

Practice Name: HARBOURSIDE FAMILY PRACTICE
Report completed by: Emily Giles – Deputy Practice Manager
Date: 25 th February 2014

Local Patient Participation Report

Stage one – validate that the patient group is representative

Type of PRG (e.g. virtual or a face-to-face group or a combination of the two)			
(Virtual) PRG of which members have volunteered to form a small group (PPG) who meet the surgery staff face-to-face for quarterly meetings throughout the year.			
Size of the PRG - 70 members' to-date but still recruiting.			
Show how the practice demonstrates that the PRG is representative by providing information on the practice profile			
Practice population profile		PRG profile	Describe difference between population and PRG, and the efforts made to reach any groups not represented
Age			
% Under 16	25%	% Under 16	0
The high percentage of Practice population compared to PRG population of 0% is due to the Practice's decision that it was not appropriate to invite responses from children and young people less than 16 years of age.			
% 17 – 24	6%	% 17 – 24	0
Please see paragraph info. 'Steps taken to recruit patients to PRG'			
% 25 – 34	12%	% 25 – 34	4.3%
% 35 – 44	19%	% 35 – 44	10%
% 45 – 54	15%	% 45 – 54	18.6%
% 55 – 64	9%	% 55 – 64	18.6%
%65 – 74	8%	%65 – 74	27.1%
%75 – 84	4%	%75 – 84	18.5%
% Over 84	2%	% Over 84	2.9%

Ethnicity		
White	White	
% British Group	% British Group 82.7	See comment below
% Irish	% Irish 2.3	
Mixed	Mixed	
% White & Black Caribbean	% White & Black Caribbean	
% White & Black African	% White & Black African	
% White & Asian	% White & Asian	
Practice population profile	PRG profile	Describe difference between population and PRG, and the efforts made to reach any groups not represented We recently switched to a new computer system in which information such as Ethnicity did not carry over due to a programme error. Patient information for ethnicity is incomplete in the practice database so is unsuitable for comparison in its present form. The practice is now taking steps to collate this information on new patient questionnaires and opportunistically where appropriate.
Asian or Asian British	Asian or Asian British	
% Indian	% Indian	
% Pakistani	% Pakistani	
% Bangladeshi	% Bangladeshi	
Black or Black British	Black or Black British	
% Caribbean	% Caribbean	
% African	% African	
Chinese or other ethnic Group	Chinese or other ethnic Group	
% Chinese	% Chinese	
& Any Other	& Any Other	

Gender			
% Male	50%	% Male	42.9%
Please see paragraph info. 'Steps taken to recruit patients to PRG'			
% Female	50%	% Female	57.1%
Other* [*Optional]			
(e.g. employment status, carer status, disease, learning difficulties or any other minority groups if applicable within your practice profile)			
BY POST/NO E-MAIL		5 PATIENTS	
DISABLED		6 PATIENTS	
MOBILITY SCOOTER		1 PATIENT	
DEAF AND HARD OF HEARING		1 PATIENT	
Steps taken to recruit patients to the PRG	<p>Harbourside Family Practice now has an established PRG group. We have been fortunate that five members of the PRG have volunteered to form a face-to-face group. This takes the form of a PPG – as a group they discuss specific issues that arise from virtual feedback and more formal surveys. These meetings take place quarterly so we can keep communications going throughout the year.</p> <p>Patients have been encouraged to complete sign up forms via our website and also through a dedicated notice board with NAPP/PRG information in the surgery. Application forms are made available in the waiting room and an information pack (including a PRG leaflet, application form, invitation letter and addressed envelope) were given out with prescriptions and clinic invitation letters. We have also distributed the information pack to local pharmacies, the library and sports centre so as to extend the survey to those patients that may not regularly attend the practice.</p> <p>In January we opened the PPG meeting up to the whole patient population and received a great response. The practice hopes that those that attended in January will help form a larger and more varied PPG.</p>		

Stage two – validate the survey and action plan through the local patient participation report

