

Patient Representative Group

Patient Representative Group (PRG) Annual Report 2013 – Park View Group Practice

Practice : Park View Group Practice,
2, Longford Road West,
Reddish,
SK5 6ET

Website address: www.parkviewgrouppractice.co.uk

Patient Representative Group Type: Virtual and via group meeting

Practice Population: approx. 7,900

Number of registered patients recruited to PRG: 86 (1.1%)

Practice Opening Hours:

Monday – Friday – 08:00 – 18:30

Extended hours – twice a week a limited number of appointments (GP, Practice Nurse and Health care assistants) are available from **07:30 and until 19:30** – please ask at reception for details. The practice occasionally offers Saturday morning appointments during specific times of the year – eg Flu clinics.

Both face to face consultations and telephone consultations are offered on every weekday, with 1 on call GP daily, responsible for dealing with all urgent requests and appointments.

Prescriptions are routinely done within 48 hours, the practice does not take prescription requests over the phone, due to the high risk of error; they can be ordered on-line via the website, in person at reception or by post.

Outside these hours, cover is provided by Mastercall (Tel: 0161 476 2299) and NHS 111.

Contacting the practice:

In person – 08:00 – 18:30 – Monday to Friday

By telephone – 0161 426 9500 - 08:00 – 18:00 – Monday to Friday

0161 476 2299 – Mastercall out of hours service – all other times

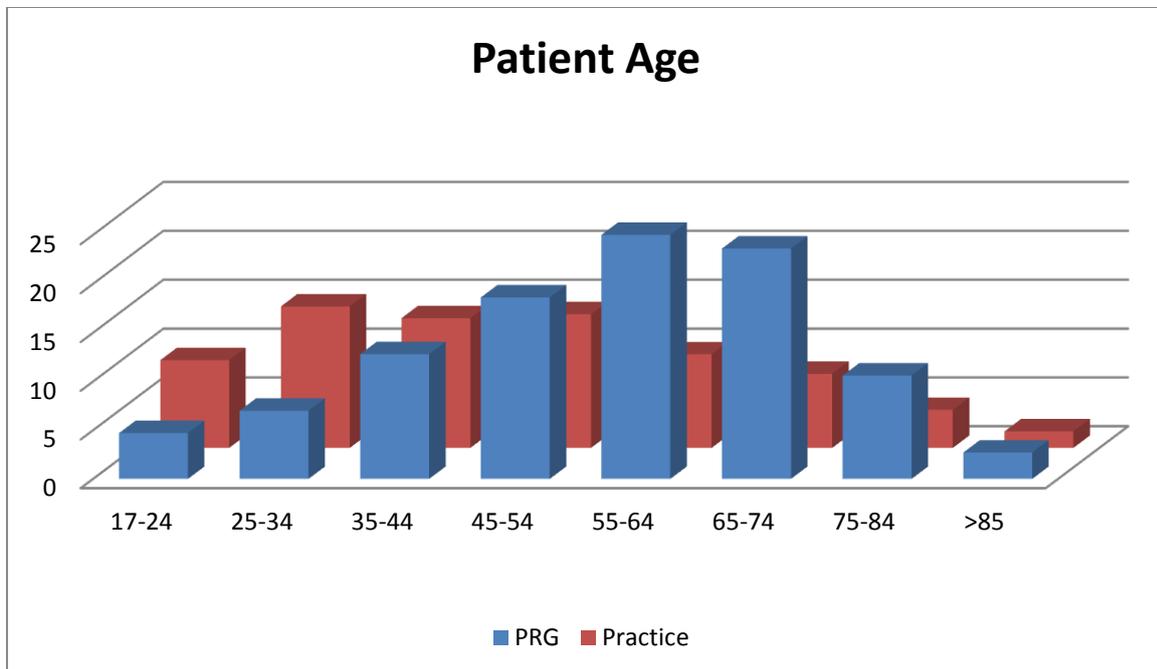
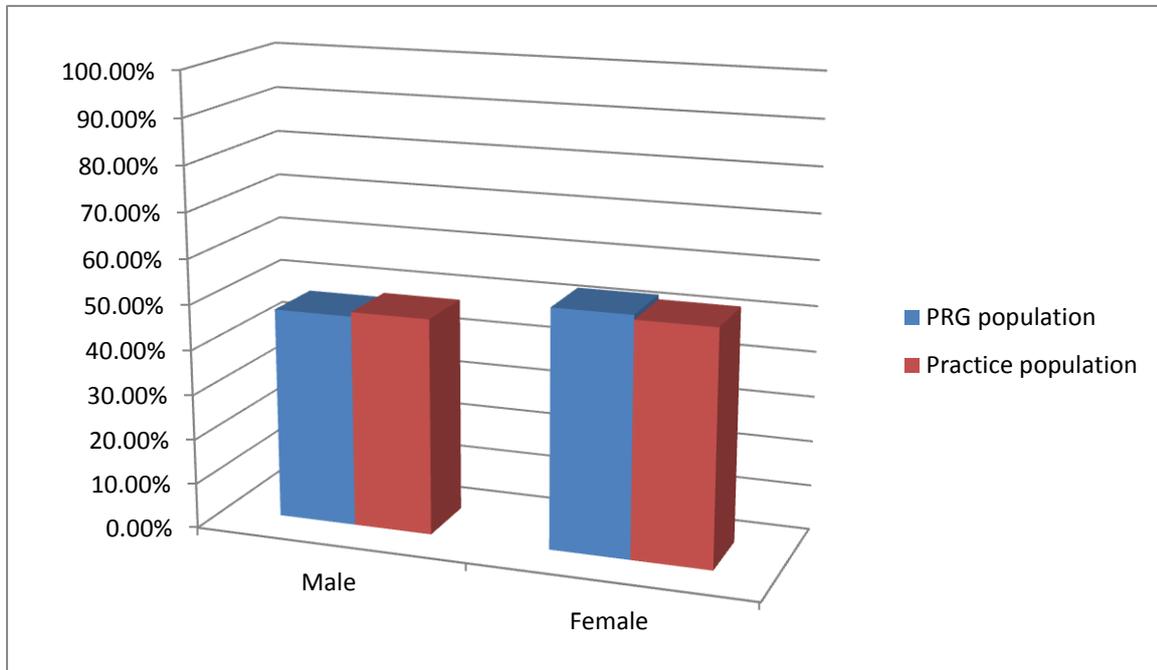
By Fax – 0161 431 5140

Website – www.parkviewgrouppractice.co.uk – 24hour prescription requests and general practice information.

