

EAST HARLING & KENNINGHALL MEDICAL PRACTICE

PATIENT PARTICIPATION DIRECTED ENHANCED SERVICE (DES) 2013/14 PATIENT SURVEY

This report is presented to patients, personnel at the Practice and the NHS England Area Team following our 2013/14 Patient Survey. It has been prepared using the Service Specification for the DES and the 'report check list' provided by NHS England (East Anglia) Team to ensure the Practice complies with each aspect of the Enhanced Service.

	REQUIREMENT	DETAIL	COMMENTS
1.		<p>Maintaining our Patient Participation Group (PPG) and our virtual Patient Reference Group (vPRG)</p>	
1.1 & 1.2	Is the PPG/vPRG still representative of the Practice Population?	<p>Our Patient Participation Group (PPG) was formed in 2008, with our inaugural meeting in the October. Following the initial comings and goings of members since 2008 we have now established a core group of 11, one of whom is very new, only joining the Group at the end of 2013; we are always looking to recruit new members.</p> <p>We started canvassing for our virtual Patient Reference Group (vPRG) in the summer of 2011 however attracting members proved somewhat challenging. However perseverance paid off and we established a group of patients who were happy to be contacted via email, or post for those who did not have access to the internet. We continue to maintain a directory of our vPRG membership, which now totals 121.</p> <p>As in previous years we have continued to promote both our PPG and vPRG in an attempt to maintain representation from all sectors of the community we serve using the following methods:</p> <ul style="list-style-type: none"> • Advertising on our Practice Website with a sign up page available • Continually promoted in both Surgeries with posters • Promotion leaflets available in both waiting rooms • Encourage our PPG members to promote to other patients • Leaflet and sign-up section on New Patient Registration Form included in every new Registration Pack <p>We have maintained our dedicated NHS email address for the sole purpose of communication between the Practice and our vPRG: ehandkh-prg.nhs.net</p>	<p>Appendix 1 Copy of New Patient Registration Form/leaflet</p>

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The demographics of our Patient Participation Group are as follows:

Males: 2	Females: 9
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Age	Under 17	17-24	25-34	35-44	45-54	55-64	65-74	75+
	0	0	0	0	2	1	4	4

Villages represented by members of the PPG:

East Harling	Kenninghall	Banham
Bridgham	Bressingham	North Lopham
Old Buckenham		

The demographics of our vPatient Reference Group are as follows:

Males: 50	Females: 71
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Age	Under 17	17-24	25-34	35-44	45-54	55-64	65-74	75+
	0	5	12	22	20	25	25	11

Known Carers represented on both Groups: 4
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No. of disabled patients: 1

Combined Ethnicity of PPG & vPRG				
British	Irish	Indian	Eastern European	White/Other
74			1	1

Many chose not to identify their ethnicity and whilst we only have 2 who have annotated anything other than 'British' percentage-wise this is indicative of the general Practice Population.

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2.		Method and Process for Agreeing Priorities for a Local Practice Survey	
2.1	What process was used to seek the views of the PPG/vPRG in identifying the priority areas for the survey questions?	<p>At a PPG meeting held on 5th August 2013 a full discussion took place regarding the areas the PPG thought we should focus on; our two previous Surveys were virtually identical in an attempt to quantify the first years' results and have a benchmark against which to compare them.</p> <p>In preparation for our discussions seeking suggestions for questions this year an email was sent out to all members of the vPRG asking for their views on any focus areas; only 2 responses were received from the 121 emails sent. Access to GP's and the fact that we currently have no female GP's available at the Practice were raised. In addition, a letter was also handed out to all patients attending both surgeries over the 5 day period prior to this meeting asking for their views and comments; 49 responses were received.</p>	<p>Appendix 2: Copy of Agenda</p> <p>Appendix 3: Extract from minutes</p> <p>Appendix 4: Copy of email sent to vPRG members</p> <p>Appendix 5: Copy of letter handed out to patients</p>
2.2	What priorities were identified by the PPG/vPRG and how have these been included in the Survey.	<p>Following responses from the vPRG, suggestions made by patients attending the Surgery and the priorities determined by the PPG and the Practice, at our meeting on the 5th August, convened to formulate our proposed survey questions, the following priorities for 2013/14 were determined:</p> <ul style="list-style-type: none"> • EMIS Access – questions to be included to gauge the success of our recent advertising campaigns • Role of our Nurse Prescriber and how patients are accepting or otherwise of this service • Communication between the Practice and our patients, and how patients would like to access information • Our staff and the services we provide <p>We proceeded to formulate our proposed Survey questions using these criteria as a basis and all agreed the proposed questions.</p> <p>To ensure our wider vPRG were happy with the proposed questions, a further email was sent round to all members with a provisional questionnaire attached for their feedback. Four responses were received, all of which were positive and reflected that the questions were sensible and relevant.</p> <p>A further PPG meeting was held on 11th September to finalise our Survey questions, taking into account comments of the PPG and those received from our vPRG. One point raised was the use of the word EMIS; it was felt that many would not know what this was and therefore it should be quantified. With this addition, the Survey was finalised and agreed ready for distribution.</p>	<p>Appendix 6: Copy of sample questions</p> <p>Appendix 7: Copy email sent to vPRG</p> <p>Appendix 8: Copy of Agenda</p> <p>Appendix 9: Extract from minutes</p> <p>Appendix 10: Copy of finalised Survey</p>

