

Annex C

Arden, Herefordshire and Worcestershire Area Team
Patient Participation Enhanced Service 2014/15 – Reporting Template

Practice Name: Tenbury Surgery

Practice Code: M81042

Signed on behalf of practice: [Signature] (Amy Louvine, ^{PRACTICE} MANAGER) Date: 30/03/2015

Signed on behalf of PPG: [Signature] (John Driver, Chairman) Date: 30/3/15

1. Prerequisite of Enhanced Service – Develop/Maintain a Patient Participation Group (PPG)

Does the Practice have a PPG? Yes											
Method of engagement with PPG: Face to face, Email, Other (please specify) Face to face meetings 4 times a year and email communication for surveys and updates.											
Number of members of PPG: 7											
Detail the gender mix of practice population and PPG:					Detail of age mix of practice population and PPG:						
%	Male	Female	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	4709	4698	Practice	1468	741	822	875	1405	1381	1535	1180
PPG	4	3	PPG	0	0	0	1	0	3	1	2

PPG_reporting_template Tenbury Surgery 2014 15

Annex C

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Annex C

Detail the ethnic background of your practice population and PPG:

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	4824	9	0	204	0	0	9	7
PPG	7	0	0	0	0	0	0	0

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	5	0	1	16	76	4	2	2	0	4248
PPG	0	0	0	0	0	0	0	0	0	0

Describe steps taken to ensure that the PPG is representative of the practice population in terms of gender, age and ethnic background and other members of the practice population:

In regards to Ethnicity, although we invite our patients to inform us of their ethnicity on their registration forms, the majority decline to do so. However, through local knowledge of Tenbury patients we can note that the majority of the practice population are of White British ethnicity; we have a small minority of Eastern European patients; a smaller minority of travellers; and a transient number of international patients who come to us from the international school in Tenbury.

We are currently looking into expanding the group to include a virtual group as well which we are confident would encourage participation from younger patients. We are also running a survey on how useful patients would find having a surgery specific app through which patients can participate in surveys and provide feedback. Again we believe this would assist us in gaining participation from the younger patients.

We are in the process of trying to identify a BME member, a younger person and maybe a representative from one of the residential and nursing homes in the area. We hope the open meeting later in 2015 will assist us with this recruitment.

Annex C

Are there any specific characteristics of your practice population which means that other groups should be included in the PPG?
e.g. a large student population, significant number of jobseekers, large numbers of nursing homes, or a LGBT community?

YES

If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:

We have a dispensing branch surgery at Clee Hill. At present we have no members on the group who are Clee Hill registered patients and thus we are currently looking at ways to include these patients. One suggestion is to alternate the meeting venue between Tenbury and Clee Hill to accommodate those who struggle with the travelling. The Practice and the group are also looking at setting up a virtual group to try and encourage more patients to join and to enhance the membership and inclusion of the patients.

2. Review of patient feedback

Outline the sources of feedback that were reviewed during the year:

Patient comments leaflet in the surgery; Emails and feedback on-line; Surveys; Comments / feedback made to PRG members – NHS 111 not referring patients to Shropshire

How frequently were these reviewed with the PRG?

Quarterly at the, meetings and if appropriate further action was taken. A good example of this being the patient feedback regarding NHS 111. A PRG member raised, in a meeting, a concern that a patient had spoken to them about. The patient did not wish to make a complaint but wanted to understand what the situation was for Tenbury and Clee Hill patients accessing 111 and being able to use ShropDoc the Shropshire out of hours service. It was advised that the agreement with the CCG and 111 was that patients who were registered at Tenbury Surgery, although being registered under a Worcestershire GP Surgery could access the Shropshire out of hours due to their geographical location. Due to the information that was given to the patient by 111 being incorrect this agreement was followed up by the Practice with the CCG. The information that came back was as above and that the agreement had not changed. This was shared with the PRG and it was noted that it would be helpful to display this information at Tenbury and Clee Hill Surgery ensuring patients are aware of their rights in accessing the Out of Hours services.

Annex C

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>To work with the local community transport service and run a survey in-house to find out how patients travel to Tenbury and if they encounter difficulties in getting to the Surgery. This information will then be shared with the transport service to assist them in knowing what areas people may be struggling in.</p>
<p>What actions were taken to address the priority?</p> <p>A survey was written and the PRG members reviewed the survey making comments and suggestions to improve the overall quality and outcome. This survey was then displayed in Tenbury Surgery and Clee Hill Surgery with reception staff asking patients if they would like to participate in this survey.</p> <p>There was a section on the bottom of the form asking if patients would like further information regarding local transport of which a high percentage of patients responded saying they would.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>This action was undertaken as a preliminary survey with the view to ascertain in the first instance if patients did find transport an issue. As the results suggest that patients are unaware of other transport means within the local area it will be discussed with the PRG whether more advertising and promotion of such services could be a topic to promote as a group. Completed survey is attached in Appendix 1.</p> <p>The results are to be discussed at the next PRG meeting with agreement to then pass the results on to the community transport service with a view to address the effectiveness of the organisation, aims and advertising of other transport options.</p>

