

St Katharine Docks Practice

Local Patient Participation Report – 19 March 2013

Document Control

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B. Document Details

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C. Document Revision and Approval History

Version	Date	Version Created By:	Version Approved By:	Comments

A description of the profile of the members of the PPG:

There is a small Patient Participation Group (PPG) within St Katharine Docks Practice.

Members

There are currently 7 members of the group, excluding the practice members.

5 Female (Age range 31 – 89)
2 Male (Age Range 60 – 65)

This is largely representative of our population

The aim remains for 10 to 15 patients will make up the group, all of whom are registered at St Katharine Docks Practice.

These will be selected from any volunteers who we are currently advertising for, and will be chosen in order to give a variety of patient feedback.

Initially, there will be a number of virtual “meetings” in order to establish the aims and objectives of the PPG, followed by regular face to face meetings.

The Practice Manager will also attend each meeting. Any other practice members may

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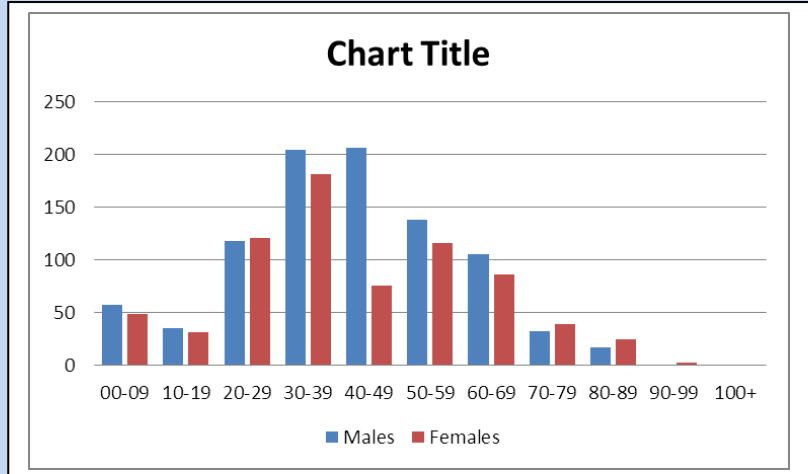
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attend if they wish to.

St Katharine Docks Practice has approximately 1700 patients.
56% of patients of male and 44% patients are female.

We have patients of all ages registered at the surgery.

Age	Males	Females
00-09	57	49
10-19	35	31
20-29	118	121
30-39	204	181
40-49	206	76
50-59	138	116
60-69	105	86
70-79	32	39
80-89	17	25
90-99	1	3
100+	0	0



As numbers increase, it is forecast the demographic spread with match the practice population.

A description of what steps the Practice has taken to ensure that the PPG is representative of its registered patients and where a category of patients is not represented then what steps have been taken by the Practice in an attempt to engage with those patients:

There has been an advertising campaign in order to encourage members of the practice to join the PPG. The following were ways in which we tried to encourage attendance:

- Notices were placed in the surgery waiting areas, as well as the clinician rooms in order to encourage patients to enquire.
- Information was placed on the NHS Choices and MyHealthLondon Websites notifying patients that we are starting a group
- 250 Business cards were printed with the PPG details and were placed in reception
- Clinicians and administrative staff have directly asked patients if they would be interested in joining.
- The Right Hand Side of the prescriptions also contains an invite to the PPG

A description to be entered in around how the Practice and the PPG determined and reached an agreement on the issues which had propriety within the Local Practice survey:

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The patient views were gathered in three stages:

Stage 1: One to one discussion between the PPG member (at their initial enquiry) about the PPG and what the purpose of the PPG was. Any issues identified at that stage would be discussed.

Stage 2: An email sent to all members in order to ask for anything they wished to be included within the meeting. It was decided to make a Newsletter to sent to the interested members of the PPG to gauge their thoughts on a newsletter and also to feedback some of the suggestions that has previously been given to the Practice. This, in turn, generated some direct feedback.

Stage 3: A meeting of the PPG was held in order to fix an agenda and conduct a face to face meeting for as many people who could attend. The purpose of the PPG was stated at this point in order all members understood the role of the PPG and its importance.

We will also be registering with NAPP in order to become a registered group with them and be able to utilise their resources and advice. We will also see if a NAPP representative can attend the inaugural meeting. – This is yet to be completed.

The Practice Manager also has an “Open Door” policy where any patient or practice member can come and discuss or suggest any ideas.

On our website patients can submit their contact details and we have a contact detail form on reception.

A description of how the Practice sought to obtain the views of its registered patients

A new patient survey will be designed at the next PPG (due to be held in 3 months). This will largely focus on areas where the patients feel there is some room for improvement.

From April 2013, all patients will be asked for an email address for inclusion in their surgery contact details, and it will be explained this would also be used to send a survey to them periodically in order to gather information. ALL patients will have the option to opt out of this survey.

The survey will also be advertised and patients will be able to complete this online.

A CRT feedback screen has also been procured, but yet to be installed.

It is hoped that members of the PPG may be able to encourage others to complete the survey whilst they are in the Practice

A description of how the Practice sought to discuss the outcomes of the local survey and the Practice’s action plan together

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All practice members will be informed of the survey results and can offer any questions, suggestions within a PPG meeting.

The results of the survey will be published on the website and given to members of the Patient Participation Group.

At the meeting the PPG will go through the questions in detail, looking within the practice to see if there can be any changes made as a result of the survey in order to improve services that have been previously highlighted.

