

The Bedford Park Surgery

Patient Participation Group (PPG) DES report 2013 / 2014

Patient Participation Group Profile

Practice Profile	
Total practice population	3727
Total number of patients who have ethnicity records	2606
Total Male population	1805
Total Female population	1932
PPG profile	
Total PPG members	18
Total white or British	12
Total other Ethnic group	6
Gender	
Total Male representation	7
Total Female representation	11

The Patient participation group that was started up in 2011 has been carrying on with their work into 2012 /2013 successfully and has now progressed into its third year of activity and work, through meetings, email contacts and letters. As a group, we had set many goals in the previous year which we tackled head on and attempted to achieve, which will be outlined in the report later. In the current year, once again we have jointly discussed very current and topical issues to attempt to change in the surgery and will also outline this in the report as follows.

Part one – Establish a PRG (patient representative group) comprising only of registered patients and use best endeavours to ensure the PRG is representative.

We have had a very good year this year with regard to the increase of patients who have joined our PRG. The following methods below were adopted in order to try and get more patients on our group.

The various methods adopted in order to get more patients to join our group:

- Sent out emails to the patients for who we did have email addresses
- Sent text messages to patients via our Iplato text messaging system
- Put the invite on our website
- The newsletter

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- Sign-up sheet at reception
- Notices in the waiting room and on our whiteboard
- Message on the repeat prescription re order form
- Put it on Facebook and twitter
- Sent out letters of invite
- GPs and nurses advising patients of the meetings in consultation if they thought appropriate.

We now have 18 members in total on our PRG having been joined by 9 new patients all of various ages, races and coming in from different professions. We have a mother under the age of 40 whose views have also been a great benefit in terms of what a parent needs to do and we have a patient as old as 80 years who gives us the views and representations of the elderly group of patients. Amongst these patients we have some who work in the NHS, businessmen, retired patients and young working patients all of which have added a huge spectrum of support and advice in trying to help us achieve our goals and objectives of the PRG.

We feel that this year we really have a broad representation in our PRG and we hope to continue this further into the following year in trying to get even more patients on board.

Part 2 – Agree with the PRG which issues are a priority and include these in a local practice survey.

Previous years discussions and actions that took place as a result of the PRG meetings.

In the previous year we discussed many issues that we wished to change in the surgery and the way in which we work. Some of these were achievable and some were not. Below, before we discuss the issues of priority for this year, please see the issues that were dealt with successfully in the previous year:

- Methods to contact patients optimally – we have worked on this actively and we have managed to build up a database of emails and current mobile numbers for patients so as to be able to use these as ways of contacting patients and keeping them up to date with all the issues in the practice. We had wanted to convey all the changes in the NHS and the CCG etc. to our patients and we have been doing this over the year to as many patients as possible. This was an action that we completed from the previous year.
- Looking at the ability to book pre advance appointments at a later time in the day with the GP e.g. between 4.30 – 5.30pm – we have made this change in the previous year and have changed the set up of our appointments in the afternoon by switching emergency appointments to an earlier time and switching pre booked appointments to the last part

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of the day. This has made it easier for patients who attend school or work to see a GP by booking in advance. This was an action that we completed from the previous year.

- Informing patients of changes in the NHS – we have, over the year, been actively informing patients of all the changes that have been happening in the NHS via email, newsletter and Facebook. This includes talking about the development of CCGs and the removal of PCTs and the development of local health networks. This was an action that we completed from the previous year.
- Saturday surgery – the PRG wanted to set up a pilot of having one Saturday a month open surgery in the morning for patients to see a GP and a nurse. We have since then, on a permanent basis, opened the surgery one Saturday a month where we have a GP, a HCA and a practice nurse. This has been welcomed positively by all our patients and the pilot changed to a permanent scheme. This was an action that we completed from the previous year.
- Changing or updating our IT system – we discussed looking at our current IT system and discussed whether it would be beneficial to change this to another IT system. After thorough research and looking at demos of other clinical systems in the market, we decided that we were not going to change our current clinical system and we decided to keep it as it was. The current system is good enough for the surgery. This was an action that we did not complete due to justified reasons.
- Patient education and support – there was not much support from the patient survey to offer education to patients however, there were many PRG members who showed interest in taking part in in house courses such as basic life support and first aid etc. The manager has since been looking into these and will be trying to get dates sorted for this to take place. These courses will be offered to patients who would be willing to pay for them. This action plan was completed from the previous year.