Annex C

Priority area 2
<p>Description of priority area:</p> <p>Look at other PRG groups in the area and compare how these operate and the model they use. See how and if our PRG could be improved and if so in what areas, with a particular focus on recruitment and membership.</p>
<p>What actions were taken to address the priority?</p> <p>Research was undertaken on-line looking at various PRG websites and comparisons were made to Terms of References and Aims and Objectives of these various groups to ascertain how different, if at all, Tenbury PRG's were and where our PRG Terms of Reference and Aims & Objectives could be improved.</p> <p>The CCG patient engagement manager and the lay representative for patients were invited and attended a meeting to discuss the format of Tenbury PRG and how we could improve and focus the direction of the group. Minutes from this meeting are attached under Appendix 2.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>Improve the PRG website page including better signposting for patients and carers; Put up a PRG notice board in the patient waiting areas at Tenbury and Clee Hill with photos of the PRG members and current issues on display; Choose three topics off the NAPP 50 Reasons to have a PPG list and focus on these throughout the year, including organising public events with guest speakers for all patients to attend to learn more about their health. These will be advertised on the notice board and the surgery website.</p> <p>The action plan which was drawn up following these discussions and the meeting is attached under Appendix 3.</p>

Annex C

Priority area 3
<p>Description of priority area:</p> <p>Look at the customer service skills of the reception staff.</p>
<p>What actions were taken to address the priority?</p> <p>Following on from a survey undertaken by the PRG in 2013/14 the customer service offered by reception staff in the surgery was looked at in greater detail. Bespoke training was organised for the staff and to ensure areas of concern from patients were addressed within this training the PRG members were asked to be mystery shoppers.</p> <p>The shoppers were given scenarios and questions to ask the different reception staff throughout a week.</p> <p>The feedback was kept anonymous but it was fed back to the trainers and the staff for the purposes of the training.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>The feedback received was exceptionally complimentary of the reception staff and their customer service skills. There are very few complaints made regarding our staff, however looking at this area with the PRG reassured the staff and the PRG members that the training being provided is meeting standards and expectations.</p> <p>Feedback from mystery shoppers is attached under Appendix 4.</p> <p>The feedback did highlight an area of concern that will be taken forward with the PRG, this being the issue of confidentiality when presenting and speaking with a receptionist at the front desk. There is no space or capacity to change the reception area around thus a discussion will be held with the PRG as to what other suggestions there are to improve the privacy of the patient at the desk, such as placing 'Please wait here' signs a few feet away from the desk. Also to ask for the PRG's assistance in raising the profile to patients of private areas they can speak to staff in should they wish to.</p>

Annex C

Progress on previous years

If you have participated in this scheme for more than one year, outline progress made on issues raised in the previous year(s):

One action point from 2013/14 was to better advertise the Patient Access on-line system to allow patients the opportunity to book appointments and order repeat medications on-line. This has been achieved by now having more posters on display in the waiting areas as well as new registrations being offered the paperwork explaining this service. The appointments offered on-line were looked into as it was noted that no on-the-day appointments were available when booking on-line. This was discussed with the PRG members and the Partners and it was decided that this would not be possible as the on-the-day appointments were for urgent Duty Doctor appointments and it would result in less on-the-day appointments being available for patients.

It had also been raised by the PRG about Clee Hill appointments being available to book on-line, however when it was discussed in further detail it was noted that the booking system at Clee Hill operates differently to Tenbury and to be able to offer on-line appointments the whole appointment system would need re-evaluating. This is on-going and work will continue in 2015/16 as to how this system could be changed without it negatively impacting on patients.

The PRG members fed back that the Saturday opening hours were confusing and that some patients had made comments regarding the opening times. It was explained as to how the system operated and a Saturday timetable was drawn up and added to the Practice leaflet to try and make the system easier for patients to understand.

An on-going action is improving the signposting of information and support groups for patients and carers. This year, as can be seen from the action plan attached to the report, the PRG members would like to hold open events for patients to attend with guest speakers from charities and support groups, helping provide information and knowledge. This will also be achieved with the notice boards being put up in the Surgeries and the improvement of the PRG page on the website. The Practice, as a result of PRG feedback, has now got a dedicated member of staff who looks after and updates the current notice boards in reception ensuring that timely campaigns are clear and well displayed.

Annex C

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 30 March 2015

Has the report been published on the practice website? YES

How has the practice engaged with the PPG:

How has the practice made efforts to engage with seldom heard groups in the practice population?

It would be worth noting that current PRG members have experience of, or links to, community transport, local community hospital, local churches, learning disability, carer representation, advocacy, Healthwatch, MacMillan, volunteering, the local Council, and are active members of the Community.

Has the practice received patient and carer feedback from a variety of sources?

Yes and this has been followed up at the meetings or the Practice Managers name and contact details have been provided if it was felt the issue was sensitive and needed to be dealt with through the complaints system.

Was the PPG involved in the agreement of priority areas and the resulting action plan?

Yes. Meetings take place regularly and there is frequent email correspondence from the Practice Manager to the members. The action plan derived from meetings throughout the year and the meeting with the CCG representatives to ensure the PRG had a good direction moving forward into 2015/16.

How has the service offered to patients and carers improved as a result of the implementation of the action plan?

Further information is now offered to patients.

Do you have any other comments about the PPG or practice in relation to this area of work?

Annex C

The PRG are exceptionally keen to have a GP attend the meetings. This has been discussed at previous meetings and one of the GP Partners has agreed that they will attend for the meetings if the PRG can put a section on the agenda for GP discussion. The group need to discuss days and times of meetings to ensure they fit in with the GP's surgeries before this can commence. This is an on-going item which the PRG hope to have resolved by the second meeting in 2015/16.

