

SCARBOROUGH MEDICAL GROUP

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Patient Participation Group Report 2012-2013

Background

In 2011 the government launched a new 'directed enhanced service' which encouraged practices who did not already have a PRG to start one up and engage with the group, performing a specific series of actions over the year.

Our patient group has been in development/existence since June 2011 and it has been a valuable reference group for the practice since it was set up. There are currently 21 patients (plus 2 more in application process for PPG) within the Patient Reference & Virtual Participation Groups. The Patient Reference group meets on a quarterly basis and the virtual group are opportunistically contacted for opinions via email.

DES Component 1

Practice Profile

There are currently 12,204 patients registered across Scarborough Medical Group (as of 21st Feb 2013); of those 7585 are registered at Danes Dyke and 4619 registered at South Cliff. The gender breakdown (%) of the practice is 49/51 (Male/Female).

We have a large age range within the practice but a predominantly older cohort:

Age bracket	Number of patients	% of practice population	% PRG Profile
0-15y	1596	13.1%	
16-24y	995	8.2%	
25-34y	1234	10.1%	
35-49y	2222	18.2%	
50-64y	2598	21.2%	
65-79y	2396	19.6%	
80-99y	1157	9.5%	
100+	6	0.1%	

29.2% of our practice population are aged 65 or over and 185 patients live in residential or nursing care homes. We also have a small number of patients with learning disabilities, drug and/or alcohol problems and the South Cliff branch has a number of students registered due to the nearby university.

We have been collecting the ethnicity of our patients over the last few years and we currently have 93% of the total populations ethnicity recorded, within this there is a small percentage that have

refused to let the practice have their ethnicity. The vast majority of the patients' registered with the practice are British/White British.

Establishing the PRG

The aim of developing a PRG within Scarborough Medical Group is to ensure patients are involved in decisions about the range and quality of our services.

An analysis of the practice population was undertaken. This formed the basis of our action plan for indentifying a suitable group of patients for our representation group. We then specifically made arrangements to contact these groups of patients in the following ways:

- Advertising posters in the surgeries
- Leaflets available in surgeries
- Advertising on the digital display screen 'Amscreen' within the surgeries
- Article published on our website with information and electronic sign up form which is still available at www.scarboroughmedicalgroup.co.uk
- Recommendation by clinicians and reception team for individual patients

Promotion of the PRG took place over a period of two months

Evidence enclosed

Appendix 1: A) poster, B) PPG application form

Profile of the PRG

Our face-to-face and virtual group has a total of 21 members, 7 male and 14 female.

We have five members aged between 16 and 40, two aged between 40 and 60 and fourteen members over 60 years of age.

Unfortunately despite personally inviting several younger members of our practice to join our patient group in its first year and continuing the recruitment drive throughout the second year, we haven't managed to increase the representation of the younger age groups which is a disappointment to us. We will continue to look at this. Our group comprises of those who work, some housewives and mostly retired people who form another substantial part of our practice population.

We spent some time thinking about how we could encourage more representation from other groups who make up part of our practice population. We decided to form a small virtual group of those who might find it hard to attend meetings, but who could participate by email or telephone to give us feedback and help us shape our services. This has enabled us to ensure that we get engagement and feedback from those who find it harder to attend regular meetings during the day and ensures that we consider their requirements in our discussions.

Whilst a group of manageable size can never be truly representative of all patients, we do believe that we have a very good cross section of different interests and responsibilities that represent our practice population. The combination of a face to face group and the virtual feedback ensures that we have managed to get a group which represents the key sections of our community.

DES Component 2

Issues for the Local Practice Survey

The PRG met in January to discuss this years' practice survey and if they felt any additions needed adding. It was decided that as we were going to compare the outcome between the two years we would leave it exactly the same as the main areas of interest were covered.

Practice Survey

The questionnaire was left. The minutes of the meeting mentioned above are attached.

Evidence enclosed

Appendix 2: A) minutes from the PPG meeting Jan 2013 B) local patient survey template

DES Component 3

Collating views and informing the PRG of the findings

The survey was developed in both paper and electronic format. We advertised the survey on the practice website, using the digital display AMSCREENS in the branches and through our reception teams. The survey was available for completion over a four week period.

