

SUNNYSIDE MEDICAL CENTRE – PATIENT REFERENCE GROUP
Report of progress to date (February 2014)

Dear Sunnyside Patient

A Happy New Year to You

Firstly, let me say how pleased all the partners and staff are to have been voted GP Practice of the Year in 2013. It was a great honour for which we would like to sincerely thank all our patients.

You may be aware that 2013 was the third year of our online engagement with a representative group of patients to help us to identify areas of service provision that are working well and those where we can improve. With all the changes that are taking place in the NHS our focus is very much on providing the best possible care that we can give to our patients given that resources and finances are tightly constrained. We have already successfully invested in and implemented a number of innovative changes since last year (see details in section H below) and following this years feedback we are now making some further commitments for the year ahead. These intentions are also documented below. The GP partners here at Sunnyside wish to deliver the best possible clinical service to their patients and your comments are helping us to identify where the biggest impact can be made.

The information below explains the efforts that we have made during the past year to identify and analyse our patients concerns, and the resulting plans that have been reviewed and approved by both patients and partners.

Section A. Developing a group structure that gains the views of patients and enables feedback

At the time of writing our patient list size is 12,725. The average practice size for Portsmouth CCG is about 8,373 and for England it is 7,041. Sunnyside has a relatively young patient profile when compared to many other practices in Portsmouth with 22.2% of our patients under 18 years and 11.7% of our patients being 65+ years. 1.7% of patients come from mixed ethnic groups with 4.2% coming from other non-white ethnic groups.

Given the above, it was therefore essential that the membership of our Patient Reference Group (PRG) had a reasonable proportion of young contributors from a variety of backgrounds. Most of these patients are likely to actively use the latest technology including the internet and mobile phones. This reassures us that online surveys are an ideal way to engage a large proportion of our patients. For those patients who do not use the internet an option to complete a hardcopy survey while in surgery was also provided. Furthermore, our patients come from a number of different ethnic backgrounds so the recruitment of PRG members needs to encourage membership opportunities from everyone. In addition, the practice boundaries cover some areas of high deprivation so it is important to ensure that members from all social and financial backgrounds have equal opportunities to join and contribute to the group.

Accordingly, to ensure that we provided varied opportunities to join the PRG covering different ethnic backgrounds, age ranges and personal profiles, a number of distinct PRG recruitment drives were run in the period up to end of November 2013. These included:

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1. Patients were given an open invitation to join the PRG from GP's, nurses or receptionists when attending routine patient consultations.
2. During the flu clinics held in October, patients were approached to complete a hardcopy survey and also invited to provide contact information so they could be added to the PRG
3. Staff members approached patients waiting in the reception area on an adhoc basis.
4. Advertising efforts included posters in the surgery, and a TV bulletin page encouraging all patients to join the group. Forms providing joining instructions were routinely available in the surgery.
5. Patients making use of our new online and text appointments services were also targeted.

Section B. Group Membership

As of the end of December 2013 a total of 226 patients had signed up to the PRG with many patients opting to remain on the PRG register from the previous year. 143 patients were female and 83 were male. Most importantly, the patient group was comprised of a broad range of ages as follows:

<24 14 patients
25-35 56 patients
35-45 47 patients
45-55 48 patients
55-65 31 patients
65+ 30 patients

In November our membership application drive was closed to allow us to focus on obtaining feedback to our survey. Although we made a very positive attempt to encourage involvement from all cultural groups, the group is still predominantly white British.

Ethnicity	Number of patients
White British	210
White & Black Caribbean	1
White European	5
Bangladeshi	2
Indian	5
Black or Black British African	3
Pakistani	1
White and Asian	1
Other	2

All consent forms were retained and the patient data recorded. PRG members were assigned to an e-mail distribution list (if appropriate) so that email/electronic surveys could be easily sent.

Section C. Agree the key priority areas

The document used to obtain sign-up and consent for the PRG asked patients to prioritise any concerns within 8 key areas of practice business that were previously discussed and agreed at meetings of the Sunnyside Patient Group.