Patient Representative Group

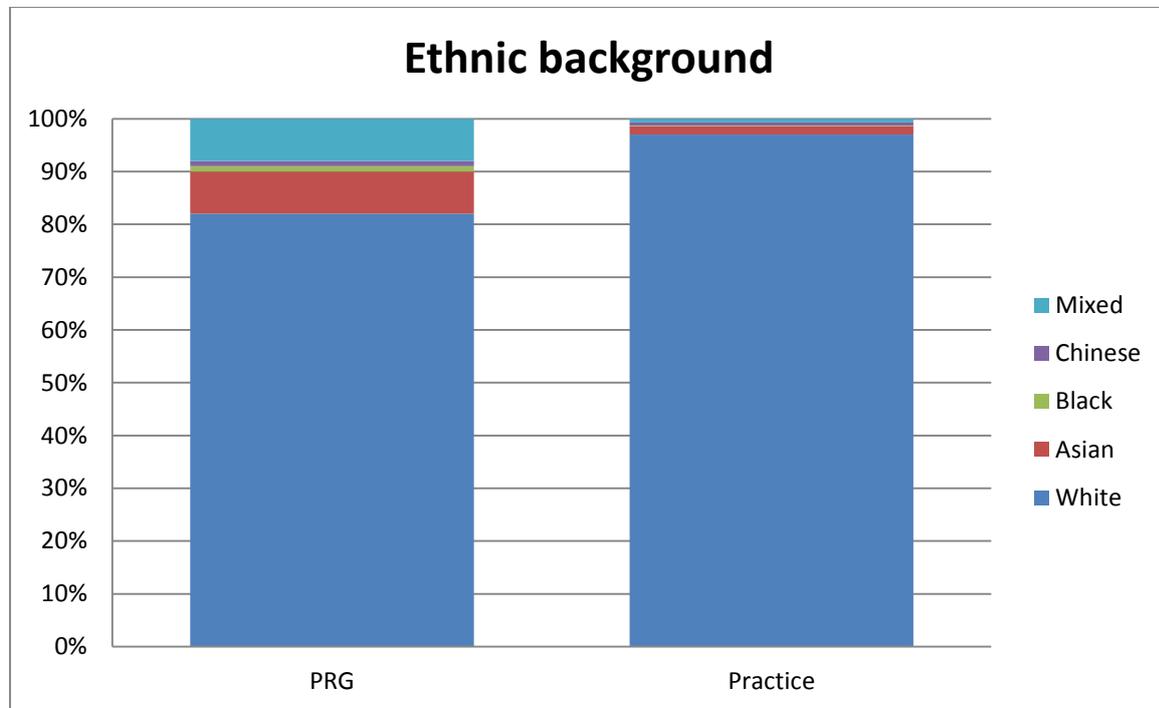
It was discussed at a partnership meeting and with members of the previous PRG how best to set up an effective PRG. In order to be accessible to as representative a sample of our patients as possible, it was felt that a virtual group would be most convenient to the greatest number of patients, so the PRG was set up primarily as a virtual group, but with plans for an annual meeting to allow patients to meet face-to-face. We advertised the recruitment widely within the surgery via posters and flyers in reception, as well as by individually inviting patients coming in to the surgery or registering with the practice. We made special efforts to recruit certain groups of patients, including those with chronic health problems(30 patients), visual (2 patient), hearing(1 patient) and mobility impairment (5 patients), those with learning disabilities(1 patient), patients with a history of substance abuse(1 patient), carers(6 patients) and patients from ethnic minorities(see below) by sending written invites to patients from these groups, following this up with phone calls where appropriate. We also contacted local sheltered housing and care homes to recruit representatives from these. We have continued to encourage patients to sign up to the PRG throughout the year and now have over 1% of our practice population enrolled. We have a range of age groups and ethnic background (see below), both working(35 patients), unemployed(8 patients) and retired(30 patients) as well as families and parents (4 patients) with young children to try to reflect our practice population.

The PRG currently comprises 86 patients – which is 1.1% of the practice population. These patients have been actively recruited by both clinical and reception staff and by advertising for participants in reception. The demographic of the group is as follows:



This shows that each age group is represented within the group, but with the majority of patients being between the ages of 45-74. We felt that it was right to have a bias towards the older age groups as they tend to utilise the practice more, but indicates that we do need to actively recruit some more patients from younger age

groups, to accurately reflect our patient population. We have not actively recruited patients under 16 to the PRG, but have recruited parents with children under this age to try give this age group a voice.



Ethnic minority groups make up approx. 18% of the PRG: the actual percentage of ethnic minorities within the practice population is much smaller at approx. 3% - however, it was felt important to give all ethnic groups a representative on the PRG, especially as members of our ethnic minorities may have particular problems accessing healthcare.

Summary of Actions – PRG – 2012-2013:

Feedback from 2011/2012 surveys posted on practice website – March 2012

Efforts to recruit more members to the PRG via letters, phone calls and personal invites - ongoing

Balloting of PRG members/ patient population to identify priority areas – September 2012

Formulation of survey from identified priority areas – October 2012

Circulation of practice survey to all members of PRG and wider patient population– Oct '12 – Jan '13

Collation of results and publication of results to PRG, in reception and on website – February 2013

PRG members and wider patient population invited to meeting to discuss survey results – February 2013

PRG meeting – 21/2/13 – survey results discussed and action plan agreed with PRG

Feedback from PRG meeting and proposed action plan distributed to PRG members, on the website and in reception – March 2013 – comments invited

Final action plan agreed for implementation between March – June 2013 (see later)

Full report posted to practice website – March 2013

Practice surveys - Update from year 2011-2012

The first 2 practice surveys circulated in 2011 and early 2012 looked at patient preferences for contacting the surgery, appointment times and introduction of new practice services. Following feedback from these surveys, the practice has tried to match appointment times to peak demand times and employed a salaried GP to improve availability of appointments. The practice has also implemented on-line prescription requests, making it easier for patients to request repeat prescriptions – this is steadily growing in popularity. The practice website has also been updated.

In September 2012, in preparation for formulating the 3rd survey, the practice contacted members of the PRG, advertised in reception and used feedback from individuals, inviting patients to indicate which priority areas they would like us to survey including:

Contacting the practice (phones/email)

