

The Grange Group Practice Patient Participation Report 2013-2014

The Patient Participation DES aims to promote the proactive engagement of patients through the use of effective Patient Reference Groups (PRG's) and to seek views from the practice patients through the use of a local survey.

- The key requirements of the patient participation arrangements agreed by negotiators are that GP practices:
- develop a structure that gains the views of patients and enables the practice to obtain feedback from the practice population, for example, it's PRG;
 - agrees areas of priority with their PRG;
 - collate patient views through the use of a patient survey;
 - provide the PRG with an opportunity to discuss survey findings and reach agreement with the PRG on changes to services;
 - agree an action plan with the PRG and seek PRG agreement to implementing changes;
 - publicise the actions taken and subsequent achievement.

1. Develop a Patient Representative Group (PRG)

The Grange Group Practice patient participation group was established in 2011 and is made up of 91 members and is mainly a virtual patient group, with a small number (between 10 and 20) members who attend meetings at the surgery. Our members are made up mainly of white ethnic patients, aged over 55. Over the past year we have recruited members from other ethnic and age groups, but these are still underrepresented.

The patient participation group is advertised on the notice board in the waiting room with leaflets and information about the group. There is also a section on our website for patients to sign up for the patient group. All patients who have requested prescriptions by email were also invited to join. There is a message on our prescriptions advising patients that we have a patient participation group. An email was sent out to all patients on our email database advising them of the existence of our patient group and asking if they would like to participate in the group. We have also tried to actively recruit patients to ensure that the members are representative of our patient population. (Please see Appendix 1.1, 1.2 and 1.3 for evidence)

Over the past year we have managed to grow the group and since we have actively advertised the existence of the group, we have been able to recruit patients from the previously underrepresented groups.

Practice Demographics v Patient Representative Group

Practice Population Profile			Patient Reference Group Profile		
Age	2014	2013	Age	2014	2013
Under 16	4054	3998	Under 16	0	0
17 – 24	1677	1661	17 – 24	2	1
25 – 34	2476	2509	25 – 34	3	4
35 – 44	2310	2312	35 – 44	10	9
45 – 54	2243	2219	45 – 54	19	15
55 – 64	1706	1691	55 – 64	26	23
65 – 74	1297	1281	65 – 74	27	22
75 – 84	895	912	75 – 84	3	1
Over 84	351	352	Over 84	1	0
Total	17009	16935	Total	91	75
Ethnicity			Ethnicity		
White			White		
British Group	3943	3743	British Group	81	67
Irish	56	34	Irish	0	0
Total	3999	3777	Total	81	67
Mixed			Mixed		
White & Black Caribbean	1021	967	White & Black Caribbean	0	0
White & Black African	44	36	White & Black African	0	0
White & Asian	61	51	White & Asian	0	0
Total	1126	1054	Total	0	0
Asian or Asian British			Asian or Asian British		
Indian	1194	1863	Indian	0	0
Pakistani	2823	2710	Pakistani	4	3
Bangladeshi	962	1017	Bangladeshi	0	0
Total	4979	5590	Total	4	3

Black or Black British			Black or Black British		
Caribbean	2704	2693	Caribbean	3	2
African	251	248	African	0	0
Total	2955	2941	Total	3	2
Chinese or other ethnic group			Chinese or other ethnic group		
Chinese	49	51	Chinese	2	1
Any other	3901	3522	Any other	1	2
Total	3950	3573	Total	3	3
Gender			Gender		
Male	8283	8290	Male	41	35
Female	8726	8645	Female	50	40
Total	17009	16935	Total	91	75

2. Agree areas of priority with the PRG

An email was sent out on the 29th October 2013 with a draft copy of the GPAQ Survey used for the 2012/2013 survey. Our members were asked for their comments on whether they thought the survey was suitable. We held a patient group meeting on the 5th November and the group felt that the GPAQ Survey was a bit lengthy at 7 pages long and many patients could be put off by the length of the survey. It was agreed that we would try shortening the survey to 1 double sided page. We agreed that the main areas to focus based on 2013 Action plan were; staff, telephone and appointments. (Please see appendix 2.1 and 2.2 for evidence)

Update on Key Points 2013

KEY POINTS/ACTION	OUTCOME – After discussions with GP's and staff	Progress
Staff training courses in telephone/customer service	To do	Some staff members have attended training in the last year. There is a compulsory training session for our admin staff on the 18 th March 2014
Staff members to identify themselves over the phone "Grange Group Practice, speaking, how can I help you"	To do	Our staff are now answering the phones "Good morning/afternoon, The Grange Group Practice, speaking". Some staff still need to do this.
To analyse capacity and demand for appointments	To do Audit on appointments, DNA rate and see if there is any relation to booking ahead and DNA rate. (Past experience supports direct correlation)	An audit has been completed and the results collated. Ongoing
Review the possibility of offering lunch time appointments	Review appointments system to check flexibility of lunchtime appointments.	Ongoing
Review system for booking appointments in advance	Review appointments system and implement any appropriate changes.	Ongoing
Promote systmonline service for booking appointments and ordering prescriptions	Promote use of systmonline – as there is an audit trail of prescriptions ordered. Check requirement for providing identity before issuing logins. Email login details to patients who already use email prescription service.	We currently have 1100 (6.4%) of our patients registered for systmonline. Ongoing
Text service – ensure we have up to date contact numbers for patients	To get up to date contact details for patients. Need to be careful of sending texts to parents of teenage children, especially if they have appointments in teenage clinic etc as possible we still have parents contact numbers.	Ongoing
Signs in patient car park stating for patient use only	To advise Fartown Medical Centre staff not to use car park.	Letter has been sent to the Medical Centre advising staff not to park in our car park.
Signs in surgery indicating location of patient toilets	To do	Signs are located at reception and in the waiting room advising patients of where patient toilets are.
Phlebotomy – patients would like a phlebotomy clinic at the surgery	No capacity to provide a blood service at the practice, with the exception of urgent bloods provided by healthcare team at the express request of GP's only.	N/A
Possibility of a GP attending Patient Group Meetings and a representative of the patient group attending meetings with GP's	Doctors to take it in turns to attend patient group meetings No to representative attending meetings with doctors due to business and patient confidentiality.	GP's are taking it in turns to attend meetings.

