

ELSENHAM SURGERY

PATIENT
PARTICIPATION
REPORT
2014

WEBSITE:

www.elsenhamsurgery.nhs.uk

ELSENHAMSURGERY

F81111

COMPONENT 1

DEVELOP A STRUCTURE THAT GAINS THE VIEWS OF THE PATIENTS
AND ENABLES THE PRACTICE TO OBTAIN FEEDBACK FROM THE
PRACTICE POPULATION

PATIENT REFERENCE GROUP

For 2014 we decided we would develop our Patient Reference Group from a “virtual” email based group into an actual working group with regular meetings.

We ran a recruitment campaign which included the following:

- Automated application form via our website.
- Posters in the waiting room.
- Discussions with patients visiting the surgery
- Discussions with patients via the telephone.
- The above are all ongoing.
- We also pro-actively promoted recruitment to the group via our receptionists, with a leaflet distribution to all patients in the waiting room. This campaign ran for two weeks.

DETAILS OF OUR PATIENT REFERENCE GROUP REPRESENTATION

Our Patient list size, (excluding all patients under the age of 15) eligible to join the group is: 4336

Our present membership is currently: 12

- 5 Females and 6 Males
- The age range is 25-65 and Over
- The ethnicity mix for the group is predominately White British or White Other.
- In addition to the 12 patient members Dr David Whooley (Partner) and Karen Greaves Practice Manager also attend meetings. The PPG is also open to other members of the practice staff should they wish to attend.

At 0.28% of the total number of patients eligible to join the group we feel the group is not truly representative of our patient base.

However, we are pleased that the 12 members we do have are all active supporters of the surgery and are committed to the work of the group. There is also representation within our PPG for some of our minority groups, including the disabled and the manager for patients with learning disabilities also attends. These two members are invaluable to the group with regard to the insights they can offer.

PATIENT PARTICIPATION GROUP DEVELOPMENT STRATEGY

We are concerned about the current membership size and are keen to grow. Therefore, we have developed the following strategy to try and increase our membership. Notwithstanding the efforts made regarding recruitment already we propose to implement the following on an on-going basis.

- We will continue with the posters in the waiting room.
- We will continue with the on-line application via the website.
- On a monthly basis we will run our pro-active invite campaign to patients in the waiting room.
- The current members have agreed to write a news bulletin for the local parish magazines, about the work of the group. These bulletins will also be displayed in the waiting room with posters and details of how to join the group. We hope this will create interest and will become a way to attract new members.

COMPONENT 2

AGREE AREAS OF PRIORITY WITH THE PATIENT REFERENCE GROUP.

HOW THE PRACTICE SOUGHT THE VIEWS OF PATIENTS

Prior to finalising the questionnaire for 2014 we took the following measures to gain a broad view from our patients what the main areas of focus should be for the 2014 questionnaire.

- We asked patients in the waiting room to look at the questionnaire for 2013 with a view to their key priorities to see if all areas had been sufficiently covered.
- We ran this exercise for a one week period from 17.2.14 – 21.2.14. Approximately 50-75 patients were approached. No suggested changes were forthcoming and all agreed the key areas on the questionnaire relating to access of staff, Dr Availability, dispensary, and the building had been adequately covered.
- This questionnaire was also displayed on the website, with an opportunity to respond.
- Other improvements to the website include a new “suggestion box” section. This has now become a permanent fixture.
- We held our first “actual” meeting of our newly formed Patient Participation Group to agree areas of priority the surgery will focus on over the coming year. As there were no changes to report from the general patient consultation the group considered the merits of the existing questionnaire with regard to access as the key priority.

**DETAILS OF THE FIRST MEETING OF
ELSENHAM SURGERY
PATIENT REFERENCE GROUP.**

26.2.2014

Please see below copies of:

- Agenda
- Minutes
- Copies of Handouts
- Terms of Reference of The Patient Reference Group
- Confidentiality Agreement
- Patient Satisfaction Questionnaire – amended version

AGENDA

Agenda:

Elsenham Surgery Patient Participation Group

Wednesday 26th February 2014 @ 7:00pm

- 1) Welcome
- 2) Brief objectives of the Group – for 2014
- 3) First task for the group - Agree Patient Satisfaction Questionnaire
- 4) **12/3/14** = Follow up meeting to discuss the results of the questionnaire and agree an Action Plan for 2014.
- 5) Any Other Business

