

Laurbel Surgery

Annual Local Patient Participation DES Report

Year 2

2012/13



Report prepared for
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Laurbel Surgery

Local Patient Participation (DES) Report 2012/13

Introduction

The local patient participation DES covers a two year period 1st April 2011 to 31st March 2013 – a report is required to be published on the practice website at the end of each year 31st March 2012 and 31st March 2013.

This is the second practice report for the year ending 31st March 2013 - the first year report ending 31st March 2012 is still available to view on the practice website.

The purpose of the patient participation DES is to encourage practices to engage with their patients about the range of services it provides. It aims to promote proactive engagement with patients through patient reference groups (PRG) and local patient surveys.

It specifies that the patient reference group should be given the opportunity to contribute to the contents of practice patient surveys and agreed with the practice any actions which may lead to improvements/changes in service delivery.

At the end of the first year (31st March 2012) a report was published on the practice website outlining the results of a patient survey and the actions agreed with the patient group for progression during the second year of the DES.

This report outlines the progress made on actions agreed in year one and the involvement of the patient group during the second year.

Access to practice services is one of the key aspects of patient care and the Laurbel surgery remains committed to and works hard to provide patients with the best possible healthcare. A summary of the practice opening times and access arrangements are set out below:

The surgery opening times during core hours are as follows:

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

Thursdays 8:30 am to 12:00 pm

During surgery hour's routine patient appointments to see the doctor or practice nurse can be booked up to 4 weeks in advance either by telephoning the surgery or calling in person. On-the-day appointments are available for urgent cases and telephone consultations are available on request. Where a message is taken for the doctors or nurses a call back will be made as soon as possible.

The practice remains committed to providing good access to appointments and uses various methods to accommodate patient requests. Should an appointment not be immediately available alternatives will be offered or a telephone call-back will be offered where appropriate.

Out of Hour's Services

The practice provides full medical cover when the surgery is closed through the deputising service. To access out of hours services when a patient rings the surgery the following telephone number will be provided: NHS Direct 0845 4647 or 0845 056 8060.

In April 2013 the number will change to the new '111' service which is a free call to access OOH.

Practice Website

Further information about the practice and this report is available on the practice website at:

www.laurbelsurgery.nhs.uk

1. Component One

Establish a PRG comprising only registered patients and use best efforts to ensure the PRG is representative

The surgery has had a well established patient participation group (PRG) for over 10 years - some of the existing members having served on the group since its inception.

Group membership is open to any practice patient and the surgery would be pleased to hear from any patient who may want to join the group.

Over the years the group has made a valuable contribution to the practice and has put forward some good suggestions for service improvement. As a group representing patients it also provides useful feedback from the patient user point of view. The group continues to meet three times a year to focus practice activity and services delivery. #

Over the years, the surgery has embraced some of the group's suggestions for improvement and as outlined earlier in this report has contributed to local surveys and agreed actions. We are extremely grateful for their support.

During the first year of the DES the group members attended a number of meetings throughout the year to contribute to the first year survey.

The group met with practice staff to discuss the outcomes of the survey and the agreed action plan for 2012/13 - full details were set out in the report published on the website in March 2012.

Since April 2012, the group has met on three occasions to discuss progress on the action plan and also to discuss other surgery business. This report outlines those discussions which led to the 2013 practice survey and the formulation of a new action plan for progressed during 2013/14.

The practice is always looking to recruit new members to the patient group and would be pleased to hear from any patient who may wish to join or attend one of the meetings. Full details can be obtained from the surgery reception or on the practice website.

Across the practice population all the age groups with the exception of the under 21's are represented on the PRG. During the past year the surgery has continued to find new members in the under 21 age group but to-date no patients have come forward. The practice will continue to target this group to attempt to get a representative on the group. Minority patient groups remain small in number and the practice continues to meet their needs under current service arrangements. All patients speak good English and a translator services is available if required.

2. Component Two

Agree with the patient group which issues area priority and include these in a local patient survey.

The PRG met on 21st June 2012 which was the first meeting since the 2012 action plan was agreed from last year's survey.

