

# PATIENT PARTICIPATION REPORT

## 2013/14

**Practice Code:**

C84018

**Practice Name:**

The Family Medical Centre Dr Sood and Partners

### An introduction to our practice and our Patient Reference Group (PRG)

The Family Medical Centre is on Carlton Road Nottingham with a registered population of 8050 patients from a range of ethnicities the majority living in the Sneinton, St Ann's, Thorneywood, Bakersfield and Carlton areas.

The practice has had an active patient participation group for many years and they have worked closely together with the practice to improve services and the environment for patients acting as a valuable resource, bringing forward their own ideas and giving responses to proposed practice improvements and services. In order to represent the views of the patients they have undertaken annual surveys to gauge the views of the larger patient group on a number of issues.

Patients are encouraged to join the group and the meetings are widely advertised and individual invitations given out by the practice to patients attending the surgery in the period before the next meeting. Everyone is welcome to come along and details of the next meeting can always be found on the website and on notices in the surgery.

### Establishing the Patient Representative Group

This shows how the practice has tried to ensure that the PRG is representative of the wider practice population. Information is provided here on the practice and PRG profile.

	Practice population profile	PRG profile	Difference
<b>Age</b>			
% under 18	22%	0%	-22%
% 18 – 34	26%	14%	-12%
% 35 – 54	30%	28%	-2%
% 55 – 74	17%	44%	+ 27%
% 75 and over	5%	14%	+9%

<b>Gender</b>			
% Male	51%	25%	-26%
% Female	49%	75%	+26%
<b>Ethnicity</b>			
% White British /White Irish	65%	75%	+10%
% Mixed white/black Caribbean/African/Asian	5%	0%	-5%
% Black African/Caribbean	5%	12.5%	+7.5%
% Asian – Indian/Pakistani/Bangladeshi	6%	12.5%	+7.5%
% Chinese and other SE Asians	1%	0%	-1%
% Other or not recorded	18%	0%	-18%
These are the reasons for any differences between the above PRG and Practice profiles:			
<p>The practice has struggled to recruit the following groups.  Under 18s enough representation under 34 – practice has targeted these patients for their views by using the clinics which this group are likely to attend to canvas their views  Enough male representation – statistically the patients attending appointments show a significant female bias and although leaflets and invitations have been given to men encouraging them to engage with the practice group many have said it is not for them  Any eastern European representation – the majority of this group are young and full time workers often working very long hours</p> <p>Below is an explanation of the efforts taken to try and recruit these groups</p>			
In addition to the above demographic factors this is how the practice has also taken account of other social factors such as working patterns of patients, levels of unemployment in the area, the number of carers:			
<p>Following discussions with patients and feedback when responding to invitations a variety of different times and days have been tried and together with a small group of patients who could attend at all the times a number of new recruits attended some meetings, Different times and days were tried in order to attract working patients and those with caring duties. During school hours and after school hours.</p> <p>The patient reference group made up of patients who email the practice allows patients who cannot or do not want to attend the meetings to have their say and make their views known.</p>			

The practice targets younger people through the family planning, baby clinic and maternity sessions at FMC and when trying to obtain patient views concentrates on these clinics to obtain the views of the under 35s who are underrepresentation don the main PPG. The email reference group has a small number of under 35s who will email their opinions and it is hoped to increase this number.

This is what we have tried to do to reach groups that are under-represented:

To try and reach hard to reach groups we have tried:-

1. Putting up posters in the waiting area explaining what The PPG( patient participation group which is the face to face group which meets 4 times a year) and PRG( which is a group of patients who have supplied emails addresses and agreed to be contacted for their views by email ) are and how to get involved
2. Handing out Invitations at reception and left near the posters
- 3 Posting adverts on the website and on the bottom of prescriptions
4. Clinicians giving out Individual invitations to patients verbally or in writing

To mirror the practice demographic it would be necessary to recruit, the following groups:-  
Eastern Europeans – During new patient checks and in consultations efforts have been made to recruit from this group many of whom speak English. There has been some success with responses to questionnaires by this group as a means of obtaining feedback. Leaflets on how to access services are available in a variety of eastern European languages to help those who do not speak English or understand the systems to feel more comfortable in their new environment. A number have joined the email group.

Young people efforts have been made to communicate with younger patients through sitting in the waiting room talking to them and gauging their views through questionnaires and by simply chatting have been successful in engaging their interest but so far not successful in recruiting them to the PPG however some have agreed to give email feedback.

Middle aged men are also a difficult group to reach because if they do not have a chronic disease statistically they rarely attend the surgery and are therefore more difficult to make contact with .We have not found targeted letters a successful way of recruiting volunteers, however the email group has also been of interest to some of this group

The practice has been conducting a campaign to obtain up to date mobile numbers and consent to text from as many patients as possible to allow targeted text asking hard to reach groups identified through the computer system if they would be interested in joining the PPG. The hard to reach groups who rarely attend are the most difficult as, texts, phone calls, script messages and invitations handed out are not possible leaving word of mouth as the only option.