Any actions generated from the PPG will then be discussed with all practice members in order to look at the feasibility of any suggestions made and then an action plan generated in to assign specific and measurable timelines to suggestions that are achievable.

Prior to the initial meeting, a newsletter was published and sent to all members of the PPG as well as being published in the Practice. This will also be available to read or print direct from the NHS Choices Website.

Already, there were a number of proposals that had been made via suggestions within the feedback survey and changes have been implemented:

- Nurse Clinics have been changed
- Cleaning is being done by an external contractor
- Grab Rail installed adjacent to the front door
- Investigations still undergoing for removing the step into the practice to create a level walkway

A description of the findings or proposals that arose from the local Practice survey and what can be implemented and if appropriate reasons why any such findings or proposals should not be implemented. A summary of any evidence including statistical evidence relating to the findings or basis of proposals arising out to the local Practice survey:

Complaints Procedure

There is a complaints procedure in place, underpinned by a written protocol, however, this was not published for patients to see. It was felt that even though this may be used infrequently, this should be publicised for anyone to read. This was agreed by the Practice Manager, and a précis of the system will be written and publicised in the waiting room

Telephone System

There were a number of issues with the telephone system, however, the main ones were:

- a. Automatic turning off of system
- b. Poor reception skills in answering phone
- c. Automated service
- d. Up to date information

Repeat Prescriptions

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It was suggested by the PPG that the current system of not accepting telephone requests for repeat items was an inadequate service. The Practice Manager and Practice Proprietor discussed the reasoning behind the system and whilst this may not have been accepted by all members of the PPG, this system would remain in place in order not to compromise patient safety. Currently repeat prescribing can be obtained by visiting the surgery, emailing the request or filling in an application. It was also pointed out that EMIS will soon be configured to allow online requests for those who wish to have EMIS Access.

Dashboards

The Practice Manager showed how Network Dashboards were used to look at the practice performance against given criteria, and it was suggested these dashboards be on display to highlight how the practice is performing. Whilst this was seen as a good idea, it was decided that all other data should be removed as it contains other practice performance.

Notice Boards

It was suggested the waiting room should be tidied up in terms of notices on the walls. These are often busy, and can be outdated (such as Flu data being up when the campaign is over) and this was agreed by all members of the PPG. The PM also stated he is looking to procure new boards which are smaller and can be used to target individual areas of healthcare, rather than have one very large board which displays several topics at once.

Telephone System

It was felt we didn't need such a complicated system in the practice, however, the current system is not only under contract, but also allows us to have more than one line into the practice and allows call waiting and queuing. Further investigation is still underway to see if the system can be better utilised. Once the PCT changes w.e.f. 01 April, this will also be updated with the correct contact details for OOH et al. The PM and SP have decided this is the best course of action due to a financial implication of changing the system message.

NHS Structure

There was much discussion about the future of the NHS services at GP level when the PCT ceases to exist and the CCG take over. Some suggestions around the provision of Phlebotomy Services and the commissioning thereof. The PM and SP explained the thought of near patient testing with the purchase of machines which have the ability to produce in house results immediately.

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A Description of the action which the Practice, the PCT intend to take as a consequence of discussions with the PPG in respect of the results, findings and proposals arising out of the local Practice survey.

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1. The complaints procedure will be published in the waiting room
2. The telephone system will be updated after 01 April 2013 to avoid another financial implication (This is a paid service to change the answering machine message)
3. Investigation into the telephone service provision
4. Training of reception staff to be more efficient in handling queries.
5. Sanitised dashboard data to be published.
6. Notice Boards to be rationalised and re-populated with up to date and relevant information
7. Near Patient Testing units to be explored. This is also being done at a higher level for the Practice, however, it was thought the PPG would be interested in the progress and procurement thereof, if successful. Further trials and evidence is required.

With the PCT ceasing to exist, all requirements will be forwarded to the CCG.

A description of the opening hours of the Practice premises and the method of obtaining access to services through the core hours:

The surgery is open at the following times:

Monday	0730 - 1130	1530 - 1800
Tuesday	0730 - 1130	1530 - 1800
Wednesday	0730 - 1130	1530 – 2000 (Baby Clinic 1330 – 1500)
Thursday	0900 - 1130	1530 - 1800
Friday	0730 - 1130	1530 - 2000

Access to appointments is via reception, and this is a booking service. There is no walk-in provision. There are “emergency” slots available for patients who have had a developing condition which has occurred during our closed period and if they call between 0800-0830, they can often be seen on the same day. Currently there is no patient who has been unable to have access to a healthcare Professional within 48 hours. The more realistic figure is within 12 hours – this may well be as a tep Patients also have the facility to order repeat prescriptions and to request an appointment online. Often, we also receive messages from patients informing us of their inability to attend appointments through this method.

A description of any extended opening hours that the Practice has entered into and which health care professional are accessible to registered patients.

Extended hours are as follows:

Monday	0730 – 0800 (GP)	Nil
Tuesday	0730 – 0800 (GP)(Nurse)	Nil
Wednesday	0730 – 0800 (GP)(Nurse)	1830 – 2000 (GP)
Thursday	Nil	Nil
Friday	0730 – 0800 (GP)	1830 – 2000 (GP)

Published in the 2012 DES report, it was stated we would enter into an evening session for GP only. This has been fully integrated and works well in the Practice, being able to offer extra later sessions for patients, allowing them to attend outside core working hours.

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Currently there is no provision of services over the weekend, however, if requirement dictates, and this is financially viable, a Saturday clinic may be looked into in the new Financial Year 2013/14