

BURNGREAVE SURGERY PATIENT PARTICIPATION GROUP ACTION PLAN FOR 2014/15

The Burngreave surgery initiated a patient group and the first meeting was held on the 27th of June 2011. We have been meeting regularly throughout the last 4 years, we now feel we have a good established patient group that help us to listen and respond to our patients needs. We feel the aim of the group is to continue to develop and improve the patient experience in the Burngreave Surgery. We value any patient's comments and suggestions to help us improve our service.

Group meetings were held on the following dates:

- Thursday 22nd May 2014
- Tuesday 15th July 2014
- Wednesday 17th December 2014
- Tuesday 17th February 2015
- Monday 23rd March 2015

The original members we recruited in 2011 are still actively involved as a result of this the group currently consists of 5 active members, the group profile as follows

- 1 Caucasian Female aged over 60 years of age
- 1 Arabic male in his 30's
- 1 Caucasian male representing patients from Herries Road over 70 years
- 1 Male patient of African Origin who cannot attend the meetings in person but participates via email and occasional meets with the Practice Manager.

In March 2015 the practice manager was approached by one of our long standing patients to join our patient participation group she was unable to attend the March meeting but is hoping to attend the meeting during this year. She is a female Caribbean woman in her 40's with 4 school age children. We are hoping that with the addition of this member it will provide us with the views of the younger generation.

We have been unable to attract any further members to the group, despite advertising in our new patient leaflet and they are invited to join the group as they register as a new patient at the practice, posters are displayed in the reception area and the clinicians mention it in there consultations. We always advertise the meetings in reception and we always arrange the next meeting at the meeting so we can engage the entire group. Our long standing female representative is well known and respected in the area and she frequently gives us feedback from other patients at the surgery.

Since the start of the group they have been responsible for the initiating the re-opening of the practice gym in 2011 for chronic disease patients which has been very successful we were able to obtain some FURS monies to carry the gym on. We have an experienced nurse who the patients go to see to monitor their blood pressure and weight and start them on a program of exercise. Jean Holt also sign post the patients to other venues in the Sheffield area and provide them with a card that gives them 20% off any activity. Since it started we have had good feedback from our patients, some that have never exercised before have really enjoyed it as it is a small gym and they do not feel intimidated. We have one patient who had learning disabilities who comes with a carer who is really enjoying the group exercise sessions. One of our patients that attended the 6 sessions at the our gym felt that gym work was not for them and so Jean advised the patient to take up swimming once referred to one of our Sheffield venues and they commented on how much they enjoyed the activity.

The practice had an open day on health and patient education in May 2011 and since then we have implemented a lot of displays on relevant issues during the years.

We did not implement electronic prescribing in 2012 but soon after that we moved to system one where the patients can book appointments and order prescriptions on line and this year they will be able to access a summary of their patients records. We have doubled the amount using this system in one year. We have also started repeat prescribing this year so hopefully this will be of great benefit to our patients.

This year we discussed quite a few issues for feedback from the group. We discussed the patients' on-line service and about patients being able to access their records online it was decided that because we had doubled in patients that had registered online we would put a few more appointments on the system for them to book. We said we would keep monitoring this and release more appointments accordingly. We thought more patient would have used the system by now and the group thought that we should put it on the survey to check how many people know they can use this service. We did a lot of advertising of the service in March of last year but had taken the large display down now. We had also been monitoring the DNA of appointments and it had halved due to the SMS texting service the group were still quite shocked to find the amount that were still not turning up for appointments. They suggested that we should try more prominent posters in reception and on the main door. So we have put this in to action this year and we said we would monitor it and keep them informed. Rafieda Nabi the IAPT worker has mentioned that she could offer advice to patients in the waiting area about the consequences of not attending appointments in the effort to reduce the number of patients missing appointments.

We mentioned we had been sending letters out to all patients over 75 to let them know they had a named doctor but also mentioned that it was up to the patient which Gp they wanted to see. The group only had praise for the doctors at the surgery they said that the salaried Gp's Dr Beattie and Dr Martinez are very concerning doctors and Sandra mentioned

it was nice that some doctors called them by their first name. We mentioned that last year we had a lot of patients booking in late for travel vaccinations so we have decided to advertise early with posters in different languages and we put extra travel clinics on.

