

**PATIENT PARTICIPATION GROUP (PPG) SURVEY – RESPONSES**

**1. As a PPG, do you feel listened to by your practice? (please explain your answer)**

1	<p>Yes, the Practice Manager and clinical representative attends every PPG Meeting and they do listen and act very quickly upon with any concerns we have. XXXXXXXX Practice is very caring and proactive practice and works very closely with the PPG members.</p>
2	<p>Yes, very much so, I receive regular emails &amp; SMS messages regarding changes &amp; services available.</p>
3	<p>It is too early for me to make a yes or no decision on this as only joined at end of last year and I have attended a group meeting. The GP and Practice manager noted suggestions me and the other member made and verbally responded to them as well.</p>
4	<p>Most definitely. I have family and friends who are patients at the practice and whenever an issue is raised (which is rare), I know I can speak with the practice manager to discuss the issue. Also when I have highlighted an area for improvement the practice have listened and over time improved the patient experience. An example being contacting the practice on the telephone to make an appointment. The line used to be constantly engaged and a patient had to redial to make the call. Now it is a queuing system which also gives an option for the patient to get a call back when it is their turn in the queue.</p> <p>Online prescriptions have been introduced, thus eliminating the need to attend the practice. Plus this is managed extremely timely with the prescription being electronically sent to the nominated pharmacist.</p> <p>An ongoing issue is access to appointments at times of high demand. The practice is aware and has informed me this is being addressed. Access hasn't helped with one of the doctors being on long term sick leave, however locums have helped.</p> <p>As an ex Police Inspector with Cleveland, I was responsible for authorising drug destruction which included prescribed medication recovered from sudden deaths. At one of my meetings with the practice manager I highlighted this. To reduce patients stockpiling un-needed drugs the practice has a pharmacist that reviews medication which is reported back to the GP. I have personally had a review whereby my medications were reduced thus saving the NHS money.</p>
5	<p>Having been a member of this PPG since its creation many years ago I can say, with confidence, that issues discussed and suggestions advanced have, as appropriate and possible, been listened to and acted upon. Dialogue between the Gps and Management and the PPG has never been a problem. Consequently there is co-operation in both directions.</p>
6	<p>It depends what is meant by "listened to". The PPG staff are very polite and friendly, and appear to be both open and receptive. However, I have formed the opinion so far that they are merely going through the motions. Before Covid the PPG agreed to hold meetings every two months, to give some continuity. However there have only been two meetings since then, one at such short notice that I was unable to attend. We last met in October, and the next meeting was due in December, but because of Christmas etc. this was put off until January. It is now February and there is still no word of a meeting. I do get the feeling that the practice considers that, at best, the meetings are a waste of time, and at worst a potential source of interference in the running of the practice. It seems they would be happy with one or two meetings a</p>

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	year and only bother at all because they have a contractual obligation. Attempts have been made to request management and statistical information about the general running of the practice, but so far these requests have fallen on stony ground. The practice has provided access to a social media site called 'Slack' which I assume they hope PPG members will use. It may be useful in some ways, but does not permit the PPG as a whole to discuss and reach meaningful conclusions.
7	After much consideration / debate the group believe that the practice do listen but they're often not in a position to resolve 'things' at that point in time and as such it may appear that they're not interested. One possible way in which communication could be improved would be if a clinician attended our meetings more frequently, we fully appreciate their workloads so they'd only have to stay a short while. However we'd also like to add that if something was raised and some months down the line nothing appeared to have been progressed we would certainly feel 'safe' in raising the issue again.
8	Yes, we advised that XXXXXXXXXXXXXXX should promote the role of the Advanced Nurse Practitioner, what they are able to treat and that they can prescribe medications. An area on the display board in the Practice waiting area was allocated with information about the Advanced Nurse Practitioner on it. The practice was responsive to our suggestions.
9	Yes as a member of the PPG I feel listened to. A request for agenda items is made to all members prior to the meeting. A recent example is that we suggested that a group member could chair the meeting rather than one of the GP's, this would allow the GP's to take part in the meeting better and be totally impartial. This was tried out at our last meeting and worked successfully.
10	Yes. At our regular meetings, everyone has opportunity to contribute to discussions on practice activities and any proposed changes. Where possible, suggestions are acted upon and results fed back to the group. Any concerns raised are also dealt with by appropriate staff members. Some newer members are not sure how much GPs take note of the PPG concerns and opinions.
11	Yes. Issues raised at PPG meetings have been addressed where possible. Bearing in mind of course that some issues cannot be for many reasons, but issues have been explained.