MINUTES

Minutes

Elsenham Surgery Patient Reference Group

Wednesday 26th February 2014 @ 7:00pm

Attendees

Dr David Whooley - Partner
Karen Greaves – Practice Manager
Peter Fairhead
Deborah Band
Nadia Jackson
Corina Mottrom
Simon Ayliffe
Deborah Clark
Rachael Warwick – hft

- 1) Welcome – Coffee and Introductions.
- 2) Welcome packs distributed – Pack included Confidentiality agreement forms, Terms Of Reference for the PPG, Elsenham Surgery PPG guide hand-out
- 3) Brief objectives of the group were discussed with particular reference to this and the next meeting to discuss the format of the patient satisfaction questionnaire.
- 4) The patient satisfaction questionnaire was discussed and a few amendments were agreed.
 - Larger font
 - Amendment to question 6 – “At appointed time”
 - Inclusion of a new question along the same lines as question 3 but specifically stating nurse or Doctor.
 - Karen will investigate the possibility of having the questionnaire not just available on the website to download, but also to complete it on the website.
 - It was agreed that the questionnaire should be printed in a double sided format.
- 5) Key focus of the Questionnaire agreed.

- It was agreed that the questionnaire should focus on all aspects of access.
 - With particular regard to length of wait for an appointment
 - Times available for appointments.
 - Opening times.
 - Services offered by the practice.
 - The questionnaire with the above amendments was duly agreed.
- 6) The 12/3/14 was agreed for the follow up meeting to discuss and agree the Action Plan for the surgery in 2014.
- 7) It was agreed that Karen would do a display in the waiting room to promote the work of SEPT
- 8) There followed a general discussion regarding the sort of work the group may be involved in over the coming year – The group will come back with suggestions and ideas next time.

Meeting Ends 9:00pm

Elsenham Surgery

Patient Participation Group



Jan 2014

Patient participation groups were developed as a way to extend patient involvement.



Why?

A format that encourages people to engage with the NHS at the same time as engaging in their own health care.

They can provide practical support for the practice.

They can contribute to the continuous improvement of services.

Jan 2014

Develop Aims & Objectives

Aims and Objectives:

- For the group to be a Patient voice: promoting a patient led culture
- To involve the group with all aspects of improving patient access.
- To promote co-operation between the Practice and Patients to the benefit of both.
- To work with the local community to support their needs.
- Use information gathered from patients to discuss problems and potential improvements with the Practice.
- Support the CQC inspection process

Jan 2014

Ways You Can Help.....

- **Help with patient surveys, and discuss results**
- **Contribute to service development and decision making**
- **Lobby local organisations, patients etc.**
 - **Fundraising.**
 - **Express your views.**



Jan 2014

TERMS OF REFERENCE OF THE PATIENT PARTICIPATION GROUP

ELSENHAM SURGERY

1. Title of the Group:

The Group shall be called THE PATIENT PARTICIPATION GROUP (PPG) of ELSENHAM SURGERY.

2. Aims and Objectives of the Group:

- I. **For the group to be a Patient voice: promoting a patient led culture**
- II. To promote co-operation between the Practice and Patients to the benefit of both.
- III. Develop community profiles and engagement, and collect community intelligence.
- IV. Use information gathered from patients to discuss problems and potential improvements with the Practice.
- V. Support the CQC inspection process
- VI. The Group will **not** be used as a forum to hear individual complaints. Any complaints should be directed to the Practice Manager in accordance with the Practice Complaints procedure.
- VII. Individual members of the Group are **not** permitted to seek or promote any personal cause or agenda.

Any person trying to engage in either, VI. or VII. above, will be asked to leave the Group.

3. Membership of the Group:

- i. Membership of the Group shall be open and free to all **registered Patients** aged 16 and over and to all staff of the Practice.
- ii. Ideally members should have active involvement in the community, but will not formally represent other organisations.
- iii. All members must sign a confidentiality agreement with the Practice

4. Activities of the Group:

- i. The Group will be kept informed of the Practice policies relating to NHS England and to the CCG to which it belongs.
- ii. The group may express opinions on these policies on behalf of the patients.
- iii. The Group will consult with the Practice on service development and provision and assist in the assessment of community medical needs.
- iv. The Group will contribute to, and be kept informed of, Practice decisions.
- v. The Group will contribute to improving patient access.
- vi. The Group will seek to ensure that Patient information and advice are readily available and clearly presented.

