

MARTLESHAM HEATH GP PRACTICE'S PATIENT REPRESENTATIVE GROUP

REPORT ON PAST YEAR AND PATIENT SURVEY RESULTS

MARCH 2013

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1. INTRODUCTION

A Patient Representative Group (PRG) was established in 2011 to create a communication channel between Martlesham Heath GP Practice and its patients. The aim was to provide a channel for constructive feedback and views on possible changes which would benefit patients. The PRG currently comprises six patients who meet approximately every two months with Dr Andrew Schurr (senior partner) and Lynne Marsh (Practice Manager) plus visiting contributors to discussions.

One of the first tasks of the PRG was to canvass the views of other patients via a survey, conducted in February 2012. (A report of that survey's findings is published on the Practice website at www.mhdoctors.co.uk.) This resulted in the action plan below.

- ITEM 1: The Practice will present the patients' views on the possibility of surgery relocation to the proposed new build on the BT Adastral site in Martlesham as and when appropriate.
- ITEM 2: The Practice will update the message on the telephone and via a PRG produced bulletin, communicate with patients the details of:
- When and how the telephones are manned
 - How telephone calls are queued
 - When to book a telephone consultation
 - When to book a home visit
 - How to contact the out of hours service
- ITEM 3: The Practice will offer communication via e-mail for patients that request it.
- ITEM 4: The Practice will offer text messaging appointment reminders for patients that request it.
- ITEM 5: The Practice will put in place Customer Service Training for front line reception staff.
- ITEM 6: The Group will meet with practice staff and clinicians to discuss waiting times and appointment appropriateness with a view to implementing changes.
- ITEM 7: The Practice will look at methods of increasing patient confidentiality in reception by means of possible reception area restructuring and additional staff training.
- ITEM 8: The Group will discuss, at a future meeting, the best methods of distributing information.

This report summarises discussions and actions that have taken place as a result of the action plan and the outcome of an evaluation survey conducted in March 2013.

2. DIVERSITY OF THE GROUP

Sent out with the 2012 survey, was a separate sheet explaining what the Patient Representative Group was about and inviting additional patients to join. We particularly explained that we wanted to enhance the diversity of the group. As a result, we were very pleased that three new people agreed to join, one of whom lived in another part of the Practice's catchment area (Kesgrave), one had a minority ethnic background and the third person was a parent of a young family. Each response was followed up with a personal phone call to encourage them to join as none of these attributes had previously been represented. Unfortunately, only the person from Kesgrave has continued as a member. The current membership comprises six patients, 4 men and 2 women, all of retirement age and all from the majority ethnic group (white British).

Information about patient diversity at 26/3/13 is reproduced below:

Age Range	Male	Female	TOTAL	Minority ethnic origin	White British
0-65	2408	2386	4794	200	5760
66-75	321	349	670		
76+	225	271	496	G TOTAL	5960

3. METHODOLOGY - 2013 SURVEY

The format and content of the 2013 survey were agreed at the PRG meeting on 12th March 2013. It was decided to limit the question topics to the action items that had been achieved during the previous year. Each question offered tick box responses of Yes, No or Don't know plus a space for free text. A single sheet of A4 with six questions was handed out to all patients visiting the surgery between 13th and 22nd March inclusive.

The 121 responses received provided a good measure of feedback from those patients with first-hand experience of many of the changes.

This report was written by a member of the PRG, discussed and agreed with the Practice Manager and approved by members of the PRG.

4. INFORMATION ABOUT THE PRACTICE'S OPENING TIMES

Consulting times

Every weekday Monday – Friday: 8.30 – 12.30 and 2.00 – 6.00pm
 Except Wednesday: 8.30 – 12.30 and 6.00 – 8.00pm

Telephone lines

Every weekday Monday – Friday: 8:00 to 6:30pm

When answered, patients are offered 3 options: 1 Reception, 2 Secretary or 3 Practice Manager.

Out of hours service: The surgery number automatically transfers patients to the new '111' service, where they will receive advice on the most suitable service to meet their needs.

5. SURVEY RESULTS

The sections below are based on the eight action items agreed in 2012 following the first survey. Progress since then, or lack of it, are explained together with the responses to the 2013 survey where appropriate.

5.1. FUTURE LOCATION

Background

Suffolk Coastal District Council's Local Development Framework (LDF) named the BT site at Adastral Park as a location for 2000 new homes over the next 15 years. This would have a major impact on the surgery in Martlesham Heath, as well as other services offered in Martlesham Heath village centre such as the pharmacy. The surgery is restricted in terms of being able to expand on its current site to offer additional services and to serve a larger community, should that be necessary.

