



# SIDNEY HOUSE SURGERY AND THE LAURELS SURGERY

# PATIENT SURVEY RESULTS AND ACTION PLAN 2013/14

Component One - Develop a Patient Reference Group	3
Sidney House and The Laurels Surgery Profile	3
Reception opening times	4
Patient Participation Group	4
Expression of Interest	4
Patient Participation Profile	4
Practice Population profile	4 5
Ethnicity	5
Other Groups	5
PRG Recruitment Method	5
Mini Survey	6
Component Two – Agree areas of priority with the Patient Participation Group	6
Timeline for Patient Group engagement in the design of the questionnaire 11 <sup>th</sup> September PPG Minutes	6
Minutes 12 <sup>th</sup> December 2013	6
	6
Component 3 – Collate patient views through the use of a survey	9
Timeline for data collection	9
Method used to conduct survey	9
Summary of findings	10
Building and parking	10
Staff Satisfaction	10
Telephone	11
Appointments	11
GP consultation satisfaction score	11
Component Four – Provide PRG opportunity to discuss survey findings and reach	
agreement for change (actions)	12
Timeline	12
Minutes PPG Meeting 6 <sup>th</sup> March 2014	13
Access to practice survey results and report	14
Summary of patient comments discussed – Sidney House	14
Summary of patient comments discussed – The Laurels	15
Component Five - Agreed Action Plan with Patient Participation Group	16
Timeline	16
Issues discussed	16
Actions agreed	17
Action Plan 2013/2014	17
Actions 2012/13 – outcomes	17
Component 6-Publicise actions taken and subsequent achievement	18
Timeline for action plan agreement	18
Method for Publicising Survey	18
PPG Constitution	19
Recruitment poster	56

Content:



# CARLEY HEALEN

# Patient Survey Results and Action Plan 2013/14

# Component One – Develop a Patient Reference Group

Sidney House Surgery and The Laurels Surgery:

Total practice population: 12,154

Staff: Five male Doctors and three female Doctors Nine Practice Nurses One Nurse Practitioner Two Healthcare Assistants One Phlebotomist Two Dispensers One Practice Manager and one Finance Manager Seventeen Administration and Reception Staff

Reception opening times:

Sidney House Surgery			
1st Session	2nd Session		
08.00 - 12:30	13.30 - 18.30		
08.00 - 12:30	13.30 - 18.30		
08.00 - 12:30	13.30 - 18.30		
08.00 - 12:30	13.30 - 18.30		
08.00 - 12:30	13.30 - 18.30		
Closed			
Closed.			
	1st Session 08.00 - 12:30 08.00 - 12:30 08.00 - 12:30 08.00 - 12:30 08.00 - 12:30 Closed		

Sidney House Surgery

07.00 - 11.30

08.30 - 11.30

Closed

Closed

1st Session 2nd Session

08.30 - 11.30 14.00 - 18.30

08.30 - 11.30 14.00 - 18.30

07.00 - 11.30 14.00 - 18.30

14.00 - 18.30

14.00 - 18.30

Surgery opening times:

Monday

Tuesday Wednesday

Thursday

Saturday

Sunday

Friday

The Laurels Surgery			
1st Session 2nd Sessior			
08.30 - 12:30	14.00 - 18.30		
08.30 - 12.30 14.00 - 18			
08.30 - 12.30 14.00 - 18.			
08.30 - 12.30	14.00 - 18.30		
08.30 - 12.30	14.00 - 18.30		
09.00 - 11.30			

# The Laurels Surgery

1st Session	2nd Session
08.30 - 11.30	14.00 - 18.30
08.30 - 11.30	14.00 - 18.30
08.30 - 11.30	14.00 - 18.30
08.30 - 11.30	14.00 - 20.00
08.30 - 11.30	14.00 - 18.30
09.00 - 11.30	

Surgery Website: http://www.sidneyhouseandthelaurels.nhs.uk/openinghours/?CategoryID=7

# The Patient Participation Group link: <a href="http://www.sidneyhouseandthelaurels.nhs.uk/view/?CategoryID=74&ContentID=0&Preview=0">http://www.sidneyhouseandthelaurels.nhs.uk/view/?CategoryID=74&ContentID=0&Preview=0</a>

There have been a number of significant changes this year. Nigel Tye, Practice Manager, commenced in June and there were partnership changes. For many practices, movement of key personnel can have an effect on the patient experience. It can take a period of time for patients to build a relationship with their GP and this has been known to affect survey satisfaction results The satisfaction score reflects the level of care and patient experience was not affected during staff changes, particularly during the time the retirement of a partner.

# Patient Participation Group

In November 2011, The Laurels and Sidney House Surgeries held its first Patient Participation Group meeting. The aim of the Patient Participation group is to enable a representative group of the surgery's patients and relevant local agencies to meet with the staff of the surgery to raise patient concerns, suggest and discuss improvements to our services and facilities and to help facilitate a better understanding of the surgery's goals, procedures and limitations.