We now need to focus on this current years action plans and priority issues to discuss in order to set up another patient survey and attempt to make further positive changes to the practice with the support of the PRG.

As a PRG and a practice, this year we decided that we would like to focus a great deal of our strength in working on the areas which are a big problem in the NHS as a whole on a larger scale. We basically split our discussion of priorities into 3 sections as discussed below and in order of importance and then we progressed to compile a practice survey to obtain the view of the patients on these topics.

The following areas were discussed as a main priority which was going to be translated into our patient survey:

1. ACCIDENT AND EMERGENCY OUT OF HOURS CARE

The manager discussed the current issues and setbacks that the NHS was facing in current times revolving around out of hours care and we

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felt as a group that this would be the main focal point of our patient survey and discussions.

We discussed how as practices in our network we are being asked to scrutinise our statistics of patients going to A&E and the frequency and looking at ways to curb these attendances. We discussed looking at ways to reduce this current influx into the A&E and reduce excessive waiting times which also strain the financial budgets. Some of the ideas that we came up with to put into the survey were as follows:

- Looking at 24 hour care being provided by GPs although Harmoni for our surgery does kick in after the surgery is closed.
- Look at patient education on what to do instead of going to A&E as a first point of call. Look at informing patients about the walk in centres, urgent care, NHS 111, pharmacies etc.
- Discuss with pharmacies about what level of care they provide so patients can use them instead of going to A&E.
- Look at patients who are frequent attenders and ask them to come in to see the GPs to discuss why they are frequently using these services and look at alternative ways to support them.
- Look at statistics and discuss with the group what age groups are the worst offenders and target them with education. Is it the children, or the elderly?
- Suggest sending text messages around to patients and advise them of the NHS 111 service
- Look at all our resources for conveying information to patients and try and get A&E information packs or letters or leaflets with names of local walk in centres and other alternatives to patients to give them information they can keep to hand.
- Look at self-care mechanisms in training patients to learn to look after themselves in the first instance as opposed to going to A&E.

2. RECEPTION STAFF AND RECEPTION AREA

The next area of focus which is another point of discussion in the news currently is the level of service being received by the reception staff.

There has always been such negative press associated with receptionists in the practices in UK and we discussed at ways of looking at improvements in this area.

The PRG were unanimous in their opinions that our current reception staff are outstanding however we still felt that there may be room for improvement and felt it worthwhile to add this in the patient survey, to get an overall opinion of the patient list.

Some of the things associated with reception staff that was brought up as recommendations were:

- Look at how the reception work under pressure as opposed to normal working days
- Look at the information that reception staff is relaying to patients and whether it is current and correct.
- Look at how much interaction they have with patients in the room e.g. having to inform patients when GPs are running late.

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- Look at how they handover amongst themselves so that something that has been requested in the morning can be handed over properly to the staff in the afternoon.
- Look at any training needs that need to be addressed to specific staff members.

In addition to looking at reception staff under this point, we also discussed the reception front desk and the concerns of privacy in the reception area. We felt we needed to put this in the survey to see if patients had any concerns about privacy when they come to the front desk to check in or when they discuss their personal issues. There was a recommendation that we should ensure that we are sensitive to patient's requirements when they come to the desk and see how we can make sure that their private stuff is kept private and cannot be overheard.

3. ANY OTHER AREAS TO LOOK AT CHANGING

The PRG discussed some other areas that they felt we ought to have on the patient survey as they dealt with matters that the PRG felt were of importance to the patients at the practice. These are outlined below and the manager was going to add these to the patient survey as well as points 1 and 2 above.

