



Robert Frew Medical
Partners PRG Report
2013/14

Robert Frew Medical Partners Annual PRG Report

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PRACTICE PROFILE

Robert Frew Medical Partners have been on the Wick Estate since 1998. Originally the practice was situated at Franklins Way on the Southend road. Having moved to the Wick estate the practice population has grown steadily to its present level of approximately 14160 a slight increase from last year.

The Demographics of the practice population are as follows *(due to rounding up/down not all % may total 100) This does not include patients under 16 as they are not eligible to be on the PRG.*

16 – 24 year old	1213	11%
25 – 34 year old	1736	15%
35 – 44 year old	2256	20%
45 – 54 year old	1949	17%
55 – 64 year old	1528	14%
65 and over	2533	23%

Of the totals above

Female	5821	52%
Male	5394	48%

The practice has approximately 5415 patients with a record of their ethnicity which is broken down as follows:

White British	95%
Mixed	1%
Asian	1%
Black	2%
Chinese + Others	1%

N.B: The ethnicity breakdown has not changed significantly over the past year

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Practice Profile cont.

From the information available from the 2011 Census of 3 Wickford wards showed Demographics and Ethnicity as follows

Male	48.6%
Female	51.3%
White	93%
Black	1.1%
Asian	1.5%
Mixed	1.5%
Other	3%

The Make-up of the practice PRG

Before the Department of Health brought out the Patient Representative Group Direct Enhanced Service, the practice had already set up The Robert Frew Patient Participation Group.

The group has been in existence now for nearly four years and has been central in organising the survey for patients to identify the key areas on which to base this year's survey. Members again have helped the practice with the annual Influenza Campaign including aiding our nursing staff at Christchurch hall to prepare patients for their vaccinations and serving refreshments with proceeds going to charity.

One of our members is part of SEMC, our local consortium, patient representative group which reports back to our group regarding local area issues from Basildon and Brentwood CCG.

The patient group successfully campaigned against the Blood Testing service being moved to Bedford, meeting with the Head of Commissioning at BBCCG to air their concerns

The patient participation group would like to remain as a body which meets face to face, however it is again acknowledged that the make-up of the group is not totally representative of the practice population, which is a pre-requisite for the PRG DES.

Continued efforts, as explained below, continue to be made by the group and the practice to recruit patients from particular ethnic areas and age groups which are at present not represented on the face to face group but are on the Virtual group.

Promotion and Recruitment of the Virtual Patient Group

As last year the following groups have been provided with Virtual Patient Group sign-up sheets and participation discussed. (Attachment A)

1. New patients 16 and over at their new patient registration health check with the practice nurse.
2. Existing patients attending long term condition appointments, Diabetic, COPD, Asthma, and CHD.
3. Patients with Learning Difficulties attending for their annual assessment along with their carers.
4. Patients in 'at risk groups' were provided with sign-up sheets with their influenza invite letter through the annual mail shot.
5. Posters advertising the Virtual PRG group are displayed within the waiting area in the practice.
6. Virtual sign-up sheets are available to print off on the practice website.
7. Telephone contact made with managers of residential and nursing homes advising of the virtual group. Follow up letters sent.
8. Positive identification of ethnic minorities attending the surgery and sign-up forms given.
9. Posters promoting the virtual group are displayed in the surgery treatment rooms and in all consulting rooms, including the room used by the midwife.

In total again this year approximately 2000 sign-up forms were given out to patients within the practice.

Make-up of the Virtual Patient Representative Group

The PRG is made-up of the following (including the original face to face patient participation group)

Total group number

65

GROUP

NUMBER

% of GROUP

Female

40

61%

Male

25

39%

16 – 24 year old

0

0%

25 – 34 year old

2

3%

35 – 44 year old

9

14%

45 – 54 year old

11

17%

55 – 64 year old

23

35%

65 and over

20

31%

White

White British

60

93%

Other white background

Mixed

White & Black Caribbean

0

White and Black African

0

White and Asian

0

Other Mixed background

0

Asian or Asian British

Indian

1

1.5%

Pakistani

1

1.5%

Bangladeshi

0

Any other Asian background

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Make-up of the Virtual Patient Representative Group cont.