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- Clinical Care
- Reception Issues
- Getting to the surgery
- Patient Awareness and education
- Getting an appointment
- Opening times
- Buildings and facilities
- Waiting times

In addition a further option allowed for any additional comments to be made. Patients were asked to nominate as many areas as they thought needed our attention and these results were recorded on our database. The 3 areas receiving the most votes would provide the areas of questions that the patient survey would focus on. We have found that our patient's priorities change very little year on year and the three areas on which the survey would be focussed this year were as follows:

- Getting an appointment
- Waiting times
- Patient education and awareness

Section D. Collate and analyse our patient's opinions through the use of a survey

The surgery has an online account with survey monkey and created a questionnaire comprised of 8 questions broadly matching the key priorities and the areas of specific interest to the surgery. The questions were designed to cover GP appointments, confidentiality, clinical excellence, waiting times and various general aspects of patient education and awareness.

The online survey was released for responses from October 2013 and ran until 31st December 2013. During this time the patients were given a link to the survey by e-mail. A follow up request to complete the survey was issued to PRG members and online service users before the survey was closed.

Of the 226 PRG members, 106 (47%) of these patients completed the survey online. This is much better than last year's response rate despite the seemingly large number of non respondents.

Section E. Summary of survey results for 2013

- 99% of patients said they were happy with confidentiality during telephone consultations.
- 87% (up from 82.6% in previous year) of those responding said they were happy about patient confidentiality when attending our duty team.
- 94 % of patients said the GP's listened to their requests and dealt with them appropriately. The figure was 94% for nurses and 73% for reception. The respective figures were up from 91.2% and 69.6% in the previous year.
- A total of 76% (up from 73.9%) of patients said they saw the GP within 20 minutes of their appointment time (excluding duty team).

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- 80% of patients would be prepared to wait longer to get an appointment with their GP of choice.
- Only 23.4% of patients were aware that we recently set-up a facebook page.
- General comments often praised the services that we offer but patients did raise further concerns about the following;
 - Lack of sufficient car parking immediately outside the surgery including spaces for disabled people. Please note that considerable additional free parking is available in the car park on the other side of the road.
 - Getting appointments
 - Lack of confidentiality/discretion when dealing with patients in duty and reception areas
 - Concern that we have stopped sending letters about Saturday flu clinics.

F. Provide the PRG with the opportunity to discuss the findings and reach agreement with the PRG on changes to services

The partners reviewed the feedback from the survey at the practice meeting on 6th January 2014. A draft copy of this report was then developed and mailed to all members of the PRG in early January 2014. In late January 2014 the partners reviewed any comments by PRG members to allow the report to be finalised. The final report was posted on our website during February 2014.

G. Agree action plan with PRG for 2014

Further actions agreed from the results of this year's survey are as follows:

- As in previous years, all staff will be reminded of the need to respect patients' wishes and provide absolute confidentiality wherever needed. Should a patient who is seen in duty need to assure confidentiality then a private room/consultation will always be offered. Furthermore, we will increase our advertising about the options available to assure appropriate confidentiality on request.
- The rollout of online appointment booking, online repeat prescriptions and text messaging appointment reminders will continue. There has already been considerable interest and uptake of this service, exceeding our initial expectations.
- IT staff training and awareness will be increased to meet the demands of the new technologies that are being implemented.
- Electronic prescription services will be implemented in 2014 allowing for the automated transfer of patient prescriptions to the pharmacy of choice.
- The partners will consider changing the design and layout of the duty team area with particular emphasis on improving confidentiality.
- With the change in GP contract, partners will analyse the appointment times with a view to allocating more appropriate scheduled durations that will help to alleviate excessive delays.

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- Further consideration will be given to the allocation of disabled parking spaces outside the surgery. There are obvious restrictions with limited space but the landlord will be consulted to see if there are any workable solutions.
- We will investigate the reason why appointments delays for Health Care Support Worker are longer than other clinicians.
- Dependant on further detailed analysis after the end of this flu season, for the 2014/15 winter period we will consider sending targeted reminder letters about flu clinic dates only to those patients who have not received a flu jab in 2013/14.