At the meeting the action plan was discussed and the group were updated on the progress to-date. There were five actions identified which had been progressed as follows:

- It was agreed that access to doctor appointments remains a key priority and the use of a sessional GP at the practice to help Dr Dave with his caseload was welcomed.

In the past, various doctors had been used at the surgery to assist Dr Dave with his caseload and the surgery was pleased to report that a more permanent arrangement had been made with a regular doctor. As a result, this had given the surgery the opportunity to provide patients with more appointment time and in turn improved access.

As part of the patient's responsibility it was seen as crucial that patients attend for all appointments at the surgery to maximise appointment availability. The practice continues to monitor patients who do not attend for appointments to avoid as many wasted appointments as it can, however, to keep non-attendance to a minimum, the surgery agreed to look into the SMS texting facility to remind patients of their appointments. This had been progressed and reported back to the PRG group throughout the year although this was still to be implemented;

- The practice website had now been in place for three months and details were displayed in the surgery waiting area. Statistics showing visitors to the website were shared with the group for discussion. The number of 'hits' showed that patients had been visiting the website regularly and the members acknowledged that it was a good site. It was user friendly, very informative and members felt it provided useful information about the practice. Future development of the site was discussed and the group were invited to come forward with suggestions;
- Progress had been made on the 'carers' action point with an initial contact being made with the carer's centre in Hull. The aim was to encourage patients to let the surgery know if they were a carer so we could improve communications with them about the patients they care for and also signpost them for help and advice. Good progress had been made and a number of new carers had been added to the surgery register;
- Developments on ordering prescriptions and booking appointments were still being looked into and progress would be discussed at the next meeting.

It was agreed the priority areas for the 2013 survey should focus on and include as a minimum the following areas:

- Opening hours and general access to services;
- Booking of appointments;
- Contacting the practice;
- Seeing the doctor and nurse;
- General care issues;

Members agreed in principal that the survey should follow the same format as the previous year to allow comparisons to be made. The next meeting of the group was arranged for 29th November 2012 to agree the final format of the 2013 survey questionnaire.

The group met on 29th November 2012 to discuss the 2013 survey due to be carried out during January/February 2013.

At the meeting it was agreed that the patient survey form should follow the same format as last year's. The contents covered all the relevant areas and would also enable a year on year comparison. The format used was tried and tested and mirrored other surveys used nationally.

In discussions it was agreed the survey would be issued to patients during January/February 2013 and another meeting of the group would be arranged during March 2013 to discuss the outcomes and agree a further action plan.

3. Component Three

Collate patient views through local practice survey and inform PRG of the findings

The survey forms were issued to patients during January and February 2013. 95 survey forms were completed out of 120 issued.

These were analysed and the results of the survey are set out below at Appendix A:

A brief summary of the results is as follows: (it was noted from the results not all questions were answered)

Opening times	88% satisfied, 12% fairly satisfied
Getting through on the phone	88% very/fairly easy, 4% not very easy
Speaking to the doctor on the phone	63% very/fairly easy
Speaking to nurse on the phone	59% very/fairly easy
Obtaining test results by phone	64% very/fairly easy
Seeing the doctor/nurse	66% same day-2 days, 11% 3-4 days, 9% longer
Does the surgery meet your needs	100%
How do you rate your healthcare	55% excellent, 31% very good, 14% good
Getting into the surgery	93% very easy, 7% fairly easy
How clean is your surgery	98% very clean.

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

- Maybe a gynaecological department so kept in surgery and not by strangers;
- The only problems are appointments especially if you work out of town.

Q28. Of the patient survey invited patients to put forward in free text any suggestions which may improve the services received from the surgery and these are set out below:

- Overall the surgery provides an excellent service. It is only when you try to book an appointment and the phone is always engaged, it becomes frustrating. Especially when you are trying to get your children ready for school in the morning and having to keep on phoning otherwise you miss out on an appointment.
- When calling in the morning for an appointment - to be able to have call back service if line engaged would be helpful.
- Very happy with this practice!
- This surgery (including staff) is the bench mark all other surgeries should be judged on. I have experienced other surgeries and I feel lucky that 'Laurbel' is my surgery. The honestly cannot do enough for all their patients. Thank you all.
- Don't ever get rid of Jayne (nurse).
- Never any problems, reception staff are always very helpful.
- Excellent service throughout - staff is very friendly and helpful.
- Friendly staff will help when needed.
- A late night surgery would be helpful. Being told if the Dr's are running late.
- Very good service.
- Would help if the surgery was open on a Saturday morning. Otherwise an excellent surgery.