3. Collate patient views through the use of a survey

This survey was available online and in paper form in the surgery for those patients who do not have access to the internet.

The survey was run from the 18th December 2013 to the 18th January 2014. Notices were put up in the surgery advising patients that we were conducting our survey and we advised patients that it was also available online. An email was sent to all patients whose email address we have on our system advising them that the survey was available. Our reception staff handed out surveys to patients who attended surgery during the time the survey was run. A member of the admin team asked patients in the waiting room and supported them in completing the survey.

The majority of our surveys were completed online, with 93 paper surveys completed and handed into the surgery. A total of 356 surveys were completed which is 2% of our practice population of 17,000. The results of the survey were analysed using the facility on the 'My Surgery Website' and the results were published on the website. (Please see appendix 3.1 for evidence)

4. Provide the PRG with the opportunity to discuss the survey findings and reach agreement with the PRG on changes to services

An email was sent out on the 21st January to all our members inviting them to attend a meeting at our surgery on the 4th February to discuss the results of the survey and to come up with an action plan. Those patients who could not attend the meeting were asked for their comments and ideas, which would be included in the discussions at the meeting. We emailed the results of the survey and survey comments to the patient participation group on the 4th February 2014. The key themes identified by the group were: staff and appointment availability.

5. Agree an action plan with the PRG and seek PRG agreement to implementing changes

We held a meeting held on the 4th February, which was well attended, and following discussions with the members, and collating the comments from our members via email, the following key points were identified:

KEY POINT/ACTION	OUTCOME – After discussions with GP's and staff	Progress
Staff training / conflict resolution training	We will look into this to see if anyone offers conflict resolution training. Other staff training is ongoing.	TBC
Staff to "shadow" at other practices to see if things are done differently.	We would have to liaise with other practices to see if they would like to get involved as would impact on other practices.	TBC
Patients to be able to book non urgent appointments within 3 days.	Review appointments system and implement changes if necessary.	June 2014
Review the possibility of offering lunch time appointments	Review appointments system and implement changes if necessary.	June 2014
Review system for booking appointments in advance	Review appointments system and implement changes if necessary.	June 2014
A display in waiting room and online showing each GP ,days they are available and speciality interest	To do a display in waiting room and update website. Info to be added to new patient packs.	April 2014
Text service – ensure we have up to date contact numbers for patients	Promote the text reminder service as this could help reduce the "Did not Attend" rate of patients. Get up to date contact numbers for patients	Ongoing
Promote the use of "SystemOnline" for booking appointments and ordering prescriptions	We currently have 7.9% of our patients registered for SystemOnline (March 2014) – we aim to increase this to 10% by June 2014	June 2014
Recording of telephone calls	This will benefit both staff and patients when there is any conflict. (Dependent on cost).	TBC
When phoning the surgery, have a "options" system... press 1 for appointments, press 2 for queries etc.	Patients will not get a busy tone when they phone the surgery at busy times. (A substantial change would be required to the telephone system software).	TBC
Advise patients when they register that we have two branches and that they MAY be offered appointments at either surgery.	Amend the practice leaflet, website and put notices up in the waiting room advising patients of this.	June 2014

We discussed the key points and action plan with the clinicians at a meeting on the 18th February 2014 and agreement was made on the action plan. The results of the survey will be discussed with our admin team at an upcoming staff meeting.

A draft of the action plan and minutes from the meeting was emailed to our patient representative group on the 25th February 2014. We asked for their comments and whether they agreed with the action points. The group agreed that the action plan was fine. (Please see appendix 4.1; 4.2; 4.3 and 4.4 for evidence)

6. Publicise the Local Participation Report and Practice Survey

The report has been published on our website www.thegrangegrouppractice.co.uk. Notices have been put up in the surgery and flyers have been put at reception advising patients that the report is available online and our patient reference group have been advised via email.

The Clinical Commissioning Group have also been informed that the report is available on the website and NHS-England West Yorkshire Area team have also been informed. The report will also be available for the Care Quality Commission (CQC) to access.