The surgery had a total of 208 questionnaires completed. The results of the survey were then collated using our online facility on the intranet. This ensured we had both paper and internet responses together. We then contacted the PRG and the VPG via email and in hard copy where members didn't have web access with a full copy of the results and the priorities based on patient feedback.

Evidence enclosed

Appendix 3: A) copy of email/letter, B) copy of results

DES Component 4 & 5

The PRG emailed back their comments and feedback; this formed the basis of the practice action plan.

Evidence enclosed

Appendix 4: A) table of action plan for 2012/13 and 2011/12 B) Patient newsletter file containing actions from plan made for last year.

DES Component 6

This report will be available on the practice website no later than 31st March 2013. The report will be updated when necessary. The surgery will send a copy of the report to the PRG members and inform patients of the survey results via the quarterly newsletter (available online and in surgery). A copy of the report will be held in reception for any interested patients who cannot access the website.

Other DES components:

Opening hours:

Scarborough Medical Group has three sites, Danes Dyke, South Cliff and Cloughton. The opening hours are as follows:

Danes Dyke (Main site)

Monday to Friday: - 8.00am – 6.30pm. We also operate an extended hour's service on Mondays between 6.30pm – 8pm. This service is for those patients who are unable to attend during normal surgery hours. We have GPs and a Nurse available during this period.

South Cliff

Monday to Friday: - 8.30am – 6pm

Cloughton

Monday: - 9am - 1pm

Tuesday: - 2pm - 4pm

Wednesday: - 9am – 1pm

Thursday: - 9am – 1pm

Friday: - 2pm- 4pm

GPs, Nursing and dispensing facilities are available at this branch during these hours.

- The main sites, Danes Dyke and South Cliff, take emergency phone calls between 8am – 8.30am.
- Neither of the main sites closes during 8am - 6/6.30pm.
- Phone calls between 6pm-6.30pm to South Cliff are transferred to Danes Dyke. From 6:30pm till 8am the following (workday) morning a message is added to our phone system advising patients to contact NHS 111.

The opening hours are available on the practice website, NHS Choices website and Patient leaflets which are available on site.

Appendix 1A

SMG PPG (Patient Participation Group) and VPG (Virtual Participation Group or COMMUNITY VOICES) – Get Involved!

We are looking for volunteers to join our PPG and VPG here at SMG.

Q. What is the purpose of a PPG/VPG?

A. Among other things we anticipate our PPG helping with the following:

1. Provide an avenue for patients' input in the way facilities and services are planned and executed, to add humanity to, and influence those services.
2. Create and improve two-way communication between patients, the Practice and the community it serves.
3. Collect patient opinions and experiences to help the practice to evaluate its services.
4. Be a forum to feedback to the practice suggestions for improvement to the services provided to the patients, to the organisation and to building and surrounds.

PPG

Our plan is to have a group of patients who reflect a cross section of our patient base who will meet roughly once every 3 months to discuss and plan changes in the surgery in areas that are identified by the group. The meeting will be attended by a practice representative who will be able to discuss issues with you and provide information to support ideas.

If you would be interested in being part of the PPG please see reception for further details.

VPG

Equally if you don't feel you would be able to commit your time once every 3 months but would like to be involved in decision making we are looking to develop a wider reference group VPG (virtual patient group) who we would seek opinions from via email and telephone.

If you would be interested in being part of the VPG please also see reception for further details.

SCARBOROUGH MEDICAL GROUP

Signing Up For Patient Participation Group – Patient Participation Group (PPG)

We are looking to add to our current patient participation group (PPG). We are looking for patients who would be willing to attend approximately 4 meetings a year which will be scheduled over lunchtime (attendance not essential 100% of the time). It is important to us that our patient group includes as wider representation of our practice list as possible therefore we ask that you complete this short application form so we can ensure we achieve this. Please find attached a specification of what we hope our PPG will represent

<i>Title (please tick or circle app box)</i>	Mr	Mrs	Miss	Ms
<i>First name:</i>				
<i>Surname:</i>				
<i>Email Address:</i>				
<i>Postcode:</i>				
The information below will help to make sure that we receive feedback from a representative sample of the patients registered at this practice.				
<i>Your gender:</i>	Male		Female	
<i>Your age (indicate appropriate age bracket):</i>	Under 16	17-24	25-34	35-44
	45-54	55-64	65-74	75-84
	Over 84			
The ethnic background with which you most closely identify is (please underline or circle):				
<i>White:</i>	British Group		Irish	
<i>Mixed:</i>	white & black Caribbean	white & black African	White & black Asian	
<i>Asian or Asian British:</i>	Indian	Pakistani	Bangladeshi	
<i>Black or black British:</i>	Caribbean		African	
<i>Chinese or other:</i>	Chinese		Any other	
How would you describe how often you come to the practice?				