2012 Survey Feedback

Patients were asked how a possible relocation of the surgery to the other side of the A12 would affect them. Approximately half said this would be worse for them, citing a number of different issues. As the Council's Core Strategy has been the subject of an independent planning inspection during 2012, this action item cannot be progressed until the outcome of that process is known.

2012 ACTION ITEM 1:

The Practice will present the patients' views on the possibility of surgery relocation to the proposed new build on the BT Adastral site in Martlesham as and when appropriate.

Further Action

- This action item remains relevant in any future discussions about expansion or relocation.

5.2. TELEPHONING THE SURGERY

2012 Survey Feedback

Patients were asked how satisfied they were with the telephone queuing system. 90% were happy with the system. However, a lack of information about the various items listed in Action Item 2 below was identified.

2012 ACTION ITEM 2:

The Practice will update the message on the telephone and via a PRG produced bulletin, communicate with patients the details of:

- When and how the telephones are manned
- How telephone calls are queued
- When to book a telephone consultation
- When to book a home visit
- How to contact the out of hours service

Actions Taken Since

With the installation of a new telephone system in 2012, it has been possible to reduce the number of people waiting to speak to a receptionist by diverting all other calls directly to other phones using a short menu option with three possibilities, the first of which takes a caller to reception. Additional information, about when to call for a home visit or test results, is provided if the caller is put on hold while waiting for a receptionist to become free.

The PRG intended to issue a series of information leaflets to cover a number of issues including contacting the surgery by phone. (See Information Sources below.)

The 2013 survey asked:

The Practice has had a new telephone system installed which offers you a choice of speaking with; Reception, The Secretary or the Practice Manager and when you are on hold gives information about the practice.

Do you think this system is an improvement of the old one?
If you have said "no" what else do you think we could do?

2013 Survey Feedback

Responses to this question were:

YES	NO	DON'T KNOW	TOTAL
105	9	7	121
87%	7%	6%	100%

Comments included:

3 people thought the introductory message was too long: <ul style="list-style-type: none">- <i>Make the messages shorter and not having to wait so long</i>- <i>Introductory speech is far too long ...</i>- <i>Only ever need to make appointments so elongates the process - don't think this is a big problem though</i>
1 person commented on the message while on hold: <ul style="list-style-type: none">- <i>A long message (if no one immediately available) and is repeated <u>without variation</u>. After 5 repeats I put the phone down. Irritating - engaged tone better.</i>
1 person commented that the surgery's phones were late being switched on: <ul style="list-style-type: none">- <i>Isn't usually 'on' at start of practice, re-route to NHS</i>
1 person suggested: <ul style="list-style-type: none">- <i>One of the options could be a choice to speak to a nurse or medical practitioner</i>

Further Actions

- Ensure that staff are ready to receive calls and that the 'out-of-hours' message is switched off at the published start time.
- Investigate if the 'on-hold' message can be limited to one message rather than being on repeat.

5.3. SURGERY CONTACTING PATIENTS

2012 Survey Feedback

67% of patients said email was their preferred method of communication for non-urgent matters and 82% of patients with computer access said they would be happy to be contacted by email, although some were concerned about patient confidentiality.

62% of patients said they would welcome appointment reminders by text on their mobile phones.

2012 ACTION ITEM 3:

The Practice will offer communication via e-mail for patients that request it.

2012 ACTION ITEM 4:

The Practice will offer text messaging appointment reminders for patients that request it.

Actions taken since

With the introduction of a new computer system in December 2012, email addresses and mobile phone numbers are being collected where patients have provided the information and would welcome these forms of communication. Any patient who does not regularly use these or who is concerned about patient confidentiality is not required to provide this information as these services are entirely voluntary.

The 2013 survey asked:

The Practice has had a new computer system installed which enables us to communicate with patients via e-mail and also to send a text message to a mobile phone confirming appointments.

Do you think this system is an improvement of the old one?
If you have said "no" what else do you think we could do?