We asked the group what they thought about the cleanliness of the surgery they all asked about how many times the cleaner came each week and they thought the cleanliness of the surgery was good. I discussed with them about us having a CQC visit and infection control was high on the agenda. I mentioned that we had been offered an audit from the infection control lead at the CCG the group thought it would be a good idea as they are the experts in that field and they would know that they would be looking for. We have decided to book an audit which took place on 11th February 2015. The group also mentioned that they thought we should have anti -bacterial hand gel in the door way and hallway wall mounted so that children could not play with them. It was decided that this would be one question to ask on our survey.

Sandra mentioned that some patients turn up to see the doctor that could be seen by the pharmacy and were taking up appointment that could be needed for chronically sick patients. The group felt that patient education is very important and felt that we needed to see the views of more of our patients and may be do a question and answer on which service would you use for certain ailments. It was decided to put this in the survey as it would give us an idea of what patient education was required.

In one of our meetings the group mentioned the diversity of the practice population and how do we overcome the language barrier. The group asked if we had many leaflets in different languages and would it be a good idea if we asked the practice patients if they felt we had enough clinical information in different languages. We also discussed as a group the diversity of the practice population and how it had changed over the years of them being a patient here. They asked about interpreters and who we used. We explained we use the Scias interpreters which do face to face and telephone service. They felt that that should be something we put on the survey to get a better view from as many patients as possible.

We discussed with the group about the procedure we have at the surgery for suggestions and complaints and they asked do we get any suggestions and complaints. We also explained that our patients can write to the Independent Complaints Advocacy which is part of the health watch. This is another avenue for the patients to voice their opinion about the surgery and our standards of care. We had not had a complaint or suggestions this year from either avenue. We felt that the family and friends survey which started in January 2015 would open up another opportunity for the patients to view their opinions. We decided that we would discuss this in future meetings if the patients that had filled out the survey had given us consent to view their comments. In our meeting on the 17th December we showed the group two different family and friends survey forms and asked for their views on which one would be more suitable for our patients. They felt that the one sent by the CCG was

more patient friendly. I said I would forward their views to the partners in the next practice meeting.

Confidentiality was raised within the group but they felt they had no concerns but Sandra mentioned that when ordering a prescription at the desk that receptionist should not mention the drugs being ordered in case the patients did not want any other member of the public knowing what drugs they were on. They asked me to mention this to the receptionists and if they needed to go through them with the patient we would take them into another room. Karen said she would mention this to the receptionist. Edward complimented on how respectful and professional the receptionist were as sometimes they have a lot to deal with, as we have experienced incidents of patients been aggressive towards the receptionists. We discussed this in the meeting and they strongly felt that we should have a zero tolerance policy for aggressive patients they asked me to make sure we had a poster prominently at the reception. The group also felt that this should be added to the survey to ask for other patients opinions but to also make them aware if the consequences.

We discussed some of the feedback we had received from the family and friends survey and showed the group comments that were given by our anonymous patients that had given consent to do so. Sandra mentioned that it was a shame that some patients had not put their age as it would be nice to see how different ages perceive the practice and the care we provide. However, we noticed that we had received a few surveys with comments from patients 16 and under. They were not surprised at the comments as they also feel that we give a good service but they were very happy to see that other patients felt the same. We mentioned that we would be giving the group feedback of the results of the family and friends survey during the year.

We also discussed the GP national survey results.

Nursing team: last time they saw a nurse were they good at explaining test and treatments 95% said yes. National average was 90%

Doctors: If they were good at listening 94% said yes National average 89%

Nursing team: 94% of respondents say the last time they saw a nurse or spoke to was good at treating them with care and concern. National average 91%

Easy at getting though on the phone 50% said good average 71%

41% said they had to wait 15 minutes or less after their appointment time Average 61%

Satisfied with the opening times 56% said yes average 74%

82% found the receptionist very helpful average 88%

Only 110 patients sent back the survey so we all felt that we may get a more true answer from our family and friend's survey we have been giving out in reception and advertising on our website.

