

Patient Participation Report 2012/13



Including Patient Representative Group (PRG)
Survey Results





Introduction

In 2011, the practice began to undertake the first stage of the Patient Participation Direct Enhanced Service (PPDES).

This two year scheme was commissioned by the Department of Health to ensure that practices are actively including their patients in decision making, regarding the quality of services and care provided.

The PPDES requires that practices actively ask for the views of their patients in the form of a Local Practice Survey and the establishment of a Patient Representative Group to give feedback and to develop an action plan of possible improvements and changes to practice services.

In stage 1 (2011/12) with the help of the Gables Patient Participation Group, the practice was successful in creating a Local Patient Survey, with a total of 92 patients completed this to become members of the PRG (Patient Representative Group)

From this, an action plan was agreed using the feedback from the PRG survey. The action plan of Stage 1 agreed areas for improvement including: Telephone Answering & Access, Waiting Room Facilities and Patient Information. This plan was published in a Local Patient Participation Report which was uploaded to the practice website, sent through email to PRG members, and was available to read in the Patient Information Folder in the surgery waiting area.

Based on the successful outcome of the stage 1 (2011/12) survey, the practice agreed to carry out a further patient survey in stage 2 (2012/13).

The following report details the requirements for a Local Patient Participation Report to satisfy the PPDES 2011 – 2013 scheme as directed by the: National Health Service Act 2006.

The survey results in this report have been collated since November 2012, and this report summarises the development and outcomes of Gables Surgery Patient Reference Group (PRG) Survey in 2012/13.

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LOCAL PATIENT PARTICIPATION REPORT 2012/13

Practice Name: <u>Gables Surgery</u> F code: <u>F82642</u>

1 Profile of the PRG (Establish a Patient Reference Group (PRG) comprising only of registered patients)

The table below reflects the practice population and the PRG profile by age, ethnic group and gender.

Total Practice List Size: 3587			PRG Size: 91 (2.5% of Practice)			
Practice	Number	% of total	PRG profile	Number	% of total	
population profile						
		A G	E			
% Under 17	756	22.2%	% Under 17	Not include	d in Survey	
% 17-24	374	10.4%	% 17-24	6	6.6%	
% 25-34	483	13.7%	% 25-34	12	13.2%	
% 35-44	441	12.3%	% 35-44	14	15.4%	
% 45-54	486	13.5%	% 45-54	14	15.4%	
% 55-64	330	9.2%	% 55-64	20	21.9%	
% 65-84	366	10.2%	% 65-74	13	14.3%	
% Over 84	87	2.4%	% Over 84	3	3.3%	
ETHNICITY						
White			White			
% British Group	2150	60.0%	% British Group	73	80.2%	
% Irish	29	0.8%	% Irish	2	2.2%	
Mixed			Mixed			
% White & Black	46	1.3%	% White &	0	0%	
Caribbean			Black Caribbean			
% White & Black	13	0.4%	% White &	2	2.2%	
African			Black African			
% White & Asian	20	0.6%	% White &	0	0%	
			Asian			
Asian or Asian			Asian or Asian			
British			British			
% Indian	103	2.9%	% Indian	2	2.2%	
% Pakistani	78	2.2%	% Pakistani	1	1.1%	
% Bangladeshi	53	1.5%	% Bangladeshi	0	0%	
Black or Black			Black or Black			
British		2.00/	British		0.000/	
% Caribbean	70	2.0%	% Caribbean	3	3.30%	
% African	318	8.9%	% African	5	5.5%	
Chinese/other			Chinese/other			
ethnic group	40	0.00/	ethnic group	0	00/	
% Chinese	12	0.3%	% Chinese	0	0%	
% Any other	36	1.0%	% Any other	3	3.3%	
0/ Mala	4700	G E N		40	40.00/	
% Male	1722	48.0%	% Male	42	46.2%	
% Female	1865	52.0%	% Female	49	53.8%	

a. Process used to recruit to the PRG:

In continuation from the 2011/12 PRG Survey, the following process was used to recruit the PRG (Patient Reference Group) in 202/13.