The members at the meeting decided to meet on a quarterly basis, electe an interim Chairman to lead the meetings and also an interim secretary to collate and distribute the minutes of the meetings.

The PPG now meets on five occasions each year, has elected officers and a formal constitution; which is set out below. The minutes of the all meetings held thus far are available to download from the attached documents. (for the PRG New constitution, see attached)

The practice core Patient Participation Group (P.P.G) currently consists of nine patient members, one doctor and the Practice Manager. The eleven core group members attend the quarterly face to face meetings.

# Patient Participation Group Profile

The practice has endeavoured to engage with patients across all age ranges and ethnic groups but has found it difficult to engage with the practice population despite posters in both waiting rooms and the practice website inviting patients to participate.

The decision was made to hold '*an expression of interest* 'survey (See attached) across both practice sites after the group meeting on the 6<sup>th</sup> March 2014. Receptionist gave the forms to those patients who attended the surgery over a five day period, 94 patients completed the forms. The exercise has generated 51 interested parties from the local community, 29 at Sidney House and 23 at The Laurels.

This survey will be repeated again in the near future, it is hoped the participation group will increase further this year.

# The PPG Profile:

Age Range	25-44	45-64	65-74	75+
Patient Count	2	5	1	1
Sex	Male	Female		

# Expression of interest

	Patient Count	Expression of interest	
		Yes	No
Sidney House	46	29	17
LAURELS	48	23	25
Total	94	52	42

# Of the 52 patients who are interested in joining the PPG

Sex	Male	Female
Patient Count	24	28

# All 52 patients will be invited to attend the next PPG meeting.

**Total practice population at the 1<sup>st</sup> April:** 12154.

The practice profile is as follows:

Age	Surgery Population	Percentage Population
0 - 14	731	6%
5-16	1650	14%
17-24	955	8%
25-44	3063	25%
45-64	3441	28%
65 - 74	1237	10%
75 +	1077	9%
	12154	

# **Ethnicity**

The practice has not recorded Ethnicity in the past but the practice has agreed ethnicity will be included in the New Patient Check and other Health Checks from the 1<sup>st</sup> April 2014. The practice will audit the recording of Ethnicity in six months' time.

# **Other Groups**

The practice continues to engage with all patients including Care and Residential Homes, those with Learning Disabilities and Long Term Conditions through their website, notice board and face to face consultation, etc. The Practice invites the key personnel from the nursing home to join them at the meetings.

# Recruitment methods used to identify new PPG members

The practice has had difficulty increasing the size of the PPG. Over the last year the practice has used the following methods to increase the number.

Posters on the practice noticeboard (See attached) Via the practice website Discussion with patients who attend the practice

The practice is advertising for members on the practice website: <u>http://www.sidneyhouseandthelaurels.nhs.uk/view/?CategoryID=74&ContentID=0&Preview=0</u>

'If you wish to contact the PPG with thoughts or ideas or comments please use the "Contact us" link (please title/mark your message F.A.O P.P.G.) or write to us at the Sidney House Surgery.

If you would like to consider joining the P.P.G please again contact us either via the "Contact us" link or write to us at Sidney House Surgery, addressing it to the Patient Participation Group.'

The practice has a noticeboard in reception which has information about the PPG and invites patients to join. (See Attached). This exercise has generated an interest from 52 patients.

All 52 patients who have expressed an interest to join the PPG will be invited to the AGM. The patient Constitution (See attached) will be discussed at the next AGM regarding the expected membership of the PPG.

The practice has contacted the Boreham Village newsletter and the Hatfield Peverel Village magazine 'The Voice' to advertise for expressions of interest to join the PPG.

An individual survey has been completed in practice, this has been very successful. Fifty-two patients has expressed an interest and all patients will be contacted with details of the next meeting. The practice will continue to ask for expression of interest to ensure patients across all age bands and ethnic groups are represented.

The Patient Participation Group works in partnership with Sidney House & The Laurels Practices.
Are you interested in joining the Patient Participation Group?
Our ambition is to improve the quality of the patient experience and would value your opinion
Would you be prepared in principle to participate?
Yes No
If yes, please complete the following:
Name:
Address:
Email Address (optional): Thank you for completely
the questionnaire

# Component Two – Agree areas of priority with the Patient Participation Group

Timeline for Patient Participation Group engagement in the design of questionnaire

11/09/2013:	PPG Meeting, discussed the practice questionnaire
22/11/ 2013:	Email from practice confirming no change required to patient survey
25/11/2013:	Email confirming changes to practice staff on survey
	*****

# THE LAURELS AND SIDNEY HOUSE PATIENT PARTICIPATION GROUP

# <u>1930hrs 11<sup>th</sup> September 2013 @ The Laurels Surgery</u> AGENDA

- 1. Apologies
- 2. Minutes of the last meeting
- 3. Matters arising.
- 4. Chair Presentation
- 5. Frailty
- 6. Patient Questionnaire
- 7. Surgery update
- Retirements/New Partners
- Sidney House refurbishment planned
- 8. AOB
- 9. Date of next meeting

\*\*\*\*\*\*\*

# Minutes of Sidney House and the Laurels Surgeries Patient Participation Group Meeting Held at the Laurels Surgery, Boreham, 11 Sep 2013 at 1930hrs.

