

# **Lupset Health Centre**

## **Local Patient Participation Report 2011-2012**

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## **Introduction**

The Patient Participation Group (PPG) has been set up to allow patients the opportunity to influence the provision of primary care services in their practice. As General Practitioners take on greater responsibility for providing these services, they need to gauge the needs of the local community and tailor the provision of these services to the needs of that community.

In order to best represent the views of as wide a cross section of the practice population as possible, we have tried to attract as wide a variety of patients as we can, in terms of age, gender, ethnicity and employment status. The PPG has already proved to be very successful, and the report below will hopefully give you an insight into its operation, and what it has achieved thus far.

### **1) Profile**

The profile below shows a breakdown of the practice population. The patient community at the surgery is predominantly British by ethnic origin, but with significant minority groups. The age range of the practice shows that we have both large groups of patients of retirement age (>65) and children (<16). There is an almost even split between males and females, with slightly more females.

The Patient Participation Group (PPG) is largely composed of patients in the 55-84 age brackets. It has proved exceptionally difficult to attract people of working age (>17). The members of the PPG are predominantly of British origin, which compares favourably with the ethnic make-up of the practice. Although not every ethnic minority group is represented, there is minority representation.

The figures below show that the PPG does not represent all the different ethnic groups and age ranges that the practice has. We have attempted to improve this situation in a number of ways. It was one of the areas which were identified early on by the PPG itself as an area for work to be done.

In order to reach out to the younger end of the age spectrum, contact was made with the Youth Parliament, whose members had expressed their willingness to attend meetings of their various PPGs. It was decided that the best way in which to approach this

would be for the General Manager to attend a meeting of the Youth Parliament. It was also realised that other patient groups outside of the age and ethnicity categories were also unrepresented on the PPG. We have therefore attempted to involve single mothers. Contact was also made with the Eritrean Group, Polish Community and the Black and Minority Ethnic Communities.

In addition, the practice has reached out to other organisations and institutions in the practice area, including the St George's Healthy Living Centre and Snapethorpe School. We have a permanent representative of the St George's Healthy Living Centre on the PPG who has assisted us in reaching out to ethnic minority organisations and single parents. The children of Snapethorpe Primary School have assisted in reviewing the contents and design of the practice's web site, and commenting directly on their experiences of General Practice. This has allowed young people to become involved in the PPG indirectly and was so successful that their comments were passed to every Practice in Wakefield District for their information or action as necessary. To show our gratitude the General Manager of Lupset Health Centre attended a School Assembly, spoke briefly about the PPG's goals and awarded a certificate of appreciation to all pupils involved. We have also offered to have a GP or Nurse attend a school assembly to discuss what happens when a child visits the GP.

Practice population profile	PRG profile	Difference
<b>Age</b>		
22% under 16	0% under 16	None on the PPG
10% 17 – 24	0% 17 - 24	None on the PPG
12% 25 – 34	0% 25 - 34	None on the PPG
13% 35 – 44	6% 35 - 44	1 on the PPG
13% 45 – 54	0% 45 - 54	None on the PPG
11% 55 – 64	33% 55 – 64	6 on the PPG
8% 65 – 74	33% 65 – 74	6 on the PPG
6% 75 – 84	28% 75 – 84	4 on the PPG
2% over 84	0% over 84	1 on the PPG

Practice population profile	PRG profile	Difference
<b>Ethnicity</b>		
<b>White</b>	<b>White</b>	
83.2% British Group	77.8% British Group	13 on the PPG
0.2% Irish	0% Irish	None on the PPG
<b>Mixed</b>	<b>Mixed</b>	
0.2% White & Black Caribbean	0% White & Black Caribbean	None on the PPG
0.4% White & Black African	0% White & Black African	None on the PPG
0.2% White & Asian	0% White & Asian	None on the PPG
<b>Asian or Asian British</b>	<b>Asian or Asian British</b>	
0.3% Indian	0% Indian	None on the PPG
0.4% Pakistani	0% Pakistani	None on the PPG
0% Bangladeshi	0% Bangladeshi	None on the PPG
<b>Black or Black British</b>	<b>Black or Black British</b>	
0.1% Caribbean	5.6% Caribbean	1 on the PPG
0.8% African	0% African	None on the PPG
<b>Chinese or other ethnic group</b>	<b>Chinese or other ethnic group</b>	
0.3% Chinese	0% Chinese	None on the PPG
0.1% Any other	16.7% Any other	Declined to state their ethnicity, 3 on the PPG
<b>Gender</b>		
48.6% Male	36% Male	5 on the PPG
51.4% Female	64% Female	13 on the PPG
<b>Differences between the practice population and members of the PRG.</b>	As stated below, there are significant differences between the PPG and the practice population. We initially had a single parent in the 25-34 age group, but after no response to numerous correspondences in 5 months the PPG voted to remove her. The vast majority of members of the PPG are in the retirement age bracket. Although we do not have representatives from every ethnic group, we do have ethnic minority representation on the PPG. The gender balance, although slightly under-representative of males, does still reflect the divide in the practice population.	

