

# Patient Participation Report 2012/13

Throughout this report PPG refers to the Practice Participation group and PRG to the Patient reference group of patients who are part of an email group

Stage One					
1					
Practice Population:					
		Sex:	Male	Female	
Age:	Under 16's				
	17 - 25	36 - 45	56 - 65		
	26 - 35	46 - 55	66 +		
Ethnicity:		Caribbean	5%	White other Irish	5%
British, Mixed British	64.5%	African	4%	Eastern European	6%
English		Mixed Black	3%	Mixed heritage	4%
Scottish		Chinese	1%	Not recorded	1%
Welsh		Japanese		other:	
Indian, British Indian	6%	Vietnamese	0.5%	other:	
<p>Are there any specific Minority Groups within the Practice Population?</p> <p>Asian                      African and African/ Caribbean                      Eastern European - this includes all the old eastern block countries and Russia and is a growing but very mobile minority within the practice.                      Arab ( north African Arab, middle eastern Arab etc.)                      Chinese and Vietnamese</p> <p>Throughout this report any references to the website refer to the practice website <a href="http://www.thefamilymedicalcentre.co.uk">www.thefamilymedicalcentre.co.uk</a></p>					

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

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**Patient Representative Group Profile (PRG):**

(percentages in brackets refer to the email reference group)

**Sex:**

Male

Female

<b>Age:</b>	<b>Under 16's</b>				
	<b>17 - 25</b>	0%	<b>36 - 45</b>		<b>56 - 65</b>
	<b>26 - 35</b>		<b>46 - 55</b>		<b>66 +</b>
<b>Ethnicity:</b>			<b>Caribbean</b>	10%(5%)	:
<b>British, Mixed British</b>	10% (72%)		<b>African</b>		<i>other:</i>
<b>English</b>	40%		<b>Mixed Black</b>		<i>other:</i>
<b>Scottish</b>	10%		<b>Chinese</b>	(1%)	<i>other:</i>
<b>Welsh</b>	15%		<b>Japanese</b>		<i>other:</i>
<b>Indian, British Indian</b>	15% (22%)		<i>other:</i>		<i>other:</i>

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

The practice initially used the following methods of recruitment

1. 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. Invitations handed out at reception and left near the posters
3. Adverts on the website and on the bottom of prescriptions ( also on the automated check in prior to changing to SystemOne when the facility is no longer available)
4. Individual invitations given to patients verbally or in writing by GPs and practice nurses.

Specific actions to increase involvement of underrepresented groups

In order to try and ensure that the PPG is representative of the practice population an element of purposive sampling was

also used in selecting patients in underrepresented groups. Clinicians were asked to try and concentrate on patients in these groups when asking patients' if they would consider joining the group.

The development of the email reference group has given patients who are unable or do not wish to attend the face to face group to share their views and feedback.

The PPG has tried to recruit other patients themselves and are aware of the target groups especially young people. Reception staff have also targeted this group during baby clinic and family planning. Everyone finding it especially difficult to recruit young men. It has however, been possible to recruit 2 under 25 males to the email group. There is a higher percentage of young people in the reference group.

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

**3**

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

It has not been possible to recruit people from all ethnic minorities to either of the patient groups. however the reference group has made some progress in reaching these groups. The group as whole is similar to the previous year in that there is still a slight bias towards older female white British representatives. It is also important that this group who are prepared to give up their time to take part and contribute feel valued.

There is a view that having a patient from each specific ethnic, religious, disabled, LBG or age group does not automatically make the group representative of the whole patient demographic. The patients are self-selecting and are not dependent upon an electorate which they represent. It is therefore more important that as a group when making decisions that the needs of diverse groups are taken into consideration and that principles of equality and diversity are applied. When discussing feedback, new services etc. the group tries to look at the impact of any services or new developments on a wide range of groups. They demonstrate an awareness of the views of others even though they do not necessarily come from those minorities and an ability to question what if ? how might it effect x ? etc.

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

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**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)**

This section looks at the efforts made to reach out to underrepresented groups.

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 just discussion 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.

The email group has also been of interest to some middle aged men who 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.

Before changing clinical systems it was easier to text groups of patients to either tell them about the patient questionnaire or ask for feedback, however unless they are new patients if they rarely attend it is harder to obtain an up to date mobile contact number or consent to text. It was decided that with the new system each person who had supplied mobile numbers would be asked again for consent.