2013 Survey Feedback

Responses to this question were:

YES	NO	DON'T KNOW	TOTAL
93	6	19	118
79%	5%	16%	100%

Comments included

3 people liked receiving text message reminders, another 3 said they didn't always work:

- *Especially like text appt reminders*
- *Text message system 1st class/excellent*
- *Would be great if it worked*

2 people didn't like text messages or would prefer email:

- *Mobile messages are a nuisance*
- *I would prefer email confirmation*

One suggestion:

- *Could blood test results be emailed to people to save them ringing up to see if they are back yet?*

3 people said they don't have email/computer/mobile phone

3 people didn't know about these services

Further Action

- Monitor effectiveness of new system for sending text message reminders and seek solution to intermittent failures.
- Continue to gather mobile phone numbers and email addresses for patients who would welcome text reminders or emailed information.
- Remind patients that these options are completely voluntary, so they should not provide them if they don't wish to receive these services. This information also to be included in the information leaflets.

5.4. CONTACT WITH SURGERY STAFF

2012 Survey feedback

Overall satisfaction with the way patients were treated by the people working at the practice was generally high with many favourable comments for all groups. However, satisfaction with reception staff, especially face-to-face, was lower than other groups with feedback suggesting that some staff exhibit a cold or distracted manner.

Some people were concerned about lack of privacy when speaking with a receptionist at the front desk.

2012 ACTION ITEM 5:

The Practice will put in place Customer Service Training for front line reception staff.

2012 ACTION ITEM 7:

The Practice will look at methods of increasing patient confidentiality in reception by means of possible reception area restructuring and additional staff training.

Actions taken since

All staff at the Practice receive on-going training to enhance their knowledge and skills. As part of this development programme, customer care training has been included for public facing staff. This has included how they are perceived by patients and confidentiality issues.

The 2013 survey asked:

The Reception Staff have received further training to support them in their roles.

Do you think the staff have improved?

If you have said "no" what else do you think we could do?

2013 Survey Feedback

Comments included:

<p>13 people thought the reception staff always been good:</p> <ul style="list-style-type: none"> - <i>Staff on reception were very good anyway. Extra training is always good.</i> - <i>Have always found them to be helpful</i> - <i>I've always found your reception staff top drawer</i> - <i>I think they were super to start with!</i>
<p>4 people thought there had been improvement:</p> <ul style="list-style-type: none"> - <i>Welcoming people with a smile is an improvement</i> - <i>Much more client friendly</i> - <i>They have probably – most of the time</i> - <i>They smile more</i>
<p>4 people thought there were still some problems:</p> <ul style="list-style-type: none"> - <i>Some are quite abrupt and not friendly</i> - <i>Still a long way to go with some</i> - <i>More courtesy would help all. Phone put down on me - no apology.</i>
<p>1 person made a suggestion:</p> <ul style="list-style-type: none"> - <i>Also name badges for reception staff? Just first name would be fine.</i>

The 13 responses which suggested that the reception staff had always been good variously ticked Yes, No and Don't know or left the tick boxes blank. It was obviously difficult to decide which response was appropriate if the respondent didn't think there had been a problem in the first place. In view of this, the tick box results below only give an approximate indication of the effectiveness of this action point.

Responses to this question were:

YES	NO	DON'T KNOW	TOTAL
83	9	23	115
72%	8%	20%	100%

Further Action

- Consider whether first names on badges would be acceptable to front line staff.
- Reinforce the training as appropriate, with thanks to the staff for the many positive comments received.

5.5. APPOINTMENTS

2012 Survey Feedback

Most patients were satisfied or very satisfied with appointments at the surgery. The highest levels of dissatisfaction (around 8%) were in getting appointments to see a doctor and 9% in relation to time spent in the waiting room before appointments. Only 2% of respondents were unhappy with the time allowed for appointments.

Another 2012 question asked if patients would welcome a single annual appointment for people needing health checks, reviews and any immunisations. 61% were in favour of this and 26% said possibly.

2012 ACTION ITEM 6:

The Group will meet with practice staff and clinicians to discuss waiting times and appointment appropriateness with a view to implementing changes.

Actions taken since

Throughout 2012, the availability of doctors' appointments was seriously affected by the long-term sickness of one doctor. Monitoring the number and type of appointments indicated a split of about 50:50 between acute conditions requiring appointments that day and routine appointments which could wait a few days. In order to provide the best possible service in the circumstances, routine appointments for the remaining doctors and one nurse were moved to the first half of most surgery sessions and acute appointments were reserved for the second half. The other nurse mainly handles routine appointments apart from Mondays, when she also handles acute conditions.

Medical staffing is expected to return to full strength from April 2013 which should help this system to work better, although it is unlikely that every appointment could be made on the day requested, so patients will always need to accept some delay for non-urgent appointments.

