Evergreen House Surgery

Patient Reference Group Annual Report

March 2014

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Introduction

This document is a report of the ongoing work undertaken this year 2013/2014 by Evergreen House Surgery in further developing our established patient reference group (PRG). The outcome of that engagement is contained in this report which will be published on our website, made available in hard copy format in our waiting room and sent to our Clinical Commissioning Group (CCG).

Further development of the patient reference group.

The group is made up of a mixture of patients who attend the meetings in person and a virtual group. In order to increase the membership we have continued to advertise on our website and also to display posters throughout the surgery.
We currently have 29 members,4 less than last year.
The membership of the group changes each year as patients have found it hard to commit to regular attendance. There are currently 2 members who have attended all the meetings. Although this can impact on continuity of the group, it also means that the patient representation is more varied.
The surgery serves an older Greek Cypriot population as well as young Bulgarian families with children. The members of the PRG that currently attend meetings are: 1 Black British, 1 White Irish, 3 Greek Cypriots and 1 Bulgarian. There are 3 retired members and 2 currently working. 1 is a registered foster carer, 1 is registered disabled and 2 have complex healthcare needs.
All members are registered patients of the practice. There has been an attempt to engage with some younger patients by means of advertising and direct invitation but no commitment has yet been made.
The priority setting meeting was held on 19th October 2013 which 6 members of the PRG attended, along with the planning team (minutes below at Appendix 2)

Areas of priority from last year.

The areas of priority the group wanted to focus on were around

raising awareness of the purpose of the PRG and looking at the appropriate use of A&E and the out of hours service. There was also a focus on improving access to the building for disabled patients and improving the building internally to provide better patient facilities. This included an additional waiting area and a fourth consulting room. Overall the satisfaction with the surgery from members of the PRG was very high. Discussions within the group looked at appointment availability and length of appointments. Some felt longer appointments should be made available. Although double appointments were not advertised, they were available for patients with more complex health needs.

Conducting patient surveys and collating the results

Prior to undertaking the questionnaire, the PRG were asked if they were happy with the suggested questions in the survey and if they wanted to add any additional questions. They felt the current survey highlighted the important areas and the only suggested change was to ask if patients were aware of the 111 service that had been introduced the previous year, so this was included.

The annual survey was carried out in January 2014. The sample size of 100 patients remained unchanged from last year. From the 100 questionnaires which were given out to patients attending the surgery, 94 were completed in full. The survey did not include patients who were visited in their own homes or those who received telephone advice. The completion rate was an improvement on previous years and can be linked to the fact that staff spent more time explaining the purpose of the questions and physically collecting the forms from patients after completion. It was agreed that the clinicians would not hand the questionnaires out as it was felt this might influence the patients' response.
Data was collated from all 100 questionnaires and shows a good cross section of patients which was felt to be representative of the practice population.
The results are attached to this report and have also been published on the website and sent to members of the group.

Consulting with the PRG to discuss survey findings.

At the end of January 2014, the results of the survey were emailed to the PRG and also sent to the postal PRG members for their comments. The PRG was also invited to attend a meeting at the surgery in early February to discuss the statistical survey results and other written comments which had been received from patients in response to an invitation to make “any other comments”. These mainly fell into three categories:

- privacy/confidentiality at the reception desk
- the appointment system
- overall satisfaction with the service offered

The PRG chose to feedback their views by telephone or email, as the majority did not want to meet face to face solely for the discussion of the action plan, and this was done by 14/2/14.

Agreeing an action plan with the PRG

The proposed Action Plan was then emailed to members of the PRG and also sent to the postal PRG members for their comments. A good response was received with very helpful and constructive points for consideration in implementing proposed changes arising out of the local practice survey. Action Plan attached as Appendix 1.

Publishing results

This report has been prepared following collaboration over the past year with the PRG as detailed above. The report has been published on our website at www.evergreenhousesurgery.nhs.uk and will be made available to our wider patient community via email, posted to those patients we initially contacted in our care homes and paper versions made available in the waiting room at the surgery.
Posters will be displayed as and when changes are implemented to highlight ongoing progress. Updates will be added to our website on a rolling basis and printed in our practice newsletter.