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1	<ul style="list-style-type: none"> <li>• The current telephone system is outdated and needs an update, so patients can have a call back, rather than waiting.</li> <li>• Giving patients a choice of a face-to-face or telephone appointment.</li> <li>• Having in-house created posters in bigger fonts, so patients can see more clearly how to access GP services.</li> <li>• Updating the practice website with more clinical/signposting information, so patients can access GP services, knowing which clinician they need to speak to.</li> </ul>
2	During holiday periods there has been a shortage of GP appointments & its difficult when trying to contact the Surgery by telephone.
3	I only became a member of the PPG at the end of last year so have only had one meeting so I am unable to say anything about meetings earlier in year. The lack of Face-to-Face appointments was the main subject as many people are not happy about having to discuss over the phone or fully able to describe symptoms. And feel more reassured when able to see a GP or Nursing staff. Also, the telephones are always busy so looking into the booking of appointment online [patient access] or ability to cancel by email.
4	<ul style="list-style-type: none"> <li>• Following COVID the Phlebotomy Service was moved from the practice to another surgery. Concerns were raised regarding the new venue and now the service has returned to the practice.</li> <li>• As mentioned at 1 above, the telephone contact service has been improve significantly.</li> <li>• Access to appointments sometimes is problematic due to high demand. Mostly you can be seen or spoken to that same day however when this is not possible the reception team will do their best to accommodate the patient on the second or third day of calling.</li> <li>• Calls are triaged by the trained reception team to ensure the most appropriate member of the clinical service deals with the patient.</li> </ul>
5	This PPG has been through a rocky time in terms of membership. Age and ill health has carried away many of our most active members and Covid created a stagnant period where member replacement did not get off the ground. The result was a reduction in the range of subject discussion and those two concerns common to the nation were on the table. 1. Telephone answering delay and 2. Timely access to a GP appointment. 3. Membership. Any other issues were small by comparison and were easily dealt with However, membership is now starting to climb meaning that the scope of discussion can be broadened.
6	None, for the reasons explained in 1. above.
7	<p>The main issues at XXXXXXXXXXXX, probably like many other practices, are:</p> <ol style="list-style-type: none"> <li>1) The ability to 'book' an appointment. This is a constant concern for patients.</li> <li>2) The phone system, always in a queue for ages.</li> </ol>

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8	<ul style="list-style-type: none"> <li>The main issue that has been raised is access to the Practice via the telephone line. Patients are having to call multiple times to get through to the Practice once they do get through, they are happy with the service. The Practice has increased its clinicians by recently recruiting 2 Advanced Nurse Practitioners (ANP) therefore increasing appointments for acute problems.</li> <li>The PPG gave feedback on the role of the ANP, not all members were aware of this role and it was agreed that patients should have more information and understanding on what they can consult the ANP with.</li> </ul>
9	<ul style="list-style-type: none"> <li>Appointment availability</li> <li>Getting through on the telephone</li> <li>The topic of access to appointments is discussed at most meetings and the practice continually tried different ways of improving access. This is not always 100% successful but my take on this is that the increase in population around the XXXXXXXXXXXX area has not been matched by the same level of resource. When I first moved to the area 10 years ago it was easy to access Primary care appointments, its now very difficult.</li> </ul>
10	<ol style="list-style-type: none"> <li>Difficulties in getting through to the practice on the telephones.</li> <li>Lack of appointments if patients can get through to reception</li> <li>Difficulty using e-consult</li> <li>Practice changed to Total Triage system to try and combat the access issues. The practice reported this has improved the process at their end but we frequently receive reports from the community that they cannot contact the practice. The e-consult closes very quickly and patients have to keep trying until they can complete a form. They have 3 access points but we think more communication with the patients on how to navigate the systems is needed. Telephone bookings are almost impossible.</li> <li>We have received reports that older patients in particular have given up trying to get an appointment and are not accessing GP services which is concerning.</li> </ol>
11	<p>PPG meetings stopped when Covid struck, and only started again recently.          At the last PPG meeting a full explanation was given about the Extended Hours service, how to access it, and why the GP surgery was being used on a Sunday, and that appointments were needed for that.          Also the work of H&amp;SH in different appointments within the PCN (and what a PCN was, and which we were in).</p>

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**3. Have any changes been made as a result of the PPG bringing issues regarding access to the practice's attention?**