Lupset Health Centre has chosen to establish an active PPG, although we do have three 'virtual members', merely due to the physical limitations of the meeting room. These virtual members receive the agendas and minutes of PPG meetings, but only attend when space allows (see Appendix 1E for evidence of involvement of virtual member, relevant sections highlighted). In order to recruit members for the PPG, we advertised for patients who would be willing to devote a little of their time to serve. Posters and leaflets were produced, and the electronic call board was utilised. We had a very good response from patients, with more applying to join the PPG than we had places for. It was decided therefore to create a list of those who have expressed interest in joining the PPG, so if members choose to retire at any point, we can ask patients from the interested list to come on-board.

## **2) Survey**

The Patient Survey was put together by the Patient Participation Group (PPG) over a number of weeks. There were three major areas on which decisions had to be made; who completes the survey, the number and type of questions and the manner in which the survey would be conducted. In order to gauge the concerns of the patient community, the suggestion box in reception and previous CFEP surveys were discussed to indicate the areas we needed to look at. Complaints made against the practice were also looked at. From this, we were able to determine certain issues which patients were concerned about;

- The appointments system.
- Staff attitude.
- The telephone system and associated costs.
- 'Red tape' barriers, particularly for external agencies.
- Delays in appointments.
- Appointment times, later, earlier, Saturdays, etc.

At the suggestion of the PPG, a pilot survey was introduced in which the draft questions were accompanied by an option for the patient to suggest other questions which might be asked. It was also agreed that the most effective way of collecting enough completed questionnaires was by members of the PPG volunteering to sit in reception for a period of time and ask people individually to fill them out. Our target was 325 completed questionnaires (25 per 1000 population). All the surveys were completed in paper form.

Each week a number of different volunteers from the PPG came in to spend approximately one hour in the waiting room asking patients if they would complete a questionnaire. In addition, we placed copies of the questionnaire on the reception desk and encouraged receptionists to hand them out. There was no patient 'selection' as every patient attending surgery was asked to complete a survey. In order to encourage as many different groups of patients as possible, a number were also handed out at the weekly baby clinic, by the midwives and amongst the Eritrean and Zimbabwean Groups in Wakefield whose members are registered with the surgery.

Ultimately, over the course of a month, 349 completed surveys were received, thus exceeding our required minimum. All the results were then entered on to an Excel spreadsheet and the results for each question collected in pivot tables. From the pivot tables, we were able to create pie charts for each question presenting the information to the PPG. The results of the survey were as follows:

Q1: How easy do you feel it is to contact the surgery by phone?

19% Very Easy  
42% Easy  
32% Not That Easy  
8% Not Very Easy At All  
1% Blank

Q2: How helpful do you find the Admin and Reception staff?

54% Very Helpful  
42% Helpful  
2% Not That Helpful  
1% Not Helpful At All  
1% Blank

Q3: How easy is it to book a same day appointment at the surgery?

9% Very Easy  
35% Easy  
38% Not That Easy  
17% Not Very Easy At All  
1% Blank

Q4: How easy is it to book an appointment in advance (up to 2 weeks) at the surgery?

11% Very Easy  
33% Easy

28% Not That Easy  
22% Not That Easy At All  
6% Blank

Q5: How do you feel about the 0844 number being used by the surgery?

6% Very Happy  
33% Happy  
28% Not That Happy  
30% Not Very Happy At All  
3% Blank

Q6: How happy are you with the current opening times of the surgery?

38% Very Happy  
61% Happy  
1% Not That Happy

Q7: If you could change the opening times, when would you like more appointments?

12% Earlier  
24% Later  
33% Saturday  
1% Sunday  
7% Combination of Above  
23% Blank

Q8: Do you know how to contact the Out of Hours service if the surgery is closed?

