

**Hilltop Medical Centre  
PPG (Patient Participation Group)  
Report 2013/14**

**Date: March 2014**

The PPG was set up in March 2009 with 10 members and, as at the beginning of this year, the board member group of Hilltop Medical Centre PPG comprises:

Margaret Coultrup (Chair)  
Sandra Reed (Secretary)

Shobhna Dave (Vice Chair)  
Pauline Coulthard (Treasurer)

plus 19 additional PPG members.

A virtual group was successfully set up in 2011 and e-mail addresses were provided by those who agreed to be part of the virtual group. Unfortunately, these were lost during the change to System1 and a new list is in the course of completion.

It is hoped that a similar database can be re-created in 2014, showing an ongoing total of 500+ members. The original list provided details of their ethnicity, gender, age, etc, which enabled the PPG and the Practice to ensure there is a representative cross section of the Practice population. A virtual group list provides another excellent source from which to seek views on Practice performance in future surveys undertaken, as well as providing patient input to any future proposed changes within the Practice. The aim is that the virtual group will continue to grow through campaigns undertaken by the PPG and by encouraging all new patients to fill in a PPG Proforma when they join the Practice, seeking their permission to be added to the virtual group and providing us with their email addresses to enable the PPG to contact them for their views on areas mentioned above..

The 2013/14 points for discussion are:

- 1. Appointments**
- 2. Telephone calls to the Practice**
- 3. Patient / staff communication difficulties**

As will be seen from this report, following the 2013 survey, the main areas for concern are all focussed on communication i.e. firstly, difficulty with understanding the appointments system, secondly, trying to speak to someone in order to try and get an appointment and, thirdly, the impression that staff are not listening because these communication problems continue unresolved.

In spite of the above, however, the majority of patients, once they have an appointment and can consult with a member of the practice, have stated that they are happy with the level of care they receive and feel their concerns are treated with sympathy and given the attention they require.

The 2013/14 survey results that were identified for discussion are listed over, together with the reasons for their inclusion in this report and steps to be taken in order to effect improvement:

## 1. Appointments

- a) *The on line appointments system is still proving difficult for some patients, with the vast majority finding it a challenge to book an appointment. It appears that the categorised appointment availability system is complicated and unfamiliar to patients who cannot, therefore, be expected to understand it. Many patients give the apparent length of time for an available appointment as 'three weeks'.*
- b) *Patients also expressed concern about the fact that they are usually unable to see the same doctor to discuss an ongoing issue, i.e. lack of continuity.*

**Hilltop's responses :** At present we have an advert out to employ an additional GP, however since the 12<sup>th</sup> March 2014 we have employed another minor illness nurse and we are also looking at patients being able to book some of these appointments on-line but this is going to take some internal work.

**PPG :** The PPG now helps by having a presence in the surgery, giving opportunities to circulate among the patients, discussing their appointment experiences and, where appropriate, explaining the system. The availability of appointments is seriously and adversely affected by the number of patients who fail to turn up for pre-booked appointments – the average is 400 wasted in this way every month. Hilltops management and PPG are to prioritise this issue during 2014.

## 2. Telephoning the Practice

- a) *Telephones – the speed of answering continues to be an issue. It is acknowledged that there have been improvements but these do not appear to be consistent.*
- b) *Telephone consultations are not popular – concerns were expressed about the feeling of being rushed and/or not listened to.*

**Hilltop's responses :** We are looking at the manpower regarding answering the telephones and will be working on this. We will also discuss the issue regarding telephone consultations at our regular clinical meetings.

**PPG:** There is currently a purpose built room housing six extension stations manned by staff dedicated to the role of taking patients' calls; Calls do not go to the receptionists at the front desk. The only calls taken at reception are internal calls. External calls are taken in order. Suggestions had been put forward that recorded messages in the queuing system advise patients of their place in the queue, however this is deemed inadvisable by the experts who provide these systems, having a negative effect on the caller who is waiting.

## 3. Patient / staff communication difficulties

- a) *Patients' concerns are not being adequately responded to. The same issues of communication arise year on year in survey results.*
- b) *Management needs to demonstrate and again reassure patients that it is responsive and accountable. There have been comments made on survey forms that give voice to an impression that the practice is now run more as a business than a health service for the community.*

**Hilltop's responses :** Complaints are dealt with in the guidelines as set out by NHS England ( this is presently being reviewed by them).

Staff communication will be addressed in customer service retraining this year.

**PPG :** Again, PPG presence in the surgery is aimed to help with this. With regard to 3b), GP practices are indeed businesses; this is now a Department of Health directive, requiring them to handle their own budget, etc.