Report by: Wendy Cousins
Title: Nurse Practitioner / Governance Lead
Date: 17th March 2014

Evergreen House Surgery Action Plan **Appendix 1**

What	How	Who / lead	When	Outcome / comments
1. Advertise opening hours more clearly	Advertise on website, within building and with patients directly when attending	Governance lead / reception staff	With immediate effect	Will review with next survey
2. Need to raise awareness of out of hours service and NHS 111	• Clinicians giving out details during appointments • Advertise on website • Notices within the practice • Practice leaflets	Practice manager / all clinical staff	With immediate effect	Should see a reduction in patients attending A&E Should see an increase in patients using OOH service
3. Need to increase the number of appointments offered	• Nurse practitioner to work alongside the doctors seeing minor illness and same day appointments	Practice manager	Gradually over next few months following demand and capacity mapping exercise	Review ongoing
4. Increase awareness of website as many patients do not use it	• Advertise on front door • Posters within the practice • Information leaflet	Practice manager	Ongoing	Review ongoing and next survey results

5. Improve DNA rates within the practice	Liaise with the PRG and carry out a mini survey to find out why patients do not attend appointments	PM / Governance lead	May 2014	To be carried out in May
6. Reducing in hours A&E attendances	Surgery to participate in the CCG Local Enhanced Service	Lead GP / PM	June 2014	Results to be published

Appendix 2

Minutes from Patient Reference Group meeting held on Saturday 19th October 2013.

Present

Radka Pelendrides	Practice manager
Helen Pelendrides	GP
Goran Jolic	GP
Wendy Cousins	Nurse Practitioner
AA	Patient representative
NC	Patient representative
AM	Patient representative
MN	Patient representative
RK	Patient representative
VB	Patient representative

1 RP welcomed the group and introductions were made.

2 RP outlined the purpose of the group as being an opportunity for the patients to be involved in improving the services the surgery offers. The group has been established for approximately 5 years. The purpose is also to communicate and feedback to other patients, information provided at the meeting. The membership of the group changes as commitment from individuals is difficult but it was agreed this is not an issue. There are at least 2 members that attend each meeting.

3 RP gave an update of changes within the practice since the last meeting. They are as follows:

- Classic FM now playing in upstairs waiting room to improve confidentiality from the consulting rooms as it was identified conversations could sometimes be overheard.
- New electronic BP machine in the down stairs waiting room. This will enable patients to come and take their blood pressure and check their height and weight ratio (BMI) without seeing the doctor. Tokens for the machine are available from reception. It also helps to save time during the consultation if blood pressure is recorded prior to seeing the doctor or nurse.
- There is a new electronic checking in machine. The also displays other health related information for patients to read whilst waiting to be seen.
- There has been a change to the way patients can obtain their repeat prescriptions. It can be done electronically by nominating a local pharmacist (EPS2). The prescriptions are then sent through without the need for patients to attend the surgery. Further information is available from reception or the local pharmacies.

4 WC gave an overview of the last patient satisfaction survey result. This was generally very positive with the surgery scoring high in all clinical areas. A copy of the full report is available on the website; www.evergreenhousesurgery.co.uk . During this discussion some of the

group members raised an issue about the length of appointment times. It was confirmed these are 10 minutes with a GP and 15 minutes with the practice nurse but if a patient has complex needs, double appointments could be requested. It was agreed that the surgery would need to raise awareness of this amongst patients, especially for those who attend with multiple problems.

5 The next survey is due in December. The group were asked if they felt any changes to the questions were needed, after some discussion, it was agreed to include a question asking if patients were aware of the new NHS 111 service, which started in April 2013.

6 A Clinical Commissioning Group (CCG) update was given by HP. The group was informed about the financial challenge the CCG faces and ways in which savings could be made eg using services locally and directing more patients away from the acute services to be treated in community and primary care. Leg ulcer care, new community urology and ENT pathways were amongst the local services being developed. There is also a 24 hour district nurse availability through 111. This will ultimately help with the 4 hour waits in A&E.