Survey – The practice should outline how the survey was conducted and the results
How were the areas of priority for the survey set? We asked patients and the PRG about what they felt was most important to them about the services at the Practice. These various topics were developed from information gained from feedback from patients at the point at which they signed up to the virtual group or by email to existing PRG members. We also took account of comments on the NHS choices website and from complaints in the last year.
How were the questions drawn up? The questions and format were drawn from patient's responses (as above) and Survey Monkey's library of suitable questions for a health-based survey and edited to suit the requirements of a primary care service. We also held a PPG meeting in October 2013 where it was discussed if they had any improvements they would like implemented from the design of the 2013 survey and which subjects we should cover in our 2014 survey.
How was the survey conducted? We advertised the survey link on our website whilst also running a paper version of the survey in the surgery via a dedicated notice board and posters. We also distributed the survey by making it available to patients throughout the Practice, and when patients attended to collect prescriptions/letters etc. copies of the survey were offered by the reception team. Paper copies of the survey were posted in a 'post box' to provide anonymity. Please see attachment for copy of the survey.
What were the results of the survey? Of the 24 questions, the overwhelming results were the same as last year; for improvements to the appointments system and telephone access. The analysis also showed a need for improved communication with the patients about what services the surgery offers. Analysis of the survey results attached.
Action plan – The practice should outline how action plan was agreed
How was the PRG consulted on the proposed action plan? Due to the amount of complaints we were receiving regarding our telephone system we decided for our January 2014 meeting, where we would discuss the Survey results and form an action plan, that we would open the meeting for any interested patients to attend as well as our normal PPG group. We had a great response and 11 people attend. Those who were unable to make the proposed dates were able to feedback via e-mail. An action plan was formed through discussion between the PRG and surgery staff during the meeting.
Are there any aspects that were not agreed? No
What was the agreed action plan? <i>Please see appendix 1.</i>
Are there any contractual considerations to the agreed actions? No

Please provide an update of progress on all actions to date.

Due to the amount of complaints and the results of the 2013 & 2014 surveys the surgery has decided to find a new telephone supplier. Unfortunately the software forms part of the larger Marina Healthcare Centre contract so this is proving to be a challenge. The Practice Manager, Kyla Dawe, informed those at the meeting that she had already met with 3 new suppliers in recent weeks and that the surgery was aware of the problem, didn't find it acceptable and we would be putting measures in place to insure our services improve. **See attachment for details progress report.**

Local patient participation report

What is the URL of the website where the report was published?

<http://www.harboursidefmp.nhs.uk/>

How else has the report been advertised and circulated?

In the waiting rooms. It will also be advertised in the forthcoming Summer practice newsletter which is circulated to pharmacies, the library and via email.

Opening times

Confirm opening times and the method of obtaining access to services during core hours 8am to 6.30pm Monday to Friday – **Access by appointment, telephone and website.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Core Hours	8am-6.30pm	8am-6.30pm	8am-6.30pm	8am-6.30pm	8am-6.30pm	Closed
Extended Hours Early Morning Early Evening	6.30pm-7.30pm		7am-8am	6.30pm-7.30pm		Closed

Confirm any extended hours arrangements that are in place for patients outside of core hours:

111 – Out of Hours

999 – In an Emergency

APPENDIX 1

PRG SURVEY MEETING RESULTS AND ACTION PLAN

This year's PRG/PPG meeting was held on 27th January 2014. The minutes are published on the practice website.

Attendees: PRG Members: Jeff Liddiatt, Catherine Rees Jones, Eugene Cooke, Clive Griffiths, Alan Gray, Marie Saunders, Tony Saunders, Sur Pritchard, Lorraine Rowsell, Tom Kane and Hannah Gissing. **Practice Staff:** Dr Pete Young, Kyla Dawe, Emily Giles.

Apologies: Terence Cosgrove, David Bishop

The PRG members identified and agreed the following priorities and actions:

