



PATIENT PARTICIPATION REPORT 2012/13

Establishment of Patient Representative Group

- *Description of how the practice has tried to recruit its PRG members*

As the members of our last PRG resigned in 2012, we immediately recruited a new group. An initial meeting was held in the practice on 14th March 2012 when 12 patients attended. This group of patients was invited to form a Patient Representative Group (PRG) and 3 patients accepted the offer. A further fourth member has since requested to join and this is now our PRG. The new PRG is proactive and has also recruited members to a Virtual Representative Group (VRG) by way of the patient survey which included an invitation to everyone who filled in the survey to join the VRG. This has resulted in us now having a wider cross section of patients with which to consult.

- *Description of the profiles of the practice and the PRG members (age, sex and ethnicity)*

The practice patient profile was identified including the balance of males to females, the age spread and the ethnicity of the patient group. Information from the 2011 National Census in NG24 shows that ethnicity is clearly in line with the profile produced by the practice. (See below 'Practice Patient Demographics and how they are reflected in the Patient Representative Group (PRG) and Virtual Representative Group (VRG)').

The PRG comprises one female and three male members. They are all White/British and over the age of 45 years. As just above 90% of the profile are White/British and none of the minorities are large, a minority representation on the PRG may make an imbalance and so the PRG is thought to be representative of the profile.

In addition, the PRG is also supported by the VRG. The representation in the VRG being a larger group, in age range and gender balance, is much closer to that of the patient population overall. While the VRG has a similar large proportion of White/British it also contains 2 minority members. This provides further representation in line with the practice patient demographics.

- *Describe specific minority groups within the practice population*

Whilst there is no one significant minority group, the largest group is our traveller patients who make up 2.6% of our practice population.

- *Describe how the PRG profile compares to the practice profile*

Please see the description above which describes the comparison. In addition, it was felt that the breakdown of respondents to the 2012/2013 patient survey was representative of the patient population.

See survey results (Qs 45, 46 & 50) for age, sex and ethnicity breakdown

- *Where the profiles differ describe why*
- *Where the profiles differ explain the steps taken to communicate with any underrepresented groups to persuade them to join the group*

As we have no large minority groups, we do not feel that the profiles differ. The PRG and the practice have made every effort to invite patients of any age, sex or ethnic group to both fill in the survey and to join the PRG/VRG and forms have been available in the practice for this purpose.

PRACTICE PATIENT DEMOGRAPHICS AND HOW THEY ARE REFLECTED IN THE PRG/VRG

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| | | |
|----------------------|-------|--|
| Total no of patients | 17428 | |
|----------------------|-------|--|

| | |
|--|----|
| Total no of patients in Reference Groups | 37 |
|--|----|

| Gender | | % |
|--------|------|------|
| Male | 8840 | 50.7 |
| Female | 8588 | 49.3 |

| PRG/VRG Gender breakdown | | | % |
|--------------------------|-----|-----|-------|
| | PRG | VRG | |
| Male | 3 | 17 | 54.04 |
| Female | 1 | 16 | 45.94 |

| Age range | | % |
|-----------|------|-------|
| < 16 | 3332 | 19.11 |
| 17-25 | 2109 | 12.1 |
| 26-35 | 2279 | 13.1 |
| 36-45 | 2504 | 14.36 |
| 46-55 | 2530 | 14.52 |
| 56-65 | 2059 | 11.8 |
| 66+ | 2615 | 15 |

| PRG/VRG total no member by age breakdown | | | |
|--|-----|-----|-----------------------|
| | PRG | VRG | Demographic req'mnt = |
| 17-25 | 0 | 4 | 4.5 |
| 26-35 | 0 | 4 | 4.8 |
| 36-45 | 0 | 6 | 5.3 |
| 46-55 | 1 | 5 | 5.4 |
| 56-65 | 1 | 6 | 4.4 |
| 66+ | 2 | 8 | 5.5 |

| Ethnicity | % |
|-----------------------|------|
| W/British | 90.6 |
| Irish | 0.38 |
| Polish | 1.9 |
| Traveller | 2.6 |
| Bangladeshi | 0.3 |
| Chinese | 0 |
| Japanese | 0 |
| Indian/British Indian | 0.5 |
| African | 0.5 |
| Caribbean | 1 |
| Other | 2.2 |