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3.		Details and Results of the Local Practice Survey																		
3.1	Was a Survey carried out between 01/04/13 and 31/03/14?	Our Survey ran for a 3 week period, starting on Monday 14 th October 2013.																		
3.2	What method(s) were used to enable patients to take part in the Survey?	<p>In an attempt to reach as wide an audience as possible, from all sectors of the community, it was widely published that we would be running our annual Survey and when using the following methods of communication, all of which had proved successful in previous years:</p> <ul style="list-style-type: none"> • an article was published in October edition of all the local Parish Magazines stating that the Practice Survey would be available both on-line, via the Practice website, and in paper form at both Surgeries for a 3 week period from Monday 14th October. • Surveys were offered out by our Receptionist Team to all patients attending the Practice over this period. • Members of the vPRG were sent an email with a direct link to the on-line survey. 	<p>Appendix 11: Copy email/article sent to Parish Magazines</p> <p>Appendix 12: Copy email sent to vPRG</p>																	
3.3	Was the Survey credible (was the response rate sufficient to provide 'the reasonable person' with confidence that the reported outcomes are valid.	<p>In total 205 surveys were completed this year compared to 213 last year and despite the slight downward trend this number still exceeds the requirement of 25 responses per 1,000 patients as recommended by the British Medical Association. Having discussed the responder rate, the Partners felt that this was sufficient to fulfil a representative sample of the Practice population.</p> <p>All Surveys that were completed in paper form were input into the on-line system in order to collate all the results.</p> <p>Demographics of Survey Respondents:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Male: 38%</td> <td style="width: 33%;">Female: 60%</td> <td style="width: 33%;">No response: 2%</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 10%;">Age</th> <th style="width: 12.5%;">Under 18</th> <th style="width: 12.5%;">18 - 30</th> <th style="width: 12.5%;">31 - 45</th> <th style="width: 12.5%;">46 - 60</th> <th style="width: 12.5%;">61 - 74</th> <th style="width: 12.5%;">Over 75</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">1%</td> <td style="text-align: center;">4%</td> <td style="text-align: center;">23%</td> <td style="text-align: center;">27%</td> <td style="text-align: center;">30%</td> <td style="text-align: center;">12%</td> </tr> </tbody> </table> <p>All age groups are represented in the results and whilst the under 18's and 18 – 30 age group has a relatively small representation, the respondents for the other age categories are quite evenly spread, with the largest response group being 61 – 74 year olds at 30%, but with only a 7% variance between the 31 – 45's and 61 – 74's this is quite marginal.</p>	Male: 38%	Female: 60%	No response: 2%	Age	Under 18	18 - 30	31 - 45	46 - 60	61 - 74	Over 75		1%	4%	23%	27%	30%	12%	
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3.4	Provide a copy of the Survey and the analysis of the results.	<p>The Partners felt that the mix of responses throughout the age groups is credible and acceptable in terms of the DES.</p>	Appendix 13: Copy of Survey results
4.		<p>Discussing Survey Results with the Patient Participation Group</p>	
4.1	How were the views on the Survey results sought from the PRG and any proposed outcomes agreed?	<p>SURVEY RESULTS – Please read all percentages in conjunction with the Analysis of the Survey Results; where totals do not add up to 100% this will be due to a ‘No response’ figure.</p> <p>A Patient Participation Group meeting was arranged for 13th November to provide a forum in which to discuss the results.</p> <p>As suggested, discussed and agreed, our Survey questions were based on discussions and feedback with our PPG and vPRG.</p> <p>The following have been extracted from the Minutes of PPG Meeting held 13th November 2013 where we discussed and shared views on the Survey results and all feedback received:</p> <p>EXTRACTED FROM MINUTES:</p> <p>Taking each question in turn:</p> <p>Question 1&2: <i>Are you aware we have a Practice Website, and if so, do you regularly visit the site?</i></p> <p>It is encouraging that 76% of our Practice population are aware that we have a Website offering many forms of information. Notwithstanding this, it is somewhat disappointing that only 21% of those who responded ‘yes’ regularly visit the site.</p> <p>Outcome: The Practice will continue to use all possible avenues to promote the website.</p> <p>Question 3:</p>	Appendix 14: Copy Agenda for meeting on 13/11/13

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We want to keep patients up to date with current NHS topics and what is happening in general within the Practice. How would you like to access this information?

3 options were offered – Practice Website, Surgery notices and articles in local village magazines. It is quite apparent that the results determine that patients wish to have each and every option available to them.

Outcome: We will continue to use all methods of communication currently being utilised.

Questions 4 & 5:

Have you been aware of our various advertising campaigns regarding EMIS access, and ability to book a routine appointment on-line?

It is disappointing that less than 1/3 of those surveyed were aware of the endeavours of the Practice to promote the online facilities of appointment booking and prescription ordering.

Despite the survey findings, it is somewhat confusing that when we posed a supplementary question enquiring whether patients were aware of the ability to book a routine appointment online, we received a much more positive response (44%).

Outcome: We will republish all communications previously circulated on the website, in Parish Magazines and in-house.

Questions 6: *Would you like to receive text message reminders for your appointment at the Surgery?*

Surprisingly this question received a 50/50 split, although the demographics of responders perhaps are not the most responsive to new technology, as commented by the PPG!

Outcome: It was felt by the PPG that we should utilise this method of reminding patients of their appointments in view of the very high DNA rate.

Question 7:

Are you happy with the service you receive from our Receptionists?

We are absolutely delighted that only 97% of responders were happy with the service we provide. This positive response is far and above the best Survey response we have had over the last 9 years. The Practice are proud of their Reception Team and the service they deliver to our patients.