Please return this completed report template to the generic email box – england.ahwat-pc@nhs.net no later than 31st March 2015. No payments will be made to a practice under the terms of this ES if the report is not submitted by 31st March 2015.

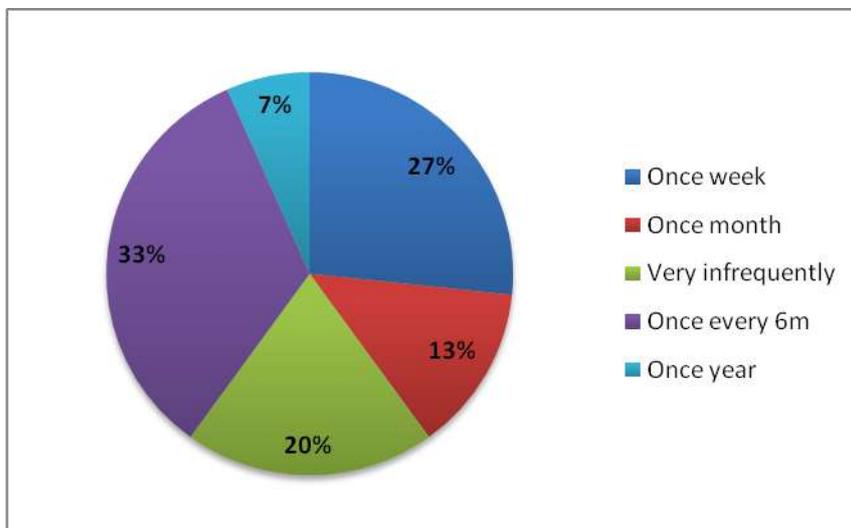
Annex C

Appendix 1

Survey: patient travel to Tenbury Surgery and to Tenbury Hospital

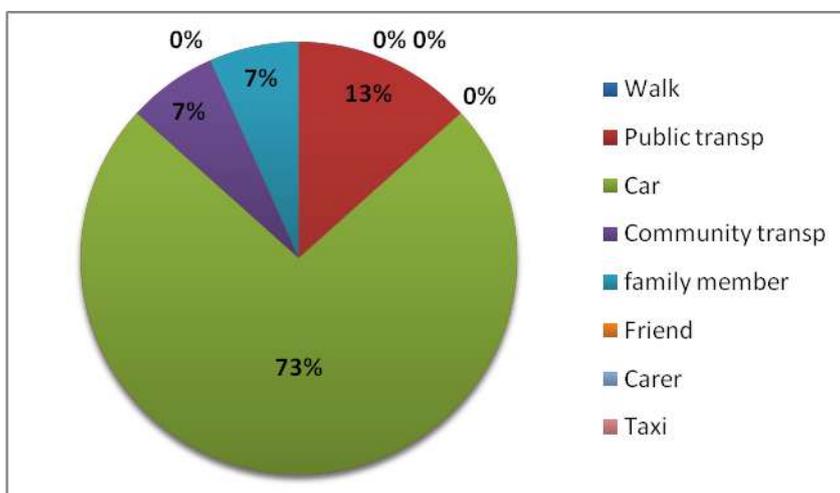
A Survey was held in the practice at Tenbury Wells, to try to find out how our patients travel to the surgery and the community hospital: in particular we wanted to find out if our patients encountered any problems with their transport, and if they were aware of the various means by which they can travel to the surgery or community hospital.

1. How frequently (on average) do you attend the Surgery or Tenbury Hospital?



It seems that about 40% of the responding patients are regular attendees at Tenbury Surgery or the community hospital, while 33% are attending once every 6 months and who may be largely attending for chronic disease management.

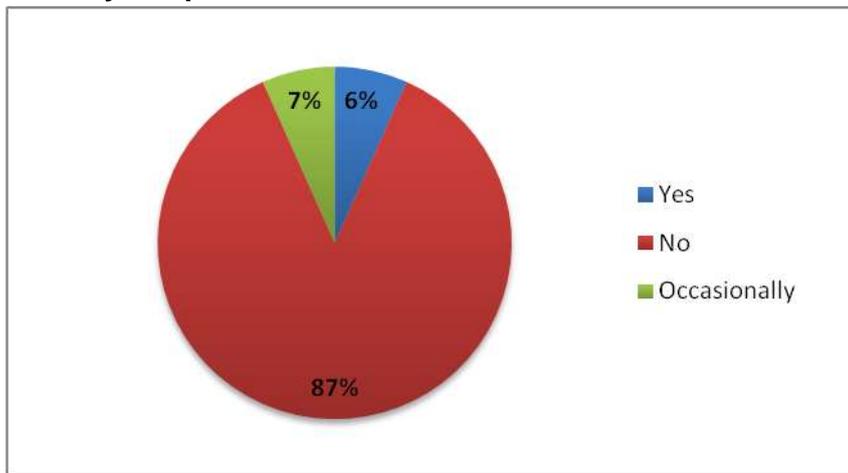
2. How do you travel to the Surgery or Tenbury Hospital?



