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PATIENT REFERENCE GROUP ANNUAL REPORT

01-Apr-2012 to 31-Mar-2013

UEA Medical Centre

**Report undertaken by: Zoë Barr
March 2013**

Introduction

The practice has always actively sought the views of its patients, both with annual surveys and meetings with interested parties where the practice has invited patients made up of various student groups – particularly international and those related to student welfare.

A more official patient reference group (PRG) was targeted as a result of the April 2011-March 2013 DES.

Key Objectives

1. Ensure patients are involved in decisions about the range and quality of services provided by the practice
2. To promote proactive engagement of patients views regarding the local health services available
3. Develop a structure that gains the views of patients and enable the practice to obtain feedback from the practice population
4. Agree areas of priority with the PRG
5. Collate patient views through the use of a survey
6. Provide the PRG with opportunity to discuss survey findings and reach agreement with the PRG on changes to services
7. Agree an action plan with the PRG and seek PRG agreement to implementing changes
8. Publicise actions taken and subsequent achievement on our website

PRG Target Group

Men	Women
UK nationals	Overseas nationals
Newly registered patients	Long standing patients >5 years
Parents	Workers
Various ethnicities	Various spoken languages
Asthmatics	Mental Health patients
International student welfare officers	

PRG Profile

We have a predominately young demographic of patients and a higher percentage of international patients compared to other GP practices due to our medical centre being based on a university campus, which attracts a wide range of students from various countries around the world.

We used various methods of advertising to target prospective PRG members, representative to our demographics/target group. These methods of advertising were;

1. On back of prescriptions
2. On our website
3. Screen messages on the Jayex electronic board in reception
4. Posters in reception
5. Emailed information
6. termly newsletter (ezine)

As it proved difficult to get a regular response and commitment from our patient population for ongoing meetings, last year we decided to try and engage patient interest by setting up a virtual PRG (VPRG). Majority of our patients are computer literate and one of our main methods of communication with them is via email. This has proved popular and patients have responded positively to this method of communication and opportunity for feedback.

PRG Members

		VPRG group - February 2013 - range																		
		Aged 18-30	Aged 31-40	Aged 41-50	Aged 51+	Male	Female	UK National	Overseas National	Newly registered patient	Long term patient >5 years	Family registered with us	Unemployed	Employed	UEA Student	Ethnicity not white British	First language not English	Immunocompromised	Asthmatic patient	Mental Health patient
PRG Members	1	✓					✓	✓		✓					✓					✓
	2	✓				✓		✓		✓					✓				✓	
	3	✓					✓	✓			✓				✓				✓	
	4	✓					✓	✓		✓					✓				✓	
	5	✓					✓	✓		✓					✓			✓		
	6		✓				✓	✓			✓	✓		✓					✓	
	7	✓					✓		✓	✓					✓	✓	✓		✓	
	8	✓					✓	✓		✓					✓					
	9	✓					✓	✓		✓					✓	✓				✓
	10	✓					✓		✓	✓					✓	✓	✓			✓
	11				✓		✓	✓		✓		✓		✓						
	12	✓				✓		✓		✓		✓	✓							
	13		✓			✓		✓			✓			✓						✓
	14			✓			✓				✓	✓		✓						
	15				✓		✓	✓			✓			✓		✓				✓
	16		✓				✓	✓			✓			✓						✓
	17	✓	✓				✓	✓	✓		✓			✓	✓	✓	✓			✓
	18		✓	✓			✓	✓			✓			✓				✓		✓

Based on our target group, our PRG currently consists of 18 members who represent the following;

- Age range between 21-69
- 15 females, 3 males
- 15 UK nationals
- 3 international patients
- 8 long standing patients
- 10 newly registered patients
- 1 unemployed, 7 employed, 10 student patients
- 5 from an ethnic minority
- 3 whose first language is not English
- 8 asthmatic patients
- 4 mental health patients

Patient Survey

In addition to the PRG, we also obtain the views of our patients with an annual practice survey. The foundation of our survey is developed upon nationally accredited and worded questions. To enable us to quantify the results comparatively on a yearly basis, there is the fundamental need for consistency in the questions asked. For this reason, when the survey is reviewed annually, we rarely change the survey questions so we can see what areas we have improved on or where the need for action/change is required.

