone system in September, the group commented that the new system was far better than the previous system and an excellent change. The group decided that this did not need to be included in the survey. Another area for consideration was opening hours and it was agreed to explore patient's opinions around Wednesday afternoon opening. Other areas to focus on, was around the consultation with the GP or Nurse and the service provided overall.
12. The group worked through examples of questions used in other practice surveys and identified questions that would provide the information to support the priority areas identified.
13. It was asked if any member would be willing to help assist patients in the waiting room with the survey but some members felt this could impose on confidentiality, therefore, it was agreed the Park View receptionists would initially give it out but, a former receptionist of the surgery, felt she could give this support should it be necessary.
14. GC told the group of a project that been done with pupils of a primary school, where they were asked of their experiences at their GP surgery and about questions they felt should be asked.

**AOB:**

Mr M asked if the time line for repeat prescriptions could be looked at as a patient had been told he had to wait 48hrs for a repeat prescription but he had already run out of medication. SC advised that this is the protocol that we have work to because of medication reviews or other time pressing issues but generally the scripts are ready before the 48 hour time line and exceptions can be made as long as it's not a regular occurrence.

**Date of next meeting: Tuesday 28<sup>th</sup> February, 11.30am at  
Park View Surgery**



## Park View Surgery

148 Castleford Road  
Normanton  
WF6 2EP

Tel: 01924 224299

### Patient Participation Group

Are you interested in finding out how to get involved in your practice?

We are setting up a Patient Participation Group and are looking for patients from all age groups, social and cultural backgrounds to join us.

If you would like more information about the group please contact the surgery or speak to one of the receptionists. Alternatively enter your details below and hand in at reception:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact tel: \_\_\_\_\_



**PARK VIEW SURGERY**

*PMC Health Solutions Ltd*

## **Park View Surgery**

### **Patient Participation Group**

Are you interested in finding out how to get involved in your practice?

We are setting up a Patient Participation Group and are looking for patients from all age groups, social and cultural backgrounds to join us.

We would like to hear about what **YOU** think works well or not so well in our practice

If you would like more information about the group please speak to one of the receptionists or a member of staff.

**(Appendix 5)**

## Park View Surgery Patient Survey

The surgery is constantly striving to improve its care and services for all patients.

As part of this ongoing improvement, the Patient Focus Group have compiled a survey consisting of questions dealing with all aspects of your experience when you need to visit the surgery.

We value your opinion and we would ask you to spare a few minutes of your time to complete the survey. It will be much appreciated.

**Thank you for your support.**  
***Park View Patient Focus Group***

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1 When did you last see/speak to a Health Professional at the surgery?

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2a How did you make your last appointment?

over the telephone		On Line		Visited the surgery	
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2b How easy was it to make this appointment?

Very easy	Easy	Difficult	Did you see the Clinician of your choice

3 How helpful do you find the Practice Staff *(please tick one box on each line)*

	Good	Acceptable	Poor
Receptionists			
Nurses			
GPs			

4 The last time you saw a GP/Nurse how good were they at each of the following *(please tick one box per line)*

	Very good	Good	Neither good nor poor	Poor	Very poor	doesn't apply
asking about your symptoms						
Listening						
Explaining tests & treatments						
Involving you in decisions						

about your care						
treating you with care and concern						
taking your problems seriously						

5a Are the surgery opening times convenient for you? YES/NO

5b Which of the following extra opening times would make it easier for you to see or speak to one of the clinical staff.

Before 8 am	after 6.30 pm	on Wednesday afternoon	On a weekend	Happy with how the are

6 How often would you describe your need to visit the surgery for an appointment?

Weekly		Monthly		Occasionally	

7 Overall how would you describe your experience at the surgery?

Very good	fairly good	neither good nor poor	fairly poor	very poor

8 If you wish to make any additional comments please detail in the box below

To help with the context of the responses received please provide

Your age \_\_\_\_\_ Gender Male  Female

Are you aware of the Patient Focus Group at the practice? YES/NO

Would you be interested in joining the group? YES/NO

**If yes please speak to a Receptionist for further information.**

**The results of the survey will be available in the surgery and on the practice website.**

**Thank you for your time, it is much appreciated.**

(Appendix 6)

## **Park View Surgery**

### **Notes of Patient Participation Group Meeting** **28 February 2012**

**Present:** 2 Practice Staff, 1 Local Community Worker & 6 Group Members

**Apologies:** 2 group members sent their apologies

#### **Introduction**

SC thanked the group for their attendance. It was noted the main purpose of the meeting was for the Group to discuss the results of the survey and develop an action plan to take forward.

#### **Patient Survey**

It was confirmed that 80 completed surveys had been returned. The practice was required to have a minimum of 75 completed surveys based on 25 per 1000 practice population.

The responses had been collated and the data presented for each question. It was agreed the Group work through each question.

#### **Q1 When did you last see/speak to a Health Professional at the surgery**

This was a general question to gauge when the patient last had an appointment.

