

# DRS WEBSTER & TWOMEY

## PATIENT PARTICIPATION GROUP

### Minutes of Meeting Held on 21<sup>st</sup> March 2012 at Rainford Health Centre

#### Present On Behalf of the Practice

Dr Mick Twomey, GP

Mrs Helen Sansbury, Practice Manager  
Mrs Kathryn Williams, Asst. Practice Manager

#### Present Representing Patient Group

Mrs L Burns

Mrs L Conachey

Mrs S Corfe

Mr A Gavin

Mrs P Highton

Mrs B Jones

Ms S Kimberley

Mr B Marten

Mrs C Sanders

Mr W Singleton

Mrs D Walton

Mrs J Shaw

#### Apologies for Absence

Mr R Jones

Mr D Cowley

Mr J Rosbotham

Mr K Gratton

Mr K Marshall

Ms J Lloyd

Mrs J Marten

#### Minutes of Previous Meeting

Minutes of the previous meeting held on 13<sup>th</sup> February 2012 were accepted as a true and accurate record.

#### Matters Arising and Action from Previous Minutes

Some photographs of our staff have been posted on the website, and this remains work in progress to add more.

Discussion around a notice board opposite reception with photographs of our Doctors was also discussed from the previous meeting and this is also work in progress.

We have also added some information on the website around why Practice Nurse appointments cannot be made on line.

We are also starting to take a more pro-active position around challenging patients who may have DNA'd their appointments.

**Practice Survey – Access**

Please see attached the report, results and action plan as discussed at the meeting.

**Any Other Business**

No other business was discussed.

**Date and Time of Next Meeting**

Monday 25<sup>th</sup> June 2012, 6.30 pm – 7.30 pm at Rainford Health Centre

**RAINFORD HEALTH CENTRE**  
**PATIENT PARTICIPATION DIRECT ENHANCED SERVICE REPORT 2011 TO 2013**

**Practice Profile**

Drs Webster, Twomey and Lowcock is a well established Practice which resides in the centre of Rainford village. We have occupied the purpose built Health Centre since 1972 and it is shared with community staff from Bridgewater Community Healthcare Trust. The Practice has a patient list size of circa 5,000 patients. The Practice predominantly serves the residents of Rainford village but extends to the outskirts of Billinge, Eccleston, Simonswood and Crawford village. The Practice likes to obtain as much information from patients when registering in order to keep our practice profile consistent and enable us to understand their health needs as much as possible. Patients registering are also offered a health check. The Practice population age/sex breakdown is shown below

<b>Sex</b>	<b>Age 0-13</b>	<b>Age 14-18</b>	<b>Age 19-25</b>	<b>Age 26-64</b>	<b>Age 65-103</b>
<b>Female</b>	<b>288</b>	<b>125</b>	<b>175</b>	<b>1207</b>	<b>602</b>
<b>Male</b>	<b>265</b>	<b>133</b>	<b>150</b>	<b>1269</b>	<b>569</b>
<b>Total</b>	<b>553</b>	<b>258</b>	<b>325</b>	<b>2476</b>	<b>1171</b>

The Practice also has a total of 11 patients from residential and nursing homes. The practice has a larger than average population of older patients.

**Patient Participation Group**

The Practice Patient Participation Group (PPG) was first set up in 2011. The Practice wanted a good cross section of patients and used different methods of recruitment. The group was advertised on the practice website, posters in the foyer and a message on the TV screen was displayed in the waiting area. Following a poor response to this we had a huge recruitment campaign in the form of a text message sent to all patients registered at the practice over the age of 18 years. This recruitment drive was successful with positive responses from over 100 patients but we decided to restrict the numbers to a manageable number of 20. To ensure we had a representative sample we divided the names into male and female, under and over 65 years. The names were then drawn out of a hat. We felt this gave a cross section of the community reflecting age and gender. No other factors were used.

At this point in time the Group membership is still 20. The age ranges are from ages 27 to 76 years. The PPG consists of 9 male representatives and 10 female representatives. See Table Below.

Male	9
Female	11
Over 75	2
65 - 74	7
30 - 64	10
Under 30	1

The members of the group are all of white British ethnicity but this is due to the fact that this practice has an extremely low prevalence of patients from any other ethnic origin. The practice will strive to have representation of ethnicity on the group in the future. The practice also recognises that patients need to be recruited from ages 40 years and under and is continuing to drive forward with the recruitment in this age group. We have a practice member who is a registered Carer and several who are listed on our chronic disease registers and therefore have recent experience of attendance at the surgery.

Recent meetings have been held on 13<sup>th</sup> February 2012 and 21<sup>st</sup> March 2012 to discuss the setting up of a practice survey and to analyse and report on the results. Future meetings will be held every 12 weeks.

## Agree areas of priority with your PPG

On 6<sup>th</sup> December 2011 the PPG discussed what they would like to be included in the survey. The group looked at examples of survey formats. They also took ideas from the Practice Manager, GP and Deputy Manager. By wide involvement the PPG members decided to opt for a short format survey asking about access for doctor and practice nurse appointment. It was agreed that the survey should be kept to 1 page maximum; if the survey was too long then this can be off-putting for patients.

