

Patient Participation Report 2012/13

Stage One								
1								
Practice Population:		4121						
				Sex:	Male	2124	Female	1997
Age:		Under 16's	832					
		17 - 25	520	36 - 45	547	56 - 65	465	
		26 - 35	539	46 - 55	641	66 +	577	
Ethnicity:				Caribbean				other:
British, Mixed British		4095		African				other:
English				Mixed Black				other:
Scottish		1		Chinese	6			other:
Welsh				Japanese				other:
Indian, British Indian		12		other: Polish	7			other:
<p>Are there any specific Minority Groups within the Practice Population? There are no specific minority groups within our practice population. The vast majority of our patients are British.</p>								

2								
Patient Representative Group Profile (PRG):16								
				Sex:	Male	7	Female	9
Age:		Under 16's						
		17 - 25		36 - 45	2	56 - 65	5	
		26 - 35	3	46 - 55	1	66 +	4	
Ethnicity:				Caribbean				other:
British, Mixed British		15		African				other:
English				Mixed Black				other:
Scottish				Chinese	1			other:
Welsh				Japanese				other:
Indian, British Indian				other:				other:
<p>What steps has the practice taken to recruit patients and to sure it is representative of the practice profile? To raise the profile of our Patient Participation Group the GP's, Nurse and HCA have been provided with Patient Participation Group leaflets in their consulting rooms to ask patients if they would like to join the group. This has been an effective way as one GP has gained 4 new members with this process. The receptionists have also actively been approaching patients at the main desk and handing out leaflets to patients for them to read whilst they are waiting for their consultation.</p>								

The leaflets are made visible in the reception area for patients to read.

The leaflets have also been added to our welcome packs for all our new patients.

Our current members have also been encouraging patients to join by discussing the group with patients in the waiting area and in the public setting.

We continue to advertise our PPG on the website, in our practice leaflet, on prescriptions, personal invite and also at the end of the patient survey we carry out yearly.

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Compare the PRG with your practice profile and describe the differences between the practice population and membership of the PRG?

Our PG has 16 members, comprising 14 patients, one GP and Practice Manager. All our members of our group are British, but the GP is Chinese. The vast majority of our practice population are British and we feel that this represents our practice population very well.

Both male and female are well represented. We have more over 50's attending our meeting, but we still have under 50's receiving our minutes.

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Please explain any differences in section 3 above and the efforts of the practice to communicate with groups not represented? (this is required even if the practice has chosen to use a pre-existing PRG)

Our Patient Participation Group comprises a patient who is suffering from cancer and a patient in a wheelchair. We will continue to encourage other ethnic groups to join. Dr Nam is aware and is looking for opportunities to invite younger people or other ethnic groups.

Our group includes virtual members who do not attend the meetings, but receive copies of the minutes and paperwork. These members are able to send their views via mail or email to the Practice Manager for inclusion into the meetings.

Stage Two

Agreeing Priorities

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How has the practice sought the PRGs views of priority areas?

A PPG meeting took place on the 23rd February 2013 to discuss the priority areas for the practice survey. The group felt that the previous survey carried out last year covered all priority areas and was a very comprehensive survey. The PPG agreed to use the same survey as last year to compare the results to last time. This would give the group an indication into if actions from the previous survey had been resolved and also highlight any further actions. We

looked particularly at the questions that scored “fair” and at the comments raised.

The survey covered the following priority areas:

- Mandatory questions – age, sex and ethnicity.
- Access to appointments on the telephone.
- Reception – area and staff
- Privacy in reception – Do you feel your conversation can be overheard in the reception?
- Seeing a GP or Nurse – outcome of consultations
- What do you think we do well at our practice?
- What do you think we could improve on?
- How do you think we could do this?

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Please describe how the priorities for the survey were selected - do these reflect those set out by the PRG?

The PPG agreed to use the same survey as last year as they felt this survey covered all priority areas. The priorities therefore were decided by the PPG. The PPG agreed on different priorities from last year. Many of the comments were similar. We then discussed them at our PPG meeting.

Stage Three

Survey

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How has the practice determined the questions used in the survey?

The PPG put together the survey last year and determined the questions. Therefore the PPG determined the questions at the meeting in February 2013 for this survey. The PPG felt the questions were to the point and would reflect any concerns for actions.

We based this year's survey questions on last year's so that we could see improvements. The year before was a simplified version of a national questionnaire.

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How have the priority areas been reflected in the questions?

The priority areas in the survey were reflected as follows:

The first part of the survey asked mandatory questions; sex, age and ethnic background.

- Cleanliness of the building question 1
- Access to the GP or Nurse questions 5 – 8 and 12
- Reception and privacy questions 2 and 9
- GP and Nurse consultations 14, 15 16 and 17

The survey included 2 open ended questions where patients could express their views and suggestions on how well we are doing as a practice? and what we could do to improve?

The last part of the survey asked all patients if they were interested in joining our PPG and if so to leave their contact details with the reception team.

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Describe the Survey - How and when was the survey Conducted?