Outcome: The PPG felt that we should iterate the response to our Reception Team and in their words 'the staff provide an exceptional service'. Notwithstanding this, we will endeavour to maintain standards through motivation and training.

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Question 8: Comments: starting on page 8

Question 9 &10: *Do you use our in-house Dispensary Facilities? &Those using our Dispensary Service – are you happy with the Service you receive?*

66% of respondents use our in-house Dispensary facility. There were only 2% who were unhappy with the Service provided by our Dispensary staff. Again another exceptional result and one that the Practice can be justifiably proud of.

Outcome: Again the PPG wished to convey their appreciation to our Dispensary Team.

Question 11: Comments; starting on page 8

Question 12:

Are you aware of the facility to order your repeat prescriptions on line by registering for EMIS access?

As with the response to questions 4 & 5, we find that less than a 1/3rd of responders were aware of the on-line facilities yet the supplementary question enquiring whether patients were aware of the ability to order their repeat prescriptions online, received a much more positive response (65%).

Outcome: We will continue to pro-actively promote EMIS Access and its benefits.

Question 13:

How do you usually order your repeat medication?

In the previous two years 18% of patients responded that they order their repeat medication by telephone. This year this figure has almost doubled to 32% despite a concerted campaign to encourage patients to order on-line. We still receive comments that the dedicated prescription line is not available for longer hours. The Practice still has concerns that this method of ordering is
a) is not a robust mechanism for re-ordering as something maybe lost in translation and also provides no audit trail should there be a problem with the order when a patient comes to collect
b) a drain on staff resources

Outcome: See page **21** - to be discussed at next Partners meeting to be held in January.

Addendum: It has been decided that the Practice will continue to offer a telephone prescription ordering service.

Question 14:

Are you aware we have a nurse practitioner who can see and treat minor illnesses?

It is gratifying that 86% of responders are aware of this facility. It goes to prove that our pro-active

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efforts to promote this service have had a positive effect.

Outcome: Despite the success of this service, we will continue to advertise the availability of our Minor Illness Nurse.

Question 15:

When appropriate, if offered an appointment with the Nurse Practitioner, usually on the same day, would you be happy to accept this appointment?

The overwhelming response (95%) was yes to this question. It is testimony to the investment the Practice has made in developing its clinical services.

Question 16: If you answered 'no' above, please state your reasons.

Comments: starting on page 8

Question 17:

Are there any other problems/issues you would like to bring to our attention?

Comments: please refer to page 8

Question 18:

Taking into account the constraints of our Practice buildings, what improvements do you think could be made to the waiting area of the Surgery you use most often?

Comments: starting on page 8

Questions 19 & 20 were concerning the demographics of the patients sampled:

Results can be seen in Appendix 14: Survey Results

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Detailed below, grouped into categories, are all the comments left by patients responding to the Survey, together with our responses:

Q. Are you happy with the service received from Receptionists; if not, why?

Below are comments made by patients unhappy with being asked for an 'indication of the problem' when booking an appointment:

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- > Although I answered yes I do find it a little intrusive when I'm asked to say why I'm booking an appointment.
- > ask to many questions on phone, and very unhelpful, we are busy as well as them
- > Don't feel it is necessary to ask what the medical problem is when trying to make an appointment - whatever the answer the outcome seems to be the same, i.e. a 2 - 3 week wait to see a named doctor
- > I don't think receptionists are qualified enough to decide if I need to see a doctor.
- > Most of the time although occasionally certain ladies can be a little pushy in their questions.
- > Yes and no, depends on the receptionist when I contact the surgery

Practice response: *Only patients telephoning the surgery to book an appointment are asked if they are 'able to give an indication of the problem'. This is to ensure patients are directed to the appropriate clinician. Patients booking in person would only be asked this question in exceptional circumstances due to the potential breach of confidentiality.*

- > Kenninghall - member of staff often rude – East Harling - never told of waiting times if doctor running late
- > Some lack people skills and are not very sensitive. Mandy is great

Practice Response: *Our Reception staff are all very mindful of their customer care obligations and on the whole they provide an excellent service. There have been a few occasions over the past 12 months where the attitude of the Team has been questioned but following detailed investigation only one has been upheld. If any patient should have any issues, they can use the Practice Complaints Procedure to bring the matter to the attention of the Practice Manager.*

- >The girls are great but we need TWO on the desk. If the phone is ringing they have to stop helping people making appointments because of the phone so two people needed so the queue can go a lot faster.
- > Sometimes a fair wait to be seen by receptionist when they are also having to field phone calls.

Practice Response: *Unfortunately the Practice cannot afford to resource an additional Receptionist at the Front Desk. During busy periods there is back-up at both sites to help answer the telephone. The staff are trained to prioritise answering the telephone just in case there*