We will update our website with any progress on the key actions identified and inform our patient representative group when these have been completed/actioned. (Please see appendix 6.1 for evidence)

Access

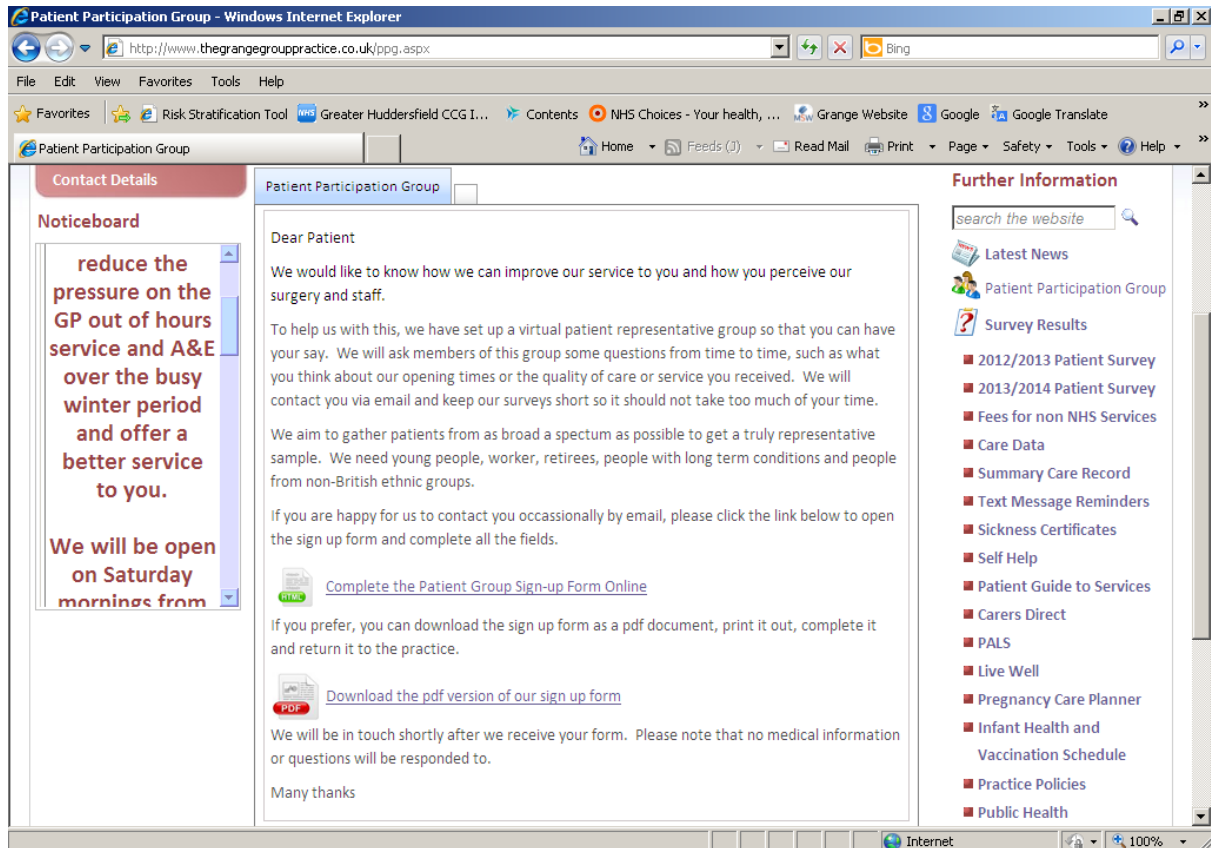
The surgery is open Monday – Friday 8.00am – 6.30pm (The practice is closed on public and bank holidays).

Patients are able to access both the main surgery and branch surgery in person between 8.00am and 6.30pm and via telephone to the main surgery from 8.30am to 6.00pm. Appointment booking is available online. The surgery does not offer routine extended hours access however the practice did partake in providing urgent appointments on Saturday mornings throughout the winter period.

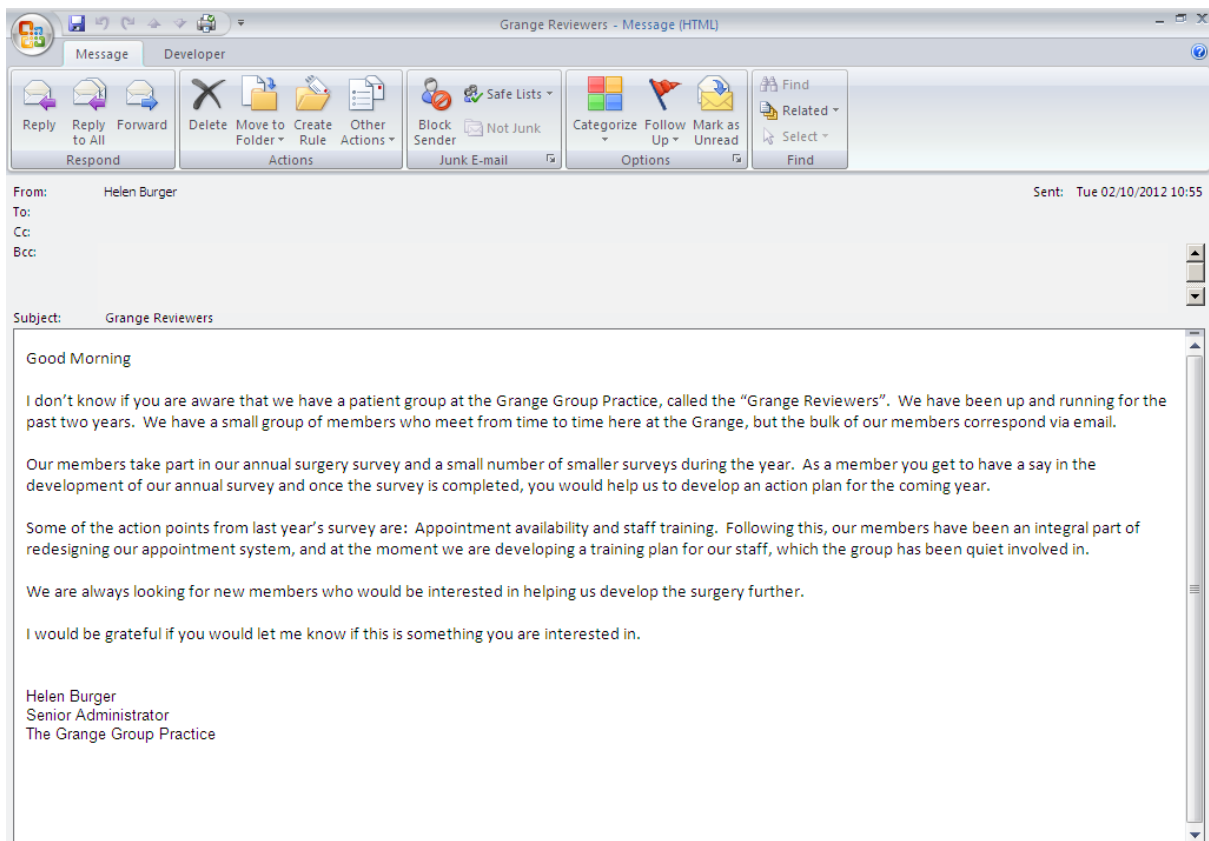
Emergency cover is provided by NHS111 and Out Of Hours GP Service.

