

Laurbel Surgery
14 Main Road, Bilton,
Hull, HU11 4AR

Local Patient Participation
DES Report
2011/12



Written on behalf of the practice by:
David Charles, Practice Manager
26/03/12

Index

Page 1	Cover Page
Page 2	Index
Page 3	Introduction
Page 4	Opening Times and Access
Page 5-7	Component One – Profile of the Patient Participation Group
Page 8	Component Two – How we determined and reach agreement of areas of the survey
Page 9-10	Component Three – Collate patient views through the use of a survey
Page 11	Component Four - Provide PRG with the opportunity to discuss survey findings and reach agreement with the PRG on changes to services
Page 12-13	Component Five- Agree action plan with PRG and seek PRG agreement to implementing change
Page 13	Component Six - Progress and Outcomes
Page 13	Availability of Report
Page 14-15	Appendix 1
Attachments	Patient Survey Results of Patient Survey

Laurbel Surgery

Local Patient Participation DES Report 2011/12

1. Introduction

The purpose of the patient participation DES is to encourage practices to engage with patients about the range of services it provides. The DES's aim is to promote proactive engagement with patients through the use of patient reference groups (PRG) and to seek views from patients through the use of local patient surveys. It specifies that the patient group should be given the opportunity to contribute to the contents of patient survey and any action that may lead to changes in service. The outcomes of the local survey and engagement are to be published in a report which should be published on the practice website by 31st March 2012.

- 1.1** The DES covers a two year period, however, as described above a report on progress has to be available on the practice website at the end of the first year. In the DES there are a number of key steps and processes which the practice and the PRG need to take and these are set out below:

The key steps are as follows:

- Step 1 – develop a structure that gains the views of patients and enables the practice to obtain feedback from the practice population, e.g. PRG;
- Step 2 – agree areas of priority with the PRG;
- Step 3 – collate patient views through the use of survey;
- Step 4 – provide PRG with opportunity to discuss survey findings and reach agreement with the PRG on changes to services;
- Step 5 – agree action plan with the PRG and seek PRG agreement to implementing changes;
- Step 6 – publicise actions taken and subsequent achievement.

- 1.2** The practice is committed to providing the best possible healthcare to all our patients. The practice team work together with the help of our patients and patient group to work towards this. This report outlines the steps and actions which have been taken during the past year in line with the DES requirements and specification.

- 1.3** Access to practice services is one of the key aspects of patient care a summary of the practice opening times and access arrangements are set out at the beginning of this report.

2. Opening Times and Access

2.1 The surgery opening times during core hours are as follows:

Monday, Tuesday, Wednesday and Friday 8:30am until 6:00pm

Thursdays 8:30am until 12:30 pm

From 8:00 to 8:30 am and 6:00 to 6:30 pm YAS are used to handle calls to the surgery between these times and Dr Dave is on call to field any patient enquiries.

2.2 Patients may book appointments up to 4 weeks in advance either by telephoning the surgery or calling in person at the surgery. Patient appointments are allocated using the SystmOne clinical system.

2.3 Some telephone consultations are available each day.

2.4 Patients requesting an urgent on-the-day appointment will be triaged by the reception staff and appointments given as appropriate. Where a patient requires a call back a message is passed to the duty doctor and the doctor assesses the problem and decides the appropriate course of action. This may mean the patient visiting the surgery for a face-to-face consultation appointment, or it may be that the doctor can help over the phone without the need for the patient to come to the surgery.

2.5 Currently patients cannot book appointments or prescriptions on-line although plans are in place for further consideration in the future.

2.6 The practice remains flexible in its approach to access and uses various methods to accommodate patient requests. Should an appointment not be available we offer telephone consultations which can be booked in advance in the same way that face to face appointments are made. The doctor or nurse will telephone the patient at the booked time and date.

2.7 Patients who need medical help outside normal opening hours are asked to call the out of hour's services and NHS Direct. For urgent life-threatening situations patients are advised to call 999.