65% Yes  
34% No  
1% Blank

Q9: Overall, how satisfied are you with the service the surgery provides?

39% Very Satisfied  
55% Satisfied  
5% Not That Satisfied  
1% Not Very Satisfied At All

The results were analysed by the PPG at the January meeting. After reviewing these results, the Patient Participation Group formulated the Action Plan. (See Minutes of Meetings of Sep/Oct/Nov/Dec 2011)

### 3) Action Plan

The results of the patient survey were discussed at the Patient Participation Group (PPG) meeting of Wednesday 26<sup>th</sup> January, 2012. The following describes the progress of the meeting and the means by which agreement was reached on which areas the surgery should focus its attention so as to improve patient experience.

Q1. How easy is it to contact the surgery by telephone?

Although 63% of responses suggested that they were “very happy” or “happy” a significant minority of 30% felt it was not that easy. It was suggested that a telephone triage may help. The General Manager (GM) said this was a very good idea and one that the practice was considering as it would cut down the actual time spent on the phone to receptionists initially. A brief discussion on the relative merits of Nurse versus GP triage then took place.

**Action:** GM to brief the partners on the suggestion at the planning “away day” on 28<sup>th</sup> January.

Q2. How helpful do you find the Admin and Reception staff?

An impressive 96% of responses stated that they found the staff to be either “very helpful” or “helpful”. It was agreed that nothing needed to be done about this other than ensure the staff are briefed on the results.

**Action:** GM to send an email to all the staff quoting the results and thanking them for their hard work and efforts.

Q3. How easy is it to book a **same day** appointment at the Surgery?

44% thought it was “very easy” or “easy”, but a significant number of 55% believed it was not. Therefore this was identified as a major work strand. Discussion centred on the following:

- Possibly extending triage or telephone consultations. We felt it was important to stress that triage is NOT a barrier to an appointment, merely a prioritisation process to ensure the most urgent cases are seen first.
- Looking at demand versus capacity
- Depending on the results of the above audit, providing additional appointments at peak times. This would not only result in more appointments being available on a particular day, it would also reduce the number of patients having to

ring up on the following day due to a lack of capacity in the appointment system.

**Action:** GM to feed back to partners during next meeting so an informed decision may be reached.

Q4. How easy is it to book an appointment **In Advance** (Up To 2 Weeks) at the Surgery?

Once again 44% of respondents said it was either “very easy” or “easy” to book an appointment up to two weeks in advance. Again it was agreed that an extended triage clinic will free up more appointments as previously discussed. Patients who call for an appointment today but are unable to book one tend to book advance appointments. This is particularly true of those patients who have called on consecutive days to get an appointment. Together with additional appointments, the extended triage clinic will reduce demand for advance appointments by treating these patients on the day that they call.

**Action:** GM to feed back to partners during next meeting so an informed decision may be reached.

Q5. How do you feel about the 0844 number being used for the Surgery?

We knew this to be an emotive subject as the practice has had comments, suggestions or complaints about the number’s use. 58% of respondents were unhappy with its use, although there were some positive comments about the use of a menu and queuing system. GM stated that the contract still had approximately 4 years to run and that the practice had looked at the financial penalties for early termination, but these were cost prohibitive. The practice management is now in the process of collecting evidence to inform future decisions on telephone service provision. In the meantime a patient education programme on this is ongoing, advising patients to use a landline wherever possible. The practice will also look at the feasibility of providing a geographical number to run alongside the 0844 number.

Action: GM to retain report as evidence for future meetings on phone services and to feed back to partners.

**Action:** Practice to explore the possibility of providing a geographical number.

Q6. How happy are you with the current opening times for the Surgery?

This brought an overwhelming 99% of responses stating that they were “very happy” or “happy” with the current opening times. All

present believed therefore that no further work was required on this for the time being.

Q7. If you could change the opening times when would you like to see more appointments?

Although the main responses were earlier or later in the day or on Saturday, it was agreed that as the responses to question 6 were so positive no work was required. However it did prompt a discussion on whether the early and late sessions should be used by those that worked. It was agreed that whilst it was admirable for those that didn't work to avoid these appointments, nothing could be enforced.

**Action:** GM to retain information for future reference as and when required.

Q8. Do you know how to contact the Out of Hours Service if the Surgery is closed?