Black or Black British

Caribbean	1	1.5%
African	0	
Other Black background	0	

Chinese or Other Ethnic Group

Chinese	0	
Any Other	1	1.5%

The practice believes that all practicable and reasonable efforts have been made to recruit a representative mixture of the practice population. The group is representative of Carers, the Disabled, patients with Long Term Conditions, patients in nursing/residential homes and patients with Learning Difficulties as well as members from various ethnic groups. However the practice will continue to recruit where possible, further members to the VPG and PPG so that all patient groups are represented.

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Key Priorities

The patient group agreed with the practice to use the original Key Priorities form provided by the then PCT to identify the areas which patients found most important.

Key Priority forms were given out to patients in the following way:

1. New patients 16 and over at their new patient registration health check with the practice nurse
2. Existing patients attending long term condition appointments; Diabetic, COPD, Asthma and CHD
3. Patients with learning difficulties attending for their annual assessment along with their carers
4. Patients in 'at risk groups' were provided with a key priorities form with their annual influenza letter
5. Posters advertising the Key Priorities form were displayed within the waiting area in the surgery
6. Key Priorities forms were available to print off from the website
7. Telephone contact made with managers of residential homes asking them to seek residence opinions. Follow up letters were also sent out.
8. Positive identification by staff of ethnic minorities attending the surgery
9. The patient Participation Group attended the practice during surgery times over a two week period to canvass patients' views.

RESULTS OF KEY PRIORITIES SURVEY

Of the approximate 1000 forms given out 151 forms were received back from patients and the following results identified the key priority areas in order of importance

1. Contacting the practice
2. Access
3. Practice Premises
4. Reception Issues
5. Opening Times

The results of the survey were discussed with the patient participation group (Attachment E). The group discussed the top priority, The Telephone System and how this could be improved as patients were complaining about the cost. The group had several meetings with Daisy, the practice telephone system provider over the past year. Following a change in the GP contract regulations, Daisy agreed to provide a geographical number for the practice which still would offer all the advantages of an 0844 number but without the cost. The group felt that this was a massive step forward and as this was already in action did not think that a survey on the telephone system would be productive.

The group discussed the issue 3, practice premises. Patient had identified this as a priority as the building was showing signs of wear and tear. However the fact that the building was suffering subsidence and that the practice was waiting on the insurers to under pin the building and subsequently redecorate, the group felt again that a survey on this issue would not be productive.

The group discussed Access, Reception Issues and Opening times. The group felt that access had improved over the past 3 years with extended hours opening, but that patient expectation had grown again. It was felt that the use of modern technology was helping access; Online booking of appointments, Online Ordering of repeat prescriptions and the SMS text reminder service. Reception Issues and Opening times were also discussed and it was agreed that the Annual Patient Questionnaire should be based on these three issues. The group along with practice staff drafted the questionnaire based on a cut down version of the GPAC survey.

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The Annual Patient Survey 2013/14

The survey was given out to patients in the following ways:

1. The patient participation group agreed to canvass patients regarding the annual questionnaire based on access. The group attended each morning and afternoon at the surgery for 2 weeks in February to obtain the views of as many patients as possible, positively identifying different patient groups.
2. To The Virtual Patient Group via emails requesting them to complete the Annual questionnaire.
3. To new patients 16 and over at their new patient registration health check with the practice nurse.
4. To existing patients attending long term condition appointments, Diabetic, COPD, Asthma, and CHD.
5. To patients with Learning Difficulties attending for their annual assessment along with their carers.
6. Posters advertising the questionnaire were displayed within the waiting area in the practice.
7. The questionnaire was available to print off on the practice website.
8. Telephone contact made with managers of residential and nursing homes asking them to seek residence opinions. A follow up letter was also sent.
9. Positive identification by practice staff of ethnic minorities attending the surgery to offer completion of questionnaire.

ANNUAL PATIENT SURVEY RESULTS

In total approximately 1000 survey were given out and 330 patients returned their questionnaires. The results are as follows:

HOW HELPFUL DO YOU FIND THE RECEPTIONISTS AT YOUR GP PRACTICE?

175	Very Helpful	53%
137	Fairly Helpful	41.5%
18	Not at all Helpful	5.5%

HOW EASY IS IT TO GET THROUGH TO SOMEONE AT YOUR PRACTICE ON THE PHONE?

