

# EAST PARADE SURGERY

## LOCAL PATIENT PARTICIPATION REPORT - 2013

### INTRODUCTION

This Report sets out the processes and outcomes of East Parade's Patient Reference Group (PRG). The PRG helped the practice to develop a second practice wide survey for our patients which has helped us identify improvements patients would like to see at the practice.

Within this report you will find:

- A profile of the practice and the PRG.
- The process the practice went through to recruit our PRG.
- Priorities for the survey and how they were agreed.
- Method and results of the survey.
- The Practice Improvement Action Plan and how it was agreed.
- Issues relating to the Results and Action Plan.
- The Action Plan and progress made in relation to the action plan to date.
- How we have advertised and circulated this Patient Participation Report.
- Confirmation of practice opening times.

### PRACTICE AND PRG PROFILE

**2013**

GROUP	RANGE	Practice	vPRG	
<b>Age</b>	16-20	5.5%	0.0%	0
	21-59	65.6%	48.4%	15
	60-79	21.4%	45.2%	14
	80+	7.5%	6.5%	2
				31
<b>Gender</b>	M	49%	53.3%	14
	F	51%	46.7%	17
				31
<b>Ethnicity</b>	White British	91%	90.3%	28
	Other (all v small %)	9%	9.7%	3
				31
<b>Disability</b>	Uncoded in clinical system. We have one disabled member of the group. 2012 - Invitations were sent to a local Disabled Unit, no one recruited. 2012 - Invitations were sent to a nursing home and one person recruited but last year they withdrew from the group.			

### THE PROCESS FOR RECRUITING OUR PRG

**In 2011:** The practice agreed it wanted to recruit between 30 and 50 patients for its virtual PRG (vPRG). A vPRG is an email community that we consult with, instead of holding face-to-face meetings.

1. The practice sought expression of interest initially for our the vPRG via:
  - our website
  - our JAYEX information and call screens in the Waiting room

The practice wanted the group to be representative of the practice population based on age, gender, ethnicity and disability. The patients asking to join the group were profiled after our initial request for applications. We had 24 requests to join the vPRG, all of whom became members. The

practice agreed a more targeted approach for the remaining part of the recruitment process as it would enable us to target under represented groups ie women and under 60, especially under 20 year olds.

2. The under represented groups were invited to become members by:
  - Personal letters from a Partner
  - Face to face invitation in consultation

At the end of the process, we had 31 members recruited to our vPRG.

**In 2012 and 2013:** Before undertaking a new practice survey, we contacted all members of the vPRG asking if they wanted to continue on the group. We also arranged a follow up meeting after the survey results and draft action plan were circulated, to offer the group a chance to meet with the Practice Manager and a Partner to discuss issues raised in the survey.

**In 2012** two members of the group withdrew and another patient, from an under represented group (female 21-59) agreed to join the group. She was approached directly by the Practice Manager as she is the young mother of a three year old, also registered at the practice and we were keen to have another parent of a young family in the group.

**In 2013**, after seeing information in the waiting room/on our website, three patients contacted the practice manager asking to join the group, two male and one female. One patient asked not to be involved this year, but remains on the group. One female group member left the practice and one male group member passed away.

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## **PRIORITIES FOR THE SURVEY AND HOW THEY WERE AGREED**

As with last year's survey, it was felt that it would be helpful for the vPRG for us to send out some suggestions for areas they might like to consider for a patient wide survey.

- We explained to the group that the Practice wanted part of the survey to check if the changes we made last year, had delivered the desired improvement to services for patients.
- We suggested that patient input into two important new leaflets, would be helpful.
- A draft survey was circulated to the group, requesting feedback on the questions and structure and asking for additional questions the group thought would be useful.
- Their comments were collated and the final patient questionnaire was put together using their feedback.