We discussed in the meeting the results and they felt that the clinical staff were above the average and the receptionist results were only slightly down. Where we fall below the national average was patients getting through on the phone and satisfied with the opening times. We discussed that when we update the reception area we are looking at different ways to make the flow of the patients in and out of surgery more efficient with electronic booking in service and good advertising of the on-line service should eliminate the easy of getting through on the phone.

Longer opening times at the surgery would be great but we would need extra funding and better recruitment of GP's. The group mentioned why not put about the opening times and the service we provide on the survey to see what respond we get back.

I mentioned to the group that we had been doing a lot of audits for the CCG and report back our findings. We have done an audit on AF and MI over the last year and patients going to A+E with exasperation of Asthma. With the findings we have come up with a plan to make sure continuity of care for our patients. The outcome of the audits were very good but from our learnings we have decided to change a few ways we work by making sure these patients get an appointment with a nurse at the next available appointment if they had not already attended surgery.

We also mentioned to the group about the work we have been doing as part of the CCG on reasonable adjustments for vulnerable patients. This involves giving longer appointments at the end of nurses and doctors clinics with either their doctor of choice or the doctor they have seen more frequently for continuity of care. This is also to make the patient feel more at ease as there will be less patients waiting in the surgery. We have also taken on this procedure for patients with dementia, learning disabilities and mental health problems. Therefore, this is why we have the IAPT and counselling sessions over at our cornerstone building as there are not many patients waiting in the waiting area at one given time. This also assists with confidentiality.

When this was mentioned to the group they thought that this was a very caring and personal way to approach patients in this group.

Safeguarding children and adults was mentioned to the group, how as a practice we communicate with the health visitors and the midwife that visit the surgery once a week. The practice has regular meeting with these health professionals discussing any concerns and highlighting families in need of more professional input.

The group thought it was nice to know that the practice is very proactive with these issues as they have been highlighted in the press recently.

We also mention to the group that we will be having a few changes to staffing in the year due to retirement and that we had a robust plan in place so that the smooth running of the surgery is not compromised. We realise that recruitment of GP is going to be a problem so we have put a temporary plan in place with a long term locum.

Over the year they had decided which subjects we needed to include in our survey. The decisions were finally made at our meeting on Tuesday the 15th of July and the questions are listed below:

- Are you happy with the surgery opening times?
- Do you feel the surgery offers patients the ability to be seen quickly if urgent?
- Are you happy with the treatment and service provided by your GP?
- Do you know you can order your prescription and book an appointment with a GP on-line?
- Tick where you would go for each of these minor ailments? (Table see survey)
- Do you think the surgery needs more information to be available in different languages?
- If anti-bacterial hand wash were available in the waiting area and around the surgery would you use it?
- Do you feel that the surgery should have a zero policy for aggressive patients?

It was felt that a comments or suggestions box should be put on the survey just in case they have any other view they need to share with us for the good of the patients at the practice.

We did a survey from 18th December to 10th February. We had 257 survey filled in by our patients so we collated the figures and discussed them in our meeting on the Tuesday the 17th of February.

The patients seem to be happy with the opening times of the surgery and that they felt they could be seen quickly if there condition was urgent. They know they can always ask for

a telephone ring back by a doctor and if they feel it is urgent they will give them an appointment to come down.

They were also happy with the treatment but over half of them did not realise you could book on line.

Looking at the results from the survey it was obvious that patients do not use the pharmacy for minor ailments. The majority of our findings were that patients mainly went to the GP or A+E.

On the survey patients did say they would like more clinical leaflets in different languages.

They said they would use the anti-bacterial hand gel.

They all felt that we should have a zero tolerance policy for all aggressive patients.

All the comments were discussed and a plan was agreed on.

The patients that did the survey were happy with the service and the opening times and been able to see a doctor if it is urgent. The group were happy with that.

They felt we should advertise again the on-line booking of appointments and ordering prescriptions on-line. Because of this and we have such a low number of patients signed up to online service compared to our total patient registered, we have decided to do another display advertising the service in spring 2015. Also, we have decided to have it printed via systmone on all our prescriptions. At the end of March we received some new posters from the CCG about on-line booking which will be very useful for our new display. The practice is hoping that with this patient education it will alleviate excessive phone calls and aid the booking of doctor's appointments.

