*ELLISON VIEW SURGERY*

*PATIENT REFERENCE GROUP*

![C:\Documents and Settings\emis2000\Local Settings\Temporary Internet Files\Content.IE5\IPH4RKXC\MC900174351[1].wmf]()

BACKGROUND

The Practice Patient Reference Group was formed in September 2012. At this meeting it was decided the Reference Group aims were:

1. To share ideas for practice development with our patients
2. To discuss current topics which affect General Practice and patients
3. To raise awareness of the Reference Group of political aims and how these aims

might affect them as patients

1. To assist in resolving any practice problems

RECRUITMENT

The Practice tried to recruit patients across a wide range of ages looking at our age and sex make-up of practice patients. The Practice has an extremely low ethnic population so this was not deemed a a high priority recruitment area however we do have a larger than average elderly population.

We developed our Reference Group through various means:

* A special leaflet was prepared outlining some of the changes we had made to the Practice and added at the end of the leaflet that the Practice were looking for volunteer patients to be part of our reference group. This leaflet was placed in several areas of the waiting room, handed to patients by the Doctors, Nurses and staff and was advertised in a local newspaper.
* GP personal invitation during consultations
* Personal word of mouth
* Advertising on our patient call board
* Invitation through our complaints procedure to complainants.

We were delighted by the response at we have now a database of 19 interested patients. Our first meeting was attended by 12 patients. In discussion at that meeting it appeared we had a good mix of people from a range of occupations and ages:

* One member working with LiNK
* Two members who were Carers
* Two members involved in Education and working with young people
* One member working with young disabled people and patients with special needs
* One Home Carer
* A retired social worker
* A school governor
* A member of Citizens Advice
* A member very involved in Church activities involving visiting the elderly
* A member who works for the Primary Care Trust in Telehealth
* Some members who were not working or retired.

We feel we have a balanced representation of age/sex/occupation in order to give the views of the patients of our Practice.

PATIENT PARTICIPATION TO DATE

Our first meeting was held 17 September. At this meeting, we discussed

* the aims of the Group
* the Reference Group’s own priorities and issues
* Clinical Commissioning Group areas such as new services and pathways, the Nursing Home Project, the Acute Care Team development and A & E attendances.
* Surgery changes such as the GP Access Project, the CCG’s Demand Management Project, the Summary Care Record and the Flu Campaign.
* Potential Patient Survey

*PATIENT SURVEY*

A full discussion was held regarding a patient survey. Problem areas already identified during discussions at the meeting were centered around getting through on the telephone, lack of appointments and ‘unhelpfulness’ of some of the reception staff. The Practice has a Nurse Triage system in place and some group members were unaware of this. It was agreed within the Group that this might also be a good question to ask patients to see how many were aware of this service

*PRIORITY AREAS FOR THE QUESTIONNAIRE*

*![C:\Documents and Settings\emis2000\Local Settings\Temporary Internet Files\Content.IE5\KYGOGO81\MC900441521[1].wmf]()*

* Telephone Access
* Appointments Access
* Attitude of Reception Staff
* Knowledge of Triage System

It was agreed that these four areas would be the focus of our survey for this year.

*RESULTS OF SURVEY*

*![C:\Documents and Settings\emis2000\Local Settings\Temporary Internet Files\Content.IE5\IK8BEQUT\MC900071330[1].wmf]()*

150 questionnaires were handed out to patients over a four week period, in order to capture a good range of patient views, from younger patients, eg young mums at baby clinic, to patients attending particular chronic disease clinics, to capturing the more elderly patients and some issued in the evening to capture the views of working people. A verbal survey was carried out on two occasions where the patient was visually impaired and the other unable to read or write.

As expected, telephone access and appointments were the main areas of concern. 58% of our patients found getting through on the telephone not very easy or not easy at all. 61% of the respondants to the questionnaire had to ring 3 or more times to get through.

41% of our patients were not able to book an appointment for the day and time of their choice and 54% were not happy with the alternative. Mainly because they would have preferred a sooner appointment.

72% of our patients were aware of the Triage System and said they had been offered this alternative by reception staff.

