

**EAST WING SURGERY  
PATIENT REFERENCE  
GROUP**

**ANNUAL REVIEW**

**April 2013 – March 2014**

## **ONGOING MARKETING OF THE PRACTICE PATIENT REFERENCE GROUP**

The practice has had a Patient Reference Group set up for some time now. We continue to encourage patients to join the group by advertising in the practice, via the Practice Newsletters and on the Practice Website.

There is a noticeboard within the practice dedicated to the Patient Reference Group and beside this is the practice suggestion box.

Patients who register with the practice are provided with information about the Patient Reference Group and routinely asked to join the 'Virtual Reference Group' by providing their e-mail address.

We aim by the above actions to generate participation from a cross section of the practice population, although our efforts to date haven't been successful in engaging all areas in particular younger patients. The practice has a low ethnic population, but a higher than average elderly population.

We welcome all adult patients to the group irrespective of their gender or ethnic background.

The practice physical group is made up of the following patients:

35-44	1
45-54	0
55-64	4
65-74	0
75-84	2
85+	

4 women 3 men

To date all members most closely identify with a White British ethnic background. Patients within the group have a wide experience of a range of chronic disease.

Patients within the group are in employment, retired, parents, grandparents, and carers.

One member of the group represents the practice at the Patient Reference Group for South Tyneside Clinical Commission Group.

## **AGREEING PRIORITIES**

The first meeting of the year took place on 1.7.13.

(Please see Appendix 1: minutes also published on the practice website).

At this meeting an action plan was agreed for the year by the forum members:

- Surgery to provide Online Access for both Appointments and Prescriptions.
- Surgery to provide a patient self check in.
- Concentrate on areas that will help the surgery to achieve government initiatives.
- Audit A&E attendance in the surgery over a 1 month period.
- DNA patients –Surgery to utilise the information provided by a pharmaceutical company with a view to reduction in DNA's.

At the meeting held on 3.2.14 the group were updated on the progress against the plan.

A decision was made to survey the patient population on how the new introductions to the practice had been received and to the impact this had had on telephone access to the practice, as this was one of the reasons for the introduction of these features.

(Please see Appendix 2: minutes also published on the practice website).

(Please see Appendix 3: copy of the survey).

(Please see Appendix 4: results of the surgery also published on the practice website).

The survey took place over 2 weeks in February 2014 (commencing 10.2.14). Surveys were given out to all patients attending the practice during this period.

Also surveys were e-mailed to all patients who had provided the surgery with an e-mail address.

A meeting was held on 19.3.14 to discuss the results of the survey together with results from the A&E audit which covered the month of January 2014 and the position with regards to DNA patients

(Please see Appendix 5: minutes also published on the practice website).

(Please see Appendix 6: copies of the survey results also published on the practice website).

**Our patients said.....**

Just a bit hard to get booked in, I work mobile so can't always call. But can pop in but have to wait for appointments.

Takes a long time to get appointment if you work and have to phone on day and hope for the best.

***The practice responded.....***

*The practice has recently introduced Online Access to appointments. If you have access to the internet you could register for this service. You can then book an appointment any time you wish to.*

**Our patients said.....**

Takes ages to get through always engaged.

Takes a while to get through to make an appointment phone is always engaged.

A better appointment system can never get through on phone.

If you try on a morning it is very hard to get through, it would be great to get through second try.

Hard to get through at 8.30.

More telephone lines to get through for an appointment.

It is very hard to make appointments.

***The practice responded.....***

*Our telephone lines are very busy at 8.30am. We generally have 2 reception staff answering the phone and one member of staff dealing with face to face patients. We also have the facility for other members of staff to pick up calls from other areas of the office when it is busy.*

*As more patients register for online access, we hope this will alleviate the pressure on the telephone lines.*

**Our patients said.....**

Availability of appointments is poor for workers.

***The practice responded.....***

*We offer a surgery after 6pm 1 night per week to help with this issue. There are also appointments available between 4.30pm and 5.30pm most days. All types of appointment are available to book via Online Access.*

**Our patients said.....**

More appointments available on the day.

***The practice responded.....***

*We reviewed the number of appointments we provided as pre-bookable, Open on the Day and Emergency last year after consultation with the Patient Reference Group and the wider patient population. The mix of appointments that we presently have was felt to be the best option.*

**Our patients said.....**

Thankfully I do not have to try to get an appointment at 8.30 anymore, as up to now I have not needed an emergency appointment since the addition of the internet access.