5. Meetings of the Group:

- i. The Group will endeavour to meet no fewer than four times a year, and will, in addition, normally hold an Annual General Meeting in February each year.
- ii. Notices of meetings, reports on meetings and information about the PPG's activities will be displayed on PPG notice boards, in surgery waiting rooms and on the Group's web page, and members will be notified by email alerts, and through the post when necessary.
- iii. The Practice Manager will Chair the Group and one of the Partners of the Practice will attend each meeting.

6. Equality and Diversity:

- i. The Group will work for the benefit of the Practice and Patients without distinction of gender, race, colour or political, religious or other opinions or characteristics of individuals by encouraging development and quality of health promotion and health care services.
- ii. The Group shall be non-party in politics and non-sectarian in religion. The group shall have power to affiliate to the National Association for Patient Participation and to other organisations with similar charitable objects. The Group shall at all times respect diversity and will be committed to the principles contained within the Equality Act.

6. Voting:

- i. All decisions arising at any meeting shall be decided by a simple majority of those present and entitled to vote thereat. No member shall exercise more than one vote. In case of equality of votes the person chairing the meeting shall have a second or casting vote.

7. Finance:

- i. Should fundraising activity commence a Treasurer will be appointed. - All monies raised by or on behalf of the Group shall be applied to further the objects of the Group and for no other purpose. The Treasurer shall keep proper accounts of the finances of the Group. The accounts shall be audited once a year by a qualified auditor who shall be appointed by the Annual General Meeting. An audited statement of accounts for the last financial year shall be submitted by the Committee to the Annual General Meeting.

ELSENHAM SURGERY

CONFIDENTIALITY

Any information of any kind learned from the surgery, be it medical or personal, relating to all patients past and present, must be treated as absolutely confidential.

All records (both paper and computerised), messages, notes on doctors', or nurses', desks or elsewhere in the building are absolutely confidential.

The doctors are ultimately responsible to their patients for complete confidentiality and the leaking of information by any person could lead to a doctor being removed from the medical register.

Information held at the surgery is covered by the Data Protection Act 1998. Disclosure of information held under the Act may result in a prosecution against the organisation and the individual.

Full name:

Signed:

Dated:

Practice Manager – Signature:

Dated:

ELSENHAM SURGERY

INTRODUCTION

Please Note:

Further to a meeting of The Elsenham Surgery Patient Reference Group, held on Wednesday 26th February 2014; it was agreed a few changes needed to be made to our usual questionnaire. The form below has been amended accordingly including using a larger font, and should be used for the 2014 survey.

The Patient Reference Group would like to highlight that this questionnaire pertains only to the services and facilities here at Elsenham Surgery. It does not include patient satisfaction regarding other aspects of patient care which may include community based services like the district nurse team etc. SEPT is the company responsible for the community based nursing care in Uttlesford and they welcome your feedback on their services. Should you wish to, please contact them on communications@sept.nhs.uk or complaints.department@sept.nhs.uk

Thank you very much for your time and assistance

Please place your completed questionnaire in the box on the Reception desk

PLEASE RATE EACH OF THE FOLLOWING AREAS BY TICKING ONCE ON EACH LINE:

Access To A Doctor Or Nurse						
	No experience	Poor	Fair	Good	Very Good	Excellent
1.Speed at which the telephone was answered initially		1	2	3	4	5
2. Opening times of the surgery		1	2	3	4	5
3. Length of time you had to wait for an appointment for a Nurse		1	2	3	4	5
4. Length of time you had to wait for an appointment for a Doctor		1	2	3	4	5
5. Convenience of day and time of your appointment		1	2	3	4	5

6. Seeing the Doctor of your choice		1	2	3	4	5
7. See the Doctor or Nurse at your appointed time		1	2	3	4	5
8. Opportunity of speaking to a Doctor or Nurse on the telephone when necessary		1	2	3	4	5
9. Opportunity of obtaining a home visit when necessary		1	2	3	4	5
10. Level of satisfaction of the treatment provided by the nurse		1	2	3	4	5
11. Level of satisfaction of the treatment provided by the doctor		1	2	3	4	5
Obtaining a repeat prescription						
12. Prescription ready on time		1	2	3	4	5
13. Prescription correctly issued		1	2	3	4	5
14. Handling of any queries		1	2	3	4	5
Obtaining test results						

