

SELBORNE ROAD MEDICAL CENTRE
PATIENT SURVEY

SELBORNE ROAD MEDICAL CENTRE DR ANIL GILL ————— ♦ ————— DR LISA MORRIS
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LOCAL PATIENT PARTICIPATION REPORT 2014 - 2015

A. Patient Reference Group (PRG) Members Profile: This year 7 patients were part of our PRG, which is the same as last year. PRG members were either involved via email or letter. The profile of the PRG is as follows:

- **Sex:** 28% male, 72% female
- **Age:** 14.3% 25-34, 14.3% 45-54, 14.3% 55-64, 14.3% 65-74, 42.8%>75.
- **Employment:** 43% Part time work, 43% retired
- **Carers:** 14% are carers
- **Ethnicity:** 100% British

Although this PRG does not exactly represent the practices registered patient population (as no members are from an ethnic background other than British) the group actively considers all 2834 registered patients in all its discussions. (See appendix)

B. Representation in the PRG: Despite our best efforts, the PRG is not entirely representative of our practice population. To encourage a representative PRG, new members were encouraged to join as well as all members of the PRG last year. As the PRG last year had no parents/guardians, no disabled patients or any patients under 40 years old we tried to include these groups of patients in our PRG this year to make it more representative. We advertised in the surgery Selborne Rd Medical Centre invites you to be part of our Patient Group to help identify ways we can improve. You can be involved via email, telephone or post. If you'd like to be involved please contact the surgery on 011426869292 As a result, no patients from the underrepresented groups contacted the surgery either by phone post or email.

Further, our PRG only included patients from a British ethnic background. To try and diversify the group patients from a variety of ethnic backgrounds including Asian, British, Chinese, Indian and

others were sent an invite but we had no response. In the past we had a patient from an Indian background was part of the PRG, unfortunately they were not able to be part of the PRG this year.

C. Agreeing priority issues: Following correspondence from the PRG discussing the issues that were a main priority to patients. The agreed main priorities were as follows: Customer service and suggested training for reception staff. The function and content of our website. Waiting room and notice boards. Patients being able to discuss problems in private at reception.

D. Obtaining the views of registered patients: Outlined sources of feedback that were reviewed during the year:

NHS choices feedback, Gp patient survey and Friends and Family feedback.

E. Discussing the results with the PRG: A letter was sent out to PRG members to discuss the feedback. An action plan based on the results was also discussed and agreed upon. PRG members gave their response via email and post.

F. Action Plan:

1) **Practice Website and Waiting room and notice boards.** Based on the responses of what patients wanted to see on our website, it was decided that although we have the majority of what patients want, it could do with updating on a monthly basis, have extra sections for Healthy Living and Health News, as well as an area for local health news. It was discussed that the waiting room needed to be less cluttered and designated areas for specific themed information. Notice boards less cluttered. Toys in waiting area removed.

2) **Customer service.** It was mentioned that staff should wear name badges in reception, this is something we are sourcing at the moment. Length of time answering the telephone was discussed. Some patients feel this can sometimes take considerable time.

3) Patients on reception being able to discuss problems in private.

The general importance of privacy was discussed and any solutions that would solve this problem. The television as a visual distraction being used.

G. Details of Action:

1. A more informative view on the website and much more up to date patient information. We now keep our website up to date with any relevant information for patients and this is updated on a monthly basis and we review links to other websites. There is a much more organised feel to the waiting area now. Only relevant leaflets are put on display and these seem to be what the patients want. Racks for leaflets have now been cleaned, cobwebs removed and empty boxes. Magazines removed from waiting room and table cleared. We are in the process of updating paintwork within our premises at the moment. Posters have all been laminated and we are looking into ordering wipe able notice boards. Chairs badly stained have been removed all other chairs will be cleaned appropriately and we are looking at buying new wipe able ones.
2. On the whole feedback from NHS choices, FFT and the Gp survey was very good with dissatisfied patients being in the minority. It was mentioned that staff should wear name badges in reception, this is something we are sourcing at the moment. Length of time answering the telephone was discussed. Some patients feel this can sometimes take considerable time. We have recently recruited two new members for reception to ensure there is always sufficient staff to cover demand. Training is an ongoing programme for all staff and through appraisals and patient feedback we aim to be aware of any issues that arise that would suggest staff need further training.
3. We discussed that it was not feasible to make any changes to the reception area because of how the reception is designed. We have in the past put up notices to inform patients if they do not wish to be overheard they could ask reception if they can speak in private by either coming to the side door of reception or being taken in to a clinical room if available. We have also recently had our life channel updated as this was not working. This makes being overheard when reception are on the phone much less noticeable and provides some sound barrier for privacy. It was agreed we

would renew notices advertising the information to patients and make them more visible on reception. Also reception staff informed to ask patients if they think the conversation is of a delicate nature if they would wish to speak in private. General increased privacy for patients. The general feeling on the importance of privacy was discussed but felt there was no one solution that will solve all problems.

- H. **Opening Hours:** The surgery is open from 8.30am to 6.00pm Monday to Friday (the building does not close at lunch times), except on Thursdays when we are open 8.30am to 1pm. The telephone lines are open 8.30am to 12 noon and then again 3.30pm to 6.00pm Monday to Friday, except Thursday when the lines are only open 8.30am to 12 noon. If you call outside of these hours your call will be forwarded to our Out Of Hours service provider. Appointments can be made by telephone, in person at reception or through the Internet. Repeat prescription requests can be made in person, by post using the white side of your previous prescription, by telephone, by fax, via a pharmacy or through the Internet. Signed prescriptions will be ready 2 days later and can be collected, posted out if a SAE is provided by the patient or patients can arrange for a local Pharmacy to collect prescriptions on their behalf.

Progress on previous years

Review our website and patient information and ensure it is kept up to date. It was also added to our website informing patients the reason why they are unable to book Nurse Appointments online. This is monitored on a monthly basis and updated as such.

Availability of appointments. We reviewed our appointments system and how we allocate these for pre-bookable and book on the day appointments. We found that in most cases these were working in the manner we intended and make more appointments available for patients to book on the day. This was to cover demand from patients.

After discussing the demand for an extended hour's service it was agreed that we would still not offer this service due to lack of demand from patients.

Phone line opening hours. It was discussed and agreed that at the moment we would still divert our calls between the hours of 12.00pm and 3.30pm to the Gp Collaborative answering service. This is due to not being able to guarantee a Gp is on site throughout the day due to home visits and only one Gp on at lunchtime. To ensure patients have access to an on call clinician at all times.

This Report has been made available to everyone from 31st March 2015 at:

www.selborneroadmedicalcentre.co.uk