<p>Priority 1</p> <p><u>TELEPHONES</u></p>	<p>Patients said: Improvements to telephone system re. waiting time before answered by receptionist. More responsive, intelligent call handling that keeps patients informed. The ability to hold until the phone is answered and not be cut off.</p> <ul style="list-style-type: none">❖ The Practice has so far put the following actions into place in 2014:❖ The practice has been dealing with numerous complaints regarding the telephone system in recent months. Our practice manager, Kyla Dawe, has put a 'letter to patients' with an explanation as to what is happening behind the scenes on the website. This letter has also been available to patients in reception.❖ The practice has also looked at the reception rota and moved shifts around so the busiest times of day have full reception cover.❖ The Practice plans to put the following actions into place in 2014:❖ The Practice Manager, Kyla Dawe, has been in contact with different phone providers in the hope a new system can be put into place. This was discussed at the recent PPG meeting and it was explained this would come at a large financial cost to the practice so is not something we can rush into.❖ We are making a list of demands the new phone system must have in order to be most beneficial to patients. For example queue message to be introduced – either advising position in queue or approx. time left to wait – keeping patients informed and aware their call will be answered. Informative message about busy times and when best to 'phone if call is not urgent'.❖ Advertise that the surgery has a reception 'hub' – a separate room away from the main reception desk where three receptionists are solely dedicated to answering patients' calls. So Patients are more aware of the number of staff we have.
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	<ul style="list-style-type: none"> ❖ A new computer system was put into place November 2013. With this new system came an easier and quicker system to book appointments on line as well as ordering repeat prescriptions. In 2014 we aim to get as many of our patients on-line as possible. We have started to advertise this in reception already but with the new website we will be introducing this year we want more people to be aware of what they can access without having to phone or come down to the surgery. We believe this will have a large impact on how many calls we receive daily as more people will not need to call once they have got used to the on-line system.
<p style="text-align: center;">Priority 2</p> <p style="text-align: center;"><u>APPOINTMENT AVAILABILITY, INCLUDING ON-LINE</u></p>	<p>Patients said: Appointments system and access to appointments at the practice is stretched and the on-line appointments system rarely works.</p> <ul style="list-style-type: none"> ❖ The Practice has so far put the following actions into place in 2014: ❖ A new book on the day clinic has been introduced to make more appointments available to callers at 8am who need on the day appointments. ❖ A new on-line booking system has been put into place. ❖ Embargoed slots now open up to give a wider variety of appointments and also the chance to book sooner rather than later. ❖ The Practice plans to put the following actions into place in 2014: ❖ The practice is constantly looking into ways we can improve our services to patients. We have made a lot of changes already to our booking systems as mentioned above. However this year we will be reviewing how the on-line booking system is being used as well as looking into the way we are currently using the Duty Doctor system. The way we triage urgent care will be looked into this year and we are currently making plans to implement some changes we think will offer better care to patients. ❖ We are also looking into continuity this year. We hope to be able to offer patients appointments with their named doctor more frequently in 2014. We have started to put plans in place for our elderly patients in homes. Each of the homes we have patients in, now have a named doctor who visits at least once a week to see any patients who need care. This means patients with long-term health conditions are being cared for by the doctors who know the most about their care history. The hope is we will be able to bring this into general practice however we are still in the early stages of making this possible. ❖ We have also started our text messaging service back up. We hope this will cut down on patients not turning up for their appointments, leaving the cancelled appointments available for

	<p>re-booking. This should also have an effect on the phone system as people will be able to text the surgery to cancel an appointment rather than call.</p>
<p>Priority 3</p> <p><u>COMMUNICATION</u></p>	<p>Patients said: Improvements need to be communicated and access to information between the practice and patients needs to be improved. Practice needs to improve and widen routes of communication to ensure patients have a full understanding of what services are on offer and how best to access these services.</p> <ul style="list-style-type: none"> ❖ The Practice has so far put the following actions into place in 2014: ❖ A new website is currently under development. It will hopefully be finalised in the next couple of months and be live by summer 2014. ❖ A Receptionist has volunteered to be responsible for the displays in reception so we are charging those regularly and keeping them up to date with information for patients about health initiatives as well as information on the practice. ❖ The Practice plans to put the following actions into place in 2014: ❖ We will hopefully be re-launching the quarterly newsletter this year which will be published on the website, with copies made available in reception as well as being emailed to patients who have given us permission to contact them via email, for example the PRG. ❖ The PPG suggested putting a computer in reception for patients to use who either don't have the internet at home or want to learn more about how to use the website. The practice thinks this is a great idea and would like to put it into action this year. Members of the PPG even suggested they would be happy to come in and hold small work shops on how to book appointments on-line and order prescriptions for those who are currently not confident how to do so. ❖ We would also like to hold an open ended questionnaire that runs throughout the year. This is so we can know how our patients are feeling all year around and we can change the questions to keep the questions current and up to date. It will also allow patients to communicate with us what they think we are doing well and what we need to improve on. ❖ Please also see Appendix 2 'PRG Progress Report' for further details.