It was a nightmare getting through on the telephone but now online access has been introduced it has made it 100% better.

Online very easy and had the pick of appointments which is much better because getting through on telephone is very difficult.

The improvements are making it much easier to make an appointment which suits my needs to fit around work pattern.

***The practice responded.....***

*We are pleased to hear that the introduction of Online Access has been a positive experience for you.*

**Proposals to carry forward into the coming year were agreed by the patient group as:**

**Action Plan 2014 /15**

- Practice to continue to encourage patients to use the new technology in the surgery.
- Practice to encourage more patients to register for Online Access.
- Practice to monitor availability of appointments as the Online Access patient base grows.
- Focus on telephone access to the practice.
- Focus on A&E attendance in more depth, looking at trends e.g. frequent attendees, age etc.
- DNA appointments: practice to look to providing a system that allows a patient to cancel via text message.

**We would welcome any new members to the group.**

**Please ask at reception if you can spare an hour or so 3- 4 times a year.**

# **(APPENDIX 1)**

## **PATIENT PARTICIPATION GROUP MEETING MONDAY 1<sup>ST</sup> JULY 2013**

### **PRESENT**

TS

LJ

DM

JM

AS

ZZ

MJ

MD

### **AGENDA**

#### **APOLOGIES**

EM and BC

MD apologised for the late communication of the meeting time and date.

#### **MINUTES 11 3 13**

Confirmed

#### **SOUTH TYNESIDE CLINICAL COMMISSIONING GROUP**

#### **PATIENT REFERENCE GROUP**

TS volunteered to attend the wider group on behalf of the surgery.

TS gave a brief summary of the 2 meetings which she had attended.

(Copy minutes available on the practice website and on display in the surgery).

## **NORTHERN DOCTORS URGENT CARE**

The public meeting due to be held on 26<sup>th</sup> July 2013 was brought to the attention of the group. Posters are also displayed in the surgery.

Whilst out of hours care has received bad press in recent months, the consensus was that the issues had been experienced in other parts of the country and that the group were unaware of any A&E closures in the immediate vicinity.

## **WHAT'S HAPPENING IN THE SURGERY**

Discussions had taken place at previous meetings regarding introducing more technology into the surgery.

Whilst there were some reservations towards changes from some patients it was felt that change was something that the surgery should commit to.

We have already introduced the system for patients to receive a text reminder of their appointments and for patients to be able to request repeat medication via a 24 hour answer machine. Take up is still limited and the surgery would like to promote this further.

The surgery also agreed to introduce the following over the next few months:

Online Access – Appointments and Repeat Medication.

(A limited number of appointments to be made available so as to not disadvantage patients without online access).

Patient self-check in.

(To free up reception staff to answer telephones and deal with more in-depth queries – staff would be available when initially implemented to assist patients with using the new system).

## **DNA'S AND LATE ATTENDANCE OF GPS**

One member of the group had recently carried out an exit survey to see if there was any correlation between DNA of appointments and late arrival of GP. ZZ thanked AS for doing this.

These were areas that had been discussed at past meetings.

Results of the initial survey - it would appear that there was a 'don't care attitude'.

A lot of patients were unaware of the practice's DNA policy.

AS findings were that there would appear to be a connection, however, the survey was over a short period and a limited number of patients were involved.

He proposed that these were areas that we couldn't resolve and therefore should shelve and concentrate on other areas of concern.

Whilst the majority agreed that we had already discussed these areas, and didn't appear to be able to 'fix' them, it was still felt by some as areas of importance and the DNA's fitted with some of the government initiatives that the surgery would need to engage in in the future.

MD advised that she had been approached by a Pharmaceutical company with some education around DNA and a different approach.

Maybe a last ditch attempt was needed.

#### **MOVING FORWARD – AREAS TO WORK ON**

##### **ACTION PLAN**

Provide Online Access.

Install patient self-check in.

Concentrate on areas that will help the surgery achieve government initiatives.

Focus on A&E in the surgery over a 1 month period.

DNA patients – utilise the information provided by the pharmaceutical company.

## **(APPENDIX 2)**

### **Patient Participation Group Meeting**

**Monday 3.2.14**

#### **Present**

D.M.

J.M.

L.J.

T.S.

M.J.

M.D.

#### **Apologies**

A.S.