A further change was made to enable doctors and other staff to attend meetings and training. This involved moving the Wednesday afternoon surgery session to Wednesday evenings, which should also help patients who cannot readily see a doctor during the working day. The Practice remains open all day on Wednesday for making appointments, collecting prescriptions, checking test results, etc.

The 2013 survey asked:

The Practice has made changes to the appointment system to try and reduce waiting times etc.

Do you feel that this new appointment system works for you?
If you have said “no” what else do you think we could do?

2013 Survey Feedback

Responses to this question were:

YES	NO	DON'T KNOW	TOTAL
75	6	34	115
65%	5%	30%	100%

Comments included:

Comments about booking appointments online: <ul style="list-style-type: none">- <i>Enable patients to book non-emergency appointments online in advance</i>- <i>Appointments could be made on line</i>
Comments about availability of appointments: <ul style="list-style-type: none">- <i>There are times when I have to wait longer than I would like to see a doctor (last appt 3 days just to see a nurse)</i>- <i>No appointments on Wed pm and appointments only released in morning is not an improvements. However, every time I've needed an appointment, I have been seen, which is an excellent service.</i>
Comments about making advance appointments: <ul style="list-style-type: none">- <i>I like to make appointments in advance but the system doesn't always give the option</i>- <i>Allow advanced booking slots</i>- <i>Can't always get a slot; booking 2-3 days ahead would help</i>
Comment about waiting times: <ul style="list-style-type: none">- <i>Still have to wait longer than appointment time!</i>
Suggestion for dealing with no shows: <ul style="list-style-type: none">- <i>If someone doesn't not turn up to their appointment, they could ring or text someone who has tried to get an appointment that day to come.</i>
4 people commented that they didn't know what changes had been made to the appointment system. From the tick boxes responses, it appears this lack of awareness affected about one third of respondents.

Further Action

- Improve patient information about the availability of on-the-day and advance appointments (see section on Information sources below)
- Continue to offer annual appointments for regular health checks, reviews and immunisations where appropriate.
- Investigate the possibility and issues relating to online appointment booking.

5.6. FACILITIES

2012 Survey Feedback

Various suggestions and 'requests' were made in the 2012 survey for improvements to the waiting room and reception areas. For example, some people liked music and others didn't and there was feedback about the layout of the chairs (which had been changed and then returned to the original layout at patients' request).

Other issues included:

- the need for more chairs suitable for the elderly
- clearer signage
- improving privacy while at the reception window
- improving visibility of reception staff to wheelchair users at the window.

2012 ACTION ITEM 7:

The Practice will look at methods of increasing patient confidentiality in reception by means of possible reception area restructuring and additional staff training.

Actions taken since

As a result of various comments fed back via the 2012 survey, the PRG discussed options for improving the experience of patients visiting the surgery. These included the physical layout of the reception area and visibility of the two reception staff on front desk duty, one of whom had to sit behind a wall. As a result, some internal building work was completed in February 2013. The changes included:

- The desk window was enlarged so that both receptionists can deal with patients simultaneously without one of them sitting behind a wall and the computer screens no longer create a barrier for wheelchair users
- The repeat prescription box has been removed from the counter and is now accessed via a letter box on the wall (inside the building)
- Information leaflets have been moved into the reception area

- The children's toy room has been divided in two. The area opening out into the main room remains with toys for children's use, but the second new room has created a more private space where patients can check their own blood pressure, weight etc. This room also provides a private space where patients could talk to staff without being overheard.

The 2013 survey asked:

The Practice has undergone building work to open up reception so that the Receptionists have a larger area to speak with patients and we have also created a smaller private "Health Care" room whereby patients can speak privately to a member of staff, or use our "self-help" Blood Pressure machine.

Do you feel that the re-design of the premises is an improvement?
If you have said "no" what else do you think we could do?

2013 Survey Feedback

Responses to this question were:

YES	NO	DON'T KNOW	TOTAL
104	0	15	119
87%	0%	13%	100%

Comments included:

<p>Privacy concerns:</p> <ul style="list-style-type: none"> - <i>Queuing to see the receptionist needs a system - a little concern regarding privacy when talking to receptionists</i>
<p>Difficulty seeing the call board:</p> <ul style="list-style-type: none"> - <i>Although I prefer the high back chairs and in their current position, I cannot see the 'call board' without craning my neck</i>
<p>Positive comments:</p> <ul style="list-style-type: none"> - <i>The reception area is much better now. It felt quite cramped before.</i> - <i>Big improvement! Client friendly.</i>
<p>Comments about the new self-help room:</p> <ul style="list-style-type: none"> - <i>Not aware that the health care room existed</i> - <i>Haven't any info on the self-help BP machine and toy area gone is a shame</i>
<p>Additional suggestion:</p> <ul style="list-style-type: none"> - <i>I believe it would be a good thing if an outside fan was fitted in the waiting area.</i>

