

Template for Information to be included in Local Patient Participation Report

Stage One – demonstrate that the patient group is representative

Demonstrate how the Patient Reference Group is representative by providing a detailed breakdown of the practice population below:-

Total Practice Population

Age								
Under 16	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
898	570	702	747	856	737	709	364	180

Gender	No.
Male	2884
Female	2879

Specific care groups e.g. nursing homes, learning disabilities, drug users, carers

Specific Care Group	No. of Patients
Learning Dis	22
Carers	35

Patient Reference Group

Demonstrate how the Patient Reference Group is representative by providing a detailed breakdown of the Patient Reference Group membership below:-

Age								
Under 16	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
0	2	7	15	15	17	20	7	0

Gender	No.
Male	38
Female	45

Ethnicity											
White British	Irish	Mix Carribean	Mix African	Mix Asian	Indian	Pakistani	Bangladeshi	Black Carribean	African	Chinese	Other
78	1	0	0	1	0	3	0	0	0	0	0

Specific care groups e.g. nursing homes, learning disabilities, drug users, carers

Specific Care Group	No. of Patients
Nursing Homes	0
Learning Dis	1
Carers	2

Differences between the practice population and members of the Patient Reference Group

Describe any variations between the practice population and the Patient Reference Group membership. Provide details of the efforts the practice has made to reach any groups that are not represented.

Develop a Patient Reference Group

- Posters were displayed in the surgery to assist recruitment
- The practice website, Facebook & Twitter were also used to help recruit patients from 'younger categories'.
- The practice newsletter was used to enlist patients.
- The practice held a 'Practice Open Afternoon' with the help of the local press to recruit new members.

The practice produced a spreadsheet to keep an on-going tally of the membership to the reference group. From this we could, at any one time, identify discrepancies in the representation to assist the Practice in recruitment from the under represented groups.

Stage Two – validate the survey and action plan through the local patient participation report

Survey

Describe how the priorities to be included in the local patient survey were identified and agreed with the Patient Reference Group.

The Practice decided to adopt different methods to collect 'priorities' from the Patient Reference Group, these included:

- Online practice forum via the new website. Patients were asked specific questions relating to their experience at the surgery (in line with the GPAC survey).
- Comments sheets were placed in each waiting area and on reception. Patients could complete a sheet confidentially to pass comments back to the practice.
- A 'virtual patient group' was contacted via email and asked specific questions relating to the experience at the surgery (in line with the GPAC survey)
- The 'virtual group' were also given the option to email comments back to the practice.
- The Patient Open Afternoon event also gave patients the opportunity to pass comments to the practice.
- The Practice also used the recent 'complaints audit' to reflect on areas of priority.

Describe how the questions included in the local patient survey were drawn up.

The Practice reflected on the comments and suggestions made by patients from all the above areas including the comments forms, website replies and recent complaints audit.

Priorities to date from above collection methods:

- Patients unhappy at length of time they wait in waiting room to be seen
- Patients unhappy that if they are late for an appointment they are asked to rebook

- Some patients unaware of parking facilities and back door to surgery
- Don't feel that the doctor listens to their needs

The virtual PPG was then asked if they agreed that these were the most important issues on which we need to form a survey for example:

- Waiting times at the surgery
- Patients who are late policy
- Parking facilities
- Clinical care

We received 22 replies from the vPPG stating that they felt that the priorities areas were appropriate except for the parking facilities. Those who commented suggested posters should be displayed at the front of the building to demonstrate that there was parking at the rear. The questions relating to parking were therefore removed from the questionnaire as recommended by the vPPG.

Provide details of the methodology used to carry out the survey including the following:-

How the survey was conducted i.e. by paper or electronically, in the surgery or by mail

How the patients to be surveyed were selected (they should be representative of the practice population)

The number of patients surveyed

The number of surveys completed

Details of how the survey was analysed i.e. in house or outsourced.

Due to the small response rates, it was decided not to outsource this it would not be financially beneficial. It was decided that approximately 5% of the practice should be targeted, therefore 250 copies of a questionnaire were printed and handed out to patients attending the surgery (these included those patients who were collecting prescriptions as well as those attending an appointment). Copies of the questionnaire were also sent to all members of the vPPG.

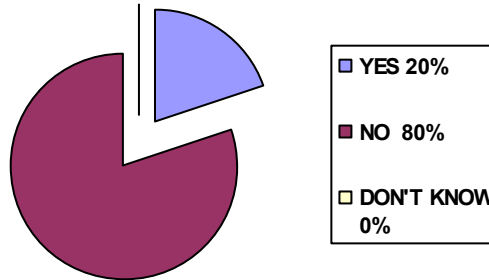
Members for the vPPG were also asked to attend a review meeting at the Practice to be held on 29th February 2012.

Provide details of the survey results.