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		<p><i>happens to be an urgent or life threatening situation on the line.</i></p> <p>Praise:</p> <ul style="list-style-type: none"> > I think the whole staff are absolutely brilliant, they made me feel welcome and what a team! > This service is excellent and the girls are always friendly and accommodating <p>Q. Are you happy with the service received from our Dispensary Staff; if not, why?</p> <ul style="list-style-type: none"> > it would help me greatly to be able to collect more than one months' supply of tablets as I have trouble getting to the surgery due to work commitments. > Prescriptions for only one month is expensive when you have to pay. > Why do you not prescribe for more than 28 days where the patient has a long term condition? Many surgeries prescribe for 56 days in these cases. > Just the opportunity to have possibly a three month supply of prescription drugs <p>Practice Response: <i>Evidence for 28 day prescribing:</i></p> <ul style="list-style-type: none"> a) <i>Regular contact with the surgery; provides the opportunity to raise any issues with medication</i> b) <i>For safety reasons, patients started on new medication can be managed and monitored before further supplies are required</i> c) <i>All fee paying patients receive the same quantity of medication for the same price</i> d) <i>Patients not taking their medication as they should are identified sooner</i> e) <i>Waste will be reduced if drug doses change</i> <p><i>We have produced a '28 Day Prescribing' Leaflet to advise patients.</i></p> <ul style="list-style-type: none"> >Again most of the time, occasionally being a little friendlier would be nice. >Some staff very abrupt. Never get medication in a bag so everyone can see what you have. >Sometimes appear grumpy <p>Practice Response: <i>Although disappointing to receive a few negative comments the overall satisfaction with our Dispensing Team is excellent. That said, we will not rest on our laurels and should we receive any complaints regarding any individual we will investigate thoroughly and take appropriate action where necessary.</i></p> <ul style="list-style-type: none"> >No privacy at Kenninghall at all and when you have a queue of people behind you, and the dispenser is speaking out loud the items you have requested, it can be very embarrassing. One of the dispensary staff is always 'short' with people and she makes you wait while she is getting on 	
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with other menial things. On one occasion she looked at my medication and sniffed with disapproval. But the privacy issue is a real problem.

Practice Response: *This comment regarding privacy was also made last year. We did place notices up at both dispensaries requesting patients to stand back to give privacy to the person being served. Furthermore, the staff have been briefed to ask patients to stand back if they feel any patients confidentiality is likely to be compromised.*

As commented last year: All prescription items collected from the Dispensary are checked in front of the patient to:

- a) ensure the correct items are in the bag, and*
- b) check that everything ordered is enclosed.*

This is classed as 'good Practice' for a number of reasons: once the medication leaves the building it cannot be changed for any reason and if not required/incorrect has to be destroyed. If any items have been missed at the point of ordering, it saves a return journey/wait.

Praise:

>This is an excellent service and all of the dispensary staff are helpful and knowledgeable

Q. When appropriate, if offered an appointment with the Nurse Practitioner, usually on the same day, would you be happy to accept this appointment? ~ if not, please state your reasons:

> Yes, however, it would depend upon the reason and on some occasions I would prefer to see a doctor.

> I prefer to see a doctor.

> I know if I need to see a doctor

> I would rather see a doctor. We need to have more doctors on each shift. I have been about when there have been NO DOCTORS on site, this is very dangerous. What happens in an emergency!!

> I would rather see the doctor unless it was something very minor.

> I'm often not in Kenninghall during the day and generally need to plan for appointments

> Maybe with some exceptions i.e. if I felt the need was there to see the Doctor

> Sometimes I still wish to see Doctor even if the receptionists suggest the nurse

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- > Would depend entirely on the reason for my visit.
- > Would like to know what is included in 'Minor Illness'
- > Would see, but only if both of us agree it is appropriate.
- > I have had two occasions when the receptionist has put me in to see the prescribing nurse rather than the dr. This has been due to a cough. On both occasions the nurse could not prescribe what I needed so I had to then see a doctor anyway as it involved prescribing steroids. I am not sure where the receptionist was at the time, but on the second occasion she advised me I was not allowed to see the Dr with a cough? I did mention this to Dr Hayward. I don't want to make a big issue but sometimes we do need to see a doctor!
- > Occasionally when seeing the nurse practitioner with my children I have had to return to see the doctor because of the age of the children or problem the nurse was unable to help, so I feel the doctor is better for children.

Practice Response: *It is unfortunate that some of our patients do not understand the role and expertise of our Nurse Practitioner despite promulgation of the service she can offer. The reason we invested in the provision of this service was in order to provide an improved access to the Surgery for those patients who have minor ailments. We will produce further communication on both our Website and in local Parish magazines detailing the conditions she can deal with. This service also contributes to improved access to a GP for more significant problems. Our reception team work to a strict protocol on offering the Nurse practitioner option and will only signpost to this service if appropriate.*

Q. Any other problems/issues you would like to bring to our attention:

Access to Clinicians:

- > It would be nice to be told how late the doctor is running when you arrive so you have some idea how long it will be.
- > Sometimes long waits with no communication why
- > At present when trying to book appointments via EMIS the earliest booking was two weeks away. However when telephoning surgery I was offered same day.
- > Difficulty in getting appointments.
- > I can understand the time restraint for an appointment but sometimes there might be a variety of symptoms that would lead to a diagnosis and to just talk about one symptom is restrictive.
- > if having time away from work for appointment, not having to wait a long time, losing wages. Had 8.30 appointment and nearly half hour late seeing doctor