(please underline or circle):		
Regularly	Occasionally	Very Rarely
OPTIONAL: Please tell us a little about you and what you feel makes a good general practice/family doctor service?:		
About this form:		
<p>Please note that we will not respond to any medical information or questions received through the survey.</p> <p>The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998. The Data Protection Act 1998 gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly.</p>		
<p style="text-align: center;">Please return this form to any of the branches within the Scarborough Medical Group clearly marked for the attention of Debbie Westmoreland, Practice Manager. An email will be sent confirming the receipt of your application.</p> <p style="text-align: center;">Thank you for offering to give some of your time to provide input into the development of the services we provide to our patients. The membership of the PPG is limited so as to make the meetings as effective as possible. We will contact you to let you know whether based on the current recruit's demographic background we have enrolled you onto our PPG. If the demographic position you represent has already been filled we will keep your application and invite you at a later date should a position arise. In the meantime your opinions are still very important to us so we would seek your approval to enrol you onto our CVG – Community Voices Group (details are available on our website)</p> <p style="text-align: center;">Thanks you very much for your input, every opinion matters.</p>		

**Scarborough Medical Group
Patient Participation Group Meeting
17th January 2013 at Danes Dyke Surgery**

Present: DELETED FOR ANONYMITY

Apologies: DELETED FOR ANONYMITY

Notes from the last meeting were agreed.

1. SMG Patient Update – comments/feedback

- DW asked for any suggestions or comments that might enable us to keep the patient updates fresh and useful.
- The group discussed the use and promotion of SystmOnline – facilitating the online booking of appointments and ordering of repeat prescriptions.
- DW gave a description of how easy the system is to use, what happens when the request arrives at the surgery and how it is actioned by staff.
- DW also explained circumstances where the use of SystmOnline could help make the ordering of prescriptions easier for people who are caring for patients, for example: care homes and family members. This of course could only be done with the expressed consent of the patient concerned.
- We have experienced a rise in the take up of SystmOnline since last year. In 2011 we had 7.2% of the practice population registered for SystmOnline. This has now risen in 2012 to 10.2% so the extra advertising of the system which we have undertaken in the surgery

2. Walk-in Flu Clinic Uptake

- These work very well – both for the surgery and for those patients who attend. However, we are still experiencing quite a low attendance for these clinics with the majority of our patients still coming during normal surgery hours to be given their flu jabs.
- The group discussed ways to really push the Drop-in Clinics – to keep the clinics during normal surgery hours free for other things.
- JB suggested that it might be due to the first ever Drop-in flu clinic that was run – where people had to wait for a long time and the queue went right down to the end of the road. He suggested it might be a good idea to publicise how short the wait times were in the 2012 flu clinics and also how many hours worth of nursing time were lost due to people coming for their flu jabs during normal surgery hours. This might encourage people to try the Drop-in clinics again. **Action point: SMG to publicise short wait times for drop-in clinics in the surgery to encourage patients to use them during the next flu season.**
- JW also suggested it would be a good idea to set up some form of collaborative advertising for all surgeries to take part in – either in the local paper or on the radio – to advertise when all surgeries are holding drop in clinics for flu jabs. All agreed this would be a good idea and would probably come within in the remit of the CCG. **Action point: Debbie asked those attending the next CCG Patient Representative meeting to raise this as a suggestion for next year's flu campaign.**

3. SMG Annual Patient Questionnaire

- We agreed at previous meetings to run the same questionnaire this year as we did last year so that we would be able to run a straightforward comparison between last year's results and this year.
- Debbie asked if anyone had any suggestions for any other questions that could be added but everyone felt that the questionnaire covered most angles.
- Debbie also asked if anyone had any suggestions as to how we could encourage more people to complete the questionnaire. The receptionists have been handing them out as patients come to the desk and we have slips in the waiting area drawing patients' attention to the website where the questionnaire can be completed online. We have also advertised on the Amscreens in the waiting rooms.
- JW suggested that we could put the slips in the medication bags from dispensary – that way we would be catching a good number of dispensing patients too. All agreed this was a very good idea. **Action point: Kirsten to arrange for slips to be made available to dispensary for use in the medication bags.**