15. Were you told when to contact us for your results?		1	2	3	4	5
16. Results available when you contacted us		1	2	3	4	5
17. Level of satisfaction with the amount of information provided		1	2	3	4	5
18. Level of satisfaction with the manner in which the result was given		1	2	3	4	5
About the staff						
19. The information provided by the Reception staff		1	2	3	4	5
20. The helpfulness of the Reception staff		1	2	3	4	5
21. The level of Patient Confidentiality in the reception area and waiting room		1	2	3	4	5
22. The helpfulness of other staff		1	2	3	4	5
23. The condition of the building		1	2	3	4	5
24. The services provided by the Practice (If you are		1	2	3	4	5

interested in finding out more about our services. Please see www.elsenhamsurgery.nhs.uk for further details.						
And Finally						
25. My overall satisfaction with this Practice		1	2	3	4	5

Any further comments:

The following questions provide us only with general information about the range of people who have responded to this survey. It will not be used to identify you, and will remain confidential.

How old are you?	
Are you male or female?	
How many years have you been attending this Practice?	

Thank you very much for your time and assistance

Please place your completed questionnaire in the box on the Reception desk

OUTCOMES FROM THE FIRST MEETING

- The questionnaire was duly amended with the agreed changes
- The website was updated with the new format questionnaire
- The website provider was contacted and the Practice Manager created a new electronic submission version of the questionnaire.
- The updated website was trialed by members of the staff. It became apparent that people looked for the questionnaire in various places.
- The Practice Manager amended the site further to have the electronic submission version available in three different key locations throughout the website, including on the home screen.

COMPONENT 3

COLLATE PATIENT VIEWS THROUGH THE USE OF A SURVEY.

THE PATIENT SATISFACTION QUESTIONNAIRE SURVEY.

Method and Summary of findings:

- The questionnaire was made available via the website, available as a download or as an electronic submission
- The electronic submission was available at three separate points on the website to maximize achievement.
- The survey was proactively promoted by the staff over the phone whilst booking appointments.
- There was a proactive approach campaign conducted by the reception staff to encourage patients in the waiting room to complete a paper questionnaire.
- The survey was actively promoted from 27th February 2014.
- The survey had been available on the internet all year since the closure of the last survey 2013. In addition, the survey is always available from reception.
- Over 100 copies were distributed during the active promotion exercise.
- 84 Questionnaires were returned.
- 10 Were spoilt papers as the new double sided format didn't prove user friendly and complete pages of questions were left un-answered.
- Despite our best efforts to promote the questionnaire on the website we didn't get a single response this way.
- The results were analysed by the Practice Manager and the percentage scores given below were presented to the Partners and the Patient Reference Group.

PATIENT SATISFACTION QUESTIONNAIRE – RESULTS SUMMARY

Access To A Doctor Or Nurse						
	<u>No experience</u>	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Very Good</u>	<u>Excellent</u>
1.Speed at which the telephone was answered initially	1		4	28	27	14
Percentages	1.3%		5.4%	37.8%	36.4%	18.9%
2. Opening times of the surgery			4	22	28	20
Percentages			5.4%	29.7%	37.8%	27.0%
3. Length of time you had to wait for an appointment for a Nurse	8	2	7	19	25	13
Percentages	10.8%	2.7%	9.4%	25.6%	33.7%	17.5%
4. Length of time you had to wait for an appointment for a Doctor		9	14	22	13	16
Percentages		12.1%	18.9%	29.7%	17.5%	21.6%
5. Convenience of day and time of your appointment		4	10	23	17	20
Percentages		5.4%	13.5%	31.0%	22.9%	27%
6. Seeing the Doctor of your choice		4	12	20	20	18

Percentages		5.4%	16.2%	27%	27%	24.3%
7. See the Doctor or Nurse at your appointed time		2	12	31	11	18
Percentages		2.7%	16.2%	41.8%	14.8%	24.3%
8. Opportunity of speaking to a Doctor or Nurse on the telephone when necessary	23		7	16	14	14
Percentages	31%		9.4%	21.6%	18.9%	18.9%
9. Opportunity of obtaining a home visit when necessary	43		4	8	8	11
Percentages	58%		5.4%	10.8%	10.8%	14.8%
10. Level of satisfaction of the treatment provided by the nurse	5		2	12	28	27
Percentages	6.7%		2.7%	16.2%	37.8%	36.4%
11. Level of satisfaction of the treatment provided by the doctor			2	15	28	29
Percentages			2.7%	20.2%	37.8%	39.1%
Obtaining a repeat prescription						
12. Prescription ready on time	1	1		10	21	41
Percentages	1.3%	1.3%		13.5%	28.3%	55.4%
13. Prescription correctly issued	1		1	8	23	41
Percentages	1.3%		1.3%	10.8%	31.1%	55.4%
14. Handling of any queries	4		1	16	20	33

