**Patient Participation Directed Enhanced Service**

**Local Patient Participation Report**

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| **Practice Name Dr Sani & Partners****Local Patient Participation Report 2013/14** |
| **Introduction** |
| We are a busy City Centre Practice with just under 4000 patients. We strive to provide a high quality service and consider our patient’s input. |
| **Step 1: Develop a structure that gains the views of patients and enables the practice to obtain feedback from the practice population, e.g. a Patient Reference Group (PRG)** |
| We are based at the City of Coventry Health Centre. We are committed to ensuring that patients are involved in decisions about the range and quality of services provided by our practice. We routinely ask for and act on the views of our registered patients. This includes involving our patients in decisions that lead to changes to the services we provide, either direct services or to other services available.We encourage patients through the use of our Patient Reference Group (PRG) and seek views from wider groups of practice patients through regular local practice surveys. The outcomes of these surveys and the views of our patient participation are routinely published on our website.A total of 7 patients have joined our Patient Reference Group, we have representation from Males, Females, over 65’s, under 30’s, we have one patient who is disabled. Our patients on this panel are from White British and Asian ethnic groups.We are always looking to recruit more patients within this group by advertising on our website, internal notice boards and via word of mouth. We are constantly trying to encourage patients from all ethnic groups to join our patient’s panel. |
| **Step 2: Agree areas of priority with the PRG** |
| Our Patient Reference Group meets quarterly to discuss issues within the Practice. In June the PRG discussed what questions could be asked in the patient questionnaire. In March the results were discussed at the PRG meeting and the action plan was agreed. Our main issue has been the phones since we moved over to the City of Coventry Health Centre. We had tried many options but nothing seems to work.We have since the questionnaire adopted another trial whereby the two lines come into reception and the back office, if both lines are busy they will have an engaged tone instead of the voicemail that the patient’s also did not like as they were getting charged once they got through to it. We have also got a direct dial for our prescriptions too so this will divert any prescription request calls to this line and again this should help filter the calls through better.  |
| **Step 3: Collate patient views through the use of survey** |
| The patient survey was carried out in the surgery for two weeks. The questionnaires were handed to patients and they were completed and returned anonymously. We had 100 questionnaires completed and returned to us. The information was then input and analysed ready to be discussed with the Patient Reference Group and an action plan was put together. |
| **Step 4: Provide PRG with opportunity to discuss survey findings and reach agreement with the PRG on changes to services** |
| The PRG met in March 2014 to discuss the results of the survey. Overall, we were pleased to see the satisfaction of getting appointments and telephone consultations.Patients are please with the service received from our receptionists and the surgery overall. Not many people use our self check in screen as they prefer to talk to receptionist.We need to advertise our PPG more as not many people knew that they existed.Our telephones let us down the most as the system has never really worked for us since our move into the new build. We use the Emis texting service which the patients like. This in turn has reduced the number of DNA’s considerably even though this still remains a problem. Reception staff are always updating the system for mobile numbers to help reach the majority of patients.   |
| **Step 5: Agree action plan with the PRG and seek PRG agreement to implementing****changes** |
| Patient Participation Action Plan

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| Survey Finding | Agreed Action | Action by who | Action by when | Date completed |
| Telephones – general feel was that they couldn’t get through to the surgery and they didn’t like the voicemail as they were getting charged for a call | We agreed to change the method yet again; we have now got 2 lines ringing at the same time if reception staff are busy the phone will ring in the back office simultaneously so that someone else will answer. If both lines are engaged patients will get an engaged tone. The voice mail has been taken off, so the phone will ring continuously until answered. We have a direct dial prescription line to help stop clogging up the normal line. | Jas | Immediately | March 2014 |
| Patients requiring later appointments | We are doing our extended hours on Monday’s and Tuesdays until 7.30pm we need to advertise this more. Will arrange to get this on the website and advertise further in the surgery. (May 2014 as we need to update the website in general). | Jas | May 2014 |  |
| Booking appointment with GP quickly (2-3) working days | We are looking to put 2 weeks ahead of the current week’s appointment on system and also have more embargoed slots available in the week. | Jas | Immediately | March 2014 |

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| **Opening Hours** |
| Monday 8.15 – 7.30Tuesday 8.15 – 7.30Wednesday 8.15 – 6.30Thursday 8.15 – 1.00Friday 8.15 – 6.30Saturday ClosedSunday Closed |