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## **METHOD AND RESULTS OF THE SURVEY**

1. The Patient survey was set up on Survey Monkey and was made available in a paper format as well as electronically, via a link on the practice website. Patients were informed of the survey:
  - In the practice, on the Check-In Touch Screen.
  - At the reception desk by staff.
  - In the Waiting Room via the JAYEX call screen.
  - On the practice website.
2. As with the previous year, we set the survey to run for a month. As with last year too, the deadline was extended at the end of that period for an additional few weeks as the return rate was slower than the previous year.
3. The results were collated via the online survey system with paper questionnaire responses input by a member of the admin team.
4. The results and comments were collated automatically by the Survey Monkey System – see below.

## Patient Survey Results 2013

1. This year we aimed to improve appointment access by increasing the number of GP appointments between 4.00 p.m. and 5.30 p.m. which we have done. Do you think access has improved in this regard?

Answer Options	Response Percent	Response Count
Yes	56.0%	28
No	2.0%	1
Don't Know	42.0%	21
Comments/Suggestions/Feedback.		10
<b>answered question</b>		<b>50</b>
<b>skipped question</b>		<b>0</b>

2. This year we aimed to reduce how often GPs run more than 30 minutes late and to inform patients when they do. Have we improved in this regard?

Answer Options	Response Percent	Response Count
Yes	56.0%	28
No	2.0%	1
Don't Know	42.0%	21
Comments/Suggestions/Feedback.		11
<b>answered question</b>		<b>50</b>
<b>skipped question</b>		<b>0</b>

3. This year we aimed to improve our Patient Call system. This is the TV screen your name appears on when the GP calls you into your appointment. We have extended the time patients' names appear on the screen and increased the volume of the alert. Do you think the call system has improved in this regard?

Answer Options	Response Percent	Response Count
Yes	82.0%	41
No	0.0%	0
Don't Know	18.0%	9
Comments/Suggestions/Feedback.		9
<b>answered question</b>		<b>50</b>
<b>skipped question</b>		<b>0</b>

4. This year we aimed to improve patient communication by the increased use of SMS texting. We send appointment and simple recall reminders, respond to some questions for GPs and send requests for patients to contact the surgery. Do you think our communication with patients has improved in this regard?

Answer Options	Response Percent	Response Count
Yes	61.4%	27
No	2.3%	1
Don't Know	36.4%	16
Comments/Suggestions/Feedback.		16
<b>answered question</b>		<b>44</b>
<b>skipped question</b>		<b>6</b>

5. This year we aimed to improve our systems for patient feedback by setting up a system to make it easier for patients to send us secure feedback electronically. This can be done now via our On-Line service and via the national NHS Choices website. Do you think this has improved the ways in which patients can feedback to us?

Answer Options	Response Percent	Response Count
Yes	44.2%	19
No	4.7%	2
Don't Know	51.2%	22
Comments/Suggestions/Feedback.		15
<b>answered question</b>		<b>43</b>
<b>skipped question</b>		<b>7</b>

6. This year we aimed to improve confidentiality at reception by changing reception protocols and staff training. Do you think reception confidentiality has improved?

Answer Options	Response Percent	Response Count
Yes - I have no concerns about confidentiality at reception	72.1%	31
Yes - But more needs to be done	14.0%	6
No - I have concerns about confidentiality at reception	11.6%	5
Don't Know - I have not been to the practice this year	2.3%	1
Comments/Suggestions/Feedback.		12
<b>answered question</b>		<b>43</b>
<b>skipped question</b>		<b>7</b>

**7. As part of our responsibilities under the current Health and Social Care Act there is a move to give patients more control over their health records. All GP Practices using System One (the computer system we use) are now able to make whole medical records AVAILABLE to other NHS services that patients may be referred to who use the same IT system (eg the District Nurses and Health Visitors). Patients HAVE CONTROL over who can see the data. The District nurse for example WOULD NOT be able to access a patient's record unless the patient gave them consent to look at it. Patients CAN DISSENT or CONSENT to their record being made available at any time by contacting their GP Practice. To help us target our patient information more effectively, what more would you like to know about the system and how would you like to be informed about this change?**