Although 65% of respondents did know how to use the Out of Hours Service (OOH), 34% did not. A patient education programme is required to increase this number. It is particularly noticeable that a number of those who did not know how to access OOH Services were from minority ethnic groups. Therefore, one of the problems may be an inability to understand the information that is on offer or not knowing where to seek this information. GM did suggest that a way around this would be to produce pictogram leaflets with pictures depicting opening times at the surgery and OOH services thereafter and this may be able to be produced centrally for uniformity across the district. These could also be used for patients with learning difficulties. The Primary Care Trust said that there was insufficient funding this year, so Dave suggested that this is something the practice may look to fund themselves.

**Action:** GM to implement patient education campaign consisting of posters, waiting room television screen and other ideas (such as repeat prescriptions, footer on routine letters etc).

**Action:** Practice to look at feasibility of locally produced pictogram poster.

Q9. Overall how satisfied are you with the service the Surgery provides?

94% of patients stated that they were either "very satisfied" or "satisfied" with the service. This was noted by the group as a remarkable achievement and one that must be passed on to the staff in the practice.

**Action:** GM to send the following email to all staff "I know I have said this before, but on behalf of the partners - thanks to you all for

clearly doing a very difficult job very well indeed. I think the staff always knew this, but now we can prove that the vast majority of the patients also know this.”

Q10. The list of any other comments was entered into the spreadsheet we used to populate the pie charts. The only trends that were identified were:

- Dissatisfaction with the 0844.
- The ability to book an appointment on the day.
- The ability to book an appointment in advance.
- The ability to book an appointment with a named GP.

All of these were discussed and it was agreed that if the plan is implemented this should go some way to alleviating 3 out of the 4. Finally the ethnicity of those responding was discussed. It was agreed that within the practice no ‘targeting’ of patients should take place, instead every single patient who came through the door should be given a survey questionnaire. The vast majority (80%) declared themselves to be either “British” or “white”. 15% left that section blank although anecdotal evidence from the patients handing out the leaflets suggested that a significant number of these were either black or Asian ethnicity. This was discussed briefly. The next highest percentage at 1.5% was a specifically targeted Eritrean group and thereafter less than 1% was Black, Pakistani, Sikh, Burmese, Asian, Irish or Polish. It was accepted that this is largely indicative of the general practice population. (See Minutes of 26/01/2012 Meeting)

#### 4) Action Plan Progress

You said...	We did...	The result is...
Dissatisfied with the 0844 number.	Unable to take any definitive action on 0844 due to contractual obligations. However the practice has agreed to finance a local number to run alongside the 0844 for those that wish to use it.	Line ordered on 10 Feb 12 and awaiting installation. Installed on 29 <sup>th</sup> March 12. New number is 01924 281820. GM to monitor patient satisfaction.
Difficulty in booking an appointment on the day.	Extended triage and more appointments at peak times under consideration.	Nurse Practitioner recruited and starts work on 9 Apr 12.
Difficulty in booking an	Extended triage and	Triage extended to

appointment in advance.	more appointments at peak times will reduce the number of people being compelled to book advance appointments.	afternoon clinics. To begin on 9 May 12.
Unaware of how to contact the Out-of-Hours Service.	Patient education programme, particularly targeting minority groups who seem to be less aware of the service.	In progress.
Difficulty in contacting the surgery by telephone.	Extending triage would reduce the amount of time the receptionists spend on the telephone with patients, thus allowing more calls to be taken. Look at extended ability to book appointments using automated service during out of hours periods.	Under discussion. GM working with telephone provider.

## 5) Confirmation of Opening Times

Lupset Health Centre's core opening hours are 08:00-18:30 Monday through Friday. The surgery is closed one Wednesday afternoon per month for staff training, the dates of these days are advertised in reception. There are three main ways to book an appointment at the surgery; by the automatic booking system on the phone, by speaking to a receptionist directly (either on the phone or face to face), or using the online booking system. Patients can register for this at reception by leaving personal details for us to set up an account.

Lupset Health Centre also operates an extended hours system. This means that Monday-Thursday there will be a 30 minute clinic from 07:30-08:00 for appointments with a doctor. There are also two late night surgeries on Mondays and Thursdays running between 18:30 and 20:45. During these times the surgery is closed for all other business.

