

Riverside Surgery

SEDULI AD CURANDUM

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Riverside Surgery



Patient Participation Report 2012/2013

Contents

Contents	2
Key objectives	3
Development of the PRG	3
Agree areas of priority with the PRG	5
Survey findings	5
Agree action plan	6
Actions taken	8
Opening hours	9
PRG registration form	11

In September 2011 Riverside Surgery decided it wanted to develop and establish an effective and valuable Patient Reference Group (PRG). This would allow and enable the practice to fully understand its patients' point of view and to also encourage positive feedback and suggestions. It would reflect patient opinions of the practice and the services it offers by involving patients in the decision making about the range and quality of the services provided.

Key objectives

The main purpose of Riverside Surgery's PRG was to ensure that patients were involved in decisions about the range and quality of services provided by the practice. Its aim was to encourage positive change by routinely asking for and acting on the views of our patients.

To ensure maximum benefit to both patients and the practice, Riverside Surgery decided to create and develop a PRG made up of both patients and practice staff who meet frequently to discuss how to better service the community with improved healthcare facilities. Due to the varying needs of individuals i.e. retired patients, working mothers, school aged patients etc. Riverside Surgery decided meeting times should be flexible to encourage a broad spectrum of the practice population were able to attend and/or offer their suggestions for change. Therefore, meetings were routinely held after practice hours in the evening, during lunch hours or during morning and afternoon sessions.

The continuing effective use of the Riverside Surgery PRG aims to promote an atmosphere of proactive engagement of patients and provide the practice with an opportunity to seek the views of practice patients through the use of an annually updated local practice survey. The ultimate outcomes of the engagement and views of the patients would be published on the practice website and updated as necessary.

Development of the PRG

Riverside Surgery decided that a structure was needed to be developed that both reflects and gains views of registered patients to enable the practice to obtain feedback from a cross section of the practice population which is as representative as possible. The Riverside Surgery PRG should also be designed as a forum to actively encourage and welcome comments and suggestions from members of the local and wider community.

Riverside Surgery felt that it would benefit from setting up both a 'face to face' and a 'virtual' PRG. The face to face group would meet regularly to ensure momentum, involve practice staff and include volunteers across the patient population. The virtual group, using the practice website found at www.riversidesurgery.co.uk and social media networks such as Facebook® found at <https://www.facebook.com/home.php#!/Riversidesurgery> would be made up of an email community that would be contacted regularly but which does not have

regular face to face meetings. Both the face to face group and the virtual group would be invited to attend practice PRG meetings if they wished and be able to access minutes from those meetings. The wider practice population would be kept updated about the Riverside Surgery PRG discussions via practice notice boards and regular updates published on the practice website.

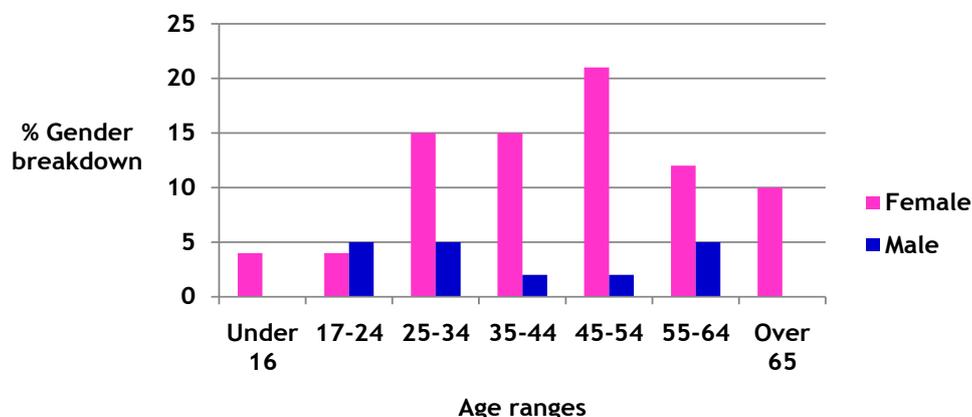
Requests for patient recruitment to either group were carried out in a number of ways:

- Posters in the practice waiting rooms and on specific PRG notice boards.
- On-line sign up forms on the practice website.
- Setting up of and regular updates on social network forums such as Facebook®.
- Spreading the word - during consultations, at reception, during clinics and by getting staff to talk to people in the local community.

