

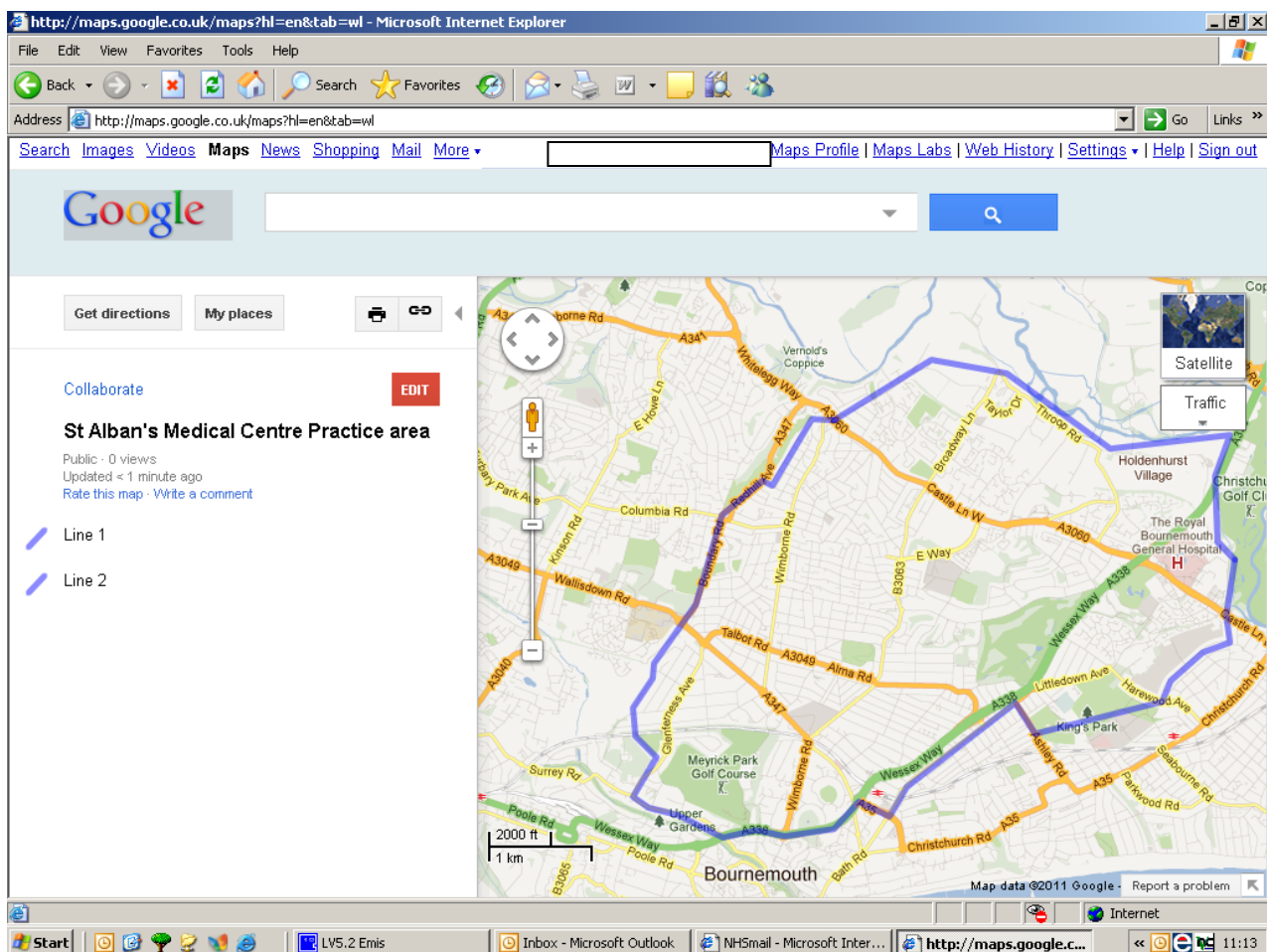
St Alban's Medical Centre

Patient Participation Annual Report – 2013 – 14 Published March 2014

The practice established a Patient Reference Group in 2011/12, to obtain feedback from patients and include them in identified service redesign. In the recent past, the practice had obtained feedback from locally administered standardised surveys (commissioned from CFEP) and practice-level analysis of a national survey tool (provided by IPSOS Mori on behalf of the Department of Health), but it was felt that more specific and targeted questioning would be more effective in influencing change. A practice-administered survey was used in 2012, and the subsequent discussions with the Patient Reference Group led to some changes in the appointment system.