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.

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

## Stage Two

### Agreeing Priorities

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

The Practice PPG undertook a survey in 2011-12 ( the results of which are available on the website) which identified priority areas for patients this was combined with looking at the results of the IPSOS Mori surveys available at [www.gp-patient.co.uk/results](http://www.gp-patient.co.uk/results).

The group felt that in order to measure any changes they would modify the survey they had devised previously. The need to keep it to one side of A4 was seen as important as previous experience of using longer surveys had shown poor response rates. It was also seen as

important to include space for free text comments. An electronic copy was posted on the website.

Ideas from the suggestions box were also incorporated in the questionnaire. It was decided not to duplicate any of the questions in the national survey but to also consider the results of that survey when it was published for the year 2012.

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

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

The group devised the survey themselves and represented the views of the group combined with ideas from the suggestion box made by other patients and from the email group.

The major priorities were:-

Appointments

Continuity of care

Patient knowledge of where to find information

Patient knowledge of local services

Patient screening ( this came out of PPG developing the practice education plan)

The format was the same as that agreed at the September meeting

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

## **Stage Three**

### **Survey**

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

The patient group devised the questions after discussion amongst the group and these were trialed on a small sample of patients before being added to the questionnaire.

The criteria used by the group was:-

Areas of importance to patients – but incorporating a choice of realistic options into the responses. It was thought that in an ideal world all patients would like to be seen by their doctor of choice as soon as possible at the most convenient time but it would be more important to

know which factors were of most importance to the patient in making a decision.

Information about how patients find out about the practice and services in order to communicate more effectively with the patients and to help them use the most appropriate service for their problem at the time  
The need to understand barriers to taking part in cancer screening.

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

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### **How have the priority areas been reflected in the questions?**

#### **Appointments**

The practice computer system can tell what time patient's attended but not what time they would like to have attended so the group devised a question giving patients a choice of answer based on 1 hour intervals. The idea being to help the practice in planning surgery rotas to try and mirror this as far as possible.,

The practice opens extended hours and it was felt important to find out if patients still favour the Saturday mornings as their preference for opening extended hours in preference to early mornings or later evenings given shifting working patterns.

The balance of same day over pre-bookable appointments was debated at length by the group and it was seen as important to find out which patients preferred and why. This is also very important for the practice as the balance was shifted during the year based on patient feedback.

#### **Continuity of care**

With an increasing number of GPs working part time and whilst computer systems allow any GP in the practice access to the patients notes and history patients report that they like to try see a specific GP or maybe a specific GP depending upon their presenting problem. There will always be longer waiting times to see some GPs over others and so a question was written to capture what was most important to patients being seen quickly or waiting to see a particular GP. With the practice being a training practice there may be up to 4 fully qualified doctors training to be GPs some of whom rotate every 4 months. With up to 10 names to choose from it can be confusing for patients who often ask the reception staff when booking who did I see last time or describe the GP.

#### **Sources of information**

To make a difference the group wanted to know where patients got their information from so that these methods could be used to get important messages to patients especially as this year the PPG were involved in devising an education plan for the practice targeting certain

health campaigns which they believed were important for the patients, ( see minutes of meetings on the web site)

### **Knowledge about services**

The group had been very interested in services and had spent some time talking about DNAs and how to reduce them and about which services to use for what. This led to discussions about the proper use of ED (A&E) and other local services such as the walk in centre and the 111 they therefore devised a question about which services people were aware of

### **Screening**

The group wanted to find out what the barriers were to people taking part in cancer screening programmes for breast, cervical and bowel screening. This arose partly from the changemakers presentation at the July meeting.

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

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

The survey was undertaken in December after the actions from the previous year had been implemented. Paper copies of the survey were handed out by reception, Clipboards and pens were available on request volunteers helped patients to complete the questionnaire if required, An electronic copy was available via the website and text and email messages were sent to patients who had consented to the practice texting them or who had supplied an email address. Assistance was available for patients who needed help with completing it for whatever reason.

It was not possible to provide copies in different languages

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

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**Methods practice has used to enable patients to take part?**

- Posters and adverts were displayed in reception encouraging patients to take part
- Paper and electronic versions available

- Assistance available for patients requesting help or those who had forgotten their glasses
- Staff and volunteers available to assist if requested.
- Encouragement from staff who individually gave out the questionnaires they were not just left in a corner for patients to pick up.