2.8 For the two years 2009/10 and 2010/11 the practice offered extended hours to patients on one evening a week. The use of the extended hours by patients was mixed and as a result of changes in the extended hour's arrangements in April 2011 it was decided to withdraw this service. The practice is aware that it can reconsider its position but in view of very few enquiries from patients (only one comment on the patient survey) the practice is not proposing to reintroduce extended hours at the current time.

2.9 Further information about the practice is available on the practice website:

www.laubelsurgery.nhs.uk

3. Component One – Establish a PRG comprising only registered patients and use best efforts to ensure the PRG is representative

Profile of the Patient Participation Group

- 3.1** The practice has had a patient participation group (PPG) for over 10 years and some of the existing members have served on the group since its inception. The group known as the patient participation group (PPG) has been a valuable asset and provided useful feedback to the practice as service users. Their contribution and views have been invaluable and the group has met at least twice a year on a face to face basis. The practice has embraced some of their suggestions and views over the years and we are extremely grateful for their support.
- 3.2** As the group was already well established, the surgery considered the best way to progress the new patient participation arrangements was to discuss them with the existing patient group. The current members were therefore invited to a meeting at the practice on 12/05/11.
- 3.3** At this initial meeting, the main item on the agenda was to discuss the DES arrangements. Dr Dave, the practice manager and senior secretary (chair of the meeting) represented the practice and the group members who attended (minutes taken) were given details of the DES specification and their role in the process was explained.
- 3.4** Following discussion there was full agreement amongst the group members to adopt the new measures and to continue with the face to face meetings. As a consequence it was agreed the existing group would be renamed the patient reference group (PRG) in line with the recommendations in the DES. It was also agreed to hold three meetings a year instead of two. Arrangements to engage patients under the visual participation group (vPPG) arrangement were not dismissed entirely and will be used where appropriate in the future, to communication with either the patient group or other patients.
- 3.5** The surgery is always looking for new members to join the patient group and it uses several methods to recruit members:
- Poster permanently displayed in waiting room;
 - Coverage in the patient newsletters;
 - Invitation by doctor at consultations;
 - Senior Secretary contacting patients by telephone;
 - Details on the NHS Choices website;
 - Practice website.
- 3.6** Dr Dave takes a lead role in recruitment and through his invitations three new members have joined this year and the current membership stands at ten.

- 3.7 Table 1 below show the profile of the current practice population by age group (extracted from the clinical system).

Table 1

Age Range	Male	Female	Totals
0-21	337	308	645
22-35	230	220	450
36-55	408	410	818
56-74	419	426	845
75+	98	137	235
Totals	1492	1501	2993

- 3.8 Table 2 below shows the profile of our Patient Reference Group (PRG) for the same age groups.

Table 2

Age Range	Male	Female	Totals
0-21			
22-35		1	1
36-55		2	2
56-74	4	3	6
75+		1	1
Totals	4	7	10

- 3.9 Comparing the tables across all the age groups with the exception of the under 21's there is a PRG member. However, in spite of efforts to recruit members under 21 so far no patient has come forward to join. As a consequence the practice will continue to target this group and try to attract membership through the vPPG arrangements. It is also hoped that now that the practice website www.laubelsurgery.nhs.uk is up and running more patients in this age category will come forward. However, it was apparent from the lack of feedback from this age group it is difficult to get them involved in practice matters.

- 3.10 Table three below shows the ethnicity of the practice population which shows 97% are white British.

Table 3

White British	2903
Other white British ethnic group	1
(Ethnic category - 2001 census	6
Irish - ethnic category 2001 census	2
Other White background - ethnic category 2001 census	7
White and Asian - ethnic category 2001 census	2
Other Mixed background - ethnic category 2001 census	3
Indian or British Indian - ethnic category 2001 census	5
Pakistani or British Pakistani - ethnic category 2001 census	18
Other Asian background - ethnic category 2001 census	3
Other - ethnic category 2001 census	1
Ethnic category not stated - 2001 census	13
English - ethnic category 2001 census	28
Other White European/European unsp/Mixed European 2001 census	1

Minority groups in the practice population are small and the surgery does not have any particular issues with this group of patients. Their needs are met along with other patients under current service arrangements. The practice is aware that all the patients speak good English and a translator services is available should any issues on language occur.