- + As before, we recruited registered patients 17 years and over.
- + Email Invitations were sent to existing PRG members that provided their email address in the 2011/12 survey.
- + Invitation letters were sent by post to existing PRG members from the 2011/12 survey that had not provided an email address.
- + Surveys were also made freely available at the surgery reception for patients to complete.
- + An advertisement poster was also displayed in the surgery reception and in the patient information Folder in waiting room area, informing patients about the Local Patient Participation Report and PRG Survey, and that surveys were available at the Reception Desk or online at the following link. http://www.surveyexpression.com/s/4981/gables-survey2013
- + Members of the Gables Patient Participation Group we also invited to complete the PRG Survey as well as helping to recruit other patients to complete the PRG Survey.

b. Differences between the practice population and members of the PRG: describe any differences between the patient population and the PRG profile, what steps the practice took to engage any missing group.

The PRG in 2012/13 comprises 91 patients – which is 2.5% of the practice population. These patients have been actively recruited by reception staff and members of the Gables Patient Participation Group, by advertising for participants in the surgery. Also as previously mentioned, email and letter invitations were sent to patients who took park in the 2011/12 PRG Survey.

The results show that each age group is represented within the PRG group, but with the majority of patients being between the ages of 35 and over. The results show there is a slight underrepresentation of under 35s, this could be due to the fact that these age groups tend to use the practice services less. However, it does indicate that we do need to actively recruit some more patients from younger age groups in particularly 17 to 24 year olds, to accurately reflect our patient population. We have not actively recruited patients under 17 to the PRG as this age group does not actively use the surgery on their own. However, many of the PRG have children from this age group and so they are indirectly represented in the PRG through their parents.

The largest ethnic group of the practice is White British at 60.0%, followed by Black African at 8.9% and the third largest Indian at 2.9%. This is reflected in the PRG, with White British being somewhat over represented, Indian almost fully presentenced. However compared to the 2011/12 survey Black African is somewhat underrepresented. There has also been a lack of representation of some Asian or Asian British ethnicities, some mixed ethnicities and Chinese. These groups make up a smaller part of the practice population and are somewhat harder to target. This is something we hope to improve in any future surveys. We have however over represented some groups such as White Irish, White & Black African, Black Caribbean, and Other Ethnicities.

Every effort was made to aim the survey at all ethnicities, and all surveys asked for the patient's ethnic origin. However, we were reliant on the rate of reply of each ethic, age, and gender group to gain a fully representative PRG.

In terms of Gender representation, the PRG has been successful as it closely reflects that of the Practice population, which also has a slightly higher female to male ratio.

2 Agree areas of priority with the PRG

a. The areas of priority agreed with the PRG:

To develop on last year's survey, and to ask patients whether they feel there has been an improvement in the service the surgery provides over the last year in the following areas:

- + Getting an appointment
- + Clinical care provided by both the Doctor/s & Nurse
- + Telephone answering and access
- + Waiting room facilities
- + Patient information
- + Opening times
- + Your overall satisfaction with the surgery.

Since the 2011/12 survey, developing on from that action plan, the Practice was successful in obtaining an additional "Low Cost" local 0203 telephone number from our existing supplier (Network Europe Group) to reduce the cost for patients who have found the existing 0844 number too expensive. This new number became active in November 2012.

Because of this it was also agreed that the survey should contain the following questions:

- + Are you aware the surgery's new low cost telephone number 0203 667 5410?And
- + Do you find this an improvement compared to the existing 0844 number in terms of cost and ease of access to the surgery.

It was also agreed that to help improve patient information and involvement, that it would be useful for the Practice to produce a newsletter. It was agreed that the survey should ask the following question:

+ Would you find it useful if the surgery was to produce a Quarterly Newsletter giving patients important information regarding the practice as well as other helpful advice and facts?

As with the 2011/12 survey, it was agreed that the survey should give the option of allowing for free text comments and suggestions.

b. How the priorities were decided:

The priorities were decided in a meeting with PPG representing the PRG on 29/10/2012.

The following points were discussed:

- + Areas of priority for the survey questions based on 2011/12 survey
- + General survey layout
- + Plan for recruiting and re-recruiting for 2012/13 PRG survey
- + Implementation and delivery of the survey
- + Distribution and advertising of survey.