1. Develop a Patient Representative Group (PRG)

Appendix 1.1: Screenshot from our website where patients can sign up to our PPG.



Appendix 1.2: Example of email sent out to patients who have an email address recorded on System1.



THE GRANGE GROUP PRACTICE

PATIENT REPRESENTATIVE GROUP

Would you like to have a say in the services we provide?



CONTACT FORM

If you are happy to be part of the patient representative group, please complete the form below and hand it to a member of the reception team.

Name:

Email Address:

The following information will help us to ensure we speak to a representative sample of patients registered at this practice.

Are you? Male Female

Age Group: Under 16 17 - 24
 25 - 34 35 - 44
 45 - 54 55 - 64
 65 - 74 75 - 84
 Over 84

White British Group Mixed White & Black Caribbean
 Irish White & Black African
 White & Asian

Asian or Asian British Black or Black British
 Indian Caribbean
 Pakistani African
 Bangladeshi

Chinese or other ethnic group
 Chinese
 Any Other

PATIENT REPRESENTATIVE GROUP

Frequently asked questions

- Q Why are you asking people for their contact details?**
A We want to talk to patients about the surgery and how well we are doing in order to identify areas for improvement.
- Q Will my doctor see this information?**
A No. It is purely to contact patients to ask them questions about the surgery and how well we are doing. Your doctor will only see the overall results.
- Q Will the questions you ask be medical or personal?**
A General questions about the practice, how we are providing services and what we can do to improve them.
- Q Who else will be able to access my contact details?**
A No one beyond the practice.
- Q How often will you contact me?**
A Not very often. A few times a year via email
- Q What is a patient representative group?**
A It is a group of volunteer patients who are involved in shaping the service we provide to patients.
- Q What if I no longer wish to be on the contact list or I leave the surgery?**
A You can let us know if you do not wish to receive further messages or you leave the surgery.
- Q Who do I contact if I have further questions?**
A The practice contact is: Helen Burger
 helen.burger@gp-b85028.nhs.uk

Which of the following areas should we focus on (please tick all that apply):

- Getting an appointment
- Clinical care
- Telephone answering and access
- Waiting room facilities
- Customer service
- Time keeping
- Patient information
- Opening times

Other (please specify)