B.C.

Z.Z.

#### **Agenda**

##### **Minutes from 1.7.13**

Confirmed

##### **Patient Suggestion Box –**

only 2 items submitted since the last meeting

1 suggesting keep humans in control (assumption relates to the new technology in the surgery)

1 with regards to our new GP Dr Malik – fabulous GP, welcoming, patient and friendly, a credit to the practice.

(This will be passed on to Dr Malik)

The question was asked as there are so few suggestions are patients aware of it.

**Action Plan** – MD updated everyone on the progress made with regards to the plan that was agreed in July 2013.

#### **Online Access**

Now up and running, patients able to order repeat prescriptions and book appointments online. Feedback from group member's was that it was very easy to use. There have been a couple of hiccups with the system for some patients following the change of the practice computer system, however, MD has been advised that all is now working well for the patients concerned. To continue to promote this option.

### **Patient self-check in**

Now installed in the practice and patients are being actively encouraged to use it. The feedback from the group members was that it was very user friendly. The practice now to encourage all patients to use to check in whenever possible.

### **A&E**

MD advised that the practice were presently co-ordinating the A&E slips for the month of January 2014. January is traditionally a very busy month for A&E access. This will be feedback to the group at the next meeting.

### **DNA patients**

The initial feedback is that the figure has dropped slightly, however, it is early days and the practice will continue to monitor.

### **Confidentiality**

A discuss took place on confidentiality in the practice. It has been noted that patients are often crowded at the reception desk.

Suggestion – Receptionist to sit at the far end of reception and a queuing system to become operational. Therefore patients wouldn't approach the reception desk until the previous patient had finished. A queuing area to be marked on the floor and signage to be used.

A bell to summon a receptionist if not readily available. The group felt that this may be abused, so rejected this suggestion.

Possibility of a mirror so that staff in the back reception can see patients waiting – to be reviewed once basic changes are in place.

The glass window is not to be generally used, as confidential information may be overlooked in the back reception.

A suggestion of background music was made, however, this was rejected by the group.

### **Patient Survey**

The practice would now like to carry out a patient survey. Discuss on what to survey. The group felt it would be appropriate to cover the new introductions i.e. patient self-check in and online access. They also felt it would be appropriate to survey telephone access, as this was one of the reasons for the introduction of these feature.

Patients to be given an option for positive/negative comments on the survey.

The practice to organise and to take place over 2 weeks in February.

Next Meeting – To take place in March, Wednesday appeared to be the most popular day, when the patient and A&E survey will be reviewed.

# EAST WING SURGERY – PATIENT SURVEY

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## (APPENDIX 3)

The surgery has recently introduced new technology into the practice and we would like to gain your views on the impact it has had.

Sex: Male  Female

Your age: 0 – 20  21 – 45  46 – 65  65 & over

Ethnicity .....

Employment Status: Employed  Unemployed  Retired  Student

### **Patient Self Check In**

Have you tried the new check in service?

Yes  No  Wasn't aware

If 'Yes', how user friendly have you found it to be?

Very Easy  Fairly Easy  Very difficult

### **Online Access**

Have you registered for Online Access ( book appointments and request repeat prescriptions)

Yes  No  Wasn't aware

If 'Yes', how user friendly have you found it to be?

Very Easy  Fairly Easy  Very difficult

### **Telephone Access**

How easy is it to get through via the telephone

Very Easy  Fairly Easy  Very difficult  Have not tried

**Any comments you would like to make re the above or for improvements to the surgery:**

**Thank you for your time**

DRS ZAIDI AND SALAUDEEN

# EAST WING SURGERY – PATIENT SURVEY

## (APPENDIX 4)

The surgery has recently introduced new technology into the practice and we would like to gain your views on the impact it has had.

Sex: Male  74 = 34.9% Female  138 = 65% Total 212

Your age: 0 – 20  11=5% 21 – 45  91=41.7% 46 – 65  58=26.6%  
65 & over  58=26.6%

Ethnicity ..... Total 138 Majority answered in some form of British / white / English / Anglo Saxon 2 patients South East Asian / British Asian

Employment Status: Employed  78=38.4% Unemployed  51=25.1% Retired  67=33%  
Student  7=3.4% Total 203

### Patient Self Check In

Have you tried the new check in service?

Yes  157=72% No  44=20.18% Wasn't aware  17=7.79% Total 218

If 'Yes', how user friendly have you found it to be?