| PRG/VRG total members by ethnicity | | | |
|------------------------------------|-----|-----|-----------------------|
| | PRG | VRG | Demographic req'mnt = |
| W/British | 4 | 31 | 33.5 |
| Irish | 0 | 1 | <1 |
| East European | 0 | 1 | <1 |
| Traveller | 0 | 0 | <1 |
| Bangladeshi | 0 | 0 | <1 |
| Chinese/Japanese | 0 | 0 | 0 |
| African | 0 | 0 | <1 |
| Caribbean | 0 | 0 | <1 |
| Other | 0 | 0 | <1 |

Agreeing areas of priority with PRG

- *Describe how the practice obtained the PRG's views*

Several meetings were held between the PRG, representatives of the practice management, staff and GPs. The results of last year's survey were discussed and the progress against last year's action plan was analysed.

- *Specify the priority areas that the PRG explained were of most concern to them*

The main areas of concern identified by the PRG were the difficulty patients had in getting through on the telephone and the difficulties in getting appointments. It was felt that the two issues were inter-linked as the majority of patients still book by telephone although there is an increasing number who book on-line.

- *Specify the priority areas that were eventually selected*
- *Explain how/why these were selected*

The priority areas eventually selected were suggested by the PRG and agreed at a meeting of the PRG and the practice. To begin with we looked at our action plan from 2011/12 and reviewed the outcomes:

PPG DES ACTION PLAN 2011/12

| Priority for action | Proposed Changes | Who needs To be Involved? | Achievable Timeframe | Outcomes |
|-----------------------------|---|----------------------------------|---|--|
| To improve telephone access | 1. Increase number of on-line appointments offered | 1. Practice Director | 1. April 2012 | Number of on-line appointments was increased in March 2012. However, this will need reviewing again due to the increase in number of patients signing up for this service. |
| | 2. GPs to proactively manage some reviews by the use of telephone consultations | 2. GPs and Practice Director | 2. For discussion at April partners meeting. Implementation in May 2012 | More telephone consultations have been added to GP templates |

| | | | | |
|---|---|---|--|--|
| To widen on-line booking options | Look at feasibility of offering telephone consultations on-line | IT Manager Lead GP for IT Practice Director | September 2012 when new computer system has been installed and established | This is to be carried forward to 2012/13 due to the postponed installation of the new computer system which, for technical reasons, was not installed until January 2013 |
| To increase access by reducing DNAs | Introduce text messaging reminders to encourage patients to cancel unwanted appointments | IT Manager Lead GP for IT | July 2012 | This is to be carried forward to 2012/13 due to the postponed installation of the new computer system which, for technical reasons, was not installed until January 2013 |
| To give patients a better understanding of each GP's availability | Let patients know whether GPs are full time or part time with explanation of other reasons why GP may not be in surgery e.g. duty doctor, diabetic clinic, CCG meeting etc. | IT Manager (Website) Admin assistant (Poster) | May 2012 | Poster in waiting room and information on website regarding status of partners (FT/PT, male/female) with brief indication of other interests and commitments. |

It was felt that improving access both by easier access to appointments and by easier telephone access were top priorities. In addition to these, the PRG requested that the survey cover a diverse range of questions as, being a new group, they felt that this was an opportunity to ascertain the issues that patients felt were important. The areas eventually selected were therefore identified by the PRG and agreed by the practice.

- *Explain whether the selected priorities matched the initial priorities suggested by the PRG*

The PRG expressed a desire to devise the questionnaire for the patient survey themselves and this was agreed. Selected priorities therefore completely matched those suggested by the PRG due to the democratic consensus selection procedure outlined above.

(See survey questionnaire for details)

Conducting the Patient Survey

- *Explain how the questions for the survey were chosen*
- *Explain how these questions reflected the selected priority areas agreed above*

The initial questions selected for the patient survey reflected the key issues around telephone access and making appointments and were chosen by the PRG. This section covered all areas of telephone access and the making of appointments. In addition to these areas, the PRG requested that the survey also covered sections on arriving for appointments, seeing the doctor, opening hours, planning care and overall satisfaction. As a relatively new group, the PRG felt that this would give them an overall impression of how patients felt about the practice. The questionnaire was then shared with and approved by the partners.