4. PPG Member Profiles

- Debbie told the group that we would be putting the suggestions boxes back out in April and we would like to accompany these with a display board promoting the Patient Participation Group with the pictures and profiles of our current members.
- The group discussed the use of profiles and all felt that it would be good to promote the doctors too – to have pictures and a bit of background information about them. For example we could include a bit about where they did their training, what qualifications they have, whether they have any other special interests etc.
- The group also felt that it was important that we make more of our affiliation with the Hull York Medical School students and our background in training.
- JB recounted a positive learning experience he had been part of during a nurse clinic at DD where a HYMS student was present and JW said that he sometimes found that the students were "left in the corner" somewhat during the GP clinic sessions and it was better when they were actually able to get involved in the consultation.
- Debbie explained that at SC we have a Year 5 HYMS student who is able to consult on their own – but then one of the regular GPs also comes in to the consultation to review the patient with the student. At DD the HYMS students are only in their 3rd Year so are not able to consult with patients on their own yet. The GPs do review and discuss each patient with the student after the patient has left.

5. PPG Suggestion Boxes

- These will be put back out again in April for 3 months. This will allow us to collect suggestions during a different part of the year (last year the suggestion boxes were out from January to March).
- This will enable us to see if patients are more open to making suggestions during different times of the year.

6. SMG Developments

- **INR STAR** – Debbie advised the group that SMG will soon begin using a new system called INR Star for anticoagulation monitoring (for patients taking Warfarin).
- We have looked at a number of methods for monitoring patients on anticoagulation medication and the INR Star system seems to be the best from a patient perspective.

- INR Star is a “point of contact” test, which means it uses a finger prick sample rather than a venous sample of blood which would have to be sent to the hospital for testing.
- The patients will be given their INR result, dose of Warfarin to take and retest date all before leaving the surgery – if their retest date is within a month, an apt will also be booked for them before they leave.
- This system is quite a bit more expensive than the current system used, not only due to the consumables needed but for the maintenance and calibration of the equipment required, however, it is felt that the patient experience, and time saved for surgery staff will make it more than worth it.
- The group felt that this was a very positive move and that once the system was fully up and running, this should be publicised in the surgery.
- **Sponsored Artist for DD** – Debbie advised the group that following the decoration and refurbishment that took place at DD last year, many of the paintings which used to hang in the surgery now look rather faded. We have now arranged for a sponsored artist at DD who will provide us with prints for display, which will have prices underneath should anyone wish to purchase them. These will be changed fairly regularly to keep them fresh.
- Discussions were had about possible other artwork for display, for example a photographic competition or children’s art exhibit. DW explained that with the coming Care Quality Commission (CQC) registration, everything has to be “wipe clean” for infection control so we are limited as to what we can display.

Appendix 2B – *This is attached to the email containing the practices submission*

Appendix 3A

Copy of email sent to PPG & VPG members

Dear members of the Scarborough Medical Group Patient Participation Group (PPG) and Virtual Participation Group (VPG)

The Patient Participation Group (PPG) met in January to review the questions to be included in the annual practice survey. It was agreed the questions would be kept the same for purpose of drawing a comparison between last year's responses and this. The survey was available for patients to complete in the surgery as a hard copy or on the website digitally. We advertised the survey on the website, using the digital display AMSCREENS in the branches and through our reception teams.

I am pleased to attach the results of this survey which contain the responses of 208 of the practices patients (a 28% increase on last years 150). The survey has two columns, the first contains the percentage results of the 2012/13 survey, and the second contains the results of the 2011/12 survey. The second attachment is the free text comments that were submitted as part of the survey responses which contain the comments from this year's survey only.