Condition of practice premises

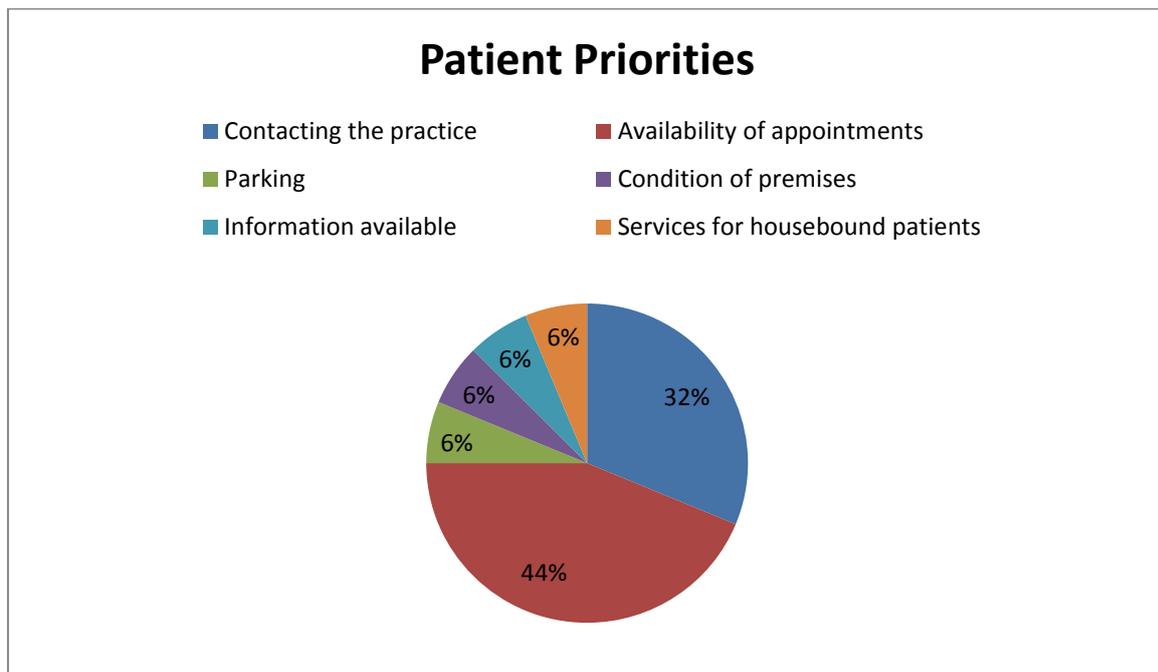
Information available to patients

Access/parking issues

Availability of appointments

Other (specify if possible)

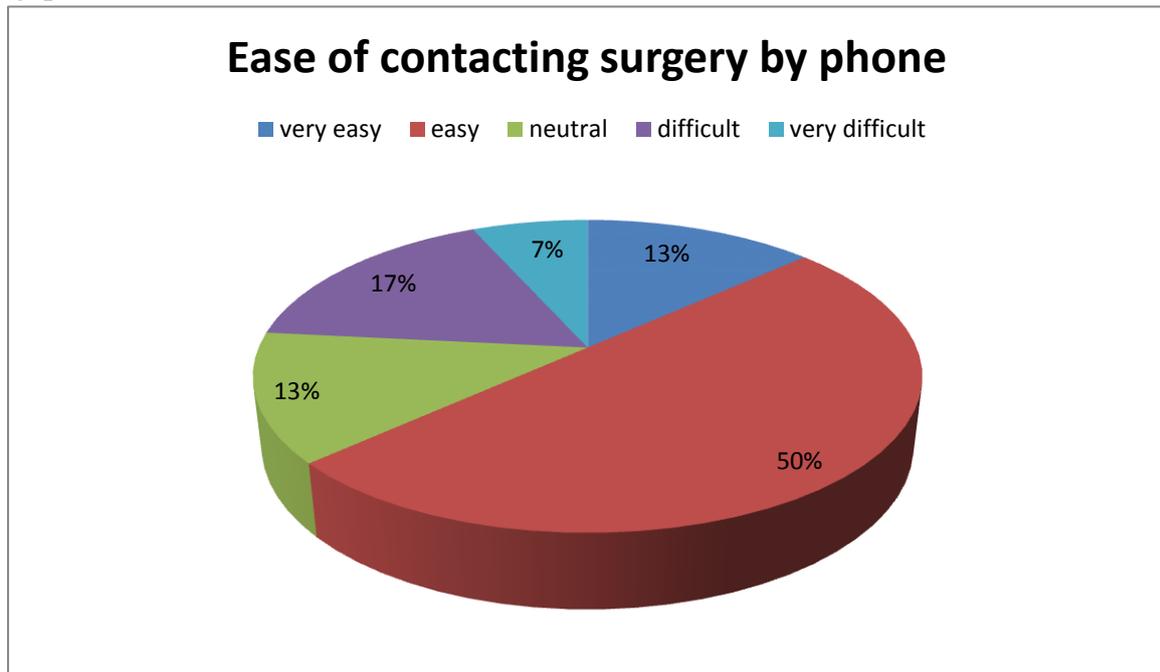
We categorised the responses as follows:



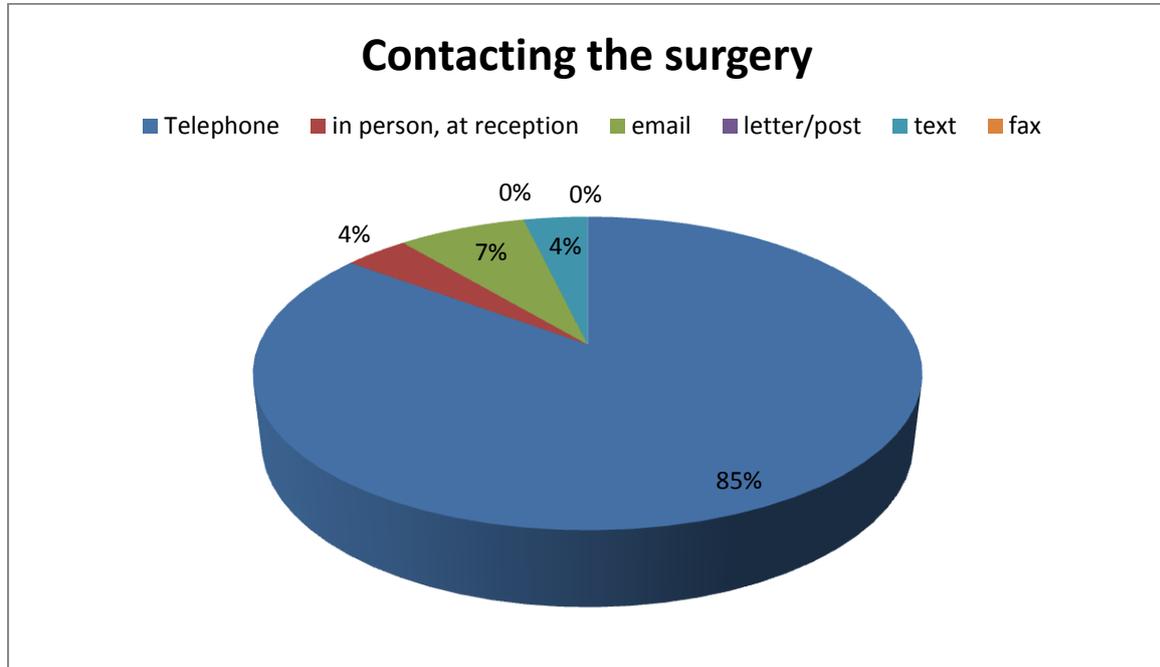
As a result of these responses, we decided to concentrate on accessing the surgery and availability of appointments. Having also studied the National patient access survey online, we were interested to survey our patients' preferences for appointment availability whether they were fully aware of the range of services and appointment times offered by the practice.

