



Patient group meeting Tuesday 26th March

Many thanks to everyone who came to the Patient Group meeting.

Meeting Summary

Who was at the meeting:

10 members of the patient group (including 2 new members), 3 members of staff (Practice Manager, GP Partner, and Engagement Lead), and 2 members of the research team.

Feedback on doing the survey:

We started with introductions and everyone had an opportunity to feedback their experience of doing or delivering the survey. This included:

- The survey was very difficult as it involved making choices people didn't want to make.
- Some people were put off or frustrated by how difficult the survey was. Some people either refused to complete the survey, or only answered some bits.
- The feedback about it being difficult was for all 3 formats of the survey.
- In the waiting room, more men refused to complete the survey than women.
- Generally, Patient Group volunteers enjoyed being in the waiting room, talking to other patients, and distributing the survey.
- Patients in the waiting room were generally happy to talk, but some people were clearly worried and anxious, and not at their best.
- The number of people completing the survey would have been much lower without the Patient Group volunteers.

Results:

The research team presented the results of the survey. 333 people completed the survey. The main result is that the feature valued most by patients is "How well the doctors and nurses listen and pay attention to you". Please see the results report for detailed results.

There was a lot of information in the results and this was too much to take in during the meeting. The results give a number about how much people value different features, rather than how many people like or do not like different features. This was confusing and the graphs were not easy to understand. There were lots of questions about how trustworthy the results are.

The free text comments were easier to understand. But we only had time to talk through some of them.

The research team answered questions, but most of the group wanted time to think about the results, and an easier way of explaining the results.

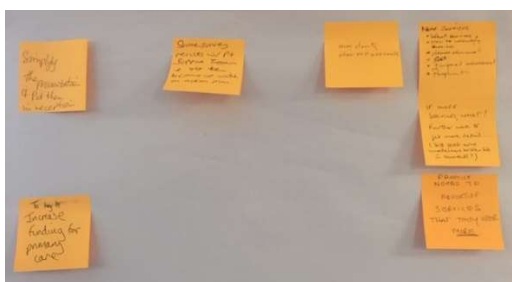
Action planning:

The group agreed to try planning some actions that you could work on together, over the next year, based on the results.

To do this, each person wrote down their suggestions on sticky note. We then went round the group and everyone read out their suggestions. We then grouped similar sticky note suggestions together

into 'themes' on a big bit of flip chart paper (see photos below). The 'themes' and what was written on each note are shown in the table below.

| Theme | What was written on the sticky note |
|---|---|
| Distributing the results | "simplify the presentation and put them up in reception" |
| Share results with Patient Support Team | "share survey results w/pt support team & get them to come up with an action plan" |
| Communicating with patient population | "More frequent communication with patients – TV screen, newsletter, blog, social media – more detailed + more information + more context." |
| Services – more/increased awareness | "Practice needs to advertise services that they offer <u>more</u> " |
| | "More services <ul style="list-style-type: none"> - Listed services - How to identify services - Assess demand x cost - Impact assessment - Payment" |
| | "If more services, what? Further work to get more detail.... (did those who wanted more services fill in comments?)" |
| | "more clarity about MH assessments" |
| Reception issues | "work on reception/waiting room issues * <u>confidentiality</u> *" |
| Car parking | "try to allow more time for people dropping off frail patients. How actively is the waiting time monitored" |
| Ethnicity and patient experience | "more concentration on the needs of ethnic minorities" |
| | "seems that ethnic minorities feel left out" |
| | "Follow up work with those stating negative experiences to understand why" |
| Being listened to | "Work on people feeling listened to <u>ENOUGH</u> " |
| | "Communication" |
| | "Communication skills training (including around compassion)" |
| Seeing the same GP | "It would be an advantage to see the same GP" |
| | "See the same GP" |
| | "Named doctor" |
| Longer appointments | "consider longer apt times" |
| | "Longer apt times so longer listening time" |
| | "Longer appointment sessions" |
| Waiting times for appointments | "Shorter waiting time for appointments" |
| | "10 days for an appointment is a long time. Could be improved!" |
| Increase funding | "try to increase funding for primary care" |



The group then discussed how they could move the themes forward. There were 3 groups or areas of work:

1. Improving communication with the patient population.

The aim of this activity is to increase awareness of what the practice already offer (particularly around community groups and support) and do well. This group would also look at thanking patients for taking part in the survey and sharing the results. The group discussed:

- Starting a newsletter.
- Setting up a new TV in the waiting room. This would be with a supplier that would allow the practice to make their own content.
- Possibility of patient group members doing blogs to share online.

The Practice Manager and Engagement Lead would be interested in this work and working with patient group members. Two patient group members volunteered to help and others were interested, but wanted more detail of what was involved first.

2. Ethnicity and patient experience.

The aim of this activity would be to investigate differences in patient experience with the future aim of reducing these differences.

The practice staff would be keen for Patient Group members to volunteer to help investigate this further. There was not time in the meeting to discuss how this could be investigated further and who would be involved.

3. Maximising patients feeling listened to.

Being listened to was the feature most valued by people who completed the survey.

Therefore the aim of this group would be to maximise this feature. The group discussed:

- More communication skills training for the doctors and nurses.
- Looking at the length of appointments.
- Looking at continuity of care, so patients get to see the same GP.
- Helping patients to prepare for their appointment and therefore make the most of the time. This might involve making a short film to display on the TV screen (see above) or encouraging patients to write down their aims for the consultation before it happens.