Following on from forming the PRG, Riverside Surgery has actively encouraged the current PRG members to also recruit new members through friends and family or by talking to patients in the waiting room.

By March 2013, Riverside Surgery had a patient population of 13,600 registered patients. At this point the Riverside Surgery PRG had a total of 89 registered patients as members of its PRG. This is made up of 13 registered patients recruited for the ‘face to face’ group and 76 registered patients in the ‘virtual’ group. A total of 19% were male and 81% were female. This year all age ranges were represented including those less than 16 years of age. This group is difficult to target as most social networking sites limit users to over the age of 12 and there is also the consideration of parental consent but careful promotion of the use of social networking sites on the practice website and notice boards seems to have overcome previous deficiencies. As previous years report ethnicity of the group is also limited by the social demographics of the locality. Again Riverside Surgery felt that current PRG members could be tasked with targeting any specific care groups to ensure the health needs are met for the entire registered population. Age and gender makeup of the current Riverside Surgery PRG is shown in the table below.

PRG representation



Agree areas of priority with the PRG

As a continuing source for positive outcomes, Riverside Surgery's PRG was developed as a route to improve those services provided by the practice and to explore the changing needs of its patients. The use of annually updated local practice surveys enables everyone involved to gather ideas for improvement, make modifications to how services are delivered and to gain a measure of patient satisfaction.

The main outcomes and patient concerns of Riverside Surgery's previous local practice survey were concentrated on the experience patients receive when entering the practice. This was discussed with the PRG for them to better understand the practice issues and items which were considered to be a priority. The new local practice survey was then developed with the agreement of the PRG to focus and contemplate patient views on access to the practice reception area, the welcome and acknowledgement received from reception staff, the appearance, helpfulness, politeness and friendliness of practice staff, confidentiality and the overall level of service delivered by practice staff. An appropriate survey sample size was discussed and agreed with the PRG which was also considered methodologically appropriate for the survey being used due to the six-step process being repeated every 12 months.

This new local practice survey was inserted into the practice website and highlighted to patients on the website's home page, repeat prescription ordering page and PRG page. All relevant social media networks being used by the practice also regularly directed PRG members and registered patients to complete the local practice survey. Paper versions of the local practice survey were also placed on the main reception desk and in waiting rooms to ensure those patients without internet access were also able to provide feedback.

The survey was closed when 400 responses had been received. This represented around 3% of the patient population that replied to the local practice survey.

Survey findings

The outcomes of the collated local practice survey were as follows:

- 90% found it very easy to locate the reception desk, 79% found it very easy to know how to queue and 16% fairly easy.
- 50% found the welcome and acknowledgement from reception staff excellent, 37% good and 9% poor.
- 52% of patients who had to wait were acknowledged by reception staff, with 40% receiving an apology for having to wait, 21% receiving no apology and 35% stated an apology was not necessary for other reasons such as no queue or using the self check-in screen to check in for their appointment.
- 55% rated the appearance of the receptionist as excellent, 34% rated it as good and 7% rated it only average.
- 62% found the receptionist very polite and friendly, 20% as fairly and 9% as average.

- 47% thought the receptionist was excellent in their ability to ascertain patient needs, answer queries or provide helpful and accurate information. 35% thought this was good and 11% thought this was average.
- 28% felt the level of privacy when discussing queries with the receptionist was excellent, 25% felt this was good, 25% felt this was average, 14% felt this was poor and 6% felt this was very poor.
- 38% felt the level of service delivered was excellent, 41% thought it was good, 12% thought it was average and 5% felt it was poor.
- Of the 400 responses received 37% were male, 60% were female and 3% gave no response to gender.
- All age ranges from under 16 years of age to over 84 years of age were represented.
- 37% of responses were from patients who regularly visited the practice, 45% visited only occasionally and 15% visited the practice rarely.