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

### **Stage Three** continued

#### **Survey**

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#### **How has the practice collated the results?**

Due to staff sickness and the change of computer system it was January by the time the results were collated.

Free text comments were recorded under themes to identify any trends

The results and the trends were compared with the results the previous year.

The results were presented in diagram form with explanations and action points for ease of understanding rather than lists of figures and percentages.

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

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#### **How were the findings fed back to the PRG?**

**Prior to the PPG meeting emailed copies of the results for discussion were sent to the PPG members those who do not have emails were sent hard copies.**

The findings wherever possible were displayed in a simple graphical form

A set of draft results was available in the waiting area with feedback forms for patient input

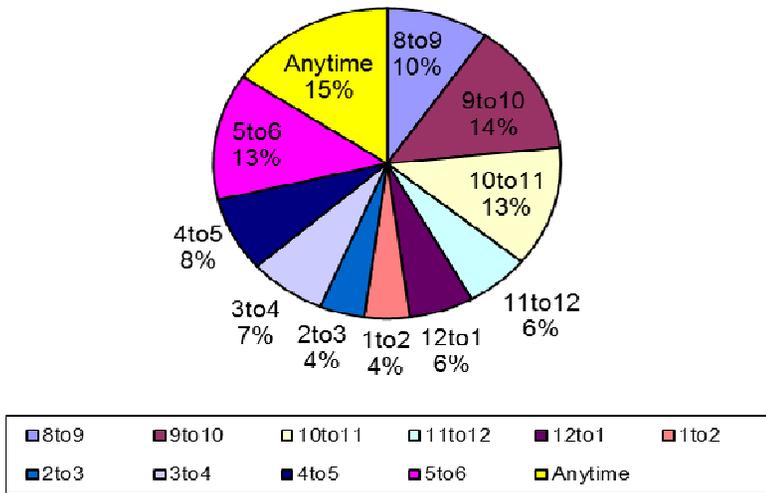
*Validate the survey through the local patient participation report. **Payment Component 3***

## Stage Four

Results from the patient survey

13 The results are available below in a clear accessible format together with action points.

### Preferred time for appointments

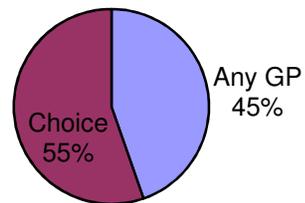


The majority of patients still prefer appointments between 9 and 11 and 5-6 which closely matches the changes made to the appointments system following the last PPG report.

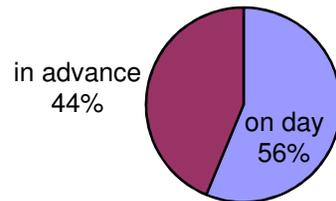
**Action Point – continue to monitor patient trends in demand for appointments**

The vast majority of patients still prefer Saturday as their preferred option for extended hours with a smaller number favouring after 6.30pm and fewer still before 8.00 am.