## 6) Availability of Information

The report has been published on the surgery's website, along with the results of the survey and the minutes of meetings held by the Patient Participation Group (PPG). In addition, the progress of the action plan has been publicised through a 'You Said – We Did'

poster placed in the waiting room and a PowerPoint presentation placed on the call board in the waiting room (see appendices). The practice website is: <http://lupsetsurgery.co.uk/>

In addition to the patient survey, other work has also been done through the PPG. In particular, the PPG suggested placing a suggestion box in the waiting room for patients to feedback to the PPG. This has also proved to be a success and has resulted in patient suggestions being acted upon. The most prominent example of this is the placing of high-backed chairs with arms in the waiting room for the elderly and disabled. In addition, a poster was placed in the waiting room explaining that the provision of the chairs was brought about by a patient suggestion, thus encouraging its use. This was a direct result of the suggestion box.

Other PPG initiatives include the placing of high-backed chairs in the reception area for people to sit while waiting for taxis, the cleaning of the dedication plaque and the notice-boards in the waiting room and the repainting of the car park space marks which have faded, which is currently in progress.

## **Conclusion**

In its first year of operation, the Patient Participation Group has already had an impact on the provision of services at Lupset Health Centre. Through it, we have been able to ascertain the views of patients on a wide variety of subjects, and have been able to involve patients in decisions that will affect them. The patient survey has demonstrated that there are areas of primary care provision at Lupset that would benefit from some further consideration. With this knowledge, we can focus our attention on the things that matter to patients and so improve our patients' perception of the surgery.

# The Lupset Health Centre

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## 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: \_\_\_\_\_

Lupset Health Centre Patient Participation Group is designed to act as a bridge between the health care it provides, its patients and the staff.

The partnership of up to 20 willing contributors will endeavour to represent a broad spectrum of age, gender, ethnicity and interest/experience so as to provide an accountable method of input and feedback to and from practice personnel and service users in order to facilitate the smooth operation of The Health Centre and assist in transition to any future changes.

### **The Patient Participation Group Terms of Reference (TOR)**

- The total number of members within the group should be approximately 18 - 20.
- Should any additional patients enquire they should be informed that the list is unfortunately closed (due to physical constraints), but they can still take a part by receiving minutes and commented on items for discussion.
- Matters discussed within the room will always be assumed confidential unless otherwise stated
- All members are equally important and all opinions should be respected.
- The meetings will normally last no more than 90 minutes unless otherwise stated.
- The meetings should not be used to air personal grievances which should be addressed using the practice complaints procedure.
- The agenda should be kept to matters of business only (due to time constraints). Any additional business should be raised under Any Other Business (AOB).
- Members should inform the Secretary or Chair of any agenda items before the meeting.
- The Secretary is to keep a record of decisions in the form of brief minutes for each meeting.
- If a decision needs to be made then this will be done by a show of hands. In order for the decision to stand there should be a minimum of 12 members present (including the Secretary and Chair).
- Initially the meetings should be held once a month. However if agreed by the members this can be reduced to no less frequent than once a quarter.
- Apologies should be sent to the Secretary or Chair prior to the meeting if any member is unable to attend.
- These Terms of Reference are to be reviewed and any changes agreed annually.





## Lupset Health Centre

### Action Plan

The following Action Plan was agreed at the January meeting of the Patient Participation Group:

#### Action 1 – Contacting the Surgery

63% of respondents said it was either Very Easy or Easy to contact the surgery by telephone. In order to improve access by reducing the amount of waiting time on the telephone, an extended Triage Clinic will be considered. This will reduce the amount of time receptionists have to spend with individual patients arranging appointments for them.

#### Action 2 – Booking Same-Day Appointments

44% of respondents said it was either Very Easy or Easy to book an appointment for the day of call. An extended Triage Clinic would reduce the number of patients who have to come down to the surgery to see their doctor. The Triage Clinic allows the doctor to assess the patient's problem, and deal with it over the telephone if that is at all possible. The doctor can then prioritise the patients he needs to see, thus allowing those who do need to see a doctor to be able to do so. More appointments at peak times (such as early in the morning) would also help to alleviate the pressure. This would also help to reduce the number of patients who have to ring up over the course of two or more consecutive days to get an appointment due to the lack of capacity in the appointment system.

#### Action 3 – Booking an Appointment in Advance

44% of respondents said it was either Very Easy or Easy to book an appointment up to two weeks in advance. An Extended Triage Clinic would again free up more appointments. Patients who call for an appointment today but are unable to book one tend to book advance appointments. This is particularly true of those patients who have called on consecutive days to get an appointment. Together with additional appointments, an extended Triage Clinic would reduce demand for advance appointments by treating these patients on the day that they call.