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- > Inability to get appointment at Kenninghall in two weeks.
- > Just waiting times but can't imagine how you would address this.
- > Length of time to obtain an appointment with Doctor of choice. I appreciate that this is a reflection of the justified popularity of your practice.
- > Longer opening times
- > More GPs working on Friday's at Kenninghall. Open Wednesday afternoon.
- > Unhelpful when trying to book appointments – e.g. there are no appointments for 2 weeks
- > Often difficult to see a doctor quickly
- > Ridiculous waiting time sometimes – i.e. few weeks. Long waiting times in waiting room due to doctors running late - 50 mins late for lady doctor at East Harling.
- > Shorter time for appointment to see doctor
- > Sometimes I cannot always get an appointment within a week, also sometimes the waiting times are quite lengthy but I believe the double appt system has been established to help deal with this issue.
- > Sometimes it takes a long time to make an appointment with a doctor of choice, maybe a week or two which can be stressful if you are concerned about something.
- > Sometimes very long waiting times for Dr. Hayward
- > The home visit system can be frustrating because of the practice doctors being very busy.
- > The length of time to get an appointment to see a professional.
- > The length of time you have to wait for a Doctor's appointment, other than phoning early and waiting from 11am.
- > The long time to get a GP appt. The long time to wait for minor op appts.
- > There can be a long delay between requesting an appointment and the first date offered - today I was offered an appt for 13 days time.
- > unavailability of appointment slots - advice to ring every morning to see if there are any free - doesn't comply with your practice charter.
- > Usually have to wait at least 2 weeks to see the doctor unless it's urgent - always been seen then
- > Waiting times can be up to 2 hours.
- > Waiting times for appointments

Practice Response: *We recognise that during the past 6 months we have had considerable access issues – the loss of 2 GP's and subsequent recruitment and the long term absence of a GP due to injury. We have endeavoured to backfill with locums but unfortunately we have in no way been able to cover every session.*

Another mitigating factor is our considerable DNA (did not attend) problem. During the past 12

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months we have seen an unprecedented increase in patients failing to attend for their pre-booked appointments. This naturally has a significant impact on the appointment waiting times.

It is accepted that on occasion clinicians run late and therefore patients are left waiting beyond their appointment time. Often patients will present with either more than one problem, a complicated issue, or they require significant input and support from their GP. This was discussed with the members of the Patient Participation Group and they agreed it would be unacceptable to cut short a consultation with the aim to ensure that subsequent patients are seen on time. We have briefed our Reception staff to notify patients if there are likely to be any significant delays in order for them to take an informed decision as to whether they wish to wait.

In light of the turbulence we have experienced with our GP's a decision was taken that the provision of minor surgery should not be a priority for the Practice. We have maintained a waiting list and now that we are back to full strength we would hope that normal service will be resumed.

We are unsure what the issues are surrounding home visits; a clinician will always either contact or visit a patient on the day the home visit request is submitted.

Action by the Practice: We are confident that our access issues will be resolved as in recent times we have employed 2 salaried assistants to replace our outgoing partner and salaried assistant, giving us a net increase of 1 session per week. Additionally, our GP that has been off long-term due to injury has recently returned to work.

IT Problems:

> Cannot access on line appointment and other services password given would not work, what do we do to get the online services.

> EMIS system keeps showing one of my prescription items as rejected whenever I ask for a repeat - I have told the practice who don't understand why this is but it is a little annoying and means I have to telephone to check the item has in fact been issued prior to collection.

> Registration for EMIS account is difficult for my disabled husband as he has to register in person at the surgery. It is no longer possible to order prescriptions on line without this. Can I register on his behalf if I bring proof of his identity such as a passport?

> The new EMIS system makes it extremely difficult for me as I have no photo ID so I am not allowed to access the facility. I can understand the need for patient security but surely if I am attending an appointment the receptionist should be able to "verify" I am who I am...especially if I

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am receiving a prescription.

Practice Response: *We would ask that anyone who encounters a problem utilising EMIS access contacts the Surgery as soon as possible to enable us to resolve the matter. Please ask to speak to either Mrs. S. Ragg, Dispensary Manager or Mrs. R. Leech, Assistant Practice Manager.*

Clinical matters:

> I felt uncomfortable having the receptionist chaperone the doctor during a recent breast exam. Don't mind the receptionist being in room but would have preferred her to maybe sit beside me not stand staring at me.

Practice Response: *All Practice chaperones are trained in their responsibilities; should a patient ever feel uncomfortable they should voice their concerns at the time.*

> I understand that a test for Prostate cancer is a blood test why is this test not carried out each time blood is taken from a male patient? Women have screening for cancers and are notified when they need this to take place, men are not made aware what is available to them as for testing. I do not think enough preventative work i.e. information and awareness is being carried out.

Practice Response: *Blood testing for prostate cancer is not routinely carried out and would only be undertaken if clinically indicated.*

Communication issues:

> It would be good if e mail used to keep us informed of issues like change of doctor - it is difficult for some if they have built up a relationship - the practice seems to think any old doctor will do at short notice - new doctors should be given more time to read patient notes before seeing them - not fair on patient or new doctor. Also if it is suggested a patient has regular checks, say quarterly this should be arranged by practice not rely on patient to remember to book - with text or email reminders near the time - this could be set up to be automatic without much effort from staff.

Practice Response: *It would not be practicable to communicate with all our patients via email; this would be unmanageable. The Practice did put notices up in the waiting room and also a notice on our website as to the changes of GP's. New doctors are not afforded any additional time to*

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read patient notes; they are experienced and consult in the same manner as our resident GP's. We do have a recall system for annual chronic disease management but for routine checks we do expect our patients to take responsibility.

> It would be great not to get a lecture about how important it is with the work serious or need to see a doctor when you visit your doctor, ie. I don't come to the doctor often so when you feel unwell you don't want the doctor saying 'do you think your appointment was an emergency - Answer - Yes.

Practice Response: *Unfortunately it is often the case that patients inappropriately access services by stating that their condition is an emergency. The clinician will at times seek clarification from the patient if they deem the presenting condition not to be of an urgent nature.*

General:

> I was 60 at the end of May and did not realise I was able to get free prescriptions. I was made aware of this by a young dispenser but not until August. I know this is my fault but with so much changing with the age you get benefits maybe a notice could be displayed nearby.

