

Patient Participation Report 2012/13

Stage One						
1						
Practice Population:		14177				
		Sex:	Male	7001	Female	7176
Age:		Under 16's				
		2424				
		17 - 25	1529	36 - 45	1753	56 - 65
		1923	26 - 35	1652	46 - 55	2135
		2963	66 +			
Ethnicity:		Caribbean		8	<i>other:</i>	
British, Mixed British		5282	African		2	<i>other:</i>
English		6	Mixed Black		0	<i>other:</i>
Scottish		0	Chinese		12	<i>other:</i>
Welsh		0	Japanese		0	<i>other:</i>
Indian, British Indian		15	<i>other:</i>		20	<i>other:</i>
Are there any specific Minority Groups within the Practice Population?						
<p>To be the best of our knowledge - no.</p> <p>The Surgery does not routinely record ethnicity information for our patients but anecdotally, the majority of patients are British/Mixed British.</p> <p>Because the surgery does not routinely record the ethnicity of its patients, all the figures above for ethnicity are not a true reflection, simply the number of people who told us their ethnicity.</p> <p>All the above figures are accurate as 26.03.2013.</p>						

Validating that the patient group is representative of the practices population base. Payment Component 1

2

Patient Representative Group Profile (PRG):							
			Sex:	Male	6	Female	6
Age:		Under 16's					
		17 - 25	36 - 45	1	56 - 65	3	
		26 - 35	46 - 55	2	66 +	5	
Ethnicity:		Caribbean		<i>other:</i>			
British, Mixed British		African		<i>other:</i>			
English		Mixed Black		<i>other:</i>			
Scottish		Chinese		<i>other:</i>			
Welsh		Japanese		<i>other:</i>			
Indian, British Indian		<i>other:</i>		<i>other:</i>			

What steps has the practice taken to recruit members and to ensure it is representative of the practice profile?

We advertise and provide information in the following areas:

- Practice brochure
- Our website
- Notice boards in the Surgery.
- Articles in our local free newspaper.
- In addition to the above, we recruit by:
- Word of mouth.
- Personal invitation

To improve access and thus support our quest for a broad spread of members, we have varied our meeting days and times and continue to adopt an open and welcoming attitude to prospective members.

Validating that the patient group is representative of the practices population base. Payment Component 1

3

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

Currently, *the PRG has 12 members, comprising 9 patient-members, 2 GPs and the Practice Manager*. Additionally, a non-member GP (on a rotation basis) to allow the group and patients to have access to all our GPs in turn.

The Practice Population is broadly 50% male/female - the PRG Patient - Members are 60% male at present. We are keen to have members who will make a contribution, irrespective of, age, sex or ethnicity.

- There are 9 GPs at the Surgery, 2 of which are female. We have 3 GP PRG members (1 of which is one of our female GPs).
- Our PRG reflects the patient profile for ages 36+: we are looking to recruit wider age range of PRG members and this work is on-going as we have stated above.

Validating that the patient group is representative of the practices population base. Payment Component 1

4

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)

To improve access and thus support our quest for a broad spread of members, we have:

- Varied our meeting days and times and continue to adopt an open and welcoming attitude to prospective members.
- See section 2 and 3 above

Validating that the patient group is representative of the practices population base. **Payment Component 1**

Stage Two

Agreeing Priorities

5

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

Yes.

In addition to PRG meetings, we have:

- Elected a non-GP Chair for the PRG, who works closely and regularly with the Practice.
- Established a communication channel via the Practice to all PRG members (irrespective of whether members have access to the internet/e-mail) to allow regular and timely updates of what is happening within the Surgery and points/issues as they arise.

For example:

- PRG decided to employ cfep (an external company) to use their IPQ questionnaire for standardisation and consistency and improve comparisons, from one year to the next.
- The Surgery sought PRG's views on whether access to patient's records (say by the Community Nursing Service), should be available by implied consent (Patients need to opt out if they do not want their record shared) or by individuals providing written consent if they wish their record to be shared.
- This year's priorities continue to be a review of the telephone system as the current lease expires in 2013.
- Improving access

Validate through the local patient participation report. **Payment Component 2**

6

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

- Using the results from previous year's survey.
- A review of common themes
- A GP outlined the details re the new GMC requirements for the Patient/Clinician surveys, including external companies managing

surveys.

