

# **LONG STRATTON MEDICAL PARTNERSHIP**

**PATIENT PARTICIPATION**

**SURVEY REPORT**

**2014-2015**



## Introduction

Preparation for the 2014/15 patient survey began in December 2014 after a very demanding year within the practice itself which included the retirement of two longstanding doctors and with the third retirement due in April 2015. Although the year had been challenging we successfully managed to start the medication delivery service in September 2014, supplying regular medication to vulnerable patients who are either housebound or were finding it difficult to get to the surgery. We appreciate the support we had from our PRG members in the setting up of this, especially those that are now part of the delivery team.

With the NHS frequently dominating headline news on many issues we sought the opinions of our PRG and asked them for another three priority areas that we should focus on within the practice, we also wanted to know their views again about a face-to-face group at Long Stratton which was an outstanding action point from the previous year.

Members of the PRG were contacted either by e-mail or post to ask for their opinions:

[Please see Appendix A](#)

## Appendix A

Dear PRG Member

### **It's Survey Time**

Our practice has seen a variety of changes over the last few years', we have taken on a branch surgery, a new computer system, a new practice manager and new doctors, and we are still feeling the effects of those changes as many of our patients are now having to get to know their new doctor after years of being with the same one.

You may have seen the information about the Friends and Family Test (FFT) that NHS England has rolled out to all services **"The FFT is based on the premise that patients have a right to participate in giving feedback to the NHS, and in relation to their possible future care, they have a right to see what others have said."**

The FFT was made available in the practice and on the website from 1<sup>st</sup> December 2014 and asks one question;

**"How likely are you to recommend our service to friends and family if they needed similar care or treatment?"**

Patients have the option of circling:

**"Extremely likely, likely, neither likely or unlikely, unlikely, extremely unlikely, don't know"**

This is followed by:

**"Please tell us the main reason for selecting your statement."**

The results of the questionnaire will be sent to NHS England on a monthly basis and will be available for patients to see in the surgery, on our website and on the NHS Choices website.

This FFT is not a one-off survey, it is to run continuously, in the hope that patients will be more inclined to respond to a shorter questionnaire it is our aim to include the FFT question along with another 2 or 3 questions to form this year's survey. I would be very grateful therefore if you could let me know what you think our 2 or 3 top priorities should be over the next 12 months.

I would also like to know whether you feel a face-to-face group at Swan Lane Surgery meeting on a bi-monthly basis would be more effective in supporting the practice, and if so please could you let me know if you would be interested in joining (I apologise to those patients that may have volunteered before but I am checking again as your circumstances could have changed). The branch surgery at Newton Flotman still has an active group in existence.

Please send me your responses for these priorities by 19<sup>th</sup> December 2014.

This just leaves me to thank you for your continued support and to wish you a "Merry Christmas and a Happy New Year."

With kind regards

Dawn

We received a total of 9 replies from our PRG stating their priorities as follows:

- What can be done to cover help from say 5pm on Friday to 9am Monday (no one needs help over a weekend do they!) e.g. On max dose of Paracetamol, and not working, I needed to know if Voltarol could also be taken?-brief yes or no needed!- Stuck!! More info on 111 a help? (no answers on Google!!)
- Face -to-face bi-monthly meetings are a great idea!! (in place already in other practices) Lack of feedback can always be a problem!!
- Waiting nearly a week for an appointment can be very disturbing. Try a walk in city clinic is not very helpful!
- I am happy with the email group. Would be unlikely to attend meetings.
- With so much change and settling in of new staff it is quite a challenge to have additional priorities. I would like to see the new staff well supported to find their feet so you can continue to offer the patients a good service.
- I am happy with the service and cannot identify any priorities, the only thing I don't like is the waiting room, I find it dark and oppressive.
- I feel a face to face patient group would be helpful, at least we would be better informed about the work of the practice and could then identify priorities. Maybe such a group could be proactive and help with flagging up things like missed appointments etc.
- May I suggest that you continue to keep the availability of appointments at the level they are at this time as a top priority.
- I would consider the priorities are to maintain the good service & treatment already in place.
- I think that one of the problems which have to be looked at is nonattendance of appointments.
- I think the practice's top priorities should be spotting cancer or sarcoma symptoms early and not being reticent to refer people onto the N&N, and of course actively tackling obesity
- Support Groups for patients with lifelong health issues like Diabetes.
- Care in the home. Information about help and support for those caring for a family member in their home.