Practice Response: *It is standard procedure that we do offer advice to patients regarding entitlement to free prescriptions/option of pre-payment certificates.*

Infrastructure issues: Buildings ~ Interior:

> Maybe a small sign to say how often the child table is disinfected.

Practice Response: *This has been actioned; a Daily Cleaning Chart is now displayed by play tables at each site which is completed daily by our cleaning staff.*

> The windows at Dispensary and reception are NOT thick enough as you can hear staff chatter and when staff are on the phone you can hear the conversation. The confidentiality has GONE. This is when you are waiting to book in to see a doctor or nurse etc.

We have the necessary compliant windows fitted within the surgery. Unfortunately this does not block out all sound. We do ask patients to stand back to give privacy if we feel confidentiality is

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	<p><i>likely to be compromised.</i></p> <ul style="list-style-type: none">> TV screen showing surgery/nhs information etc.> Maybe a tv> Don't like of noise of door. <p><i>Suggestions for changes given constraints ~ internal: East Harling & Kenninghall</i></p> <ul style="list-style-type: none">> Better parking at East Harling would be nice, although I appreciate that this is very difficult given the location.> Car parking difficult> East Harling - parking could be improved> East Harling -more car parking -So much space at front that is not used. <p><i>The provision of additional parking is not an option due to the prohibitive cost of both redeveloping and grassed area and the subsequent maintenance. Due to village expansion and minimal public parking provision our car parking area is already used by those not visiting the Surgery and this will only get worse.</i></p> <ul style="list-style-type: none">> Doors please! to help with temperature control and to help with patient confidentiality.> East Harling - doors on the waiting area to stop the children escaping.> East Harling- since removing the doors to the surgery it is now very spacious however there is very little privacy at reception or the dispensary as everyone in the waiting room can now hear the conversations <p><i>Following last year's survey and the difficulties encountered by the disabled and elderly in opening the aforementioned doors, it was decided to remove these completely. The decision to remove the doors has received many positive comments and therefore will not be revoked.</i></p> <ul style="list-style-type: none">> East Harling - take out chairs so that there is room for someone in a wheelchair to sit in a proper space and NOT in the middle of the room. <p><i>We have made available a space for a wheelchair.</i></p> <ul style="list-style-type: none">> East Harling More seating perhaps??	
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	<p>> East Harling More seats > More seating in waiting room for busy periods</p> <p><i>There is a finite amount of space available in the waiting room and we have maximised the amount of chairs that can safely be accommodated.</i></p> <p>> Chairs are not far enough apart when they are that close you stand the risk of picking up infections and germs. The waiting room should be for patients only not a place to bring the family and friends.</p> <p><i>Increasing the space between chairs would not necessarily reduce the risk of air-borne viruses but would significantly reduce capacity for patients to be suitably seated. Often patients need to attend with their carers/parents and therefore we cannot place limitations on who attends with a patient.</i></p> <p>There were a number of comments regarding the possible provision of water dispensers in the Waiting Rooms.</p> <p><i>Due to the cost and potential risks to safety the Practice has determined that it will not provide a water dispenser.</i></p> <p>> East Harling. None as suits me fine. > East Harling - reduce the temperature > Few more toys would be appreciated. > Toys for children</p> <p><i>We provide an activity table at both sites which are maintained and can be easily cleaned. We undertook a risk assessment on toys we had previously and determined that we could not maintain and clean them to a satisfactory level.</i></p> <p>> Fine as they are > Given the constraints, there is nothing you can do! > Happy with current set up. > Just fine. > East Harling - I would say that the waiting area seems adequate. <<</p>	
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		<p>> East Harling - none, it's better than others I've been to and is a pretty relaxing space << > East Harling - quite happy with the facilities > East Harling - the present waiting room is sufficient > East Harling - Very happy as it is > Kenninghall - adequate > Kenninghall - nice colour on walls to brighten it up > Kenninghall - there is often a queue at the Dispensary window which blocks the corridor for those patients going to and from Reception or those patients and doctors going to and from the waiting area - a clearly signed 'Dispensary Waiting Area' should be defined, even if it is in the general Waiting Room - perhaps a numbering system so people can see when they should go to the window.</p> <p><i>We recognise that this is a reasonable suggestion but the queuing referred to is a rare occurrence and therefore we do not feel that the expense is warranted at this time. We will monitor the situation and take remedial action if considered necessary.</i></p> <p>> Kenninghall - very cheerless waiting room with nothing except magazines to grab the attention.</p> <p><i>The waiting room is decorated to a high standard and we are also in the process of considering installing a radio.</i></p> <p>> Kenninghall - nothing that I can think of > Kenninghall - could be some audio background at Kenninghall > Kenninghall - Would it provide more time for Doctor, Patient time if Doctor did not have to walk to waiting room to collect patient ?</p> <p><i>We have considered a patient calling system in the past and it was unanimously felt that the doctor greeting the patient in the waiting room in the first instance helped the consultation process.</i></p> <p><i>We have discussed in the past about possibly displaying health and public notices only but have determined that it is not necessary.</i></p> <p>> More up to date magazines. Different radio station – eg. Radio 1 or Kiss. Discussed with PPG – agreed Radio 2</p>	
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	<ul style="list-style-type: none">> No improvement needed.> No it's fine> None at Kenninghall> None at present> To notify us when the Dr/Nurse is running late when we book in.> Quite happy with both Practice waiting areas> waiting rooms are ok spacious etc - could be made a bit less bland and unwelcoming but not major issue.> seats at reception for disabled people keep standing too long <p><i>We had to remove all seating from corridor areas on the advice of our Fire Safety Inspector, for Fire Safety reasons.</i></p> <ul style="list-style-type: none">> A TV> An appointment light system with numbers indicating which position you are in the queue to see the doctor/nurse. A rolling information light indicating how late or early your doctor is running.Regular changes of magazines. <ul style="list-style-type: none">> Both seem to be adequate - seating is well spaced.> Kenninghall - low playing music.> Kenninghall - music? radio?> Kenninghall - TV or radio in waiting room> Kenninghall -music> Radio @ KH <p>The requests regarding provision of a Radio at Kenninghall will be considered by the Partners at our February meeting.</p> <p>Note: It was unanimously agreed that we would not install a Radio at Kenninghall Surgery.</p> <p>Praise:</p> <ul style="list-style-type: none">> always find staff very helpful and friendly> Excellent caring service provided> No it's fine> No problems- this is the nicest surgery and everyone is very helpful and always courteous even if I am feeling ill	
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		<p>> No, always pleased with the service. > None at all - what a Surgery > None at the moment > None at the present time > None, all good > The quality of service you receive from the nurses and doctors is brilliant. Staff are all friendly, however the length of time you wait for an appointment is inconvenient. > The service provided by the Drs and staff I have found to be exceptional. There is always a smile even when surrounded by illness. Great team!</p> <p>All the comments and suggestions have been reviewed by the Partners who appreciate all feedback, positive and negative, regarding the service the Practice provides. The Survey provides a channel of communication for patients to have their voice together with an opportunity for the Partners to respond.</p>	
<p>5. 5.1</p>	<p>What Action Plan was agreed and how does this relate to the Survey Results?</p>	<p>Agree an Action Plan with the Patient Participation Group and seek vPRG agreement to implement changes.</p> <p>At a meeting of our PPG held on 3rd February all the above comments, which had been loosely categorised, were reviewed and discussed at length. These had also been discussed previously with all our clinicians and the Reception/Dispensary and Administration Teams. In discussion with our PPG and taking into account feedback from our staff, the following Action Plan was formulated, based on the concerns that were raised.</p>	<p>Appendix 15: Copy Agenda</p>
<p>5.2</p>	<p>How was the PPG consulted to agree the Action Plan and any changes?</p>	<p>The Action Plan, detailed below, has been drawn up based on the results of our Patient Survey and in full consultation and agreement with our PPG at the meeting on the 3rd February 2014.</p> <p>ACTION PLAN:</p> <p>1. Concern: Disappointing that only 21% of responders regularly visit our website.</p> <p>Action: We will further publicise this in both Parish Magazines and with posters in the Waiting Rooms that we have a website with Practice Information.</p> <p>2. Concern: Patients wish to have each and every option of communication available to them.</p>	