Annex C

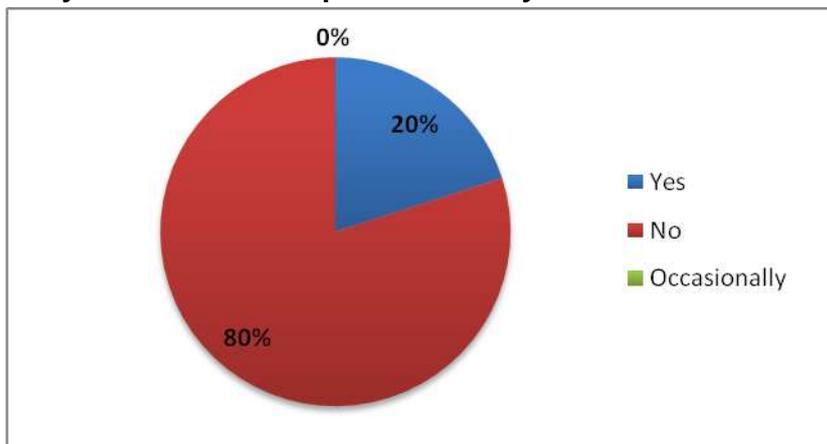
We asked the patients the means by which they travelled to the surgery and community hospital, and overwhelmingly more than 70% of responding patients travelled by car; only 7% of patients walked which was surprising when the practice sits within easy walking distance of a large part of the community; family members and community transport is responsible for 14% of patient travel. Interestingly, none of the responding patients travelled by taxi or public transport, or were transported by carers or friends.

3. Do you ever encounter difficulties obtaining transport to attend the Surgery or Tenbury Hospital?



The significant response of "no" to the question we asked about patients experiencing difficulty sourcing transport to attend the surgery or community hospital, suggests that on the whole patients successfully attended via walking, transport by car, community transport and through help by family members.

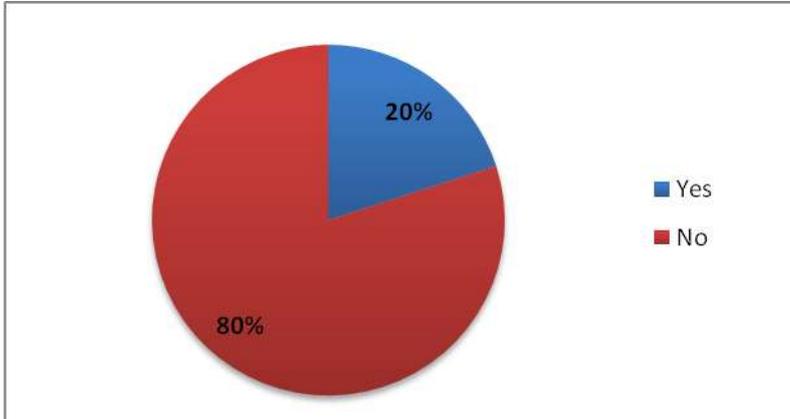
4. Are you aware of transport in Tenbury other than the means you use?



It seems that although other means of transport are available, only 20% of responders know about alternative modes of transport available in the area. This response raises questions about whether the alternative modes of transport serve the real needs of the local community, and if they are effectively advertised?

Annex C

5. Would you be interested in learning more about other means of transport to assist you in getting to the Surgery or Tenbury Hospital?



It seems that while only 20% of responding patients expressed an interest about alternative methods of transport, there was an overwhelming 80% who are satisfied with their current mode of transport to the surgery or community hospital.

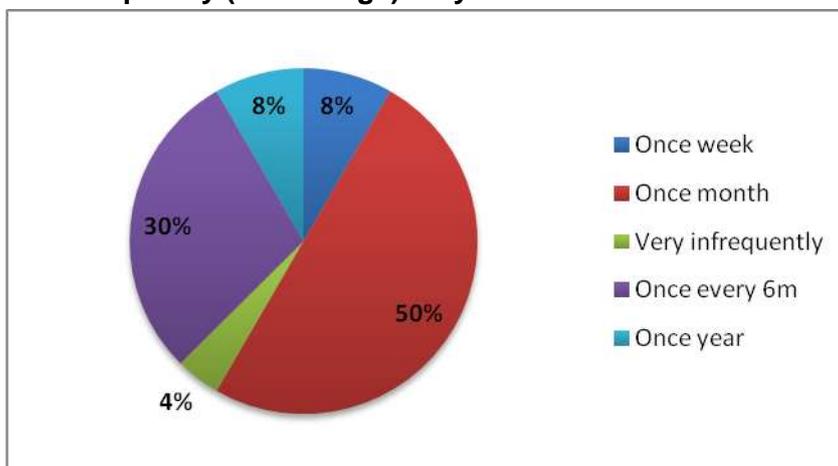
In conclusion, this first transport survey was a tentative questionnaire designed to capture some principle responses regarding our patient travel experiences to Tenbury Surgery and Tenbury Hospital. It may be that on the whole our patient's transport needs are suitably met, but in the future a further detailed transport survey could establish a firmer understanding of patient requirements and practical alternatives, and the effectiveness of the organization, aims and advertising of other transport options.