Present: Dr Les Brann (Partner), Nigel Tye (Practice Manager/Secretary), Claire French (Chair/Patient), Ray White (Patient), Adrian Goodwin (Patient), Viv Guyatt (Patient), Angela Boyten (Patient)

# 1. Apologies

Apologies were received from Dr Simon Butcher, Debbie Kehoe, Fred Suckling, Henry Bass

©EQUIP2014

# 2. Minutes of the Last Meeting

Minutes were agreed with 2 minor amendments where SF was entered instead of CF.

# 3. Matters Arising

Nil

# 4. Chair Presentation

The Chair had 2 presentations on 'Quick Heritage' and 'Frailty' for the Committee, questions was then taken with assistance of LB/NT.

# 5. Patient Questionnaire

NT presented the 2013 Patient questionnaire for open discussion with relevance to current questions and any additions for the 2014 publication. It was decided to keep the current questions as a baseline, no new questions made available on the evening but NT will forward a copy of current questionnaire for future thought.

# 6. Surgery Update

- Dr A Hore is due to retire Wef Sep 2013 and a new Partner Dr Tom Cunningham will commence Wef Oct 2013. Many thanks to Dr Hore for her devoted service to the Practice over many years.

- Dr L Brann is planning to retire Wef Mar 2014 and a new Partner Dr Karen Hall will be installed in Oct 2014. A huge special thanks to Dr Brann for his leadership and mentorship as Senior Partner over many years of devoted service to the Parish and Practice.

- Dr B Edmondson has taken Adoption leave and is replaced with Dr Natalie Acors.
- NT presented the future refurbishment plans for the HP Corridors and reception areas.
- Boreham surgery treatment rooms are planned for refurbishment FY 2014/15.
- 7. AOB

A recruitment drive for more members on the PPG committee was discussed. Suggested routes of advertising was through Practice website, flyers during Flu programme, local parish newsletter and Village Voice.

Charlotte Adams has kindly offered to organise future cake selling stalls at both Practices to raise funds for the Practice to buy new equipment for the Patients betterment. This was supported by the Committee, all support will be made available and rules and regulations regarding this would be investigated prior to commencement.

NT reminded the committee that they are Ambassadors for the greater patient population therefore need to heighten their visibility and availability to support the wider population's needs. NT suggested maybe a practice email dedicated to the PPG committee (advertised within the Practice, Patient Information Booklet & Surgery website) where they can receive suggestions and concerns to be raised at future meetings. NT to look at feasibility and report back to Chair soonest.

# 8. Date of Next Meeting

A proposed date of 12<sup>th</sup> Dec 2013 was agreed.

# Meeting Closed 2115hr

\*\*\*\*\*\*

The PPG made the decision to make no change to the questionnaire for this year. It would give the group another year of comparable data enabling the group to assess if there has been a change in patient satisfaction (see minutes 11th September 2013)

# Minutes of Sidney House and the Laurels Surgeries Patient Participation Group Meeting Held at the Laurels Surgery, Boreham, 12 Dec 2013 at 1930hrs.

Present: Dr T Cunningham (Partner), Nigel Tye (Practice Manager/Secretary), Claire French (Chair/Patient), Ray White (Patient), Adrian Goodwin (Patient), Viv Guyatt (Patient), Henry Bass (Patient), Natalie Georgiou (Patient).

# 6. Apologies

Apologies were received from Dr Simon Butcher, Fred Suckling, Angela Boyten and Charlotte Adams

- 7. Minutes of the Last Meeting
- Minutes were agreed with no amendments.

# 8. Chair Presentation – Patient Engagement (CF)

The Chair presented a document on the Mid Essex CCG Patient & Public Engagement (PPE) Locality Stakeholder Events autumn 2013. The document brought great discussion on the need for such public engagement and whether this will reach all the required stakeholder groups for constructive and meaningful dialogue.

# 9. Patient Survey

NT stated the current position in relation to the 2013 Patient survey. The document went into publication 2 weeks ago after agreement at the previous meeting and is already being distributed by both receptions. The aim is to have all completed survey back before the end of January 2014 to allow more time for EQUIP to collate the data and return their report. We are required to collect a minimum of 25 per thousand Patient population from each Practice. 300 copies for each have been produced and the greater return the better the survey statistics will be, normally a 50% dropout.

# 5. Pharmaceutical Supplier (HB)

HB stated of his frustration at getting his medication after being told from the Practice that there was a supplier issue. After long discussions it was stated by NT that we are contracted to current supplier and if they do not have stock then prescriptions will be issues to patients to be fulfilled at external pharmacies to reduce waiting times.