Further Action

- The new rooms and existing areas to be redecorated.
- Existing carpets and chairs to be cleaned.
- New low-backed chairs with arms to be purchased to assist frailer patients sitting in other parts of the waiting room, facing the call board.
- Screen to be installed behind receptionists to reduce interruptions to those working in the back office area
- Review front desk layout to encourage greater privacy for patients when speaking to a receptionist.
- Signage to be provided to self-help room as well as consulting rooms.
- Assistance to be offered to patients using the self-help room e.g. with blood pressure monitoring.

5.7. INFORMATION SOURCES

2012 Survey Feedback

Examples of information that needed better communication in 2012 included:

- 68% of patients were unaware that home visits needed to be requested by 10.30am and 10% of patients who had checked the website were unable to find the information they were looking for about home visits, appointments and emergencies.
- 14% of patients were unaware and 59% were only 'somewhat aware' of health checks and immunisations that may be available and appropriate for them

Concerning the website:

- 8% of patients looking at the website were unable to find patient newsletters
- 13% were unable to find health guides and fact sheets
- 8-13% could not find information about extra services, various clinics or travel advice etc.
- A significant number of patients did not have access to a computer.

Notices in the waiting room:

- The 2012 survey indicated that less than half of patients sitting in the waiting room were very likely to read the notices regularly

2012 ACTION ITEM 8:

The Group will discuss, at a future meeting, the best methods of distributing information.

Actions taken since

The surgery serves approximately 6000 patients and, as with any large dispersed organisation, effective communication is important but not always easy. It has to be cost and time effective as well as accessible to all.

The Practice has a website, but not all patients have access to the internet or are regular users. The PRG has published a few articles about its meetings in parish magazines, but these are not delivered to or read by everyone.

To address this, the PRG decided to produce a number of leaflets explaining some general information to patients. These could be handed out to new patients, included with mailings and left in the surgery. However, due to changes in the membership of the PRG, it hasn't been possible to progress this and this action item is carried forward to 2013.

The 2013 survey asked:

The Practice produces newsletters and updates our web site with information.

Do you feel that information is well distributed and available?

If you have said "no" what else do you think we could do?

2013 Survey Feedback

Responses to this question were:

YES	NO	DON'T KNOW	TOTAL
73	7	37	117
62%	6%	32%	100%

Comments included:

8 people did not know the Practice had a website or had not looked at it:

- *I didn't know the Practice had a web site*
- *Have not used website, but availability is a good idea.*
- *I will check the website more frequently to see update*

1 person had seen the website, but had not seen any newsletters:

- *Website is informative but not seen a newsletter.*

3 people suggested improvements or new services for the website:

- *What happened to newsletters being sent by email to patients?*
- *Can we have it emailed? I wasn't aware of it.*
- *Web site could be a lot better*

4 people didn't have access to a computer and the internet

3 people suggested more information be made available in the waiting room:

- *Newsletters pick up monthly would be nice at surgery with info of when they are available.*
- *Info on ordering repeat meds was retrospective. Notice in reception area would have been helpful before website changes.*
- *Do you put newsletters in the waiting room?*

Further Action

- Produce a range of information leaflets on specific topics (or maybe a patient booklet).
- Email newsletters and information bulletins to all those who wish to receive it – continue to place copies in the waiting room.
- Investigate if newsletters could be emailed out automatically to subscribers and if subscribers can opt-in or out without needing any input from surgery staff.
- Continue to communicate regularly via as many of the local parish magazines as possible.
- Conduct a patient's review of the website to check how easy it is to read and find information when someone is unfamiliar with the content and layout.

5.8. REPEAT PRESCRIPTIONS

Background

The Government wants GP practices to reduce prescription periods to 28 days, with the aim of reducing stockpiling and wastage of drugs. Martlesham Pharmacy supports this view as hundreds of pounds worth of unused drugs have to be destroyed every month.

Action Taken

This issue was discussed by the PRG and subsequently with Martlesham Pharmacy. The PRG felt that, for those patients who are prescribed regular medication which rarely changes, having to pick up a new prescription every four weeks could be seen as an unnecessary burden, both in terms of people's time and effort, but also financially for those who pay for their prescriptions. The Practice has agreed that, while it retains any discretion in this matter, the existing two-month period for prescriptions will be maintained in most cases.