Annex C

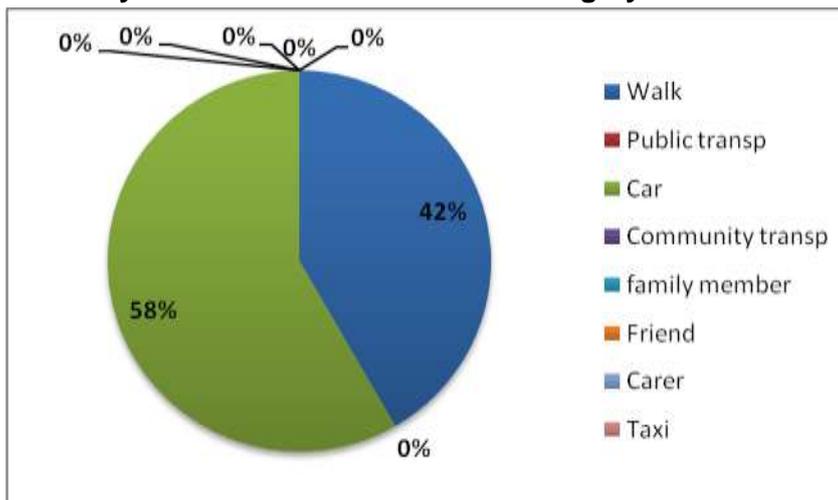
Survey: patient travel to Clee Hill Surgery & Tenbury Hospital

A survey was held in our branch surgery at Clee Hill, to try to find out how our patients travel to the Clee Hill practice and Tenbury Community Hospital (approximately 5 miles from the centre of Clee Hill). In particular we wanted to find out if our patients encountered any problems with their transport, and if they were aware of the various means by which they can travel to the branch surgery and the community hospital. The Clee Hill list of patients describes a predominantly scattered community in an area which is formally registered to be a Special District, and includes listed road routes which are liable to be impassable in extreme weather.

1. How frequently (on average) do you attend the Clee Hill branch surgery?



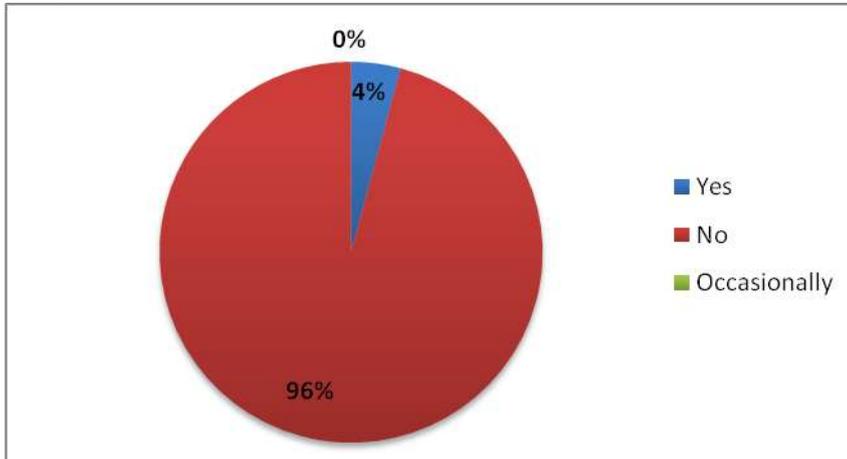
2. How do you travel to Clee Hill branch surgery?



As a remote branch surgery with a dispensary, it's not surprising to find that patients who use Clee Hill Surgery largely either walk or drive themselves: there is no local hub for community or public transport, and taxis are based in Ludlow and Tenbury Wells. It's likely that the residents of Clee Hill's scattered community assume the responsibility of local travel themselves when they move to the area.

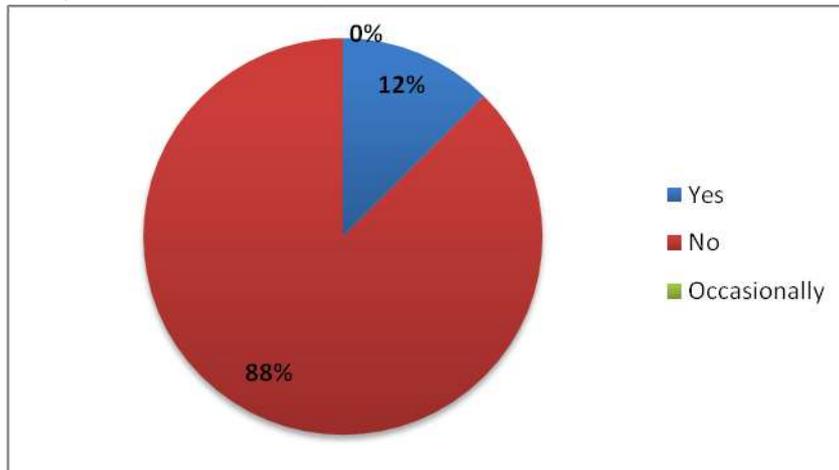
Annex C

3. Do you ever encounter difficulties obtaining transport to attend the Clee Hill Surgery?



The resounding negative to this question seems to highlight the previous comment: Clee Hill residents are prepared and conditioned to find their own way to the surgery either on foot or by driving themselves.

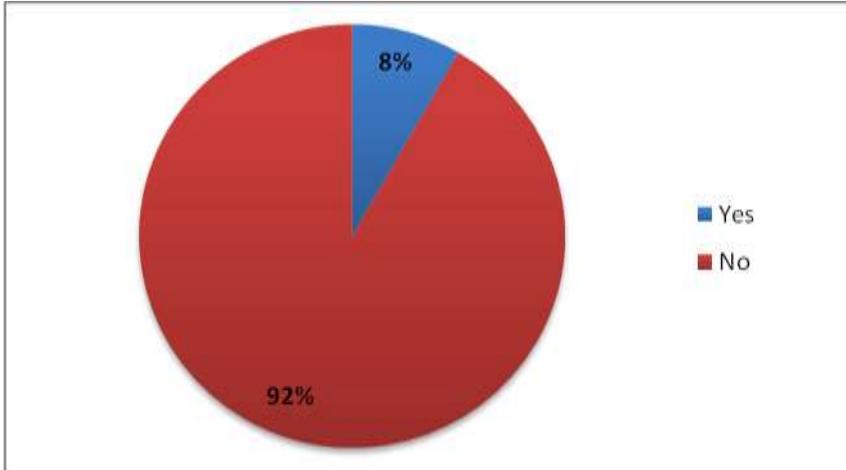
4. Are you aware of transport in the Clee Hill area other than the means you use?