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Action: We will continue to use all methods of communication to keep patients informed of matters that relate to them. We may consider the re-introduction of a quarterly Newsletter.

3. Concern: Disappointing that less than a third of respondents were aware of our endeavours to promote the online facilities of appointment booking and prescription ordering.

Action: We will run further publicity campaigns and continue to enclose an information leaflet in all New Patient Registration packs.

4. Concern: Surprisingly only 50% of responders would like text message reminders regarding appointments. This question was posed as the PPG felt it may reduce our DNA rate which they feel is totally unacceptable.

Action: We will be implementing SMS text message reminders for those who wish to receive them in an attempt to reduce our DNA rate. This will be implemented by no later than 31st July 2014.

5. Concern: Less than a third of responders were aware of the facility to order their repeat medications on line by registering for EMIS Access. 32% of those who did respond still use the dedicated telephone provided to order their repeat medication. This is our least favoured method of ordering due to potential accuracy and governance issues.

Action: We will continue to use all of the previously mentioned methods of communication to inform patients of this service and the flexibility it affords them, particularly in light of a number of comments requesting a longer window in which to be able to telephone in their request. We will actively encourage all patients to register for EMIS Access to enable them to utilise the convenience and flexibility the on-line service offers and the fact that they can also book their appointments too. An item was scheduled on the Partners meeting held in January to discuss a gradual phasing out for all but those with no other way of communicating their requests. However it was decided that we would continue to offer this facility but actively encourage other methods of requesting, i.e. EMIS Access.

6. Concern: It was commented that it would be nice to know how often the children's play table in the Waiting Rooms are cleaned.

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		<p>Action: This is a very valid suggestion; we have implemented a Daily Cleaning Chart which is displayed by each of the tables and is annotated daily to show that the table has been cleaned.</p> <p>7. Concern: It was commented that there is nowhere for wheelchair users to go in the Waiting room other than in the middle of the room:</p> <p>Action: Again this is a valid point and we have reorganised the seating to allow room for a wheelchair against the wall and a poster is displayed asking patients to leave the space free for a wheelchair.</p> <p>Many of the above actions will be ongoing however we will look to implement our Text Message Reminder Service by the end of July 2014.</p>	
5.3	If there are any elements that were raised through the Survey that have not been agreed as part of the Action Plan what is the reason for this?	<p>There were a number of comments received regarding the provision of Water Dispensers in the waiting rooms. Due to Safety reasons and also the cost implications the Practice will not be providing these.</p> <p>There were several comments regarding the provision of entertainment such as TV, radio and children's toys. We have discussed this with the Partners and PPG where it was unanimously agreed not to provide. Please refer back to all comments, where the Practice has made a response.</p>	
5.4	Are there any contractual changes being considered?	<p>There are no contractual changes being considered.</p>	
6.		<p>Publishing the Local Patient Participation Report.</p> <p>Our Local Patient Participation Report will be published and available both on-line and in hard copy at both sites, for anyone who does not have access to a computer, by the end of February. An email will be sent round to all members of our vPRG with a link to the website and the report. We will further publish that our Local Patient Participation Report has been completed and is available on-line and in the Surgery in an article in all the local Parish Magazines.</p>	