# 6. Care of Diabetes (HB)

HB was concerned that the surgery was not providing enough of a diabetic service since losing our nurse practitioner Alison Jones. When asking to book a routine appointment he was asked to wait until January when new nurse arrived, which he found unacceptable. It was explained it was a historical contractual issue with Nurse Jones only having a 1 months notice and the new nurse requiring 3 months. Notwithstanding this, the surgery still had 2 diabetic qualified nurses carrying out routine clinics at both surgeries throughout this period. The diabetic service has not lost any appointments and other practice nurses have covered more routine clinics enabling the 2 qualified diabetic nurses to meet the Practices diabetic clinic commitments, with no or very little reduction in service. If the matter was routine and able to wait maybe that is why the reception staffs were offering January dates when we were back up to full capacity.

# 7. NHS update NHS 111 (NT)

NT presented an introduction to the new NHS 111 system, explaining how the system worked in

relation to the patient and the Practice. CCG was not discussed due to absence of Dr Butcher but will be included on the next meetings agenda.

# 8. Staff/Surgery updates (NT)

NT introduced the Dr Cunningham to the group.

Dr Natalie Acors in a new Doctor contracted for 12 months to cover the absence of Dr B Edmondson. Ruth Blackett the new Nurse Practitioner will start with effect from 6 Jan 2014.

Marilyn Stepney new dispenser commenced employment 2 months ago and is a great asset to the Practice Both Practices have now had a full telecoms upgrade as promised, hopefully improving the patient experience. Monies have now been approved from the CCG for a total refurbishment of the Sidney House reception area and waiting room. The full plans were discussed with the committee and they will be kept up to date as plans progress. There will be minor disruption as Sidney House will have to close for 1 week while new flooring is laid. Both Practices will amalgamate at The Laurels and maintain as much of a service as available consultation rooms allow.

# 9. Charities

CA & AG have been looking into the availability of running periodical charity cake stalls at both surgeries with the idea to raising some funds to assist the Practice in its procurement of medical equipment. When seeking advice from the relevant councils it has open a huge can of worms in relation to rules and regulation for the preparation of foods. CF NT and CA will revisit in the new year to see what compromises can be made otherwise other methods of raising funds will have to be sort.

Maating Classed 2140hrs

# **10.** Date of Next Meeting

A proposed date of 27<sup>th</sup> Feb 2014 was agreed.

Meeting Closed 2140015			
<u> Component 3 – Collate patient views t</u>	through the use of a survey		
Timeline for data Collection			
28/11/2013:	600 questionnaires, 300 for each practice were printed (see attached).		
28/11/2013:	Staff handed out questionnaire to patients as they attend their appointments.		
12/12/2013:	PPG meeting further discussion regarding the patient survey (see minutes in component 2)		
13/01/2014:	Data collection completed and received by EQUIP.		
06/02/ 2014:	Individual Practice results (see attached) emailed to Practice Manager.		

\*\*\*\*\*\*

# Method used to conduct survey:

Consultation Paper questionnaire – Handed to patients attending the practice. Notice advertising the patient survey. Advertised on the practice website.

# The practice survey was designed by EQUIP and the Practice. The Patient Survey was agreed by the Patient Reference Group

**Patient Survey:** Two Patient Consultation Version used specific to both practices designed by EQUIP (Attached at the end of report)

A consultation survey was used as agreed by the Patient Participation Group. (See minutes 11<sup>th</sup> September 2013)

The practice displayed notices in both surgeries and advertised on the practice website. The paper survey was handed out to patients as they attended surgery by receptionists and administration staff.

Data collection period: The survey was available to the patients who attended an appointment at the practice between 28th November 2013 and the 13th January 2014

Number of surveys printed and handed out: 300 surveys were handed out at both Sidney House and The Laurels.

# **Response rate:** Sidney House: 129, 43% returned The Laurels: 271, 90%, returned

The practice overall response rate was 67%, this is an excellent result and above the national expected rate of 25 per thousand per 1000 total population for a practice. The high return rate was achieved because patients filled in the questionnaire while at the practice. The practice was not reliant on patients posting back the completed forms

In order to identify any issues specifically in relating to Sidney House and The Laurels, the questionnaires have been analysed separately

The survey findings were collated and analysed by Jill Warn, Audit and IT Lead EQUIP, by a method of an EQUIP designed Excel audit tool.

# For results, see attached at the end of the report.

The results were consistent with the previous year. The results were discussed in depth with the patient group and actions agreed.

# Summary of the findings of the patient survey 2013/14

# Building and Parking

The cleanliness of both buildings was considered excellent again this year. The partnership has spent a considerable amount of funds on both buildings over the last 5 years. The Laurels had building work and decorations to improve the patients' experience a couple of years ago when the pharmacy was integrated with the practice. Sidney House has undergone structural work and decoration for 2013/14 has yet to be completed.