The 3rd practice survey was circulated via post, email and reception to 80 members of the PRG (the remainder having been recruited after the trial had finished) between October 2012 and January 2013. We received a 41% (33 replies) response rate. The questions and responses are shown below.

Question 1: In the last 6 months how easy have you found it contacting the surgery by phone?



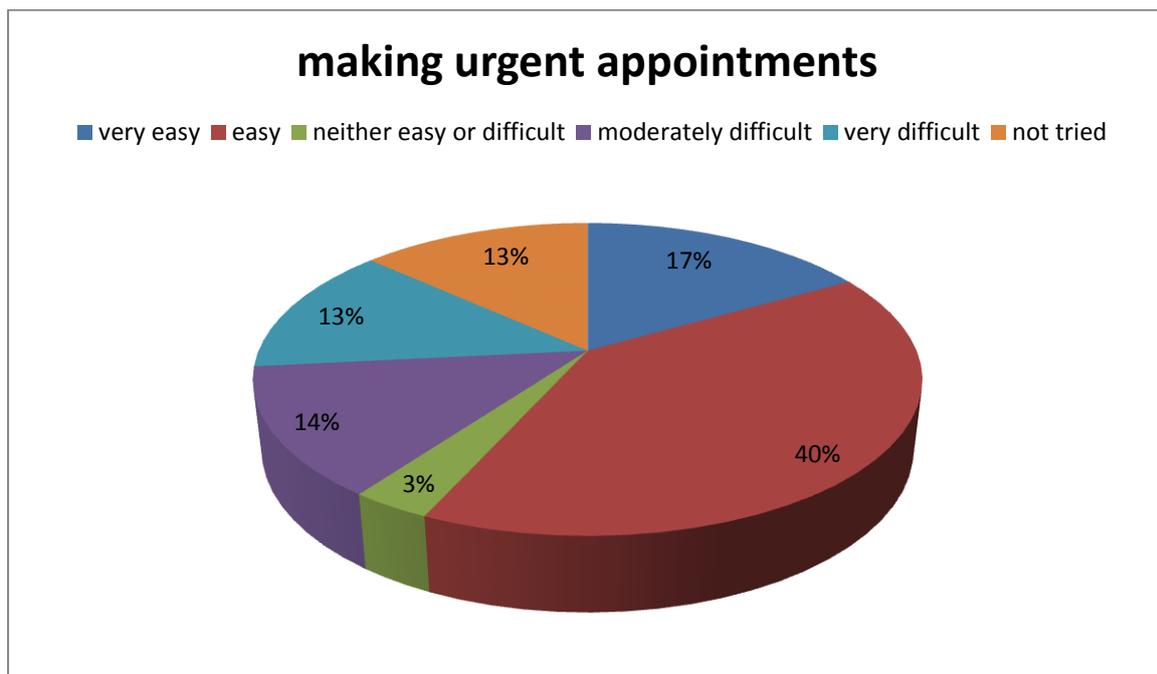
Question 2: If given the option, what would be your preferred method of contacting the surgery?



This shows that the majority of patients still prefer to contact the surgery by phone despite the other methods being available (except for texting) with approx. 77% of patients report finding it neither easy or difficult or better when contacting using this method. The practice is trying to ease pressure on the phones by putting extra

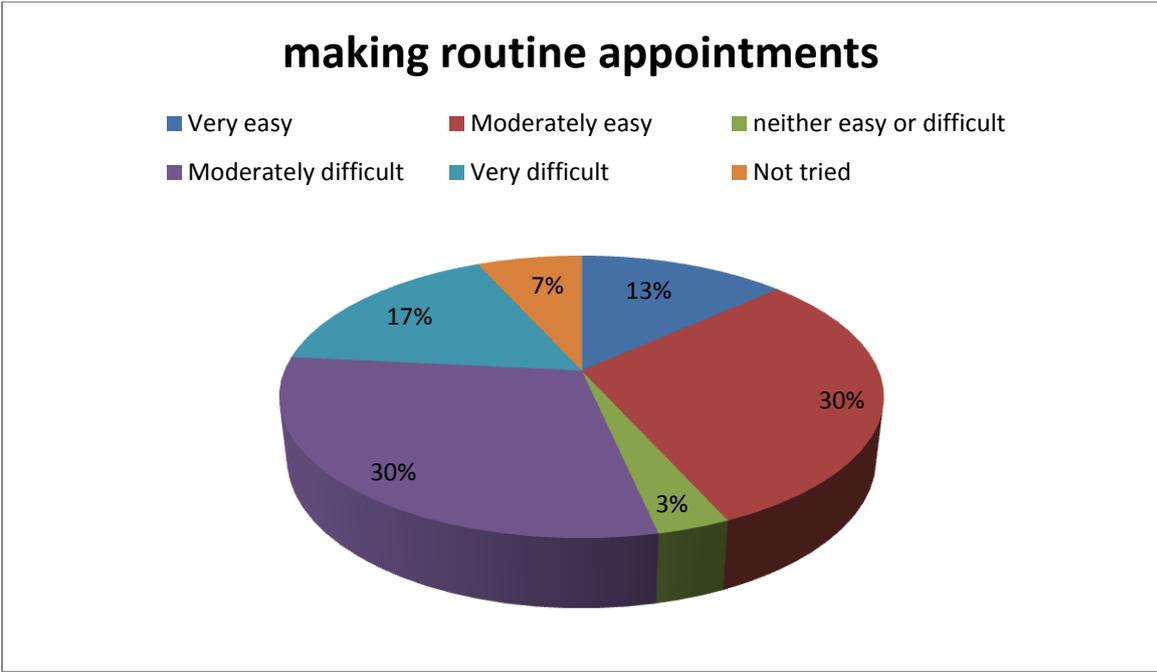
reception staff on at peak times and by encouraging patients ringing for routine results and appointments to ring at quieter times of the day. Moving towards on-line booking/cancelling of appointments may help to ease some of the pressure on the phones also, it may help to reduce DNA's as it will be easier to cancel unwanted appointments. However, there is a risk that there will be an increase in DNA rates as it should also be easier to make appointments.

Question 3: In the last 6 months how easy have you found it to make an urgent (same day) appointment?

