

The DES Requirement	Explanation	Validation
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Component 1: Establish a PRG comprising only of registered patients and use best endeavours to ensure PRG is representative

<p>Component 1</p> <p>(Page 5 – 7)</p>	<p>A description of the profile of the members of the PRG</p> <p>(page 10, A)</p>	<p>How many in your group? What are the demographics? Age/Sex/Ethnicity/Disability/Social factors i.e. employed, professional etc.</p>	<p>The practice has a population with 17% of patients over the age of 65 in other respects we have a similar patient population to surrounding surgeries, we have a high number of ethnic groups represented and have been accepting many patients from Eastern European patients living in the increasing number of rental properties in the area.</p> <p>The Practice has two PRGs</p> <p>The First meets in the evenings and is representative of the older patients. This group doesn't represent the very high ethnic grouping within the practice but provides a valuable forum which is challenging and conducts patient's surveys in the surgery.</p> <p>The Second is a virtual group which is based around E Mail distribution and feeding information to the surgery from the Website. There are a total of 42 patients on the E Mail distribution. This group is more representative of the practice population and has a wide age range, and a strong ethnic mix of patients. This also includes many working patients unable to attend meetings in the surgery and mothers of younger children, these groups do comment via the E Mail system.</p>

<p>Component 1</p> <p>(Page 5 – 7)</p>	<p>The steps taken to ensure that the PRG is representative of your registered patients and where a category of patients is not represented, the steps taken in an attempt to engage that category.</p> <p>(Page 10, B)</p>	<p>To do this, the practice needs to have an understanding of its practice profile. This understanding should take in to account more than just age and sex -</p> <ul style="list-style-type: none"> •Look at the social make up of the practice, are there a number of certain types/category of patients e.g. elderly/young/certain ethnicities? •What are the health factors that affect the practice e.g. do you have a lot of diabetic patients? •Are they represented as part of your group and if not, what have you done to try and get them involved? 	<p>The practice population has a higher than average number of diabetic patients which reflects the ethnic make up of our patient population. We also have an increasingly mobile population with the increase of rental accommodation in the area.</p> <p>The Practice has completed the following actions to improve the representation on the PRG.</p> <p>We have produced newsletters and put these on reception to be collected by patients visiting.</p> <p>We have added notes to prescriptions when collected at the surgery.</p> <p>We have given the practice newsletter to patients attending the walk in clinic for flu vaccines. The practice manager attended the walk in flu clinics, spoke to patients and invited them to join the PRG.</p> <p>Members of the PRG have stood in the waiting room and spoken to patients and invited them to join the group.</p> <p>Notices are running on the screen in the waiting room.</p> <p>The chair and Secretary of the PRG produced a notice giving their contact details and put it up in the waiting rooms.</p> <p>The secretary produced a folder for each room which she put the minutes in from meetings for patients to read.</p> <p>While many (42) have joined the virtual group through E Mail none have been willing to commit to serve on a committee or to attend meetings in the surgery. Patients are responding to E Mails sent with their views on changes and giving feed back following the patient surveys We have sent a newsletter explaining changes and inviting opinion every month since the group was introduced all of these are also available on our website.</p>
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Component 2: Agree with the PRG which issues are a priority and include these in a local practice survey

<p>Component 2</p> <p>(Page 7)</p>	<p>Details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local practice survey</p> <p>(Page 10, C)</p>	<p>At one of the first meetings, you should to ask the group what they feel should be included in the survey.</p> <p>You could use comments left by patients on NHS Choices to inform them or the results of your www.gp-patient.co.uk results.</p> <p>You could use complaints that patients have made and use these as a guide for what should be included e.g. opening hours</p>	<p>The PRG meeting wanted to understand if there was a demand for telephone consultations with the nurse, and if patients with a long term condition had a care plan. They also wanted to understand the patients preferred times for appointments. In addition the PRG wanted to have a wider understanding of patient's views and perception of service in general.</p> <p>The PRG produced its own survey and spent a week in the waiting rooms asking patients to complete the forms and seeking their opinions.</p> <p>In addition the practice purchased a more general patient survey from CFEP and ran that in the surgery a few months after the first one was completed by the PRG.</p> <p>Copies of both these surveys and the results are attached</p> <p>Looking at complaints on NHS choices we had 2 compliments and the only complaint was from a patient that we were not willing to register due to her location.</p> <p>We did through the CFEP survey seek patient views on our opening hours and how patients would like to see these change.</p>
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Component 3: Carry out the local practice survey and collate and inform the PRG of the findings

