

**MENDIP COUNTRY PRACTICE
LOCAL PATIENT GROUP REPORT 2013**

1. A description of the profile of the members of the PRG

- * For example the age, sex and ethnicity profile of the Provider's population and the PRG.

(Component 1)

Age groups	<16yrs	17-34	35-54	55-74	75-89	90+
Total population	986 (19%)	868 (17%)	1556 (30%)	1352 (26%)	363 (7%)	48 (1%)
Male	483	442	782	687	176	14
Female	503	426	774	665	187	34
PPG						
Male				1(14%)	2(28%)	
Female		1(14%)	1(14%)	1(14%)	1(14%)	

Mendip Country Practice ethnicity profile is 99+ % white British. The percentage of the Practice population that is not white British is not representative of any one particular minority or ethnic group and in total is 0.5-0.6% of the total Practice population. All the members of the Patient Group are white British.

2. Steps taken by the Provider to ensure that the PRG is representative of its registered patients and where a category of patients is not represented, the steps the Provider took in an attempt to engage that category

- * The variations between Provider population and PRG members
- * How has the Provider tried to reach those groups not represented?

(Component 1)

The Patient Group was formed directly by the individuals who were invited to attend a steering group meeting in September 2011 and quickly consolidated continuing to meet every 6 weeks on a Saturday morning with representation from the Practice by the Practice Manager and a Partner.

The age and ethnicity representation of the Patient Group has remained unchanged. While we said farewell to our youngest member who commenced University in September we were delighted to be able to recruit another young representative. Representation of all age groups continues to be a primary focus of recruitment reflecting the most relevant variation in the Practice population. The group has been advertised in the local Parish magazines, in the Practice newsletter, on the website and in the Practice. All the members of the group have consented to have their details published for ease of contact for patients. Any registered patient interested in joining the group should contact the Practice Manager or Chair of the Patient Group for further information.

3. Details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local patient survey

- * How were the priorities identified and agreed?

(Component 2)

It was acknowledged that there are a number of evidenced based surveys which are available for use within General Practice in addition to the NHS survey which formed the basis of last year's questionnaire. However, the Patient group flagged that by undertaking a continued broad approach to local surveys attainment of detailed practice specific information may not be realised. Further discussion also flagged that by changing from an annual survey to smaller more frequent surveys may provide an opportunity to drill down and explore issues in greater detail if and as they arise. This strategy was agreed to be undertaken for a trial period of 12 months with surveys to be undertaken every 3-4 months to ensure the practice population does not become 'survey fatigued'.

The first survey was written by a member of the patient group who had undertaken the audit training and focused on the general cleanliness and facilities of the building and was completed in January 2012

The second survey to be undertaken in March 2013 is to focus on communication, how patients access information about the practice and how they would prefer the practice to provide information to them as individuals and as members of the general public.

The patient group was also consulted on the audit that the Practice intends to undertake in an attempt to decrease the 'did not attend rate'. It was agreed that the audit and next survey could be run concurrently as the focus of patient engagement required for each was different

4. The manner in which the Provider sought to obtain the views of its registered patients

- * What methodology was used to agree the questions, the frequency, the sample size, distribution methods to ensure the views of all patient are represented and undertake the survey?

(Component 3)

The Practice sought the views of the Patient Group who determined that a random sample of approximately 200 registered patients attending the practice would provide validity to the questionnaire. Although this was approximately 4% of the total Practice population it would be approximately 15% of patients who physically attended the Practice within the month

The questions about the general cleanliness of the Practice were written in plain English by the patient group using the guidelines of the clinical audit training and the results were collated and analysed within the Practice

5. Details of the steps taken by the Provider to provide an opportunity for the PRG to discuss the contents of the action plan in Section 7 (of this template)

- * How was the PRG involved in agreeing the action plan?
- * Were there any areas of disagreement, and if so how were these resolved?

(Component 4)

The results of the survey were presented at the Patient Group meeting held on February 9th 2013 and following discussion the action plan was agreed.

6. A summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local patient survey
(Component 4)

The total response rate to the survey was 147 (n) although less than anticipated the figure was deemed to be acceptable and balanced with the need to limit the duration that surveys are undertaken

Responses to general questions were:

- 99% of patients surveyed think that the car park, garden and reception areas are clean and tidy or mostly clean and tidy
- 93% of patients surveyed thought that both the Doctor's and Nurse's consulting rooms and along the corridors are clean and tidy
- 3% of patients thought that the consulting rooms were not always clean and tidy
- 69% of patients read the magazines or leaflets (note 74% of patients surveyed in 2011 did not read the magazines)
- 92% of patients thought the recovered chairs were good or not bad
- 14% (20n) made other remarks
- 8 (n) of the remarks were requesting the return/provision of magazines
- The remainder of comments were varied – 4 were positive comments on the service and staff and the others were single points of suggestion or complaints which were dealt with individually, such as adjusting the temperature in the waiting room

7. Details of the action plan setting out how the finding or proposals arising out of the local patient survey can be implemented and, if appropriate, reasons why any such findings or proposals should not be implemented. Include details of the action which the Provider,

- **and, if relevant, the PCT, intend to take as a consequence of discussions with the PRG in respect of the results, findings and proposals arising out of the local patient survey**
- **where it has participated in the Scheme for the year, or any part thereof, ending 31 March 2012, has taken on issues and priorities as set out in the Local Patient Participation Report**

(Component 5)

Findings / Proposals or PRG Priority Areas <i>'You said...'</i>	Action to be taken (if no action is to be taken provide appropriate reason) <i>'We did...'</i>	Lead	Timescale	Progress <i>'The outcome was...'</i>
You are satisfied with the general cleanliness provided at Mendip Country Practice	Continue to monitor cleanliness as part of the annual infection control audit	Sue Cooper Practice Nurse – lead in infection control	12 months	To repeat the survey if the infection control audit flags any areas of concern
A small number of patients continue to request the return of the magazines in the Practice. General discussion with the Patient Group included the lack general untidiness they create and potential source of cross infection	Return a small number of magazines to the waiting room area	Practice Manager	2 months	

8. The opening hours of the practice premises and the method of obtaining access to services throughout the core hours.

- * Please provide details of the Practice opening hours and how patients are able to make appointments/access services or provide a link to the relevant page(s) of the Practice website where this information can be found

The telephone lines and Surgery doors are open Monday to Friday 8am-6.30pm and extended hours are offered Saturdays 8am-11am

Patients can make appointments in person, on the telephone or via EMIS access

Details of these hours can be found on the sign at the front of the Practice, on our Practice leaflet or on our website www.mendipcp.co.uk

9. Where the Provider has entered into arrangements under an extended hours access scheme, the times at which individual healthcare professionals are accessible to registered patients.

- * If providing, please confirm details of the extended opening hours provided by the Practice or provide a link to the relevant page(s) of the Practice website where this information can be found

Extended hours are offered Saturday mornings 8am-11am for pre booked and triaged appointments

Details of these hours can be found on the sign at the front of the Practice, on our Practice leaflet or on our website at www.mendipcp.co.uk

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Web Address of Published Report: www.mendipcp.co.uk

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