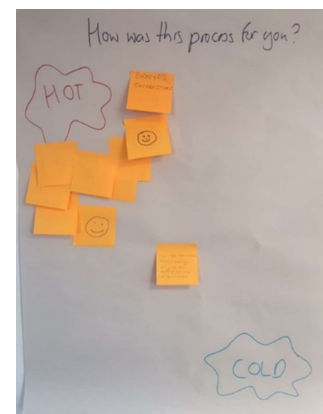
The practice staff were keen to discuss this area more with the rest of the practice team before finalising a plan. The practice staff would like the Patient Group to be involved where possible.

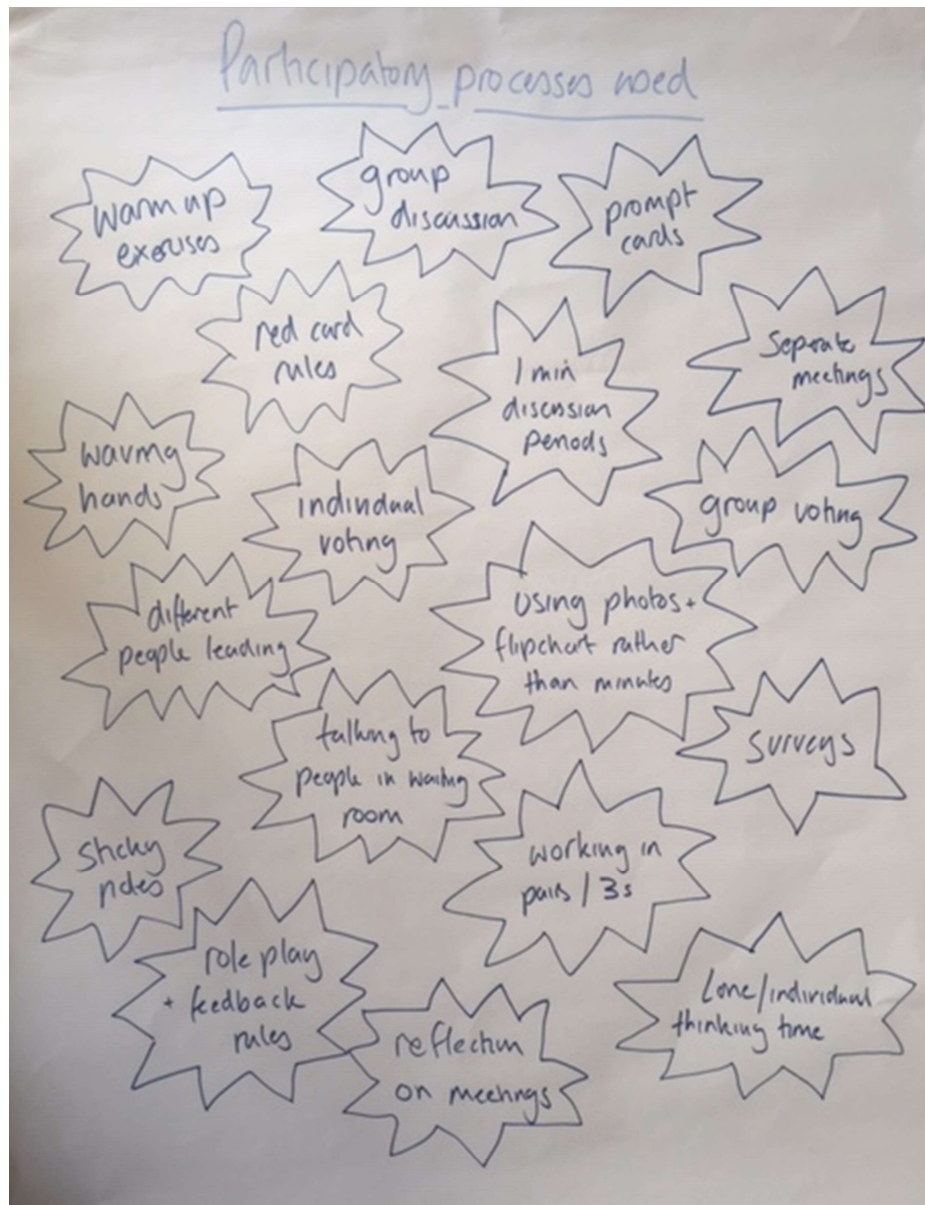
The research group then shared all the different methods we have used over the last couple of months to make meetings fun, interactive, and involve as many people as possible. These methods are easy to use, and could be led by either Patient Group members or Staff members. They may help you to work through the areas above. Please see next page for a picture summary of all the different methods.

Finally, the group gave the research team some feedback on the process by sticking sticky notes to flip chart paper (→).

Next meeting date: Thursday 18th April 1-2.30pm

Thanks again for your time and making it a really enjoyable meeting.





If you have any comments or questions about any part of the research, or you would like more information about it, please get in touch with me (see below).

The next stage of the research will be to interview some of you about your experience of the last couple of meetings and doing the survey. If you would like to be interviewed please get in touch:

Jess Drinkwater

j.m.drinkwater@leeds.ac.uk

Tel: (0113) 343 0868