Mostly, Clee Hill patients are not aware of any other travel means to the branch surgery. Some of the responding patients are aware of alternative means of travel to the branch surgery, but they still either walk or drive themselves.

Annex C

5. **Would you be interested in learning more about other means of transport to assist you in getting to Clee Hill Surgery & the community hospital?**



Again, the patients who responded to the survey decided that they mostly did not want to learn about alternative modes of transport to the Clee Hill surgery and Tenbury Hospital.

In conclusion, it seems that Clee Hill patients adopt the responsibility to travel to the Surgery and community hospital themselves. On this brief travel survey it appears that they are largely satisfied with the travel options open to them, and almost none of the responders were interested in learning about any other means of transport.

Annex C

Appendix 2

TENBURY SURGERY

Minutes of PRG meeting 19 March 2015

Attended by:

John Driver (JD) – Chair
Alison Price (AP)
Maiya Lyons (ML)
Mark Willis (MW)

From the Practice:

Amy Louvaine – Practice Manger (AL)

From the SW CCG

(HPS) – Community Engagement
(SHS) – Patient Representative

Apologies:

MH
ST

ITEM NO	ITEM	ACTION
1	Introductions	
2	HPS / SHS – what direction can the PRG take? What do other PRG's look like? It was asked if other PRG groups have a GP attend every meeting. SHS noted that there is not GP input at every meeting and that some groups invite the GP to attend for specific reasons. HP noted that some groups run independently and do not always have a Practice Manger attending. AL noted that GP's are willing and want to be involved but timing of the meeting is	

Annex C

<p>an issue.</p> <p>JD asked how many groups were established and if this was compulsory for GP surgeries.</p> <p>SHS noted that there are around 20 out of the 32 South Worcestershire surgeries that have PRG's, however they are all at different stages. Some are quite new and are virtual only, others are more established but they are all slightly different in their model.</p> <p>HP noted that the group sounded like it was well supported and well placed.</p> <p>HPS suggested joining NAPP and utilising the resources. Worth looking at the starter pack as there might be some useful information in there.</p> <p>ML asked if SHS and HPS could highlight the core tasks of PRG's.</p> <p>HPS noted that the core task of any group is to support the surgery.</p> <p>SHS added that in the current climate PRG's support is greatly needed and the voice of the patients is so important as they are able to inform surgeries what can be done better and what is done best. It also gives members the opportunity to learn about the Surgery and how it operates and works, give a greater understanding of the Practice and why certain things are done in the way they are. With CCG taking on co-commissioning the PRG groups can influence through the Surgery what is being commissioned for patients. It offers patients the chance to directly influence their care and the way in which services are commissioned for you.</p> <p>HPS noted that PRG members can also reassure patients that nothing is going to change.</p> <p>SHS suggested that there might be an opportunity for the CCG to start up a PRG buddying service for new groups connecting to well established groups.</p> <p>The Network Meetings offer PRG members the opportunity to meet and discuss various issues but it was agreed that this is not long enough.</p> <p>SHS and NHP suggested contacting Upton and speaking with their PRG lead to find out more information about how their group operates.</p> <p>AP asked what SHS and HPS would consider Upton a Best Practice Model for a PRG.</p> <p>SHS and HPS noted that it was probably the best for similarities to Tenbury and the patient demographics.</p>	
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Annex C

<p>ML agreed that it would be a worthwhile venture to liaise with them and hear what differences they feel they have made.</p> <p>HP noted that they will have various guest speakers and talks for patients such as Cancer Care talks.</p> <p>AP asked how the PRG's can check that Surgeries are performing well</p> <p>SHS gave an example of access. That surveys can be written and completed; that PRG members could sit in the waiting room and listen; take any major concerns to the Network Meeting for them to be addressed.</p> <p>It was agreed that any concerns would come to the PRG meeting first to give the Surgery an opportunity to rectify these concerns first.</p> <p>SHS reassured the members that the size of the group is not a concern. However, it would be useful for the members to have other people involved who they can call on at various times.</p> <p>AP asked if the group should have a large virtual group as well.</p> <p>SHS noted that by having a virtual group alongside it would help engage younger patients and mums.</p> <p>HPS added that some people are happy to answer emails and that would be their involvement.</p> <p>JD asked how many members were on the Upton group.</p> <p>It was noted to be in the teens with a virtual group and a good website and PRG newsletter.</p> <p>JD noted that this group currently do not have the people to call on and that it is not developed enough, but that once it is a list could be drawn up with appropriate roles and people to delegate tasks to.</p> <p>ML noted that patients do not know who they are.</p> <p>HPS referred to the 50 Reasons to have a PRG and advised that the group should pick 2 or 3 of these and work through them taking on projects that have a clear outcome at the end. The PRG could produce a notice board.</p> <p>AL noted that she would be happy to have a dedicated notice board put up in the Surgery with photos of the members and they could have their own display and</p>	
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Annex C

