

Warmdene Surgery

Standard Reporting Template – Patient Participation DES 2014/15

Surrey & Sussex Area Team

Practice Name Warmdene Surgery

Practice Code G81036

Signed on behalf of practice Susan Harries, Practice Manager

Date 2.3.15

Signed on behalf of PPG PPG is email based only

Date 26.2.15

1. Prerequisite of Enhanced Service – Develop/Maintain a Patient Participation Group (PPG)

Does the Practice have a PPG? YES / NO	Yes
Method of engagement with PPG: Face to face, Email, Other (please specify)	Email
Number of members of PPG:	23

Detail the gender mix of practice, population and PPG:			Detail of age mix of practice population and PPG:								
%	Male	Female	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	>75
Practice	49%	51%	Practice	20%	9%	10%	11%	17%	12%	10%	11%
PPG	35%	65%	PPG	0	4%	0	9%	17%	22%	22%	26%

Detail the ethnic background of your practice population and PPG:

White					Mixed/ multiple ethnic groups			
%	British	Irish	Gypsy or Irish Traveller	Other white	White Black & Caribbean	White & black African	White & Asian	Other mixed
Practice	88.6%	0.6%		4.8%	0.02%	0.04%	0.07%	0.06%
PPG	91%	0%	0%	9%	0%	0%	0%	0%

Asian/ Asian British					Black / African / Caribbean / Black British			Other		
%	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any Other
Practice	0.8%	0.1%	1%	0.04%	0.09%	0.05%	0.08%	0.01%	0.05%	3.5%
PPG	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Describe steps taken to ensure that the PPG is representative of the practice population in terms of gender, age and ethnic background and other members of the practice population:

- Screen on patient TV in waiting room
- Poster in the surgery
- Patient who had previously made a complaint was invited to join
- Direct request by clinicians to individual patients
- Application forms at the reception desk
- Ad hoc requests by administrative and reception staff. In later stages younger patients from diverse groups were targeted in person.

Despite best efforts, the response continues to be very low. Numbers for the PPG in 2012 were 15, in 2013 were 18, in 2014 were 21 members and in 2015 we have 23 members. We have found it extremely difficult to recruit new members to our PPG. We have screens on the TV in our waiting room asking for people to join. There are forms available at reception. For a 2 week period in September 2014 the GPs handed out application forms to all the patients they saw which unfortunately only resulted in 1 new member. GPs are also directly asking patients in various ethnic minority categories to take part. Consequently the representation of patients remains very similar to last year.

Are there any specific characteristics of your practice population which means that other groups should be included in the PPG? e.g. large student population, significant number of jobseekers, large numbers of nursing homes or a LGBT community? YES/NO

No

If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:

n/a

2. Review of patient feedback

Outline the sources of feedback that were reviewed during the year:

Emails from PPG
Comments forms
Online patient comments
Completed questionnaires

How frequently were these reviewed with the PRG?

Annually

Emails were exchanged with the PPG members and their responses were actioned. See below for details:-

17.2.15

Dear PPG members

Good afternoon to you all.

We would like to ask for your help and input into our Action Plan following comments received by patients in the last few months. Please would you have a look at the attached draft action plan and summary of patient comments and then give your feedback and comments via email to this address?

Thank you very much for taking the time to help us with this.

Kind regards

Warmdene Surgery

Responses from PPG:-

Obviously lots of good work has been done but life does seem to be getting very complicated!

The inclusion of iWantGreatCare to help gather patient comment data will offer a further way for patients to make their views known. The additional questions added to the basic mandatory item in the Test will certainly give a fuller picture.

Working in co-operation with other local Practices will hopefully prove successful, but some patients may be unhappy moving out of their "comfort zone" and not being able to see their "family doctor". Time will tell!

The provision of evening and weekend appointments at 175 Preston Road should be a boon for patients who cannot attend during normal surgery hours. We wonder how it will be manned - will this be done by local GPs and Nurses?