- 3.11** Membership of the current PPG from the tables above shows that there is proportionate representation of the practice population and it is considered that the profile of the group is fair and workable for the DES purposes.
- 3.12** As mentioned in 3.6 above Dr Dave takes an active lead in all matters concerning the surgery. As the lead practitioner he is fully aware of the patients needs and services are delivered accordingly.

- 4. Component Two - How did we determine and reach agreement on the issues which had priority and were included in our Patient Survey?**
- 4.1** As a follow up to the PRG meeting in May 2011 a further PRG meeting was arranged on 29/09/11. This meeting was to discuss the core objectives of the patient survey and to obtain views on the priority areas to be included in the local patient survey.
- 4.2** At the meeting, the format and outcomes of past national surveys were considered to determine what might be included in the survey. Due consideration was also given to any concerns discussed at previous meetings and any issues raised from patient from complaints, incident reporting and comments made on the NHS choices web-site.
- 4.3** The main discussion for inclusion in the survey focussed on essential services i.e. opening times, access to appointments, telephoning the practice, prescription ordering, and the care provided by the practice. Other suggestions related to referrals, long term conditions/disease management and some consideration was given to groups like carers.
- 4.4** It was agreed by all members that the survey should contain as a minimum the following areas:
- Opening hours and general access to services;
 - Booking appointments;
 - Telephoning the practice;
 - Seeing the doctor and nurse and general care issues;
 - Referral processes;
 - Management of long term illnesses;
 - Carers support;
 - Facilities at the surgery.
- 4.5** Members agreed that the practice would formulate a draft questionnaire and circulate it to the members for consideration and feedback.
- 4.6** To ensure the patient survey was credible the practice considered a number of examples from the BMA guidance issued in April 2011, the NAPP website and survey providers CFEP when preparing the survey questions.
- 4.7** An initial draft of the survey was made up of 50 questions and sent to the members by post/email.
- 4.8** Following responses from the PRG the questionnaire was changed and the number of questions reduced to 28 - the final version of the survey is attached to this report.

[Patient Survey 2012.doc](#)

5. Component Three – Collate patient views through the use of a survey

5.1 The practice decided the survey would be issued to patients who came into the surgery rather than being sent by post. There were a number of reasons for this approach to ensure a quick turnaround and good response from patients and also to avoid confusion with the national patient survey.

5.2 The survey forms were made available to patients at the surgery from the beginning of February 2012 for two weeks. The PRG members were also issued with a survey form to complete.

5.3 The number of survey forms completed was 118 and these were analysed in the practice and the results of the survey are attached to this report.

[Laurbel Surgery survey results 2012.doc](#)

5.4 Overall the survey findings were positive and mirrored the national surveys in many of the priority areas of service.

5.5 A brief summary of the results is as follows: (it was noted not all questions were answered by the 118 patients but generally the questions answered gave a good account of patient opinion).

Opening times	88% satisfied, 12% fairly satisfied
Getting through on the phone	95% very/fairly easy, 5% not very easy
Speaking to the doctor on the phone	50% very/fairly easy
Speaking to nurse on the phone	52% very/fairly easy
Obtaining test results by phone	59% very/fairly easy
Seeing the doctor/nurse	47% same day, 41% 1-2 days, 11% 3-4 days, 1% longer
General care	95% very satisfied, 5% fairly satisfied
Does the surgery meet your needs	100%
How do you rate your healthcare	82% excellent, 26% very good, 5% fair
Getting into the surgery	93% very easy, 7% fairly easy
How clean is your surgery	100% very clean.

5.6 Q. 22 in the survey patients were asked if they had any specific needs which had not been met by the practice. There were only four answers given which are listed as follows:

- I wish the surgery did verruca and wart freezing when we needed it;
- I am very pleased with the doctor's surgery;
- Find the staff very helpful, always come away from the surgery happy with the results;
- Dr Gopal is and has been wonderful.

5.7 There was only one comments related to needs on Q.22 and this concerned cryotherapy. The practice withdrew this service sometime ago and now refers patients to other providers. There were a number of reasons for this due to safety, procedures and infectious control issues and it is unlikely this will be reintroduced. The other comments whilst complimentary were not needs based.