The group said we need to be more proactive with giving out the 'choose well' leaflets especially those that go to A+E that should have used another service. We have decided that the 'choose well' leaflets are going to be given out at new patient assessments and at consultations where the health professional feels they have been inappropriately using the NHS services. We are going to invite patients in to see the manager that persistently uses A+E inappropriately. We have decided to do a display in reception to educate the patients on which service they should use.

We are still awaiting the go ahead from the CCG for improvements in the reception area and they said it would be a good idea to put the Anti-bacterial gel up at that time. Karen mentioned in the feedback from the infection control audit there was a few things that were not up to standard. We need to put wall mounted hand wash in all clinical rooms. It was also, mentioned that there was areas of the surgery that the cleaner was not cleaning up to specifications. I assured the group that the practice had taken all the comments on board and was in the process of making sure everything was up to the standards needed.

Sandra and Edward did mention that it was important that the reception area was addressed and brought up to the standards of the clinical rooms. Sandra also mentioned the patient's toilets that the pipe work that would be better boxed in and that would be easier for the cleaner to keep clean. We are going to look at having this done when we have the reception area updated. Once the practice has had a CQC visit we will be able to give feedback to the group.

They realise that sourcing leaflets in different languages is going to be an ongoing task for the coming year but a very worthwhile one. So we were asked to keep looking for leaflets and sites to be able to download them.

They asked us to make sure the zero tolerance poster was prominent at reception as they feel the receptionist are very busy and dealing with aggressive patients can only add to the stress. This suggestion from the group and the survey has been implemented immediately. We have made sure the poster is more accessible for the patients view and more eye catching to get their attention.

Karen discussed with the group about Health Trainer and how they engage with individuals in communities and offering them practical support to change to achieve their own goals.

Health Trainers are a practical resource to help connect people into services at a local level. The work will focus on communities who are marginalised and who experience the greatest inequalities in health. I explained to the group what a Health Trainer can do to help our patients?

- Advice and information
- Eat healthily
- Lose weight
- Get more active
- Referral to Stop Smoking Support

We have not been able to get a health trainer attached to our surgery yet but I am talking to Paul Nash to find out when we can. Karen has also been in touch with Somshun Nessa who is a health trainer at Sorby house and will be coming to visit the surgery to give us more information about the service and how the surgery can refer patients.

Befriending 'Lean on Me'

Karen also mentioned to the group about the fortnightly Social Café is an all-day event where people can drop-in as they need to and, over refreshments, talk with others in a similar situation.

The Social Café also provides a programme of activities and events that will encourage people to participate in a wider range of activities.

This commissioned activity is targeted at people who are struggling with anxiety, depression, panic attacks or other mental health conditions; but who are one or two steps away from having a level of need that makes them eligible for self-directed support with an individual budget; for people.

Venue: Learning Zone, Wordsworth Ave.

Women Only Support Group

Weekly café 10-1pm where people living with varied health conditions or just need to get out of the house, come and join in.

This is a free monthly session, for those who have suffered or suffering from some form of domestic Abuse. This is a safe and confidential place for people who want somewhere to go to talk to likeminded people or to forget about your past and have fun and make new friend.

We also offer signposting support, Arts and crafts, baking exercise and much more.

Venue: Sorby House

Pain Support Group

You can access this free weekly group to help deal with persistent pain by practicing relaxation and meditation, learning about coping with pain, meeting other people. Help with language is also available.

Venue: Sorby House,

Diabetes Self Help Group

This is a chance to learn new cookery skills, socialise and gain new skills to self-manage Diabetes.

Venue: Burngreave Childrens Centre

Healthy Hearts and Minds Support Group

A fortnightly informal, self-help support group, made up of like-minded people.

Aimed at those who are suffering for low to moderate mental health problems?

Venue: Learning Zone

We discussed all these groups and they said for some of our patients this would be a great idea especially patients living alone. More details about these services will be given to the group for discussion after the meeting with Somshun Nessa.

We have mentioned to the group about the new community support workers who are going to work with practices. We will be updating them on the specific role they will be partaking once it has been finalised by the CCG.

We also discussed the significant events records that we had logged this year. We had 6 significant events from April 2014.