Answer Options	Response Count
	31
<b>answered question</b>	<b>31</b>
<b>skipped question</b>	<b>19</b>
<b>COMMENT SUMMARY</b>	
Nothing / This seems acceptable	8
More detailed info required on process and the control patients have about who sees what	14
What data from my record and over what time period	1
I would consent	1
Don't know	2
I'd like information via my GP.	1
I'd like information via stand with info/leaflets to take away and peruse at leisure.	1
I'd like information via your website	1
I'd like information via email	2
	<b>31</b>

**8. As part of our responsibilities under the Data Protection Act we are improving the security of patients' prescription data by introducing the Electronic Transfer of Prescriptions from the practice to pharmacies. Currently prescriptions are moved from office to office in the practice and in pharmacies by different members of staff. Pharmacy drivers do rounds of 8. GP practices and collect scripts in vans, often leaving scripts locked but unattended in their vans as they do their collections. The current system is slow and inefficient and scripts sometimes get mislaid or lost. Prescriptions are ordered in the way they are now (on-line, by post, by fax, by dropping off repeat requests at the practice). The prepared electronic prescription, is sent directly to pharmacies at the press of a button once the GP approves it. This system increases the safety of the prescriptions significantly and is flexible when patients wish to change the pharmacy they want to collect from. We will be providing patients with more information over the coming months and hope that all patients will NOMINATE a pharmacy for their prescriptions to go to electronically. To help us target our patient information more effectively, what more would you like to know about the system/service and how would you like to be informed of this change?**

Answer Options	Response Count
	25
<b>answered question</b>	<b>25</b>
<b>skipped question</b>	<b>25</b>
<b>COMMENT SUMMARY</b>	
Nothing additional needed	3
I am happy with what you have said / Excellent idea	2
Can I still order a prescription online?	1
How to set up this facility	1
Using it already	3
Specifics on when prescriptions will be ready and deliveries	1
Other	6
I'd like information via email	3
I'd like information via mail	1
I'd like information via via my GP	1
I'd like information via a leaflet or newsletter	2
I'd like information via phone or letter	1
	<b>25</b>

9. Since April 2013 the planning and purchasing of NHS services to meet the local health needs in Harrogate has become the responsibility of a Clinical Commissioning Group (CCG) which includes GPs. Dr Penman is one of the 5 GP Commissioners who sits on the board of the Harrogate Rural and District CCG. If you are an internet user, would you like us to put information about the work of the CCG on our practice website?

Answer Options	Response Percent	Response Count
Yes	66.7%	28
No	7.1%	3
I am not an internet user	26.2%	11
Comments/Suggestions/Feedback.		5
<b>answered question</b>		<b>42</b>
<b>skipped question</b>		<b>8</b>

10. We are always willing to hear suggestions for improvements from patients. If you think of a way we can improve our services please tell us in the space below. If you leave your name, address or email address we will give you feedback on your suggestion directly.

Answer Options	Response Count
	15
<b>answered question</b>	<b>15</b>
<b>skipped question</b>	<b>35</b>

- I am very happy with the progress that is being made.
- I found the surgery is very efficient, although since it moved into a more modern place, it has lost a little of the old fashioned doctors surgery!
- The only suggestion I have personally is some of my prescription items do not all run together and I find now I have to order my prescription items at different times of the month which is getting a nuisance.
- I am very impressed with the practice and the service and care I receive.
- A small vending machine that charges for drinks might be appropriate when patients are waiting to see their GP because if you are nervous tired or thirsty you need a drink. It also gives you something to do.
- You do great.
- Seating area too close together you squeeze in the walkway - less seats/rows.
- Leaflet mentioned in question 8.
- Website overhaul need a complete redesign as it isn't the most user friendly.
- Receptionist who make you feel welcome and not an inconvenience. A smile wouldn't go amiss.
- Need to know in advance when you are going to be ill as usually can't get an appointment for 4/5 days.
- Well done on all fronts. I find this surgery a great service and I feel well taken care of. 10/10.
- I have not been to the practice this year. This is my first appointment however I still had to wait a week for an appointment.
- I believe the East Parade Practice operates very well. Horror stories heard from patients of other practices regarding lead times for seeing GPs etc are just not part of the East Parade ethos. That said, initiatives such as these surveys ensure that the practice remains a good one.
- Thank you for providing excellent care. It is very reassuring to have such a helpful, caring, personable team of GPs and support staff. Best wishes for 2014
- No further comments at present, except that I am concerned about medical information being loaded onto mobile phones, which are definitely not secure.