Very Easy  116=75.32% Fairly Easy  33=21.42% Very difficult  5=3.2%  
Total 154

### Online Access

Have you registered for Online Access ( book appointments and request repeat prescriptions)

Yes  41=19.61% No  124=59.33% Wasn't aware  44=21.05%

If 'Yes', how user friendly have you found it to be?

Very Easy  33=84.6% Fairly Easy  6=15.38% Very difficult  0 Total 39

### Telephone Access

How easy is it to get through via the telephone

Very Easy  43=20.28% Fairly Easy  99=46.69% Very difficult  64=30.18%  
Have not tried  6=2.8%

Any comments you would like to make re the above or for improvements to the surgery:

Thankfully I do not have to try to get an appointment at 8.30 anymore, as up to now I have not needed an emergency appointment since the addition of the internet access.

DRS ZAIDI AND SALAUDEEN

**None everything is fine**

**Just a bit hard to get booked in, I work mobile so can't always call. But can pop in but have to wait for appointments**

**Both the staff and doctors are very friendly and very approachable**

**Very friendly staff ( Lynn is very good)**

**More telephone lines to get through for an appointment**

**Takes ages to get through always engaged**

**It was a nightmare getting through on the telephone but now online access has been introduced it has made it 100% better. Excellent idea**

**Availability of appointments is poor for workers. Wait too long to be seen after arriving for appointment. Reception desk is not confidential**

**Very lovely and welcoming staff. None needed that I can see**

**I've found staff very friendly and helpful. Nice manner on telephone**

**More appointments available on the day**

**Takes a while to get through to make an appointment phone is always engaged**

**A better appointment system, can never get through on phone. Pre-book appointments take too long**

**Sometimes the appointments are too long to wait when you phone up. But everything else brilliant**

**Never get an appointment with my own doctor when needed**

**If you try on a morning it is very hard to get through, it would be great to get through second try**

**Lovely staff great service**

**Receptionists always do their best to help me. All very friendly. I deal with loads of local surgeries with my job and have to say East Wing Surgery are the most willing to help**

**Telephone Access – Don't see it as a problem, to be expected**

**Hard to get through at 8.30**

**None – satisfied service, friendly staff**

**The improvements are making it much easier to make an appointment which suits my needs to fit around my work pattern**

**Would like to get appointments within 2 days**

**Telephone access varies depending upon how busy the reception staff are**

**Online used very easy and had the pick of appointments which is much better because getting through on telephone is very difficult**

**Surgery total nightmare to get appointment**

**Takes long to get appointment if you work and have to phone on day and hope for the best**

**Patient access is very good ( Online)**

**Everyone doing the best they can with all these Gov Cutbacks**

**It is very hard to make appointments**

**Sometimes have to wait 3 weeks for appointment even when doctor tells you he wants to see you in a week**

**Don't change**

## **(APPENDIX 5)**

### **PATIENT PARTICIPATION GROUP**

**WEDNESDAY 19<sup>TH</sup> MARCH 2014 @ 6PM**

#### **Present**

AS

DM

JM

LJ

TS

ZZ

MD

#### **Agenda**

##### **Apologies**

BC, EMc, MJ

##### **Minutes from meeting 3.2.14**

Minutes confirmed

##### **Patient Survey results February 2014**

The details of what to include in the survey had been discussed and agreed at the previous meeting.  
250 forms were given out  
All parts of the survey were not completed by everyone  
(see results summary)

##### **Patient self check in**

218 patients responded

72 % had tried the new check in

20.18% hadn't and 7.79% were not aware of the self check in

Of the patients who responded 96.74% found it either very easy or fairly easy to use

These results are encouraging and the reception staff are continuing to encourage patients to use the self check in whenever possible

It was noted by the group that the surgery LED board still asked patients to book in at reception to take a seat ' Please book in with either self check in screen or one of our reception staff before taking a seat' this is to be amended

### **Online Access**

209 patients responded

19.61% had registered

59.33% hadn't and 21.05% weren't aware

100% of patients found it either very easy or fairly easy to use

The majority of patients who have registered have found this to be beneficial, however, we need to encourage more patients to do so.

Once more patients register it will be necessary to continually review how many appointments are made available for online booking.