The group were encouraged to share their experiences with local services, both positive and negative.

A.O.B

- There are a number of changes to the national immunisation programme. This includes the introduction of a rota virus vaccination for babies and a shingles vaccination for those aged 70 & 79. Children aged 2 & 3 were also being given a nasal influenza vaccination. Pregnant women were still being offered pertussis and influenza also.
- The mobile messaging service does not appear to be working at the moment; RP to investigate.
- A comment was made about how long patients are kept waiting at reception. This was partly due to patients asking the reception staff to fill in repeat prescription forms. It was agreed this should be done by the patients themselves.
- During a discussion about screening, the meeting was advised that there is no evidence that it is necessary to screen people younger than the age currently recommended nationally and that it may be harmful to do so ie over exposure to xrays etc. The discussion also extended to patients wanting to be seen as a priority because they had been registered at the surgery for many years. HP informed the group that regardless of length of registration, all patients were treated equally.

There were no other agenda items to discuss and therefore the meeting drew to a close.

The group was thanked for their time and input.
Date and time of next meeting to be confirmed.

Appendix 3

8/11/13

Accident and Emergency Attendances Reduction Plan

The practice Plan will set out the practice objectives and define actions taken to support the reduction of inappropriate A&E attendances. The plan is based on the investigation of the provision of services to patients, more efficient utilisation of existing resources, enhanced patient experience, increased choice, greater use of community services, including increased patient treatment within primary care (especially for patients with chronic diseases).

Administrative Monitoring / Action Plan
The overall aim is to reduce unscheduled care by minimising avoidable attendances at A&E Departments and reducing emergency admissions and length of stay in hospital.

In order to achieve this as a practice our plan is as follows:
Daily review of A&E attendance information reports via Docman (includes entries in patient's medical records when there is inappropriate A&E attendance Read code 9Nr, also informing hospital via e-mail about patients that have left our practice or are not registered - accuracy). Patients identified as possible inappropriate attendees will be contacted by the PM to help us understand why the patient chose A&E, and to educate on appropriate future use of unscheduled care.

Monthly reviews of inappropriate A&E attendances at clinical meetings. A review of activity data in the defined areas will be expected and appropriate management will follow. The weekly Multi-Disciplinary Team Teleconference is already used to discuss shared care to avoid unnecessary admissions and minor A&E attendances in the over 65 age group.

Increasing access to integrated community based urgent care systems, within practice hours and out of hours. This requires acute clinicians to work even more closely with preventive services eg ICTT and the falls prevention pathway.

Improving access to information, which informs patients about what health and social care services are available locally. Large colour posters are on display in both waiting rooms, explaining the difference between 999 and 111 (copy attached). Clinicians hand out a practice designed flyer on appropriate use of 111 and OOH service to patients in consultation (also attached). This will help ensure that they access the most appropriate services and receive the most appropriate care.

Agreeing care plans with patients, carers and extended community teams ie community matron, district nurses, health visitors, palliative care team that will anticipate crises and avoid some A&E attendance/admissions particularly for those with long term conditions and those who are in the last year of life.

Using the risk stratification tool to identify and target those people who are at increased risk of admission and providing appropriate information, support and care for the patient and their carers within the community. A joint project with the Local Authority will be starting shortly, which will result in a community liaison worker

being appointed to each collaborative to spread understanding of services and better take up of them.

Better liaison with the local pharmacies to avoid patients runnning out of repeat prescriptions unexpectedly and to educate them not to use A&E for repeat medication.

Practice already observes a 48-hour repeat prescription policy, online requests are available for patients, and from September with EPS2 roll out, consented patients will only make 1 trip to collect their medication from their chosen pharmacy.

Internal audit of number of patient requests for on the day appointments, to be reviewed monthly for 2-3 months until trends established, so workforce planning can mirror demand

Telephone triage by nurse practitioner as soon as phone lines are open ie 8-9am on the what we consider to be the busiest 3 days of the week - this may change after the audit. This should lead to better access to doctors' and nurses' appointments.