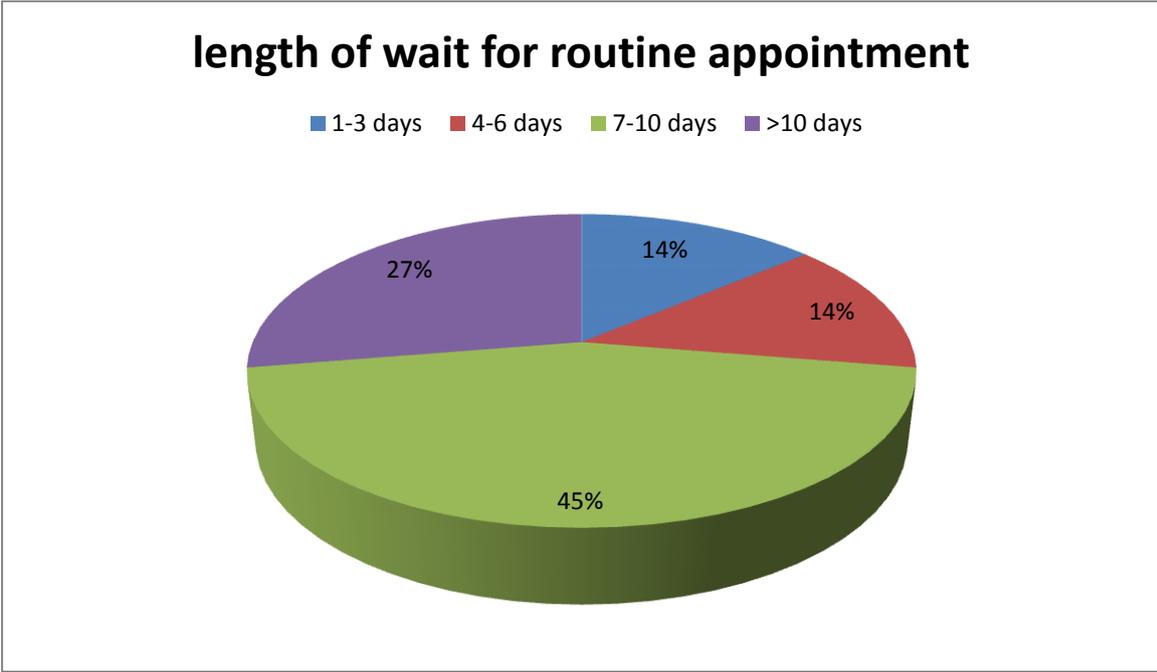


This shows 27% of patients are still reporting significant problems in making urgent (same day) appointments. This may indicate a staff training issue or that the triage protocol needs reviewing as the practice feels it already offers either a face-to-face appointment or a telephone consultation to all patients requesting an urgent appointment. This is to be discussed at a forthcoming staff training day.

Question 4: In the last 6 months how easy have you found it to make a routine appointment?

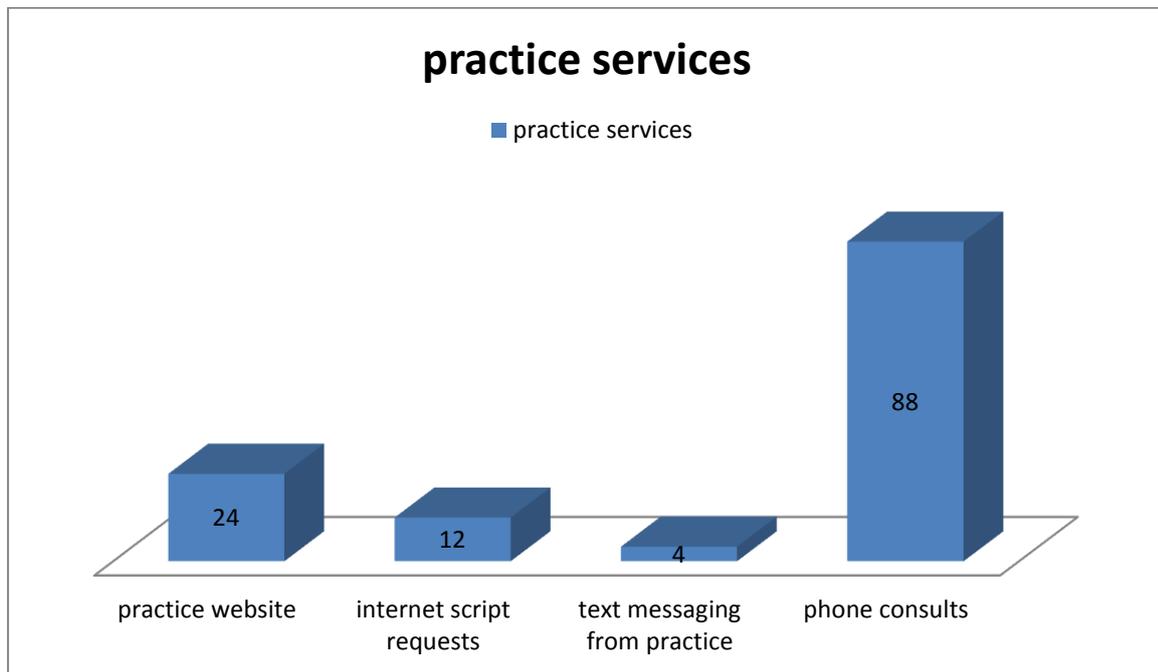


Question 5: How long have you had to wait on average for a routine appointment?



Disappointingly, this still shows the majority of patients are still reporting significant problems trying to make routine appointments and the length of wait for these is longer than ideal, despite the practice having tried to address this shortfall by a number of different measures. This situation is constantly under review and the practice is still trying to improve the availability of routine appointments. The practice is considering several options to ease this situation.

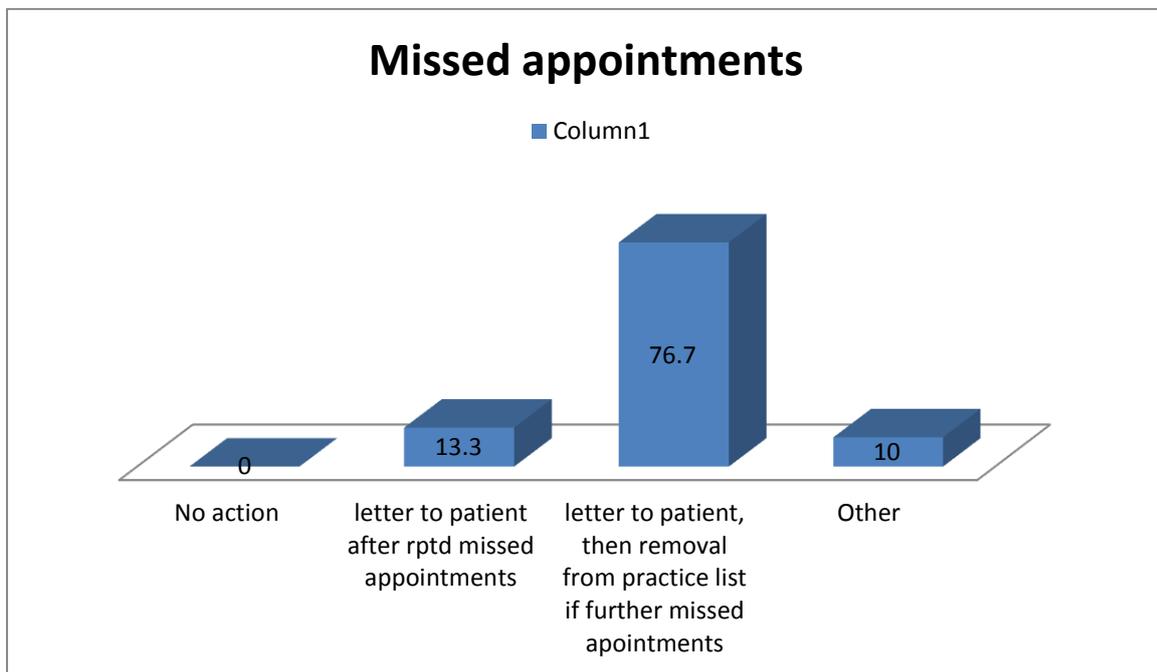
Question 6: Have you utilised the following practice services?