However, Martlesham Pharmacy has started to offer patients with a long list of past medication, one-to-one consultations to discuss their needs. Some of these, often elderly patients, who are unsure which medication they need to take every day and which are only for specific conditions, will be offered regular reviews and 28 day supplies, to avoid confusion or inadvertent over-ordering. Feedback to date suggests that this approach has been welcomed.

Survey Feedback

The 2012 survey sought feedback about the process of ordering repeat prescriptions. However, this was not re-surveyed in 2013 as currently, there are known problems with the online prescription ordering process arising from the new computer system, which the Practice is aware of and trying to address. One person commented on the repeat prescription process.

Asked whether the new computer had led to improvements, 1 person wrote:
- *Not yet. The computer 'repeat prescription' programme is not working. Have transmitted two requests which have not been received by reception staff!*

Further Action

- Monitor the use of repeat prescriptions in terms of drug wastage with Martlesham Pharmacy and patient satisfaction via unsolicited feedback from patients for on-going review by the PRG.
- Seek patients' feedback in a future survey about their experience of ordering repeat prescriptions.

4. CONCLUSIONS AND 2013 ACTION PLAN

Evaluating the changes that have been made since 2012 has provided valuable patient feedback. The vast majority of responses indicate that the changes made, as a result of the 2012 Action Plan, are perceived by the majority of patients to have been beneficial.

As expected, there are still areas where further developments and improvements can be made. However, it must be recognised that any changes must be realistic in terms of the resources available to the Practice. The PRG's recommendations listed below form a revised action plan for 2013. Some of these have already been put into effect by the Practice. All progress will be publicised via Patient Newsletters on the web and paper copies in the waiting room.

ACTION PLAN 2013

LOCATION

1. The Practice will present patients' views (as expressed in the 2012 survey) on the possibility of surgery relocation to the proposed new development on the BT Aadastral site in Martlesham, as and when appropriate.

TELEPHONES

2. Ensure that staff are ready to receive calls and that the 'out-of-hours' message is switched off at the published start time.
3. Ensure messages left are picked up and responded to promptly or explain reasons for any delay.
4. Investigate if the 'on-hold' message can be limited to one message rather than being on repeat.
5. Monitor effectiveness of new system for sending text message reminders and seek solution to intermittent failures.
6. Continue to gather mobile phone numbers and email addresses for patients who would welcome text reminders or emailed information.
7. Remind patients that these options are completely voluntary, so they should not provide them if they don't wish to receive these services. This information also to be included in the information leaflets.

CUSTOMER RELATIONS

8. Consider whether first names on badges would be acceptable to front line staff.
9. Reinforce staff training as appropriate, with thanks to the staff for the many positive comments received.

ANNUAL APPOINTMENTS FOR HEALTH CHECKS ETC.

10. Improve patient information about the availability of on-the-day and advance appointments (see item 20 below)
11. Continue to offer annual appointments for regular health checks, reviews and immunisations where appropriate.
12. Investigate the possibility and issues relating to online appointment booking.

PHYSICAL FACILITIES

13. The new rooms and existing areas to be redecorated.
14. Existing carpets and chairs to be cleaned.
15. New low-backed chairs with arms to be purchased to assist frailer patients sitting in other parts of the waiting room, facing the call board.

16. Screen to be installed behind receptionists to reduce interruptions to those working in the back office area.
17. Review front desk layout to encourage greater privacy for patients when speaking to a receptionist.
18. Signage to be provided to self-help room as well as consulting rooms.
19. Assistance to be offered to patients using the self-help room e.g. with blood pressure monitoring.

INFORMATION FOR PATIENTS

20. Produce a range of information leaflets on specific topics (or maybe a patient booklet).
21. Email newsletters and information bulletins to all those who wish to receive it – continue to place copies in the waiting room.
22. Investigate if newsletters could be emailed out automatically to subscribers and if subscribers can opt-in or out without needing any input from surgery staff.
23. Continue to communicate regularly via as many of the local parish magazines as possible.
24. Conduct a patient's review of the website to check how easy it is to read and find information when someone is unfamiliar with the content and layout.

REPEAT PRESCRIPTIONS

25. Monitor the use of repeat prescriptions in terms of drug wastage with Martlesham Pharmacy and patient satisfaction via unsolicited feedback from patients for on-going review by the PRG.
26. Seek patients' feedback in a future survey about their experience of ordering repeat prescriptions.