

**Arden, Herefordshire and Worcestershire Area Team
Patient Participation Enhanced Service 2014/2015 – Reporting Template**

Practice Name: **Riverside Surgery**

Practice Code: **M81004**

Signed on behalf of practice: **Joe Icke (Practice Manager)**

Date: **18th March 2015**

Signed on behalf of PPG: **Charlotte Hurst (PPG secretary)**

Date: **18th March 2015**

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

Does the Practice have a PPG? YES											
Method of engagement with PPG: Face to face, practice website, email, letters & Facebook											
Number of members of PPG: 74											
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	49.8%	50.2%	Practice	15%	11%	12%	13%	14%	14%	11%	10%
PPG	18%	82%	PPG	1%	4%	11%	19%	19%	19%	18%	9%

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	79%	0.3%	0.03%	7%	0.03%	0.03%	0.2%	12%
PPG	100%	0%	0%	0%	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	0.3%	0.1%	0.03%	0.3%	0.3%	0.1%	0.03%	0.1%	0%	0.1%
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:

By March 2015, Riverside Surgery has a patient population of almost 14,000 registered patients. At this point Riverside Surgery's PPG has a total of 74 registered patients as members of its PPG. This is made up of a small group of registered patients recruited for the 'face to face' group and a larger group of registered patients in the 'virtual' group using the practice website, email, letters and social media. Again this year all age ranges were represented, including those less than 16 years of age. This group remains, as always, very 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. Continued careful promotion of the use of social networking sites on the practice website and surgery notice boards seems to have helped in overcoming previous deficiencies. Again, as shown in previous years PPG reports, the ethnicity range of the group is also limited by the social demographics of the locality. The practice continues to look at the varying needs of individuals and meetings are routinely held after practice hours in the evening, during lunch hours or during morning and afternoon sessions. Riverside Surgery also aims to comply with the Equality Act and continued engagement with Local Involvement Networks (LINKs), Local HealthWatch and voluntary organisations have enabled vulnerable groups to become involved with the PPG. As before

Riverside Surgery advocates that current PPG members are tasked with targeting any specific care groups to ensure the health needs are met for the entire registered population.

Are there any specific characteristics of your practice population which means that other groups should be included in the PPG e.g. a large student population, significant number of jobseekers, large numbers of nursing homes, or a LGBT community?

Growing Eastern European community in local area.

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

No current members but future aim of improving potential contacts through promotion of practice PPG using appropriately translated posters, website links etc. which could be designed in liaison with PPG Networks, SWCCG support and others as above.

2. Review of patient feedback

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

National Surveys

Patient Surveys

'Mystery Patient' Surveys

Friends and Family Tests (FFTs)

Clinical Audits

Drug Review Use of Medicines (DRUMs)

How frequently were these reviewed with the PRG?

January, March, May & September 2014 & March 2105

3. Action plan priority areas and implementation

Priority area 1

Description of priority area: **Appointments systems and availability for patients**

Throughout 2014 Riverside Surgery and its PPG were becoming increasingly concerned with the appointment system being offered to its registered patients. Survey results, complaints, patient feedback and regular discussions with the PPG were increasingly finding that patients were waiting too long to see their GP. Because patient demand for appointments is so variable the appointment system was causing a backlog which was increasing both stress and dissatisfaction of patients, doctors and practice staff. Overcapacity of GPs/locum GPs at inappropriate times was also causing wasted doctor time, wasted appointments and, therefore, wasted money.

What actions were taken to address the priority?