Percentages	5.4%		1.3%	21.6%	27%	44.5%
Obtaining test results						
15. Were you told when to contact us for your results?	7	3	7	14	27	16
Percentages	9.4%	4%	9.4%	18.9%	36.4%	21.6%
16. Results available when you contacted us	9	1	4	21	18	21
Percentages	12.1%	1.3%	5.4%	28.3%	24.3%	28.3%
17. Level of satisfaction with the amount of information provided	6		6	20	23	19
Percentages	8.1%		8.1%	27%	31%	25.6%
18. Level of satisfaction with the manner in which the result was given	6		6	18	25	19
Percentages	8.1%		8.1%	24.3%	33.7%	25.6%
About the staff						
19. The information provided by the Reception staff		1	2	19	33	19
Percentages		1.3%	2.7%	25.6%	44.5%	25.6%
20. The helpfulness of the Reception staff			3	17	27	27

Percentages			4%	22.9%	36.4%	36.4%
21.The level of Patient Confidentiality in the reception area and waiting room	1	7	11	22	18	15
Percentages	1.3%	9.4%	14.8%	29.7%	24.3%	20.2%
22.The helpfulness of other staff	4			24	25	21
Percentages	5.4%			32.4%	33.7%	28.3%
23.The condition of the building			5	21	28	20
Percentages			6.7%	28.3%	37.8%	27%
24. The services provided by the Practice (If you are interested in finding out more about our services. Please see www.elsenhamsurgery.nhs.uk for further details.	2		3	13	26	30
Percentages	2.7%		4%	17.5%	35.1%	40.5%
And Finally						
25. My overall satisfaction with this Practice			1	13	29	31
Percentages			1.3%	17.5%	39.1%	41.8%

PATIENT SATISFACTION QUESTIONNAIRE RESULTS

SUMMARY:

COMBINED TOTALS FOR VERY GOOD AND EXCELLENT SCORES

2014 Patient Satisfaction Questionnaire Results

Total Papers	84
Spoilt Papers	10
Total Sample	74

<u>Question</u>	<u>% Of very Good and Excellent</u>	<u>%Totals once all "no experience" responders have been removed</u>
1.Speed at which the telephone was answered initially	51	
% Totals	55.4%	
2. Opening times of the surgery	48	
% Totals	64.8%	
3. Length of time you had to wait for an appointment for a Nurse	38	38/66
% Totals	51.3%	57.5%
4. Length of time you had to wait for an appointment for a Doctor	29	
% Totals	39.1%	
5. Convenience of day and time of your appointment	37	
% Totals	50.0%	

6. Seeing the Doctor of your choice	38	
% Totals	51.3%	
7. See the Doctor or Nurse at your appointed time	29	
% Totals	39.1%	
8. Opportunity of speaking to a Doctor or Nurse on the telephone when necessary	28	28/51
% Totals	37.8%	54.0%
9. Opportunity of obtaining a home visit when necessary	19	19/31
% Totals	39.1%	61.2%
10. Level of satisfaction of the treatment provided by the nurse	55	
% Totals	74.30%	
11. Level of satisfaction of the treatment provided by the doctor	57	
% Totals	77.0%	
12. Prescription ready on time	62	
% Totals	83.7%	
13. Prescription correctly issued	64	
% Totals	86.40%	
14. Handling of any queries	53	
% Totals	71.6%	
15. Were you told when to contact us for your results	43	59/67
% Totals	58.1%	64.1%
16. Results available when you contacted us	39	60/65
% Totals	52.7%	92.3%
17. Level of satisfaction with the amount of information provided	42	42/68
% Totals	56.7%	61.7%
18. Level of satisfaction with the manner in which the result was given	44	44/68