33	Easy	10%
160	Fairly Easy	49%
135	Difficult	41%
2	No Answer	0.5%

IF YOU NEED TO SEE YOUR GP URGENTLY, CAN YOU NORMALLY GET SEEN ON THE SAME DAY?

148	Yes	45%
126	No	38%
55	Don't Know/Never Tried	17%
1	No Answer	

HOW EASY IS IT TO BOOK AHEAD IN YOUR PRACTICE?

94	Easy	28.5%
164	Fairly Easy	49.5%
69	Difficult	21%
3	No Answer	1%

HOW DO YOU USUALLY BOOK YOUR APPOINTMENTS AT YOUR PRACTICE?

98	In Person	30%
182	By Phone	55%
48	Online	15% (16.4% of population registered for online)
2	No answer	

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Annual Patient survey Results cont.

THINKING OF THE TIMES WHEN YOU ARE WILLING TO SEE ANY DOCTOR, HOW QUICKLY DO YOU USUALLY GET SEEN?

66	Same Day	20%
123	2-4 Days	37%
117	5 Days or more	35.5%
24	No Answer/Never Tried	7.5%

IS THIS PRACTICE CURRENTLY OPEN AT TIMES THAT ARE CONVENIENT TO YOU?

290	Yes	88%
32	No	9.5%
8	No Answer/Don't Know	2.5%

WHICH OF THE FOLLOWING ADDITIONAL OPENING HOURS WOULD MAKE IT EASIER FOR YOU TO SEE OR SPEAK TO SOMEONE?

80	Before 8.00am	14.5%
53	At Lunchtime	10%
121	After 6.30pm	22%
156	On a Saturday	28.5%
77	On a Sunday	14%
32	None of these	6%
28	No Answer/Don't Know	5%

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Demographic breakdown of respondents

Total respondents	330	
Male	107	32%
Female	204	62%
No Answer	19	6%

Age Groups

16 – 44 years old	120	36%
45 – 64 years old	109	33%
65 – 74 years old	49	14%
75 and over	32	10%

Ethnicity

White	294	89%
Mixed	3	1%
Asian & Asian British	3	1%
Black or Black British	5	1.5%
Chinese or Other		
Chinese	2	0.5%
Other	2	0.5%

Do you have a long-standing health condition?

132	YES	40%
164	NO	50%
15	DON'T KNOW	4%
19	NO ANSWER	6%

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ACTION PLAN

The results of the survey were sent out to the Virtual Group for their comments and were also discussed at the monthly patient participation group meeting.

Extract from - Robert Frew Patient Partnership Group Minutes of 46th Meeting Held 17th March 2014

At The Robert Frew Medical Centre

Present

Lesley Cogan: Vice Chair, Jean Ursel: Secretary

Alan Bedingham, Jacqueline Coleman, Carole Groves, John Langley, Dr Tony Ogunsanya, Colleen Shelley, Janet Whitaker.

The meeting commenced at 6:45 pm.

<p><u>46/01 Apologies</u></p> <p>Apologies were received from. Jayne Bevis, Tony Burr, Len Coles, Patricia Marshall, Mike Prior, Alan Ursell</p>	
<p><u>46/02 Minutes from last meeting and Matters Arising.</u></p> <p>45/01.1 Volunteers rota for survey organised and survey carried out.</p> <p>45/07.3 PPG poster updated with correct names.</p> <p>45/07.4 The down lighters in the waiting rooms have been turned on.</p> <p>45/07.8 CM contacted and hopes to return when she starts her new job in April.</p>	
<p><u>46/03 Patient survey</u></p> <p>46/03.1 The survey results were circulated and discussed. The number returned was about the same as last year.</p> <ul style="list-style-type: none"> • Slightly disappointed with the answers about the receptionists, the committee agreed that it was a good idea to have a meeting with the receptionists to see if they have any suggestions for improvements which could be trialled. They have had on-line customer care training. • The phone problems are already being dealt with. • Same day appointments are usually emergency ones and there are limited numbers available. • Booking ahead is usually for follow-up appointments (see 44/07.1b). • On-line booking of appointments carried out by 15% of 16.4% who are registered. New patients are given the option to book on-line. Dr Ogunsanya not on the on-line system as he has to attend many meetings and could be double booked. • Disappointed and surprised that it can take 5 or more days to see a doctor but may be due to the fact that recently the practice has had a lot of doctors off. • Opening times seem to please most people and it was recommended that we wait to see what the out of hours finance will be for the next year before making any decisions. • There were more patients in the younger age group and more from the ethnic minority groups than in previous surveys. <p>The practice will continue on-line booking, on-line repeat prescriptions, texting patients and the use of follow up slips.</p> <p>46/03.2 Colleen asked Alan B to send her a copy of the bar charts from the previous survey.</p> <p>46/03.3 Colleen will use the same format as before for the PRG report but with the new practice profile and will send us copies.</p>	<p>AB</p> <p>CS</p>