Section H. Review of actions from last year

This year was an exceptional year for introducing new systems and making some innovative changes at the surgery, especially through maximising our use of IT. The following is a summary of the progress that has been made.

Priority 1 - Getting an appointment.

The results of the survey indicated that generally the existing systems satisfy the patient needs and work well under normal circumstances, but they would benefit from some investigation and improvements to cope with periods of excessive demands. The telephone system generally seems to work well.

1. **ACTION** - The surgery will implement online appointment booking systems and text appointment reminder systems that will integrate with the existing clinical system. Selection of the number and type of appointments made available for online allocation would need to be carefully chosen. Proposals will be considered by the GP partners
 - a. **OUTCOMES** – We purchased and fully implemented online appointments and text reminder services during 2013. Online appointments begun from 1st October 2013 and by January 2014 we had 1243 patients signed up to use this new service. Furthermore, 6371 patients had consented for us to contact them by text message. Critical to the implementation of online appointments was a successful upgrade of our clinical system and an improvement in our internet N3 internet connection speed which helped to provide enhanced system functionality and to reduce overall transaction processing times. We also began to implement changes to our recall system which make further use of new text messaging facilities and base a recall on the patient's date of birth.

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2. **ACTION** - Need to reduce the number of people who do not attend pre-booked appointments.
 - a. **OUTCOMES** – We have an average of about 35 GP appointments per month that are not attended as booked and a further 70 nurse appointments that are similarly not attended. The practice implemented a text reminder system to encourage attendance at booked GP appointments and it does appear to have reduced the number of DNA's by about 10%.

3. **ACTION** – To consider all other realistic options to improve availability of appointments.
 - a. **OUTCOMES** – We recruited an additional part-time nurse to relieve some of the pressure on our duty team. Further nurse recruitment was also successful and we are now proud to say that we have our first male nurse working for us. We purchased and implemented an appointment card system to print appointment reminders at the time of booking and hopefully to help avoid any misunderstandings or confusion at the time of booking.

Priority 2 – Waiting Times

The results of the survey generally indicated that waiting times are NOT a major concern and most patients usually accept that unavoidable delays are acceptable. However, occasional long waits, especially for our duty team, do cause some understandable stress and frustration. Improvements can still be made to avoid delays wherever possible and to help improve the management of patient expectation.

1. **ACTION** - The method of prioritising children attending the duty team will be investigated and improvements implemented where practical to do so.
 - a. **OUTCOMES** - Children presenting with chronic illness/symptoms are fast-tracked. The receptionist will ring through to the duty GP who will take appropriate action.

2. **ACTION** The surgery will seek to improve the timeliness of (ringback) telephone consultations.
 - a. **OUTCOMES** – All GP's were reminded of the need to conduct timely ringbacks wherever possible. Extenuating circumstances occasionally prevent this, but it is not the norm. Unfortunately it is not possible to give exact times for each call due to the possibility of potential unforeseen delays.

3. **ACTION** – To implement a new electronic check-in board
 - a. **OUTCOMES** – A new check-in board was purchased and implemented to help alleviate queuing delays at the reception desk for pre-booked appointments.

Priority 3 - Patient Education and Awareness

In addition to the existing facilities, the survey indicated that patients would appreciate the following:

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1. **ACTION** – To publish an update of recent changes made at the surgery.
 - a. **OUTCOMES** – Sunnyside Headline News 2013 was first published in October 2013 and released during our Saturday morning flu clinics. We also update our facebook page regularly, and our popular TV bulletin is still updated monthly with any latest news or changes.

2. **ACTION** - Ensure that the Sunnyside Website and Facebook page are well advertised to patients.
 - a. **OUTCOMES** - The Sunnyside website and facebook page were widely advertised on the TV bulletin, by clinicians and receptionists on request and also via the online surveys.

Thank you for your continued help and support to the surgery.

Dr A R Tollast

Senior Partner

Our Opening Times:

Core opening times are 8am to 6pm Monday to Friday. We also offer extended hours appointments according to an alternating bi-weekly schedule (Week 1 – Tuesday and Thursday 6:30pm to 8pm; Week 2 Saturday 8am to 11:15am). Please see our website or ask a receptionist for further details.