- It was agreed that we must adhere to the GMC guidelines.
- The Group was driven by a wish to support our patients, services and the Surgery.

*Validate through the local patient participation report. **Payment Component 2***

Stage Three

Survey

7

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

The practice chose to use an IPQ questionnaire devised by and supplied by an external company called cfep.

- The IPQ is a well-established questionnaire widely used in the UK.
- Extensive published validation studies (please see <http://www.cfepsurveys.co.uk/library/publications.aspx>) have established that the IPQ is a reliable and sensitive tool: accurately measuring patient satisfaction in designated areas and is sensitive to change - if the IPQ is carried out on more than one occasion any change in patient perception of service can be clearly and reliably monitored.
- This report outlines the feedback that has been collected and analysed from a sample of our patients. Full explanation on how to interpret this information can be found in the report, at the end of this report. We hope that this feedback is useful and a basis for reflection.

*Validate the survey through the local patient participation report. **Payment Component 3***

8

How have the priority areas been reflected in the questions?

Last year's priorities:

Prescriptions, Appointments / Staffing and the telephone System.

- **Scripts** – the change to the availability of the prescriptions desk and other associated changes to free up additional staff to answer telephone enquiries during the peak early morning period had proceeded smoothly and on time. It appeared to have been well received well by patients.
- **On-line Appointments** – the introduction of on-line appointments and repeat prescription requests had proceeded as part of the arrangements to improve access.
- **Telephone** - PRG members attended a number of meeting to contribute to the decision making process for the proposed changes to the practice telephone system.
- Recent fact-finding meetings demonstrated to the attending PRG members the complexity of the system and the considerable staff involvement at peak times.
- The three top suppliers will be considered and the partners will meet to decide which provider/system to use.

Staffing:

- Apprentices: 2 now employed
- Advanced Nurse Practitioners: Locums are being employed at present to support the Surgery and its patients with additional appointments. Feedback has been positive.
- Health Care Assistants: our colleagues are being trained to undertake additional procedures e.g.) ear-syringing, diabetic foot checks to increase the flexibility of our clinicians

*Validate the survey through the local patient participation report. **Payment Component 3***

9

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

The Surgery is based in the Mansfield Woodhouse Health Centre with consulting and waiting rooms on 2 floors (lift available) and below we describe *the process we employed for the Patient Survey*:

- The survey commenced on 11 February 2013, ending on 01 March 2013 (15 days).
- Survey forms were handed out by receptionists and clinicians.
- In addition: During this period, non-clinicians were available, to hand out survey forms and to assist patients, if required.

Validate the survey through the local patient participation report. **Payment Component 3**

10

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

As per no 9 above.

- In addition to that, all the clinicians encouraged the patients to complete a survey, emphasising it would be instrumental in improving the services, provided by their surgery.
- A pen was provided with the questionnaires, making it easy to complete it on the day, rather than have the inconvenience of bringing it back later.

Validate the survey through the local patient participation report. **Payment Component 3**

Stage Three continued

Survey

11

How has the practice collated the results?

- We did not ask patients to put their names on the survey questionnaires - thus ensuring anonymity.
- A letter box was provided in the Surgery for completed forms in sealed envelopes.
- Daily throughout the 3 weeks, completed forms were collected from the letter box, in readiness for despatch to cfep.
- On the 5th of March 2013, the questionnaires were despatched by courier to cfep, who received it the following day.
- Cfep collated all the findings and submitted them to the Practice Manager by e-mail, on 19 March 2013

Validate the survey through the local patient participation report. **Payment Component 3**

12

How were the findings fed back to the PRG?