Practice Profile

St Alban's Medical Centre is situated in a residential area of Charminster, Bournemouth, covering the area bounded by the blue line, as outlined below:



The practice covers a wide urban / suburban area, encompassing large detached houses through to flats and apartments. There is a range of housing, from owner-occupied to rented accommodation and social housing. There are no areas of acute social deprivation included in the practice area.

The practice population varies slightly over time, but is currently 10390, with a turnover of around 8 - 10% per year. From our clinical database, we are able to extract information, where available, on age / gender / ethnicity.

The age / sex ratio at February 2014 stands at:

	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	100+
Male	598	562	611	777	841	636	585	386	180	35	0
%	6%	5.5%	6%	7.5%	8%	6%	5.5%	3.5%	2%	0.5%	
Female	582	498	634	727	689	608	601	405	308	90	7
%	5.5%	5%	6%	7%	6.5%	6%	6%	4%	3%	1%	

The gender distribution is approximately 50:50, with 6% of our male patients and 8% of our female patients aged 70 or older.

We have information on ethnic origin for around 30% of our practice population:

Ethnicity	Percentage of population
White UK	80
Black	4
Asian	7
Chinese	2
Other	7

The “other” ethnicity category reflects a fairly substantial and long established Turkish population, as well as a growing number of patients from countries in Eastern Europe.

The practice has 91 registered carers, 28 patients with learning disabilities, and also caters for the needs of 84 patients in nursing or residential care. Additionally the practice offers medical care for residents of a local women’s refuge. Otherwise, the practice population does not include any marginalised group nor is there a high incidence of drug users in the population. We are situated some distance from the University and attract only a few students as patients.

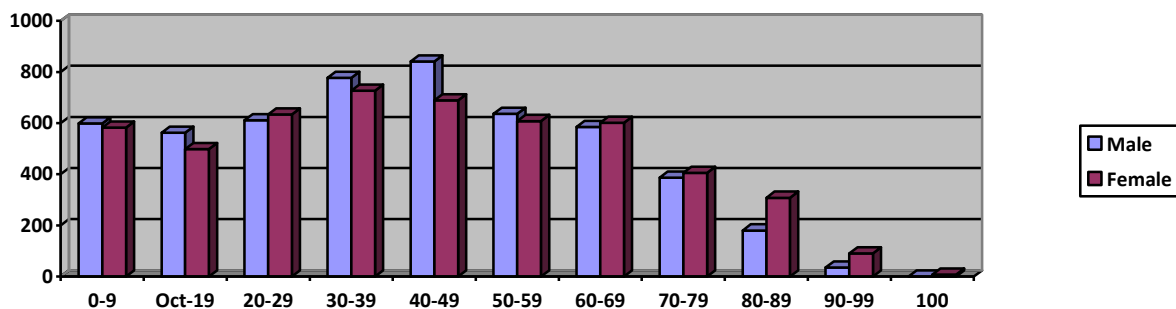
Patient Reference Group profile

In our first year (2011/12), we aimed to recruit a group that was representative for age and gender. We did not take specific account of ethnicity, because the practice serves a predominantly White British population, although we were keen to get representatives with a variety of ethnic backgrounds.

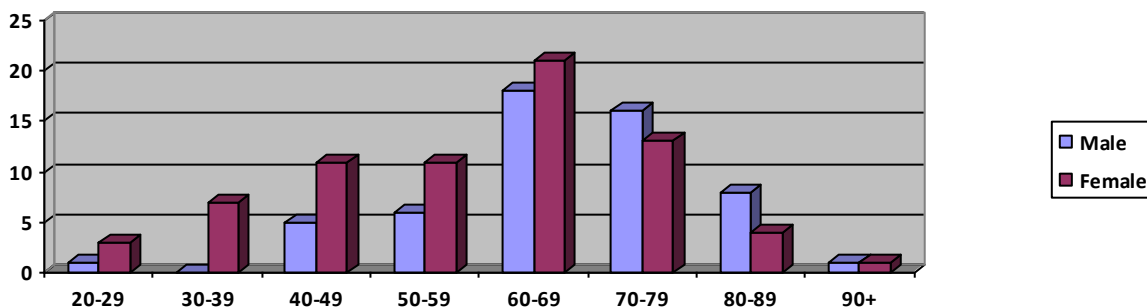
We had 123 patients volunteer to join the Patient Reference group in 2011/12 – the numbers are very similar now, although some patients have died or left the practice and new members have joined. We have tried hard to recruit younger people to the Patient Reference group but, despite targeting them with surveys and posters in the practice, we were unable to attract any other volunteers below the age of 35. We recruited additional volunteers by asking them to complete a survey and inviting them to join the Patient Reference group at that point. We also put messages on prescription slips to try to gain volunteers.