4. Component Four

Provide PRG with the opportunity to discuss survey findings and reach agreement with the PRG on changes to services

A meeting of the PRG group was arranged on 21st March to discuss the results of the patient survey and identify any actions for service improvement. The results of the survey were made available to the PRG members prior to the meeting to allow the group to look at the data.

Summary of PRG Discussions

At the meeting the outcomes of the survey were discussed and it was acknowledged that the results were very pleasing. In key areas the results were very good and bettered last year's. Overall, the members felt the outcomes were very positive and a good reflection of the practice and its services.

During the discussion with the group agreed that any actions should focus on maintaining services and enhance certain provisions were possible.

Good access to patient appointments was discussed and this remains a key objective. The use of a sessional doctor in the surgery for five sessions a week in addition to Dr Dave's surgeries was seen as a very positive development. The practice is to continue with this arrangement to help provide patients with timely appointments. It was acknowledged that the surgery remains very busy and in recent years the demand for appointments had increased substantially.

One member asked if patients were triaged to prevent unnecessary doctor appointments and the group were reassured that every effort is made to ensure patients see the right clinician in a timely manner. In the past year the surgery continues to signpost patients to minor injuries and minor ailments scheme and also monitors A&E attendances and emergency admissions. It was agreed with the members that the practice will work tirelessly to improve access arrangements were possible and provide the best possible service to patients.

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

It was agreed therefore that the following actions would be put forward for progression during 2013/14:

Action points

1. Last year it was agreed the surgery would look at SMS texting facility to remind patients of their appointment.

The aim of this was to reduce 'Do not attend' (DNA's) and maximise appointment availability to patients. During 2012 the surgery has been updating its patient's records with their mobile numbers with a view to introducing SMS texting. Some issues remain as to the effectiveness of this facility after talks with peer surgeries and its introduction was delayed. It was agreed with the group that this will be revisited during 2013 to see if this would benefit the surgery and patients. It was agreed to report back to the PRG group with outcomes;

2. Also during 2012 the surgery look into the possibility of on-line booking of appointments and again this was put on hold to measure its effectiveness and patient use. This was one of the questions on the patient survey and the number of patient's that requested this was still very low. Nevertheless it was agreed that this would remain an action point for further consideration during 2013/14 and this would be reported back to the PRG group;
3. Another ongoing issue was that of ordering of repeat prescriptions either via the practice website or through the practices' clinical system. This was still an ongoing issue and it was agreed for this to remain and action point with the view to offering this facility. One member thought the use of email would be a good way for patients to order repeat prescriptions and it was agreed this would be included. It was agreed that progress would be reported back to the PRG group;
4. How patients access information at the surgery was discussed and there had been a long standing request made by the patient participation group for a TV display in the surgery waiting room. Over the years many systems had been looked at and it was agreed this would be revisited in the light of recent new systems available on the market. The surgery has recently been in contact with a supplier and talks are ongoing with a view to having the facility installed. It was felt amongst the members that this would be a useful addition and informative for patients. Progress would be reported back to the PRG group;

Actions agreed are set out at **Appendix B**.

6. Component Six

Publicise the local participation report on the practice website and update the report on subsequent achievement

The report was published on the practice website on 28th March 2013;

The action plan at **Appendix B** will be monitored throughout the year of the actions will be a standard agenda item for future meeting of the PRG.