Our own experience is of helpful and pleasant staff at all times, but we have noticed that the attitude and approach by some patients leaves much to be desired - they could be more polite and less aggressive - so perhaps they may sometimes get a well-deserved "sharp" response!

We hope all the above information and comments will prove helpful.

Thank you for all you do.

The receptionists I have dealt with have good communication, with warm or neutral vocal tone along with eye contact. Occasionally they do have to finish writing and that is unavoidable and understandable. It can be difficult for the receptionist if they are dealing with patients as they arrive (because the electronic booking-in in out of order, and dealing with phone call enquiries. In cases like this if there is no cover for the receptionist a notice of apology for

the delay may help.

Proactive Care initiative: would this involve patients visiting doctors in another surgery within the group? Prescribing pharmacist for reviews must be a good first call.

EPIC initiative: Sounds very positive and helpful, though there would probably need to be leaflets advertising with contact, etc, this service.

The number options is a good idea, much as many of people normally hate them, but three numbers should not annoy anyone.

It was interesting to see patients handwritten comments.

Another problem is the new appointment system. No notification of the change.

It is now impossible to get an appointment on the day. I can always get through at 8am on the dot and never an appointment to for that day or the rest of the week. How do you know when you will be ill? You don't often get notice of impending sickness. Also having the duty dr call you back is ok for some but not for others. You obviously need to be able to take the call when your turn comes. If you are really sick and want to sleep in bed - will you hear the phone ring - do you want to be woken. You would rather make an appointment at a time suited to you. Also if you were not too bad and could manage to get into work. A lot of people are not allowed phone calls at work. And then could you just leave work for when the dr says come to surgery.

At least with the old system you had a choice. Now with no appointments available patients will wait till surgery closes and call 111 and go out of hours at a time convenient to them. I am speaking from experience as a patient and from a surgery point of view. Please review this new system whenever you can and try and keep some on the day appointments for all drs.

Firstly, I would like to congratulate you on receiving so many outstanding feedback comments and scores. This does not happen by chance! Rather it is the product of a lot of good teamwork and care. Well done!

May I suggest several points that you may want to consider re. Draft Action Plan 2015, please?

Area 1. Under Evidence to indicate improvement, the Plan states: "Longer appointments being available for patients with more complex needs." However, this is not specifically addressed in the Actions Planned. Is it possible that a proactive approach could be used? Eg Patients with more complex needs identified in advance (possibly automatically by computer). These patients then automatically given 50% longer consulting time when they phone for an app't.

Area 2. I can see that the Surgery is just starting to access EPiC appointments. However, would it be a good idea to inform patients that evening and weekend appointments are available (albeit at 175 Preston Road)? I am thinking of the comment, "New app't system, but no notification."

Area 3. The person who commented about the queue to see the Receptionist pointed out that this "happens often". This highlights that this comment should probably be given more weight than at first appears appropriate. Curiously, I wrote a broadly similar comment and popped it in the survey box, but I cannot see my comment. It would be interesting to know what iWantGreatCare have to say about these two points.

I wrote about how the receptionist could see that there was a queue of patients waiting to be seen. Thus, several times, she called out for help. Nobody came. Two consequences became apparent. Firstly, she became quite stressed and passed her stress onto patients as she was in an impossible situation. Secondly, patients got fed up with waiting and simply walked away. I myself have seen this scenario while queuing on a number of previous occasions. I feel this needs to be addressed urgently as it is reasonable to expect that there will be times when the receptionist needs extra support. Personally, I think this is an important change that is needed to the Draft Action Plan.

I hope you feel that these suggestions are constructive and helpful.

26.2.15

Dear PPG members

Thank you very much to those of you who were able to reply and for the helpful suggestions that were made. We have amended the action plan accordingly and a final copy is attached.

We would like to take this opportunity to answer a couple of non action-plan related queries raised by some members of the PPG:-

1. iWantGreatCare is an ongoing survey that has no end date, so patients are able to add their comments at any time, either via the website or by completing one of the paper forms available at reception and in the waiting room. All practices in England are required to submit results on a monthly basis to NHS England. ALL paper surveys are posted to iWantGreatCare on a weekly basis. If you did not see your comment in the report that was sent it may be because it was submitted to iWantGreatCare outside of the survey dates used.

