

Analysis of Patient Survey 2019 – PPG Recommendations & Surgery Response

Our PPG Development Plan is formulated from patient survey results and comments. We feel it is important that this be shared with all members of the BRS team and it's patients.

	PPG Recommendations	Surgery Response – Targets (What/How/When)
1.	<p>Address patients concerns over increased patient numbers – publish BRS plan for the future of the practice. 25% of patients who commented in the survey were concerned about the growth of patient numbers and would not recommend the surgery on Friends and Family for this reason.</p> <p>This has a detrimental effect on the rating of BRS. In the light of continuing housing growth, prepare and consult with patients on the Practice's Plan for the next 5 -10 years, particularly in terms of staffing and accommodation.</p>	<p>Practice to develop statement to share with patients re. collaborative working, sharing their concerns about pressure on services and what we are actively doing.</p> <p>PPG to feedback FFT findings to Andrew Selous, MP.</p>
2.	<p>Continue to review and improve online appointment system</p> <p>a) Increase % of online appointments; patients are frustrated that there are insufficient online appointments. When they telephone the surgery, the recorded message advises them to book online but they find there are no appointments available for the foreseeable future.</p> <p>b) Review the feasibility of booking a telephone appointment online. This is used at other surgeries e.g. Hazeldene Medical Centre.</p>	<p>All GPR, Locums & Matrons appointments are on system. Booking in 2-3 days can be difficult. Only Duty Doctor and joint surgery slots are not available online/opened until the day now. May need to look at time that the appts are released online in case there is a glitch (understood to be at 6am). Plan to look at possibility of making MSK slots online too.</p> <p>May well be possible; look at trial for 3 months. Would need template/rule set for patients to ensure their/our expectations are appropriate and most up to date 'phone number available etc.</p>

<p>3.</p>	<p>Maximise the use of IT systems. Explore the most efficient and effective use of IT to help reduce staff administration workload and increased patient satisfaction</p> <p>a) Improve the service to patients for automatic notification of test results, successful mailing of patient newsletter, statistics, reports and vaccination requests etc.</p> <p>b) Continuity of care, 32% of patients who commented in the survey raised this as a concern – can IT systems help with this? It's increasingly difficult to see the same doctor – investigate the use of pop-up notes on the main screen to indicate relevant doctor and or treatments.</p>	<p>Have decreased the interval between receiving results & sending letters out by additional staffing.</p> <p>When reviewing correspondence, GP checks to see if appointment booked so letter not sent out unnecessarily. Look at texting results to avoid staff and postage cost of correspondence, mindful of IG issues.</p> <p>For continuity of care information available on home screen. Not visible to patients but for practice info. Also implemented 'GP pink slip' slots that GPs can direct reception to use for patients they need to follow-up themselves.</p> <p>GPs advising patients to come back & see GP rather than 'see me' where appropriate.</p>
<p>4.</p>	<p>Work towards producing Issue 3 of 'Information for Older People' (Yellow Booklet)</p>	<p>Work underway including liaison with Town Council for help with funding.</p>
<p>5.</p>	<p>Explore the possibility of a role for volunteers within the practice to ease pressure. How could this work?</p> <p>Consider appropriate tasks and workable processes, as there is a willingness from the PPG to offer more practical help and support to BRS.</p>	<p>Some people want to volunteer time rather than officially being part of the PPG in project work capacity. Practice to think about suitable work and projects.</p>
<p>6.</p>	<p>Increase chairs with arms in waiting area and consulting rooms</p> <p>Patients who have problems with mobility would like to have one of the two patient chairs in consulting rooms to have arms. Also, more chairs with arms requested for the waiting area. BRS to implement within replacement plan.</p>	<p>Practice to review resources available in waiting room and in consulting rooms and be mindful of this when equipment ordered.</p>