Riverside Surgery and its PPG felt this situation was unacceptable for all concerned and that a change was needed. It was decided a more flexible approach was needed with a system that includes both telephone consultations (for those patients that don't need to attend in person or find it difficult e.g. are at work) and 'face to face' consultations designed by all the GPs led by Dr Amanda Swindlehurst (Senior Partner) and Joe Icke (Practice Manager) in May 2014. A new telephone system was also introduced in January 2015, by Joe Icke, which offered patients specific options in order to signpost them to the most appropriate practice department to deal with their queries. In August 2014 the reception team, led by Senior Receptionists Janet Turner & Sharon Stratton, were also tasked to clarify the nature of the patient's issue in order to provide the GP with sufficient information to prioritise their daily tasks and workload. By August 2014, patients were also able to pre-book appointments one week in advance to allow some flexibility but to also reduce any potential future backlog. The daily Duty Doctor was then able to triage emergency problems to the appropriate

appointment type and this was also aided by the assistance of a locum GP to carry out home visits and to see patients at the surgery each afternoon. The introduction of 'Patient Access', by Lucy Jones (IT Manager) in February 2015, for online ordering of repeat medication and the facility of booking online appointments before 1st April 2015 will also aim to ease patients' ability to help the problem.

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

The previous backlog of up to a three week wait for a routine appointment was removed in April 2014 by the ability of each GP in dealing with emergency issues on the same day and allowed the flexibility of patients being able to pre-book appointments up to one week in advance. The reception team, led by Janet Turner & Sharon Stratton in August 2014, could also offer patients a number of available appointments so were providing more appropriate assistance. Also by August 2014, patients who had difficulty in attending the surgery but needed to see a doctor could have the option of a telephone consultation which was much more beneficial to their situation needs. The GPs could also deal with a large number of other queries which also did not require seeing the patient in the surgery e.g. requests for repeat medications, sick notes etc. meaning patient footfall at the practice could be reduced whilst still making sure patients' needs were met. It also meant a larger number of patients could be dealt with in the same amount of time as before. The Duty Doctor was also able to deal with a larger number of issues with the help of a locum doctor each afternoon. The new telephone system, introduced by Joe Icke in January 2015, which offers the patient options for selection directly to the most appropriate department to deal with their queries should reduce the amount of time both patients and staff spend dealing with these issues and, therefore, a larger number of these queries should be completed promptly. The facility for patients to be able to book an appointment online, developed by Lucy Jones, using the practice website before 1st April 2015 will also offer patients greater flexibility in accessing the services of the practice. The introduction of online ordering of repeat medications via Patient Access, developed by Lucy Jones in February 2015, should also reduce the need for patient appointments if they do not need to be seen by their doctor. All of these processes and changes were discussed at regular PPG meetings in May & September 2014 & March 2015, via regular updates on the practice Facebook page, NHS Choices, via emails and letters and highlighted on the practice website www.riversidesurgery.co.uk

Priority area 2

Description of priority area: **Provision of excellent Patient Experience & 'Customer service'**

An increasing patient population, alongside a continual greater demand on the provision of services that the practice offers and 'patient choice' means that the practice needs to offer a certain standard and level of patient care. Comparisons of these standards, locally and nationally, often reflect on the experience patients receive and on the level of good or bad service they perceive offered when visiting their GP surgery. These survey results, complaints, patient feedback and regular discussions with the PPG were increasingly finding that patients were expecting more from the practice staff to improve the quality of their visit.

What actions were taken to address the priority?

Following the results of national surveys, Riverside Surgery practice team, Joe Icke & Lucy Jones, decided it needed to assess for itself the level of service provided to its patients by arranging an completely unbiased and professional viewpoint of a 'mystery patient' survey. An initial analysis in August 2014 was designed to test the knowledge and understanding of practice staff through numerous phone activities over a period of five working days to include communication & listening skills, policies & procedures and effective handling of complaints. The outcomes of this initial survey were reviewed and feedback was provided to all staff in September 2014 with support from Joe Icke. As a consequence the GPs and practice team, Joe Icke & Lucy Jones, felt that a more formal process of staff training was required in order to provide clear guidance of what level of standards were expected for a positive patient experience. It would provide an appropriate induction for new members of staff and a refresher of processes to long service staff members. This was completed as a 'staff training day' in September 2014 under the guidance of Lucy Jones. In order to monitor the results of the training day a further 'mystery patient' survey was completed as before in November 2014. The outcomes of the second survey were again reviewed and the feedback provided to staff of the results by Joe Icke.