The practice and the PPG are aware of the groups that are underrepresented and continue to try and recruit from these groups and keep them in mind when making decisions.

We have created a patient reference email group to reach patients who have internet access but who

are either unable or do not want to attend the PPG meetings.

### **Setting the priorities for the annual patient survey**

This is how the PRG and practice agreed the key priorities for the annual patient survey

Members of the patient group set the priorities for the annual patient survey during a variety of meetings suggestions were also canvassed from the email group. They took into account the questions already asked in the MORI national GP survey and also questions in previous PPG surveys as well as routine patient satisfaction questionnaires undertaken by individual GPs.

All suggestions were discussed and a decision made that all the questions should be on one side of A4 because previous experience of patient surveys has been that seems to be the optimum length for patients to complete in the waiting room.

It was agreed that it was important to have a mixture of open and closed questions and that patients should be able to express their views also that some demographic information would be collected in order to compare the respondents with the practice demographic.

Main priorities identified were to identify what the practice did well, what could be improved and what patients felt about :-

Appointments

Reception

Friends and family test

Patients choices for minor illnesses

Walk in centres – following on from last year where the practice had a programme of highlighting the appropriate places to go when the practice was closed.

### **Designing and undertaking the patient survey**

This describes how the questions for the patient survey were chosen, how the survey was conducted with our patients and includes a summary of the results of the survey (full results can be viewed as a separate document)

How the practice and the Patient Reference Group worked together to select the survey questions:

A variety of questions relating to each of the priorities were discussed and the group agreed the final format covering all the priorities in a variety of different question types. This was typed up and circulated for final approval prior to undertaking the survey. The practice participation group chose the priorities and wrote the questions There were practice representatives at the meetings who worked to agree the wording of the questions but the priorities were selected by the patients

How our patient survey was undertaken:

The practice survey was offered to every patient who came up to reception over a week and was on the website. Patients using the automatic check in were encouraged to pick up a survey from reception. In order to ensure that some younger people were included

As this is one of the harder to reach groups the questionnaire was given out personally to everyone attending baby clinic and family planning clinic that week.

For patients who said they had forgotten their glasses or found it difficult to read member of administration staff read the questions to them.

Texts were sent asking patients to look out for the questionnaire or check the website and emails to

those who had consented to being contacted by email.

### **Analysis of the patient survey and discussion of survey results with the PRG**

This describes how the patient survey results were analysed and discussed with PRG, how the practice and PRG agreed the improvement areas identified from the patient survey results and how the action plan was developed:

How the practice analysed the patient survey results and how these results were discussed with the PRG:

**There is an additional document available on the website showing the results of the survey. A copy is also available in the waiting room at the surgery.**

A spreadsheet was designed into which the responses were recorded and linked to graphical representations of the data. The answers to the open questions of what do we do well, What could we do better and if you could change one thing about the practice what would it be? Were recorded in word documents and later sorted by theme to be presented at the next PPG meeting and the next full team meeting of the practice.

The key improvement areas which we agreed with the PRG for inclusion in our action plan were:

1. Now that the majority of respondents are aware of the 2 walk in centres it was agreed to continue with the campaigns to encourage patients to use facilities such as A&E, GP, Pharmacy first appropriately
2. Patient responses indicated that patients would like the opportunity to have a practice nurse appointment on a Saturday and also possibly registration appointments with the healthcare assistant. Currently it is not possible to have phlebotomy appointments because there is no delivery service on a Saturday to take the samples to the labs for testing or a routine testing service at the weekend.
3. GP availability of appointments was seen as an area that could be improved if did not attend rates could be cut and the PPG worked with the practice to explore options from altering the balance of appointments to contacting all patients who failed to attend and ringing patients with appointments of more than 10 minutes the day before to remind them and ensure that they were still attending.
4. Telephone issues - to look at the telephone system taking into account the patient feedback With a two pronged approach. Looking at line usage to see if more lines are needed and to look at the if the online booking system has had an impact on the number of calls received,

We agreed/disagreed about:

We agreed about all the issues above. There were no major disagreements

### **ACTION PLAN**

How the practice worked with the PRG to agree the action plan:

The PPG wrote the questionnaires. the results were analysed and circulated to all the group, the email reference group, and all the staff at the practice. The results were discussed at the PPG group and their views fed back to the practice at a protected learning time event. Everyone had the opportunity to put forward suggestions based on the results for the action plan. All the ideas were discussed and an outline plan agreed at the subsequent PPG meeting.