POINTS TO NOTE

- After a brief review of the data myself a thought occurred to me that to make the comparison statistically relevant we probably would have needed to survey the same people as last year but a year on to see if their opinion might have changed. This would have allowed a direct comparison of service year on year. This would however have been impossible due to the need for anonymity under the circumstance.
- This year's responses seem to have had multiple missing answers causing the total answers received to be below 100% on a greater number of occasions than was the case for last years. This in itself causes a false negative answer (a good example of this would be Q12a about the quality of nurses, which seems to be significantly lower than last year until you add up the totals and realise that less have provided an answer).
- The answers should probably be "weighted" using some clever formulary to take into account the variances in circumstances to provide a true comparison but I'm afraid I am just not clever enough for this!
- We seem to have had a better spread of age ranges taking part in this year's survey which is a good thing.

All in all a very worthwhile exercise I hope you agree but the comparison probably doesn't work the way we had hoped it would due to the number of variances. I would be very grateful of your opinions. The comments may provide more light to opinions and work we could possibly do to improve? I have attached last years comments and this years comments in case you wish to compare, please don't feel you have to I am grateful for any constructive feedback you are able to offer and appreciate your time is precious!

The next stage is to formulate a plan on what our action points should be for this year, based on the results of the survey and this is where I hope you can help. If you could have a look through the attached information and let me have a couple of pointers on what you interpret to be required here that would be very much appreciated.

The results of the survey are also available in pie chart form on our website www.scarboroughmedicalgroup.co.uk

The stage following this will be to begin planning our actions and looking at whether they are possible, affordable, sensible etc and then communicating these to our patients via the newsletter and our website as we did last year.

I need to have compiled our action plan by the middle of next week ready for submission to the PCT (Primary Care Trust) and as such would ask that you let me have your comments by next **Wednesday 20th** if at all possible.

I very much look forward to your responses.

Appendix 3B

SCARBOROUGH MEDICAL GROUP - PRACTICE SURVEY 2012/13

208 responses were received to the 2012/13 survey and 150 to the 2011/12 survey the results of these are below.

	2012/13	2011/12
Q1 Which of the branches at Scarborough Medical Group do you most regularly use?		
Danes Dyke	40%	57%
South Cliff	57%	42%
Cloughton	1%	0%
Q2 Have you been seen at other branches within the group?		
Yes	34%	47%
No	65%	51%
Q3 In general, how do you rate the receptionists at the practice?		
Very helpful	89%	87%
Fairly helpful	9%	11%
Not very helpful	0%	0%
Not at all helpful	0%	0%
Don't know	0%	0%
Q4 Thinking back to the last time you spoke to the reception team on a routine enquiry basis, did they ask you to confirm we have all the correct contact details for you? For example address, home & mobile telephone numbers.		
Yes	61%	64%
No	35%	34%
Q5 How do you normally book your appointments at your practice? Please tick all boxes that apply.		
In person	25%	35%
By phone	80%	76%
Online	8%	16%
Doesn't apply	0%	0%
Q6 Do you find the practice website useful?		
Yes	23%	30%
No	6%	6%
Didn't know there was one	57%	52%
Q7. Do you find the practice newsletter useful? (You can sign up to receive this through the website)		
Yes	10%	16%
No	1%	0%
Didn't know there was one	77%	78%
Q8 In general, do you feel you are treated with courtesy and respect by practice staff?		
Yes	91%	98%
No	0%	0%
Q9 In the past 6 months, how easy have you found the following:		
a) Getting through on the phone?		
Haven't tried	5%	8%
Very easy	53%	50%

Fairly easy	28%	29%
Not very easy	2%	6%
Don't know	0%	0%
b) Speaking to a doctor on the phone?		
Haven't tried	54%	41%
Very easy	5%	16%
Fairly easy	7%	15%
Not very easy	3%	6%
Don't know	12%	6%
c) Speaking to a nurse on the phone?		
Haven't tried	57%	50%
Very easy	5%	12%
Fairly easy	3%	6%
Not very easy	2%	4%
Don't know	13%	11%
d) Obtaining test results on the phone?		
Haven't tried	42%	33%
Very easy	16%	28%
Fairly easy	9%	14%
Not very easy	1%	1%
Don't know	11%	6%
e) Ordering your repeat prescription?		
Haven't tried	26%	22%
Very easy	48%	46%
Fairly easy	4%	10%
Not very easy	0%	0%
Don't know	4%	6%
Q10 In the past 12 months how many times have you seen a doctor?		
1 to 2	22%	21%
3 to 4	31%	30%
5 to 6	19%	16%
7 to 9	7%	14%
10 or more	10%	14%
Q10a How do you rate the way you were treated by the doctor?		
Excellent	69%	77%
Good	19%	20%
Fair	0%	0%
Poor	0%	0%
Does not apply	1%	0%
Q11 How long did you wait for your consultation to start?		
Less than 5 minutes	11%	6%
5 – 10 minutes	52%	60%
11 – 20 minutes	24%	24%
21 – 30 minutes	3%	5%
More than 30 minutes	0%	0%
There was no set time for my consultation	0%	1%