The survey was discussed in house taking into consideration the PRG responses, which largely focused on appointment times and out of hours care, and also the priorities of the practice itself.

The Friends and Family Test was set as our **first question** as required by NHS England.

We wanted to know whether our opening times were meeting patients expectations and along with this how easy it was for patients to get through to reception to make an appointment so this was set as our **second question**.

A great deal of time and effort goes into communication to the patients via many sources so we wanted to find out whether our communication was effective and if not to encourage opinions on ways to improve it – this was set as our third **question**.

There has been a lot of media coverage regarding the out of hours facilities so we wanted to know what route our patients would take in the event of a medical problem outside of our GP hours, to see whether we needed to provide better guidance – this was set as our fourth **question**.

Our draft was put together and sent back to the PRG for their agreement.

#### **Long Stratton Medical Partnership – Draft survey 2014-2015**

Dear PRG Member

I would first like to thank the patients who replied to my request for priorities for the forthcoming survey. Unfortunately out of the 193 members we only received 9 replies, so we can only assume that the majority of our members are happy with the service that we currently provide. Based on the replies, the current NHS topics and our own future planning we have put together the following short survey, obviously as explained in my first email these questions will be asked in addition to the NHS Friends and Family Test question.

I would be very grateful if you would read it through and **only let me know** if you have any comments or suggestions, and I would be very grateful for this response by Monday 19<sup>th</sup> January 2015. Please email me on [prg.longstratton@nhs.net](mailto:prg.longstratton@nhs.net) or feel free to phone and leave a message with Reception (01508 530781).

The finalised survey will then be distributed for completion to all members of the PRG and made available to other patients.

Many thanks for your continued support.

Kind regards  
Dawn

10 members replied and where possible their comments and suggestions were incorporated into the final survey document.

## Details and Results of the Survey

The survey was emailed and posted to all member of our PRG. The survey was also made available as a download on our website and all patients in reception waiting to see a doctor or nurse were encouraged to complete one. A reminder was sent to all members of the PRG asking them to respond if they had not already done so. Example as follows:

Dear PRG Member

### **Final patient survey for completion**

I would like to thank those of you who responded to my request for comments on the draft survey. They were very helpful and I have tried to include as many of your suggestions as possible into the final document.

I have included the Friends and Family Test question which was not on the draft survey, this is because the Department of Health stipulates that the Friends and Family Test question must be included in any survey and must be asked first, so I apologise if you have completed a FFT already.

You will find the survey attached and I would be grateful if we could have your completed form by **Friday 30<sup>th</sup> January 2015**.

I look forward to receiving your replies. Thank you again.

Kind regards  
Dawn

The survey was publicised on posters in the waiting room and the dispensary area, and the survey was available as a download on the practice website:



### Overview of general information:

Practice population:	11235
Total number of surveys completed	196
Percentage of Practice population:	1.74%
Breakdown of patients who completed the survey	
Number of surveys completed by patients while at surgery	145
Number of surveys completed by PRG members	51
PRG Members	
Number of members in PRG	193
Percentage of PRG members choosing to complete survey	26.42%

Last years' survey ran for three weeks resulting in 173 completed surveys. The NHS Friends and Family Test had already been introduced for patients to complete from the beginning of December 2014, and as this was an on-going feedback tool for the service that we provide within the practice, it was decided this year to run our own survey for a shorter period, so the survey ran from 26<sup>th</sup> – 30<sup>th</sup> January 2015 resulting in 196 forms completed.

The following two pages display the survey with the patient response and the response percentage.

# LONG STRATTON MEDICAL PARTNERSHIP - Patient Survey 2014-2015

We regularly seek the views of our patients to find out what we are doing well, and more importantly where we need improvement. Your feedback is therefore vitally important. We want to continue to improve the experience of our patients so please help us - to help you – by completing this survey.