Patient education (pathways and information regarding OOH Service)

Listening to patients and acting on what they tell us to improve access to our services -Patient Participation Group, NHS Choices and practice website feedback.

Emphasis on flyers being handed out on Fridays to remind the patients that over the weekend, should they need non-urgent medical assistance to call NHS 111 rather than attend A&E unnecessarily.

Audits of inappropriate A&E attendances has demonstrated that the proportion of A&E attendances are for conditions that could be managed by GP or local Primary care Team. Plans are expected to make full use of community and social service provision to reduce admissions and to treat patients in, or close to home.

Appropriate Uses of Accident and Emergency

The following conditions can be treated at your local pharmacy :

Minor cuts, Thrush, Conjunctivitis, Cough, Cold, Flu, Indigestion, Constipation and Diarrhoea

The following conditions should be treated by your GP/Out of hours Service :

Stomach aches, Headaches,Muscle injury,Chest, Skin or Urine infections,or any other conditions requiring tests or follow-ups.

The following conditions should be taken straight to A&E without hesitation :

Chest pain, Shortness of breath, Life threatening or Serious injury

The following conditions are guidelines, if you are unsure please contact your local pharmacy, your gp or NHS 111

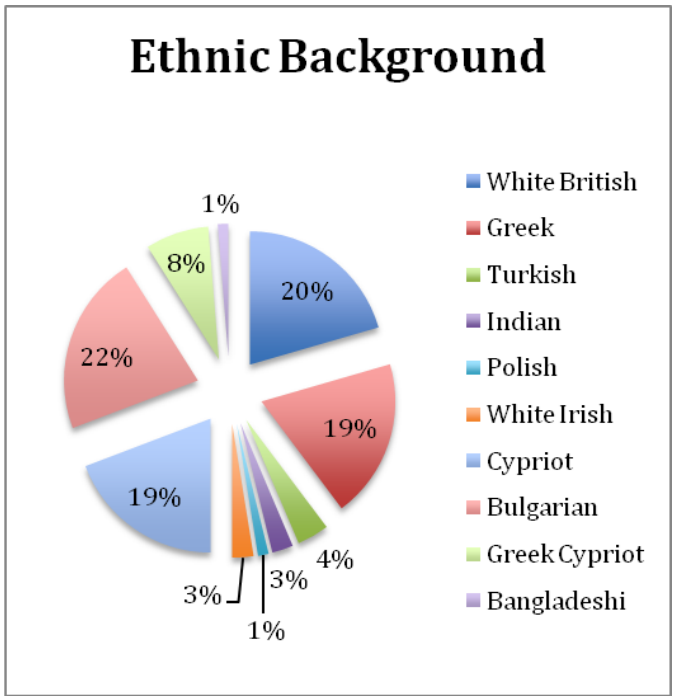
Please dial 111 (Free of Charge)