This showed some encouraging changes, in that $\frac{1}{4}$ of the survey population had accessed the practice website, 12% had utilised email script requests and that the majority of patients had made use of telephone consultations, which will hopefully help to relieve some of the pressure on appointments. This has shown a marked increase in patient use of internet script requests and use of the practice website since the last survey. It also helped confirm that patients were making good use of telephone consultations.

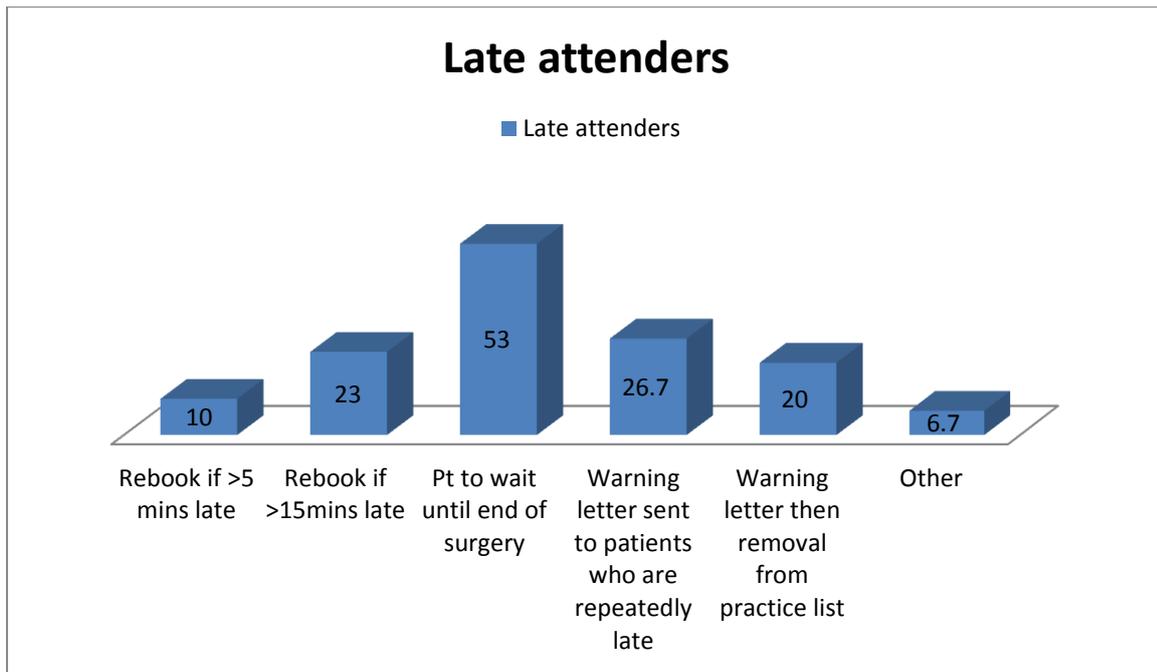
One of the factors which greatly affects availability of appointments and surgeries running to time, is the large number of patients missing appointments or turning up late for appointments. The practice has been looking at its' policy on these matters and decided to ask the PRG views to help in formulating this.

Question 7: What do you feel is the most appropriate action that should be taken by the practice for regular non-attenders?



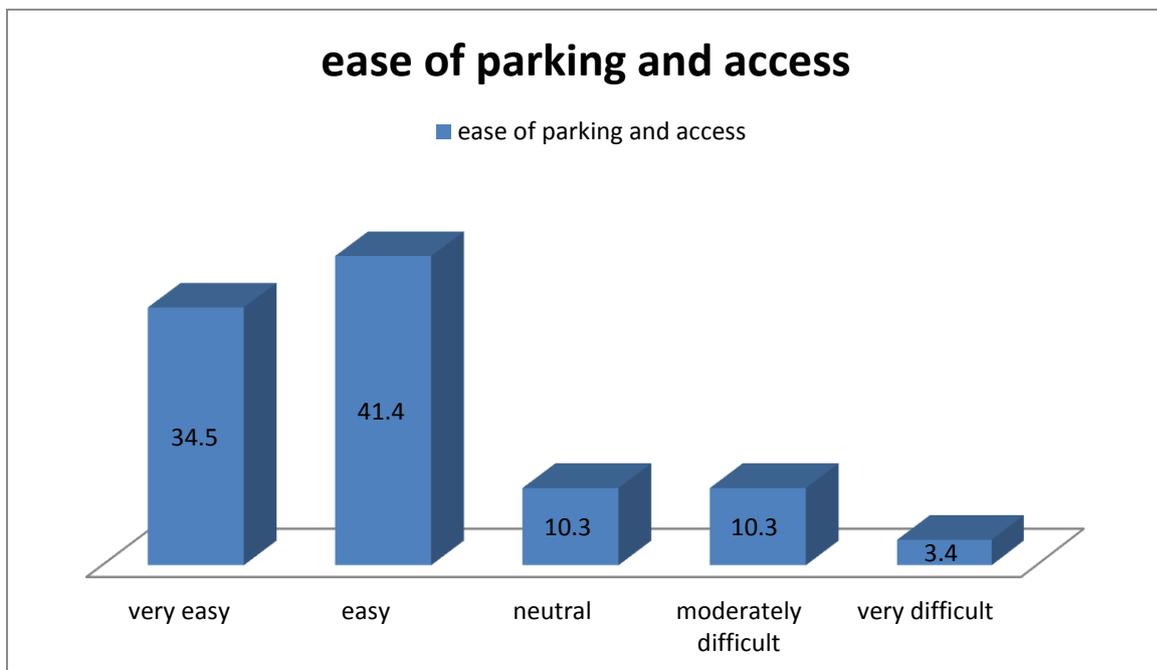
Overwhelmingly, members of the PRG voted in favour of first sending a letter to patients who repeatedly (3 missed appointments within 6 months) missed appointments, then removing them from the practice list if they had further missed appointments. The practice intends to adopt this as practice policy.