We identified that there were the following contractual considerations to the agreed actions:

Following responses from patients the practice would like to provide a mix of GP and practice nurse appointments on a Saturday morning as part of extended hours however the rules state that the plan has to be agreed with NHS England after 31<sup>st</sup> march. The rules state that healthcare professional appointments have to be provided it does not state that this has to be a GP and so a plan for a mixture of both health professionals at the practice at the same time has been drafted to submit to NHS England at the end of March for the next hears extended hours service.

Copy of agreed action plan is as follows:

<b>Priority improvement area</b> E.g.: Appointments, car park, waiting room, opening hours	<b>Proposed action</b>	<b>Responsible person</b>	<b>Timescale</b>	<b>Date completed (for future use)</b>
Using services appropriately	Give out leaflets at new patient checks. Ensure ready supply of leaflets and that they are given to all new patients on registering	Senior Receptionist	Jan 2014 ongoing	
Practice nurse and HCA appointments on a Saturday	Proposal to be put to NHS England in March 2014	Practice Manager	Feb-March 2014	
Appointment availability and did not attends ( DNAs)	Instigate a system for following up DNAs Proactively contact patients with appointments longer than 10 minutes Monitor DNA rates and display in waiting room Look at the balance of DNA between same day and pre-bookable appointments and review. Advertise the need for patients to consent before	Reception Team led by Office Manager	Feb 14 onwards	

	<p>we can send them text reminders and ask reception staff to remind them when making appointments.</p> <p>Provide more information for patients about the appointment system ,</p> <p>Make small changes and review using the plan, do, study, act methodology. Review at full team meetings or protected learning times</p>			
Telephone issues	<p>Look at current phone usage (Jan-March14)</p> <p>Practice to consider Dr First ( Feb 14)</p> <p>Analyse effect of internet options ( April 14)</p> <p>Consider increasing lines if appropriate ( April 14)</p>	Practice Manager	Ongoing	

### Review of previous year's actions and achievement

We have summarised below the actions that were agreed following the patient survey 2012/13 and whether these were successfully completed or are still on-going and (if appropriate) how any have fed into the current year's survey and action plan:

#### “You said ..... We did ..... The outcome was .....”

**You said** that you wanted an online booking system. **We tried** to implement this in 2013 however, this was unfortunately delayed because of a change of clinical system followed by IT issues but it is now up and running and Systmonline is enabled so from the website. **The outcome is** that you can now book appointments from the internet once you have registered for the service. You have been able to request prescriptions on the internet via our website for a number of years. We hope to enable on line registration very soon – watch the website for more details.

**You said** that you wanted more appointments. **We did** an analysis of appointments **The outcome was** that we have increased the number of appointments and are looking at ways to cut the number of missed appointments known as DNAs ( did not attends) this is ongoing and was highlighted again in this year's action plan.

**You said** that you wanted telephone follow ups. **We did** an analysis and clinicians identified suitable patients asking them to contact the practice in an agreed number of weeks or following the end of their course of medication etc. depending upon the problem and leave a message with reception for the GP

to ring back. **The outcome was** that some patients now ring back the reception team send a task to the GP who rings them back for follow up or the GP sends themselves a task to ring the patient after a certain time if they think that is more appropriate.

**You said** that you wanted a better on line prescription service the existing system required the patient to type in the medication details in the computerised form accessed from the website. **We did** look at the options and **the outcome was that** now with Systmonline once patients have registered for the service they access a list of their repeat medications and only need to tick those they require.

**You said** that you wanted to help us increase immunisation rates. **Together we did** plan an advertising campaign and put up displays the practice team rang patients some of them many times to try and encourage them to bring their children for immunisation. **The outcome was that** together with all the other practice and national initiatives the uptake has risen slightly but awareness has risen considerably.

**You said** you wanted us to look at telephone answering times **we did** a number of spot checks on different days of the week, different times of day etc. **The outcome was** that we highlighted certain times of day which seemed to be a problem and tried to reschedule some of the shifts to allow for more staff at certain peak times.

Where there were any disagreements between the practice and the PRG on changes implemented or not implemented from last year's action plan these are detailed below:

No

### Publication of this report and our opening hours

This is how this report and our practice opening hours have been advertised and circulated:

This report is available on the website  
Hard copy available in the surgery and individual copies on request from the practice.

The opening hours are available on the noticeboard, the practice leaflet, practice website and NHS choices.

The website address is [www.familymedicalcentre.co.uk](http://www.familymedicalcentre.co.uk)

### Opening times

These are the practice's current opening times (including details of our extended hours arrangements)

Monday to Friday the practice is open from 8.00 am- 6,30 pm  
Saturdays the practice is open for routine pre-bookable appointments only from 8.30am -12.30pm  
In the flu season there are also flu clinics on a Saturday – details are usually posted from September to December



**Thank you for reading our report.**

**Please contact the surgery if you have any queries, suggestions or feedback**

**All patients are welcome to the next meeting of the PPG please see the website or noticeboards or ring the surgery for details.**