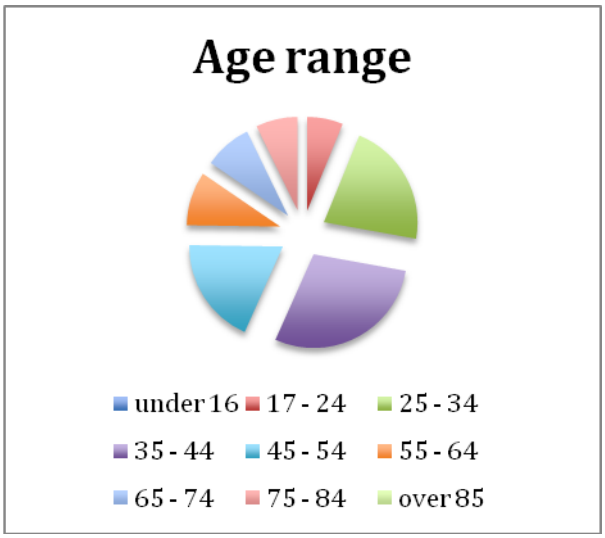
Appendix 4

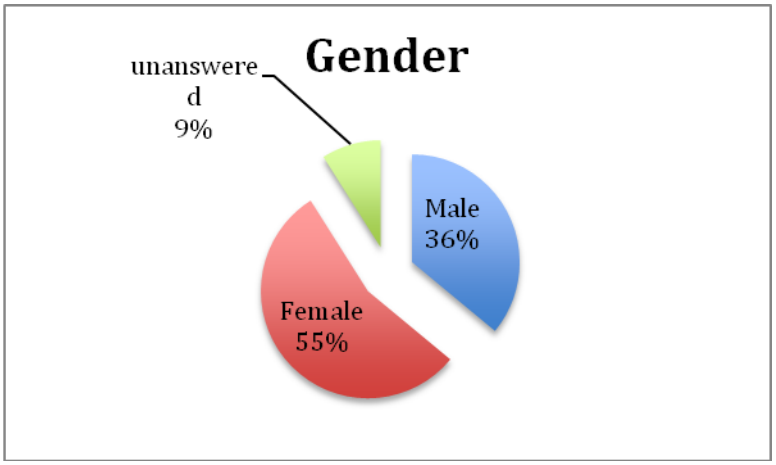
Evergreen House Surgery

Patient satisfaction survey results January 2014

A total of 100 questionnaires were given out to patients attending the surgery, of which 94 were completed in full. The completion rate was an improvement on previous years and can be linked to the fact that staff spent more time helping patients and physically collecting the forms from patients. Data was collated from all 100 questionnaires.
Age range, gender and nationality of respondents can be seen below. The data shows a good cross section of patients which was felt to be representative of the practice population.



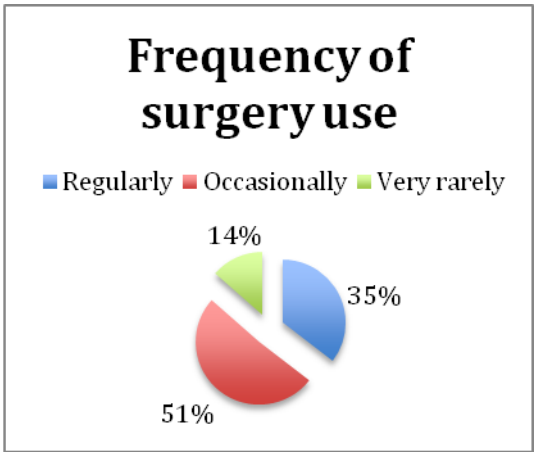


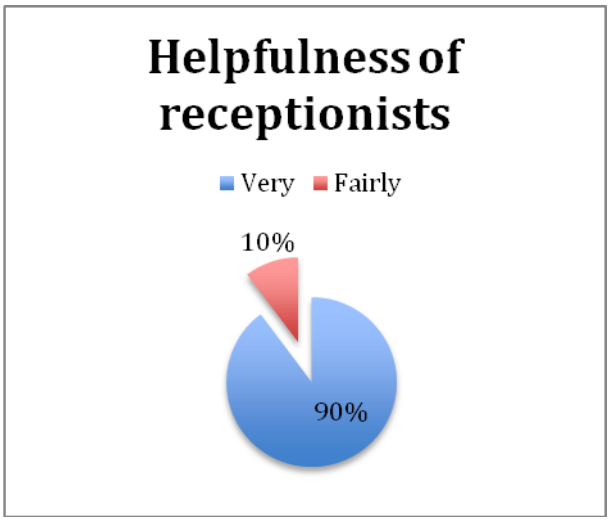


Patients were asked how easy they found entry into the building and were also asked to comment on the cleanliness of the surgery. Feedback from both of these questions was positive. 95% of patients found it either very easy or fairly easy to get into the building. 2% answered it was not very easy; of which 1 person stated she had problems with her pushchair.