## **THE PRACTICE IMPROVEMENT ACTION PLAN AND HOW IT WAS AGREED**

1. The full survey results, with comments, and a draft action plan were sent to the vPRG for comment and additions (for a copy of the full results, please contact reception).
2. Members of the vPRG were invited to meet with the Practice Manager and a GP Partner to discuss the survey results and action plan. The meeting took place in the practice in February 2014.
3. The feedback was discussed in the practice and the final Action Plan was circulated to the patient group, for their agreement.
4. A summary of the results, and the action plan were placed on the home page of the practice website in February 2014. Quick links were also added to the website.

5. Paper copies were made available at reception and patients were advised of this on the patient check in screen, patient call screen and our website. The agreed actions, published on the practice website, are:

<p><b>IMPROVING PATIENT COMMUNICATIONS</b></p>	<ul style="list-style-type: none"> <li>• Further extend use of SMS text communication with those patients who have consented to SMS texts.</li> <li>• Ensure non urgent contact the surgery texts say 'This is a request for you to contact the East Parade Surgery on 01423 566574. We would like you to contact us as soon as convenient but it is for a routine matter so please do not worry. PLEASE DO NOT REPLY TO THIS MESSAGE.'</li> <li>• Extend publicity for electronic Patient Feedback via NHS Choices and SystmOne On-Line.</li> <li>• Review the practice web-site with patient involvement.</li> <li>• Publish 2 Newsletters a year, in April and October.</li> </ul>
<p><b>IMPROVING CONFIDENTIALITY AND DATA SECURITY</b></p>	<ul style="list-style-type: none"> <li>• Review the information on the patient call screen, relating to confidentiality at the desk.</li> <li>• Identify appropriate Confidentiality Signage for reception.</li> <li>• Write and widely publicise a leaflet explaining the 3 types of Medical Record Sharing, with a Q&amp;A Section.</li> <li>• Write and widely publicise a leaflet explaining Electronic Prescriptions, with a Q&amp;A Section.</li> </ul>
<p><b>IMPROVING PATIENT EXPERIENCE</b></p>	<ul style="list-style-type: none"> <li>• Review the waiting room seating plan.</li> </ul>
<p><b>OUR LOCAL HEALTH COMMUNITY</b></p>	<ul style="list-style-type: none"> <li>• Add links for the HaRD Clinical Commissioning Group and their Patient Involvement Information to our practice website.</li> </ul>

**Ongoing from 2012**

- Patient Education with regards to appointments. Explain more fully:
  - Triage: What it is and why it is efficient
  - Telephone access to GPs
  - Routine appointments vs accessing GPs before the next routine
  - On-Line Nurse Appointments.
- Extend the noting of reasons for appointments to GP appointments.

**THE CHALLENGES THE RESULTS PRESENT THE PRACTICE.**

The most challenging feedback for the practice to deal with is how to explain, in a simple manner, the complexities of data sharing. There has been a lot of adverse publicity in the press relating to Care.Data and Enhanced Data sharing is difficult to explain succinctly. The practice has a duty to inform patients of the changes but needs to do so in a balanced, informative and clear way.

Having discussed the 3 types of data sharing with a number of patients, it is clear that patients make a very clear distinction between data being shared with people directly involved in their NHS care and those involved with things like public health and research. Understanding each type of data sharing and the access non practice staff have to it, is very important. The vPRG have been asked for their feedback on a draft of the patient leaflet to explain the types of sharing and the final version should be ready for printing in April 2014.