The survey was distributed to patients over a period of a week in January 2013. As there are 2 GP's in the practice it was agreed by the PPG that the survey would be good to distribute evenly between the 2 GP's. Therefore 120 surveys were distributed – 60 for Dr Oza and 60 for Dr Nam.

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What methods practice has used to enable patients to take part?

The survey was handed out randomly to patients who attended the surgery for an appointment. These were handed out prior to their consultation to enable them to read through the questions and complete them prior and following their appointments. We made the survey anonymous.

Stage Three continued

Survey

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How has the practice collated the results?

The completed questionnaires were collated together and analysed by the Practice Manager. A summary of the results was typed up.

As the PPG wanted to compare the results of this times survey to last times the results were typed up in a format were the results of the last survey were in red and the results of this times survey were in black. The results were also broken down into each individual GP. The raw numbers were made with percentages.

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How were the findings fed back to the PRG?

The results were posted out to the PPG in January prior to the PPG meeting in February 2013. The PPG then discussed the results at the PPG meeting in February 2013.

Stage Four

Results

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Please describe survey results:

120 surveys were completed by a vast spectrum of patients split equally over the 2 GP's in the practice. The results of the 120 surveys were as follows:

Only 3% of the patients thought the cleanliness of the building was below average.

70% found the confidentiality of the reception area to be above average.

Over 90% of patients contacted the surgery in the last 6 months by phone and of this 63% found the ease of getting through to be average and above.

Out of the patients who contacted the surgery to speak directly to the doctor or nurse 68% rated this service above average.

77% of patients contacted the surgery in the last 6 months for the same or next day appointment and only 3% of these patients found this service to be poor making a 97% rating of fair and above.

18% of patients have taken advantage of the surgeries extended hours and of this 95% rated the service good and excellent.

75% of patients were seen within 0-10 minutes of their waiting time.

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Explain how the PRG was given opportunity to comment?

A PPG meeting was held in February 2013 to present the results of the survey and discuss the findings. The PPG already had copies. The PPG went through the findings comparing the results with the findings of last year's survey. The PPG then discussed changes in provision that we could implement and agreed an action plan of priorities.

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What agreement was reached with the PRG of changes in provision of how service is delivered?

The following areas were discussed:

- Cleanliness of toilet – one patient had noted toilet roll over the floor.
- Patients finding it hard to get through on the phone. This is still ongoing for the practice, however the Practice Manager did mention that only one member of the team are on during dinner breaks and therefore this is not a good time to ring.
- Privacy in reception. The door to the reception area is constantly open for all patients to see staff and notes. The front reception desk is open and there is no where for any confidential issues to be discussed if a patient wants to talk to someone. As the reception is a small area other patients waiting for their appointments can hear conversations.
- Life channel TV – distraction for the patients from the reception desk. Although the practice do now have a radio. The PPG still thought it would be nice to have something to focus on in the reception area to take the distraction away from the reception.
- The practice have been looking at DNA rates. To encourage patients to keep their appointment the practice could look at ways of informing patients about their prebooked appointments and also inform patients when they DNA highlighting the impact it has on the surgery. This was pending some DNA studies which are being presented by other practices at our FCG.

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Were there any significant changes not agreed by the PRG that need agreement with the PCT?

None.

Stage Four continued

Results

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Are there any Contractual considerations that should be discussed with the PCT?

None.

Stage Five

Action Plan

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How did you consult with the PRG about the action plan?

The action plan was agreed in the PPG meeting held in February 2013. When the PPG discussed the findings of the results they all agreed on actions and areas for improvement. Minutes of this meeting were then posted to our members.

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Please give a brief summary of priorities and proposals agreed with the PRG arising out of the practice survey:

The 3 priorities agreed with the PPG were:

- Cleanliness of toilet – due to one patient commenting on the toilet roll being all over the floor. The PPG discussed the cleaning regime within the practice of how facilities are checked and when they are checked. The PPG feel that the patient toilet should be checked on a daily basis and a poster to encourage patients to inform the reception if the facilities are not up to a good standard.
- Privacy in reception. The door to the reception area is constantly open for all patients to see staff and notes. The front reception desk is open and there is no where for any confidential issues to be discussed if a patient wants to talk to someone. As the reception is a small area other patients waiting for their appointments can hear conversations. The PCT are carrying out a full refurbishment of the reception desk and inserting a lower desk for disabled patients. The door to the reception will also be fitted with a new lock to enable the door to be closed permanently.
- The practice have been looking at DNA rates. To encourage patients to keep their appointment the practice could look at ways of informing patients about their prebooked appointments and also inform patients when they DNA highlighting the impact it has on the surgery. The practice manager will look into text messaging. This action is pending some presentations and audits at our FGC of practices whose DNA rates were low and how they succeed to achieve this.

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Were there any issues that could not be addressed? - if so please explain

It was felt by the PPG that all issues could be addressed. The telephone access is more of a challenge at peak times, but we noted that this scores badly in national surveys.

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Has the PRG agree implementation of changes and has the PCT been informed (where necessary)

At the end of the PPG meeting we agreed the priority list and also sent minutes to those who could not attend the meeting. It was not necessary to inform the PCT of these changes.