### **Telephone Access**

212 patients responded

66.97% found it either very easy or fairly easy to get through on the telephone

30.18% found it very difficult and 2.8% hadn't tried

This result is disappointing, the patient check in and online access was introduced in the hope that this would free up reception staff in order to answer the telephone, however, we have only had the other systems in place for approx 6 months and therefore there is still potential for improvement.

The last surveys undertaken by the practice with regard to telephone access were February 2012, and October 2012. A different rating was used ( Poor/Fair/Good/Very Good/Excellent)

February 2012 70% rated this good or better

October 2012 51% rated this good or better

The result is improving but we feel that this is an area that we still need to focus on.

### **A&E review for January 2014**

A basic review was carried out for all casualty slips that we received in the surgery relating to attendance in January 2014

108 casualty slips were received for our patients (patients may have attended more than once)

61 patients attended when the surgery was closed

47 patients attended in hours, however, 10 of these patients were requested to attend by a Healthcare Professional

Of the 37 patients left on reviewing the limited information provided on the slip 29 patients would appear to have attended appropriately e.g. chest pain/ shortness of breath, query broken bone

Therefore it was inappropriate for 8 patients to attend and could have used other services e.g. surgery appointment, walk in centre.

The surgery continues to review the casualty slips and at present sends out letters to patients to attend but do not wait for treatment / not there when called

The group felt that this was something that we should look into further in coming months and perhaps look at trends, e.g. frequent attendees , age groups etc. as this is an area that is very topical at the moment and the government are presently looking at this area and well as others closely.

### **Did Not Attend – DNA**

This is an area that the group continues to have concerns with. An initiative was started some time ago, see previous minutes, with regards to DNA's

New patient appointment slips were made, which patients were encouraged to complete themselves and the surgery now has a text reminder service.

The results were initially encouraging, however, the DNA's have increased in recent months.

This is an area to closely monitor.

The group felt that if there was an option within the text message to cancel the appointment other than by making a telephone call this may help.

At present although the text appears as NHS – No Reply, there does appear to be a link at the end of the text which you could respond to. This isn't a valid e-mail address.

M.D. to look into.

**Proposals to carry forward into the coming year were agreed by the patient group as:**

**Action Plan 2014 / 15**

Practice to continue to encourage patients to use the new technology in the surgery

Practice to encourage more patients to register for Online Access

Practice to monitor availability of appointments as the Online Access patient base grows

Focus on telephone access to the practice

Focus on A&E attendance in more depth, looking at trends e.g. frequent attendees, age etc.

DNA appointments practice to look to providing a system that allows a patient to cancel via text message

**Any other Business**

It was brought to our attention by one of the group that there had been an issue with regards to repeat medication, all items not showing on the right side of prescriptions, therefore when requesting a prescription all require items weren't available to mark, as this was requested by a pharmacy it wasn't spotted until the prescription was collected, therefore medication is now out of sync.

M.D. to look into.

The surgery thanked the patient group for their help throughout the year.