The issues again this year are in relation to the entrances to both practice buildings. This was discussed at the PPG meeting and it was agreed it was not feasible to have automatic doors at Sidney House due to the structure of the entrance. The doors would be too heavy for the framework to support, alternative arrangements have been made at Sidney House. A doorbell notifies reception for those patients who have difficulty opening the doors.

The Laurels would require two sets of automatic doors to gain entry into the patient waiting room. This is not possible with the entrance space available. Again there is assistance available for those who require help.

Parking has been identified as a real issue for patients and the lack of parking and spaces were again discussed at length. The practice is aware of the issues around parking at both practice buildings and is unable to improve this facility due to lack of available or additional space.

Boreham has the misfortune of also sharing the parking along the public road with the infant school. 60% of patients use the car to travel to the practice. Both Practice and the School continue to encourage patients/parents to walk if living within walking distance. The local Council have introduced a maximum 2 hour wait at Sidney House to reduce the use of parking available. This hopefully has helped with the parking issue.

Over the three years the practice has asked the question 'How do you travel to the surgery' there has been an increase in the number of patients who walk or cycle to the practice. Overall the practice has seen a drop in the number of patients using their car by 2% over the last three years.

In 2011/12 The Laurels had 66% of patients who completed the patient survey using a car to access the practice, this year 57% use a car. There has been an increase of 2% of patients walking, cycling or using public transport which is encouraging.

# **Staff Satisfaction**

The Reception staff satisfaction score was excellent again this year, 97%. The average satisfaction score across Mid

Essex CCG for 2013/14 for the 3rd quarter results of the national survey was 86%. The practice result reflects the patient appreciation of the level of service given and the receptionists should be congratulated for their excellent satisfaction score.

# **Telephone**

The overall patient satisfaction score for accessing the practice by telephone this year was 82% (308/386) of the patients who completed the survey found it either very easy or fairly easy to access the practice by telephone. The PPG discussed the possibility of a call waiting system, it was agreed this could have a positive impact on the satisfaction as long as the system has a limited number of callers kept on hold at anyone time.

The practice offers an email service for prescription requests which is continuing to take a little of the pressure away from the phones. This service has been offered for many years and has been very successful

The practice also offers a system for cancelling appointments via text messages. Only 7 patients said they had used the service which is very disappointing. This may need further advertising to improve the usage of what could be an invaluable service. It is hoped the practice will see a decrease in their DNA rate with the offer of the texting service.

Ability to speak to a GP has increased significantly this year, The Laurels, 85% satisfaction score. Sidney House, 82% satisfaction score. This gives an overall increase over the three years of 12%. This result was discussed, the practice has had issues with the phone system at Boreham this past year and is hoping to review their contract when it is due renewal. Having discussed this issue at the meeting it was felt this result may also reflect the fact patients cannot speak to a GP instantly but have to wait until one is available at the end of surgery.

# **Appointments**

There still appears to be a lack of knowledge of the practice opening times, the partnership was one of the very few practices who have continued to be open on a Saturday. At the patient group meeting the discussion about alternate Saturdays between both premises was discussed. This would be difficult due to the opening of the pharmacy. Both premises would have to be opened to ensure continuation of the service of the pharmacist. This would have huge financial impact over the year so it was agreed within the group this was not an option. The practice advertises the service on the practice website, noticeboards in both waiting rooms and in the patient booklet.

Number of days you would usually wait to see a GP – 84%, of patients were satisfied with the number of days they would wait to see a GP. This satisfaction score has stayed consistent with last year's results. The overall patient satisfaction score for being seen the same or next day has decreased by 3.78% but the patient satisfaction score for being seen in 2-4 days has increased by 20.5% over the last three years.

The patient satisfaction score for 'How often you see a GP of your choice' also has increased this year from 81% satisfaction to 86%. This result was discussed and it was felt this was an excellent result as the demand on appointments this year had increased along with patients' expectations.

# **Consultation Satisfaction Score**

The consultation results have remained consistent across all eight questions. The satisfaction score and comments evidence that patients are highly satisfied with the consultation with their GP.

Summary of the results for Sidney House			
Patient Experience	Practice Survey 2011/12	Practice Survey 2012/13	Practice Survey 2013/14
Overall care received	99%	100%	99%
Recommend the practice to someone who has just moved into the area	99%	100%	99%

Your Consultation – Satisfactory Score	Practice Survey 2011/12	Practice Survey 2012/13	Practice Survey 2013/14
Giving you enough time	100%	99%	97%
Make you feel at ease	100%	99%	99%
How well the doctor listens	99%	99%	99%
Explaining treatment and tests	99%	99%	100%
Involving you in decisions about your care	97%	99%	99%
Treating you with care and concern	99%	99%	98%
Confidence and trust in your doctor	100%	100%	99%
Happy to see GP again	100%	100%	100%

The consultation satisfaction score is excellent. The lowest satisfaction score this year is 'giving enough time'. This was discussed with the PPG and it was felt this slight decrease in satisfaction could be due to the demand on appointments. The results are on average 11% above the national average Satisfaction score for Quarter 3 of the National Patient Survey.