- Find out about 24 hours pharmacies and see if patients know what various pharmacy services are available for patients e.g. dossett prescriptions, emailing pharmacies directly for script requests, online prescription requests etc.
- Look at health check programmes that are not part of the usual NHS checks provided and see if patients would be interest in coming in to these clinics for example, aneurysms. Look into offering these checks to the patients.
- Look at the safety of the blinds in the waiting room as children play with these and can catch their hands in them. Look at a lock mechanism for this.
- Look at getting a bike rack outside for patients who come in on their bicycles and look at any local services who may be able to support the practice in purchasing these for the local GP practice.
- Waiting room seating area was brought up as a room for improvement as the cushioning seated area appears to be an issue with some patients.

The next step was to compile a patient survey using the points of discussions above that were held in the PRG meeting on 21 Oct 13.

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PART 3 – CARRY OUT THE LOCAL PRACTICE SURVEY AND COLLATE AND INFORM THE PRG OF THE FINDINGS

The manager designed a patient practice survey and this was disseminated via twitter, Facebook, our website and we also emailed all the patients on our mailing lists asking them to go on survey monkey and complete the survey. For patients who were coming in to the surgery, the receptionists handed out the surveys to the patients as they came in for their appointments etc. and for patients who were housebound, we asked the GPs who did the home visits etc. to ask them to complete the survey whilst the GP was there with them. In this way we were hoping to capture as much of the practice population as we could.

The results of the survey can be seen below:

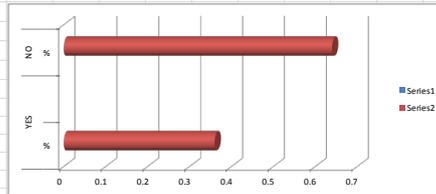
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PATIENTS SURVEY STATISTICS
TOTAL PEOPLE RESPONDED 139

shows the higher percentage of the votes

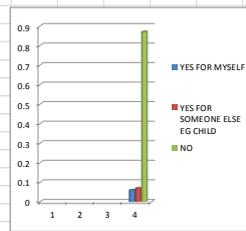
Q1 Are you aware of how to contact the out of hours GP service when the surgery is closed?

YES	NO
%	%
36%	64%



Q2 In the past 6 months, have you tried to call an out of hours GP service or attend the A&E department when the surgery was closed?

	%
YES FOR MYSELF	6%
YES FOR SOMEONE ELSE EG CHIL	7%
NO	87%



Q3 In the past 6 months if you have had to attend A&E (accident and emergency) at the hospital why did you need to do so? Choose one or more

	%
The GP surgery had no appointments	7
The surgery was closed and I couldn't wait until it next opened	6
I haven't been in contact with the surgery for a long time so have not been aware of the alternative options	0
I was advised to go by NHS 111	10
It was a life threatening emergency	4
I didn't know which other out of hour's service to use	1
I had an accident eg fracture, broken bone or fall which would have necessitated A&E treatment and x-rays	8
I was seen in another out of hours service but was not satisfied with the outcome and hence, went to A&E	0
I did not attend the A&E in the last 6 months	76

Q4 Answering Yes or No please tick below for any services that you are aware of or have knowledge about in dealing with out of hours care?

	YES %	NO %
NHS Direct website	66	35
Pharmacy minor ailments	51	49
Walk in centres	29	71
NHS 111	50	28
Urgent Care centres	9	91
Harmoni	17	83
NHS choices website	32	68

Q5 Which of the following appointment types at this surgery do you have knowledge about?

	YES %	NO %
Same day emergency morning and afternoon	84	16
Telephone consultations morning and afternoon	54	46
Home visit appointments	30	70
48 hour appointment slots	43	57
Friday afternoon emergency walk in	30	70
6 Week advance bookable appointments	35	65
Online advance appointment slots	38	62
Saturday mornings once a month	27	73

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Once the survey had been carried out and we had received the results, these were put into statistics as detailed above by the manager and were subsequently discussed at the follow up PRG meeting held at the practice on Friday 14 Feb 2014 with the members. The findings of the results were also emailed to all the PRG members in advance so that they could look at these prior to the meeting with a view to preparing ahead of our meeting on how we were going to tackle the various issues that were brought up in the survey.

