Action plan – proposal.

In consultation with the PRG (Patient Representative Group) the Practice identified 3 priority areas around the clinic provision for sexual health, minor surgery and joint injection.

The practice conducted a patient survey and targeted the service provision between 3.12.14 – 19.2.15. 31 responses were obtained and these have been reviewed at the Practice and with the PRG. We are very encouraged by the responses.

As a Practice we have made the following observations with recommended actions. We invite any additional observations/comments to inform this action plan.

OBSERVATION	ACTION – recommendations.	BY WHOM
We asked …… ➢ Did the Health Care Professional (GP, Health Care Assistant or Nurse) explain any risks associated with the procedure? ➢ Were you fully informed and prepared for the procedure? ➢ Did you give consent for the procedure by signing a consent form? ➢ Did the Health Care Professional listen appropriately and respond to any concerns you had? ➢ Were you treated with dignity and respect? ➢ Did you receive literature (where appropriate for the procedure) to take away with you? ➢ Was the environment clean and appropriate for the procedure? ➢ Would you be happy to have a repeat procedure at the Practice?	We are delighted to report that 100% of patients who responded to the survey expressed positively 'yes'. This reflects an appropriate and informative approach to the consultation experience for patients and clinical staff. ➢ Feedback to members of the PHCT. Agenda item for nxt PHCT mtg. ➢ Meet with Dr Mercer & HCA & any other relevant staff to discuss the findings. ➢ Include clinical staff in evaluating the findings and seek opinions on any suggestions. ➢ Circulate to PHCT for feedback and suggestions.	➢ JT 25.2.15 mtg All staff emailed results to enable engagement and further inform the plan. 20.2.15 done
➢ Please indicate what procedure you attended the clinic for?	Contraceptive implant 29% Contraceptive IUD (coil) 3% Removal of IUD/implant 16% Removal of lump/bump 29% Injection 22% The results demonstrate that the clinic is used primarily for removal of	

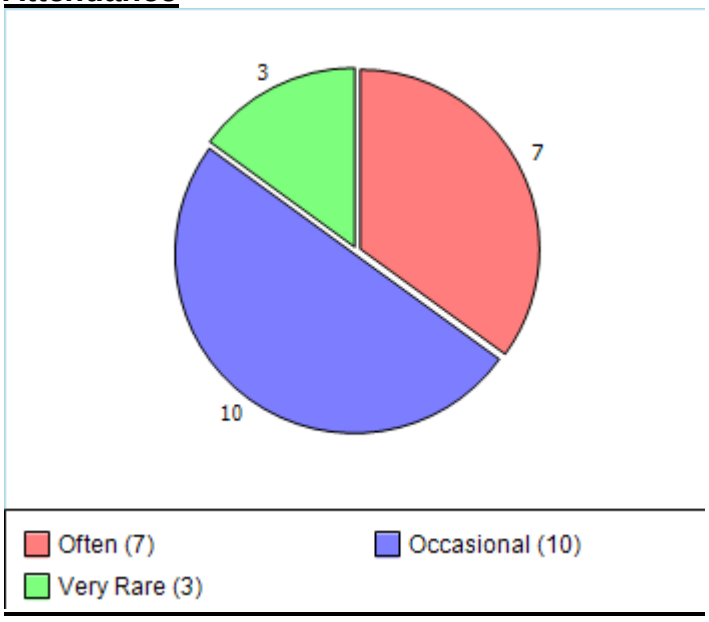
	lumps/bumps, joint injections and contraceptive implants. There is a smaller proportion of take-up for removal of IUD and implants and insertion of the contraceptive coil. However, it is gratifying to learn that there is a demand for all of the procedures that the Practice offers. Younger ladies seem to prefer the contraceptive implant to the coil (IUD) as it is less invasive and viewed as a less permanent contraception solution. ➢ As a Practice we need to ensure that there is a smooth 'referral' process from consultation to invitation/apt culminating in the procedure. We need to ensure that there is confidence within the Team that the turnaround is appropriate, efficient and followed up.	JT to discuss with secretary. Standard operating procedure to be documented. MINOR OPS PROCEDURE.rtf
➢ Please add comment, if you wish. Think about what went well and what could have been improved?.	Patient responses were very encouraging. All of them were positive (see examples below) ➢ 100% satisfactory ➢ A lot of worry for nothing. ➢ Efficient and friendly First class. ➢ The staff were really friendly and helped to calm me down beforehand. ➢ No improvement needed. The clinic is currently run most Wednesday afternoons by Dr John Mercer and he is usually assisted by our Health Care Assistant – Alison Lavery. Alison regularly updates her skills and has recently completed a 'Wound Management' course held locally. Dr Mercer is certified by The Council of the Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists and is also recognised as a Faculty Registered Trainer. He undertakes regular updates and certification to maintain the required skills and knowledge base.	Regular updates to be maintained. Responsibility of Dr Mercer
➢ How likely are you to recommend this service to friends and family?	Extremely likely 83% Likely 16% Neither likely nor unlikely 0% Unlikely 0% Extremely unlikely 0%	Practice staff - continue to collate Friends & Family test data at the