The survey is broken down into six sections;

1. About the practice
2. About the doctor whom you just saw
3. About the staff
4. Practice communication
5. Recommendations for service improvements
6. Recommendations for staffing improvements

In order for us to get a true representation of patients completing the survey as possible, we collect 40 surveys per doctor. The surveys are handed out randomly by reception before the patient sees the doctor. Once they have been seen, the patient completes the survey based on that experience and puts it in the box on reception desk for us to collect.

Currently there are 12 doctors working here, which equates to 480 patient surveys, a response from approximately 3.5% of our practice population (based on our average 15,000 patients).

We have also undertaken two smaller patient satisfaction surveys targeting smaller patient groups who have received particular services – contraceptive implants and INR monitoring service – so that we can see how patients find these services and how they think they might be improved.

Publication of the Results & Action Plan

Survey results and action plans are published on our website www.umsuea.co.uk

Areas of Priority & Action Plans

As a result of the survey findings and PRG, last year we focused particularly on elements of privacy, communication and the appearance of the surgery. Following implementation of the action points from last years survey we asked the PRG how they viewed the improvements we had made and have made further action points following this PRG survey as follows:

Jayex

Positive response to change. We will continue to monitor patient satisfaction with this.

Privacy

A positive response to the new reception layout and wall. However issues were still raised about privacy in reception when booking an appointment in person. Therefore we have agreed with the PRG that we will install a black line on the floor, away from the reception desk. Reception to ask patients to wait behind the black line on the floor and do not approach desk until called forward. We will ensure reception continue to use the laminated nurse card to show patients when asking what the problem is so patient can point to problem without being heard and receptionist can then book patient in the correct clinic. We will advertise more clearly there is a reception interview room available if the patient requires more privacy.

Urgent Doctor

We have found that despite reception trying to loosely triage the patients who are seen in this clinic, some patients do abuse this service and say their appointment is urgent when they clearly know it isn't, which in turn, makes the urgent doctor clinics busier, the waiting time to be seen greater and the availability to deal with emergency issues less. We asked the PRG their thoughts on this and if they were aware, prior to reading this, about what constitutes an 'urgent' appointment. As a result of responses we have agreed the following action points:

Ask doctor to inform patient if it wasn't appropriate to attend the urgent clinic.

As piloted just for Autumn term 2012, reception should continue to hand out the 'urgent doctor information leaflets' to all patients who ask to see the urgent doctor (this is helping educate our

patients exactly what the clinic is for) and hopefully reducing the number of 'non-urgent' matters to be seen at an alternative appointment, therefore reducing the delay in the urgent doctor clinics.

Discuss at doctor nurse meeting using a clinician to triage calls for the urgent doctor clinic and feasibility.

Extended hours

We have previously focused on extended access and as a result of that have increased GP and nurse availability on Tuesday evenings and Saturday mornings.

Many are aware of Saturday but not Tuesday evening appointments. Need to further advertise extended access by emails/posters in waiting room. Ensure reception offer to all patients when they are available. We will also continue to advertise this in our practice leaflet, on our website, jayex and termly newsletter (ezine).

111

Need to update main sign outside UMS and posters to advertise the 111 service, as currently state our normal number (which if called out of hours answer phone message asks patient to hang up and dial '111').

All areas of this years Practice Survey were discussed with the PPG focusing particularly on areas that appeared to need improvement.

All action proposals have been discussed with the PRG and a review of all actions taken will be discussed in the next communication with them.

➤ Ease of contacting the practice on the telephone

We recently audited the volume of calls, what time the calls were received and what these calls were regarding. The highest volume of calls is received between 8-10am on Monday and Tuesday mornings. The practice has already employed an extra member of staff to help in handling these calls. Interestingly many of the calls received during this peak time are to book routine appointments, rather than urgent calls. We will ask patients to call after 11am to make routine appointments, to help free up the lines at peak times.

➤ Respect shown by reception staff for your privacy and confidentiality

Attempts to improve privacy over the last few years in the waiting room are clearly helping to make people feel more comfortable but we still receive many comments in relation to privacy of information at the reception desk. Issues raised are about privacy in reception when booking an appointment in person. As per the VPRG survey findings and action points we will install a black line on the floor, away from the reception desk. Reception to ask patients to wait behind the black line on the floor and do not approach desk until called forward. Ensure reception continue to use the laminated nurse card to show patients when asking what the problem is so patient can point to problem without being heard and receptionist can then book patient in the correct clinic. Advertise more clearly there is a reception interview room available if the patient requires more privacy.