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The PPG discussed the survey results and drafted proposals for the action plan for the partners to discuss at their next meeting.

DRAFT PROPOSALS -The following are the draft proposals decided by the PPG to be discussed at the next partners meeting for agreement.

On-Line Booking of Appointments	To continue to actively promote the service using <ol style="list-style-type: none"> 1. Posters 2. Script counterfoil message 3. New patient offered sign up at NPHC 4. Website 5. Quarterly Newsletters
On-Line ordering of repeat prescriptions	To continue to actively promote the service using <ol style="list-style-type: none"> 6. Posters 7. Script counterfoil message 8. New patient offered sign up at NPHC 9. Website 10. Quarterly Newsletters
SMS Text Appointment Confirmation and Reminder Service	To continue to actively promote the service using <ol style="list-style-type: none"> 1. Posters 2. Script counterfoil message 3. New patient offered sign up at NPHC 4. Website 5. Quarterly Newsletters
Follow Up Appointments	To encourage GP's to issue patients with a follow up slip to present to reception to enable advance booking
Reception Training	To continue on-going Customer Care Training online. Also to set up an ideas meeting with reception team to seek ownership of protocols and procedures.
Extended Hours	To continue if financed

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The partners met on Friday 21 March 2013 to discuss various practice issues. The following is an extract from the minutes of the meeting where they discussed the PPG proposed action points.

Present: Dr Ogunsanya (OO), Dr Ibrahim (SI), Dr Tayo (AT), Dr Boateng-Gaisie (LBG), Dr Odufuye, Dr Chakera, Colleen Shelley (CS), Allison Whyte (AS)

Agenda Item 3.

CS advised the meeting of the results of the patient survey and presented the proposed action plan.

AT was disappointed at the result of being able to book an appointment with any GP, 5 or more days being the highest score. CS advised the meeting that until recently the time to see any doctor was running at 2-4 days however with the recent spell of sickness of 3 partners it was felt that this had had a huge impact on appointments. CS advised the meeting of the proposal to use follow up slips to give to patients to enable them to book a follow up appointment. The partners agreed to this proposal.

MO commented on the result that 41.5% of patients thought that the receptionists were 'fairly helpful'. Surely we should be expecting receptionists to be very helpful. CS advised the meeting that the reception staff continue to have on-going customer service training online. Some staff had reported that some procedures were confusing. The patient group had suggested a reception meeting to clarify procedures and to obtain suggestions as to how things could be improved. The meeting agreed to this proposal.

OO commented on the online registration service and that from the survey results 15% of patients were using it to book appointments. Patients had commented to him about how useful it was. CS advised that the patient group had suggested rolling it out to include nursing appointments, however CS had advised then that this would be potentially disastrous as patients could be booking 10 min appointments for 30 minute Chronic Disease clinics and that not all nurses did certain procedures and consultations which could lead to a patient booking with the wrong nurse. The PPG accepted this as a reason not to suggest the roll out of nurses' appointments on the online system.

The meeting was happy to agree with the PPG that the online system of booking appointments and ordering repeat scripts should continue and that SMS messaging was also working well so this should also continue.