RESULTS

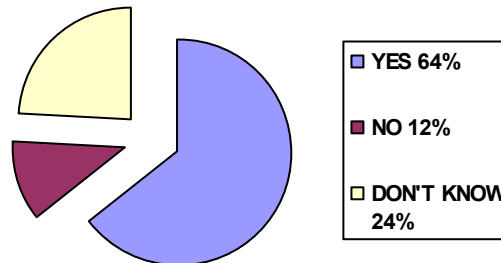
QUESTION 1

- **During a recent appointment have you had to wait for a prolonged period before being called in to see the doctor or nurse?**



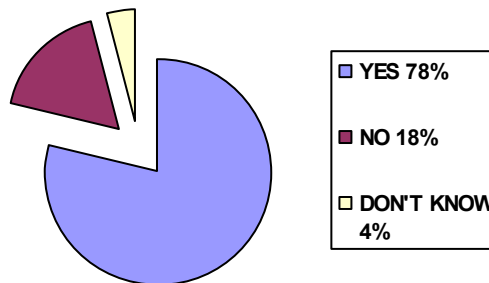
QUESTION 2

- **The Practice is considering the introduction of blocking some of the time during surgeries in order for the doctors to have catch-up time between patients. This will not reduce the amount of appointments available. Do you feel this could help the problem of patients being kept waiting?**



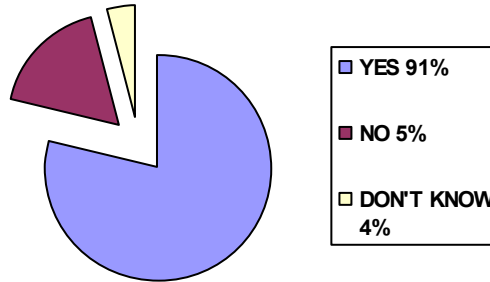
QUESTION 3

- **Our current policy for dealing with patients who are more than 10 minutes late for their appointment is to ask them to rebook. Do you think this is fair?**



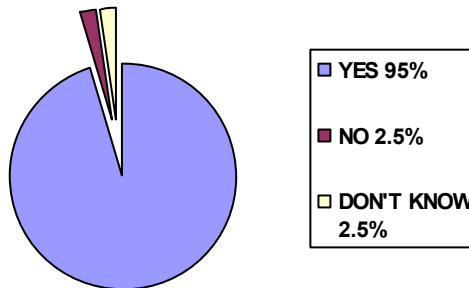
QUESTION 4

- **We are considering altering our policy for late patients, to one where the patient will be given the option of waiting until the doctor has the opportunity of seeing them without making other patients wait who are on time. Although the patient will not know how long they will have to wait, they will have the choice of waiting or rebooking. Patients who arrive on time will be seen ahead of the patient who is late. Do you think this would be an improvement on the current policy?**

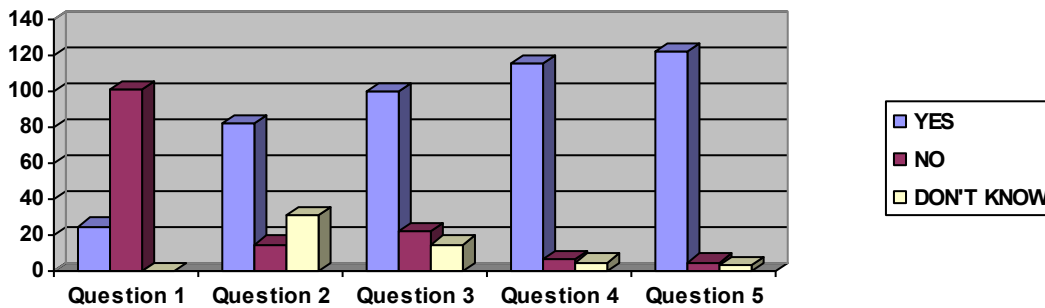


QUESTION 5

- **Do you feel that the clinical staff are caring and listen to your needs?**



OVERALL RESULTS



Provide details of how the practice discussed the results of the survey with the Patient Reference Group.

The results were then advertised in the newsletter, on website, email virtual PPG and posters in surgery.

The PPG were also asked to attend a Practice Review meeting held at the Surgery on Wednesday 29th February 2012 12noon. See attached minutes 29.2.12.

Action Plan

Describe how the practice agreed the action plan for implementing the findings or proposals arising from the local practice survey with the Patient Reference Group. Please enclose a copy of the agreed action plan.

Member of the vPPG were invited to attend a lunchtime meeting at the Surgery on Wednesday 29th February 2012 to discuss the results of the practice survey and the future of the PPG.

5 patients attended the group. 1 patient acted as Chair. Also in attendance were: Dr Hartley, Dr Walton, Dr Hemsley, J Hartley (Practice Nurse), M Hartley (Practice Manager), J Doult (Medicines Manager), K Thompson (Receptionist) & M Phelan (Med Secretary).