<p>Component 3 (Page 8 – 9)</p>	<p>The manner in which the practice sought to obtain the views of its registered patients (Page 10, D)</p>	<p>Did you ask the Dr/receptionist to give the surveys out? Was the survey online or emailed? Or posted? How many? Over how long? How did you decide with the group that the method you chose was the best way forward?</p>	<p>Surveys were carried out as above, with patients and staff giving these to patients. Both surveys were completed over a 2 week period, within the PRG there was much discussion about how best to run the survey and we agreed in the end that members of the PRG would attend the surgery and speak directly to patients in the waiting rooms and encourage them to fill in the survey. Also to seek informally their views on our service.</p> <p>Working with the PRG, new software and using patient comments the practice has built a patient feedback portal accessed from our Website. This allows patients to score us on key points and in the future the questions in the survey will be altered using suggestions made by patients on the E Mail PRG.</p>
	<p>Summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local practice survey (Page 10, G)</p>	<p>Include the survey results and/or summary, how are the results credible and how then results have been used to assess / identify issues and inform any proposals. It should be clear that what the assessment process was and explained to the PRG</p>	<p>Copies of the reports produced by both CFEP and the PRG are attached to the submission, also a suggestion from the PRG members produced with recommendations for the way forward.</p>

Component 4: Provide the PRG with an opportunity to comment and discuss findings of the local practice survey. Reach agreement with the PRG of changes in provision and manner of delivery of services. Where relevant, notify NHS England of the agreed changes

<p>Component 4 (Page 8 – 9)</p>	<p>Details of the steps taken by the practice to provide an opportunity for the PRG to discuss the contents of the action plan (Page 10, E)</p>	<p>Once the survey is completed, collate the findings and present it to the group. Based on the outcome of the survey, you must allow the group to decide what should be included in the action plan Includes dates of when the information is shared and considered by the PRG.</p>	<p>After each survey was completed the results were circulated to the PRG by E Mail and were also circulated by E Mail to the Virtual group. The virtual group were invited to comment by calling or by E Mail reply, and the PRG met in the surgery under the leadership of their own chairman. They kept their own records of the meetings, and E Mails that had been sent by patients were made available to the meeting in the surgery. All written comments made by patients there were included in the CFEP report. These were circulated to both groups and the summary report from the CFEP was laminated and displayed in the waiting rooms. Comments were received from patients over E Mail. A small group from the PRG took home all the comments and produced an analysis of the report and suggested ways forward. A copy of their report is attached. The key issue commented on by most patients was the use of the 0844 telephone number, it was accepted the number was charged at the local call rate for all BT calls. However with the increasing number of call packages that patients now used it was felt to be unacceptable for us to continue using the 0844 number. Other issues raised 1st Floor waiting room is crowded when both Doctors are consulting, Many patients were concerned about the lack of disabled access to the main doors. Patients have raised concerns about the chairs in the waiting areas and the lack of arms and also in some consulting rooms. In addition many comments are coming from patients that use the online booking for the doctors that they would like to be able to book on line Nurse and HCA appointments. This has a number of problems with management and availability of software and we agreed to monitor future releases of EMS WEB software with a view to implementing this change in the future.</p>
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Component 5: Agree with the PRG an action plan setting out the priorities and proposals arising out of the local practice survey. Seek PRG agreement to implement changes and where necessary inform NHS England