- *Explain when your survey was conducted (dates)*

The survey questionnaires were distributed between December 2012 and February 2013 as hard copies.

- *Explain how your survey was conducted – what methods were used to ensure that as many patients as possible could take part – how many patients were surveyed*

Questionnaires were given out by GPs and Nurses as a part of the consultation process. The PRG also assisted the Practice by setting up sessions to ask patients if they wished to take part in the survey and also to help patients with the completion and return of questionnaires. There were 122 responses.

- *Explain how the results were collated – who collated them (practice, PRG member, outside organisation) – in what format (excel, word, graphs, etc)*

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 spreadsheet. 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'.

Where questions gave the option for multiple responses the resultant breakdown percentage figures were based upon the total amount of options chosen rather than the number of surveys returned.

- *Describe the results – if the results are lengthy it is recommended to provide a summary of the key results (percentages) in the report and refer to and attach the full results as a separate document – otherwise include all the results (percentages) in the report*

The results of the survey on the whole were encouraging and were felt to be an improvement on last year's survey results. However, there were some key areas to be addressed:

- 47% of patients stated their preferred method of making appointments was by telephone, but 34% stated that it was not very easy to get through to the surgery and 31% stated not at all easy
- 76% of patients reported trying to see a doctor within 2 working days but 56% reported no appointments while 13% did not want to see the doctor offered
- 26% of patients stated that they had to wait 4 – 7 days to see a doctor of their choice, while 20% reported usually not being able to see the doctor of choice
- 42% of patients reported that they use the on-line booking of appointments
- 39% of patients reported that it was fairly easy to get a follow up appointment with a doctor or nurse whilst 20% stated that it was not very easy
- 84% of patients felt that the opening hours were sufficient for their needs

See full survey results in attached document.

Survey results and agreement on key findings

- *Explain how the findings were fed back to the PRG (emailed, at a meeting, etc)*

The results of the survey were discussed by the PRG at a meeting and then at a meeting of the partners, management, staff representatives and the PRG on 5th March 2013.

- *Describe the PRGs comments*

The PRG reported that they were encouraged and felt that the survey results and patient comments were very reassuring about clinical practice. They also felt that the issues of concern were very much interconnected and that it would be beneficial to concentrate on the two main areas of getting through on the telephone and the problems around getting appointments.

- *Explain the proposed changes that were agreed and how/why these were chosen (just general areas of change – detailed implementation goes in the action plan later)*

Areas of proposed change were agreed between the PRG and the partners and staff. These areas were chosen following the results of the survey and were the key areas of concern for patients:

- Allowing pre-booking further than the one week currently allowed. This may help to alleviate the bottle neck at 8.00am.
- Make it easier for patients to book follow up appointments to alleviate frustration
- Promote more on-line booking of appointments to decrease the number of telephone calls coming into the surgery
- Enable telephone consultations with GPs to be bookable on-line to make it unnecessary to telephone the surgery for this service.
- Review the possibility of Saturday morning surgeries to give greater flexibility to working patients.

- Explain whether there were any significant changes identified that were not agreed by the PRG (if so and the practice wishes to implement these, the practice must seek approval from the PCT)

There were no significant areas of change that were not agreed by both parties.

- Explain whether any of the changes impact on contractual arrangements (if so these need to be agreed with the PCT)

A review around opening on Saturday mornings would impact on our contractual agreement with the PCT for extended hours. The PCT would need to agree any changes to these hours.

Action plan

- Attach a copy of a clear action plan – it is recommended that this be presented in a table format noting the actions, timescales, who is responsible for implementation, progress towards completion and column for completion date. This action plan should either be included within the body of the report text or reference made to a separate attached document.