The PPG agreed that the survey should include areas that had previously been flagged up as a concern and also areas that were important to patients i.e. access. This was agreed, as in previous years the practice had always under performed according to the National Mori Survey for 48 hour access. The practice had also undergone a massive restructuring of appointments earlier in 2011 to take account of the upgrade to training practice status and the reduction in time commitment by Dr Webster. We felt it would be a valuable tool in assessing if the restructuring had been successful. It was agreed that we would use the opportunity to ask patients which other areas they would like us to survey in the future. It also meant that the survey would be credible and responsive to the requirements of the DES.

The survey would run for 2 weeks in February 2012 and be given out to all patients attending for doctor and / or Practice Nurse appointments. The PPG members felt it would be better to give paper copies out to patients following their appointment and ask for it to be completed before they left the surgery premises.

## Survey Analysis

The practice had 360 surveys completed 7.57% of the practice population.

### Statistics

Male 29% Female 71%

### Ethnicity

White British 99%  
White Irish 1%  
Mixed White & Black Caribbean 0%

## Results

	Questionnaires Returned	Patients Offered an appt within 2 working days	Patients offered an appt 3 or more days later	Patients who chose to wait in excess of 2 days for a Doctor of their choice
Doctors Appts	260	201	13	46
Practice Nurse Appts	100	13	87	N/A

Other areas that the patient survey identified as worthy of surveying in the future:

In order of priority

1. Clinical Care
2. Getting An Appointment
3. Opening Times
4. Reception Issues

5. Parking
6. On Line Booking

The results show that we routinely meet the access target for GP appointments. However 18% of patients chose to wait to see a doctor of their choice. We need to consider how to encourage people to take up the next available appointment rather than waiting.

Analysis shows that 13% of patients see the PN within 2 days but 87% wait longer. This is predominantly because Lindsay's sessions are specific disease clinics some of which are held only once a week, which is always going to mean patients will wait in excess of 48 hours.

The results of the survey were discussed at a meeting on 21<sup>st</sup> March 2012 and an action plan was devised. The PPG felt that the results of the survey on GP access was very positive and met our expectations. However the results on the Practice Nurse appointments sparked quite a debate.

### **Action Plan – Patient Participation Group Survey 2011/2012**

Survey	Result	Action	Deadline	Who
Doctors Availability	<p>It was clear from the results of the survey that patients usually obtain an appointment within 2 working days but some patients are prepared to wait considerably longer for a doctor of their choice.</p> <p>It was noted that when a new clinician is appointed there will always be a slow process of evolution whereby patients learn to trust the new GP. This cannot easily be accelerated.</p>	<ol style="list-style-type: none"> <li>1. Encourage patients to take up the next available appointment.</li> <li>2. Because of the reduction in availability of the partners due to retirement / teaching commitments we need to pro-actively promote the newer doctors to the practice. Produce a notice board and publish on the website photos of the clinical staff with brief descriptions of qualifications, experience and special interests.</li> <li>3. Complete rationalisation of the current notice boards to include themed poster campaigns (kept up to date)</li> <li>4. Try to educate patients on types of appointments that are best suited to the same GP offering continuity of care eg. Depression review.</li> </ol>	June 2012	Helen Sansbury Kathryn Williams
			May 2012	Helen Sansbury Kathryn Williams
			May 2012	Reception staff
			March 2013	GP
Practice Nurse Availability	<p>The survey demonstrates that patients are rarely able to see the Practice Nurse within 2 days</p> <p>Following further investigation it was acknowledged that the Practice Nurse appointments are for chronic diseases not acute problems and as such do not clinically need to be seen within 48 hours. However, to offer an improved service we would like to make efforts to improve the availability of PN</p>	<ol style="list-style-type: none"> <li>1. Look at the role of the HCA to perhaps extend the scope of work she undertakes</li> <li>2. Remind GPs to refer to HCA for chol. results / dietary advice.</li> <li>3. Following holidays and periods of sickness the waiting times are quite long. Consider increasing the hours of the HCA to cover some of the PN workload during such periods of absence.</li> <li>4. Explore the possibility releasing some of Lindsay's</li> </ol>	Sept 2012	Helen Sansbury Kathryn Williams
			April 2012	Kathryn Williams
			May 2012	Helen Sansbury Kathryn Williams
			May 2012	Kathryn Williams

	<p>appointments.</p> <p>NB: If a patients feels that they need to be seen urgently ie with 48 hours, both the PN and Drs will always provide either telephone advice or clinic time.</p>	<p>appointments on the internet.</p> <p>5. Raise awareness about the types of appointments Lindsay undertakes.</p> <p>6. Inform Reception staff to be more flexible about offering un-booked general appointments for chronic disease reviews with Lindsay.</p>	<p>May 2012</p> <p>May 2012</p>	<p>Kathryn Williams</p> <p>Kathryn Williams</p>
Future Survey	Clinical Care		Deadline Dec 2012	Helen Sansbury Kathryn Williams PPG

**HS/March 2012**