

LOCAL PATIENT PARTICIPATION REPORT

Part 2: 2012-2013

PRG activity since March 2012:

- We have two new members in our PRG group! They joined via the website in May 2012. One of these members is already an active member of the HEN (Health Engagement Network). In addition to this, he has also applied to be a member of the Shadow Governing Body for the CCG, and is awaiting news as to whether he has been successful on this. This brings our PRG total to 16. Very kindly, one of our members who was 'off line' last year, has since agreed to us sending information to an email account which means all our PRG liaising can now be done via email, rather than post.
- Despite the email activity, we decided that we should continue one annual face to face PRG meeting. On the 24th July 2012 we sent out an email to the PRG group informing them of the date of the meeting planned for 16th August 2012. We also invited their views on our planned changes to stop the walk in surgeries and informed the PRG members of the results of an extensive audit we had done of the appointments and surgery phone calls in May 2012. Most of those that could not attend the meeting sent an email prior to the meeting with their views on this.
- The meeting took place as planned on 16th August 2012 at Topcliffe Surgery. The results of this can be seen on our website. www.topcliffesurgery.co.uk , under the heading 'Patient Group.' The minutes were sent via email the next day to the PRG group.
- At this August meeting we discussed what the content of our questionnaire/survey would be for the year 2012-2013.
- **Additional Activity outside of the surgery:**
 - We had a small PRG presence at all three of the 'Patient Congress' meetings. The first and second meetings, in Northallerton, on 2nd July 2012 and 18th October 2012 and the third in Catterick on 31st January 2013.

- On the 9th May 2012 we sent our PRG some information regarding the changes in the Friarage Children's and Maternity Unit and asked them to complete the survey that was circulating at the time.
- Dr Foljambe was asked by the PCT/HRWCCG to email the PRG to collect their views on the decommissioning of 'telehealth.' With the agreement of the Partners and Practice Manager, it was decided that this issue was too longstanding with too much background to enable the PRG members to make an informed and considered decision, and most importantly, we had emailed them too much with other things. We felt we risked the PRG members feeling over-pestered, based on their original understanding of their responsibilities when they joined the group.

A more in depth description of this process is explained below (in similar format as part 1 report for the sake of continuity).

Profile of members of PRG:

As in Report part 1.

With the additional two new members: One 31 year old white British working mother of one and the other, a white British 73 year old retired ex-forces gentleman.

We have tried repeatedly to engage more Allanbrooke Barracks patients to be members, but they have not responded to emailed or written letters inviting their opinion and views. We suspect this is due to the unsettled nature of their lives and pressure on them to function as single parents (often), in a temporary environment with young children. The one member we have from the Barracks who is Fiji born (with good English language) has not as yet responded with comment to any of our emails.

How we compiled our survey and the steps that were taken in order to produce it.

Given that Topcliffe Surgery has always offered a walk in service, we felt it was not enough simply to end the walk ins (whilst maintaining the same level of service delivery), and then to ask how the patients felt about it! So one of the partners here designed a very careful audit process that was run for 3 weeks in May 2012, to look exactly at why patients telephoned the surgery, getting the staff answering the phones to log on tally sheets whether it was for an RI of a medicine / to book an appt / ask which doctor was on walk in etc. In addition to this we handed out questionnaires entitled 'Seeing the Doctor Today,' and received 215 responses that we carefully analysed before attempting a new appointment only rota. This information can be found on the website when you click on 'patient group,' and look at the two documents under the heading. 'The work we did before we ended the walk ins.' One of these documents formed the agenda for the August 2012 PRG meeting, and the other, the results of the 'Seeing the Doctor Today' questionnaire.