The partners discussed the satisfaction level with opening times. They were pleased that 88% were happy but went on to discuss how likely it was that they would continue to offer Extended Hours as nothing had been confirmed from NHS England whether any payment would be made after April. CS advised the meeting that the PPG was aware of this problem and therefore they had suggested that the practice continue to offer extended hours should NHS England reimburse the practice for the service but that they understood that the service had a financial cost and that the practice may not be able to sustain this. OO advised that with Federation 7 day working 8 till 8 may be possible but this would have to be in conjunction with other practices as no one practice could work those hours.

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Action Plan cont.

LAST YEARS ACTION PLAN

<i>On-Line Booking of Appointments</i>	<i>To continue to actively promote the service using</i> <ol style="list-style-type: none">11. Posters12. Script counterfoil message13. New patient offered sign up at NPHC14. Website15. Quarterly Newsletters16. To investigate power point presentation on T.V in waiting room	<ol style="list-style-type: none">1. Practice to report back to PPG group on a monthly basis with take up numbers2. Partners to feed back any problems to CS at monthly partners meetings
<i>On-Line ordering of repeat prescriptions</i>	<i>To continue to actively promote the service using</i> <ol style="list-style-type: none">17. Posters18. Script counterfoil message19. New patient offered sign up at NPHC20. Website21. Quarterly Newsletters22. To investigate power point presentation on T.V in waiting room	<ol style="list-style-type: none">1. Practice to report back to PPG group on a monthly basis with take up numbers
<i>SMS Text Appointment Confirmation and Reminder Service</i>	<i>To continue to actively promote the service using</i> <ol style="list-style-type: none">6. Posters7. Script counterfoil message8. New patient offered sign up at NPHC9. Website10. Quarterly Newsletters11. To investigate power point presentation on T.V in waiting room	<ol style="list-style-type: none">1. Practice to report back to PPG group on a monthly basis with take up numbers

IT SHOULD BE NOTED THAT DESPITE EFFORTS THE PRACTICE HAS BEEN UNABLE TO GET TV SCREENS WORKING IN THE WAITING ROOM AS PROPOSED IN THE ABOVE ACTION PLAN

The meeting therefore agreed that they should adopt the PPG's proposals as stated below

SERVICE	ACTION	REVIEW DATE/ACTION
On-Line Booking of Appointments	To continue to actively promote the service using <ol style="list-style-type: none">23. Posters24. Script counterfoil message25. New patient offered sign up at NPHC26. Website27. Quarterly Newsletters	<ol style="list-style-type: none">1. Practice to report back to PPG group on a monthly basis with take up numbers2. Partners to feed back any problems to CS at monthly partners meetings
On-Line ordering of repeat prescriptions	To continue to actively promote the service using <ol style="list-style-type: none">28. Posters29. Script counterfoil message	<ol style="list-style-type: none">1. Practice to report back to PPG group on a monthly basis with take up numbers

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	<p>30. New patient offered sign up at NPHC</p> <p>31. Website</p> <p>32. Quarterly Newsletters</p>	
SMS Text Appointment Confirmation and Reminder Service	<p>To continue to actively promote the service using</p> <p>33. Posters</p> <p>34. Script counterfoil message</p> <p>35. New patient offered sign up at NPHC</p> <p>36. Website</p> <p>37. Quarterly Newsletters</p> <p>38. To investigate power point presentation on T.V in waiting room</p>	<p>2. Practice to report back to PPG group on a monthly basis with take up of numbers and any problems arising</p>
Follow Up Appointments	<p>39. To encourage GP's to issue patients with a follow up slip to present to reception</p>	<p>1. PM to speak to partners and monitor use reporting to the PPG on a monthly basis as to waiting time for an appointment</p>
Reception Training	<p>40. To continue on-going Customer Care Training online</p>	<p>1. Deputy PM to facilitate online learning at TTL sessions throughout the year</p>
Extended Opening Hours	<p>41. To continue this until 31/3/14 and await NHS England's' directions</p>	<p>2. PM to keep PRG informed of NHS England's decision</p>

PRACTICE OPENING TIMES

Patients can contact the practice, over the phone or face to face at any time listed below to book/cancel appointments, collect prescriptions etc.

Monday	8.00 – 18.45
Tuesday	8.00 – 18.45
Wednesday	7.15 – 20.15
Thursday	8.00 – 18.45
Friday	8.00 – 18.45
Saturday	9.00 – 12.00
Sunday	Closed