1	<p>Yes, as follows:</p> <ul style="list-style-type: none"> <li>• <b>The current telephone system is outdated and needs an update, so patients can have a call back rather than waiting.</b> A new telephone system is being installed soon with this functionality and the PPG are working with the practice to publicise.</li> <li>• <b>Giving patients a choice of a face-to-face or telephone appointment.</b> The practice has altered its rotas so there is now patient choice of how they access the GP services.</li> <li>• <b>Having in-house created posters in bigger fonts, so patients can see more clearly how to access GP services.</b> Bigger posters have been created by the practice.</li> <li>• <b>Updating the practice website with more clinical/signposting information, so patients can access GP services, knowing which clinician they need to speak to.</b> The website has been fully redesigned and now offers a lot more information.</li> </ul>
2	<p>The telephone system was updated and now cloud based telephone system is in situ.                  Extra appointments were added to each session moving from 12 to 16 appointments including daily consultations.                  The practice is also developing a facebook page with the aim to receive more real time contact.</p>
3	<p>There have been some changes to the website which I raised. And the email cancellation situation is being investigated.</p>
4	<p>The PPG highlighted the telephone introduction service was slightly outdated in relation to COVID and masks. This is to be rectified.</p> <p>As mentioned previously, the contact telephone number used to be continually engaged. The new system was introduced which is significantly improved the process of making an appointment.</p> <p>A HCA is now taking blood at the practice thereby saving patients from going to another premises.</p>
5	<p>Over time the number of Registrars has been increased thus increasing the number of appointments available. Another advantage of having Registrars is that they have a longer consulting period allotted which can be seen as a benefit by the patient.</p> <p>The telephone problem is one which the Practice has had for a long time and has its roots in the history of the XXXXXXXXXXXX as it was set up at the outset. The PPG has constantly nagged about the situation and whenever possible the system has been tweaked to improve but these tweaks have had little overall effect. At long last, a solution appears to be in place to be implemented in March 2024. An astounding cost is tied up in improving the system and is one of the main reasons for there being a delayed solution.</p>

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6	No, for the reasons explained in 1 above.
7	The practice appreciate patients concerns and in an attempt to improve the patients perception they wanted to explain the various ways in which they could be contacted / they could 'speed up' advice and or assistance. This was done via notice boards, electronic screen and newsletters (produced by XXXXXXXX). This course of action was decided upon as it would hopefully give a more instant improvement in not only perception but more importantly service. As for the phone system they continually look at it in order to look at ways to improve its overall effectiveness, this is something that will (I'm sure) continually have to be done in order to make sure that it's the best for all concerned.
8	From April 2024 the Practice are ceasing to accept prescription requests over the telephone. Patients have been given a newsletter regarding this and assistance has been given to patients to register for online services so that they can order their prescriptions this way. Hopefully this will reduce the number of telephone calls going through to the Practice and patients will be able to get through to make appointments and seek advice.
9	Different ways of managing slots have been tried.  We have suggested publicising the different methods of access which I understand has been done.  The group suggested that a way of leaving a voice message to cancel an appointment could be used, this is now an option on the voice system. On the back of this and also not releasing appointment slots too early the DNA rate has been reduced.  Its regrettable that more online appointments are not available for patients to book but I understand this is because the limited slots need to be closely managed to ensure that they are used efficiently and available for urgent needs.
10	See above re: Total Triage. Some communications have improved e.g. changing the introductory messaging and looking at the website. However, after initial meetings to look at the options with ICB staff, the website has not improved and the changes we expected have not come about. This is to be raised at the next meeting. Local reports about the new system will also be raised at the next meeting.
11	It is a long time, pre covid, since the last regular PPG meetings, but issues raised there must have made a difference, as there are much better systems for appointments, and with the help of a PPG member the website is now much clearer and usable in explaining the appointment systems. At the very last pre covid meeting a full explanation was made and questions answered about e-consult, which proved to be invaluable for some during covid.

## Themes:



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4. In your view, how best could your practice improve <u>access</u> to GP services?	
1	The PPG know XXXXXXXXXXXX is doing all it can to improve access to GP services. They continually ask the PPG how their access to GP services can be improved during the day, evening, and weekend.
2	On discussion the only improvement that could be made is employing a female Doctor.
3	<p>More face-to-face appointments rather than the triage phone call. Even if each of the GPs had an allotted day for face to face it would be more helpful than current system. Not everyone has access to the internet especially older people and so are missing eConsult etc that are on the website. Many try to be independent and do not want to rely on a relative or friend to do things for them and of course do not want to discuss private matters.</p> <p>[If you look on any social media, no matter which local surgery it is. The main complaint is still why can't I see my GP face to face like it was before lockdown. And until this is sorted there will be criticism of access to the GP. I still find it strange that I can have 5 minutes or so on the phone to GP and then I am requested to go to the surgery for them to examine me thus taking another 5-10 minutes. Surely a better use of their time would be to see any patient who requests a face to face.]</p>
4	<p>Possible introduction of an online booking service for some routine appointments which will improve access. However, this could be detrimental to patients who are unable to use the online service for a variety of reasons.</p> <p>Probably as for the vast majority of practices, there continues to be an issue with recruitment of trained practitioners. I am aware the practice is actively looking at this area.</p> <p>With regard to staff retention, I am aware that most of the staff at the practice have been in post for a number of years, which is reassuring for the patients.</p> <p>From a personal point of view, the service I get from this practice is exceptional. If I ring at 8am I may be in a queue, however, I have never not been able to get a call-back appointment from a doctor to deal with the matter or an appointment with the nurse.</p> <p>I have been involved in the PPG for a number of years and have confidence that the practice listens to and acts upon my raised concerns with a view to improving the patient experience.</p> <p>One of the doctors has been on sick leave for a considerable period of time. The same locums have been employed to cover this absence and have been retained for this period for continuity of the patients.</p>
5	I cannot answer that question. The Practice is doing what it can to the best of its ability within the parameters currently obtaining. Now, if individuals learned more about health and followed the well advertised health guidance then perhaps their need for medical intervention would be vastly reduced. So, my best advice is not aimed at the hard working Practices but at the patients who present so often with self inflicted health problems.