#### **Q2a How did you make your last appointment?**

<b>Over the telephone</b>	<b>74%</b>
<b>On line</b>	<b>8%</b>
<b>Visited the Surgery</b>	<b>18%</b>

The Group commented on the number of people who booked online and it was agreed the service has to be there to meet the needs of patients. It was noted patients visiting the surgery to make an appointment was low.

Mr B commented that from his experience access at the surgery seemed quite good compared to access at other surgeries. He felt the turn-round from booking to being seen was quite a short timescale.

The Group also compared the method of booking by age group requested details of the age profile of the practice. It was agreed this would be produced.

The Group commented that telephone access was by far the most popular means of booking an appointment and queried whether telephone access had increased since

the change of telephone system and the change to a local number. It was agreed this would be explored further to determine if this could be done with the data available from the telephone system.

**Q2b How easy was it to make this appointment?**

<b><u>Very Easy</u></b>	<b><u>Easy</u></b>	<b><u>Difficult</u></b>	<b><u>Did you see the clinician of your choice</u></b>		
answered this question)			(Only 9 patients)		
<b>65%</b>	<b>31%</b>	<b>4%</b>	<b>No = %</b>	<b>Yes = 5%</b>	

Mr M asked why it was difficult to book an appointment accepting that the numbers were low. It was agreed further clarification was required to determine if the problem was related to the options on the telephone system or availability of the clinician.

Mr B highlighted that Continuity of care important which was the strength of a small practice.

SC advised she felt the figures were disappointing around the number of patients who did not get the clinician of choice. The group felt this question could have been misinterpreted. The Group acknowledged again that continuity of care was important. Mr B also highlighted that appointments can be booked by other clinicians and these would not be reflected in the responses eg Nurse Practitioner booking a GP appointment.

**Q3 How helpful do you find the practice staff ?**

	<b><u>Excellent</u></b>	<b><u>V Good</u></b>	<b><u>Good</u></b>	<b><u>Acceptable</u></b>	<b><u>Poor</u></b>
a) Receptionists		5%	93%	2%	0
b) Nurses	1%	4%	95%	0	0
c) GPs	1%	4%	91%	4%	0

The Group commented that all the responses were good and it reflected in practice. It was noted some respondents had put additional comments of excellent and very good which were not included on the original questionnaire.

**Q4 The last time you saw a GP/Nurse how good were they at each of the following?**

	Very good	Good	neither good nor poor	Poor	very poor	doesn't apply
asking about your symptoms	76%	24%				
Listening	74%	25%	1%			
explaining tests and treatments	70%	28%	1%			1%
involving you in decisions about	70%	24%	5%			1%

your care						
treating you with care and concern	78%	21%	1%			
taking your problems seriously	77%	22%	1%			

The Group acknowledged that these were as expected.

**Q5a Are the surgery opening times convenient for you?**

**Yes 91%      No 9%**

**Q5b Which of the following extra opening times would make it easier for you to see or speak to one of the clinical staff?**

**Before 0800 9%    After 1830 24%    Wednesday Afternoon 10%    Weekend 5%    Happy with how they are 52%**

The Group noted the low numbers of respondents who had expressed a preference for extra opening hours. The Group felt the practice had tried to accommodate extended opening hours on Saturday mornings but the take up of appointments was poor making the service not viable.

The group discussed the possibility of Wednesday afternoons as the Practice was currently closed. A proposal to open limited hours on Wednesday afternoons to deliver nurse led additional appointments and do additional work around care planning for patients with long term conditions was outlined. This would initially be run as pilot. The Group welcomed this proposal but did not want the practice to over-commit so it could not take advantage of other developments. The Group also enquired about the current on call system to deliver a service for urgent appointments. It was noted the phones now divert to Ferrybridge Medical Centre and not the Normanton on call GP. If patients ring they will be assessed by an appropriately qualified Nurse and they need to be seen by a GP the Nurse would arrange this with the Normanton on call GP. If a call was of a non-urgent nature the patient would be encouraged to call Park View the following day.

**Q6 How often would you describe your need to visit the surgery for an appointment?**

**Weekly 4%      Monthly 24%      Occasionally 72%**

**Q7 Overall how would describe your experience at the surgery?**

**Very Good 79%    Fairly Good 20%    Neither good nor poor 1%    Fairly Poor 0    Very Poor 0**

## **Q8 Additional Comments**

It was agreed these would be reviewed by the practice

The group noted that a Board would be made available to inform patients if a clinician is running late.

The Group were happy with the outcome of the survey and noted that the GPs had welcomed the results.

### **Action Plan**

The Group agreed that the following Action points be prioritised.

- 1 Open Wednesday afternoons to deliver additional Nurse Led appointments and undertake Long Term Condition Care Planning
- 2 Ensure a board is available in Reception to inform patients if a surgery is running late.
- 3 Undertake further work to clarify why some patients were finding it difficult getting appointments
- 4 Provide an age profile of the practice
- 5 Explore the possibility of comparing the volume of calls into practice now with those when the 0844 number was in situ.
- 6 Continue to publicise membership of the Patient Participation Group.