### Preference 1st available or chosen GP



### Booking in advance v on the day

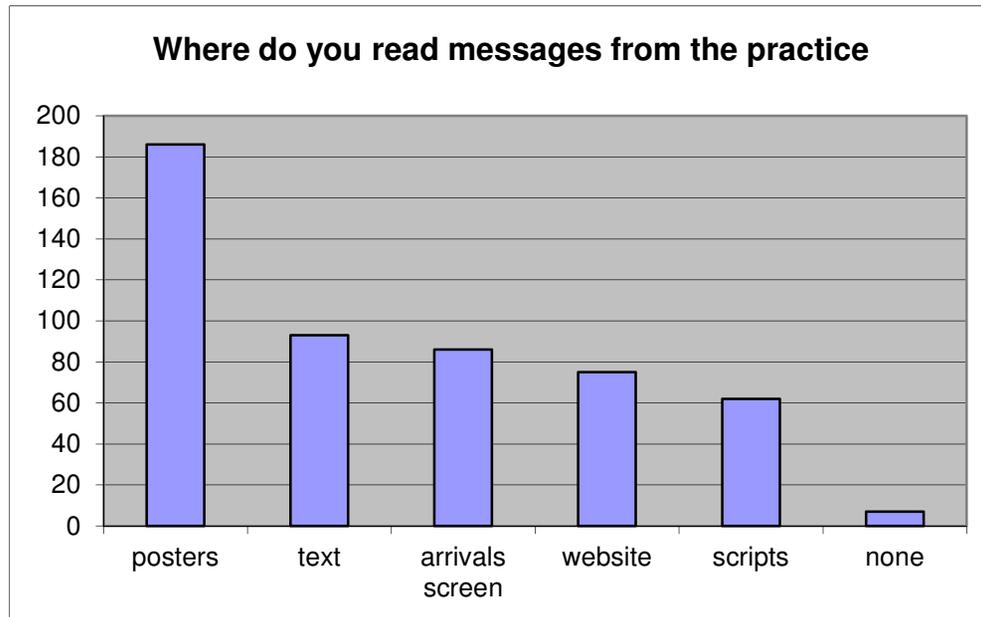


An increasing number of patients would prefer to see their doctor of choice over the next available GP

This will be a challenge for the practice to try and balance the patient preference for their doctor of choice with the results of the question would you rather book in advance or on the day with 56% of patients reporting this year that they would prefer to book on the day an increase of 11% on the previous year

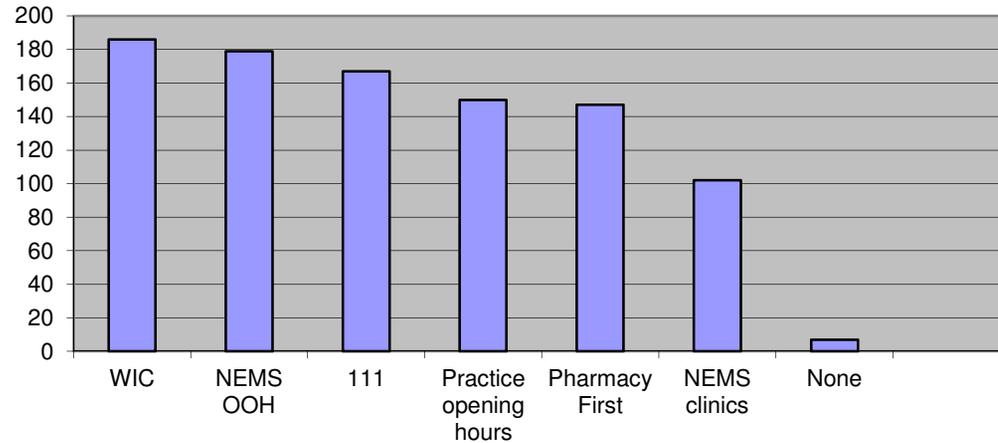
**Action Point – Investigate ways of achieving choice of GP balanced with booking on the day. Currently the majority of same day of appointments on a specific day are with the doctor on call that day**

**Finding out about how patients find information about the practice and about health campaigns etc.**



The responses suggest that patients still get the majority of their information from posters etc. on the walls but an increasing percentage are now aware of the website, receive messages through the arrivals screen ( although with the new clinical system this is not currently possible) and texts. Text has been used in the last year to remind consenting patients in the target groups of the flu campaign as well as sending confirmation of appointments.

**Which of these do you know about ?**



The results suggest that the campaigns which the group have helped to design advising people to choose the right options have been successful as a greater percentage of the sample are now aware of NEMS of the Walk In Centre and 111. More people were aware of the practice opening hours and the NEMS out of hour clinics.

**Results of the cancer screening questions**

<b>Information about the respondents</b>	
<b>Male</b>	<b>37%</b>
<b>Female</b>	<b>63%</b>
<b>Asian</b>	<b>4%</b>
<b>Black</b>	<b>17%</b>
<b>Chinese</b>	<b>4%</b>
<b>Mixed</b>	<b>17%</b>
<b>White</b>	<b>58%</b>
<b>21-30</b>	<b>10%</b>
<b>31-40</b>	<b>11%</b>
<b>41-50</b>	<b>12%</b>
<b>51-60</b>	<b>30%</b>
<b>61-70</b>	<b>29%</b>
<b>71-80</b>	<b>8%</b>

<b>FEMALE Patients- if you were invited for a smear test would you attend . If No please give reason</b>	
<b>Patients who responded Yes</b>	<b>80%</b>
<b>Patients who responded No</b>	<b>20%</b>
<b>The last smear was painful</b>	<b>13%</b>
<b>I am too busy</b>	<b>7%</b>

