



PATIENT PARTICIPATION REPORT 2013/14

Practice Code:

C84029

Practice Name:

Lombard Medical Centre

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

Lombard Medical Centre is a well-established training practice with a patient population of approximately 17,800. We have 10 GP partners and 1 salaried GP and up to 4 GP Registrars at any one time. We also host 1st, 2nd and 5th Year medical students from Nottingham University.

We moved into new premises in October 2011 and shortly after that, our existing patient participation group disbanded. Our current group was set up in March 2012 and very quickly established themselves as a driving force for the patients of the practice. They have focused on the issues that are important to our patients, particularly communications and access and have chosen in consultation with the GPs, to base the patient survey around these important issues.

The PRG meet in the practice monthly with their own agenda. The Practice Director and a GP are invited to attend meetings and do so on an ad hoc basis. The PRG members are invited to attend any business planning and in-house training sessions deemed appropriate and offer a valuable contribution to these meetings.

The PRG have been pro-active in setting up a virtual representative group (VRG) and are actively recruiting members to both groups. The aims and objectives of the VRG are specifically to provide a forum for those patients who may not have the time or prefer not to meet formally but would like to make comment on issues relevant to the practice and patients. The practice has provided the PRG with its own email address for the purposes of the VRG.

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	VRG profile	Difference
Age				
% under 18	21.5%	0%	0%	We have no patient representatives in this age group. Ideally we would like 2 members
% 18 – 34	22.4%	0%	0%	We have no patient representatives in this age group. Ideally we would like 3 members
% 35 – 54	27.3%	0%	25%	We feel this age group of patients is fairly represented by our VRG membership
% 55 – 74	21.4%	100%	75%	This age group is well represented by membership of both the PRG and the VRG
% 75 and over	7.4%	0%	0%	We have no patient representatives in this age group. Ideally we would like 1 member
Gender				
% Male	50.4%	75%	43.8%	Our PRG is slightly over represented by male members. Our VRG shows a good representation of male patients
% Female	49.6%	25%	56.2%	Our PRG is slightly under represented by female members. Our VRG shows a good representation of female patients
Ethnicity				
% White British	88.4%	100%	93.75%	Our PRG is represented by White British. Our VRG shows a slight percentage increase in White British members over the practice profile
% Mixed white/black Caribbean/African/Asian	4.3%			We have no patient representatives from this ethnic background.
% Black African/Caribbean				
% Asian – Indian/Pakistani/Bangladeshi	2.3%			We have no patient representatives from this ethnic background.
% Chinese	0.3%			We have no patient representatives from this ethnic background.
% Other White European	4.7%		6.25%	We have sufficient representatives from this ethnic background on our VRG

These are the reasons for any differences between the above PRG and Practice profiles:
<ul style="list-style-type: none"> • Our practice profile shows that a large majority of our patients come from a White British background, therefore we would expect the PRG and VRG to reflect the same. • We have had an increase in our White European population over the past two years and our VRG representation reflects this fact. • We do not feel, therefore, that there are any differences between the profiles.
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>The VRG has been set up for the express purpose of allowing those patients who cannot attend meetings or do not wish to do so, to have a say in the issues which are important to them.</p> <p>The PRG/VRG are advertised widely to patients as follows:</p> <ul style="list-style-type: none"> • A section on the practice website, detailing how patients can become involved • Details on the PRG notice board in the waiting room • Information handed out with the new patient registration pack
This is what we have tried to do to reach groups that are under-represented:
<p>The practice and the PRG together are actively encouraging patients from all ages and walks of life to engage with the PRG or VRG. There is a section on our practice website which offers the opportunity for any patient to join up on-line or via by downloading a pdf form. The following is taken from our website:</p> <p>“We aim to gather around a hundred patients from as broad a spectrum as possible to get a truly representative sample. We need young people, workers, retirees, people with long term conditions and people from non-British ethnic groups.”</p> <p>We also publish the minutes of the PRG meetings on the website and there is a facility for any patient to contact the PRG on any matter relating to the practice. The PRG has its own email account.</p> <p>In addition to the website, we have information on the practice booklet and there are PRG/VRG registration forms around the practice. These forms are also in the new patient registration pack.</p>

Setting the priorities for the annual patient survey
This is how the PRG and practice agreed the key priorities for the annual patient survey
<ul style="list-style-type: none"> • The PRG met with a GP and the Practice Director to agree the priorities for this year’s survey. • It was felt that, as the appointment system had been recently changed, access would be one priority area to survey. • It was also agreed that the reception should be a priority • The priorities chosen were ratified at a meeting of the partners

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:

The survey questions were discussed at a PRG meeting. The main factor that was taken into account was that last year's survey was deemed to be too long by many patients.

It was therefore agreed that:

- the survey should not be more than 2 sides of A4
- the questions about the two main areas of focus should use similar wording to the previous year in order for a comparison to be made.

The questions were drafted by the PRG and taken to a meeting of the partners in September 2013. The partners made a few suggestions regarding the wording, but otherwise the questions were agreed.

How our patient survey was undertaken:

- The majority of the survey was distributed during day time surgeries by the PRG who were encouraged to find that very few patients refused to take part. The PRG were on hand to help any patient who had difficulties completing the form.
- The survey was also posted onto the practice website and 9 questionnaires were submitted by this method.
- A total of 228 questionnaires were completed

Summary of our patient survey results:

a) Appointments

- In spite of the introduction of telephone triage appointments for all GPs, an increase in the number of on-line appointments offered and pre-booking of up to two weeks ahead, it was disappointing to see that patient perception is that it is still difficult to get an appointment with a GP.
- The majority of patients surveyed (51%) preferred to make an appointment by telephone although 68% felt that it was not easy to get through on the telephone. The number who book on-line has dropped slightly to 24%.
- 50% of patients surveyed did, however, feel that it was easy to speak to a doctor on the telephone.
- 74% of patients stated that there were no available appointments when they wanted them within the following two days

b) Reception

The results for reception staff were very similar to last year although it was noted that there was a high non-response rate (as high as 21%) to many of these questions.
The majority of patients found the reception staff helpful and understanding.

c) Respondents

As expected, the majority of respondents were White British (76%) with White European (5%) being the next highest ethnic group. This is in line with our practice ethnicity.