Each quarter since April 2014 the practice admin team, consisting of Lucy Jones & Claire Grantham, also completes a number of patient satisfaction surveys to determine the level of perceived satisfaction in relation to some of the services patients receive. This includes the dressing and bandaging of ulcers, ear syringing, postoperative care of surgical wounds and GP initiated phlebotomy etc. Patients who have received these services are contacted via telephone or letter and their level of satisfaction or dissatisfaction is recorded. This patient satisfaction data is collated quarterly and the results reported back to the relevant departments e.g. NHS England and South Worcestershire CCG.

The NHS Friends and Family Test (FFTs) was introduced in 2014 to gather patient feedback of the 'best possible experience of care' based on one simple question 'How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment?'. The practice team of Joe Icke & Lucy Jones uses this FFT process each month in a number of ways i.e. online via our website, handwritten responses, telephone calls etc. to gather a wide variety of feedback and to monitor and adapt accordingly any processes, procedures and policies that require review. It offers a valuable and alternative viewpoint of the services we provide. The FFT results data is collated monthly and the results submitted electronically on Calculating Quality Reporting Service (CQRS).

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

The results of the initial 'mystery patient' survey in August 2014 found that telephone calls were answered promptly however the call handlers varied in their style and approach and there was no consistent opening greeting. Although the phone was answered within seconds 3-4 rings (even at busy periods) the receptionists sounded miserable and disinterested, rather than caring understanding and personable. The tone was subdued and low not perky, bright and efficient it was not a 'smiling voice'. The staff training day in September 2014, with the support of Lucy Jones, focused on motivation within the team and greater awareness of the importance of a receptionist being the face of the practice, developing a set professional, but friendly way to answer the telephone, how to handle calls in a friendly manner, making sure the right information is given in all eventualities and how to manage difficult calls appropriately. The results of this feedback were discussed with the PPG during September 2014. The second 'mystery patient' survey in November 2014

further tested the telephone manner, skills and knowledge of the practice team when dealing with requesting an appointment, registering as a new patient, dealing with complaints etc. Feedback from this second survey found calls were generally answered quickly, politely and professionally with a friendly and informative manner, good listening skills and able to offer solutions when requested. The quarterly patient satisfaction surveys following utilisation of patient services generally finds patients are by and large satisfied with the treatment they receive. The FFTs completed by patients were generally 'likely' or 'extremely likely' to recommend our GP practice to friends and family if they needed similar care or treatment. The practice clearly recognises that the effect of an increasing patient population, alongside a continual greater demand on the provision of services that the practice offers and 'patient choice' means that the practice needs to offer a certain standard and level of patient care. By careful consideration of the results of the local surveys and published national standards Riverside Surgery wanted to reflect and act on the findings and aim to provide patients with an effective and consistent level of care, with an improved quality of their visit. All of these processes and changes were discussed at regular PPG meetings in May & September 2014 & March 2015, via regular updates on the practice Facebook page, NHS Choices, via emails and letters and highlighted on the practice website www.riversidesurgery.co.uk

Priority area 3

Description of priority area: **Reduction in medicines waste & medicines optimisation**

The Medicines Waste UK campaign www.medicinewaste.com estimates that as much as £300 million is wasted every year on unused or partially used medication. As part of the Dispensing Services Quality Scheme (DSQS) for 2014-2015 and following discussions with the practice PPG, Riverside Surgery decided to complete an audit which focuses on medicines wastage and whether raising patient awareness of the scale of wastage can improve compliance and, therefore, reduce waste. This audit was carried out in order to demonstrate an ability to meet the necessary requirements of DSQS. The audit has been formulated following the Evesham, Broadway, Bredon & Inkberrow (EBBI) locality campaign, led by Dr Julia Lloyd, to reduce medicines wastage and improve compliance. Also survey results,

complaints, patient feedback and regular discussions with the PPG were increasingly finding that patients were not always aware of the medications they were taking and the reason they were taking them.

What actions were taken to address the priority?