The survey was deliberately kept anonymous in order to promote honest responses and by offering a combination of methods for completion ensured that a maximum variety of patients had an opportunity to respond. The results of the survey were published on the practice's website, on surgery notice boards and on the GP NHS Choices website.

Agree action plan

The local practice survey was regularly discussed at each PRG 'face to face' meeting providing the group with a continual update of patient responses and offering all involved an opportunity to consider what actions needed to be taken. The 'virtual' group were asked and able to comment on the local practice survey findings using email, via feedback forms on our practice website or via social media networks.

These local practice survey discussions occurred at PRG meetings held on Wednesday 18th April 2012, Wednesday 26th September 2012 and Wednesday 12th December 2012.

The completed local practice survey for 2012/2013 was presented to the 'face to face' PRG at a meeting held within the practice on Wednesday 27th March 2013.

Riverside Surgery felt the priority issues arising from the final outcomes of the local practice survey were, in order of importance, confidentiality when discussing queries with receptionists at the main reception desk, the level of service delivered, the ability of the receptionist to ascertain patient needs, answer queries or provide helpful information and a lack of an appropriate acknowledgement or apology if having to wait at the main reception desk.

The Riverside Surgery PRG members were invited to comment on the local practice survey findings, asked if they agree with current actions or if they would propose an alternative solution.

Recent removal of the carpet and entrance walls in the main reception area had opened up the space available but had led to increased levels of sound carrying throughout the building. Similarly the introduction of moveable barriers to encourage patients to form queues, wait until called forward and prevent overcrowding at the reception desk had reduced other patients overhearing confidential conversations but this was entirely reliant on patients obeying the practice warning signs and complying with requests from receptionists to remain at a distance.

As previously discussed it was agreed that the moveable barriers had helped reduce the issue and that reception staff should be more proactive in moving patients to a more confidential area if needed or by asking for strict adherence to warning signs to remain away from the main reception desk until called forward. The barriers could also be moved to allow patients to queue from the other side of the reception desk which would ensure they were kept further back from the patients at the reception desk. This would be actioned by delegation from Joe Icke (Practice Manager) with immediate effect through staff training on the use of appropriate use of confidential areas and regular reminding of patients to remain at a distance. The surgery has regular quarterly practice staff training days (next due in May 2013) which would also be used by Joe Icke (Practice Manager) to reinforce the requirement for staff awareness of privacy issues. The moving of the barriers would be actioned and trialled by Joe Icke (Practice Manager) via the practice management and reception team with a review at the next PRG meeting (due in May 2013) for consideration of benefits of the changes.

Provision and appropriate use of telephone headsets by receptionists would help to reduce noise levels in the waiting room and the consistent and appropriate use of self closing hinges on fire doors should also limit noise levels. These would be purchased immediately by Joe Icke (Practice Manager) and put into use as soon as possible. The benefits or issues of using the headsets would be reported to the next PRG meeting (due May 2013) for review and updates.

The use of 'Life' channels/news 24 etc. on waiting room television screens to disguise and distract patients from overhearing confidential comments, baffles for the reception desk and alternative modules such as found at post office counters were also discussed. The practice management team (Joe Icke - Practice Manager and Lucy Jones - Deputy Practice Manager) would research alternative approaches to privacy and present their findings at the next PRG meeting (due May 2013).

Following the introduction of general practice registration with the Care Quality Commission (CQC) all staff members were required to complete mandatory annual training concerning confidentiality, consent and good practice guidelines in relation to all aspects of patient care and following Caldicott policy. Staff training would be organised for the next quarterly practice training day (due May 2013) , all staff to be given regular weekly sessions to complete reading of the relevant documents and 'quiet' times to be used daily and adhoc to reinforce knowledge when necessary. This will be monitored by the practice management team (Joe Icke - Practice Manager and Lucy Jones - Deputy Practice Manager) to ensure all staff members are compliant. This will be reported back at the next PRG meeting (due May 2013).

As previously discussed one member of the PRG was involved in ‘mystery shopper’ events where staff members were observed and assessed on their knowledge, skills and performances.