3 Collate patient views through the use of a survey

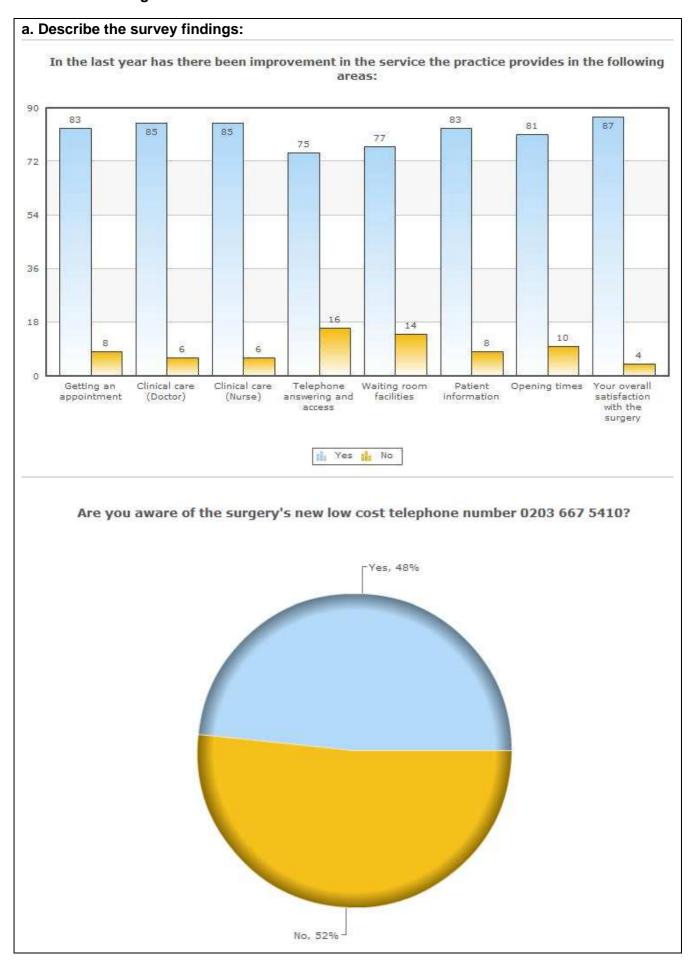
a. When was the survey conducted? How was the survey distributed?

- + The survey was conducted between December 2012 and March 2013.
- + It was distributed by Post and Email to existing PRG members who had completed the survey in 2011/12.
- + Copies of the survey were also available for patients to complete at the surgery reception. Posters were also displayed in the practice informing patients about the survey, and also giving them the link to enable them to complete online.

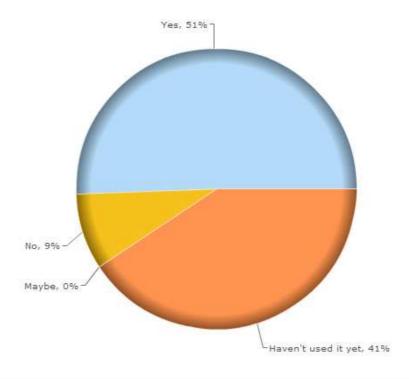
b. Which questions in the survey relate to the priorities in (2a)?

All the questions in the survey were relevant to the priories mentioned in 2a.

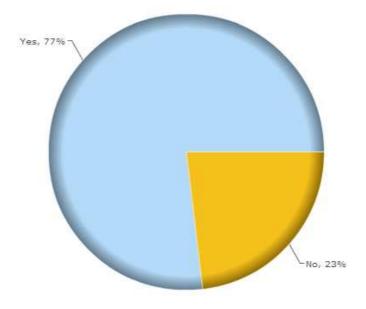
4 Provide the PRG with an opportunity to discuss survey findings and reach agreement with the PRG on changes to services



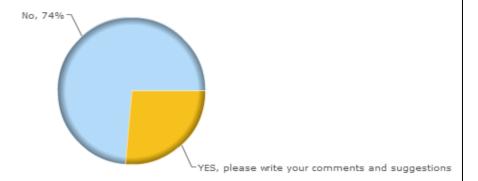
Do you find this an improvement compared to the existing 0844 number in terms of cost and ease of access to the surgery?



Would you find it useful if the surgery was to produce a Quarterly Newsletter giving patients important information regarding the practice as well as other helpful advice and facts?



Do you have any comments or suggestions for improvements to the surgery or the services we provide?