	<p>update and maintain the board. AL requested that this is done at both TWS and CH.</p> <p>Also agreed with PRG that people could be organised to come and speak to patients.</p> <p>HPS noted the upcoming Digital Inclusion scheme that was currently being rolled out of which HPS was involved in the pilot scheme in Merstow Green. It is about supporting people in the community to get on-line and assist them with various websites such as NHS Choices, County Council.</p> <p>AL noted that she had recently submitted an expression of interest for funding to the County Council for this project and wished to discuss this with the PRG at the next meeting as it could not work without their support.</p> <p>MW suggested that the next steps for the PRG are to visit Upton if it is the most comparable to here . Then to support the practice ask AL to pick some of the 50 reasons which would best support the needs of the Surgery.</p> <p>AL noted that she was also working on the annual report and perhaps the group could chose some highlights out of this to put on the notice board and web site.</p> <p>SHS noted that with more push for services to come out of the Acute and into the Community the patient's voices are very important as they are the ones who can help change things. Even by helping change the culture and attitude of some patients. It is thinking about and assisting the Surgery is educating patients.</p> <p>HPS noted that planning for the Flu Campaign and assisting with this can raise awareness and patient engagement.</p> <p>AP noted that an area which is felt to be a far way from them in the PRG is commissioning.</p> <p>HPS noted that this is where the Network Group comes in and also the Volunteer group which members would need to sign up to individually. HPS to send the link to AL for distribution.</p>	
3	<p>Questions No further questions.</p>	
4	<p>Close Meeting AL thanked SHS and HP for attending.</p> <p>JD noted there were a few actions to take from this meeting:</p> <ul style="list-style-type: none"> • Join NAPP 	

Annex C

	<ul style="list-style-type: none">• Look at the starter pack• Look at better times for holding the meetings• Look at expanding the group• See how Upton works• Develop link with Upton• Put up notice board for PRG at TWS and CH• Look at PR events and having speakers• Look in more detail at digital inclusion <p>AL will liaise with Practice Manager at Upton for contact details of their PRG chair.</p> <p>AL to type up notes from meeting and share with members.</p> <p>AL will draw up an action plan and share with the members.</p>	
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Annex C

Appendix 3 – Action Plan Tenbury Surgery 2015/16

Area for Improvement		Recommendation	Action Required	Practice Lead	Timeframe for Change	Comments / Achievements
1.	To identify patient understanding of how their information is used and shared and knowledge of how to opt in or out of various services	Run a survey 'Managing Patient Information' providing information on each service, finding out how much patient's know about each service and to offer them the chance to opt in/out again if they have not already done so.	<ul style="list-style-type: none"> Survey to be written PRG to approve survey PRG to assist undertaking survey and be on-hand to answer patient questions regarding the various services 	AL and PRG	1 year	
2.	To review the Practice Leaflet	Due to a change in Partnership at the end of March it is a good time to modify and update the Practice Leaflet. PRG to make suggestions as to how the design and look of the leaflet could be improved.	<ul style="list-style-type: none"> Share the current leaflet Discuss with PRG members Re-design and produce new leaflet 	AL and PRG	12 weeks – June 2015	
3.	To review the Easy Read complaints leaflet	To gain further opinion on the easy read complaints leaflet and to take on board comments and amend if appropriate.	<ul style="list-style-type: none"> Share the current leaflet Discuss with PRG members Re-design and produce new leaflet 	AL	4 months – Review in September 2015	

Continued

Annex C

4.	Put up designated notice boards at Tenbury and Cleve Hill for the PRG	PRG to maintain and keep notice board up-to-date with useful and timely information for patients.	<ul style="list-style-type: none"> • AL to purchase 2 new notice boards • PRG members to decide who and how they are going to keep these updated • HPS from CCG to provide PRG with posters • PRG can source posters if there is a health promotion / topic they would like to highlight to the patients 	AL PRG members HPS	Immediately and on-going	
5.	PRG Members to liaise with Upton Surgery to discuss format of group	To ascertain how many members on a face-to-face group works well; how to build up a virtual group; how they organise guest speakers and meetings	<ul style="list-style-type: none"> • AL to contact practice manager for PRG lead contact details • JD to make contact with Upton lead • PRG members to meet with lead and have discussion 	AL PRG members	12 weeks – June 2015	
6.	To organise an open meeting for all patients to attend	Promote who and what the PRG do; have a guest speaker attend	<ul style="list-style-type: none"> • PRG members to decide on date • Organise venue • Organise publicity of meeting • Decide what topic they would like to cover • Organise guest speaker 	PRG members AL	August 2015	
7.	Digital Inclusion	To discuss and look into ways in which the surgery can enhance and support digital inclusion; look at having a PRG member/s who would be happy to act as digital champions	<ul style="list-style-type: none"> • Discussion around how this could function in the surgery (TWS and CH) • AL create a bid for funding • Look into training for digital champion 	AL PRG	June 2015	

Annex C

Appendix 4

Mystery Shopper Feedback Tenbury Surgery January 2015

A couple of PRG members were randomly selected and asked if they would assist the surgery in acting as mystery shoppers to seek feedback on the reception staffs customer service skills.

Briefing to PRG Members

The PRG members were asked to focus on overall attitude; helpfulness; body language and general experience of the encounter.