PPG DES ACTION PLAN 2012/13

| Priority for action | Proposed Changes | Who needs To be Involved? | Progress towards completion | Achievable Timeframe |
|--|---|------------------------------|--|----------------------|
| To improve telephone access | Allow further ahead pre-booking of appointments | Practice Director | Practice Director to amend all templates in April to be ready to load onto the system for forward booking of appointments from July 2013 | July 2013 |
| | Increase number of on-line appointments offered | Practice Director | An increased number of on-line appointments have already been allocated and will be available to book from April 2013. | April 2013 |
| To improve access to appointments | Introduce text messaging reminders to encourage | IT Manager Lead GP for IT | IT Manager to liaise with GP Lead to action the introduction of | October 2013 |

| | | | | |
|--|--|--------------------------------|---|---|
| | patients to cancel unwanted appointments | | text messaging. | |
| | Enable patients to access follow up appointments more easily | All GPs Reception staff | All GPs have protected appointments that they can book patients into for follow up GPs given follow up slips to hand to patients for booking at reception desk | June 2013 |
| | Allow further ahead pre-booking of appointments | Practice Director | Practice Director to amend all templates in April to be ready to load onto the system for forward booking of appointments from July 2013 | July 2013 |
| | Review the possibility of Saturday opening | GPs Practice Director | To be discussed at next practice meeting in April. | To be decided as this would be a change to our contracted extended hours. |

- *Explain how the PRG were consulted on the action plan – how was agreement reached with them on the content*

The action plan was agreed at a meeting with the PRG, the partners, management and staff on 5th March 2013 having discussed the results of the patient survey and revisited last year's action plan. All areas were agreed by the PRG and the practice.

- *Explain whether there were any elements that were raised by the survey that could not be addressed/implemented by the practice – and explain the reason why*

The action to review the possibility of Saturday opening could not be implemented without discussion and agreement with the PCT as this would be a change to our contracted extended hours.

- *Confirm that the PRG agreed with the implementation of all the changes in the action plan*

The PRG agreed with the implementation of all changes in the action plan.

Publicising actions taken and achievements

- *Detail information on actions taken and subsequent achievement and directly link these to feedback from patients – eg “You said.... We did The outcome was.....”*

We will be thanking our patients and informing them of the outcomes as follows:

The Practice and the Patient Representative Group would like to thank all patients who took part in the 2012/13 patient survey. The following is a summary of the main action points as raised by you, our patients.

YOU SAID: Please allow us to book further than one week ahead

WE SAY: From July 2013, there will be available appointments up to one month ahead

YOU SAID: We like the option of booking on-line appointments, but there are not enough

WE SAY: From 1st April 2013, we have increased the number of on-line appointments on offer

YOU SAID: We would like to be able to book telephone consultations on-line

WE SAY: This facility will be available from July 2013

YOU SAID: We sometimes have difficulty booking follow up appointments

WE SAY: If a GP wishes to see you again, he/she can make it easier for you to rebook by either booking an appointment for you themselves or by giving you a slip to hand in at reception

YOU SAID: Why can't we have appointments on Saturday mornings?

WE SAY: This is something that will need further discussion as this would mean a change to our extended hours appointments

- *Explain whether there is 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 was no disagreement with the PRG on any aspect of the action plan.

- *Method of publication might be a poster in the waiting room, NHS Choices website, summary results emailed to PRG members*

We will be publishing the results of the survey and actions to be taken on the website and in the practice. The PRG already have copies of the results.

- *Explain how the report has been publicised:*
 - *That report has been posted to practice website*
 - *Practice should consider publicising the report as extensively as possible – the practice may wish to ensure that the following are aware that the report is available (and where):*
 - *PRG members*
 - *Patients who answered the survey questionnaire*
 - *The wider practice population*
 - *CCG*

The report will be posted on the practice website and in the practice. The PRG already have a copy of the report and a copy will also be sent to the CCG.

- *Describe the practice's opening hours and how patients can access services (ie by visiting, phoning, online booking, automated telephone booking, etc)*
- *Describe the practice's Extended Access hours (if applicable)*

Practice Opening Hours: 08.00 – 18.30 Monday – Friday
Extended Hours: 07.00 – 08.00 Tuesday, Wednesday and Friday
18.30 – 19.55 Alternate Wednesdays and Thursdays

Patients may access services in person or by telephone. On-line booking of appointments is available as is on-line ordering of prescriptions.