

NEW STREET AND NETHERTON GROUP PRACTICE

PATIENT PARTICIPATION REPORT

2011 - 2012

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March 2012

The requirement of the Patient Participation DES is to produce a report covering the work that has been undertaken with our Patient Participation Group (PPG), during the last twelve months.

New Street and Netherton Group Practice work as a dual site split between Netherton Village and Milnsbridge in Huddersfield. The Practice has a diverse patient demographic catchment area. The majority are represented on the PPG.

The group is made up of a cross selection of patients from both practice areas, including male and female patients from different ethnic groups and disabled patients. Practice staffs included in the group are: 1 x clinical team member, 1 x secretarial team member and the Practice Manager.

The group was formed after publicising the group's development via posters displayed in both waiting rooms, leaflets and word of mouth (see appendix). Leaflets were sent to all nursing homes, attached to prescriptions and left in both waiting rooms for all patients to access.

The practice list size is made up of the following groups as shown in the table below:

Practice list size @ 26.3.2012. BASE IS PRACTICE POPULATION

Age groups	0-4	5-16	17-24	25-34	35-44	45-54	55-64	65-74	75-84	85-89	90+
Males	269	459	284	443	542	491	386	292	182	42	15
Base	269	459	284	445	540	491	386	292	182	42	15
Percent	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Females	249	442	327	502	497	477	370	294	236	76	42
Base	249	442	327	503	496	477	370	294	236	76	42
Percent	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Total males	: 3405			Base : 3405				Percent : 100%			
Total females	: 3512			Base : 3512				Percent : 100%			
Total both sexes	: 6917			Base : 6917				Percent : 100%			

Active members on the group are divided into the group percentages below:

Male = 33%

Female = 67%

Ethnic minority = 8%

Disabled = 17%

The PPG has met 3 times to date. At the outset it was decided that the group would be informal and accessible to any willing participant. A standard terms of reference has been created for the group to abide to (see appendix). The group has met historically on a Saturday morning in the meeting room at New Street Surgery, Milnsbridge.

Previous minutes of the groups meetings are attached in the appendix. The group discussed the questions to be included in the survey discussing relevance of each question. (Results of survey attached in full see appendix). Discussion was undertaken about the results and creation of an action plan for the practice over the next 12 months.

A: Action Plan for 2011/12 – Discussion around practice survey results:

New Street and Netherton Group Practice Action Plan 2012/13 Survey results analysed	
1.	Patient reference group members present: Patients: Kevin Smith, Margot Redfearn, Andrew Redfearn, Aileen Patterson, Pamela Powis, Susan Jennett, Rapheal Adesina. Apologies received from following patients: Lynne Whittaker, Christine Knight, Paula Knight, Antony Walsh and Hilary Laurie.
2.	Practice Staff present: Anne Tinsdeall – Practice Manager Jonathan Bray – Medical Secretary Virginia Roberts – Nurse Practitioner (apologies)
3.	The key findings from local survey: The three key areas discussed from the practice survey were: a. Access b. Staff – passing on information re clinics running behind/approachable c. Compliments
4.	Which responses were most positive? The attention to patients needs by the practice once patient has accessed the service.
5.	Which responses were least positive? Access – before work/after working hours. The inability to pre-book appointments with certain clinicians.
6.	In which areas did the practice deviate from the national average? Explain why. Q5 – See practitioner of choice. – All clinical staff work between both sites so unable to have set days/times to be available. Apart from holiday cover each clinician has sessions at both sites each week. Q8 - Waiting time – Each clinician endeavours to keep to clinic times. Unfortunately due to patient’s specific clinical need on attending appointments this is not always the case. We urge patients to attend when they have one problem and not to save up numerous problems for one consultation.

<p>Q 20 – Self care information - Practice staff to ensure information published in waiting areas is up to date and relevant to tie in with media publications. Suggestions welcome from patients re any other literature that could be displayed. (Only non-profit literature allowed).</p>
<p>7. What are the main priorities identified by PPG? Access for patients to appointments – change in way pre-booked appointments are scheduled. Decrease appointment time to 6-8mins? “Did not attend” (DNA’s) appointments by patients – waste of time, adds to the waiting time for other patients accessing service. These can be same day appointments that have been made. More stringent monitoring, patients to be contacted in person to ascertain why. Patients who continue to DNA for no valid reason will result in removal from practice list size.</p>
<p>8. What are the main priorities identified by Practice Staff? Continued high quality of care and access for patients.</p>

B: Action Plan: 2011/12

The areas mutually agreed as priorities for action and intervention as listed in the table below.

Priority for Action	Proposed Changes	Who needs to be involved?	What is an achievable time frame?
Access	Consider opening telephone lines earlier. Stagger the pre-bookable appointments throughout each clinical session. Initial barriers to opening telephone lines – staff cost.	Admin staff to answer incoming calls.	12 months – review via next year survey to see if results have improved.
Waiting time for booked appointment	Ask patients to request double appointments with clinicians for more than one problem. Patients informed not to save problems but to attend more frequently to have problems discussed as they arise instead of saving them up.	Staff to inform patients if clinician is running late. Patients to request double appointment if required. Patients to access surgery earlier rather than building list of concerns.	12 months – review

Publication of practice survey results and report will be made via the practice website:

www.thenewstreetsurgery.co.uk or www.nethertonsurgery.co.uk

All information published to either site actually appears on both (both are linked). Posters with the survey results will be displayed in each waiting room for patients to read and digest the results.

Appendix:

- 1. Terms of reference**
- 2. Posters and leaflets used to promote PPG**
- 3. Minutes from meetings held**
- 4. Completed Survey results and analysis**