The age distribution was as follows:

	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90+
Male	1	0	5	6	18	16	8	1
Female	3	7	11	11	21	13	4	1



Age distribution of practice population



Age distribution of Patient Reference group (after 2013/14 recruitment)

The majority of volunteers are White British, with two giving their ethnicity as White Other and two as Chinese. 9 volunteers did not state their ethnicity.

In 2011/12, of those who gave the information, 33 were employed, 30 retired, 3 self-employed, 2 students, 6 unemployed. 48 patients did not give any information. We do not have information for the new members of the Patient Reference group, as they did not give the information when completing the survey. The Patient Reference group has six carers, 11 parents of children under 16, and 16 patients with a disability.

1 in 3 of respondents asked for communication by mail, as they did not have access to email.

The Patient Reference Group is not directly representative of the registered patient population, when one looks at age and gender distribution. This is despite specific efforts to target younger patients and those from minority ethnic groups (we tried messages on prescriptions and articles in the newsletter). It is recognised that patients in older age groups need to use health services more frequently, and we feel that the Patient Reference Group membership is reflective of the practice population in that respect.

Recruiting patients for the Patient Reference group

We continued to try to add patients to our Patient Reference group in 2013/14, but have only attracted older patients (over age of 50) to the group. We recruited additional volunteers by asking them to complete a survey and inviting them to join the Patient Reference group at that point. We also put messages on prescription slips to try to gain volunteers.

We only have data on the ethnic origin of about 30% of our registered patients. Comparing this data to that of previous years, it would appear that the practice now has a greater number of patients who are not from a White British background, but we have been unable to attract any of these ethnic groups to join the Patient Reference Group.

Changes implemented as a result of the 2012/13 survey

1. Promote online booking of appointments, to relieve pressure on the telephone system.
2. Maintain availability of prebookable appointments available 1 – 3 days ahead.
3. Maintain additional staffing for early morning, to handle telephone calls.
4. Publish newsletter on website

These changes were publicised by newsletter, messages on prescriptions, and posters in the surgery.

One suggestion at the face to face patient meeting was to display the details regarding online booking of appointments actually on the Reception desk. This has been very successful in promoting the service, and has resulted in more patients signing up.

Deciding priorities for 2013 - 14

At discussed at the February 2013 face-to-face meeting, the clear priority for patients continues to be improving telephone access and the appointment system. This is also borne out by internally and externally administered surveys, and by review of complaints made by patients. Previous survey analysis has shown that the patients are almost evenly split in their wish to have more book in advance appointments (a few weeks ahead and a few days ahead) and to have more book on the day appointments.

Meeting attendees also thought that it would be useful to gather feedback on patient satisfaction with other aspects of the practice's services.

The Survey

The survey included questions on appointment systems, telephone access, satisfaction with the Reception and Prescription teams, GP availability and Continuity of Care. The survey was generated in-house by the Practice Manager, who has had some training on obtaining feedback / conducting surveys through AMSPAR.

Surveys were sent out by mail or email to the patients on the 2012/13 Patient Reference Group list. In addition, surveys were handed out by Reception staff from July to September 2013 to patients attending the surgery.

In total, 203 surveys were completed and returned to the practice.

Survey findings and Patient Reference Group discussion

The survey findings were collated and are attached to this report. These findings were forwarded to all the members of the Patient Reference Group by email or letter on 16th October 2013, asking for feedback and for willing participants to attend a face-to-face discussion meeting on 3rd December 2013 to discuss findings and agree action plans.