% Totals	59.4%	64.7%
19.The information provided by the Reception staff	52	
% Totals	70.2%	
20.The helpfulness of the Reception staff	54	
% Totals	72.9%	
21.The level of Patient Confidentiality in the reception area and waiting room	33	
% Totals	44.5%	
22.The helpfulness of other staff	46	
% Totals	62.1%	
23.The condition of the building	48	
% Totals	64.8%	
24. The services provided by the Practice (If you are interested in finding out more about our services. Please see www.elsenhamsurgery.nhs.uk for further details.	56	
% Totals	75.7%	
25. My overall satisfaction with this Practice	60	
% Totals	81.0%	



COMPONENT 4

PROVIDE THE PATIENT REFERENCE GROUP WITH AN OPPORTUNITY TO DISCUSS
SURVEY FINDINGS AND REACH AGREEMENT ON CHANGES TO SERVICES.

**MINUTES OF THE MEETING OF THE PATIENT REFERENCE GROUP
TO DISCUSS THE FINDINGS OF THE SURVEY AND TO AGREE CHANGES
TO THE SERVICE PROVISION.**

12.3.14

Minutes of Elsenham Surgery Patient Reference Group

Date: 12th March 2014

Attendees:

Dr David Whooley – Partner
Karen Greaves – Practice Manager
Peter Fairhead
Ray Franklin
Simon Ayliffe
Nadia Jackson
Debbie Clark
Simon Clark
Deborah Bland

The only Agenda item and sole purpose of this meeting was to discuss the results of the recent Patient Satisfaction Questionnaire and devise a framework of an Action Plan to improve the service provision at Elsenham surgery based on these results.

There was general consensus that:

- Despite our best efforts the number questionnaires completed were fewer than expected.
- It was agreed that although in principle using a double sided form was more efficient, green and cost effective. It had resulted in too many spoilt papers.
- It was encouraging that the number of responses was up on previous years.
- It was agreed a higher response rate would be welcome – However, it would have proved difficult to effectively process more than 100 questionnaires without considerably more resources; or engaging the services of an external company which would be costly.
- There was a discussion around access to a Doctor via the telephone and the availability of home visits. These results were mixed and yet patients can already book a telephone call with a Doctor at the end of the morning or afternoon sessions and no reasonable request for a home visit has ever been refused. The group agreed that these results could be a matter of perception rather than experience.
- It was encouraging that the practice had scored better than previous years in the overall satisfaction category with 99% of patients surveyed rating the practice either Good – Very Good – or Excellent.

Areas of Concern:

- The poorest scores were for questions 4-7 and 21
- Questions 4 -7 are pertaining to the ease of access patients have getting an appointment and seeing a Doctor of their choice.
- It was agreed that waiting times for appointments had been longer of late. The Surgery was aware of this issue and Dr Macleod had scheduled extra surgeries throughout March to try and cope with the demand.

- There was also a discussion around how many urgent appointments the Doctors provide. As a practice do not triage patient calls and any urgent request to see a Doctor the same day are always accommodated. Often these “extra” patients can result in double surgeries for the Doctors. There was a general discussion about how this system could be managed more effectively. It was agreed that this liberal approach to urgent appointments does offer the patient the best service.
- There was a general discussion about the merits of introducing or re-instating an extended hours service. This service has been tried in the past. However, the patients using the service were often not commuters or other patients that would otherwise find it difficult to get to the surgery. Therefore, the service was discontinued as it didn’t appear to be effectively serving those patients it was designed for.
- There was a discussion around the perception our patients have of the service we provide as a surgery. It was agreed that much of the work the Doctors do is going un-noticed by the patients and the group felt that the surgery should use Parish Magazines to increase awareness. The group also volunteered to produce a bulletin for these periodicals to highlight the work the group will be doing. Peter Fairhead will start with the first article and it was agreed that other members of the group would contribute on a rota basis.
- The other major area of concern was question 21 – regarding confidentiality in the waiting area. This issue has been cause for concern from previous surveys. There have been various improvements, but it was agreed that the measures introduced were minor and lacked significance. Various suggestions were made to improve the situation. Including piped music, TV screens and finally a relocation of the waiting area to the play-room waiting area.

Agreed Suggested Improvements To Be Included In The Action Plan for 2014/15.