Summary of the results for The Laurels			
Patient Experience	Practice Survey 2011/12	Practice Survey 2012/13	Practice survey 2013/14
Overall care received	99%	100%	98%
Recommend the practice to someone who has just moved into the area	99%	100%	100%
Your Consultation – Satisfactory Score			
Giving you enough time	98%	97%	99%
Make you feel at ease	100%	98%	99%
How well the doctor listens	99%	96%	99%
Explaining treatment and tests	99%	100%	99%
Involving you in decisions about your care	99%	100%	99%
Treating you with care and concern	99%	99%	100%
Confidence and trust in your doctor	99%	100%	100%
Happy to see GP again	100%	100%	100%

The patient satisfaction score for 'Overall care' Does not reflect the consultation satisfaction score. This was discussed and as satisfaction scores across the survey were of a high percentage it was felt at this point in time there was no need for concern. The results are on average 11% above the national average Satisfaction score for Quarter 3 of the National Patient Survey.

<u>Component Four – Provide PRG opportunity to discuss survey findings and reach agreement for change (actions)</u>

# Timeline for discussion of results with PPG

04/03/2014	Results shared with group. Further breakdown of results shared with PPG
	(See email attached)
06/03/2014:	Minutes agreed with Chair of PPG and Emailed to PPG (See attached)
06/03/2014:	Feedback presentation to the Practice Patient Group. Discuss and agree
	actions for 2013/14 (minutes attached)

# Minutes of Sidney House and The Laurels Surgeries Patient Participation Group Meeting

# Held at the Laurels Surgery, Boreham, 6 March 2014 at 1930hrs.

Present: Dr S Butcher (Partner), Nigel Tye (Practice Manager/Secretary), Claire French (Chair/Patient), Adrian Goodwin (Patient), Natalie Georgiou (Patient). Jill Warn (Equip Audit and IT Lead)

# 10. Apologies

Apologies were received from Fred Suckling (Patient), Angela Boyten(Patient) and Charlotte Adams (Patient), Ray White (Patient), Henry Bass (Patient).

Vivian Guyatt (Resigned)

# 11. Minutes of the Last Meeting

Minutes were agreed with no amendments.

# 12. Patient Survey results (JW)

Jill Warn from Equip attended to discuss the Patient survey results with the committee. Ideas about a possible postal survey were discussed to reach a more diverse patient population in the future. Patient parking was again raised during the meeting. The survey showed that over the past 3 years a 9% increase in patient using the HP car park now systems have been put in place by the local council to increase available parking bays. There has also been a 8% decrease of Boreham Patients using cars to attend the surgery as the surgery cannot increase its parking option. HP are severely restricted in offering more parking on the roads around the surgery as they only own 1m perimeter around the building and the roads are council regulated.

Automatic doors were another continual suggestion to aid disabled access. Costing have been assessed in the past were found to be far too costly (approx  $\pm$ 30,000 per door) and also the small porch area would not sustain the weight and mechanism of such doors. Adequate alternative measures have been put in place so surgery staff to assist as and when required.

A huge thank you and congratulations to both sets of reception staff was made from the committee as the results showed a very high level of professionalism and friendliness appreciated by the Patients as shown in survey results.

The Practice is investigating online appointment booking for the future and need to further advertise that there is a texting service available for Patients wishing to cancel appointments.

It was also mentioned that some Patients wished the surgery ran late night, early morning and weekend appointments. The surgery does all of this and information is available on many mediums (websites, newsletters, external signage board, patient leaflet).

For ongoing actions for the new year the Practice will look at again improving all communications, a telephone call waiting system, online booking and continual refurbishment of facilities.

# 4. NHS Update (SB)

Dr Butcher discussed the current restructures of the Mid Essex CCG and how that will affect the Practice. He also informed the committee of the current financial constraints within the NHS and how this is impacting on Primary care.

# 5. Surgery Updates (NT)

The Practice manager informed the committee of the planned closure of the Sidney House Surgery for refurbishment Wef 31 March 14 for 1 week. He also informed the committee of the plans in place for that

week to amalgamate both surgeries at The Laurels with very minimal disruption to Patients and no loss of available appointments.

# 6. AOB

# • Recruitment

With number rapidly decreasing attending the PPG committee meetings and very little new members coming forward through current means, it was discussed of wider recruitment drive was needed. Adding

advertisements to the end of the survey, the Annual village meeting, village news letters and magazine were discussed and will be investigated further. It was also highlighted by JW that at other surgeries a Virtual PPG have been set up with a great response and success. The committee will discuss this further at the next meeting.