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PART 4 – PROVIDE THE PRG WITH AN OPPORTUNITY TO COMMENT AND DISCUSS FINDINGS OF THE LOCAL PRACTICE SURVEY. REACH AGREEMENT WITH THE PRG OF CHANGES IN PROVISION AND MANNER OF DELIVERY OF SERVICES.

Once the surveys had been collected by the manager and formatted into results, these were then sent to all the members of the PPG by email or post as well as the surgery staff. The results were discussed at both the GP clinical meeting and the Practice meeting in house and the different areas that needed to be attended to or improved were also discussed.

The manager set up a subsequent meeting on Friday 14 Feb 14 to discuss these results with the PPG members and the results were discussed with those who attended. The minutes were then sent to the members who were not able to attend and there were a lot of fruitful discussions that took place via emails which related to the results and how to move forward to the next steps.

The surgery has been actively working toward achieving some of these targets or suggestions that were discussed at the beginning of the year and surveyed and have been working toward putting these into place.

The results of the survey were also displayed by a link on Facebook.

The manager also mentioned to the members at the meeting that we had a response from a total of 139 patients and it was interesting to note that we had a higher response from patients who completed the survey in house when waiting at the surgery as opposed to those who completed it online using survey monkey. Some members thought that this may be down to the fact that some patients may have disregarded the email link as junk mail so this is something we need to look at in the next time we carry out a practice survey.

PART 5 – AGREE WITH THE PRG AN ACTION PLAN SETTING OUT THE PRIORITIES AND PROPOSALS ARISING OUT OF THE LOCAL PRACTICE SURVEY. SEEK PRG AGREEMENT TO IMPLEMENT CHANGES AND WHERE NECESSARY INFORM NHS ENGLAND

After having viewed the results of the patient survey and looking at personal comments that were made by patients too on the surveys (which were discussed at the PPG meeting with the members) the following action points / plan were raised and addressed between the members and the representation by the Surgery. We were also joined at this meeting by the representative of our local pharmacist from Alisha Pharmacy, Raj who was present to help us gain some information about what the local pharmacies could do.

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- Firstly it was noted that there was a trend that emerged as a result of this survey and this was that there was a distinct lack of knowledge by the patients at the surgery with regard to many areas. A high number of patients are not familiar with the many terminologies that are being used in the NHS currently or the various choices that they have with regard to the out of hours services. This includes lack of knowledge about alternative options such as Harmoni, urgent care centres, NHS choices website, various walk in centres, the pharmacy minor ailment services etc. There are still a high percentage of patients who don't know what NHS 111 does. The PRG felt that this area needs to be addressed quite prominently.
- Another area where lack of knowledge is prevalent is that of prescribing of repeat medication. Many patients as per the results of the survey, are not aware of things like our online prescription request system, the 24 hour or late night pharmacies, dossett and batch prescribing which can prove to be useful for certain types of patients, prescription via a designated pharmacy, how to get rid of unused medication and how to synchronise patient medication lists.
- Our complaints procedure and policy is another area that the PRG felt needs to be looked at as 84% of the patients who took the survey, did not know about the procedures on what to do when they need to make a complaint.
- It was also clearly evident from the survey, worryingly so, that many patients are not aware or understand clearly how our in house services work. Examples of these are home visit appointments, Friday walk in emergency clinic, online appointments, our Saturday clinics and the 48 hours appointment slots.
- It was discussed that our reception staff scored very well on the patient survey and there were a lot of positive comments added by patients on the survey about our staff. 77% of the patients stated that the reception staff was very helpful and 18% said that were fairly helpful and lacked only some information to help and support patients.
- With regard to the areas of improvement in the surgery, there was not much concern from the patient's point of view. The seating area, the bike rack, choice of music in the waiting room, notices on the walls and the issues of concern with privacy at the reception desk were not deemed as highly important by patients and many simply voted NO when asked if they would like to see any changes in these areas.

In conclusion, it was worrying to see that 64% of patients said that they did NOT know how to contact the out of hours services when the surgery was closed and it appears that the A&E is a popular choice when a patient wishes to be seen urgently. This is proving to be a problem as it is costing the NHS a great deal of money. After having discussed the data results of the practice survey, we went on to discuss the action plan on what we planned to do to tackle these issues.