Riverside Surgery had previously looked at using external sources to carry out evaluations of staff performance either during telephone consultations or whilst working at the main reception desk. This was costly and complex to arrange. It was discussed that the PRG could be a cost effective but extremely valuable commodity in assessing staff aptitude and competence in handling patients in an effective and appropriate manner.

It was agreed by the PRG to act as Riverside Surgery ‘mystery shoppers’, where applicable or possible, in order to provide feedback on staff performance levels. This should be an outlet to improve reception staff ‘customer service’ skills and to provide a more positive outcome for the patient. It was decided that both positive and negative experiences would be raised, when necessary, in order to celebrate ‘good’ performance and to use ‘bad’ performances as a learning curve for staff to adapt and modify their behaviours to ensure an effective outcome for all concerned. This would be put into effect immediately and the PRG members would feedback their findings at the next PRG meeting (due May 2013) or via email to the relevant practice PRG representative (Lucy Jones - Deputy Practice Manager).

Following the discussions of the outcomes of the local practice survey Riverside Surgery asked the PRG members if they were happy with the proposed changes and to consider whether they would do anything differently. It was agreed that Riverside Surgery should continue with the proposed changes and any further comments or ideas could be raised either at the next PRG meeting (due May 2013) or passed on directly to the relevant practice staff member (Lucy Jones - Deputy Practice Manager) for consideration and cascaded to all other members of the PRG via email/letter etc. Riverside Surgery also asked for suggestions for the next local practice survey to be considered and brought to the next ‘face to face’ PRG meeting (due May 2013) for discussion.

Actions taken

All processes taken by Riverside Surgery in the development of its PRG have been publicised extensively on the practice website, on surgery notice boards and on the GP NHS Choices website. Also all members of the PRG have received a copy of the PRG report. Posters were developed to summarise the report to aid accessibility to a wider audience of registered patients and with the added aim of attracting more members wishing to join the PRG.

Opening hours

	Opening Times
Monday	8.00am - 6.30pm
Tuesday	8.00am - 6.30pm
Wednesday	8.00am - 8.00pm
Thursday	8.00am - 6.30pm
Friday	8.00am - 6.30pm
Saturday	9.00am - 11:00am Please note the surgery is open on Saturday for pre-booked appointments only

Riverside Surgery is open from Monday to Friday 8.00am until 6.30pm (except for Wednesday evening until 8.00pm). We also hold pre-bookable clinics on Saturday mornings from 9.00am until 11.00am. If a patient needs to see a doctor when the surgery is closed they can contact the new NHS 'out of hours' service by telephoning NHS 111.

Patients can order their repeat prescriptions, cancel their appointment and update their contact details and clinical records using the practice website at any time.
www.riversidesurgery.co.uk

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Patient Reference Group Appendix

PRG registration form

If you are happy for us to contact you about the PRG please fill out your details below and hand the form back to one of our reception team or return it by post to:

**Patient Reference Group
Riverside Surgery
Waterside
Evesham
WORCS
WR11 1JP**

Important Information

Please note that no medical information or questions will be responded to. The information supplied to us will be used lawfully in accordance with the Data Protection Act 1998. The Data Protection Act 1998 gives you the right to know what information is held about you and sets out rules to make sure that this information is handled properly.

Name:
Email address:
Postcode:

This additional information will help to make sure we try to speak to a representative sample of the patients registered at this practice.

Are you?
 Male
 Female

Which age category are you in?
 Under 16
 17-24
 25-34
 35-44
 45-54
 55-64
 Over 65

To help us ensure our contact list is representative of our local community please indicate which of the following ethnic background you would most closely identify with?

White:

- British
- Irish
- Other

Mixed:

- White/Black Caribbean
- White/Black African
- White/Asian
- White other

Asian or Asian British:

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Asian other

Black or Black British:

- Black Caribbean
- Black African
- Black other

Other ethnic group (please specify).....

How would you describe how often you come into the Practice?

- Regularly
- Occasionally
- Very rarely
- Never

Thank you.