• When a Dr Retires or leaves the surgery are their patients advised individually and given a choice of an alternative Doctor? (RW)

SB replied that Patients are not informed when a Dr leaves the surgery. No one is directly allocated to specific Dr anymore and can choose to see anyone they wish. Also the NHS has changed recently and that All Patients are now registered with the surgery not a Dr at the surgery (Pooled lists). We are now registered as 'Dr AT Sidney House and the Laurels'.

# **11. Date of Next Meeting**

A proposed date of 12 June 14 was agreed.

Meeting Closed 2205hrs

\*\*\*\*\*\*

# Access to the practice survey results and reports

Both premises will have:

A poster is displayed in the waiting room (Attached) On request the survey (attached), results (attached) and a summary of the agreed actions (attached) are available from reception.

The full report and summary report is available on the practice website to view or download. <u>http://www.sidneyhouseandthelaurels.nhs.uk/view/?CategoryID=74&ContentID=0&Preview=0</u>

# Summary of patients' comments discussed

# Sidney House.

# • Your Journey – How do you travel to the Surgery, does this present any problems?

Thirty-three comments regarding parking. This is a difficult one to solve as there are no answers. Those that can walk to the practice should be encouraged to do so. This will enable parking slightly easier for the elderly and those who are too unwell. Perhaps a theme for the practice noticeboard regarding healthy living, walking and cycling?

# • How do you think getting in to the building can be made easier?

Twenty-nine comments, the doors seem to be the main issue. Finance is an issue and also space, the practice has a double entry and space is an issue where doors are concerned.

# • How easy is it to get through to Reception on the phone?

Thirty-one comments regarding telephone access. five patients are satisfied with the telephone access. The practice has had a little upheaval with the phones due to a new system this year. It is difficult to solve the 8am rush. Re-educating patient to only call if necessary for the first two hours is difficult but could discuss ideas at the meeting

# • Is your practice currently open at times that are convenient to you?

28 comments regarding opening times. Patients are still unaware of Saturday surgeries. Can discuss further at meeting

# • Do you have any comments about our dispensary service?

One comment regarding the dispensary Very good

• Would you be completely happy to see this GP/Nurse again? – Please comment:

Thirty-one comments and only two were negative, one regarding the phone and one who has a preference as to which GP they see.

- This is an excellent and the satisfaction is also apparent in the survey result
- 24/25. Patient Experience Further comments:
- Thirty- four excellent comments
- Blood test offered on site was another area

Twenty-seven excellent comments about the service and staff. One comment which needs to be fed back is about the noise and echo in the waiting room. Elderly or impaired hearing find it difficult to identify when they are being called

# The Laurels.

# • Your Journey - How do you travel to the Surgery, does this present any problems?

6 comments regarding travel: The parking has improved since there has been a parking restriction put into place. Unfortunately it is the patient's responsibility to get a ticket. Disabled parking bays at the front of the surgery can be discussed at the meeting

# How do you think getting in to the building can be made easier?

8 comments regarding automatic doors

The practice has a bell available to alert assistance is required. The entrance to the practice is PVC and is not strong enough to withhold the weight of a automatic door.

# • How easy is it to get through to Reception on the phone?

Fifteen comments regarding telephone access.

Seven patients are satisfied with the telephone access.

The practice has had a little upheaval with the phones due to a new system this year. It is difficult to solve the 8am rush. Re-educating patients to only call if necessary for the first two hours is difficult but could discuss ideas at the meeting

# • Is your practice currently open at times that are convenient to you?

Eleven comments about opening hours. The practice offers a Saturday morning surgery at Boreham. It maybe not all patients are aware that they can attend the surgeries held there.

# • Do you have any comments about out dispensary service?

Twenty-two comments regarding dispensary. Twelve were positive comments. The remainder were about individual errors not the overall service.

# • Would you be completely happy to see this GP/Nurse again - Please comment:

Twenty-one comments and only two were negative, one regarding the phone and one who has a preference as to which GP they see.

This is an excellent and the satisfaction is also apparent in the survey results

# • Patient Experience – Further comments:

Twenty-four comments, twenty two were complimentary. The two negative comments were about the environment which has now been addressed.

# Eighteen comment all very complimentary. The patients appreciate the service delivered by a team of dedicated staff. This need to be fed back to all staff

# 

# **Component Five- Agreed Action Plan with the Patient Reference Group**

# **Timeline for agreed action**

06/03/2014: Actions were agreed with the PPG
26/03/2014: Email to practice from EQUIP with summary of actions, survey results and poster for the PPG's comments.
26/03/2014: PPG emailed summary of actions, survey results and poster(See email attached).

# Issues discussed

# **Telephone access**

Telephone access is an issue across many practices, the main issue for both Sidney House and The laurels is the number of times a patient has to call back. The feasibility of having a queuing system for the phone was discussed. It was agreed the practice manager would investigate the cost and feasibility of having the queuing system as part of the telephone contract.