	We are delighted to report that 100% of patients who completed the survey were extremely likely or likely to recommend the service to other patients. These findings also reflects the data we are collating through the 'Friends and Family Test' questionnaires available for patients to complete on contact with the Practice (January 2015 data collection had a 96% return for patients who were extremely likely or likely to recommend this service to friends and family).	practice. All contacts with the Practice have the opportunity to complete a FFT questionnaire.
➢ It will help us to understand your answers if you could tell us a little about yourself ?	Male 41% Female 58% There is a fairly even split between male and females who access this clinic. Obviously only females would receive the contraceptive IUD and implants. Because we operate a 'mixed' clinic with access to minor surgery, joint injection and contraceptive implant/IUD there is no barrier to referral. Appropriate patients regardless of sex are referred.	No action.
➢ How old are you?	Under 16 3% 16 to 44 48% 45 to 64 29% 65 to 74 12% 75 or over 6% There is a range of ages accessing the clinic between 16- >75 years of age. All age groups were represented in the survey which gives good balance to the interpretation of the results The referral process does not discriminate on age.	No action.
➢ What is your ethnic group?	White 100% Black or Black British 0% Asian or Asian British 0% Mixed 0% Chinese 0% Other ethnic group 0% It is a fair reflection of the Practice demographic that 100% of the patients who responded to the survey were 'white'. This is probably a true reflection of the ethnic makeup locally. The survey was offered indiscriminately to pts. It is worth noting that the website has a 'language translator' if any patient visits Westcroft House Surgery website for information and we offer a translator service at the Practice also. We do not feel there is a barrier for any ethnic group to access this service, the results merely reflect the very low presence of minority groups registered at the Practice.	No action.
GENERAL		

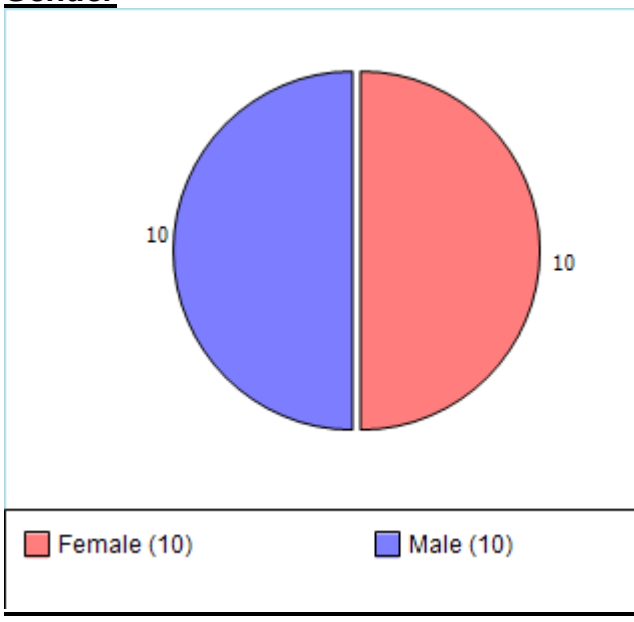
OBSERVATIONS		
Promotion of the service	➢ **Encourage & support PHCT to empower communication during consultation and facilitate the service provision. Publicise results on the website** ➢ **Make results available in the waiting area at Westcroft**	➢ **Primary Health Care Team.**
The survey results would indicate that patients who use the service would be completely happy to use it again (100%). Our challenge is to find innovative ways to promote the service in an appropriate fashion.	➢ **Website. Continue to promote the service on Westcroft website.** ➢ **Newsletter. Consider a paragraph to alert patients to the service provision.** ➢ **Specific sexual health promotion within the consulting/treatment rooms may open up the possibility of a private enquiry and signposting to the service.**	➢ **JT to discuss with partners & secretary.** ➢ **JT to discuss with Lead P/Nurse.**

Patient Reference Group
The patient group comprises 20 members
Distribution Details