1 Significant event was about a patient wondering into the wrong consulting room. We discussed this in one of our practice meetings and the doctors and nurses mentioned that this happens a lot. We have decided that we will make sure the board in the hallway is up to date with who is in each consulting room as well as their name being on the doors of the room. Some of the nurse's said they like to fetch their own patients from the waiting room so some of the doctors said they would as well. We also thought it would be a good idea to give each room a number and the doctor can shout the room number for the patient, we feel this may help with this problem.

The group thought it was a good idea to have the named clinician on the door and hallway as they appreciated the personal touch. However, the group did say price up for both options and then decide which one was more appropriate for the surgery.

1 Significant events aggressive patient

One of our patients came into reception; their behaviour was unacceptable and they were extremely intimidating. They had been to see one of our female doctors before and they were very intimidating to her so Dr Mooney had said they could only see a male doctor. Dr Mooney was out on calls so we said Dr Mooney would phone them. Dr Mooney phoned them and asked them to come down. They went in to see Dr Mooney was very aggressive and intimidating and when they came out Dr Mooney asked them to leave the surgery; they would not so we phoned the police. While Dr Mooney was on the phone to the police the patient left so not to waste police time we said we did not need them to come out. We got a police number for the call. The practice had a meeting about this and it was decided to remove the patient from the list. We followed the procedure and asked for the patient to be removed from our practice and asked for them to be put on the violent patient's scheme, which they had been on the scheme before. The CCG said that because the police had not been called out the patient could not be put on the scheme. I did phone the CCG and have a word with the department concerned and explained to them how aggressive the patient was and I did not feel that any other practice should have to put up with this; they should go to the relevant place that has the facilities to deal with violent patients.

The group was very shocked that the CCG would not put this patient on the violent patient scheme as they felt that if such a strong professional, long standing doctor like Dr Mooney felt intimidated by this patient, why would they want to put another health professional in that sort of situation.

1 significant event sudden death male.

The patient came in to see Dr Mooney reporting short of breath for the last few weeks. The patient had managed an 8 mile walk the day before, but struggled on the hills and experienced some chest pain. Dr Mooney asked if they had any symptoms at the moment, the patient said that they had not. Dr Mooney gave the patient a thorough examination and all bloods were taken. The patient was given another appointment that week and was given advice to attend A+E if they experienced any chest pains. The patient went to A+E late that night with chest pains. The patient had a cardiac arrest and could not be resuscitated at A+E.

The group felt that Dr Mooney had taken the right action for this patient. Due to the patient having no chest pains at the time of the appointment and having done an 8 mile walk the day before you would assume this patient was quite a fit person and would not have such a sudden episode leading to their death.

The other three significant events were clinical or included very sensitive issues therefore, the management and doctors felt that they were not something to be discussed with the group.

Practice Opening Hours are as listed below: New patient registrations are accepted by our reception staff during opening hours.

Burngreave Surgery Monday – Friday 8.30 am – 12.00 – 1.00 – 6.00p.m
Thursday open 8.30 – 12.00 pm.

Herries Road Site Monday – Friday 9.30 a.m. – 1.30 p.m.

Cornerstone Monday and Friday 9.00 a.m. – 1.00p.m
Tuesday and Wednesday 8.30 a.m. – 4.30 p.m.
Thursday 9.00 – 12.00 noon

Burngreave Surgery operates extended opening hours each Tuesday evening between the hours of 6.30 p.m. – 8.30 p.m. based at our Cornerstone Building. The surgery is led by a GP and a Nurse. Due to holidays this extended opening hours sometimes changes to a Monday evening.

The practice has an appointment only system in place but also offers a ring back service with doctor of choice after both morning and evening surgeries. This facility is used regularly.

Between the hours of 8.00 a.m. – 8.30 a.m., 12.00 – 1.00p.m. and 6.00 – 6.30 p.m. any registered patient who contacts the practice in these hours will receive a message asking them to call the Out of Hours Provider on 0114 3051411.

From 6.30 p.m. – 8.00 a.m. and weekends and all Bank Holidays care of registered patients will be dealt with by telephone calls to free phone number **111**.

A copy of the report will be given to all members of the group and will be available in the waiting room and on the practice website by the agreed deadline of 31st March 2015