Riverside Surgery and its PPG felt this situation was extremely concerning and becoming unacceptable for all concerned and that a change was needed. A clinical audit was developed by Lucy Jones (Dispensary Manager) and carried out in June & November 2014 by the dispensary team, under the supervision of Cheryl Heritage (Deputy Dispensary Manager). The audit was designed to improve patient safety, raise patient awareness of the scale of wastage & level of compliance issues, significantly reduce medicine spend & wastage & to educate patients to better understand their medications & to take responsibility for appropriate ordering & use of medicines. The audit was completed in order for the practice team of Joe Icke & Lucy Jones, to calculate the relative value of unused medications within a specified time period of one month and to better understand the possible reasons behind the number. It also offered the opportunity to potentially reduce the number of unused medicine items by raising patient awareness and to promote patient concordance and compliance with the taking of their medication. Between 1st and 30th June 2014 patients were asked to return any unopened or unused medicines they had to the surgery. This was carried out by all of the dispensary team, under the supervision of Cheryl Heritage, when they collected their medication, posters on practice notice boards, social media sites such as Facebook®, talking the practice PPG and via the practice website: www.riversidesurgery.co.uk For the following three months the practice dispensary team continued to raise awareness of the campaign by displaying posters, patient education by completing Drug Review Use of Medicines (DRUMs) to promote responsibility for medicines and to publicise the unused medicines costs against what services could be funded through reduction of those costs. A display was also created in the practice with empty medicine boxes to highlight the extent of unused medicines. Practice systems were also reviewed by Lucy Jones to consider whether they were suitable for appropriate ordering of medicines. This included the review of dispensing systems and dosette box systems by Lucy Jones. Local networks were also used by Lucy Jones in the review in order to align purpose and systems by engaging community pharmacies. The audit also included working together with hospitals to encourage patients to take in medication lists

and not drugs into hospital and to consider systems for changes to medications which minimise wastage. Between 1st and 30th November 2014 patients were again asked by the dispensary team, under the supervision of Cheryl Heritage, to return any unopened or unused medicines they had to the surgery. Each time unused medicines were returned patients were asked by the dispensary team if they paid for their medicines and the reason why they were being returned rather than used.

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

The total value of unused medicines returned by patients to the practice dispensary following the initial month long 'amnesty' during June 2014 totalled £1850. Following the subsequent three month advertising campaign by the dispensary team, under the supervision of Cheryl Heritage, to raise awareness via posters, educate patients through use of DRUMs & PRG etc. and the involvement of Lucy Jones in improving networks with local pharmacies and hospitals, the total value of unused medicines returned in the second, month long amnesty during November 2014 was £572.02. Of the 47 patients, or their representatives, who returned medicines 12 were due to medications being changed by their GP, 12 were due to the patient dying and 7 stopped by the patient themselves. These last 7 were counselled by the dispensary team to ensure their GP was aware of the reasons they had stopped taking their medications. 14% of the returned items were ordered in error and these patients were counselled by the dispensary team on the effect inappropriate ordering and the subsequent waste to the NHS which could have been used to provide alternative services. Only 5 of these items were paid for by the patient and all were for courses of antibiotics. These were for partial prescriptions showing the patients had not completed their course of treatment and were counselled by the dispensary team on the most effective use of antibiotics. Considering the large number of prescriptions Riverside Surgery dispenses each month the number of unused medicines returned by patients is well below 1% of the total. As this only equates to the amount physically returned by patients or their representatives the actual figures will in all likelihood be considerably greater. The use of DRUMs also allowed practice dispensary staff to inform patients of the effect of over ordering medicines and the most appropriate use of taking their medication. A number of patients who were experiencing difficulty in remembering to take or order their medicines appropriately were also advised by the dispensary team to consider the use of weekly dosette trays so wastage is reduced. All pharmacies were contacted by Lucy Jones in order to ensure all repeat prescriptions ordered via them were always processed only through the request of the patient and not just routinely ordered just because they were on the patients repeat list. The practice team of Joe Icke & Lucy Jones also felt