## 1. Friends and Family Test

We would like you to think about your recent experience of our service  
**“How likely are you to recommend our service to friends and family if they needed similar care or treatment?”** Please circle the appropriate statement below

Extremely Likely <b>111 (57%)</b>	Likely <b>67 (34%)</b>	Neither Likely or Unlikely <b>5 (3%)</b>	Unlikely <b>4 (2%)</b>	Extremely Unlikely	Don't know
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## 2. Surgery Availability

a. How satisfied are you with the hours that our GP surgery is open?	Tick v
Very Satisfied	<b>91 (46%)</b>
Fairly satisfied	<b>81 (41%)</b>
Neither satisfied or dissatisfied	<b>10 (5%)</b>
Fairly dissatisfied	<b>12 (6%)</b>
I'm not sure of the surgery opening times	<b>2 (1%)</b>

If you have chosen “Fairly dissatisfied” please tell us why

See Patient Comments for responses ([Appendix B](#)) .....

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b. Generally, how easy is it to get through to Reception to make an appointment?	Tick v
Very easy	<b>74 (38%)</b>
Fairly easy	<b>101 (52%)</b>
Not very easy	<b>11 (6%)</b>
Not at all easy	<b>6 (3%)</b>
Haven't tried as I use Patient Access	<b>1 (1%)</b>

## 3. Patient Communication

a. Which form of communication do you find beneficial? Tick as many as you wish	Tick v
Surgery Website	<b>81 (41%)</b>
TV Screen in surgery	<b>81 (41%)</b>
Posters in the surgery	<b>98 (50%)</b>
Parish Magazines (currently Sexton's Wheel, Forncett Flyer, Outlook and Partnership Magazine)	<b>60 (31%)</b>
Surgery Newsletter	<b>52 (27%)</b>
Health-board and leaflets	<b>51 (26%)</b>

Do you have any other suggestions that could improve our communication?

See Patient Comments for responses ([Appendix C](#)) .....

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#### 4. Assessing the Out of Hours Service

a. What would you do if you needed simple medical advice (e.g. about your medication or about a cold/cough) when our <u>Surgery is Closed</u> ?	Tick ✓
Phone the Surgery's emergency number (01508 530333)	<b>21 (11%)</b>
Look on the NHS Website (www.nhs.uk)	<b>61 (31%)</b>
Phone 111	<b>47 (24%)</b>
Go to the local Walk-in Centre (Timber Hill Health Centre, The Castle Mall)	<b>29 (15%)</b>
Go to A&E Casualty	<b>1 (1%)</b>
Go to a local Pharmacy	<b>112 (57%)</b>

b. If you became ill (not life threatening) and needed medical care when our <u>Surgery was Closed</u> which service would you feel confident to use?	Tick ✓
Phone the Surgery's emergency number (01508 530333)	<b>59 (30%)</b>
Look on the NHS Website (www.nhs.uk)	<b>30 (15%)</b>
Phone 111	<b>96 (49%)</b>
Go to the local Walk-in Centre (Timber Hill Health Centre, The Castle Mall)	<b>68 (35%)</b>
Phone 999	<b>3 (2%)</b>
Go to A&E Casualty	<b>12 (6%)</b>

c. If you have tried to get help out of hours within the last 3 months which service did you use? If you have used more than one service please tell us
Service 1. 111 = <b>21 (11%)</b>
Service 2. A&E or 999 = <b>6 (3%)</b>
Service 3. Walk-in Centre = <b>11 (6%)</b>

Please read the following statements and Tick any of the statements that you feel apply to your encounter with the above service or services	Service 1 111	Service 2 A&E/999	Service 3 Walk in
The time I waited was reasonable	<b>19</b>	<b>5</b>	<b>9</b>
The time I waited was unreasonable	<b>2</b>	<b>1</b>	
I felt that the person had all the information needed to treat me	<b>15</b>	<b>4</b>	<b>7</b>
The person did not have all the information needed to treat me	<b>4</b>		<b>1</b>
I felt I was listened to	<b>17</b>	<b>4</b>	<b>7</b>
I did not feel that I was listened to	<b>1</b>		<b>1</b>
Things were explained to me in a way that I could understand	<b>15</b>	<b>5</b>	<b>8</b>
Things were not explained to me in a way that I could understand	<b>1</b>		
I felt that I got the right treatment or advice	<b>16</b>	<b>5</b>	<b>6</b>
I did not get the right treatment or advice	<b>5</b>		<b>2</b>

#### 5. Finally.... please just tell us about you

Gender: Male **78 (40%)**/Female **106 (54%)**

Age Range: Under 16    17-24    25-34    35-44    45-54    55-64    65-74    over 75  
**5(3%)    11(6%)    16(8%)    24(12%)    49(25%)    50(26%)    29(15%)**

## Survey Review

The following points are worth noting before reading the analysis:

- Not all patients completed the Friends and Family Test question on the survey sheets as some had already completed one the previous month
- Not all survey sheets were fully completed – especially the gender and age
- Patients used multiple answers to questions 4a and 4b

## Analysis/Findings

The results were given to the doctors for their comments and proposed action plan.