### **The Next Steps**

- To ensure the results of the survey are available in the surgery and on the website.
- Submit required information to the PCT.
- Address the Action Plan

### **AOB**

**Repeat Prescriptions** – Mr Mc queried why the practice specified 48 hours for repeat prescriptions when they were usually turned around in 24 hours. It was noted that whilst the majority of prescriptions were issued within 24 hours this could not be guaranteed as if there was a query or a medication review was required it may take longer than 24 hours. Patient expectations would be raised that could not be met.

**Medication Reviews** - Mr C asked if medication reviews were undertaken as it stated on his prescription counterfoil. It was explained that were possible the Nurse Practitioner or GP would undertake these in consultation but with some medications blood tests etc may be required but a review can be undertaken.

**Date and Time of Next Meeting: 18<sup>th</sup> April 2012**

## (Appendix 7)

### Survey Results

80 completed surveys received, % given are based on total number of answers given for each question

Q1. When did you last see/speak to a Health Professional at the surgery?

Count of Q1	Total	%
today 24th Feb	1	<b>1.3</b>
1 day	1	<b>1.3</b>
2 days	1	<b>1.3</b>
3 days	1	<b>1.3</b>
this week	1	<b>1.3</b>
1 week	11	<b>15.0</b>
2 weeks	14	<b>19.0</b>
3 weeks	4	<b>5.4</b>
4 weeks	1	<b>1.3</b>
1 month	10	<b>13.5</b>
2 months	7	<b>9.6</b>
3 months	4	<b>5.4</b>
4 months	4	<b>5.4</b>
5 months	3	<b>4.0</b>
6 months	5	<b>6.7</b>
9 month ago	1	<b>1.3</b>
last year	1	<b>1.3</b>
not sure	4	<b>5.4</b>
Grand Total	74	

Q2. How did you make your last appointment?

Count of Q2a	Total	%
online	6	<b>7.5</b>
telephone	60	<b>75</b>
visit	14	<b>17.5</b>
Grand Total	80	

Q3. How helpful do you find the Practice staff

	Receptionists		Nurses		GPs	
	Total	%	Total	%	total	%
1 - acceptable	1	<b>1</b>			3	<b>4</b>
2 - good	75	<b>94</b>	72	<b>95</b>	73	<b>91</b>
3 - very good	4	<b>5</b>	3	<b>4</b>	3	<b>4</b>
4 - excellent			1	<b>1</b>	1	<b>1</b>
Grand Total	80		76		80	

Q4. The last time you saw a GP/Nurse how good were they at each of the following

	Very good	Good	Neither good nor poor	Poor	Very poor	doesn't apply
asking about your symptoms	58 (76%)	18 (24%)				
Listening	57 (74%)	19 (25%)	1 (1%)			
Explaining tests & treatments	54 (70%)	21 (27%)	1 (1%)			1 (1%)
Involving you in decisions about your care	53 (69%)	18 (24%)	4 (5%)			1 (1%)
treating you with care and concern	59 (78%)	16 (21%)	1 (1%)			
taking your problems seriously	59 (77%)	17 (22%)	1 (1%)			

Q5a Are the surgery opening times convenient for you

Count of Q5a	Total	%
no	7	<b>9</b>
yes	72	<b>91</b>
Grand Total	79	

Q5b Which of the following extra opening hours would make it easier for you to see or speak to a clinician

	Total	%
after 6.30	11	<b>14</b>
after 6.30 / wed pm	3	<b>4</b>
after 6.30 / wed pm / weekend	1	<b>1</b>
after 6.30 / weekend	4	<b>5</b>
before 8	4	<b>5</b>
before 8 / after 6.30	3	<b>4</b>
happy	41	<b>52</b>
wed pm	3	<b>4</b>
wed pm / weekend	4	<b>5</b>
wed pm / weekend	1	<b>1</b>
weekend	4	<b>5</b>
Grand Total	79	

Q6 How often would you describe your need to visit the surgery for an appointment

	Total	%
1 - weekly	3	<b>4</b>
2 - monthly	19	<b>24</b>
3 - occasionally	58	<b>72</b>
Grand Total	80	

Q7 Overall how would you describe your experience at the surgery

	Total	%
1 - Very Good	63	<b>79</b>
2 - fairly good	16	<b>20</b>
3 - neither good nor poor	1	<b>1</b>
Grand Total	80	

**(Appendix 8)**

**Action Plan**

The Patient Reference Group agreed the following Action points be prioritised at their meeting of 28 February 2012.

- 1 Open Wednesday afternoons to deliver additional Nurse Led appointments and undertake Long Term Condition Care Planning
- 2 Ensure a board is available in Reception to inform patients if a surgery is running late.
- 3 Undertake further work to clarify why some patients were finding it difficult getting appointments
- 4 Provide an age profile of the practice
- 6 Explore the possibility of comparing the volume of calls into practice now with those when the 0844 number was in situ.
- 6 Continue to publicise membership of the Patient Participation Group.