5.8 Q28. on the patient survey invited patients to put forward in free text any suggestions which may improve practice services and these are set out below:

- I am quite happy with the way things are for me at the moment;
- I feel the surgery, doctor, nurses & staff are excellent – thank you;
- Keep up the good work 1st class doctor & surgery;
- Car park could do with white lines to mark out the spaces – sometimes no space in car park due to poor parking by some people – only a minor niggle;
- The surgery is very good & provides excellent service to patients;
- Emergency appointments are hard to get when phoning in the morning;
- The waiting room could be a little warmer;
- I sometimes do miss no surgery on a Saturday morning with all the family at work it was helpful;
- The service is excellent – I have been a patient at the surgery for 20 years. Dr Dave is lovely! I always feel confident and well treated by all of the staff, nurses and other doctors. Laurbel is an excellent surgery;
- I find Dr Dave's surgery to be excellent and all staff of a very high standard;
- Always been an excellent service and people helpful;
- Make more appointments for seeing doctor on the day (8:30 phone scramble is bad for people who don't feel well);
- It's excellent surgery all staff the doctor & nurses are great very happy;
- Everything is very good;
- The surgery meets the needs of us – staff (all) are friendly, approachable and helpful;
- I am very happy with the health care provided by Dr Dave and his team.

6. Component Four - Provide PRG with the opportunity to discuss survey findings and reach agreement with the PRG on changes to services

6.1 The results of the survey at 5.4 were made available to the PRG members in March 2012 for comment and feedback. Due to timescales and the requirements of the DES members were sent the results by post/email for their comments and observations. .

6.2 Following consultation and feedback from the PRG members their responses were summarised as follows:

The results of the survey are good as expected. The use of sessional GP's is good for access purposes although the group were not sure how this is received by patients. Not attending appointments is a problem and perhaps on-line booking with subsequent reminders will assist in reducing this.

Whilst there was agreement with SMS texting this depends on a mobile phone. However with more and more people with access to mobiles and computers (and this will increase as the younger generation gets older) it is probably a good time to start it.

6.3 Based on these comments and other issues discussed with the PRG group at previous meetings formed areas to be included for action.

Proposed areas for the action plan

1. Appointment access, did not attend (DNA) and its impact on availability of appointments and the use of sessional GP's;
2. Consider introducing the SMS texting facility to remind patients of appointments and reduce DNA's;
3. Development the new practice website and encourage involvement and feedback from patients;
4. Consider introducing on-line booking of appointments and ordering of prescriptions either via the practice website or SystemOne clinical system;
5. Improve communication with carers and focus on the needs of housebound patients.

6.4 These issues were then formulated into action plan for final approval by the group.

7. Component Five - Agree action plan with PRG and seek PRG agreement to implementing change

7.1 As mentioned earlier, the survey outcomes were very positive and it was not envisaging there would be any changes to service and actions would therefore focus on enhancing present services.

7.2 The action plan is set out at appendix 1.

7.3 Overview of the Action Plan

Action 1 - Appointment Access.

Q.5 of the survey asked patients how quickly they were seen by the doctor or nurse. 87% stated they were seen the same day or within 1-2 days, 11% 3-4 days and 1% more than 5 days. Q.6 asked patients if they booked ahead 31% answered yes but 69% answered no. As this is a key area of practice business we constantly review our appointment processes.

This is also a regular topic discussed with the PRG members. Even though the responses from the survey were good, it was considered that this area should be included in the action plan. Monitoring is ongoing and sessional GP's are deployed to help the practice meet demand. In addition, the practice monitors DNA rates to maximise appointment availability.

Action 2 - Consider further the introduction of SMS texting to patients to remind them of their appointments.

It was felt that this could reduce DNA rates and is related to action 1 - this will be progressed as a separate action. Further consultation with patient groups and patients will be carried out to evaluate its viability. Some patients have now started to give the practice their mobile numbers and the practice needs to consider the implications and operational procedures.

Action 3 - Develop the Practice Website.

The practice now has its own website and it is hoped this will improve communication and encourage feedback from patients on practice issues. The site has been set up with basic requirements and over the coming months will be developed further. It will also present the practice with the opportunity to engage with a wider patient population in terms of patient engagement and vPPG arrangements.