# **Text Messaging Service**

The number of patients using text messaging service is very low. It was agreed the practice will re-advertise the service on the practice noticeboard. The service has the potential to help reduce the demand on the telephone system.

# Sidney House

Structural changes have been made to the patient waiting area to allow for a small confidential room next to the reception. This gives the patient the privacy when the need arises to speak to a receptionist in confidence. The practice will continue the improvements through April. The practice is to close for one week while new flooring is laid. Provision has been put into place for those patients who cannot get to Boreham for their appointments. All calls are to be diverted to Boreham and Sidney House reception staff will work at The Laurels to assist with the extra demand.

These arrangements have been agreed by both Mid Essex CCG and NHS England.

# **Open Surgery**

Patients are still requesting early and late evening appointments. The practice has been offering both early morning and late evening appointments since the introduction of the extended hours direct enhanced services. The practice advertises this service on the practice website, newsletter, external signage and in the patient leaflet. The practice is at a loss of what more can be done to ensure all patients are aware of the services offered by the partnership.

- Continuation of the refurbishment of Sidney House.
- Reviewing the feasibility of a queuing system for the telephone system at both premises.
- Discuss ways in which communication can be improved. An in-house suggestion survey to seek the views of the staff on ways in which services offered to patients can be advertised more effectively
- On-line access, to be considered for 2014/15. This has been very successful in many other practices and will hopefully help to reduce the demand on a very busy phone system.
- Continue to increase the number of patient representatives on the Patient Participation Group. The Mini survey asking for 'Expressions of interest' has been very successful. The practice will contact all those who wish to participate and send an invite to their next PPG meeting. The Mini survey will be repeated in three months' time.

# Action Plan 2013/14

Action	Lead Person	Time frame	Review dates
Continuation of the refurbishment of Sidney House.	NT	On-going	Summer PPG Meeting
Reviewing the feasibility of a queuing system for the telephone system at both premises.	NT	August 2014	Autumn PRG meeting
On-line access, to be considered for 2014/15. This has been very successful in many other practices and will hopefully help to reduce the demand on a very busy phone system.	NT/SB	On-going	Autumn PRG meeting

Action	Lead Person	Time frame	Review dates
Continue to increase the number of patient representatives on the Patient Participation Group. The Mini survey asking for 'Expression of interest' has been very successful. The practice will contact all those who wish to participate and send an invite to their next PPG meeting. The Mini survey will be repeated in three months' time.	NT/SB/ Chair of PPG	Continual	Regular reviews – to discuss at all 2014/15 PPG Meetings

# Comments on agreed actions from 2012/13

# Practice Noticeboard

A practice noticeboard specifically for practice information may help with getting the message out to the patients regarding all services offered by the practice. It is really important to make patients aware of the services offered.

**Outcome:** This has continued to be a great success and will continue to be underutilised to inform patients of changes

# **Confidentiality at Sidney House**

The practice is exploring the cost for adding a small area for patients to be able to discuss concerns with the reception staff confidentially. In the interim time a notice will be displayed offering this service.

**Outcome:** The practice has completed the structural changes offering a small room for patient to discuss confidential issues with reception when requested. This action is continuing through 2014/15 due to the refurbishment required, flooring, seating and furnishings.

# Telephones

It was agreed the practice would review the telephone system in the future as it is not viable for changes to be considered at this point in time. The dispensary's review on the number of emails received has evidenced more patients are using emails and phone calls have decreased. Sidney House has made quite an investment in the past year. The Laurels can be reviewed when the new telephone contract is up for renewal later in the year.

**Outcome:** The practice has renewed the phone system across both practices over the last three years. This year's action is to assess if it is possible to introduce a queuing system

Component Six – Publicise actions taken and subsequent achieveme
--

Timeline for Action Plan Agreement 11/09/2013:	PPG Meeting, discussed the practice questionnaire
22/11/ 2013:	Email from practice confirming no change required to patient survey
25/11/2013:	Email confirming changes to practice staff on survey
28/11/2013:	600 questionnaires, 300 for each practice were printed (see attached).
30/10/2013:	Staff distributed questionnaire to patients as they attend their appointments.
13/01/2014:	Data collection completed and received by EQUIP.
04/03/2014	Results shared with group. Further breakdown of results shared with PPG (See email attached)
06/03/2014:	Minutes agreed with Chair of PPG and Emailed to PPG (See attached)
06/02/ 2014:	Individual Practice results (see attached) emailed to Practice Manager.
06/03/2014:	Feedback presentation to the Practice Patient Group. Discuss and agree actions for 2013/14 (minutes attached)
06/03/2014:	Actions agreed with the PPG
26/03/2014:	Email to practice from EQUIP with summary of actions, survey results and poster for the PPG's website .

# Methods used to publicise the Practice Survey 2013/14

A poster has been displayed in the practice to publicise the survey results. A notice advertising the full report is available in reception for patients to access on request. The full report, summary report, survey report and poster available on the practice website. The next scheduled PPG meeting.

©EQUIP2014