- To help reduce waiting times for appointments Dr Khan will add another session per week on a Tuesday morning. This will be on a permanent basis.
- Suitably qualified Nurses will undertake more review work to release further Doctors appointments.
- To continue as a training practice for new Doctors as the more experienced trainees do relieve some pressure on the appointment system.
- Karen to discuss with the Partners the possibility of introducing extended hour appointments, preferably on a Saturday morning.
- The more liberal approach adopted for “urgent for the day” appointments system to remain unchanged. As this gives patients a guaranteed on the day appointment if necessary.
- To increase our public awareness of the service we offer – Karen to contact the LMC with regards to propriety.
- To increase our list size to help negate some of the negative impact caused by current proposed cutbacks.
- To improve confidentiality Karen to arrange music in the waiting room.
- To improve confidentiality Karen will source quotes for major alterations to the waiting area.

The Proposal:

The play-area will become the main waiting room; enabling dispensary to move into the larger space of the current waiting area. The quote will also include alterations to the reception desk window to create a more suitable access for wheelchair users.

Date of Next Meeting: Wednesday 16th April 7:00pm at Elsenham Surgery.

THE ABOVE PROPOSED CHANGES WERE EMAILED TO NHS ENGLAND 14.3.14

COMPONENT 5

AGREE ACTION PLAN WITH THE PATIENT REFERENCE GROUP AND SEEK
PATIENT REFERENCE GROUP AGREEMENT TO IMPLEMENTING CHANGES.

THE PATIENT REFERENCE GROUP WERE EMAILED THE ACTION PLAN FOR

INDIVIDUAL APPROVAL PRIOR TO PUBLICATION

FIRST DRAFT SENT 14.3.2014

ELSENHAM SURGERY

ACTION PLAN

2014/15

Prepared By:

Karen Greaves
Practice Manager

Version 1.0

Acknowledgments

The contribution of the following individuals in preparing this document is gratefully acknowledged:

All Members of the Elsenham Surgery PPG

Elsenham Surgery Action Plan:

Version Control

Version	Date	Author	Change Description
1.0	14.3.14	Karen Greaves	Document created
			No Changes required by consensus of PPG and Dr David Whooley – PPG agreed by email response that this report is a true record and account of the plan agreed at the PPG meeting 12.3.14 – No version changes required.

DOCUMENT ACCEPTANCE and RELEASE NOTICE

This is version 1.0 of the **Elsenham Surgery Action Plan 2014/15**

The Elsenham Surgery Action Plan is a managed document. For identification of amendments, each page contains a release number and a page number. Changes will be issued only as a complete replacement document. Recipients should remove superseded versions from circulation. This document is authorized for release after all signatures have been obtained.

Please submit all requests for changes to the owner/author of this document.

PREPARED: Karen Greaves – Practice Manager DATE: 14/_3___/___14_
(For acceptance)

ACCEPTED: Dr David Whooley – Partner DATE: _18_/3___/14___
(For release)

ELSENHAM SURGERY ACTION PLAN

2014/15

BACKGROUND

Elsenham Surgery PPG held a meeting on the 12.3.14 to discuss the results of the Patient Satisfaction Questionnaire. The proposed actions contained within this plan are the measures agreed at that meeting to improve the service provision at Elsenham Surgery for 2014/15. Also contained within this document is an analysis of the outcomes recommended in the 2013/14 Action Plan.

OBJECTIVES

Through agreement with our patients we will strive to make improvements to the service provision at Elsenham Surgery for 2014/15.

OVERVIEW

The improvements agreed by the PPG concentrated on two principle areas.

- To improve access and waiting times to see a Doctor.
- To improve the level of confidentiality within the waiting area.

2013 ACTION PLAN - FEEDBACK

1. The morning sessions were increased in line with the terms of the action plan.
2. The suggested amount of “urgent for the day appointments” has been implemented.
3. The afternoon sessions have been increased in line with the terms of the action plan
4. Our appointment waiting time has been tracking at an average of 4 days. However, we noticed by March 2014 the above changes were no longer sufficient to cope with demand. We introduced an extra Doctors surgery at least one per week and in some instances 2 per week throughout March 2014.
5. The protocol for a liberal stance for “urgent on the day” appointments remained in place and was unchanged; despite seeing a significant increase in these appointments over the year.
6. We have reviewed are appointment book arrangements see 2.1.4 above and we have made appropriate and necessary adjustments.