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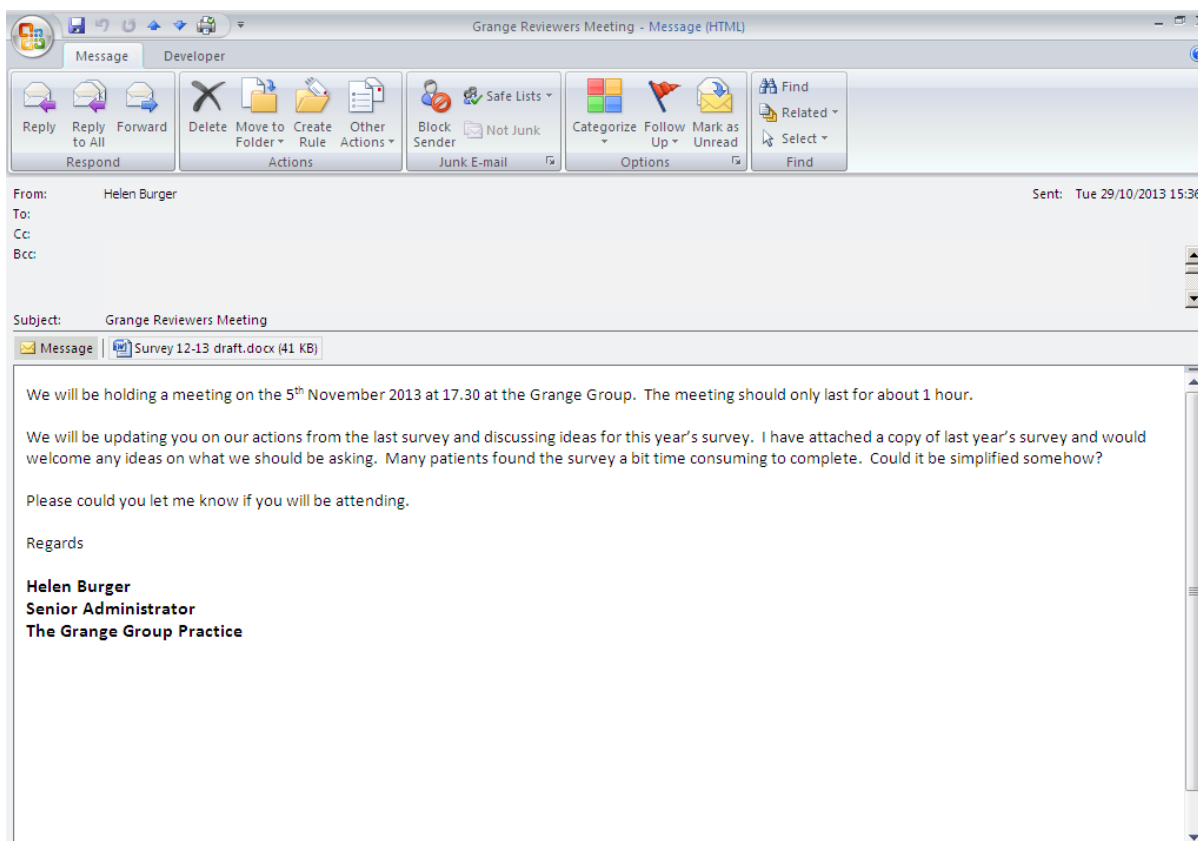
Thank you

The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998. The Data Protection Act 1998 gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly.

Please note that no medical information or questions will be responded to.

2. Agree areas of priority with the PRG

Appendix 2.1: Copy of email sent to the PPG to discuss ideas for the survey.



**GRANGE REVIEWERS
MEETING 5TH NOVEMBER 2013
MINUTES**

WELCOME AND INTRODUCTIONS

Attendees: xxxxx
 xxxxx
 xxxxx

- Dr Care gave an overview of a “Day in the Life of a GP”.

1 Update on the key points from last year’s survey.

- Staff are getting into the habit of identifying themselves when they answer the phones.
- We have participated in a national audit of appointments and we are waiting for the results and recommendations.
- We are in the process of promoting the SystmOnline service; all new patients are automatically registered for the service. The old prescription service via the website will be phased out and closed by the end of December 2013. The SystmOnline service is much safer, as it leaves an audit trail in the patient’s records of medication ordered. We will look into the possibility/availability of releasing extra appointments to be available for online booking.

2 Survey for 2013/2014

- Discussed options to include in survey – the group feel it would be more beneficial to have questions relating to the surgery, rather than the questions relating to the doctors.
- There is a IPSOS survey that is sent to patients home by the department of Health that relates to the care they receive from the GP.
- It was felt that the survey was a bit “long winded”, which may put patients off completing.
- xxxxx has offered to look at the draft survey to see where changes can be made.
- The survey will run during December and will be available in surgery and online.

3 General Practice Extraction Service (GPES)

- Opt in/Opt out form discussed. The extraction of the information has been postponed for the time being due to lack of information given to patients. To be discussed in more depth at a later stage.

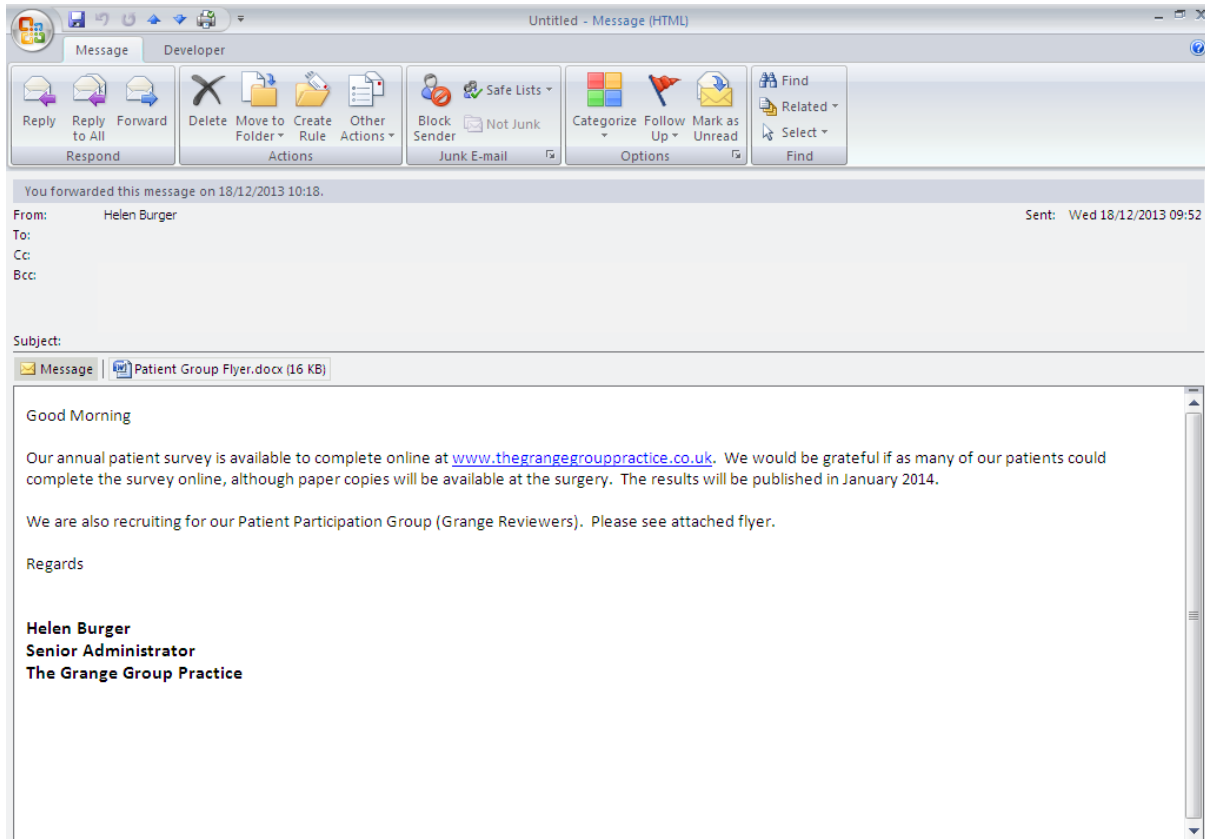
4 Access to patient records.