Question 8: What do you feel is the most appropriate action that should be taken when patients turn up late (without a good reason)?

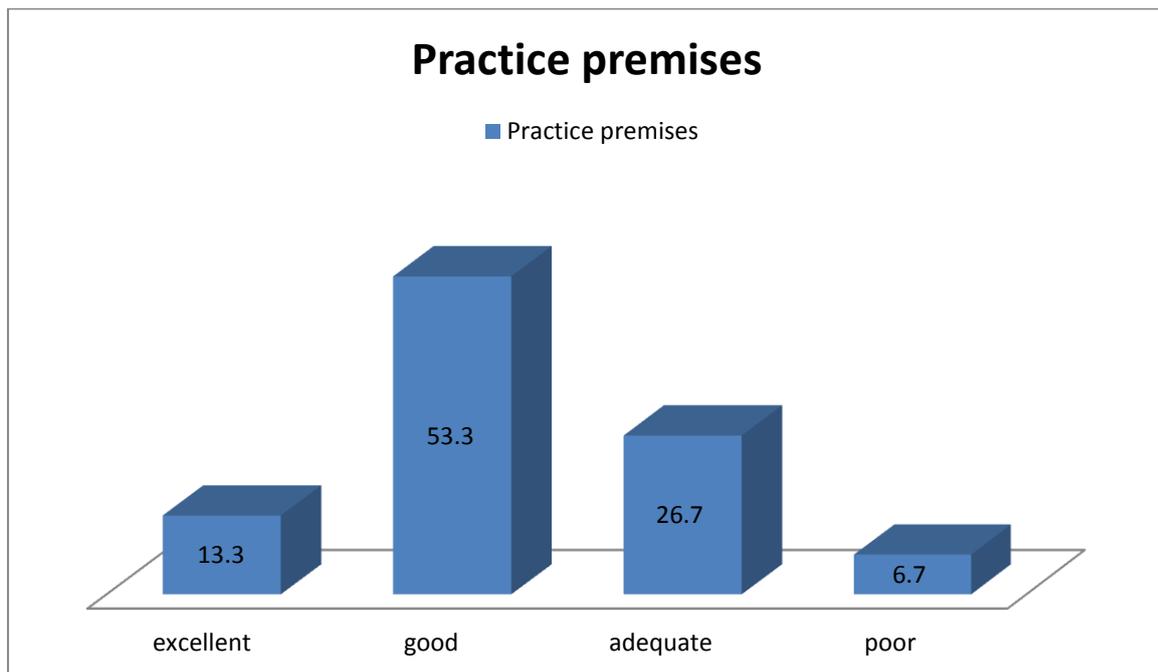


The majority of patients voted in favour of patients having to wait until the end of surgery – the practice intends to adopt this as practice policy – however, this will still be at the discretion of the clinician, as it may not always be possible or convenient to fit patients in at the end of surgery.

Question 9: When attending the surgery, how easy do you find parking and access to the surgery?



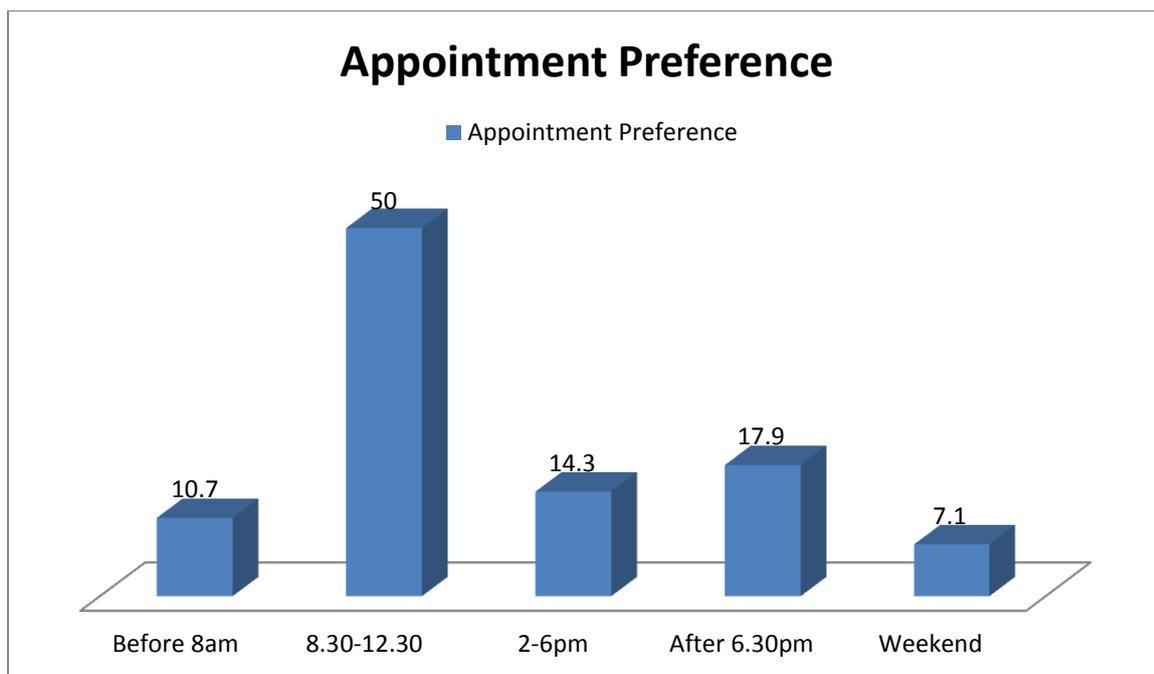
Question 10: How would you rate the condition of the practice premises/facilities?



This confirmed that in general, the practice premises and parking provision is deemed acceptable by most patients.

Having looked at the GP patient survey on-line, the practice was surprised at some of the responses, so decided to follow this up with a supplementary survey around access.

Q1: If given the choice, what would be the most convenient time for you to attend pre-booked appointments?



