



Elizabeth Courtauld
Partnership

Patient Participation

ACTION PLAN for 2015-2016

<p>The Surgery held a meeting on 13 July 2015 to discuss patient feedback and formulate an action plan in response to our patients' views. The meeting was attended by the following people:</p>	
GP Partners	Dr Davey, Dr Duffus, Dr Kreis-Alsayed, Dr Salmon
GPs	Dr Spencer, Dr Majevalia, Dr Valsala, Dr Farzana
Nurse Practitioners	Karen Balaam, Philippa Oval, Sheila Branch
Practice Manager	David Shedden
<p>Patient feedback from the eForum patient participation group, the Friends And Family Test comments and also from the Complaints Process was discussed at this meeting of managers and clinicians. The FFT scores show an average of 70% recommenders, 25% non-recommenders and 5% neutral.</p> <p>From the suggestions and comments made the following ideas were evaluated and an action plan put in place:</p>	
Introduce a Well Woman Clinic	<p>It was decided that a Well Woman Clinic would not be effective in the surgery. The evidence that it works is not conclusive. The patients who are likely to attend this type of service (the "worried well") already attend in large numbers. The NHS Vascular Checks programme invites 40-74 year old patients in for health checks and is seen as a much more effective service. We are recruiting a new HCA to allow us to increase our offering of NHS Health Check screening appointments for the 40-74s. It was agreed that male patients in this age range are hard to reach and so they will have the opportunity via these Health Checks. To make the service better for working age people, the HCA will be asked to offer Monday evening 1830-2030 NHS Health Checks.</p>
Weighing Chair	<p>We have difficulty weighing patients who have mobility issues. Following a situation where we were unable to weigh a patient who subsequently had to go to Broomfield, we have asked our Surgery Link group to fund a weighing chair. This they have done and it is on order.</p>
More morning appointments	<p>Patients like getting booked on the day morning appointments. Our Minor Illness clinic was set up to meet this demand. Two Nurse Practitioners support the Duty GP in offering booked on the day appointments for new minor illnesses. This is proving popular.</p>

Electronic Prescriptions	<p>Difficulties in patients getting timely and accurate prescriptions were discussed. It is a problem which comes and goes but does cause distress and increased workload. The idea of giving printed tokens was mooted and some clinicians find it helpful as do the patients. While the surgery would like to be paperless there are occasions when handing paper scripts does ensure the patient gets their medication. Some surgeries do their acute scripts on paper and only do the repeats on EPS. We will continue trying to use the electronic method but accept that sometimes the paper version for acutes where the patient wants to obtain medication immediately is more practical, GPs agreed to be flexible in their approach.</p> <p>It was agreed that to speed up the process, reception can Instant Message the duty GP if they see the queue of outstanding scripts getting above 200. This can be auctioned quite quickly and reduces the number of queries quite substantially.</p> <p>It was agreed that further discussions would take place with local pharmacies to ensure that the EPS system works efficiently for the patients' benefit and that any technical issues would try to be resolved.</p>
Later Appointments	<p>We offer extended hours on Monday evenings from 1830-2030. The Nurse Practitioners take part in this and offer Long Term Condition management alongside new minor ailments.</p>
Friends and Family Test	<p>The number of responses so far has been good but could be a lot better. The Practice will introduce a FFT day once a month where all staff will give out feedback forms to patients. This will allow us to capture a wide range of opinions. It was felt that the majority of people do not want to be deluged with feedback forms and as a result their voice would not be heard. By having a one day a month concerted effort, the patients would not get "survey fatigue". The opportunities to feedback are permanently available via the website, the forms in the waiting room, the QR codes in the surgery windows, the eForum and the suggestion box in the waiting room.</p>
Leaflets and Posters	<p>The large number of leaflets and posters in the waiting room and stuck to the windows is messy and makes it very hard for patients to see what is really important for them to see. The eforum were asked what they thought of the leaflets and do they really use them. The patients think that we need to offer information via leaflets and posters, particularly for those people who do not use the internet. We will continue to do this.</p> <p>The patients think that the leaflets are messy and jumbled and need to be tidier and better presented.</p> <p>The GPs agreed that there are too many posters and leaflets, some of which are seriously out of date.</p> <p>It was agreed that tidier leaflet racks will be bought.</p> <p>It was agreed that old leaflets and posters will be thrown out.</p> <p>It was agreed that limited numbers of posters would be displayed in a clearer fashion.</p> <p>The Be Nice or Leave posters will be taken down.</p> <p>We will be more selective in what we display to make our displays more relevant and noticeable.</p> <p>The waiting room will be tidied up.</p>
Answer Phones Quickly	<p>A new phone system was introduced in January 2015. It has better call queuing and patient information. From July 2015 the number of receptionists on afternoon shifts was increased to ensure quicker</p>

	response to phone calls and patient visits to the counter.
Access Doors	Following a complaint about the Access Doors pushing a frail elderly patient over, the door settings were overhauled and the speed and strength of the closure were reduced. The movement sensor was adjusted and the doors are now much safer.
Waiting Room Chairs	Some patients have asked that the waiting room chairs are not laid out in the current rows. This was considered but rejected. The current rows are laid out like that to allow any patient with hearing difficulties to see the appointment call screen and to see both exits to see if they are called for their appointment.

14 July 2015