- It is proposed that patients would be allowed access to their medical records and we would like members of the group to trial it. We will send out further information as soon as we have it.

Date of next meeting – 4th February 2014 at 17.30

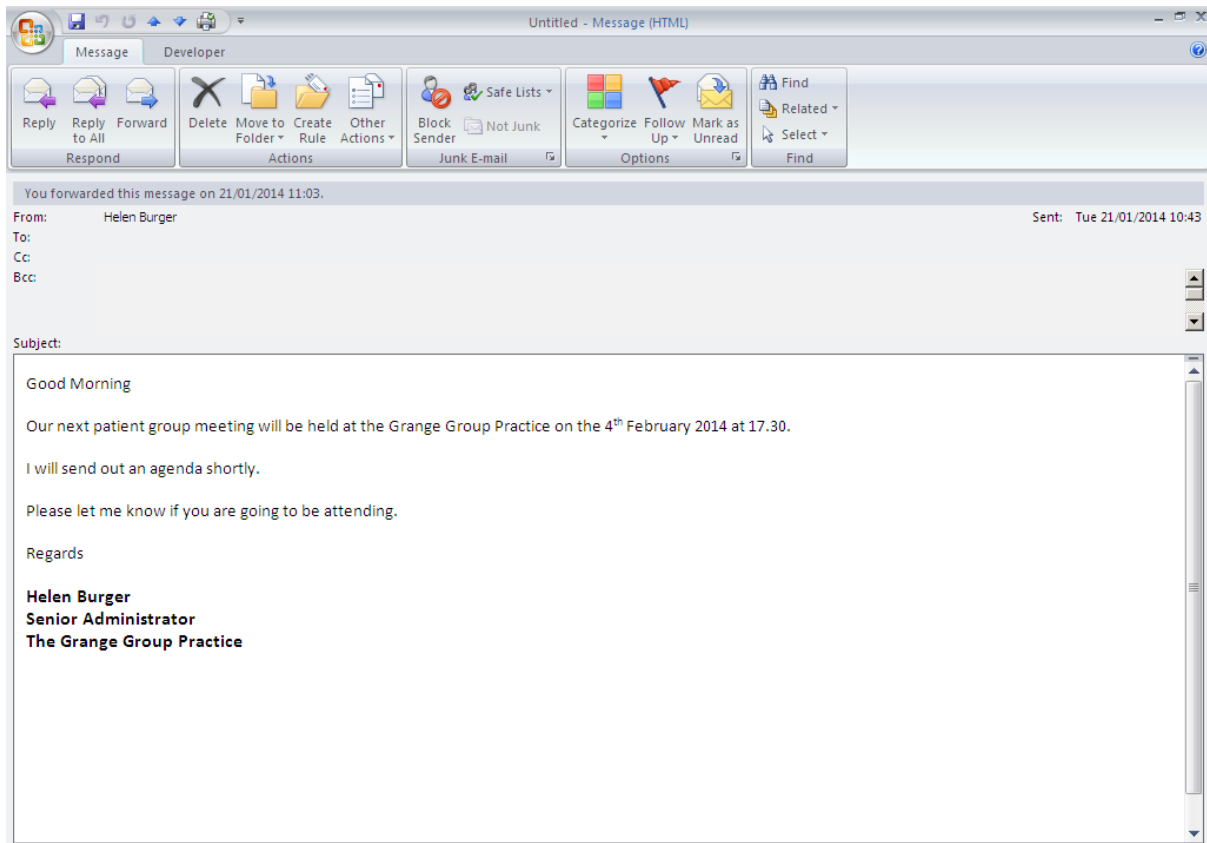
3. Collate patient views through the use of a survey

Appendix 3.1: Copy of email sent to patients and PPG members advising them that the survey is available online.