#### Action 4 – Use of the 0844 Number

58% of respondents were unhappy with the 0844 number. The contract for telephone provision has another four years to run. The practice is collating evidence for use in considering the future of the system when the contract is up for renewal. In the meantime, a poster has been placed in reception and the automatic call-

screen display amended to warn people of the costs of calling the surgery from a mobile telephone. The Practice is also considering the installation of a second telephone line with a 01924 number for use by those patients who do not wish to use the 0844 number. The possible consequences of this would be explained fully to patients, including the possibility of the telephone being constantly engaged with no indication as to how long you are likely to be, and no automatic system available.

#### Action 5 – Contacting the Out-of-Hours Service

Although 65% of respondents did know how to use the Out of Hours Service, 34% did not. A patient education programme is required to increase this number. It is particularly noticeable that a number of those who did not know how to access Out-Of-Hours Services were from minority ethnic groups. Therefore, one of problems may be an inability to understand the information that is on offer. In order to combat this, the possibility of a district-wide poster utilising pictograms is under consideration.

These are the five action points that the Patient Participation Group decided upon, based upon the results of the patient survey.

## PATIENT SUGGESTIONS / COMMENTS DISCUSSED AT PPG MEETINGS

Date received and means (Sugg Box or I/net)	Patient (if known) and feedback requested (Y/N)	Comment or Suggestion	Action
8 Jun 11 Sugg Box	Not known (N)	Is it possible to get higher chairs or chairs with arms in the waiting room for patients with mobility problems.	Discussed with the Partners. Funding agreed for purchase of 2 chairs initially. Briefed to PPG in June. Chairs purchased.
22 Jun 11 Sugg Box	Not know (N)	Better appts system service. Better attitude with patients at reception	Discussed with reception staff. To be discussed at PPG. Communications training booked.
28 Jun 11 Sugg Box	Not known (N)	Give appts that are longer than 5 minutes so patients can discuss more than one problem.	Appts are already 10 mins. Pts can discuss more than one problem but are asked to bear in mind time constraints of appts.
06 Jul 11 Sugg Box	Not known (Y – via mobile)	Prescription renewal should be able to be re-ordered by phone. Some pts find it difficult to get down to surgery.	Phoned patient and explained ways of re-ordering prescriptions. Patient seemed content but unhappy about frequency of bus service and route.
11 Jul 11 I/net	GS (Y – via return email)	Cost of calling surgery for those who have inclusive calls included in their phone bundles.	Emailed pt explaining we have contacted phone provider and forwarded response. We will look at alternatives when the contract expires.
8 Jul 11 Sugg Box	JS (N)	Bench or seating area in foyer for patients waiting to book an appt.	Use older plastic chairs so if they do go missing they are not expensive.
18 Jul 11 Sugg Box	Not known (N)	Put the radio back on please.	Done
22 Jul 11	IM (N)	Thank for the late night surgery last night. It was great and a huge help for me. Once again THANK YOU	Passed to all staff.

		very much for working late.	
10 Aug 11 Sugg Box	PT (Y)	Book appt via S1 on line. Only appts showing were for following Thursday and beyond.	Explained that only a small amount (25%) can be avail for booking on line and by P/P and these are normally booked in advance. He wanted some to be available for book on the day. Will look into this.
10 Aug 11 Sugg Box	Not known (N)	Saw Dr Jones this morning. So easy to talk to. This is how GPs should be. Also reception getting much friendlier.	Passed to Dr Jones.
Undated	Anonymous	I thought the old box was superb.....	
19 Aug 11 Sugg Box	GW (Y)	<ol style="list-style-type: none"> <li>1. Plaque in waiting room needs cleaning.</li> <li>2. Notice boards need tidying up.</li> </ol>	Spoke to pt. Agreed to brasso plaque and housekeep notice boards during next Target.
19 Aug 11	YM	<ol style="list-style-type: none"> <li>1. On line appts system. Went on line today and only one showing for 25 Aug.</li> </ol>	Logged on as test patient and able to book for the same day. Explained in email that only 25% of appts are available and that it is down to time and number of appts available at that time.
26 Aug 11 l/net	GS (Y)	When will you stop using the telephone service that costs a fortune. (2 calls for 5 mins 6 secs that cost 58p).	Emailed reply on 30 Aug
13 Sep 11	Tel number only	I came in today for a smear and Nurse Sharon Scholey made it very pleasant as I had been scared off in the past. Very happy that I have got it over with. More nurses to get the praise they deserve. Thank you.	Thanked patient and passed comment on to Nurse.
20 Sep 11 Sugg Box	Name only	Could the screens please be corrected by	Done