<p>7.</p>	<p>Review Nurses' appointments and blood test availability - delays faced by patients</p> <p><i>Patient comment: I have had to wait about three weeks for a blood test even though I'm retired and have a great deal of flexibility around times of day/days of the week.</i></p> <p>47% of patients completing the survey are having problems booking nurses appointments and 29% of patients are having difficulty in booking blood tests. Patients can wait 2-4 weeks after a GP appointment even if they are told to make an urgent appointment.</p> <p>a) Reception to direct "blood test" patients and outline the process for attending at local hospital if time interval to next appointment at BRS is not practical.</p> <p>b) Allow blood tests up to 6 weeks ahead in line with GP appointments.</p> <p>c) Consider Continuing Professional Development (CPD) of current nurses, to allow greater multi-tasking where appropriate.</p>	<p>Noted major problems whilst short-staffed over summer due to national shortages of qualified staff.</p> <p>Have now recruited and also researched availability of services at local hospitals as an alternative.</p> <p>2 newly recruited nurses currently on the Practice Nursing module to learn specific nursing skills for primary care. We anticipate that this will further improve availability of slots from early summer.</p>
<p>8.</p>	<p>Address Staff Induction, Appraisal and Training – based on comments made in the survey.</p> <p>A robust Performance Management structure needs to be developed in order to meet patient and organisational needs. All front-line staff need to have a consistently sensitive approach to the patient and be solutions driven.</p> <p>a) The results indicate a <u>very welcome</u> improvement in "helpful/very helpful" from 67% in 2018 to 74% in 2019 to maintain and improve further. However, 42% of those commenting expressed considerable dissatisfaction with all or some elements of their engagement with reception. <u>A common theme was a good team being let down by a minority.</u> Comments regarding the Reception Team's approach to patient care are again, as in previous years, reflecting considerable inconsistency. Please see all patient comments in the survey.</p> <p><i>Patient comment – I mentioned reception last year and nothing has improved/happened</i></p> <p>b) Comments about the Clinical Pharmacist's telephone medical reviews indicate some patient are concerned a) regarding cold call changes to their medication, with little to no explanation, and b) them not being asked on renewal if a batch prescription currently applies (? system indicator).</p> <p><i>Patient comment - I am not happy with medicine review arrangements. Had a phone call from someone who did not explain who she was but who told me she was changing my prescription. She deleted medicines I need which has caused me great worry. She did not discuss this, has never met me and does not understand my needs; she is not a doctor.</i></p>	<p>Part of induction and appraisal processes and feedback given after specific examples. Aware there are some residual issues but there has been some improvement.</p> <p>Mentoring of new trainees, issues tackled as they arise, anonymised appraisal feedback. Positive feedback given via Notification to all staff to boost morale.</p> <p>Important for CPs to explain who they are and what their role is in the practice.</p> <p>There are limitations with batch prescribing process once current authorisations expire.</p>

	<p><i>Why has she the right to interfere with my prescription? I will go and talk about this with my pharmacist in the town who is sympathetic.</i></p>	
<p>9.</p>	<p>Consider challenges patients face when trying to balance work and appointments</p> <p>To what extent does the BRS team appreciate that not all of our patients work locally? Patients face challenging problems when attempting to fit a medical appointment around their work/life commitments. This is particularly difficult for those starting/leaving for work before 8:00am, on nightshifts, commuting or working long hours. Scheduling an appointment to optimise the patient's chance of being able to get to work and only lose a half day would be meeting patient need.</p> <p>PPG to explore this issue and consult with patients affected.</p>	<p>Review templates and placing of telephone appointments within these for patient and clinician convenience.</p>
<p>10.</p>	<p>Excellent communication – this is essential and BRS PPG is committed to fully supporting the Practice to:</p> <ul style="list-style-type: none"> a) Continue to produce and promote a quarterly patient newsletter by electronic link and by paper copies to reach as many patients as possible. <i>PPG request a display holder nearby patient login screens to display paper copies.</i> b) Highlight and help address specific problems highlighted in the survey, at Meet & Greets, in the newsletters, in the PPG area on the website e.g. accessing test results, full record access, online appointments etc. c) Increase patient awareness of medication wastage, aiming to reduce wastage at BRS and where possible across the town, by liaising with other surgeries/pharmacies/PCN and the NHS. d) Communicate measurable targets via the newsletter e.g. number of patients, number of patients registered for online use, for text messaging etc. e) Continue to meet and work with local retail pharmacists to resolve patient issues. f) Advise disabled patient that they are able to apply to use the dispensary services at the surgery. 	<p>Look at feasibility as one of check in screens will need to be replaced by CCG as part of forthcoming Windows10 project.</p>

	<ul style="list-style-type: none"> g) Communicate to patients that parents/guardians of children between the ages of 11 and 16 can still use the online system, and the procedures that need to be followed. h) Utilise the foyer area to improve communication and promote initiatives. i) Use iPad to demonstrate the online systems to patients. j) Continue to invite staff and guest speakers to enhance our understanding. k) Work with the surgery on the newly launched project “For a Greener NHS” . l) Work with the surgery to understand CQC inspection ratings in order become outstanding surgery. 	
11.	<p>Celebrate the positive feedback with team and patients.</p> <p>Surveys tend to focus on the areas for improvement, but the survey provided a huge amount of positive feedback and evidence of the excellent quality of service BRS provides. The BRS team are to be congratulated.</p> <ul style="list-style-type: none"> a) Team Leads to share survey results with their department. b) Consider displaying survey examples of exceptional service/kindness in Meeting Room, Staff Room and/or Waiting Room. 	<p>Celebrate success – should be proud as there are some lovely comments. JC to send electronic copy to display in Staff Room.</p> <p>Positive feedback also to our very proactive PPG and the support and time they put in to working with the practice.</p>