Priority 4

**MANAGING
EXPECTATIONS**

Patients said:

The amount of staff working at the surgery doesn't seem to correspond to the amount of patients.

❖ **The Practice has so far put the following actions into place in 2014:**

- ❖ The Practice has recently restructured its reception team so that more members of staff are in at peak times.
- ❖ Towards the end of 2013 we had an Informatics Trainee who is part of the NHS Management Training Scheme work with us for 6 weeks. He helped the surgery upgrade its computer systems and made how we store our information more manageable which has helped us become much more time efficient. He has continued to stay on with Harbourside as an IT contact working remotely whilst he completes his degree.
- ❖ We have also recently employed a school worker who comes in for a couple of hours each day after school. He is very knowledgeable about computer systems and is currently helping us develop our new website.

❖ **The Practice plans to put the following actions into place in 2014:**

- ❖ We are currently restructuring the way our teams work within Harbourside. Recently a lot of focus has been spent on Reception due to problems with our phones and getting through to the surgery. We are now putting that focus on our Admin team and restructuring the way in which admin is dealt with within the practice.
- ❖ We will shortly be opening a new position at Harbourside in the form of a 'Prescription Clerk'. This person will be responsible for all prescription related issues at Harbourside. They will have a dedicated phone line, therefore taking the pressure of the reception phones and will have a much wider knowledge on where the prescriptions are going and the time it will take for you to collect. This position should be beneficial for patients as they will only have one person dealing with their script and therefore will not feel they keep telling different people different information. It will also take a job away from the reception team freeing them up to concentrate more on the patients in front of them.
- ❖ Overall the surgery has been through a lot changes this year and moving forward we now have a much stronger team with the focus of continuing to improve our services at Harbourside.

APPENDIX 2

PRG REPORT FEBUARY 2014 UPDATE ON SUBSEQUENT ACHEIVEMENT

The PRG members identified and agreed the following priorities and actions in April 2013. Since then the practice staff have achieved the following:

<p>Priority 1</p> <p><u>TELEPHONES</u></p>	<p>Patients said: Improvements to telephone system re. Waiting time before answered by receptionists. More responsive, intelligent call handling that keeps patients informed.</p> <p>Background: The practice shares its facilities with the PCT as part of the Marina Healthcare Centre premises. Because of this we also share the telephone system which adds an extra layer to accessing our surgery by 'phone. Therefore, we will look at the possibility of taking over responsibility for the whole 'phone system, effectively taking away that extra layer, making access to receptionists more immediate.</p> <p>The Practice carried out the following actions:</p> <ul style="list-style-type: none">❖ The surgery hired an IT specialist who was able to look at the phone statistics and highlight which days and at what time our peak number of calls were coming through.❖ The reception rotas were looked at against the phone statistics and shifts were changed so we had more staff in at peak times❖ A representative from our current supplier came in and sat in with reception for the day to see how inefficient the system had become – with the hope improvements could be made.❖ The surgery is also making a conscious effort to advertise booking appointments on-line to help ease the phone-lines.❖ After having made the above changes we were still receiving reports of the phone system cutting patients off once they had been on hold for 15mins. It was decided a new system would need to be installed.❖ Due to contracts within the Marina Healthcare Centre this is a complicated process but the surgery hopes to change supplier by the summer of 2014.❖ The Practice Manager has already met with three different companies and hopes to find a system that is better suited for general practice very shortly. <p>Action:</p> <ul style="list-style-type: none">❖ The practice is to come up with a list of essentials the new system must have before being put into place. Such as: Adding messages to the queue system to keep patients up to date with surgery information, being able to know what place you are in the queue and average wait time as well as not cutting calls of that have been on hold for longer than 15mins.
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<p style="text-align: center;">Priority 2</p> <p style="text-align: center;"><u>APPOINTMENT AVAILABILITY, INCLUDING ON-LINE</u></p>	<p>Patients said: Appointments system and access to appointments at the practice are stretched and the on-line appointments system rarely works.</p> <p>The Practice carried out the following actions:</p> <ul style="list-style-type: none"> ❖ A new 'Book On The Day' clinic was introduced in summer 2013. This clinic was added to the system at 8am on the day and allowed reception to book a large amount of appointments for that day, therefore easing pressure on the Duty Doctor that day and reducing the wait time for patients to get an appointment ❖ The surgery changed the way in which the Duty Doctor system operated too. A small amount of appointments would be held back daily for the Duty Doctor to be able to book urgent patients into. This means those patients in need of urgent care would not have to wait as long before coming down to the surgery. ❖ A new computer system 'Emis Web' was installed in November 2013 – this disrupted on-line appointments for a couple of weeks but is now working better than before. ❖ The surgery is currently working on advertising 'how to book your appointments on-line' to help take pressure of the phones. ❖ The embargoed slots have also been recently changed to help patients book appointments sooner rather than later. They used to open up on the day, 48 hours ahead and 2 weeks. They now open up on the day, 48 hours, 7days, 2weeks and a month to offer more of a variety. <p>Action:</p> <ul style="list-style-type: none"> ❖ The surgery is also looking into continuity of care this year and hopes to be able to offer appointments to patients with their named doctor.
<p style="text-align: center;">Priority 3</p> <p style="text-align: center;"><u>COMMUNICATION</u></p>	<p>Patients said: Improvements need to be communicated and access to information between the practice and patients needs to be improved. Practice needs to improve and widen routes of communication to ensure patients have a full understanding of what services are on offer and how best to access these services.</p> <p>The Practice will:</p> <ul style="list-style-type: none"> ❖ Improve website information – A New website is currently being designed and will hopefully be live by summer 2014. It is going to have more information on it and also be easier to use for elderly patients. What a website should include was discussed at the most recent PPG and all comments have been taken on board and will be put into action. ❖ Newsletter – With a large change in staff over the year the newsletter has come to a bit of a holt but now everybody has settled into place we hope to start sending these out as soon as possible as it was an idea widely liked by the PPG. ❖ Collect authority from patients to use e-mail addresses for information distribution, e.g. newsletter – We are currently in the process of trying to recruit more members for our PRG/PPG.