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ACTION PLAN

We designed an action plan based on the practice survey results and our ongoing discussions and these action points are listed below:

- We are going to plan to look at the local Ealing magazine or Chiswick W4 to use this in order to advertise high alerts or hot spot areas related to the surgery for out of hours.
- We are going to look at how we use our newsletter to convey information and try and repeat the more important issues such as out of hours etc. in the newsletters periodically.
- We are going to look at promoting the compliments / comments box or services at reception. Also have this as an option for patients to fill in comments or suggestions via the website or by email to the manager.
- Look at designing a one page flow chart of what one should do or where one should go etc. if they are in a particular predicament. For example a question to start off would be “if the surgery is closed and I have a medical emergency, where should I go?” type of flowchart with various options and answers to guide the patient.
- Look at what areas the GPs specialise in so that patients can have a choice to see that particular GP as they would have more faith or trust in their advice e.g. a GP who specialises in paediatric care so that a patient would be more willing to see them and not resort to out of hours reliance.
- Try and make the NHS 111 number more prominent in the surgery as it is a good triage system and will advise patients with the best choice based on the nature of the emergency. Granted that when they started they were not the best of systems with flaws however, over the time, they have improved and are a good system to use.
- Look at our text system and see if we can use this to send out text messages in bulk to patients with important information as more people use their mobile phones than access email. Important bulletin information can be disseminated in this way.
- Look at our NHS choices website and see how we can use our details to promote information. This was suggested by Raj the pharmacist.
- Look at adding as much more information on our own practice website to give patients as much information and up to date information as possible. Try and make navigation easier between the various sections on the website which would make it helpful for patients who do not use the internet often.
- Look at working with our local GP practices in the network and with the CCG and see if we can get some sort of A5 sized booklet made up which can be given to all our patients with important information such as out of hours, what to do in emergencies, important pharmacy information i.e. late evening opening one etc. We would need to look at the cost element of this and hence, it was suggested to look to see for sponsors for this or speak to the drug rep companies to see if they could support this for us. Another option would be to use the company who design our appointment cards to see if they could design this and support us in it.

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- Look at setting up an area in the surgery for example near the front door entrance, where we can put up leaflets etc. We need to enquire about the current wall display and see if we can use that to share some of our surgery leaflets so patients can see this as soon as they come in to the surgery.
- Discuss the option of our nurse or HCA having a quick and brief discussion with new patients on their new patient health check and tell them about our services so they can retain that information. When patients register they usually do so in a hurry and tend to not remember everything that has been said to them. If they are seated down in a consultation they may retain more information about the services we provide.

After we had discussed these action plans we decided to give ourselves about 3 – 5 months to implement these into action and the manager would be liaising with the PRG members for support throughout via emails and phone calls. PRG members have offered to help out by contacting people for the manager and Raj the pharmacist also is willing to support us by sending links and relevant useful information to support us in the above action plans.

The opening hours of the practice premises and the method of obtaining access to the services throughout the core hours.

The Bedford Park Surgery is open from Monday to Friday as below:

Monday	8.30am – 6.00pm
Tuesday	8.00am – 6.00pm
Wednesday	8.30am – 6.00pm
Thursday	8.00am – 8.45pm
Friday	8.00am – 6.00pm
Saturday	9.30am – 12.30pm (only once a month third of the month)

Appointments are made either in person by coming in to the surgery or by phone for any of the clinicians including the practice nurse and the Health care assistant. The surgery is never closed during the day for lunch and the phones are on throughout the day. Access can also be made via emails or from our website but appointments are not encouraged via this method.

Extended hours accessibility.

At the Bedford Park Surgery the evening hours (extended hours) take place as per below:

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Thursday nights from 18.30 to 20.45.

Saturday once a month 09.30 to 12.30

Appointments can be booked with evening GP Dr Samantha Eldred and the practice nurse Noko Masenya in these times. On the Saturday clinic, appointments can be made with the Health Care Assistant.

These are pre booked appointments only.