- The cfep report was e-mailed to all the PRG members, together with a draft of this report, ahead of an extra ordinary meeting on 26 March 2013.
- The Practice Manager met with the Chair of the PRG on the 20th of March 2013, to decide on a date, on how the findings were to be presented to the PR and to compile a Patient Participation Report.
- At the PRG meeting of the 26th of March, the report and results were considered in detail and a final Patient Participation Report was compiled, in readiness for publishing on the Surgery's website.

Validate the survey through the local patient participation report. **Payment Component 3**

Stage Four

Results

13

Please describe survey results:

374 Survey forms were returned and results recorded.

The results were very good - here are the key points:

- 83% of all patient ratings about this practice, were **good, very good or excellent.**

Overall Practice Scores:

Questions	Our mean Score %	National Mean Score %
About the Practice		
Q1 Opening Hours Satisfaction	61	67
Q2 Telephone Access	31	64
Q3 Appointment satisfaction	62	69
Q4 See Practitioner in 48 Hours	50	65
Q5 See Practitioner of Choice	31	60
Q6 Speak to Practitioner on the Phone	55	61
Q7 Comfort in waiting room	57	66
Q8 Waiting Time	50	57
About the Practitioner		
Q9 Satisfaction with the Visit	83	80
Q10 Warmth of Greeting	85	81
Q11 Ability to Listen	86	81
Q12 Explanations	85	80
Q13 Reassurances	83	79
Q14 Confidence in Ability	85	82
Q15 Express concerns/Fears	82	80
Q16 Respect Shown	87	83
Q17 Time for Visit	84	75
Q18 Consideration	83	78
Q19 Concern for patient	83	79
Q20 Self Care	82	79
Q21 Recommendation	84	81
About the Staff		
Q22 Reception Staff	67	77
Q23 Respect for Privacy/Confidentiality	67	77
Q24 Information Services	65	73
Finally		
Q25 Complaints / Compliments	57	66
Q26 Illness Prevention	64	70
Q27 Reminder Systems	64	68
Q28 Second Opinion / Comp medicine	61	67

Overall Score	69	73
----------------------	-----------	-----------

Compared to last year's results, it needs to be made clear that this is a different survey with different questions and thus a direct comparison would not be possible.

*Validate the survey and findings through the local patient participation report. **Payment Component 4***

14

Explain how the PRG was given opportunity to comment?

- The cfep report findings were e-mailed to all the PRG members, together with a draft of this report, ahead of an extra ordinary meeting on 26 March 2013.
- The Practice Manager met with the Chair of the PRG on the 20th of March 2013, to decide on a date, on how the findings were to be presented to the PR and to compile a Patient Participation Report.
- At the PRG meeting of the 26th of March, the report and results were considered in detail and a final Patient Participation Report was compiled, in readiness for publishing on the Surgery's website.

*Validate the survey and findings through the local patient participation report. **Payment Component 4***

15

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

- The practice to continue with the plans to change the telephone system.
- Inform patients on how best to access the service
- Promote on-line booking of appointments
- Encourage patients to use the on-line repeat medication service or local pharmacy order and collection service

*Validate the survey and findings through the local patient participation report. **Payment Component 4***

16

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

No

*Validate the survey and findings through the local patient participation report. **Payment Component 4***

Stage Four continued

Results

17

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

None.

--

*Validate the survey and findings through the local patient participation report. **Payment Component 4***

Stage Five
Action Plan
18

<p>How did you consult with the PRG about the action plan?</p> <ul style="list-style-type: none">• The cfep report findings were e-mailed to all the PRG members, together with a draft of this report, ahead of an extra ordinary meeting on 26 March 2013.• The Practice Manager met with the Chair of the PRG on the 20th of March 2013, to decide on a date, on how the findings are to be presented to the PR and to compile a Patient Participation Report and an action plan.• At the PRG meeting of the 26th of March, the report and results were considered in detail and a final Patient Participation Report was compiled, as well as an action plan, in readiness for publishing on the Surgery's website.
--

*Consulting on the Action plan with the PRG and seeking PCT agreement where necessary. **Payment Component 5***

19

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

The PRG's priorities were based on how best to promotes the surgery's service and how and where to provide the information

Telephone System:

The practice to continue with the plans to change and improve the telephone system and access.