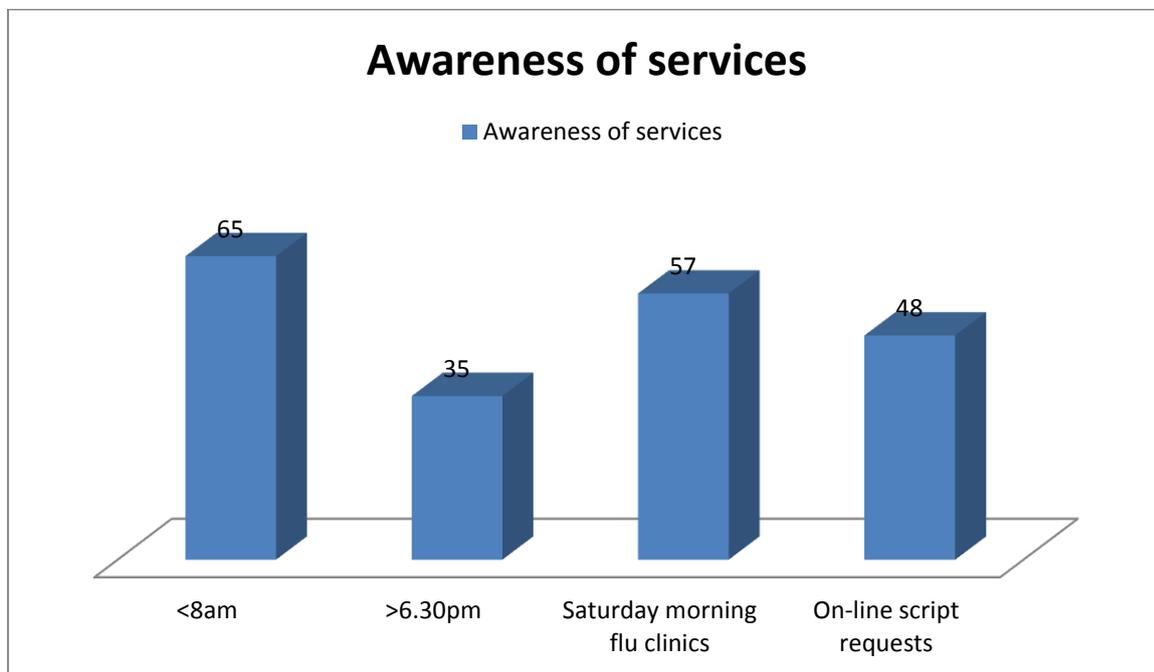
These responses may have been skewed by the increased proportion of older patients within the PRG when compared with the practice population, but over 60% of the PRG are still of working age.

Q2: In order of importance, please indicate what are the most common reasons that patients would like to have access to the surgery outside normal surgery hours (8am – 6.30pm)?

The responses showed that apart from seeking urgent advice, a significant number of patients would like the opportunity to make/cancel appointments and put in prescription and sick note requests outside of normal surgery hours.

The practice already offers the facility to request prescriptions on line 24hrs and is trying to encourage patients to utilise this. It is also hoped to offer on-line sick note requests and appointment management within the next few months.

Q3: In a recent patient survey, a significant number of patients were unaware that routine appointments were available on selected days, outside normal working hours ie before 8am and after 6.30pm, or there was a facility for on-line prescription requests – please indicate which you were aware of?



This showed that awareness of some of the services offered by the practice is still sub-optimal. The practice hopes to remedy this by continued advertisement within reception, on the website and via the right-side of prescriptions.

PRG Meeting

The results from the survey were then widely circulated to all members of the PRG via post and email, as well as posted to the practice website and advertised in reception.

Following the survey results, all members of the PRG were invited via email and post to attend a meeting at the practice on Thursday 21/2/13 to discuss the survey findings and agree an action plan. The meeting was also advertised to all patients using posters in reception. Those patients wishing to comment but unable to attend the meeting were invited to share their views by email or post. 6 patients attended the face to face meeting with representatives from the GP's, reception staff and admin staff.

During the meeting, the survey findings were discussed and the following issues raised:

We discussed some of the difficulties experienced by patients trying to get through on the phones, which although the survey results suggests have improved since the last survey, there are still some delays answering the phones at peak times.

Additionally, there are on-going problems with a shortage of routine appointments, although again this has improved slightly since the last survey.

The following was agreed with the PRG:

Implementation of on-line appointment booking for some routine appointments; this will require patients to register to use the on-line appointment management system.

Trial of some open surgeries whereby patients can turn up and wait to be seen. This will mean that patients wanting an appointment always have an option, although it may involve a longer wait. It may also help to reduce pressure on the phones as patients would not need to ring first. There are some potential problems with this system which need to be ironed out prior to a trial, but the PRG agreed this was worth trialling.

Increase the number of sessions offered by our salaried GP in order to improve the availability of appointments.

We discussed awareness of services offered by the practice, namely on-line script requests, practice website and telephone consultations. Again, although uptake of these services has improved steadily, members of the PRG were still not aware of all these services. Likewise, not all patients were aware of the early morning and evening appointments which the practice has been offering on a regular basis for several years.

The following was agreed with the PRG:

Wider advertising of practice services and early and late appointments by a notice in reception.

Improvement of the on-line prescription request service – making it easier for patients to request repeat scripts on line.

Expansion of the on-line request service to allow requesting of sick notes.

We discussed the problems caused by patients repeatedly not turning up for appointments or turning up late for their appointments.

After discussing several options it was agreed with the PRG that the practice would adopt the following policies:

Patients missing 3 or more appointments (for no good reason) in a 6 month period, to be sent a warning letter and if missing further appointments then patients to be removed from the practice list.

Patients turning up more than 15 minutes late to be asked to either wait till the end of surgery to be seen (at the clinicians discretion) or to rebook. Following this, patients who repeatedly turn up late for appointments to be sent a warning letter.

Both of these practice policies to be advertised in reception.

We discussed the ease of parking at the practice.

The PRG and the practice agreed that although parking was generally not a problem, that it was a recurrent problem with patients or delivery vans parking on the hatched areas behind the disabled parking bays. It was agreed to look into signage indicating "PARKING STRICTLY FOR AMBULANCES ONLY".

Other issues discussed outside the scope of the practice survey:

Members of the PRG expressed frustration with surgeries running late. Although, this is not always avoidable, it was agreed to encourage patients with multiple problems to book a double appointment, via notices in reception. It was also agreed to try to update patients when surgeries were running late via messages on the JAYEX board.

The PRG requested a board with staff photos and names to be put up in reception. The practice agreed to implement this.

Following the PRG meeting, the discussion points and agreed actions were circulated to all members of the PRG and posted in reception, asking for their agreement with the proposed actions and inviting any comments or suggestions. We did not receive any further comments or suggestions regarding the proposed action plan.

The practice intends to implement the following actions as follows:

By 31/3/13

Notice to be posted in reception advertising more widely early morning and evening appointment availability.

Notice to be posted in reception requesting patients to book a double appointment if attending with multiple problems.

Notice to be posted in reception advertising policies re recurrent non-attenders and recurrent late attenders.

Staff noticeboard with photos of all staff to be posted in reception.

Staff to update patients via JAYEX board if surgeries running more than ½ hour late.

By 31/06/13

Practice to have implemented on-line appointment management trial. This will initially be open to members of the PRG, but will gradually be extended to the wider patient population.

Practice to have implemented trial of open surgeries.

On-Line requesting of fit notes to be available.

Increase sessions from salaried GP to offer increased number of routine appointments.

New signage for hatched area of car park – “strictly for ambulances only”

If any patient would like to comment on the above proposals, they can do this via email – parkviewpatient@gmail.com, via post or in person at reception.