When we met with the vPRG representatives, they expressed disappointment at the number of completed questionnaires. We discussed how to improve the numbers of returns and agreed to discuss the issue again, when the next survey is planned. We did agree it would be useful to advise

local voluntary networks when we do the next one, so they can inform their readers in their newsletters.

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### **WHAT WE HAVE ALREADY DONE – March 2014**

- Draft patient leaflets for Medical Record Sharing and Electronic Prescriptions written. Drafts circulated to the vPRG for comments and discussed with 2 vPRG representatives.
- Improvement made to standard SMS text message asking patients to contact the surgery.
- Added the Harrogate and Rural Clinical Commissioning Group and local patient involvement links, to the practice web-site.

### **WHAT WE DID THROUGH 2013**

- Added more appointments between 4 and 5'30 from September 2013.
- Recruitment for an additional GP session.
- Created a buggy area in the waiting room.
- Stopped patient self checking-in if the GP they were seeing was running more than 30 minutes late, enabling reception staff to apologise and explain the delay to them.
- Project undertaken to reduce late running by GPs.
- Time patients names appear on the call screen extended .
- Volume on call screens increased.
- Reviewed the triage system.
- Introduced an electronic system for comments, suggestions and feedback about the practice. (This was suspended in Feb 2014 for clinical safety reasons after patients were using it to send information and to ask questions about, clinical aspects of their care).

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### **ADVERTISING THIS REPORT**

This full report is available to view on our practice website. If you want a hard copy, please ask reception and they will arrange for a copy to be left on reception for you. If you need it in a larger format, please let reception know when you make your request.

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### **GENERAL PRACTICE OPENING INFORMATION**

#### **OPENING HOURS**

**The surgery is open (excluding Bank Holidays):**

- **Monday:** 7.30 a.m. to 8.00 p.m.
- **Tuesday – Friday:** 8.00 a.m. to 6.00 p.m.

**Phone lines are open (excluding Bank Holidays) – 01423 566574:**

- **Monday - Friday** 8.00 a.m. to 6.00 p.m.

#### **OUT OF SURGERY HOURS**

**At all other times care is provided by the Out of Hours GP service.  
For out of hours advice and help, contact NHS 111 (tel: 111).**

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### **THERE ARE THREE WAYS TO BOOK APPOINTMENTS**

1. **WEBSITE:** Most GP and NURSE appointments are available on our quick and easy to use on-line facility. You need to register for this service (a very quick process) and it is available to all patients over the age of 16. Parents of children under the age of 13 can register their child for this service. [www.eastparadesurgery.co.uk](http://www.eastparadesurgery.co.uk)
2. **BY PHONE:** Phone us on (01423) 566574. Please note if you feel you need to be seen before the next routine appointment is available, your request will be triaged by the Duty Doctor. This means they will call you to discuss why you need to be seen and when.
3. **IN PERSON:** At the surgery at: Mowbray Square Medical Centre, Harrogate HG1 5AR.

## **THERE ARE 5 WAYS TO REQUEST REPEAT PRESCRIPTIONS**

1. **WEBSITE:** Our quick and easy to use on-line facility. You need to register for this service and it is available to all patients over the age of 16. Parents of children under the age of 13 can register their child for this service. [www.eastparadesurgery.co.uk](http://www.eastparadesurgery.co.uk)
2. **YOUR LOCAL PHARMACY:** Most local pharmacies drop off and collect prescriptions.
3. **MAIL:** Post your request to us with a SAE. We will send it back to you.
4. **FAX MACHINE:** Fax your prescription to us on 01423 568015
5. **DROP OFF:** Use the prescription drop off box by the front door or hand it in directly to the Ground Floor Receptionist.

**If you need any further information about anything contained in this report, please do not hesitate to contact Elaine Turner, Practice Manager on 01423 566574.**