A meeting was set up with the Senior Partner, Practice Manager and those members of the Patient Reference Group who wanted to meet face-to-face. The participants were aged between 35 and 85; all participants were of White British ethnic origin.

Twelve people attended a meeting on 3rd December 2013. Because of practice commitments, we had to schedule an evening meeting. The minutes are appended to this report. This meeting was held as a discussion forum and the action plan was agreed by consensus. At a separate meeting, the practice team also discussed the survey feedback and possible options for change.

Action Plan

The main findings of the survey were:

Appointments

- 37% of patients ranked “Availability of particular GP” as very good, with 32% scoring this as good. 6% of patients ranked this as poor.
- 43% of patients ranked “Availability of ANY GP / Triage” as very good, and 40% ranked this as good. 3% of patients ranked this as poor.
- Continuity of care was highly rated, with 49% ranking this as very good and 40% as good. 2% of patients felt Continuity was poor.

Telephone access

- 35% of patients said they had difficulty getting through on the phone, with a further 46% commenting that it was difficult at some times of the day.
- 94% of respondents noted that the most difficult time to get through was between 8 AM and 9 AM.
- 43% of respondents knew about the availability of online booking. 1 in 3 respondents would be unable to use this as they do not have access to a computer.

Other areas

- The practice scored well for staff helpfulness and being treated with respect – with 1% and 0.5% “poor” ratings in these areas.
- 1.5% of patients found the opening hours poor.

Two GPs left the practice in 2013 – Dr Sutherland emigrated to Australia at the very start of the year, and Dr Kidman retired at the end of May after an extended period of absence. The remaining partners reviewed staffing levels and took into account the survey findings. It was decided to recruit additional GP sessions. As of September 2013, the practice has seven GPs working between 5 and 9 sessions each per week. The overall capacity has been increased by 4.5 GP sessions, equating to 60 additional appointments each week. Three new GPs were appointed in the process, and it is hoped that they will remain with the practice for many years to come. This change was implemented after the survey had been distributed.

The partners have also expressed a commitment to increase the Triage Nurse service and one of the nursing team is currently undergoing a two year training programme.

After a lively discussion, an action plan was agreed.

<u>Survey finding / proposal</u>	<u>Recommendation / Action</u>
Promote online booking of appointments, to relieve pressure on the telephone system	Publicise more widely, both by poster and by personal recommendation Article in next practice newsletter Poster on front door Information on prescriptions
Maintain short-term booking availability, with a small number of appointments for each GP becoming available 3, 2 and 1 days ahead of the session date.	No change. Survey respondents indicated their preference for short-term prebookable and book on the day appointments in equal measure.
Maintain additional staffing for busy times of the day	Additional telephone answering capacity between 8 and 8.30 to be maintained, as this is when there is the highest demand.
Telephone consultations	The doctors and nurses are happy to answer queries by telephone.
Communications	Publicise usual working days and times for GPs and nurses Publicise availability of appointments outside core opening hours Publicise availability of prescription collection services by various local pharmacies, to reduce need for patients to collect prescriptions (and thereby reduce queues at front desk)

There are no actions that require Clinical Commissioning Group approval. Patients were pleased that action points agreed in previous years had been acted on.

The opening hours of the practice remain as:

Monday to Wednesday	08:00 – 13:00	14:00 – 20:00
Thursday / Friday	08:00 – 13:00	14:00 – 18:30

Consultations are by appointment, and can be booked in person, on the telephone or via the EMIS Access secure online service.

These opening hours include evening surgeries from 18:30 – 20:00 as follows:

Monday	Dr Adams, Dr Nelemans
Tuesday	Dr Mistry, Dr Davies
Wednesday	Dr Barrett, Tania Gill (nurse)

(Dr Heatley and Dr Pavy cover for absent colleagues as required through the year – this is provided on a Tuesday or Wednesday evening.)

As well as publishing this report on the Practice website, www.stalbansmedcentre.gpsurgery.net, we will produce an article in our May 2014 newsletter.

The practice welcomes applications from new members. We are trying to ensure that the group is representative of the practice population in terms of age, gender and ethnicity, and would therefore particularly welcome applications from younger patients or those from the various ethnic minorities that make up our practice population. If you would be interested in joining the group, please contact Denise Lavey, the Practice Manager.