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**PATIENT REPORT 2014/15**

**The Virtual Patient Group** consists of 62 members - 41 of which are female and 21 male. Since we first introduced the Group it has almost doubled in size. As before we have tried to encourage new members and currently run face-to-face meetings with approximately 12-15 patient participants. We endeavour to be unbiased in the selection of attendees, and so invitations are sent to the entire PPG and places are allocated on a first come first served basis.

We try to attract a good representation of our practice population in terms of gender, age and ethnic background by advertising on our website, through the practice leaflet, appointment cards, new patient registration information, notices, recorded telephone messages, prescription counterfoils and newsletters.

For information, the present breakdown of the Group is:

<16 – 0, 17-24 – 1, 25-34 – 3, 35-44 -9, 45-54 – 11, 55-64 -9, 65-74 – 23, >75 - 6. As can be seen from the Minutes attached the Practice does its best to include the PPG in all aspects of the running of the service.

21.01.2015 (Minutes Attached), *11.03.2015 (*Minutes Attached*)*

**REVIEW OF FEEDBACK**

A review of patient feedback has highlighted a number of points both negative and positive:

**NEGATIVE FEEDBACK**

* The shortage of both doctor and nurse appointments - The practice has recently recruited a new practice nurse to replace the nurse that left in November and an extra healthcare assistant. This now means that the practice has a full complement of staff with regard to the nursing team.

The practice has been and is actively trying to recruit a salaried GP with a view to becoming a Partner. This has proved to be very difficult as the response has been very poor. The practice has therefore been using locums and this together with the fact that the practice is a training practice has caused problems with continuity of care. The Partners are very aware of this and recruiting a further doctor has become a top priority for the immediate future.

* A lack of Confidentiality on Front desk with staff asking patients why they might require an urgent appointment - The PPG have agreed that it is impossible to stop patients coming in and talking freely about their problems, which is often the case, but staff too need to be mindful of a patient’s confidentiality when asking why a patient needs an urgent appointment, especially if they present at the front desk. It is an entirely different issue if a patient is asked on the telephone and it is the patient’s prerogative not to give an explanation. However, members of staff only ask for essential information to hand over to the doctor, and do not make any clinical decision as to whether that patient should be seen or not. It was suggested by the PPG that the patient presenting at the front desk be asked to write down the problem on a note pad or for the patient to ask staff for some privacy. It was also suggested that a notice might be erected to say “If you wish to speak privately to a member of staff please ask at Reception” and that this also be relayed on the queuing message for the telephone.
* Text reminders for the collection of repeat prescriptions not always being received - These cannot be set up to be sent automatically by SystmOne and rely on staff adding the reminders manually. Unfortunately, when the front desk is very busy some reminders do get missed.
* 28 day prescribing - 28 day prescribing is not encouraged because of the wastage. Even today the practice can have carrier bags of medication returned for disposal. Two/three month supplies would also create storage problems for the practice.
* Waiting times in the surgery – it is understood that some patients’ problems can take more than a 12 minute consultation and that emergencies do happen during surgery times. Staff can be overstrained when there are a number of surgeries running and for this reason do not always remember to apologise to patients when surgeries run late. In the past a white board has been suggested, but it is felt that staff would find this just as difficult to keep updated during a busy session. At the last PPG meeting it was suggested that a notice be placed in both waiting rooms above the booking-in screen to say that if you have waited for more than 20 minutes for your appointment you should refer to the reception desk. This rather puts the onus back on the patient, but it will act as an aid memoire to the staff to address the reception area when a doctor is running behind.
* Meeting the 72 hour collection time for repeat prescriptions – We have again lost time in the dispensary through illness and a member of staff leaving and we have recently had problems recruiting NVQ2 Dispensary staff. Because of the difficulty recruiting we have decided to train reception staff to NVQ2 standard. It is much easier to replace reception staff than dispensary. However, it should be noted that we are currently also training two NVQ3 dispensers and the practice is extremely fortunate to employ a Pharmacist, which is not a requirement for a Dispensing Practice.

Six month Batch Prescriptions can only be offered to Non-dispensing patients if they are clinically suitable, but this would be decided by the GP on an individual basis.

If the dispensary is running behind all staff are there to help if medication is not ready for collection, and staff will always dispense if the patient is prepared to take a seat and wait, or if a patient has run out of their medication.

* Partitioning on the front desk - A partition on the desk top to denote a queue for reception and a queue for dispensary was suggested again, but it was thought that it would make very little difference. The Practice Manager has looked into this, but it was decided that there would be very little gain for the expense incurred. There is a notice on the right hand side of the desk saying Dispensary and a notice on the left hand side to say Reception. Reception staff cover both areas. Dividing the desk would make very little difference. Patients out from the doctor waiting for medication, should be sitting in the reception area and not queuing at the desk.

**POSITIVE FEEDBACK:** SystmOne online requests for repeat prescriptions; telephone consultations; compliments regarding the practice’s handling of Learning Disability health checks; introduction of patient Passports for the ‘At Risk’ Register and the practice’s CQC result. Friendliness and helpfulness of both reception and dispensary staff. The practical advice from the clinical team.

**PREVIOUS YEAR’S PPG REPORT**

We formed a working party to revise the Patient Survey and this was done, but for the time being it has been put aside because of the introduction of the Friends and Family Test. The PPG had volunteered their services to encourage patients to complete the survey. This year we took the time in our meetings to discuss the results from the Friends and Family Test for January and February, which were very favourable, although it should be noted that the PPG are not overly supportive of the FFT.

We were asked to raise awareness of the SystmOnline service and this has proved to be successful in that we encouraged our patients to request their repeat prescriptions from SystmOnline and closed the e-mail request sites. We have received a very positive response to both SystmOnline repeat requests and the booking and cancelling of appointments. Patient summaries have also been made available on-line

Prescriptions - Batch ordering was looked into, but as already mentioned above can only be made available to Non-dispensing patients at this time.

The call centre at our Hatfield Broad Oak branch to take the phones away from the front desks in the mornings has proved a great success. We would like to extend this to the afternoons, but at present this is not possible as it would mean the practice funding more staff to cover the phones.

As with previous years we have had a complaints review with the PPG. The PPG are very supportive of the practice and this was evident from the review. Only 14 formal complaints received this year as opposed to 25 in 2013/14.

The practice leaflet/ website was updated with the advice of a member of the PPG.

**ACTION POINTS**

* Recruit salaried GP with a view to becoming a partner with immediate effect
* Address the issues with staff around confidentiality on the front desk when patients present wanting an urgent appointment with immediate effect
* Add a notice to both reception booking-in areas regarding waiting times with immediate effect
* Change the queuing message on the telephone to reflect the confidentiality concern with immediate effect
* Commence training of reception staff to NVQ2 Dispensary level with immediate effect
* Recruit Reception staff to replace the staff being moved into the Dispensary with immediate effect.
* Investigate further the possibility of extending the call centre to the afternoons without incurring further costs to the practice. Action by June 2015