**FEMALE patients – if you were invited for a mammogram ( breast screening) would you attend  
If no please give a reason**

<b>Patients who responded yes</b>	<b>88%</b>
<b>Patients who responded No</b>	<b>12%</b>
<b>I did not like the last mammogram it was uncomfortable/embarrassing/ hurt</b>	<b>8%</b>
<b>I kept missing the appointments/too busy</b>	<b>4%</b>

**FEMALE & MALE patients – If you were invited to take part in bowel screening would you take part**

<b>Patients who responded yes</b>	<b>75%</b>
<b>Patients who responded No</b>	<b>25%</b>
<b>It is too embarrassing</b>	<b>8%</b>
<b>I could not understand the instructions</b>	<b>14%</b>
<b>I did not send it back I forgot to complete it</b>	<b>3%</b>

**Comments from the Patients (responses from the practice in red)**

I think that sometimes we get an appointment quite late with a gap of 1 week . There is only one child specialist in the surgery and if we need to get an appointment with him it can take a long time ( **Response all the doctors have experience with children and there is usually a number of doctors available at the Thursday drop in clinics – all patients can make an appointment with whichever GP they would like to see**)

There is a lack of communication. A lot of changes have happened and no one has bothered to write/inform us. I did not know anything about Saturday morning opening. If such changes can be communicated life would be much easier for others. (**The practice are unable to send letters to everyone but tries to advertise all changes on the noticeboards and the website but we are sorry if you did not know. Opening hours are also on the practice website, on NHS choices, the appointments cards and the practice leaflet**)

### **The Practice**

Everything is great except once the GP gave me the wrong prescription and forgot to give me mine so I had to return to the surgery to collect it.

I do not think you could make it any better for me.

I find the practice overall satisfactory although the waiting times could be shorter

I think they are doing OK

Fine as it is

The receptionists are very helpful

The doctors and nurses are kind and friendly and they really listen to you

### **Appointments**

More available appointments x2

I like to see the doctor that I usually see but sometimes you have to wait a long time for one particular doctor.

It would be nice for a late surgery to run because I have late ties to work shift times.

Going in at the time of the appointment would be good

### **Telephones**

Sometimes you have to wait quite a while until the phone is answered

It would be good if you could get through straight away in the phone sometimes I have to ring a number of times

How about a telephone advice service sometimes I just need to speak to a doctor and that would save an appointment

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

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**Explain how the PRG was given opportunity to comment?**

The PPG and the reference group were given the opportunity to comment verbally or in writing/email and responses were collated for discussion at the next PPG group meeting

The reference group was given the opportunity to email their responses.

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

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

**Changes delivered as a result of the 2011-2012 action plan**

- Nurse appointments on a Friday afternoon – available most weeks
- Shift in the timings of surgeries to try and offer more early morning and later evening appointments
- Greater range of reading matter available in the waiting area
- PPG developed education plan for patient health campaigns for 2012-13
- Rolling programme of small displays in the waiting room highlighting local services

**Changes delivered to date as a result of the 2012-13 action plan**

- Shift towards more appointments bookable on the day ( already implemented to be reviewed at end of march agreed with practice implemented by the office manager) Jan/Feb 2013 )
- Advertising the opening hours more widely ( action by practice manager January 2013

**Changes under discussion**

- The move towards internet bookable appointments which was delayed due to the change of computer system ( a sub group of th PPG to trial and advise on the set up of the system aug 2013)
- Looking at the telephone system and modeling usage to investigate better ways of call handling to reduce waiting times. ( Practice Manager and reception staff to report back on progress to the PPG at the May meeting for further discussion and action)
- Changes to the prescription system with electronic prescribing and new online system ( expected summer 2013 Practice staff in communication with PPG and PRG)

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

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

**There were no significant changes not agreed by the PRG that required agreement with the PCT/CCG**

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

<b>Stage Four</b> continued	
Results	
17	
Are there any Contractual considerations that should be discussed with the PCT?	
No	

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

## Stage Five

### Action Plan

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#### How did you consult with the PRG about the action plan?

The PPG and Practice draw up the annual action plan together following the results of the PPG patient survey and also following discussion arising from the national GP survey ( results Jan-Sept 12 currently available on line) Copy of draft plan emailed to patients in the reference group for comment.