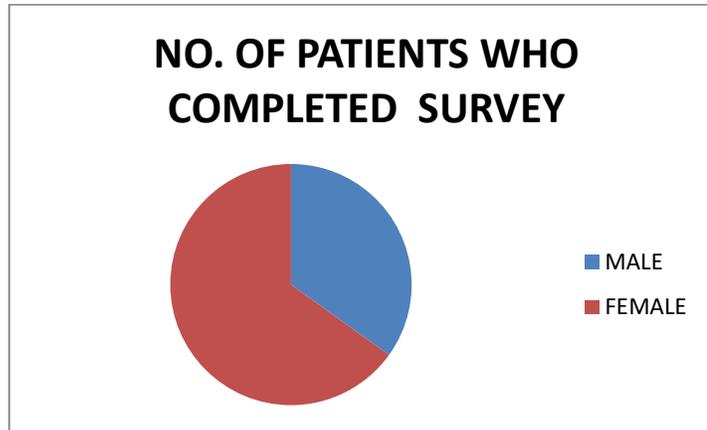
Meeting closed 7.10pm

# (APPENDIX 6)

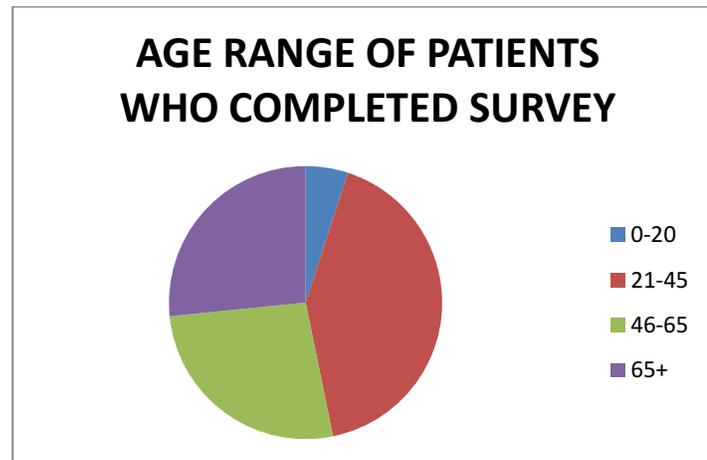
## RESULTS OF PRACTICE SURVEY

N.B. NOT ALL PATIENTS COMPLETED EVERY QUESTION

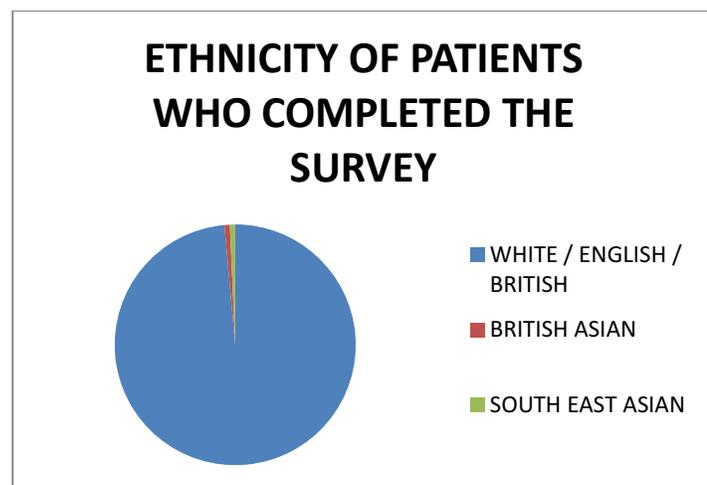
NO OF PATIENTS WHO COMPLETED SURVEY:	
MALE	74
FEMALE	138



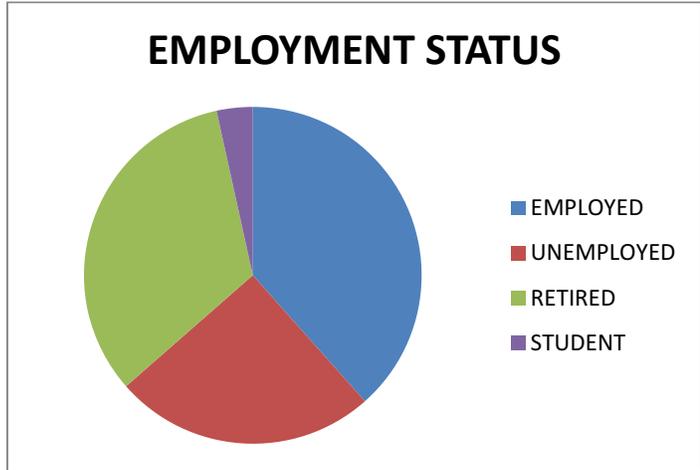
AGE RANGE OF PATIENTS WHO COMPLETED SURVEY:	
0-20	11
21-45	91
46-65	58
65+	58



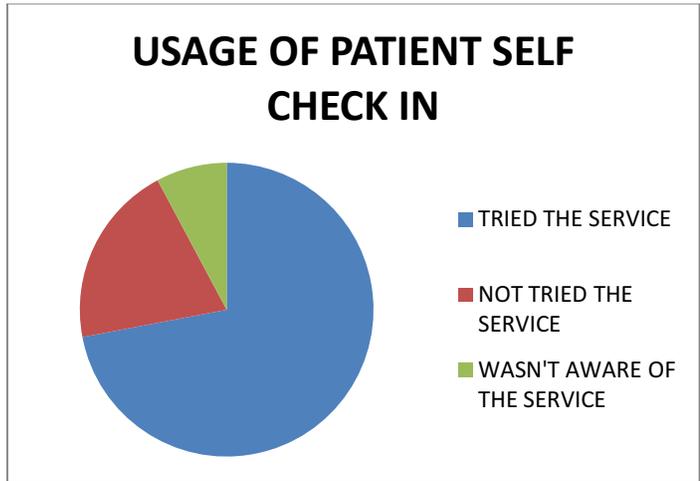
ETHNICITY OF PATIENTS WHO COMPLETED THE SURVEY:	
WHITE/ENGLISH/BRITISH	138
BRITISH ASIAN	1
SOUTH EAST ASIAN	1