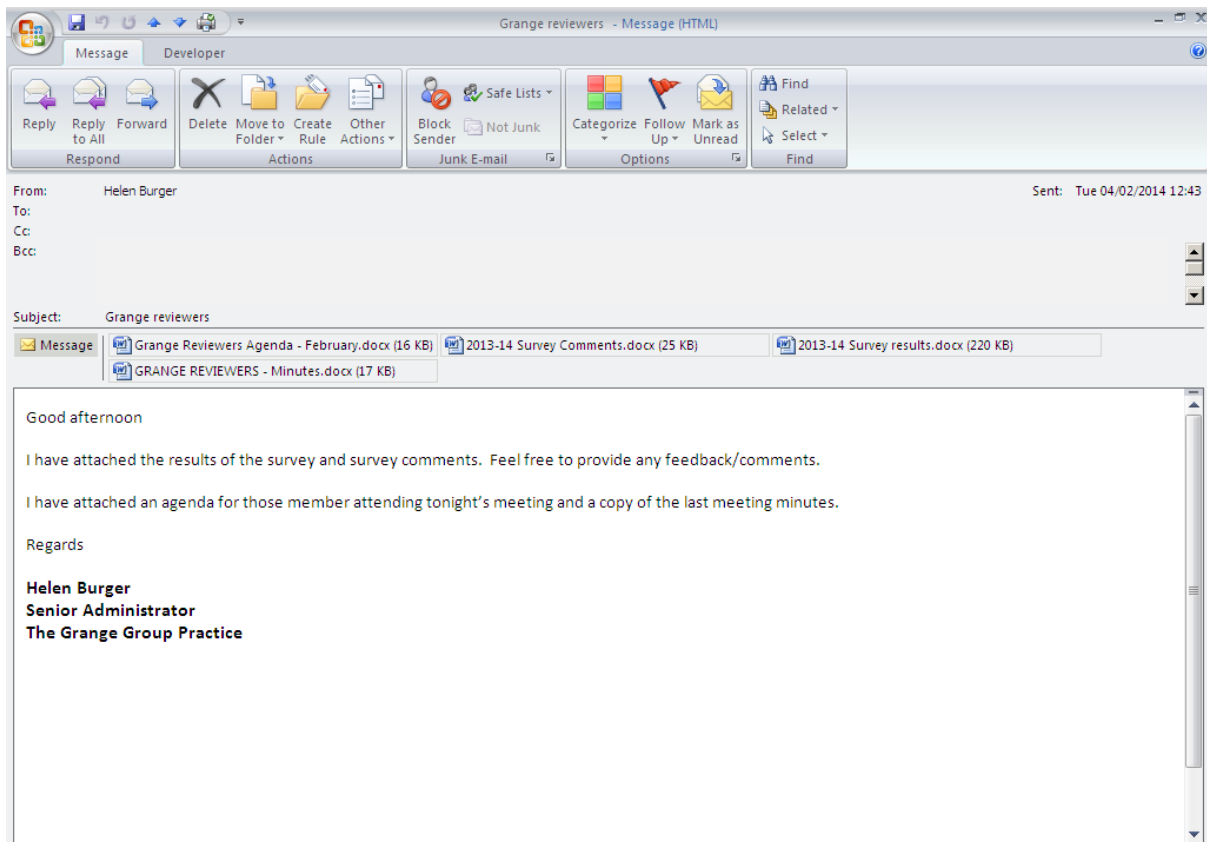


4. Provide the PRG with the opportunity to discuss the survey findings and reach agreement with the PRG on changes to services

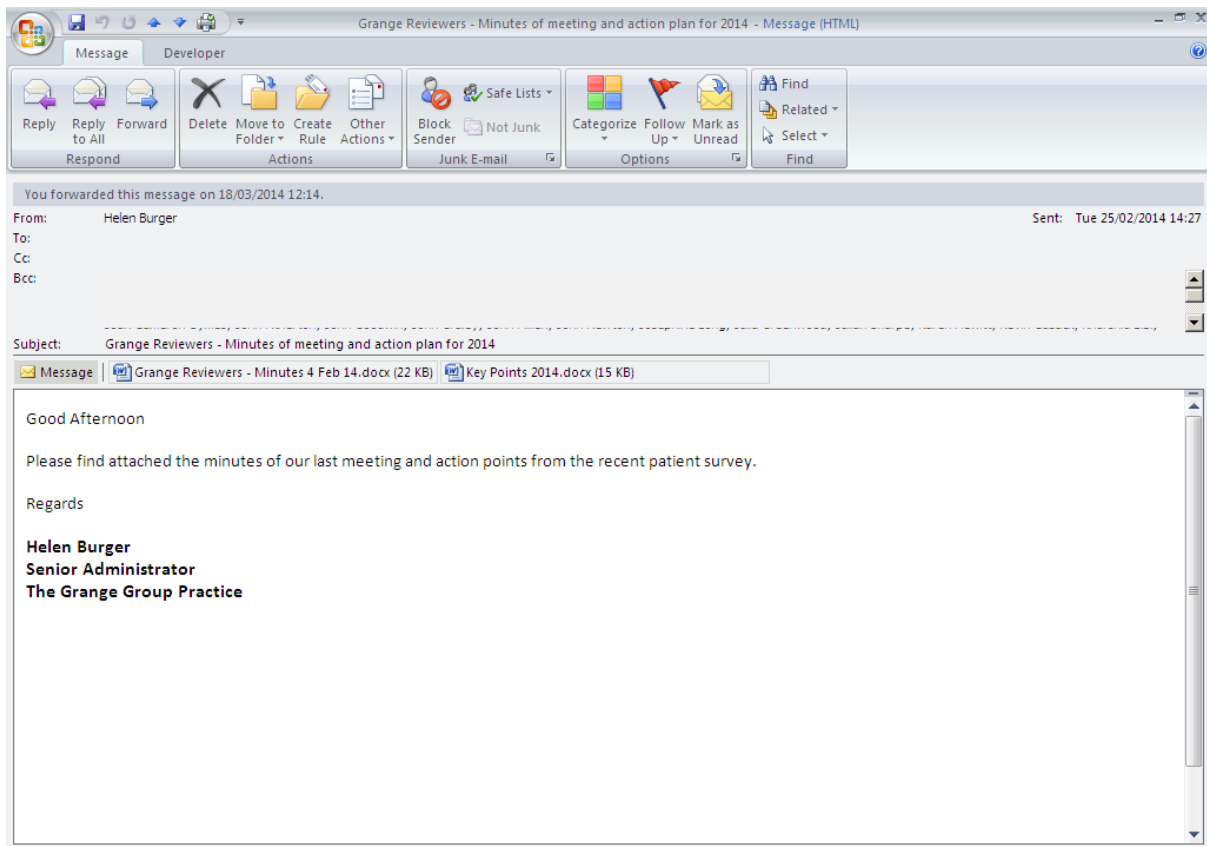
Appendix 4.1: Copy of the email sent to our PPG members inviting them to attend a meeting to discuss the results of the survey.