### 1. Friends and Family Test

#### Summary

The results from the survey was added to the website and ballot box results and was displayed in the surgery and sent to NHS England

#### Action

No Action as this question was for the FFT

### 2. Surgery Availability

#### *We asked*

a) "How satisfied are you with the hours that our GP Surgery is open"

*and*

b) "Generally, how easy is it to get through to Reception to make an Appointment?"

#### Summary

- a) 87% of respondents were either Very Satisfied or Fairly Satisfied with opening times
- b) 89% of respondents found it either Very Easy or Fairly Easy to get through to Reception

#### Patient Comments (Appendix B)

##### Concerning Opening Times

1. Weekend opening would be great
2. Would like more availability outside of working hours (8-6)
3. I work full time and can't ever get appointment either early or late and have to wait for a suitable one for several days
4. Not always when I can't get an appointment
5. Late nights and weekends would be helpful
6. Some late evenings would be helpful
7. Could stay open longer in the evenings and open Saturdays
8. Longer hours preferable or weekend appointments due to working commitments means taking holiday to get an appointment
9. Could open Sat mornings for workers
10. More evenings
11. Appointments not as freely available as they used to be
12. Could be open later
13. Concern over weekend availability (if ill between 5pm Fri and 9am Mon??)

## Patient Comments

### Concerning Newton Flotman Branch Surgery Appointments

1. Local provision on Fridays (pre-weekend with no cover end working week) should be provided until 6.00pm at Newton
2. When the surgery is closed during school hours I have to travel from Newton Flotman to Long Stratton, meaning my son misses more school
3. When closed two days a week and in need to take elderly father. GP Long Stratton seems quite a way
4. No weekend surgery
5. Because although we have more doctors now, the surgery is closed more than before

## Patient Comments

### Concerning seeing their own Doctor

1. It takes a long time to be able to see own doctor
2. The open hours of the surgery is not a problem it's how long you have to wait to see a doctor, example: can sometimes be up to a week to get an appointment
3. When booking an appointment, own dr availability is always 5-7 days away
4. Sometimes a long wait to see my doctor for appointment
5. Fairly easy to get through to reception but two weeks to wait for the GP appointment?

## Patient Comments

### Other

1. Difficult to fit appointments around working hours - blood tests mornings etc.
2. Getting through to reception - depends on time of day, a.m. is difficult
3. Walk in centre - I work in the City centre so it is handy
4. Out of hours seems to be insufficient, calls out on ambulances unnecessarily
5. Could we please make appt for nurses on line as well as Drs?
6. Receptionists - do not pick up the phone until someone is available to answer the query – this applies more to LS Surgery
7. Depends on time of day

Review of results and comments	Proposed Action
<p><b>Opening Times, Newton Flotman Branch Surgery Appointments and seeing own Doctor</b></p> <p>GP Recruitment crisis is at its worst since 2007. It has affected us as evidenced by our recent recruitment drive in the face of our impending 3<sup>rd</sup> retirement in the space of 7 months. After careful consideration of our GP capacity in the practice, we feel that providing the best service within the present opening times is our main focus and commitment.</p> <p><b>Other Comments:</b></p> <p><b>Blood test appointments</b>, these have to be in the morning as the blood samples are collected at 1pm daily and taken to the lab at the NNUH. This is why we cannot offer blood tests in the afternoon.</p>	<p><b>Opening times and availability to remain the same, this will be reviewed regularly with the changing dynamics.</b></p> <p><b>No Action</b></p>