How best to utilise the services:

We need to inform patients of how to enable them to access the services more effectively, in order to help us to meet and manage patient expectations. (Please see action for further information)

Continuity of care:

A system is in place where GP's refer to patients to reception to make follow-up appointments, for a specific time in the future, with the same GP. This system will be consistently adopted, to improve continuity of care.

To help to support the continuity of care, we need our patients to cancel those appointments they can no longer attend, instead of wasting precious appointments with a GP of their choice.

*Consulting on the Action plan with the PRG and seeking PCT agreement where necessary. **Payment Component 5***

20

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

No.

*Consulting on the Action plan with the PRG and seeking PCT agreement where necessary. **Payment Component 5***

21

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

The PRG has agreed.
No need to inform the PCT (N/A)

*Consulting on the Action plan with the PRG and seeking PCT agreement where necessary. **Payment Component 5***

Stage Six

Review of actions from 2011/12

22

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.....”

Focus from PRG survey focused on the following areas of patient of dissatisfaction.

See Q 8 answer

Telephone Access had been criticized.

Further staff has been allocated to answer telephone system from 8:30 –10:30

Telephone System solutions with related costs to improve the service were considered via:

A sub-group from the PRG was established with a practice representative and a GP. The specification for the equipment has been developed and the group has been involved in the procurement process. The work is well developed with a solution to be selected and implemented as soon as the potential supplier has supplied final details.

The PRG felt that the practice was slightly understaffed and Patient satisfaction was being endangered.

An additional member of staff has already started.

It was suggested that the surgery consider an 'apprentice style' junior employees. Two have been employed.

Advanced Nurse Practitioners: Locums are being employed at present to support the Surgery and its patients with additional appointments. Feedback has been positive.

Health Care Assistants: our colleagues are being trained to undertake additional procedures e.g.) ear-syringing, diabetic foot checks to increase the flexibility of our clinicians

23

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

With the close and open working relationship with the PRG there has been no disagreement on any of the actions on the action plan. If there was need to have any deviation it would be discussed either in a future PRG meeting or a timelier event if it was required.

24

Publication of Report

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

- For circulation to PRG - please see response to Qs 14 & 15.
- Results added to the Surgery website
- Results added to the Surgery notice boards (Poster)

25

Additional Information

Opening Times

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

Patients may access our services during the following hours:

The Surgery is open from 8.00am to 6.30pm each weekday for core services. Patients are requested to contact us between 8:30am and 6pm to book an appointment, apart from Wednesday - 8.30am to 5.30pm. We offer an emergency option on our telephones to contact us in for emergencies from 8:00am and 6:30pm - outside of these times, emergency calls are re-directed to our Out of Hours Service. Currently, although we do not open between 12:45pm and 1:45pm, the Surgery may be contacted in an emergency by telephone (Option 1) or by ringing the emergency bell in the Surgery.

- Patients may contact us by telephone, calling at the Surgery, e-mail, on-line or via post.

We offer a range of a range of routine appointments to see a Doctor:

- Monday, Tuesday and Thursday from 8.30am to 7.00pm
- Friday from 8.30am to 6.30pm and
- Wednesday 8.30am to 12 noon.
- Additionally, telephone consultations are available for patients who prefer to just speak with a doctor, rather than be seen.
- *Appointments to see our Nurses and Health Care Assistants (HCAs) are available for 8.30am to 7pm for each weekday, apart from Wednesday, when appointments are available until 12 noon.*
- *For urgent appointments, patients are requested to contact the Surgery at 8.30am. Urgent problems are seen as soon as possible on the same day, usually by our Duty Doctor.*
- *We offer a mobile phone-text appointment confirmation as a reminder service.*

26

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

Please see our response to question 25, which shows the times for which appointments may be made for our clinicians, including those in extended opening hours.

Additional Statement to support report publication. Payment component 6

No of PRG meetings which have taken place since 1st of April 2012 - 8