that the use of online Patient Access via its website which allows patients to use the online services, including repeat medication, will ensure patients cannot over order their prescriptions or order early. The use of posters in the waiting room notice boards advising patients about only ordering the prescription items they require and to avoid wasteful ordering had a positive impact on patients ordering habits. Patients were also be reminded by the dispensary team about appropriate medicines usage using the surgery website, text reminder service, on patient's repeat slips and on surgery notice boards. The practice clinical system EMIS web automatically sends dispensing patients prescriptions to the dispensing queue to be collected from the dispensary. The dispensary team, under the supervision of Cheryl Heritage, aim to ensure all patients are informed of the importance of appropriate use of their medication from collecting, taking and not over ordering. All of these processes and changes were discussed at regular PPG meetings in May & September 2014 & March 2015, via regular updates on the practice Facebook page, NHS Choices, via emails and letters and highlighted on the practice website www.riversidesurgery.co.uk

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):

The appointment system continues to be a major focus point for both patients and staff and the aim is to maintain this concentration of developing new, more effective ways of working and proactively looking at different solutions to any sources of obstruction. Positive and negative feedback from many sources are useful in providing solutions to problems. Lack of space in the practice also continues to be a complicated and difficult issue for practice staff and patients to deal with. Growing numbers of patients means lists sizes are growing at an alarming rate and the practice currently has a need to expand both structurally and physically in order to continue to offer patients an efficient and effective standard and level of patient care.

4. PPG Sign Off

Report signed off by PPG: **YES**

Date of sign off: **18th March 2015**

Has the report been published on the practice website? **YES**

How has the practice engaged with the PPG:

How has the practice made efforts to engage with seldom heard groups in the practice population?

Has the practice received patient and carer feedback from a variety of sources?

Was the PPG involved in the agreement of priority areas and the resulting action plan?

How has the service offered to patients and carers improved as a result of the implementation of the action plan?

Do you have any other comments about the PPG or practice in relation to this area of work?

The face to face group meets at least quarterly to ensure momentum. It involves practice staff and includes 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> is made up of an email community that is contacted regularly but which does not have regular face to face meetings. Both the face to face group and the virtual group are invited to offer feedback and attend quarterly practice PPG meetings if they so wished. They are also able to access minutes from those meetings. The wider practice population are kept updated about the Riverside Surgery PPG discussions via practice notice boards and regular updates published on the practice website. Continued requests for patient recruitment to either group are carried out in a number of ways:

- **Posters in the practice waiting rooms and on specific PPG 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.

- When registering new patients.

Riverside Surgery also actively encourages the current PPG members to recruit new members through friends and family or by talking to patients in the waiting room. As in previous years reports the ethnicity range of the group is also limited by the social demographics of the locality. The practice is looking at varying needs of individuals and meetings are routinely held after practice hours in the evening, during lunch hours or during morning and afternoon sessions. Riverside Surgery aims to comply with the Equality Act and continued engagement with Local Involvement Networks (LINKs), Local HealthWatch and voluntary organisations have enabled vulnerable groups to become involved with the PPG. Everyone is encouraged to provide feedback on any process, policy or procedure and by any method.

The 'action plan priority areas' were regularly discussed at each PPG '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 action plan priority areas using email, letters, via feedback forms on our practice website or via social media networks. These discussions occurred at PPG meetings held in May and September 2014. The completed action plan for 2014/2015 was presented to the 'face to face' PPG at a meeting held within the practice on Wednesday 18th March 2015 by Joe Icke (Practice Manager) and Lucy Jones (Deputy Practice manager). It was agreed with the support of the PPG that Riverside Surgery should continue with the proposed changes and any further comments or ideas could be raised either at the next PPG meeting or passed on directly to the practice staff for consideration, via Lucy Jones (Deputy Practice Manager), and cascaded to all other members of the PPG. Riverside Surgery also asked its PPG for suggestions for the next local practice survey to be considered and brought to the next 'face to face' PPG meeting for discussion. The PPG also discussed how the fact the Riverside Surgery had listened to patients viewpoints and had proactively reacted to complaints and criticism by incorporating new ideas and adapting its ways of working in order to benefit their patients. It felt this positive action should be promoted widely across the practice population and the wider community to show that patient voices are listened to and action has been taken.