Stage Six

Review of actions from 2011/12

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Detail information on actions taken and subsequent achievement from Year One and directly link these to feedback from patients – eg “You said.... We did The outcome was.....”

1. The PPG and the results of the survey highlighted the difficulties for patients getting through on the telephone to book an appointment at the surgery and it had been noted by a PPG member that the telephones were ringing in reception and not being answered despite receptionists being there. We as a practice addressed the telephones in a practice meeting with the receptionists ensuring that all telephones are answered by a receptionist as soon as they ring. We encouraged the reception team to work together to improve on this. The receptionists are aware of this issue and the outcome is that they are working together to ensure the telephones are answered as soon as they ring. The Practice Manager is constantly monitoring this with the reception team through meetings and supervision.
2. Our patients commented on the feedback that they found it difficult to come into the surgery all the time to order their repeat prescription. When a patient required a repeat prescription they were having to either come into the surgery to post it or send their repeat prescription via mail. The PPG discussed ways of saving patients to come into the surgery either by ringing the surgery or sending an email. It was noted that the pharmacies in the area do have a repeat prescription service for patients to use where they can generate repeat prescriptions which saves the patient having to come in and post. The outcome was agreed that the practice will advertise a list of pharmacies who provide the repeat prescription service on the repeat prescription box in the surgery. The PPG requested that the surgery open up the phones for one afternoon a week to patients for them to order their prescriptions as a pilot initially. The Practice Manager advertised this service on the practice leaflets, practice website and displayed a poster in the reception area. The initial pilot was a success and following a PPG meeting it was agreed that the surgery would take prescription calls every afternoon after 2pm.
3. Following the feedback from the last survey a lot of patients commented about the extended hours surgery saying they were not aware of this service. Some of the PPG members were also not aware of this service and the PPG discussed ways of highlighting this service to the patients as it was thought that this service was extremely helpful for patients who work full time and are unable to get to the surgery during the week. The practice advertised the extended hours on the surgery leaflet, website, put posters up in the reception area and also on repeat prescriptions. At a practice meeting the reception staff were also asked to advertise by word of mouth to patients when they call and struggled to get in due to work commitments. Due to the advertisements these services are being used more, especially our Saturday mornings.
4. One patient had noted on the feedback that they were concerned about the lighting outside the building. The Practice Manager carried out a thorough check one evening to ensure all the lights were working and there was sufficient lighting. The PPG were happy with the lighting outside the building.
5. The PPG discussed the practice leaflet and felt that these were not visible to patients. The PPG felt that all the information was in the leaflet, but they were not to hand for the patients. The Practice Manager made sure that all practice leaflets were kept on the reception desk. Patients are now reading and taking the practice leaflet as the Practice Manager is having to display these more often. The leaflets are also part of the welcome packs for new patients.
6. A lot of comments were made by patients in the last survey about the confidentiality of the reception. The patients are hearing all conversations on the reception from both patients and staff. Due to the reception being very small and there is nothing to look at or listen to the reception is very open. The PPG were aware of the surgery having a television and this used to be on with advertisements for the surgery. The Practice Manager was unable to put the Life Channel TV on due to the provider being taken over. The surgery looked into a hearing license for playing the radio and as a result the surgery bought a hearing license to play the radio which has made an improvement in the waiting area as this does cover some of the conversations. The Practice Manager is constantly contacting the Life Channel. We are also pending a refurbishment on reception which should improve the sound insulation of conversation at the reception.

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Explain whether there was any disagreement with the PRG on any of the actions in the action plan – this must be publicly highlighted with the practice’s rationale for deviating from the suggested plan

None. All actions that were agreed by the PPG where actioned.

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Publication of Report

Please describe how this report has been publicized/circulated to your patients and the PRG

The PPG report will be posted on the website and there will also be a summary of the report available in the reception. The report has also been posted out to all the PPG members.

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Additional Information

Opening Times

Confirm Practice opening hours - explain how patients can access services during core hours?

Opening hours for the reception are 8:30am – 6:00pm weekdays. Appointments can be booked at reception either in person or by telephone – 01623 752312. When Dr Oza is on leave Dr Nam starts his surgery at 8:30am. We are not closed for lunch or on non educational Wednesday afternoons.

The practice leaflet and the website have information about the opening hours of the practice premises and the method of obtaining access to services throughout the core hours.

Requests should be made as soon after 8.30am where possible so that we can try and offer an appointment the same day. We have a number of appointments that can be pre-booked up to two weeks in advance.

Appointment times as follows:

For the Doctors:

Monday - Friday
8.30am - 11.30am and 3.40pm - 5.40pm

For the Practice Nurse:

Monday - Friday
9:00am - 11.30am and 12.30pm - 4.00pm

For the Health Care Assistant:

Monday - Thursday
9.00am - 12.50pm

Where the practice offers extended opening hours please confirm the times that patients can see individual health care professionals?

The practice is signed up to the Extended Hours DES. The practice has pre-bookable appointments for both a GP Wednesday evening 6:30pm – 8:30pm and one Saturday morning 9:10am – 11:10am per month.

Our practice have undertaken 4 PPG meetings since 1st April 2012.