Appendix A

Laurbel Surgery

Results of the Local Patient Survey February 2013

Number of survey forms issued	:	120
Number of Survey forms completed	:	95 (80%)
Q1 Gender of patients completing survey	:	Males 45 Females 50
Q2 Age ranges	;	under 18: 8 18-24: 17 25-34: 11 35-44: 10 45 – 54 : 12 55-64: 13 65-74: 13 75-84: 7 Over 85 : 4
Access		
Q3 Open hours satisfaction		88% satisfied 12% fairly satisfied
Q4 Telephoning the Practice Getting through on the phone Speaking to the doctor Speaking to the nurse Obtaining test results		88% very/fairly easy 4% not very easy 63% very/fairly easy 5% not very easy 59% very/fairly easy 3% not very easy 64% very/fairly easy 8% not very easy (note not all stated preference)
Q5 When you tried to see a doctor/nurse how quickly Were you seen		66% same day/2 days 11% 3-4 days 9% 5-7 days
Q6 Do you book-ahead more than 2 days in advance		36% yes 48% no
Q7 Preferred method of booking appointments		8% in person 80% by phone 9% on line 2% no preference
Q8 Ordering repeat scripts within 48 hrs		94% yes 2% no
Q9 How helpful are the staff		89% good/very helpful 8% fairly helpful
Seeing a Doctor/Nurse		
Q10 Seeing the doctor		66% within last 3 months 29% with 3-6 months 1% more than 12 months
Q11 Last time doctor/nurse seem how good were they at: Giving you enough time Asking about your symptoms Listening Explaining tests & treatments Involving you in decisions about your care Treating you with care and concern		97 % very good/good 3% about right 87% very good/good 13% about right 72% very good/good 28% about right 77% very good/good 23% about right 72% very good/good 28% about right 96% very good/good 4% about right
Referral to other Healthcare Professional		
Q12 Referral to other Healthcare Professional		47% yes 41% no 4% don't know
Q13 Was you referred via C&B		71% yes 14% no 15% don't know

Long Term Condition	
Q14 do you have a LTC	36% yes 64% no
Q15 Patients with LTC - review in last 12 months	91% yes 9% no
Q16 If yes to Q15 how did your review go Did the nurse/doctor help you with your problem Did the nurse/doctor give you details to deal with your problem Did the nurse/doctor agree best way to manage problem Did the nurse/doctor provide information about managing your problem Were you referred to another healthcare professional	96% yes 98% yes 84% yes 95% yes 1% no 28% yes 21% no (note not all stated preference)
Q17 In the last 6 months have you had support about a LTC	16% yes 13% no 4% yes partially 49 % not needed
Carers	
Q18 Are you a carer	5% yes 95% no
Q19 Have you informed the carers centre	2% yes
Q20 How satisfied are you with the healthcare at the surgery	90% satisfied 5% fairly satisfied
Q21 Does the surgery meet your needs	100% yes
Q22 free text about needs	Details listed in report 6.3
General Care	
Q23 How do you rate your Healthcare from the surgery	55% excellent 31% very good 14% good
Q24 Confidentiality – any concerns	97% no 3% yes no reasons given
The Surgery Building	
Q25 Ease of getting into building	93% very easy 7% fairly easy
Q26 How clean is the surgery	98% very clean
Q27 Use of other services A&E NHS Direct NHS Walk-in Centre Private doctor Minor Injuries Units Minor Ailment Scheme Prescription delivery by pharmacy Family Planning Clinic Counsellor Physiotherapist	Numbers 1 4 16 14 13 1 14 1 0 2
Q28 Free text	Details listed in report
Footnote	Not all questions were answered

Appendix B

PPG - Practice Action Plan 2013

	Actions	Agreed Actions	Desired Outcomes	Timescale for Completion
1.	Look at SMS texting to remind patients of appointments	Investigate the effectiveness of SMS and report back to the PRG group	Reduce do not attend for appointment rates to maximise appointment availability	March 2014
2.	Look into on-line booking of appointments	Investigate its effectiveness and report back to the PRG group	Improve facilities for booking of patient appointments	March 2014
3.	Look into ordering of repeat prescriptions on-line or via email	Investigate and progress this facilities and report back to PRG group	Enhance options for the ordering of repeat prescriptions	March 2014
4.	Information system in the surgery waiting room	Introduce this facility into the waiting room to improve information and communication to patients	Improve patient facilities and educational material	March 2014