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6.1	Are there any further actions that have occurred from the 2011/12 Action Plan	None	
6.2	2012/13 Action Plan:	<p>Action Plan resulting from 2013 Survey: A five point Action Plan was drawn up as a result of last years' Patient Survey; see below for an update.</p> <p>Action 1: Concerning waiting times and our endeavours to reduce this. Posters are now displayed to encourage patients to book recommended review appointments before leaving the Surgery that day. We have implemented a rolling 4 week rota to ensure patients asked to return in a month are able to book these. In addition we have further publicised our Minor Illness Clinic with a dedicated page on our Website and this option is always offered by our Receptionists when appropriate.</p> <p>Action 2: Claims made by patients that they were unable to obtain an appointment within 48 hours if they had a condition which necessitated this. However a small minority do use this as a 'fast track' method of access to a GP. As pointed out last year, no such request is ever refused; patients are offered a sit and wait appointment at the end of the session in which they have contacted the Surgery. This system remains in place however should a GP feel the presentation is inappropriate they do actively try and educate patients. Should a patient be unable to attend for any reason, e.g. due to distance, they are always advised of alternative ways to access treatment.</p> <p>Action 3. Indication by patients that they are waiting longer than 15 minutes after their appointment time to be seen. Whilst patients indicated they were aware of one problem, one appointment, 2 problems, 2 appointments, this option was not being utilised. Additional posters have been displayed around the Surgery to encourage patients to book 20 minutes for more complex problems in an attempt to minimise waiting times.</p> <p>Action 4: It was perceived that the elderly and people with disabilities continue to have problems entering/exiting the waiting room at East Harling, despite remedial work undertaken as a result of our 2012 Survey. Following discussion with the GP Partners and our PPG it was decided to remove the doors completely. This work was undertaken in March 2013.</p>	

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		<p>Action 5: Over 50% of our patients still seem unaware of the fact we offer Saturday morning Extended Hours appointments.</p> <p>Monthly Saturday Clinics dates are posted on the Home Page of the Practice Website and posters are displayed in each waiting room.</p> <p>Action 6: Requirement for later appointments. The last two appointments for each GP are now available to pre- book every day; these are also available on-line for booking via EMIS Access for anyone who has registered.</p>	
6.3	<p>What are the Practice opening hours and how can patients access services during core hours (8 a.m. – 6.30 p.m.)</p>	<p>Please see next page (26)</p>	
6.4	<p>Do you provide extended hours? If so, what are the timings and details of access to Health Care Professionals during this period?</p>	<p>We provide Extended Hours clinics on Saturday's; this is on an alternating, fortnightly, basis with pre-bookable appointments available with both a GP and a nurse</p>	

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East Harling Surgery Opening Hours

	Morning	Afternoon
Monday	08:30 – 13:00	13:00 – 18:00
Tuesday	08:30 – 13:00	13:00 – 18:00
Wednesday	08:30 – 13:00	13:00 – 18:00
Thursday	08:30 – 13:00	13:00 – 18:00
Friday	08:30 – 13:00	13:00 – 18:00
Saturday	*Open 1 Saturday/month	Closed
Sunday	Closed	Closed

Kenninghall Surgery Opening Hours

	Morning	Afternoon
Monday	08:30 – 13:00	13:00 – 18:00
Tuesday	08:30 – 13:00	13:00 – 18:00
Wednesday	08:30 – 13:00	Closed
Thursday	08:30 – 13:00	13:00 – 18:00
Friday	08:30 – 13:00	13:00 – 17:00
Saturday	*Open 1 Saturday/month	Closed
Sunday	Closed	Closed

* Saturday availability is on an alternating, fortnightly, basis with pre-bookable appointments available with both a GP and a nurse

To contact the Surgery during Core Hours 08:30 to 18:00: East Harling: Tel. No. 01953 717204
Fax. No. 01953 718116


Kenninghall: Tel. No. 01953 887208
Fax No. 01953 887515

What to do when the Surgery is closed:

For urgent medical assistance which cannot wait until the Surgery re-opens:
Dial: 01603 481253 if between 08:00-08:30 and 18:00-18:30 Monday to Friday.
At all other times outside of these hours, Weekends & Bank Holidays: Dial : 111

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7.	Practice Declaration	<p>The Practice confirms that the above report is a true and accurate reflection of the work undertaken as part of the Participation DES 2013/14.</p> <p>Signed and submitted to the AT and published on the Practice website on behalf of the Practice by:</p> <p>Name: <u>W. Lawrence</u> Signed: </p> <p>Designation: <u>Practice Manager</u> Date: <u>11 May 2014</u></p> <div data-bbox="560 821 1736 1029" style="border: 1px solid black; padding: 5px;"><p>FOR AT USE ONLY</p><p>Date Report Received by the AT: _____ Receipt Acknowledged by: _____</p><p>Report published and evidenced on Practice website by required deadline: _____</p></div>
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