2014 ACTION PLAN

1. There is concern that although the overall patient satisfaction with the performance of the surgery remains high, there appear to be pockets of dissatisfaction with the service we provide. There also appears to be a lack of communication between the surgery and the patients.
2. The Patient Participation Group also known as the Patient Reference Group (PPG or PRG) believe raising the profile of the surgery locally will help increase awareness of our existing service provision.
3. Our first action will be to develop stronger communication links with all our patients not just via the waiting room, our website, on prescription pad messages and through our surgery booklet; but also in a wider context through local Parish News publications.

Action Point:

Timeframe For Achievement	Lead Person	Action	Review
Monthly	PPG on a rota basis.	To write a news bulletin for local Parish News Magazines	At PPG meetings
Monthly	Karen Greaves	Update all communication mediums for the surgery. For e.g. Website, Surgery Booklet etc.	
Quarterly	Dr David Whooley or Partners	A "Doctors Bag" News article, regarding seasonal health care for the local Parish News Publications.	

4. There will be several challenging financial cutbacks to overcome over the coming months and years. Therefore, the PPG agree that it would be prudent to try and expand our list size to help offset some of these losses. Improving our communication networks as detailed in 3.1.1 will hopefully assist in this process.
5. The temporary interim measure of one additional surgery per week introduced throughout March 2014 will become a permanent fixture as from the beginning of April 2014 – Dr Noshad Khan will hold an additional surgery on a Tuesday morning.

6. The PPG agreed we should continue as a training practice.
7. Nurses to undertake more routine review work to relieve some pressure on Doctors appointments.

Action Point:

Timeframe For Achievement	Lead Person	Action	Review
Work-In-Progress dependent on pending examination results.	Lucinda Kemp-Senior Nurse and Michelle White-Practice Nurse	Patient Review Management with the Partners	

8. The liberal stance taken by the surgery regarding, “urgent for the day” appointments is to remain in place.
9. Karen will discuss with the Partners the feasibility of opening on a Saturday morning.

Action Point:

Timeframe For Achievement	Lead Person	Action	Review
ASAP	Karen Greaves	Partners Meeting to discuss feasibility, cost implications, and structure of a Saturday morning service.	Once implemented review 6 monthly to evaluate productivity.

10. Karen will arrange music for the waiting area.

Action Point:

Timeframe For Achievement	Lead Person	Action	Review
ASAP	Karen Greaves	To ascertain present arrangements and to source quotes and appropriate sound system for the	Review progress with PPG at monthly meetings.

		waiting area.	
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11. To make the waiting area experience private and confidential the PPG propose the practice should utilize the play-waiting area and instate it as the principle waiting room. The present waiting area could be converted to accommodate dispensary who are cramped and short of space in their current location. Any changes to the present waiting area should incorporate an access point at the reception window suitable for wheel- chair users.

Action Point:

Timeframe For Achievement	Lead Person	Action	Review
ASAP	Karen Greaves	To approach the landlords regarding the proposed changes, obtain at least 3 quotes for the above alterations. Then, share these quotes with the partners and the PPG. Set an appropriate time frame for the work and consider all associated health and safety implications for patients and staff, undertaking appropriate risk assessments where necessary.	With PPG and Partners at monthly meetings.

THERE WERE NO CONTRACTUAL CONSIDERATIONS TO DISCUSS

WITH NHS ENGLAND

ALL ASPECTS OF THIS REPORT HAVE BEEN AGREED BY ELSENHAM SURGERY PPG PRIOR TO PUBLICATION.

COMPONENT 6

PUBLICISE ACTIONS TAKEN AND SUBSEQUENT ACHIEVEMENT.

THIS REPORT WAS PUBLISHED ON THE PRACTICE WEBSITE

WWW.ELSENHAMSURGERY.NHS.UK AND SUBMITTED TO

NHS ENGLAND

BY 19TH MARCH 2014

SURGERY OPENING TIMES

8:00 am – 8:30 pm	No appointments – Telephone access for emergency call only.
8:30 am – 6:30 pm	Pre-bookable appointments and urgent on the day appointments. All pre-bookable appointments are available via telephone and Emis Access online. Urgent for the day appointments are telephone bookable only.
At present no extended hours service.	

THE FOLLOWING GROUPS HAVE BEEN INFORMED THAT THE REPORT HAS BEEN PUBLISHED

PPG Members	By email by 19 th March 2014
Patients who answered the survey.	By posters in the waiting room
The wider practice population	By PPG report submitted to local Parish Magazines
The CCG	By email by 19 th March 2014

REPORT ENDS