2. EPiC appointments are manned by GPs and nurses from a number of practices within Brighton and Hove. Currently none of our GPs or nurses are working in these sessions (which are voluntary) but this may change in the future. Patients are asked at the time of making the EPiC appointment if they are happy for the clinicians to access their medical records. If consent is not given then patients are not able to have an EPiC appointment as the clinical staff need to be able to access the patients' medical records in order to provide the best care. We will source some leaflets and put details on our website which is currently under review.

3. The reason GPs call patients back before giving 'same day' appointments is so that face-to-face appointments can be given to patients most in need. You have no doubt seen the reports in the media about the dramatically increasing demand on primary care and we have a responsibility to make sure that patients are seen appropriately, based on their individual needs. This method of "telephone triage" is one that is used in several practices in Brighton & Hove, and around the UK. We have in fact been doing telephone triage for a couple of years now. Most issues we are contacted about can be dealt with on the phone, meaning that appointments in the surgery are kept for the patients in most clinical need. This obviously needs to be a clinicians decision, not a receptionists. We appreciate that a call back is not always convenient for all patients however we have to have a system that benefits most patients, most of the time. If patients are not able to take a call back the same morning they can request a call later in the day or at a time that is more suitable for them. Appointments on the day are for urgent issues. Patients with non-urgent issues are still able to book appointments in advance via reception for other days.

4. Pharmacy2U - some patients have received letters from this company asking if they want to sign up for delivery of prescriptions. Please be assured that no details have come from this practice. We phoned Pharmacy2U and were told they get details of people from "marketing lists" and blanket send them to areas where electronic prescribing is taking place in the hope of gaining new customers. You are free to sign up if you wish, or to ignore if you prefer. Please remember that similar services are available from many local pharmacies too. Please speak to Pharmacy2U if you require more details as we do not have any more information about them.

Hopefully this answers the queries that were raised.

Thank you once again for your input.

Kind regards

Warmdene Surgery

3. Action plan priority areas and implementation

Priority area 1
Description of priority area:
Appointments - time spent with the clinician. 5% of respondents raised this as an issue
What actions were taken to address the priority:
The practice has recently started working collaboratively with 3 other local practices (Stanford Medical Centre, Beaconsfield Medical Centre and Preston Park Surgery) as part of a new initiative called Proactive Care. This involves looking at ways of innovatively changing the way general practice services are offered to patients ensuring that the best care is given by the best person to deal with the issue.
Result of actions and impact on patients and carers (including how publicised):
<p>It is anticipated that by working more collaboratively and more effectively, for example employing additional staff such as a prescribing pharmacist for medication reviews, and directing patients to the most appropriate person will free up doctor time to allow longer consultations for patients most in need. If the actions described above do result in freeing up doctor time then the GP can make a longer appointment to see patients they think would benefit from this.</p> <p>Action Plan published on practice website</p>

Priority area 2

Description of priority area:

Getting an appointment/phone access – this has been an ongoing issue for the practice despite major investment in additional phone lines. We are glad to see that the percentage of people who still find this an issue has dropped dramatically (“getting through on the phone is improving”), however 5% of patients have identified it as still being an issue

What actions were taken to address the priority:

The practice is part of EPiC (extended primary integrated care) which is a pilot being run as part of the Prime Minister’s Challenge Fund. This means that we are able to access appointments at evenings and weekends with GPs and nurses which increases our capacity and gives patients more choice of appointment times. This helps with being able to offer more appointments and also helps patients who are unable to attend the surgery during normal working hours. These appointments are currently based at St Peter’s GP practice in Brighton but are due to move in the next few weeks to 175 Preston Road which is nearer for our patients and has parking. EPiC also gives patients access to appointments with Community Pharmacists who can help with any medication queries thereby freeing up doctor appointments for patients with other issues. Patients also have access to Community Navigators who can help with signposting patients to services that can help with social care needs. This all increases the services available to patients whilst freeing up doctor time to spend with patients in need of a consultation with them.