<p><b>Getting through to Reception.</b> We have had the same telephone system for a number of years now and it does not have the functions that a modern system could provide, one of the major changes that we would like to make is to provide a call queuing system “you are now 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> in the queue” but the only way to achieve this is to invest in a completely new telephone system. The practice has looked into our current contract which finishes in Sept 2016 so unfortunately we are limited on the changes we can make until then.</p> <p>Most patients needing an appointment on the day will contact us early morning, we have as many receptionists answering calls as possible but obviously some patients needs are greater and calls can take between 2 – 10 minutes to deal with. We try to encourage patients with non-urgent needs to contact late morning, and those requiring results to contact after 2pm.</p> <p>We are unable to offer <b>nurses appointments online</b> due to the complex nature of their clinics and appointment times.</p>	<p><b>Phone system priority – upgrade scheduled for Sept 2016. We have contacted our current provider but there is nothing we can do at present to introduce call queuing.</b></p> <p><b>Continue to communicate how important it is for patients to avoid ringing early in the morning unless their enquiry is urgent.</b></p> <p><b>No Action</b></p>
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### 3. Patient Communication

***We asked***

“Which form of communication do you find beneficial?”

**Summary**

All forms of communication is used by our patients but listed below are the types in popularity order:

1. Posters in the surgery
2. Surgery Website and TV screen
3. Parish Magazines
4. Surgery Newsletter
5. Health-board and leaflets

**Patient Comments (Appendix C)**

1. It's not always easy to determine which option to pick when telephoning – make it easier
2. On-line appointment allocation with access to on-line passwords and registration without attending the surgery in person
3. If secure use email
4. Email
5. Use of email
6. Email
7. Emails
8. Emailed newsletter
9. Newsletter via email
10. Newsletter via email
11. Surgery newsletter sent to people on doctors list

12. More information via email would be good but I appreciate that not all patients have computers etc.
13. Your text reminder service is great
14. Text reminders for appointments
15. Text message reminder
16. Texting appointments is fantastic. Emailing an newsletter would be efficient and save money
17. More information on surgery website, the obvious place for most people to look but I feel that it needs to be more presentable. When I was waiting to see the nurse last week I noticed a lot of information on the TV screen in the waiting room which isn't on the website
18. I would say web but I'm not on the centre website yet
19. I have been very satisfied with the service you have provided through communication, thank you
20. Never seen the TV on
21. TV needs to be switched on (not on today)
22. Train staff (reception) to give correct information and wider knowledge
23. Change of GP to be made easier
24. Phone could be answered quicker/sometimes hanging on for quite a time
25. Friendlier reception staff. More care + compassion rather than 'systems' and 'processes'
26. Facebook
27. Place a poster outside for where to go when the surgery is closed

Review of results and comments	Proposed Action
<p><b>Register on-line without visiting the surgery</b> We have to confirm the identity of anybody requesting to use the Patient Access service, this is because over the next 1-5 years patients will be able to view aspects of their medical record on-line. By requesting identification we have done our utmost to protect patient confidentiality.</p> <p><b>Use of Email</b> Technology is not secure enough to protect patients confidential and sensitive information at present. However, we have decided that we could use email for generic information such as flu clinics, carers information or events, vaccination programmes.</p> <p><b>Newsletter via Email</b> Many comments were received about emailing the newsletter. This is already available on our website by visiting the homepage, scrolling down to the bottom of the home page, and by clicking on subscribe you can register your email address to receive the newsletter.</p> <p><b>Text Reminders</b> We already offer text reminders for appointments and we are always asking patients to make sure that we have their up-to-date contact numbers. We will make sure that this is advertised where possible.</p>	<p><b>No Action</b></p> <p><b>Email will be used as a source of communication when appropriate</b></p> <p><b>Information on subscribing for the newsletter will be placed on posters and on practice information screen.</b></p> <p><b>Communicate this via newsletter, website and information screen</b></p>

<p><b>Facebook</b>          Could use facebook for generic health information about public health matters, flu clinic, shingles, pneumo vaccinations etc. Also for highlighting national health campaigns and regional matters and sharing articles.</p> <p><b>More information on surgery website</b>          We cannot alter the presentation of our website but we do try to keep the website as up to date as possible with relevant information without overloading it and making it difficult for patients to navigate around.</p> <p><b>TV</b>          Our new TV is not working and has been returned to the supplier for repair.</p> <p><b>Train Staff</b>          Our staff can only give out information appropriate to their job role. When results are given to patients by receptionist they are reading from comments made by the GP not deciphering actual results themselves as they are not clinicians.</p> <p>Friendlier reception staff – more care and compassion – this is part of on-going training.</p> <p><b>Out of hours poster</b></p>	<p><b>GP Partners will be asked for approval to set up a practice facebook page.</b></p> <p><b>Review website and TV screen information, ensure sufficient details are on the website – On-going</b></p> <p><b>Re-install as soon as possible</b></p> <p><b>Reception – on-going training for customer service</b></p> <p><b>Display a poster for what to do when the surgery is closed in the porch-way at Swan Lane and on the window or door at Newton Flotman</b></p>
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#### 4. Assessing the Out of Hours Service

***We asked***

“What would you do if you needed simple medical advice (eg about your medication or about a cold/cough) when our surgery is closed?”