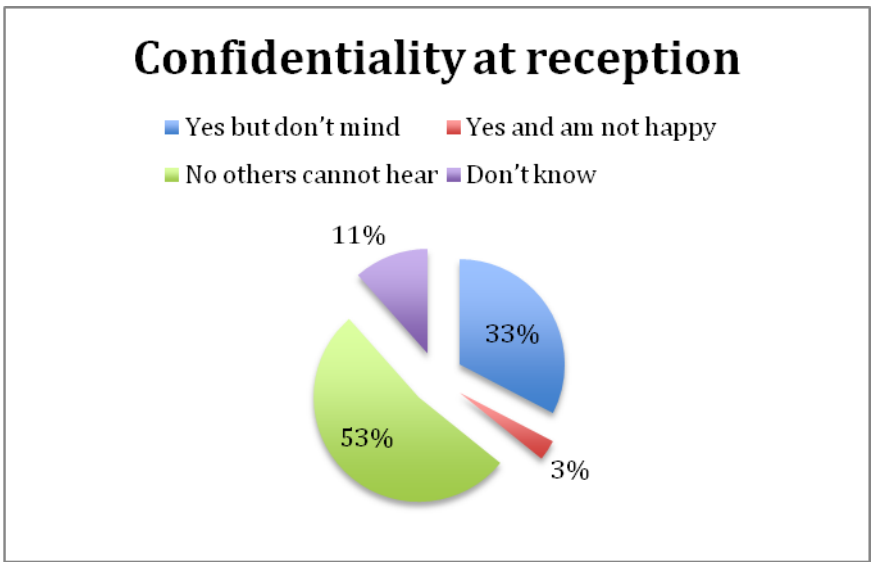
83% answered the surgery was very clean and 14% that it was fairly clean.

Patients were asked a number of questions relating to making appointments, how frequently they used the surgery and how satisfied were they with the clinician they saw. They were also asked to comment on the helpfulness of the reception staff. The results are seen below.

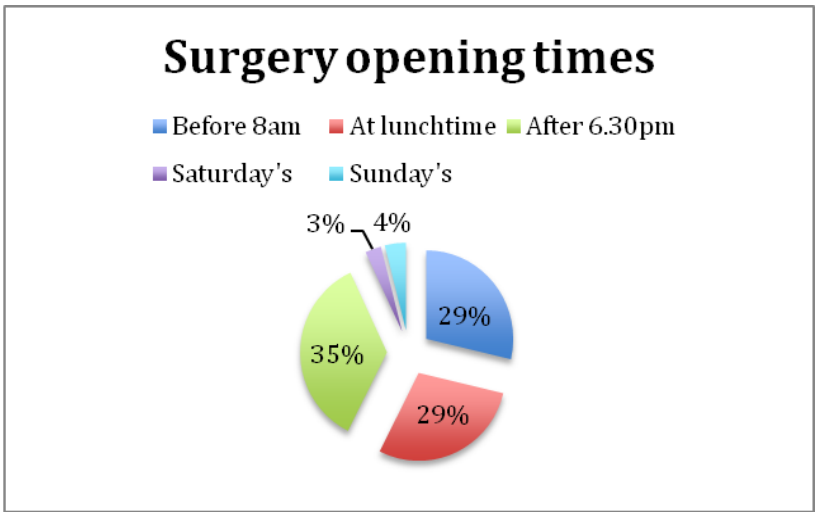


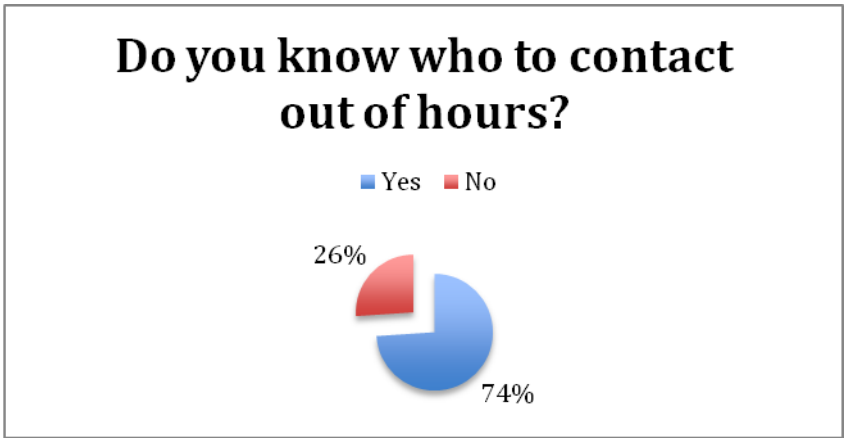


There was a question in relation to confidentiality in the waiting area. Patients were asked if they felt others could overhear them when they were speaking at reception. Only 3% of patients reported that yes they could be heard and were not happy about it.