		adding an 'r' before GP ref private insurance? Should read 'your'.	
26 Sep 11 Sugg Box	KS	Thank you to the lovely ladies in reception and in the office. Nothing is too much trouble. They are always so very helpful, friendly and polite. Special thanks to Brenda, Helen and Roz	Message passed to all staff.
5 Oct 11 Sugg Box	BT (Y)	Please put opening times on screens. It gives information for us to change things but not information for us. Information is a two way thing.	Opening times are on the ticker tape on screens. Tried to contact patient but no reply.
6 Oct 11 Sugg Box	JT (Y)	Making appts is difficult ringing every morning. Wants appt system that allows you to ring and get first appt avail for the day.	Tried to call, but no reply
25 Oct 11 Sugg Box	RR (Y)	We could not have a better medical centre and the access to all the help we need for our well being. I think that hand hygiene would be invaluable when entering the clinic and I see no harm in asking all those who enter to make sure they use it. Thank you.	This was posted by Mr RR, so if you see him in the coming weeks please show your appreciation for his comments. It is nice for patients to realise their feedback is actioned. Discuss hand hygiene with PPG
11 Nov 11	AY (N)	Can you supply hearing aid batteries? We have to get 2 busses to get them now.	
17 Nov 11	SD (Y)	It would be most beneficial to be able to book a nurse appt via the website.	Explained to pt that this was trialled but due to diversity of appts pts were booking in the wrong nurses.
17 Nov 11	BK (Y)	Should have a water cooler in the waiting room.	On the agenda for the next partners' meeting.
25 Nov 11	MF (N)	Repaint disabled parking spaces.	To be done in the spring.
23 Nov 11	PH (N)	Patient had very good	Complement passed

		experience with Nurse Sharon Scholey. Had always had pain when having smear, first time not had pain.	on to the nursing team.
02 Feb 12		Patient wished to thank Sharon Scholey for way she conducted smear.	Passed on to SS.
09 Feb 12	CW (mother of OW)	Very impressed with service she has had from the pleasant staff here and how especially Dr Sarah Davis followed up after her son's appointment.	Email to all staff and personal thanks to Dr SD.
10 Feb 12	DR	This man came to see Dr Anwar in morning. He wanted everyone to know how helpful he had been and how very thorough he was. He was also very pleasant to deal with.	Dr Anwar and his mentor told.

## Lupset Health Centre

Lupset Health Centre has recently conducted a patient survey. Below we list those issues which were most important to you, and what we are doing about them:

You said...	We did...	The result is...
Dissatisfied with the 0844 number.	Unable to take any definitive action on 0844 due to contractual obligations. However the practice has agreed to finance a local number to run alongside the 0844 for those that wish to use it.	Line ordered on 10 Feb 12 and installed on 29 Mar 12.  GM to monitor patient satisfaction.
Difficulty in booking an appointment on the day.	Extended triage and more appointments at peak times under consideration.	Nurse Practitioner recruited and starts with Surgery on 9 Apr 12.
Difficulty in booking an appointment in advance.	Extended triage and more appointments at peak times will reduce the number of people being compelled to book advance appointments.	Triage will be extended in to the afternoon. To begin on 9 <sup>th</sup> May 12.
Unaware of how to contact the Out-of-Hours Service.	Patient education programme, particularly targeting minority groups who seem to be less aware of the service.	In progress.
Difficulty in contacting the surgery by telephone.	Extending triage would reduce the amount of time the receptionists spend on the telephone with patients, thus allowing more calls to be taken. Look at extended ability to book appointments using automated service during out of hours periods.	Under discussion. GM working with telephone provider.
Need for dedicated chairs in waiting room for elderly and disabled.	High backed chairs would be more comfortable for elderly patients, and easier to get out of.	Required type of chairs purchased and placed close to the door in the waiting room.
Chairs for the reception area for patients to use when waiting for transport.	We will purchase some chairs to be put in reception for patients waiting for taxis.	Chairs purchased and put in place.