These additional comments were also used during the meeting with PRG for further areas of discussion. These comments were mostly positive comments, so giving possible idea to improve waiting area, etc.

b. Describe how the survey findings were reported to the PRG:

The findings were reported to the PPG (PRG members present) representing the PRG in a meeting in the practice on 25/03/2013. The Practice Manager was also present for the discussion.

c. Changes the practice would like to make in light of the survey findings:

- + Introduction of Quarterly Patient Information Newsletter involving the Patients Participation Group
- + The Practice would like patients to be proactive in the care, services, access and innovation for any suggestions for further improvement or the practice as a whole.
- + Patients should utilise the Practice Website and NHS Choices effectively as a source of communication and patient information.

d. Recommendations from the PRG based on the survey findings:

- + To advertise the new low cost telephone number more actively, as from the survey, we can see that many patients are unaware of the new number. This can be done on the new quarterly Newsletter.
- e. Agreement reached with PRG on changes to be made? Yes $\sqrt{}$

f. Changes the practice cannot make, and the reasons why:

No proposed changes agreed for discussion in the PRG survey results meeting were rejected, but certain proposals left by individual comments cannot be currently met, for example: Information Technology (LCD Information Display Screen) in the waiting area.

g. Changes the practice will make:

- + As appropriate proposal by the PRG and Practice recommendations will be agreed during 2013/14 in consultation with PPG during their monthly meeting.
- + Ongoing changes due to NHS reforms, including changes to patient's access and urgent care (how to implement this?)

5 Agree an action plan with the PRG and seek PRG agreement on implementing changes

	Action (change in practice)	Person responsible (to lead the change)	Completion date (when the change will be applied)	Review (what result the practice/patients saw as a result of the change)
1	Increase awareness of new 0203 telephone number, through increasing the advertising posters around the practice, messages/ flyers on repeat prescriptions, jayex board, text message, patient information folder found in the waiting room, and on telephone system messaging etc.	Practice Manager	31/03/2013	Ongoing, still awaiting review
2	Introduce Quarterly Patient Information Newsletter	Practice Manager & Members of the Gables PPG	31/03/2013	Ongoing, still awaiting review

Update on action plan for 2011/12: what result the practice/patients saw as a result of the change(s)

- + Telephone system answering messaging has been streamlined to give patients quicker access to the telephone system.
- + New "Low-cost" 0203 telephone number was introduced for those patients who have found the 0844 too costly.
- + Magazines / Patient Information Literature updated more regularly.
- + Waiting area kept tidy and organised. Waiting room flooring was repaired and made safer.
- + Increase Patient Information on issues such as DNA (Did Not Attend) Appointments.

6 Additional Information

a. The opening hours of the practice premises and the method of obtaining access to services throughout the core hours:

The Surgery Opening times are as follows

MONDAY: 8.30am - 6.30pm **TUESDAY:** 8.30am - 8.30pm

WEDNESDAY: 8.30am - 1.00pm (EARLY CLOSING DAY)

THURSDAY: 8.30am - 6.30pm **FRIDAY:** 8.30am - 6.30pm **SATURDAY:** 9.30am - 11.00am

Contacting the Practice:

By telephone – 0844 815 1490 / 020 3667 5410 (low cost)

By Fax - 0844 815 1491

Website – <u>www.gablessurgery.com</u>

Both face to face consultations and telephone consultations are offered on every weekday, with 1 on call GP daily, responsible for dealing with all urgent requests and appointments.

Prescriptions are routinely done within 48 hours, the practice does not take prescription requests over the phone, due to the high risk of error; unless the person is housebound. Prescriptions can be ordered in person at reception or by post. Many local pharmacies also offer prescription collection/delivery service, ask your chemist for more details.

OUT OF HOURS – "NHS 111" (formally NHS DIRECT)

When the surgery is closed and you need to speak to/see a GP, or would like health advice, please contact the "NHS 111 service".

NHS 111 is a new non-emergency telephone service designed to help people access local health services. local residents are now able to call 111 when they need medical help and advice, but it isn't a 999 emergency.

If you require medical assistance which cannot wait until the surgery reopens, <u>call 1-1-1</u>

This service is free to call from both landlines and mobiles.

Please only dial 9-9-9 for life threatening emergencies!
help and advice is also available online at:
www.nhs.uk - or - www.notalwaysaande.co.uk

b. The times individual healthcare professionals are accessible to registered patients under an extended hours access scheme:

Nurse Caroline: Monday - 6.30pm - 7.00pm & Tuesday - 6.30pm - 8.30pm

<u>Dr Sharma:</u> Tuesday - 6.30pm - 8.30pm & Saturday - 9.30am - 11.00am

(PLEASE NOTE, due to changes in the NHS from 01 April 2013, these clinic times may be subject to change.)

7 Publicise actions taken – and subsequent achievement

a. Where the report is published:

The report is published on the practice website: http://www.gablessurgery.com/survey.html

Signature of behalf of practice:

Name of signatory: Mrs. Fay Ghosh, Practice Manager

Date: 30/03/2013