Feedback 1

My query was about a prescription, which I had collected beforehand, from our local Chemist. Unfortunately, this had only processed one of the 4 items, requested.

At the surgery, therefore, I asked at the reception desk about this, saying that although these medications were not urgent, could she try to track the release process. Without hesitation, she went into my file and told me that only one part of this prescription had been completed. The Receptionist made every effort to understand this omission.

We discussed some possibilities and she said that she could order the Nasal Drops part, herself, there & then. This was duly done and I could collect it on Friday afternoon from the chemist. I suggested that perhaps, the 2 others may have been held back, because it was under the 3 months repeat system. She checked again and said that was possibly the only valid reason she could think of. I said that was fine.

I then asked if it might be possible to see Amy, for a brief word regarding an issue for the 'Patient Representative group's Agenda. The Receptionist kindly rang Amy, but she said that she thought that Amy had to go to a meeting that day. She then asked if I would like her to leave a message for Amy, so that she knows that you called. I agreed and thanked her once again.

I thanked her for the following:

- *Her problem solving strategy.
- *Her diligence and thoroughness.
- *Her attitude of not rushing, and offering , 'a good & effective listening ear'.
- *Her genuine initial welcome and eye contact.
- *Her clear tone of voice, and relaxed manner.
- *Are you always so obliging?

Q.* Her reply was; "Well, we all do try to be!..Even at busy times... Sometimes, we do things a little more speedily, if there's a queue waiting. But I hope people always feel that they have been 'heard.'

Q. Are there many queries or difficulties about Prescriptions?

R."Not really, except at week-ends, after 12.30 when the surgery is closed."

Annex C

Q. So, what happens if someone is in urgent need to have their new or necessary medication?

R. "We give them the name of another Chemist, who is on duty cover over that week-end."

Q. Do you think that this is a good reliable system, in those circumstances?

R. " I think that it is a reliable alternative, I suppose, so long as they have some means of getting to another Chemist."

Feedback 2

I requested an appointment at the Reception desk, for that day, if possible.

There was no hesitation from the Receptionist, in responding to this request.

I was informed that I could have an appointment with the 'Duty' Dr, Dr Morgan, at 5.10 p.m.

I was not asked how urgent my situation was so, I asked if this emergency/urgent type of request was frequently needed?

The Receptionist turned to her Colleague, also behind the desk, and she replied, that there was quite often a need for patients to be able to have access to an 'On Duty Doctor' up until 6.30 p.m. during week days.

During these exchanges the following observations were noted:

A quiet, calm welcome.

An easy tone of voice.

An accurate and intelligent, listening ear.

Information was given easily and rapidly.

An overall quality of genuine helpfulness.

I felt comfortable with their responses.

I received good, steady eye contact from both Receptionists.

Good quality exchanges were evident throughout my visit.

I was surprised and satisfied to be able to be given a quick appointment, at such short notice.

The information board, at the entrance door, clearly displayed the 'Duty' Doctor's name and duty times, also this clearly displayed other Doctors on surgery duty that day.

All in all, there was a high standard of Receptionists care, thoughtfulness and efficiency, throughout these exchanges.

I thanked them both, as a very satisfied Patient!

Feedback 3

Today I supported a patient who has a learning disability to attend a health check at the surgery. I always encourage her to present herself at reception and on the way to the surgery we practice what she will say. She approached the desk and hesitatingly introduced herself and explained who she was booked in to see. The receptionist waited patiently for her to express herself, giving good eye contact, and showing a respectful attitude. She then addressed the patient giving her the number and describing where to sit.

This encounter showed good communication, good eye contact, a good understanding of the patient and good listening skills. It also showed excellent equality and diversity skills by not treating the

Annex C

patient differently and ensuring the reception staff spoke to her direct and not the person accompanying her.

Feedback 4

I had 2 appointments at the surgery this week. I had booked the first appointment by phone, so my contact with the front desk was just to check in. The receptionist was quick, efficient and courteous, and gave me simple instructions of where to sit and that I would be called when it was my turn. Following this appointment, I needed to make another and again the receptionist on duty was efficient and searched availability to find a date and time that fitted in well for me.

When I returned for the second appointment, again I was checked in quickly by a receptionist in a polite and courteous manner and given clear instructions of where to sit.

In more general feedback I would comment that the new design of the reception area though very smart can present confidentiality issues. There is quite often a queue of people and no privacy at all. Some months ago, I heard of someone coming to book an appointment for their partner who was very unwell, and being challenged hard by the receptionist to account for why they needed an emergency appointment. They felt obliged to give details of the person's condition in front of a queue of people and the way they were addressed had greatly upset them. I urged the person who had been told this story to encourage the patient's partner to make a complaint to the surgery - of course I am not party to whether this happened or not.

I am raising this now because it would be a good opportunity to address this with the external company so that issues of confidentiality, privacy and the sharing of information can be covered in the training of front desk staff.

Conclusions

The overall satisfaction of customer service skills from the reception staff at Tenbury Surgery seems to be good. This will be fed back to the staff in the training course.

The issue regarding confidentiality at the front desk is one that has been raised before. It was discussed with the Partners as to whether the layout of reception could be looked at but due to the small area with which we have to work with it was felt that there was not an alternative. This issue will be taken back to the PRG for further discussion to see how we can improve the confidentiality of patients at the front desk. Also, to raise awareness that if people wish to discuss anything in private they can ask to speak with a member of staff in a room and out of the main reception area.