Q12 In the past 12 months how many times have you seen a nurse or health care assistant?		
1 to 2	41%	48%
3 to 4	25%	24%
5 to 6	6%	4%
7 to 9	0%	2%
10 or more	9%	6%
Q12a How do you rate the way you were treated by the nurse or health care assistant?		
Excellent	63%	70%
Good	17%	16%
Fair	1%	2%
Poor	0%	0%
Does not apply	4%	1%
Q13 If you need to see a doctor urgently, can you normally do so within 24 hours?		
Yes	64%	68%
No	3%	5%
Can't remember	15%	15%
Q14 If you weren't able to be seen urgently, why was that?		
There weren't any appointments	12%	12%
Times offered didn't suit	6%	7%
Appointment was with a doctor I didn't want to see	4%	4%
A nurse was free but I wanted to see a doctor	0%	1%
Was offered an appointment at a branch surgery	3%	2%
Another reason	6%	3%
Q15 Are you?		
Male	38%	44%
Female	54%	50%
No answer	8%	6%
Q16 How old are you?		
16 to 24	6%	2%
25 to 34	5%	6%
35 to 49	15%	8%
50 to 64	25%	31%
65 to 79	33%	40%
79 or over	6%	6%

Appendix 4
Action plan 2012/13

<i>Area to be addressed</i>	<i>How</i>	<i>By When</i>	<i>By Whom</i>	<i>Reviewed</i>	<i>Completed</i>
Music & local radio in the waiting room	Changed to Radio 2 as patients did not like local radio – see last years’ action plan. Due to cost implications with PRS we do not play CDs	March 2013	DW	As required	
Message board bleep too quiet	To look at settings	May 2013	DW/KE		
Message board scrolling	To look at settings	May 2013	DW/KE		
Car parking at DD	Previously discussed. We are unable to increase the parking due to space and cost implications. At the SC branch there is only on-street parking available and we have never found there to be a problem	March 2013	DW/ GP Partners		Feb 2013

Appendix 4B – attached to the email “Patient Update vol 5 Sep 12” This shows actions and progress made on survey results

Action plan 2011-12

Area to be addressed	How	By When	By Whom	Reviewed	Completed
Prescription Window at DD	To be discussed with surgery staff to seek opinion	April/May 2012	DW		
Music in reception	Change from the local radio station	March 2012	Reception		March 12
Car parking at DD	Item on the agenda for next PRG meeting in April and to discuss with partners – this would require substantial capital investment	Through 2012/13	PPG, DW & GP Partners		
Magazines/Papers (DD)	To look into with view to infection control	April 12	KE/Surgery staff		June 12
Clock in the waiting room (DD)	A clock shall be purchased for the waiting room.	April 12	KE		June 12
Nurse appointments bookable online	This has been discussed at previous PRG meetings. See minutes. To communicate through newsletter in 2012.	2012	PPG, DW, nurses & partners		
Patient Call System	The time the patients name/room appears on the board has been increased from 3 to 6 seconds per patient.	March 2012	DW	Nov 12 (next survey)	Yes – March 12
Newsletters	Copies will be placed on notice-boards and in waiting rooms for patients to read.	May 2012 (next update due)	SW/KE	Quarterly	May 12
Online Services	To promote online services – appointment booking, prescription request	May 2012 (next update due)	SW/KE/DW		May 12
Patient Group	Promote the PRG on notice boards	Through 2012	staff		
Text Service	Promote we offer free appointment reminder service	May 2012 (next update due)	SW/KE/DW		
Improve uptake of questionnaire for 2012/13	To consider changes with PPG for next year	2012 PPG meetings			