<p>Component 5 (Page 9)</p>	<p>Details of the action plan setting out how the finding or proposals arising out of the local practice survey can be implemented and, if appropriate, reason why any such findings or proposals should not be implemented. (Page 10, F)</p>	<p>Include timelines for actions, when these can be implemented, by who and if not, why not. Clearly state dates of when the action plan is agreed (or not).</p>	<p><u>After meeting with patients and following E Mails to the E Group the following plans were agreed:</u></p> <ul style="list-style-type: none"> ❖ The following plan was agreed and actions completed to deal with comments about the 0844 number. <ul style="list-style-type: none"> ❖ Introduce a new geographical phone number ❖ Run the number in parallel to the existing 0844 number ❖ Advertise the new number on screen in waiting room ❖ Produce a newsletter about the new phone number ❖ Change the appointment cards, booklets and all letters ❖ Change the notices on front of the building ❖ The following was agreed and implemented for the crowded waiting room <ul style="list-style-type: none"> ❖ When ever possible only one doctor will consult at a time upstairs. ❖ Dr Jadoon to be moved to the ground floor using consulting room 1 when ever possible ❖ When 2 doctors are consulting upstairs their patients are asked to wait in the ground floor waiting area and called up by the doctor ❖ The following was completed for the disabled access <ul style="list-style-type: none"> ❖ In May we installed swing doors on a remote control to aid access for wheel chairs ❖ The following was agreed and completed for chairs is in the consulting rooms and waiting areas <ul style="list-style-type: none"> ❖ New chairs with arms have been bought and all consulting rooms now have chairs with arms ❖ Chairs in waiting rooms will be phased out and ones with arms installed.
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Component 6: Publicise the Local Patient Participation Report on the practice website and update the report on subsequent achievement

<p>Component 6 (Page 10)</p>	<p>Details of the action which the contractor</p> <ul style="list-style-type: none"> ●and, if relevant, NHS England (or other appropriate organisation where such functions may have been delegated), intend to take as a consequence of discussions with the PRG in respect of the results, findings and proposals arising out of the local practice survey; and ●where it has participated in the DES for a year (1 April - 31 March), or any part thereof, ending 31 March 2013, has taken on issues and priorities as set out in the Local Patient Participation Report <p>(Page 10, H)</p>	<p>Update action plan from previous year (2013)</p>	<p>In previous years the PRG has been keen to ensure we offer more than one doctor for extended hours.</p> <p>We have continued to offer appointments with 4 different doctors on 2 different evenings and some mornings before 8AM. All other matters were closed in the previous year.</p> <p>We have continued with the PRG to try and influence local planning through our MP and through local councillors with the aim of getting a pedestrian phase put in at the traffic lights. And to have disabled parking bays put in front of the surgery.</p>
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Component 6: Publicise the Local Patient Participation Report on the practice website and update the report on subsequent achievement

	<p>The opening hours of the practice premises and the method of obtaining access to services throughout the core hours</p> <p>(Page 10, I)</p>		<p>The practice is open from 8 AM to 8 PM Tuesday and Thursday and from 8 AM to 6:30 PM on Monday, Wednesday and Friday. We do not close lines or reception at any stage during our opening hours.</p> <p>The duty doctor is always available to patient from 8 AM to 6:30 PM.</p> <p>The appointment system is available to patients via the internet 24 hours a day as is the automated telephone system.</p> <p>Patients are able to E Mail requests for repeat scripts 24 hours a day from our Website</p>
<p>Component 6 (Page 10)</p>	<p>Where the contractor has entered into arrangements under an extended hours access scheme, the times at which individual healthcare professionals are accessible to registered patients</p> <p>(Page 10, J)</p>		<p>Every Tuesday 2 doctors until 8PM</p> <p>Every Thursday 1 doctor until 8PM</p> <p>Alternative Mondays 1 doctor from 7AM to 8 AM</p> <p>From March 1 Nurse on alternative Tuesdays until 8 PM</p> <p>Under extended hours we are required to provide 3.5 hours a week. We actually provide 5 hours doctor’s appointments a week and will provide a morning clinic from 7 to 8 AM twice a month. This gives patients a choice of 4 doctors with extended hours. We have 2 doctors available on Tuesdays and 1 doctor on Thursdays until 8PM. In addition in March we have introduced a 1.5 hour clinic on alternative Tuesday evenings for a nurse. This means we are offering at standard 6 hours extended hours a week against a national requirement of 3.5 hours.</p>