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PATIENT REFERENCE GROUP ANNUAL REPORT

01-Apr-2011 to 31-Mar-2012

UEA Medical Centre

February 2012

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

It has proved difficult to get a regular response and commitment from our patient population for ongoing meetings, therefore we have therefore 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.

Our aim is to have the VPRG set up and activated by Spring 2012.

PRG Members

		PRG target group - range																		
		Aged 18-30	Aged 31-40	Aged 41-50	Aged 50+	Male	Female	UK National	Overseas National	Newly registered patient	Long term patient >5 years	UEA Student welfare	Family registered with us	Unemployed	Employed	UEA Student	Ethnicity not white British	First language not English	Asthmatic patient	Mental Health patient
Active PRG Members	1			✓			✓	✓			✓		✓		✓					
	2	✓					✓	✓		✓			✓	✓						✓
	3				✓		✓	✓			✓		✓	✓						✓
	4	✓					✓		✓	✓			✓	✓			✓	✓		✓
	5	✓				✓			✓	✓						✓	✓	✓		
	6	✓					✓		✓	✓						✓	✓	✓		
	7				✓		✓	✓			✓	✓	✓		✓					
	8		✓				✓	✓				✓			✓					
	9				✓	✓		✓				✓			✓					

Based on our target group, our PRG currently consists of 9 members who represent the following;

- Age range between 18-58
- 7 females, 2 males
- 6 UK nationals
- 3 international patients
- 3 long standing patients
- 4 newly registered patients (+ 2 non-registered international student welfare officers)
- 3 unemployed, 4 employed, 2 student patients
- 3 from an ethnic minority and language
- 3 student welfare officers (of which 1 person is also a patient)
- 3 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 13 doctors working here, which equates to 520 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 – phlebotomy and minor surgery – 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

All areas of the survey were discussed with the PPG focusing particularly on areas that appeared to need improvement.

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.

As a result of the survey findings and PRG, this year we have focused particularly on elements of privacy, communication and the appearance of the surgery.

We have also taken into consideration four areas of priority using information collated through complaints, significant events and verbal communication/recommendations from patients on an adhoc basis.

All action proposals were discussed at the last PPG meeting and a review of all actions taken will be discussed at the next meeting.

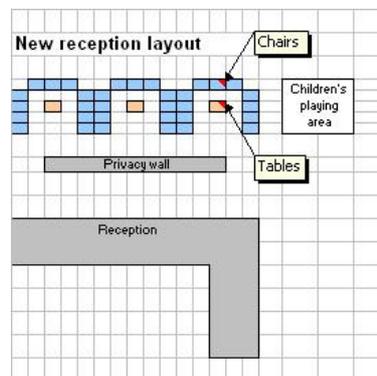
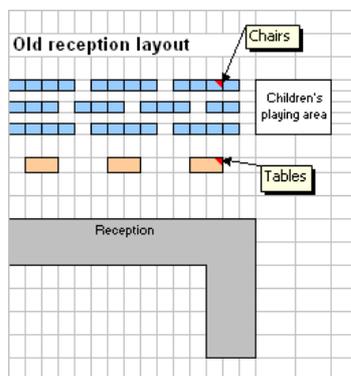
➤ Privacy – reception waiting area

Patients felt the reception area was not very private when speaking to a receptionist, and they felt 'looked upon' by those waiting in the waiting area.

As a result of this, we came up with the idea of putting a wall in between the reception desk and the waiting area.

- 1 - to give the patient more privacy at the desk so the wall would act as a sound barrier between the reception and the waiting area;
- 2 - to enable reception to maintain an eye on the waiting room in case of any problems or accidents etc, we decided to insert a glass panels along the top half of this wall.

In addition to this, there were issues raised with the layout of the seats in the waiting area. Patients did not like the rows of chairs facing the reception desk, as they appeared like an audience viewing the reception desk, so we have since changed the layout (see diagrams below) which patients are very happy with and they are still able to see the jayex board easily. In this years recent survey, the feedback regarding this new layout has been very positive.



➤ Privacy – jayex board

Patients were concerned about the visibility of information shown on the jayex board. Patients did not like the fact the jayex highlighted which clinic they were going to when called.

Since we changed to Emis Web, we have now been able to limit the amount of information shown on the jayex board so it only says the patients name and the room they are being seen in. As a result of this, others in the waiting area will not know why or whom they are being seen by.

➤ Communication - staff

The attitude of the receptionists has been highlighted on various occasions, especially in relation to communication with patients whose first language is not English. We have a high number of international patients and language barriers can prove difficult for both staff and patients.

As a result of this, we have organised various talks and courses for all staff on how to communicate effectively and efficiently with all patients. All staff attended an equality and diversity training session in July 2011, and in March 2012 we have organised a training session for all staff on 'how to communicate with foreign patients'. A trainer from INTO (International Language School) will be presenting the session.

International students find it difficult to understand the difference between A&E and the Medical Centre, how to access NHS care, their entitlements etc. We therefore worked along side INTO, and arranged for our GPs to give talks to new student intakes about our services and to answer any questions. This is an ongoing arrangement throughout the year during large intakes.

➤ Communication – telephone access

Telephone access was highlighted as a problem, especially in the morning when the phone lines are constantly busy. Patients were finding it difficult to phone first thing for book on day appointments. As a result of this we decided to advertise for a trainee Apprentice in Office Administration. Whilst we are promoting and helping young people get into employment during a very difficult economic climate, we also increased our telephone access throughout the day.

➤ Communication – text messages

Text message appointment reminders – patients love this facility. Initially the PCT paid for this for a trial year, but as the PRG and survey highlighted that patients think this is an excellent service (and it has helped with DNA rates) we decided to continue paying for this reminder and text service which operates across most clinics.

➤ Communication – website

The website used to be cluttered and difficult to navigate and read. This was highlighted by the PRG. In order to improve this, we have updated and revamped our website, plus reduced the number of navigation tabs. The website information is now displayed in a clear, easy to read/navigate and concise manner.

➤ Appearance - internal building

Overall, patients really like the appearance of the surgery - they are happy with the size, space, layout, environment, toilets etc, but feel it is a bit 'too clinical' and could be more welcoming. Recommendations were made for more artwork on the walls, plants in reception, toys for children to play with.

The practice agreed with these suggestions – we have purchase more children's toys (of an approved type- washable etc), enhanced the look of the waiting room with more plants, changed the layout as mentioned above and put artwork up along all corridors used for doctor and nurse clinics. This has not only satisfied patients, but staff are very happy with the changes and feel it has given the practice a warmer, more welcoming feeling in general.

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.