

Central Surgery Patient Reference Group: What patients want?

Enquiries.centuralsurgery@centralsurgeryss.nhs.uk

March 2015



Contents

1.	Introduction	3
2.	Form a Group	4
2.1	Steps taken to engage people	4
3.	Agree patient priorities	4
3.1	Process	4
3.2	Issues produced at meeting	5
3.2.1	Problems with Reception Queue	5
3.2.2	Verbal Communication to Patients	5
3.2.3	Prescriptions	5
3.2.4	Flu Campaign	5
3.3	Action Plan	6
4	Publicise actions	6

1 Introduction

In the autumn of 2011 Central surgery reformed its Patient Reference Group (PRG). This group is representative of the practice population and its views, alongside findings from local practice surveys, suggest priority areas for practice change. The PRG produced an action plan which has been agreed with the practice and the PRG. During 2012 and early 2013 the group met twice with a core of 7 to 10 participants. We are open to taking new participants.

PRG Objectives

Step 1: Develop a structure that gathers the views of patients and enables the practice to obtain feedback from the practice population, e.g. a PRG

Step 2: Agree areas of priority with the PRG

Step 3: Collate patient views through the use of a survey

Step 4: Provide the PRG with the opportunity to discuss the survey findings and reach agreement with the PRG on changes to services

Step 5: Agree an action plan with the PRG and seek PRG agreement to implementing any changes

Step 6: Publicise the actions taken and subsequent achievement

Expected Outcomes

Patients have their say

Action is agreed with the practice

Actions and changes are publicised to patients'

2 Form a group

Table 1 shows why we selected groups of patients to belong to our PRG. Some members belonged to more than one group.

Table 1: Sample for the PRG

Type	Reason	No
New patients	1,100 new registration in 2010 and 1,554 new registrations in 2011	2
Unemployed	9.6% of South Shields population unemployed (2011)	1
Carers	Important group	3
Long term chronic illness	Area that we want to develop where continuity of care and planned care is crucial	3
BEM	Minority group 357 of 12,100 patients	1
Elderly	>65 and over 75 – 1,092 65-74 and 1,157 over 75 – growing group	3
Learning or other disabilities	46 patients – 2 carers in group	2
Parents children	1,975 children under age 15yrs	2

2.1 Steps taken to engage people

New patient health checks personal invitation

Chronic conditions group

Substance misuse carer

Personal knowledge

Advertising practice website, screen, flyers, word of mouth

3 Agree patient priorities

3.1 Process

A meeting was held on 10th February where the group discussed the best way to gain feedback from the patients. An annual patient survey was carried out and the feedback was shared with the PRG on 18th August 2014 which enabled the PRG to compile an action plan based on the results.

3.2 Issues produced at meeting on 18th August 2014

3.2.1 Queue at Reception desk- The Group agreed that most times that patients attended the Surgery they had lengthy queues before they could get to Reception desk which caused frustration and not helpful if feeling unwell

3.2.2 Verbal Communication – The Group felt that because the waiting room is home to many new clinics which do not belong to the Surgery the Communication needed to be improved to the Patients.

3.2.3 Prescriptions Pathway – The group felt that the Practice could help patients to make the Pathway of ordering a prescription to Delivery could be made easier.

3.2.4 Flu Campaign – Alison mentioned we had not yet managed to hit the targets in any of our Chronic Disease Clinics

3.3 *The following plan was agreed by the Patient Reference Group*

Issues	Actions	Completion Date
Problems with Reception Queue	<i>Reception staff have identified the problems causing queue build up by Monitoring what patients had to join the queue for. To resolve the problem we are sending out any paperwork possible which will stop patients having to attend. Signposts have been placed for other clinics to ensure other patients do not stand in wrong queues. Reception staff verbally communicate which clinics are elsewhere in building.</i>	March 2015
Verbal Communication	<i>A protocol has been put in place to guide receptionists how to verbally make patients aware of any clinician running late and any other information that a patient may require. The waiting room has a screen displaying this information but is not accessible to everyone reception staff must be aware and continue to give out up to date information.</i>	March 2015
Prescription pathway	<i>All staff on telephone and Reception will advise patients about the practice now being able to process Electronic prescriptions. We will ask patients to choose a Pharmacy of their choice and the prescription will be sent Electronically where it is possible and the Pharmacy of choice come in and pick the prescriptions up and take to shop for patients to either pick up or delivery. This will mean patients no longer have to attend the Surgery to pick up prescription the wait in the pharmacy.</i>	March 2015
Flu Campaign	<i>The practice has now improved ways of informing patients that they are entitled to a Flu Vaccinne by advertising on the Telephone system whilst waiting to be answered. Staff in the practice have been actively ringing patients and</i>	March 2015

Date: March 2015

Version: 1

Page 7 of 8

	<i>inviting them in to the surgery and identifying anyone attending the surgery and arranging for this to be given immediately to avoid patient having to return at a later date.</i>	
--	---	--

4 Publicise actions

The above action plan was placed on the practice website on 6th March 2015.

Text was placed on the waiting room screen.