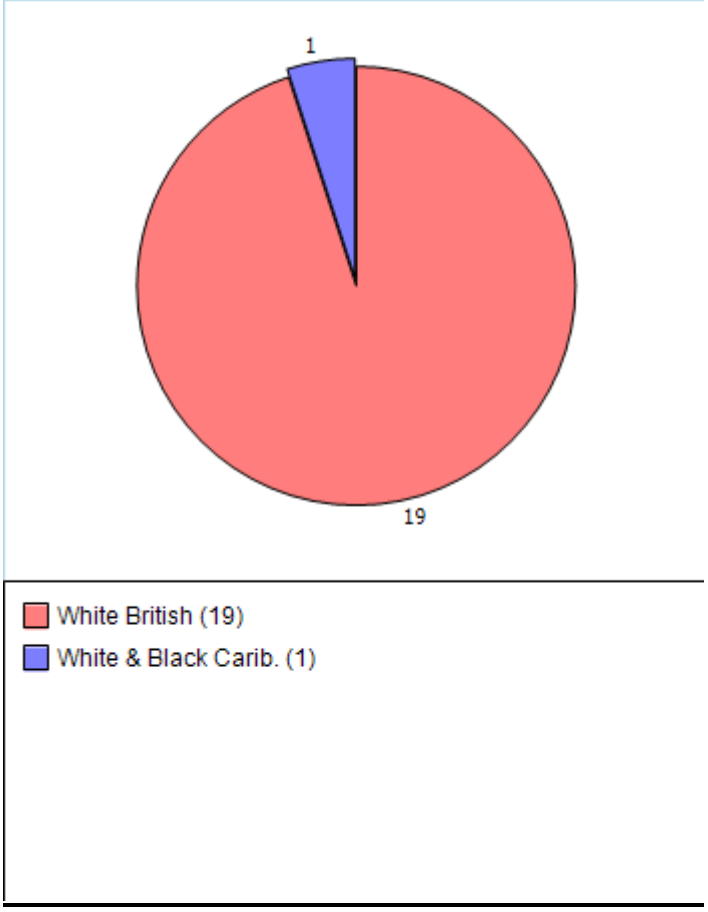
Attendance



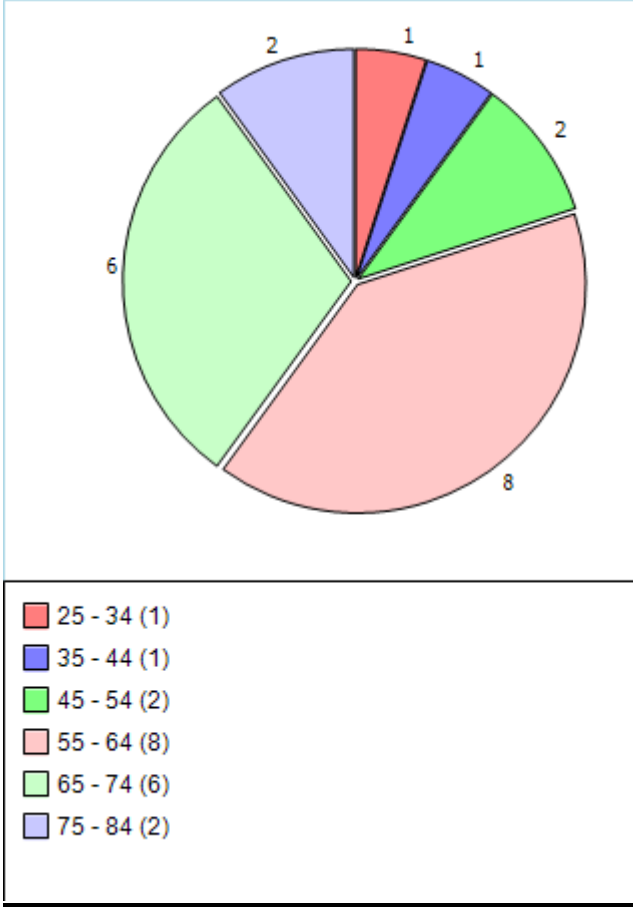
Gender



Ethnicity



Age



Proposal for next year 2015/16?

We are very pleased with the survey results regarding the 'Minor Surgery Survey 2015'. We have made recommendations in consultation with the PRG and produced an action plan for approval.

We need to identify 'Priority areas' to review in 2015/16. With your approval we would like to propose that we conduct a review of 'carer support' at the Practice. By reviewing provision we could identify any shortfall or intervention which may help and support carers within our Community.

Comments received from the PRG supported the proposal for 2015/16.