Action 4 - Consider further on-line booking of appointments and prescriptions.

Although only 7% of patients who completed the survey said they preferred to book appointments on-line, it was felt that this should be considered further with PRG members and the larger patient population.

We are aware a number of practices offer this facility already but the practice needs to investigate further how effective for the practice this will be both in terms of management and priorities. In addition to a lesser extent the practice will consider on-line booking of scripts now that it has its own website.

Action 5 - Improve communication with carers and the provision for assessing needs of housebound patients.

Work has already begun on identifying patients who are either carers or being cared for. The practice is anxious to ensure this patient group is known to the practice and posters are in the waiting areas to bring this to the attention of patients. The practice has also been liaising with the carers centre in Hull and it is apparent from the survey that not all carers are aware of their services.

In relation to housebound patients, although this group is small and community workers help the practice with care arrangements we are aware that there are other needs that have been identified. The practice therefore proposes to carry needs assessments to ensure their needs are met.

7.4 The issue regarding car parking have been highlighted by patients in the past and as parking is limited the suggestion to put white lines to improve patient parking is in hand and will be done as soon as the weather allows. There was also a comment about the waiting room being a little warmer which has been addressed with the installation last year of a new central heating which has improved the heating efficiency. As a result of the actions taken these issues were not included in the action plan.

7.5 It was agreed with the patient group and the practice to adopt the action plan to progress.

8. Component Six - Progress and Outcomes

8.1 Progress to-date with target dates is set out in the action plan at appendix 1. This will be monitored throughout the second year of the DES and will be a standard agenda item for future meeting of the PRG.

8.2 A poster of You said We did..... The outcome was will be displayed in the waiting room to update patients on progress.

9. Availability of Report

This report will be available as follows:

- Display in waiting room;
- PRG members;
- The PCT;
- Staff groups in the practice;
- Published on the practice website: www.laurbelsurgery.nhs.uk

APPENDIX 1

PPG - Practice Action Plan 2011/12

No;	Actions/ Area of Improvement	Proposed Actions	Practice Lead	Timescales	Progress/Achievement to date
1.	Appointment Access	Use of sessional GP's at least two afternoons per week to increase appointment available to see doctors Continue to monitor & follow-up patients who regularly DNA to maximise available appointments.	Dr Dave/ Practice Manager	31/03/12 & beyond	The practice has for some years deployed other GP's for additional surgeries. This has continued through 2011/12 with at least 2 additional surgeries per week. This will continue for the foreseeable future. DNA's - This is an ongoing process and we have a member of staff allocated to this task who contacts patients immediately.
2.	SMS texting	Consider SMS texting to patients as a reminder of their appointments	Dr Dave/Practice Manager/PRG	31/03/13	To develop and discuss with Dr Dave and practice staff. Also engage with IT services and discuss with & PRG
3.	Develop practice website	Website in place –Improve patient information and communication for feedback on services/vPPG and patient news.	Practice Manager	31/03/12 & beyond	Website up and running – to develop as appropriate and link facility development as agreement is reached. Engage PRG in the process

4.	Consider on-line booking of appointment and scripts	Improve and enhance patient choices and reduce telephone calls to the practice	Dr Dave/Practice Manager	31/03/13	At the moment this is still at the consideration stage. Once a decision is reached and all processes have been explored we will progress this issue after involving all stakeholders and discussion with PRG.
5.	Improve communication with carers and provision for housebound patients.	Ensure patients are supported and communicated with on a regular basis.	Practice Manager/Practice Nurses and reception staff	31/03/12 & beyond	<p>This area of work has been targeted for some time and is ongoing. Carer notices are displayed in the waiting areas, practice leaflets, newsletters and NHS. Choices website. More carers have made themselves known to the practice and records have been updated. Patients are encouraged to contact the Carers Centre in Hull to maximise support. Evidence suggests this is working. Practice to liaise with Carers Centre and cross check information.</p> <p>Housebound patients are known to the practice and are supported through district nursing for some care issues. Other issues relating to care needs need assessing and the practice aims to regularly review these patients to this end.</p>