Pleasantly 87% of the questionnaire respondants said they found the reception staff ‘fairly’ or ‘very’ helpful at the desk. Some comments did say it depended upon who was manning the desk!

Our respondants were female 64% and 36% male. We had 20% were 25 and under, 60% were aged between 26 and 64 and 20% 65 and over.

A free text box was made available for patients to make other comments.

Copies of the results of the Survey have been left in the surgery waiting room for patients to pick up and take away for information.

A further meeting of our Forum was held in February 2013 to discuss the results of the Survey and prepare an action plan.

* Telephone to be manned from 8.30am every morning by two receptionists; cover will also be given during holidays and sickness by taking staff from other duties to answer the telephone.
* Discussion with IT to ensure that there are two lines into the surgery open and a suitable message to patients when both these lines are engaged
* Discussion with the GP Partners around additional access for appointments – possibly an open access clinic several times a week. Practice Manager to discuss with GPs how general appointments are used by other members of staff, reducing the amount available to patients telephoning in.
* Advance booking to be extended to 6 weeks, rather than 4 at present.
* Customer Care training for reception staff. Customer care to be added to agenda for practice meetings as a regular item, highlighting any problems which have come up which may not have been handled as well as they could have.
* Raised awareness via practice leaflet, website and posters of the availability of the Triage Nurse and the ability for patients to book double appointments plus the availability of telephone consultations.
* Re-survey in the summertime around the same areas to check for improvement.

**IMPLEMENTATION OF ACTION PLAN**

**![C:\Documents and Settings\emis2000\Local Settings\Temporary Internet Files\Content.IE5\OQSR6NT5\MC900018958[1].wmf]()**

*Patients and Forum members said We responded*

Too long to wait for a routine Practice in discussion as to how to offer more

 appointment routine appointments.

Ability to book 6 weeks ahead Patients now given that option

Improve telephone access Telephones now manned by two members of staff

 8.30 to 10.30 each morning, including holidays and

 sickness

Improved telephone message IT have been working with Practice to improve the

 message patients receive when lines are engaged.

 Specific training has been given to staff on how to log telephones on and off

Some receptionists ‘unhelpful’ Regular discussion at practice staff meetings re

 Customer care. Formal customer care training to

 take place in the Spring. 1-1 meetings with

 particular staff and practice manager where

 complaints re attitude have been received.

Triage Service and telephone New practice leaflet prepared outlining triage

consultations publicised service, double length consultations and

 telephone consultations. This leaflet is now made

 available in surgery for patients to pick up, and is

 given to each new patient registering.

Website use Minutes of our Group meetings, plus copies

 of the Survey and Group Report, will be posted

 onto our Website. The Website itself will be

 updated as soon as possible when assistance in

 changing the Domain Name is available via NECS.

**ACCESS TO SERVICES**

**![C:\Documents and Settings\emis2000\Local Settings\Temporary Internet Files\Content.IE5\XQRO5UCW\MC900371050[1].wmf]()**

We publicise, or intend to publicise, our opening times and access to services via:

* Our newly updated Practice Leaflet

A comprehensive leaflet outlining our opening times, the procedures for booking appointments, accessing nurses, complaints, research, shared decision making etc. The leaflet is freely available within the waiting room for patients to pick up.

* Practice Website

Essential information is available on the Website about the GPs and Staff, however it needs updating to show our new practice name and this will be done when the North East Commissioning Support IT Unit are able to assist with this. A Patient Reference Group section will also be created.

* Relevant patient posters

Any important changes to services in the Practice, ie staff training days, immunisation times, new clinics and information re A & E attendances etc are posted regularly within the waiting room. These are reviewed frequently so they do not become out of date.

* NHS Choices Website

The Practice has the responsibility for keeping the NHS Choices website up to date and monitoring and responding to any comments placed.

* Patient Call Board system

As well as a patient call system, the board is used to post information to patients, recent examples being our change of name and flu clinic availability.

* Soon to be developed Practice quarterly newsletter

This will be an A4 information sheet letting patients know changes in the practice, local information and new services plus Clinical Commissioning News