We talked about the appointment system change at length with our PRG members, in the face to face meeting on 16th August 2012. We also read out and discussed the PRG member comments that had been emailed prior to the meeting. The general feeling was that this change was so significant to Topcliffe that the questionnaire needed to hold it as the central theme, as other questions/issues risked undermining or clouding the picture. The way we were going to communicate the end of the walk ins to the patients was of paramount importance in this August meeting and the PRG were a huge help and assistance. For example assisting us with a feature in a local paper and giving us the idea of a fridge postcard. Please see the minutes in the 'Patient group' area of the website

November 1st 2012 we ended the walk in surgeries completely for the doctors and left only a one hour walk in for the nurses 9-10 am every weekday.

In January 2013 we then ran the questionnaire 'How do you feel about the new appointment system?'

The results from 104 responses were then published on the website and emailed to our PRG members. We then collectively came up with an action plan for 2013-2014 with our PRG members.

Reflecting on last year's action plan: (Please refer to part 1)

In writing this report we reflected on each step of last year's action plan to see if we have achieved any of our goals:

Phones: In February 2013 we completed installation of an entirely new phone system with one extra line for doctor's to be able to call out on, so that when doctor's are making calls they do not block the incoming line for patients calling in. The new Samsung system is much more sophisticated and can easily be adapted with call holding and extra lines as needs be in the future. We achieved this goal later than the October 2012 deadline but that was due to Dr Foljambe resigning and a partner recruitment process starting, and other in house staffing issues.

Education and self care promotion for patients:

There has been much more use of the AMSCREEN and website this past year for educating on various issues such as carers, smear tests and vaccines. We have worked hard to deliver some more patient centred resources.

The nurses and doctors are being more opportunistic in giving out information to patients at the appropriate time for the appropriate condition, rather than the patient just being subjected to a rack of 60 leaflets in the waiting room. The leaflets although tidy and are restocked regularly, are not quite as the PRG fed back that they would like them to appear, i.e. in categorised areas e.g. children/diabetics/asthmatics etc.

Phone appointments:

We are now much more liberal in offering these 'slots' for patients, especially if they call up and there are no doctor appointments left. It has proved a speedy and effective way to triage and ensure the patient can at least speak to a doctor on the same day. As yet there are no specific phone surgeries. We will discuss this as part of next year's plan.

Action Plan for the next financial year 2013-2014:

Priority for action	Proposed changes	Who needs to be involved	What is an achievable timeframe
Re-run some	Consider small	All staff in	Run the questionnaire

<p>questions on the new appointment system.</p>	<p>amendments to session structures and appointments if needs be as a result of our findings</p>	<p>reception/dispensing/doctors. Patient views and PRG input also needed.</p>	<p>again around winter 2013 as the surgery is under the most pressure and the 'worst case scenarios' can be addressed.</p>
<p>Address the impact of the new '111' service.</p>	<p>Include some questions in it on questionnaire and invite patient comment in surgery</p>	<p>All staff</p>	<p>When questionnaire released</p>
<p>Telephones</p>	<p>-Address teething issues on new phone system in house, asking staff. -Also ask PRG again about the need for call holding facility. -Talk about lunchtime phone answering service in house as Yorkshire ambulance phone cover ends June 2013 -Discuss possible results line to nurses</p>	<p>Whole team and PRG/patient views</p>	<p>Discuss in summer meeting 2013 Likely to form part of questions in questionnaire</p>
<p>Website</p>	<p>Need to update and get to grips</p>	<p>Surgery team.</p>	

	<p>with the patient experience online, as currently a little unclear.</p> <p>Produce leaflet for patients and educate staff on how to help patients with their website issues</p>		
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Because of the specific and unmitigated pressures on the team this year due to losing two members of staff in a small team, we have decided to discuss most of the time frames for the table above in our Summer 2013 PRG meeting but all relevant staff are aware of what we are working towards and considering appropriate strategies to achieve our aims.

We also need to make a more specific action plan/aim for general education/ self care promotion for the patients. Specific goals such as 'alter the leaflet library in the waiting room' are more achievable and likely to get done. This will be discussed in the face to face meeting this year.