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6	Without sufficient information about the priorities, constraints, policies and demands placed on the practice, it is not possible to develop opinions on this.
7	As previously stated we believe that getting an appointment is one of the major concerns for our patients, as we assume is a familiar story at other practices. Therefore the practice needs to make the most of what is already in place and as such must continually look for ways in which to improve what currently exists, in other words they need to be innovative as far as is possible. (note: I feel I must say that I'm convinced that all the staff, immaterial of role, want to make sure XXXXXXXXXXXX provide an excellent service.)
8	Hopefully the new prescription system will improve the telephone access and patients will also use the skills of the Advanced Nurse Practitioners.
9	More online appointment slots. That they be given resource in line with the local population.
10	More staff are needed. They meet minimum requirements, but demand is greater on the service. Need to increase the number of full-time GPs. Too many part-timers, meaning no continuity of medical care. Also need to recruit at least an extra .5 GP. Need to be more responsive to phone calls.
11	Wider dissemination of the information on the website on how to book an appointment, and also the different additional staff that are able to see patients with specific needs. We appreciate and raised at the last PPG meeting that this is difficult when so many patients are not internet enabled and not all that are realise that there is a lot of useful information on the website. Maybe some borough wide publicity on where to find information would be helpful, if all GP practices had good and usable information.

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<b>5. How, and how often, does the PPG seek new members?</b>	
1	There is a constant advert for new members displayed in the practice on the patient call board.
2	<ul style="list-style-type: none"> <li>• Continuous verbal invitation through appointments.</li> <li>• New patient registration forms.</li> <li>• Website.</li> <li>• Information posters at reception &amp; waiting areas.</li> </ul>
3	<ul style="list-style-type: none"> <li>• They have it permanently on the ticker “appointment screen “asking for people to join. .</li> <li>• They also have it on the website and have had a poster on the reception desk.</li> <li>• Mine was by seeing the poster on the reception desk when making an appointment and asking the receptionist about it. My details were passed on and I was contacted within a few hours of this.</li> </ul>
4	There is a notice in the waiting room asking people if they would be interested in joining the PPG plus new patients are given an information sheet. I am aware that take-up is poor and this is something which could be improved upon in future.
5	This is and has always been an ongoing endeavour. Word of mouth, running invitations on the Practice video, newsletters, invitations to be an email member, moving meeting times. The catchment area of this Practice contains a large number of individuals who have little or no interest in health matters or who do not have time to spare to attend a PPG. At this time we appear to have gained a few interested people for which we are very grateful. I believe this has been by word of mouth.
6	There is a rather obscure mention on the practice website, which is how I heard about it.
7	This has been continually done since 2011, when the group was created, and it’s done in a variety of ways:- <ol style="list-style-type: none"> <li>1) The electronic notice board / screen.</li> <li>2) The XXXXXXXX notice board.</li> <li>3) The practice website.</li> <li>4) XXXXXXXX newsletters.</li> <li>5) XXXXXXXX minutes.</li> </ol>
8	There is a notice in the patient waiting room and also a link on XXXXXXXX website to recruit patients onto the PPG.
9	New members are always encouraged.

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10	There is a permanent notice on the board in reception inviting patients to join. We also put out occasional extra calls on the website to join. We also put it on social media.
11	Currently, since the covid break, there is a campaign to get more members for the PPG. There are notices in the waiting room, and a link on the website to encourage new members to join. At the last meeting a lot (maybe about 40) people came along in addition to the half dozen or so existing members.

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<b>Primary Care Network (PCN)</b>	
<b>Billingham &amp; Norton PCN</b> (7 practices – responses from 4 PPGs*)	* two received from same PPG
<b>BYTES PCN</b> (4 practices – responses from 2 PPGs)	
<b>North Stockton PCN</b> (3 practices – responses from 1 PPG)	
<b>Stockton PCN</b> (7 practices – responses from 3 PPGs)	