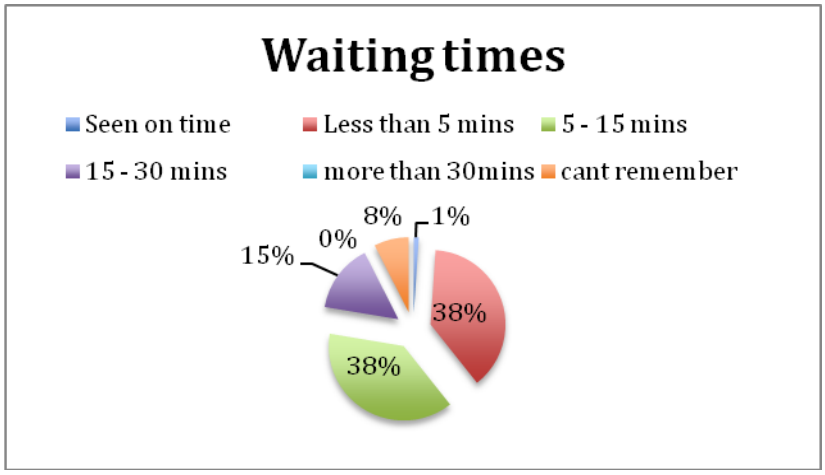
Opening times.
There seemed to be confusion in relation to both the opening hours of the surgery and also what to do out of hours.



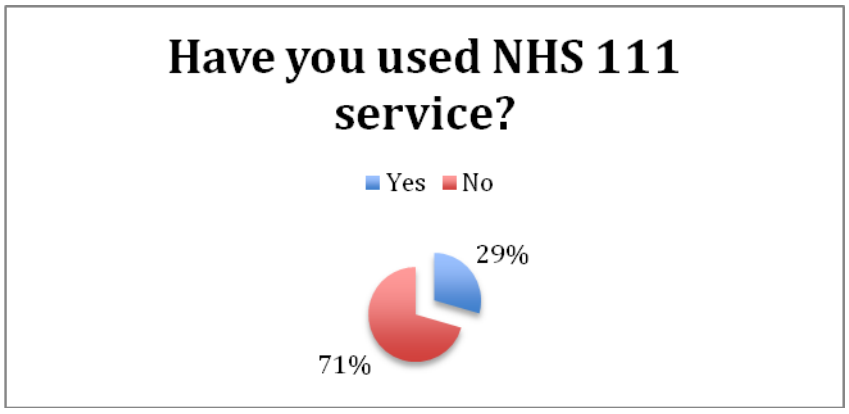


From those patients surveyed, 76% were seen within 15 minutes of their appointment time. 15% waited between 15 – 30 minuets, 1% waited over 30 minutes and 8% couldn't remember.

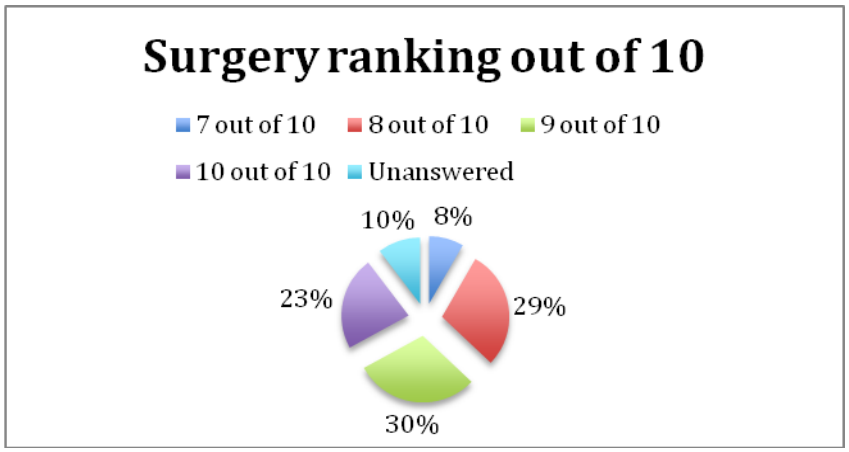
7% felt they waited a bit too long.