***And***

If you became ill (not life threatening) and needed medical care when our Surgery was Closed which service would you feel confident to use?

***Then we asked***

If you have tried to get help out of hours within the last 3 months which service did you use?  
 If you have used more than one service please tell us

**Summary**

57% of respondents would use their local pharmacy for advice if they had a cough or cold  
 49% of respondents would use the 111 service if they became ill

Review of results and comments	Proposed Action
The results from these questions indicate that the majority of patients are fully aware of their options if they were to become unwell outside of GP hours, therefore making good use of the available NHS services. Their experience of the out-of-hours service is mainly positive too which was encouraging.	<b>No specific action is required; this was discussed with our GPs who confirmed that our patients use OOH services appropriately. We will continue to promote the various services available to maintain patient awareness.</b>

## 5. About You

*We Asked*  
for Your Gender and your Age Range

### Summary

Male 40%	Female 54%
Under 16	0
17-24	3%
25-34	6%
35-44	8%
45-54	12%
55-64	25%
65-74	26%
Over 75	15%

Not all respondents had completed this section

### Action

No action required, this question was for general information only

## Discussing Survey Results with the PRG

The results of the survey were collated and sent to the partners for discussion. Responses were agreed and proposals for an action plan were decided upon.

The survey results, responses and suggested action plan were then e-mailed and posted to all our PRG members. They were asked for their views and any comments as follows:

[Please see Appendix D](#)

## Appendix D

Dear PRG Member

Many thanks to those of you who completed our survey in January and I have now attached the draft report that includes our action plan (***see note below if you are unable to open the document***). We would be very grateful for your comments on any of the survey content before it is published, please could you send your responses by Wednesday 18th March 2015.

Another thank you also goes to those members who have volunteered to sit on a face-to-face group, I will contact you all personally in due course with a date for our first meeting.

Kind regards  
Dawn

The following emailed responses were received from four PRG members:

### **Email 1**

Just want to flag up that it's a shame more people do not respond to the surveys. However, that said, feel you are responding in a very positive way, under very difficult pressures. Keep up the good work. Well done all.

### **Email 2**

Makes very interesting reading. It is amazing the very very low percentage of people that contributed.

### **Email 3**

Thank you for the survey report. Very comprehensive. I hope you were pleased with the levels of satisfaction and the suggestions!

### **Email 4**

The response was disappointingly small. More people might have responded if it was shorter. Would this survey information be made available to help recruitment of GPs. Could the survey questions be sent for completion to all patients whose emails you have, with a note explaining why it is important they complete it. I realise that many older people are unable or unwilling to use the internet but most 50 and under are used to it and older people more likely to fill in a form at surgery.

The need felt for some cover by a GP from our own practice on Saturday and or Sunday is something I hope can be addressed but I realise this is difficult with a shortage of GPs.

The number of missed appointments (in Newsletter) is also disappointing. The ability to be reminded by text is very helpful and I wonder how proactive you are able to be in getting people to provide their mobile phone numbers. Surely the majority of families now have mobile phones. Are you able/allowed to contact those who miss appointments to offer this help?



## **2013 Patient Survey – Action Plan Update**

The lighting in our waiting area at Long Stratton has been investigated and we have upgraded to the brighter down-lighters but this has not made a great improvement and unfortunately there is nothing else that the electricians could offer us.

We would still like to be able to offer education based sessions for patients and seek views regarding a community based transport scheme to assist patients in getting to the surgery, so both these points will be looked at in more depth this year.

We have decided not to offer WiFi to our patients due to security issues.

## **Patient Participation Group**

In our introduction we mentioned that we asked our PRG members for their views on a face-to-face group and whether they would be interested in joining, we are delighted to say that we have enough volunteers for a group to be formed and we welcome their future contribution and support. A meeting will be organised for April 2015 (after the Easter holidays) and we look forward to reporting back in due course on the groups development.