	<ul style="list-style-type: none"> ❖ Consider displaying photos of staff in reception we have discussed also adding a photo of the Dr to the calling screen, so patients are familiar with who they are going to see. ❖ Use the calling screen more effectively use the screen in reception to provide information for patients and make people aware of changes within the surgery and also to promote patient groups. ❖ Putting a computer in reception for those who do not have internet access at home to use the practice website and also to train people how to use on-line booking. Some PPG members even offered to come in and hold short tutorials on how to use the website to its fullest.
<p style="text-align: center;">Priority 4</p> <p style="text-align: center;"><u>MANAGING EXPECTATIONS</u></p>	<p>Patients said: There are not enough receptionists to cope with the capacity</p> <p>The Practice carried out the following actions:</p> <ul style="list-style-type: none"> ❖ The surgery has recently implemented new rotas which means there are more receptionists in at peak times of the day ❖ Three new receptionists have recently been employed ❖ We have also appointed a new Team Lead who is restructuring the current way in which reception work, in order to keep up with increasing patient numbers. ❖ There have been a lot of changes in the past year with staff and the feeling is we now have a stronger team to lead us into 2014/15.
<p style="text-align: center;">Priority 5</p> <p style="text-align: center;"><u>CAR PARK</u></p>	<p>Patients said: Not enough parking spaces, especially for disabled patients.</p> <p>The Practice carried out the following actions:</p> <ul style="list-style-type: none"> ❖ The staff at Harbourside are not allowed to use the car park. ❖ We are currently working with the other tenants of the Marina Healthcare Centre to stop them using the car park too. ❖ Staff now keep an eye out for people who use our car park but are not coming to the surgery. We have made some notices that go on their cars so people are aware not to keep using it. ❖ We recognise that it is hard to park at Harbourside surgery but unfortunately we do not hold much control over the use of the car park.
<p style="text-align: center;">Priority 6</p> <p style="text-align: center;"><u>CONFIDENTIALITY & QUEUING</u></p>	<p>Patients said: Reception area set-up makes it difficult to have a confidential conversation</p> <p>The Practice carried out the following actions:</p> <ul style="list-style-type: none"> ❖ A room has been cleared out just off of the reception area where receptionists can take patients to one side if a confidential conversation is needed. ❖ We are also working to get staff to a point where no phones are to be answered on the front desk, or indeed any calls made. ❖ Reception will also be adding a line, not to be crossed until the person in front of you has finished at reception, so patients do not feel like they can be over heard.