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

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#### Please give a brief summary of priorities and proposals agreed with the PRG arising out of the practice survey: with timeframes

1. Development of an online booking system for some appointments delayed from previous year due to the need to embed the new computer system before implementing any more computer changes. ( aiming for implementation summer 2013 , Practice staff with ongoing feedback from a sub group of the PPG to trial the system)
2. Continue to work on ways of reducing DNAs in order to maximize the use of the available appointments ( Practice staff with feedback and updates to the PPG quarterly meetings)
3. To develop a system of telephone follow up for patients identified as this being appropriate by the clinicians (Initial discussions have already taken place with the clinical staff – on going discussion re implementation at practice meetings with reference and updates to PPG quarterly meetings)
4. To develop a better electronic/web based repeat prescription service. (implementation summer 2013 subject to IT approval, ongoing reference to the PPG to trial new system prior to go live to try to iron out any potential problems )
5. Continue to promote screening and immunization campaigns ( PPG and PM with feedback and development of ideas at quarterly

PPG meetings)

6. To look at telephone answering times ( PM and reception team commencing April 2013 feedback to quarterly PPG meetings

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

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

There were no major issues that could not be addressed

Where it is not possible to act upon free text suggestions the reasons have been given

Where patients gave contact details they have been invited to join the group or to become part of the email group

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

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**Has the PRG agree implementation of changes and has the PCT been informed (where necessary)**

The Patient group has been involved with the changes and been informed when they have taken place and updated on the progress and monitoring of changes. Feedback has been sought following changes and in many cases these have been reviewed following implementation to assess if they have been successful in achieving their initial aims.

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

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**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.....”**

Every quarter the practice put up a display when advertising the next PPG meeting recording what patients said and what we have done about it.

#### **Changes delivered as a result of the 2011-2012 action plan**

You said that you wanted nurse appointments on a Friday afternoon - Nurse appointments on a Friday afternoon – available most weeks following changes to the nurses hours

You said that you work and needed appointments before or after work as you could not get time off we have Shifted the timings of surgeries to try and offer more early morning and later evening appointments

You said that you wanted a greater range of reading matter available in the waiting area especially for men – we put copies of the Sunday paper magazines and a variety of other car , boat, bike and holiday magazines in the waiting area

You said that there was not enough to interest young people in the waiting area – we now make a conscious effort to find reading matter and poster to appeal to a younger audience.

You said that some of the leaflets were really boring the PPG developed an education plan for patient health campaigns for 2012-13 we out up posters and leaflets which the group felt would appeal to patients

You said that you did not know about some of the services highlighted in the survey so we instigated a rolling programme of small displays in the waiting room highlighting local services including self-referral forms where they are available.

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**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**

There were no disagreements with the PPG regarding the content of or delivery of the agreed action plan for 2011-2012

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**Publication of Report**

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

The report has been:-

1. Posted on the website
2. Paper copies available in the waiting area
3. Copies emailed to all patients who have supplied their email address.

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**Additional Information**

**Opening Times**

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

- 8.00-6.30 Monday to Friday – access by telephone or by coming to the surgery pre-bookable and bookable appointments available

- Visit requests should be made as early in the opening period as possible. Most visits take place after morning surgery and before afternoon surgery but some may take place after evening surgery.
- Prescription requests by telephone for housebound patients only. Other requests should be in writing, by ticking the right hand section of your repeat prescription or on medication request form available at the surgery – help is available to complete this if required. Repeat prescriptions can also be requested via the practice website or through any pharmacy that offers a prescription service.
- During periods when demand is very high the GP may triage calls for a same day appointments
- There is a drop in Family Planning clinic on a Wednesday afternoon 4.30-6,00pm
- Drop in baby clinic on a Thursday health visitors from 1.30pm practice nurse and GP from 2.00pm -3.30pm
- 8.15-12.30 Saturday – only pre-bookable appointments no telephone service or prescription collection services . patients with appointments obtain access through the video entry system on the door.

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

GP pre-bookable appointments are available on a Saturday morning between 8.15 and 12.30 One of the regular GP is available on a Rota system. In the season fu clinics also take place on Saturday mornings but there is no regular practice nurse service available on a Saturday.

THANK YOU FOR READING OUR REPORT PLEASE CONTACT THE PRACTICE IF YOU HAVE ANY QUERIES , SUGGESTIONS OR FEEDBACK