➤ Length of time spent in waiting area in the practice to see the doctor

All waiting times are monitored carefully. If a doctor routinely is running late this is assessed and extra catch up slots are put in their clinic to aid them to run to time. Patients attending late for their appointment can also affect the running time of the clinic. It was raised that patients have been able

to self check in for their appointment up to 15 mins after their appointment time. This should be reduced to 9 minutes, and after this the screen will tell them to see the receptionist. Reception then ask the doctor if they are able to see the patient or if the patient needs to re-book.

➤ Urgent doctor

Doctors to inform patient if it wasn't appropriate to attend the urgent clinic.

As piloted just for Autumn term 2012, reception should continue to hand out the 'urgent doctor information leaflets' to all patients who ask to see the urgent doctor (this is helping educate our patients exactly what the clinic is for) and hopefully reducing the number of 'non-urgent' matters to be seen at an alternative appointment, therefore reducing the delay in the urgent doctor clinics. Doctors also felt, as the patient had been given this information prior to seeing them in the urgent clinic, it was easier to inform patients if they thought the matter could have been dealt with in a routine clinic.

We will also use the wording from the leaflet to update the information on our website regarding the urgent doctor clinic.

Leaflet wording:

UEA MEDICAL CENTRE URGENT DOCTOR SERVICE

IMPORTANT PATIENT INFORMATION

****PLEASE READ THIS BEFORE YOU ARE SEEN****

This service is for **urgent** medical problems - problems that cannot wait for the next available routine doctor appointment.

Only the **urgent** problem will be dealt with during your consultation, and you will be asked to make a separate routine appointment for anything else.

This service runs every weekday on a 'first come - first serve' basis. Please understand, that if you have a long wait, it is because the patients before you have urgent medical problems as you do, that require immediate attention.

Occasionally the doctor may be called out in an emergency, thereby increasing your waiting time to be seen. If this happens, please bear with us – you will be seen but you may have a long wait. We will inform you if there is likely to be an excessive delay.

After reading this, if you really feel your problem can wait, please re-book with reception and ask for a routine doctor appointment.

Thank you.

The feasibility of a doctor or nurse triaging patients for the urgent doctor clinic was discussed. Firstly, as many of our patients walk in for these appointments a telephone triage system would therefore not be appropriate, and secondly the majority of patients that call would actually need to be seen to be properly assessed. From past experience in other practices, the doctors felt a triage system only worked well when there were a lot more urgent patients with a predominantly elderly population and we have the opposite - a young demographic.

➤ **Parking**

Some patients raised an issue that parking was becoming more difficult. We are aware this can be the case in the mornings. We will monitor the spaces outside the Medical Centre and inform University security if anyone is parking in them without a permit and not attending the Medical Centre.

➤ **Repeat Prescriptions/Medication reviews**

Some patients raised the issue that they didn't understand what their medication review date was/meant and how this related to getting a repeat prescription.

All doctors should explain this when a first prescription is issued. An article on this will be published in the termly ezine sent to all patients.

For information:

Practice Opening Hours

The practices opening hours are:

Mon	0830-1830
Tue	0830-2000 (phone lines closed from 1830)
Wed	0830-1830
Thu	0830-1830
Fri	0830-1830
Sat	0830-1200 (phone lines closed)
Sun	closed

Patients can contact the surgery via phone and in person during the opening times stated above.

Outside our normal opening hours, patients can make appointments and request repeat prescriptions using our online services at www.umsuea.co.uk using the Emis Access web link.

Patients can also notify us of change of address or contact us with general information using the umsuea@nhs.net email address which is used for non-urgent correspondence dealt with by the secretaries.

If medical assistance is required whilst we are closed, patients can obtain this by calling the surgery numbers (01603 251600) where they will be put through to the Out of Hours GP Service.

Further information is available on our website and by calling reception.

Extended Access

From April 2008, the practice extended its opening hours on a Tuesday from 0830-1830 to 0830-2000 and also on Saturdays 0830-1200. GP pre-booked appointments are available on both days, and on Tuesday evenings a nurse clinic is also available during term time (the type of nurse clinic varies week depending on the nurse – it could be travel, sexual health, general nurse appointments, health checks or asthma).

Declaration

The Practice confirms that the above report is a true and accurate reflection of the work undertaken as part of the Patient Participation DES 2011-2013.