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

This describe 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:

The survey questionnaires were collated and analysed by a member of the PRG. Each question within the survey questionnaire was coded using a simple numerical system. The results from each returned response were logged using an Excel spread sheet. After all the responses had been coded and logged the results were totalled and the totals for each question translated into percentages using Excel. The percentages were rounded up or down as appropriate. From the totalled results Excel was further used to translate the figures into charts providing a visual image of the results.

Questions not answered were treated as 'non responses' unless the lack of response was linked to another question, in which case the response was logged as 'not applicable'. Where answers were given but not requested, where there were un-requested multiple responses or where the question response was spoiled the response was logged as a 'void response'.

The PRG met the partners, management team and staff representatives on 28th January 2014. The previous year's action plan was re-visited and achievements were noted.

The 2013/14 survey results were then discussed and the following points were noted:

- The practice list size has grown considerably since last year's survey from approx. 17,500 to over 17,800 and it is noted that the best access is generally from smaller practices.
- The latest amendments to the appointment system were adapted from a practice with good access therefore we need to ensure that we do not try to change anything that may undo the good work already done.
- The GPs feel that a triage system is preferable to open access.
- Patients often feel that they have been denied a GP appointment when they have been offered a telephone triage appointment. Some issues e.g. medication queries and test results can be dealt with effectively over the telephone.
- Patients need reminding that no one is turned away who needs to be seen the same day
- All present expressed disappointment that the booking of on-line telephone consultation appointments had failed. This was felt to be due to the system and will be revisited when the system has been changed to accommodate a clearer message.
- The PRG are discussing the possibility of a Twitter account for purposes of communicating with patients
- The practice has started to collect email addresses from patients

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

1. To do an appointment demand survey to determine how many patients were requesting an appointment and the outcome of that request
2. To research appointment systems in other practices. The PRG will take the lead on this
3. To use the TV screen in the waiting room more efficiently as a tool for patient education
4. To continue to build up a data base of patients' mobile phone numbers and email addresses.

We agreed/disagreed about:
There were no disagreements

ACTION PLAN

How the practice worked with the PRG to agree the action plan:
The above priorities were drafted into an action plan which was discussed and approved at a partners' meeting. The practice director then reported back to the PRG who also approved the plan.

We identified that there were the following contractual considerations to the agreed actions:
There were no contractual considerations. However, it was noted that patient consent was needed for the collection and use of mobile phone numbers and email addresses.

Copy of agreed action plan is as follows:

Priority improvement area Eg: Appointments, car park, waiting room, opening hours	Proposed action	Responsible person	Timescale	Date completed (for future use)
To determine how many patients were unable to make an appointment on request	Reception staff to do a tick box exercise when patients request an appointment to determine: <ol style="list-style-type: none"> 1. Patient is given a face to face appointment with a GP 2. Patient is given a telephone appointment with a GP or triage nurse 3. Patient is offered an appointment with a GP but declines 4. Staff member fails to offer an appointment of any kind 	Practice Director Office Manager Reception staff	Last two weeks of March 2014	
To research appointment systems in other practices, looking for ideas for improvement.	PRG to contact practices of like size and demographics to see how they manage their appointment systems	PRG	April – June 2014	
To make better use of the TV screen in the waiting room for purposes of patient education.	Practice and PRG to run a series of tailor made powerpoint presentations on the TV screen to help patients to understand the appointment system	PRG IT Manager	Ongoing from April 2014	

To improve communication between the practice and patients	Practice to continue to collect patients' mobile phone numbers and email addresses. Sign up forms being actively given to patients	IT Manager Office Manager Reception Staff PRG	Already ongoing	
--	--	--	-----------------	--

<p>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:</p>
<p style="text-align: center;">“You said We did The outcome was”</p> <p>You said: Please let us book appointments further than a week ahead We did: Allow the booking of appointments up to two weeks ahead The outcome was: Although some patients welcomed this move, our 'Did Not Attend' rate for these appointments rose to almost 10%</p> <p>You said: Please give us more on-line appointments to book We said: Ok The outcome was: More satisfied patients</p> <p>You said: Please introduce text messaging to remind us of our appointments We said: It is on our 'to do' list The outcome was: Text messaging began in December 2013</p> <p>You said: Please help us to access follow up appointments more easily We said: We will enable GPs to do this for you The outcome was: All GPs have protected appointments for follow ups which they can book themselves or ask reception staff to book</p> <p>You said: Please review the possibility of Saturday opening We said: This would be a change to our contracted extended hours. We already offer appointments from 7.00am on 3 mornings per week and up to 7.45pm on one evening. The outcome was: No change at present</p>
<p>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:</p> <p>There were no disagreements</p>

Publication of this report and our opening hours

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

The report has been published:

- On our practice website
- On the PRG notice board in the waiting room
- To the PRG members

Our opening hours are advertised:

- On the website
- On the front door
- In the practice leaflet
- On NHS Choices website

Opening times

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

The practice is open from 08.00 – 18.30, Monday – Friday

We offer extended hours appointments:

From 07.00 on Tuesday, Wednesday, and Thursday

Up to 19.45 on Wednesday/Thursday (alternate)