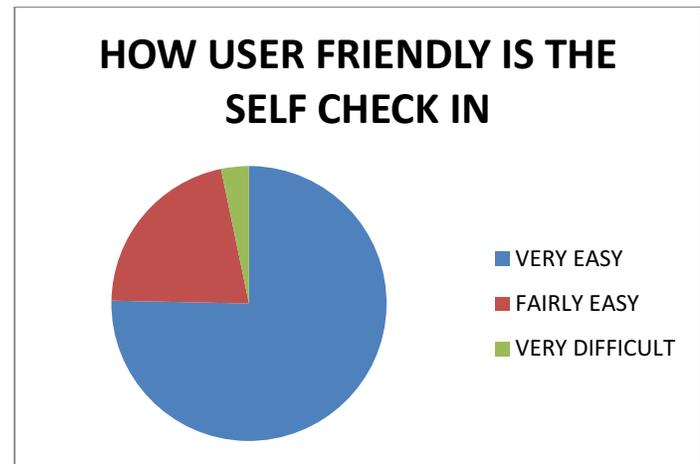
EMPLOYMENT STATUS:	
EMPLOYED	78
UNEMPLOYED	51
RETIRED	67
STUDENT	7



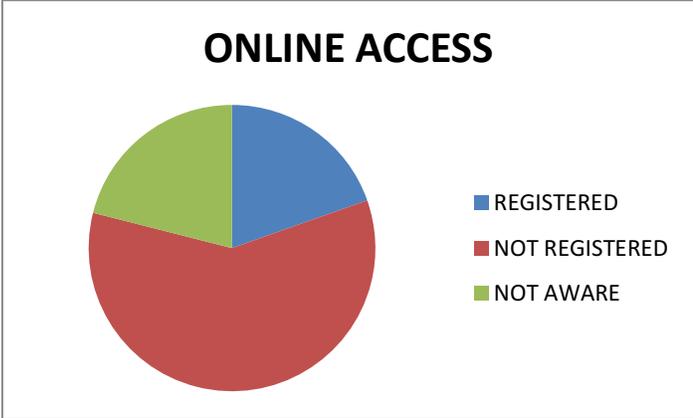
USAGE OF PATIENT SELF CHECK IN:	
TRIED THE SERVICE	157
NOT TRIED THE SERVICE	44
WASN'T AWARE OF THE SERVICE	17



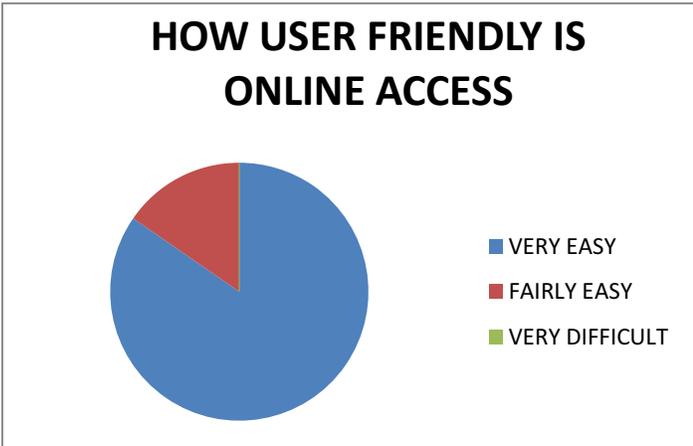
HOW USER FRIENDLY IS THE SELF CHECK IN:	
VERY EASY	116
FAIRLY EASY	33
VERY DIFFICULT	5



ONLINE ACCESS:	
REGISTERED	41
NOT REGISTERED	124
NOT AWARE	44



HOW USER FRIENDLY IS ONLINE ACCESS:	
VERY EASY	33
FAIRLY EASY	6
VERY DIFFICULT	0



HOW EASY IS IT TO GET THROUGH ON THE TELEPHONE:	
VERY EASY	43
FAIRLY EASY	99
VERY DIFFICULT	64
HAVEN'T TRIED	6