Information about EPiC appointments to be added to the practice website (which is currently under review) and leaflets to be available in the waiting room informing patients of the service. This is in addition to ad-hoc informing of patients when they contact the surgery for an appointment.

We have also recently enhanced our telephone system by introducing number options – press 1 for secretaries, 2 for results, 3 for appointments etc. This enables the system to divert patients who don’t need to speak to reception to the best person to deal with their call whilst freeing up reception lines for patients needing to make an appointment or with an urgent issue

Result of actions and impact on patients and carers (including how publicised):

We are just starting to use EPiC appointments so expect to see an improvement in the next few months.

The changes to the telephone system have only taken place in the last few weeks

Action Plan published on practice website

Priority area 3

Description of priority area:

Reception staff – 3% of comments raised issues with the reception staff

What actions were taken to address the priority:

97% of respondents did not mention problems with reception staff and the good comments about the reception team far outweigh the negatives. We regularly speak to our reception team and remind them about the need to be polite and helpful to patients. They are our first point of contact and it's important that patients are helped as much as possible. Whilst we appreciate there is always room for improvement no action necessary at this time as it is felt that negative feedback to a team who have a 97% approval rating would be unfair and demoralising. Reception staff are given regular feedback of patient comments and training is undertaken when appropriate.

There are normally 4 members of the reception team manning the front desk and answering phones in the back office. The Reception Manager has been made aware of the comments regarding help at the front desk and will make herself available to organise additional help as and when required, other workloads depending ie if other reception staff are all speaking to patients on the telephones there may be a delay in getting additional staff to the front desk. There is not enough demand throughout the day to warrant 2 permanent members of staff on the front desk however at busier times the Reception Manager will arrange for appropriate cover.

Result of actions and impact on patients and carers (including how publicised):

The above measures are anticipated to show an improvement by retaining high approval rating for reception team and fewer comments from patients about having to wait at the desk.

Action Plan published on practice website

Progress on previous years

If you have participated in this scheme for more than one year, outline progress made on issues raised in the previous year(s)

Free text
<p>Car Park – there were numerous complaints about the state of the car park and the practice had been in negotiations with the landlord for several years about this. We are very happy to say that in the last 3 months the whole car park has been dug up and resurfaced with herringbone bricks which will prevent the previous issues with pot holes and mud.</p> <p>Ability to book appointments in advance – all doctor appointments are now available to book online and the ratio of “same day” appointments to “book in advance” appointments has been changed.</p> <p>Getting through on the telephone – dissatisfaction with this has dropped from 39% to 5% which is excellent news however we are not complacent about this issue. We have introduced a doctor call back within 30 minutes for all urgent issues with children and made all doctor appointments bookable online. We have also introduced a press 1 for secretaries, 2 for results, 3 for appointments etc system to ease pressure on the appointment line.</p> <p>Opening hours – we can now offer appointments most evenings and weekend as part of the EpiC project</p>

4. PPG Sign Off

Report signed off by PPG: YES / NO	Yes
Date of sign off:	26.2.15
How has the practice engaged with the PPG:	Email – see above section 2 part 2
How has the practice made efforts to engage with seldom heard groups in the practice population?	Clinicians actively target patients in groups not represented in the PPG and they are encouraged to join PPG or to give feedback and comments either verbally or via a comments form which is available in the waiting room and at the reception desk
Has the practice received patient and carer feedback from a variety of sources?	Yes – online, paper questionnaires, comments forms, telephone and nhs choices
Was the PPG involved in the agreement of priority area and the resulting action plan?	Yes
How has the service offered to patients and carers improved as a result of the implementation of the action plan?	Action plan only agreed in last week so yet to see specific improvements however we have had several anecdotal comments from patients that it is easier to get through and make an appointment.
Do you have any other comments about the PPG or practice in relation to this area of work?	No