Action Plan

1. **Appointment blocks** to be introduced & trialled to enable the clinicians to have 'catch-up' time during surgeries to reduce the running over of surgeries and reduce the inconvenience to patients having to wait to be seen.
2. **Late for appointment Policy** to be amended and patients who are late* to be given the option of either rebooking or being asked to wait until the doctor has the opportunity to see them during or at the end of surgery. *discretion to be used if patients persistently abuse the service.
3. **Waiting area redesign** for back door waiting area. Currently the back door leads directly onto the waiting area & results in cold and uncomfortable conditions for patients. The proposal includes adding a partition to the waiting area so that the public accessing the surgery are not walking through the waiting area and that the heat will be retained.
4. **Double appointments** – the promotion of double appointments for those patients who feel that the standard 10 minutes would not be sufficient.
5. **Displaying survey results** – the survey resulted in many positive comments about both the services and staff. It was agreed that a poster displaying the results and comments should be made for all patients to see in the reception area.
6. **PPG meeting** – the group agreed the importance of establishing a patient group to feedback on current services and utilise the opportunity to have an input into the commissioning of new local services. This will enable robust communication links between patients, commissioners & providers of health & social care.
7. **Agenda & minutes** to be produced for each meeting & minutes displayed on the surgery website and distributed to the members of the vPPG.
8. **Directory of Services** – one of the first priorities outlined was the need for patients to be aware of the services currently provided in their practice. The practice does use various forms of conveying information including quarterly newsletters, website, facebook & twitter as well as poster displays around the surgery. However it was apparent that patients were still unaware of services available to them. The suggestion was to devise a 'Directory of Services'. The group were given the link to the local PCT website as an initial guide of enhanced services.
9. **Promoting Services** – the PPG was asked how the practice could improve on ways of communicating with patients.
10. **Priority ideas** – the group wants to liaise with other PPGs both locally and nationally to consider areas of 'good practice'.

Detail any findings or proposals arising from the local practice survey that have not been agreed as part of the action plan and the reasons why.

The Practice has in the past had high achievement in the GPAC surveys and although it is important that we continued to provide patients with a forum to offer suggestions, at the same time remain realistic that the outcomes were also appropriate for the practice to be able to function at the same high level of service delivery.

The group did discuss the suggestion for open surgeries, however it was agreed that this would have a detrimental affect on the overall excellent access targets the practice currently achieves.

Detail any proposals which impact on contractual arrangements.

No proposals discussed to date impact on contractual arrangements.

Local Patient Participation Report

Provide the practice website address on which the Local Patient Participation Report has been published. Please enclose a copy of the Local Patient Participation Report.

www.ourdoctors.co.uk

Opening Times

Provide the opening hours of the practice and the method of obtaining access to services throughout core hours.

- Monday – Friday 8.00 am – 6.30 pm – surgery open.
- Patients are able to telephone the surgery during the above hours – we do not put our service on answer machine during surgery open times.
- We do not use an automated answering service. Our phones are answered by the receptionists and have a 'pick-up' facility so that if the receptionists on front desk are busy, any of the admin staff can pick up (therefore up to 5 staff answering the phones).
- We also have a least 2 receptionists dealing with patients at front reception. This is to ensure that patients are dealt with efficiently and that they do not have to wait.
- Patients are able to email via our website and/or our email address 'scripts@nhs.net' or fax the surgery. We encourage the use of email or fax as a method for ordering repeat prescriptions. We only accept telephone prescription requests from the housebound, to release phones for incoming calls.
- We use a text facility to remind patients with mobile numbers of their appointments.
- Patients can request a telephone consultation with a doctor or nurse – these are offered each morning following surgery.

- Homevisit requests are taken throughout the day, however we do ask patients to telephone before 10am if possible.
- We offer appointments for a 4 week period. We do not ask patients to telephone back the following day, each phone call is dealt with at that time. We do not 'block' appointments which are only offered on the day. We do offer urgent appointments to those who request them but ask that they attend during the current surgery session (if it's urgent, then its urgent now!).
- We offer access to any doctor, the patient has the choice who they want to see.
- We utilise our nurses & HCA staff to offer chronic disease management which helps with the access to the GPs.

If the practice has entered into arrangements to provide extended hours access please provide the times at which individual healthcare professionals are accessible to registered patients.

- Extended hours are offered on Monday evenings or on a Thursday evening following a bank holiday – we try to keep these slots available for those patients who work and would otherwise struggle to attend during normal opening hours. We submit weekly reports to the PCT on the utilisation of these appointments.
- Monday 6.30 pm – 8.00 pm – GP & Practice Nurse available

Thursday 6.30 pm – 8.00 pm GP x 2 (this session is following a Bank Holiday Monday)