Following discussion with the Patient Reference Group (PRG) it was agreed to include a question about the NHS 111 service which commenced in April 2013



The PRG also suggested asking patients to rank their satisfaction with the surgery out of a possible 10 points.



Summary.

Analysis of the results showed a varied cross section of patients from mixed age ranges. The questionnaires were given out randomly to patients attending the surgery and therefore do not take into account patients receiving either home visits or telephone advice. A number were also given to non English speaking patients who were assisted by reception staff able to speak their language.

Accessibility, cleanliness and helpfulness of the reception staff were all scored consistently highly. Confidentiality in the waiting area had a mixed response. 53% felt other patients could not overhear them and 36% felt they could be overheard, although from this number 3 patients were not happy about it whilst the remainder didn't mind. 11% were unsure.

89% of respondents either saw the clinician of their choice or indicated they didn't mind who they saw. 5% did not see the clinician they wanted to see.
95% were satisfied with the advice given, with 1% dissatisfied. The dissatisfied patients did not indicate which clinician or why.

Opening hours and care out of hours proved to be the biggest issue identified as it has been in previous surveys. 74% knew what to do during the out of hours period and although this was a significant increase from last years survey, only 29% had used the NHS 111 service. 29% thought the surgery was open before 8am and 7% thought it was open at weekends.

53% ranked their satisfaction of the surgery as 9 or 10. No one scored the surgery less than 7 out of 10.

Action points

1. Circulate and discuss the results to members of the PRG.
2. Feedback to staff and patients the results of the survey.
3. Upload survey results onto the surgery website.
4. The out of hours service is currently advertised on the surgery website, patient information leaflet and the external door to the building. Further action needs to be taken to raise the profile of the service offered out of hours and when it is appropriate for patients to go to A&E. Patients should also be encouraged to use the 111 service for non – emergency advice.
5. There needs to be more clarity of the surgery opening hours and of what patients can expect during these hours.
6. Review confidentiality within the practice.
7. Repeat survey time scale to be advised.

Appendix 5

Evergreen House Surgery

Opening Times

The surgery is open Monday, Tuesday, Wednesday and Friday (excluding Bank holidays) from 8.00 am until 6.00 pm and does not close for lunch.
The surgery is open Thursdays from 8.00 am until 5pm.
We offer extended hours every Monday from 6.30 until 8.00 pm for booked appointments only.

Our Appointments System

Set out below is a summary of the appointments booking system here at Evergreen House Surgery.

Appointments can be made:-

- Via the reception desk
- By telephone on 020 8888 8378
- Via the internet through our website www.evergreenhousesurgey.nhs.uk - you will need to register for this service. Please enquire at the reception desk

The computer system allows for appointments to be made:-

- For up to 4 weeks in advance
- For booking within 48 hours

We undertake to maintain a fair balance of the different appointments on offer and all receptionists will do their very best to accommodate your requirements. Please bear in mind that it may not always be possible to offer you exactly what you want, but we will do our very best.

Should you require Out of Hours assistance, please ring 111 for all non emergency medical advice. This service is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

What may help you also is to know when the doctors are scheduled to work. A normal working week will look like this, but don't forget that doctors attend study days and courses as part of maintaining their professional standards, take holidays and, unfortunately, sometimes they fall sick.

Dr Helen Pelendrides:	Monday, Tuesday, Wednesday and Thursday mornings and alternate Monday extended hours
Dr Goran Jolic:	Monday, Tuesday & Friday am and pm. Wednesday & Thursday morning only and alternate Monday extended hours
Dr Mellany Ambrose:	Wednesday & Friday am, Thursday pm
Dr Marina Dalziel:	Tuesday and Wednesday pm,Thursday am