Appendix 4.2: Copy of email sent to our PPG members with the results of the survey asking them for their comments.



Appendix 4.3: Copy of email sent to our PPG members with the minutes of meeting and action plan for 2014.



Appendix 4.4: Copy of the minutes of the meeting held on the 4th February 2014

**GRANGE REVIEWERS
MEETING 4th FEBRUARY 2014
MINUTES**

WELCOME AND INTRODUCTIONS

Attendees: XXXXX
 XXXXX
 XXXXX

Unfortunately, due to an extremely busy “urgent clinic”, no doctor could attend the meeting.

SURVEY AND ACTION PLAN:

It was agreed that the results are vastly improved over last year’s survey.

The main areas of concern are: appointments (lack of, availability with GP of choice) and staff manner (rudeness, not helpful).

There is a frustration with our patients trying to phone at 8.30am for appointments for that day and lines engaged till 9, only to be told no more appointments unless urgent. This could be leading to the perception that the staff are unhelpful, which is frustrating for the staff because they can only offer what is available.

Suggestion from group:

- Possibility of staff “shadowing” at other practices to see if things are done differently there.
- Is there any way to compare how our surgery compares to other surgeries in the area?
- Staff could benefit from ‘conflict handling’ rather than ‘customer care’ training.
- Telephone system - if calls were recorded we would have a fall back for staff and patients if there were any disputes. It was also suggested that we have a “press 1 for appointments”, “press 2 for results”, etc, and then callers are directed to the correct person.
- Traffic light system for patients. Green – happy to see any GP, Orange – would prefer female, etc and red – patient would like to see the same GP for all issues.
- Did not attend patients – more needs to be done about this. Text reminders do help, therefore promote the service more and get up to date mobile numbers from patients.

REVIEW OF LAST YEARS ACTION PLAN:

Some of the receptionists have been to call handling training this year and all staff are taking part in mandatory training in March, which will deal with team building and recognising their strengths and weaknesses.

So far we have registered 885 patients for SystmOnline, which is about 5.2% of our practice population. We had advised patients that use the old method of ordering prescriptions via our website that it would become obsolete as of the 31st January 2014. We have now put a message on to say that patients will only be allowed one more prescription request and will have to register for SystmOnline.

I sent out emails to all patients who were using the old system advising them that they need to register for SystmOnline. We will be removing the functionality on our website at the end of February 2014.

WINTER PLANNING:

Evening Review – Doctors are putting patients that they see or speak to who they think are at risk of ending up in A&E on an evening review list – they contact the patient to see if they are improving or anything if else needs doing to prevent them attending A&E during the night.

Saturday opening – 22 practices throughout Huddersfield are participating in the Saturday opening scheme. It is for urgent cases only and the idea behind it is that we would take calls from the OOH’s service and A&E for patients who could be dealt with in the GP surgery. Patients can also ring directly for urgent appointments.

The Saturday clinics have been run from the 7th December – 1 March 2014, and are being run from the Keldregate branch.

APPOINTMENTS:

There has been a CCG initiative and 30 practices have taken up the offer. A team from the CCG has worked with practices to see where changes can be made to our appointment systems. We have completed an audit and review of our appointment system and the recommendations are:

- Offer appointments for up to 6 weeks ahead.
- More appointments to be made available for online bookings.
- Patients to be offered an appointment with a GP of their choice 3 – 5 days ahead.
- Offer more telephone consultations.
- Home visits to be done earlier in the day.
- GP's to do 3 shorter surgeries throughout the day.
- Cut out the "urgent Clinic" and have a mix of on the day and book ahead appointments for each GP.

We are planning to have finalised the change of appointment system by June 2014, but you will notice small changes before then.

GREATER HUDDERSFIELD CCG PATIENT GROUP:

xxxxxxx have attended meetings in the past. The next meeting will be on the 27th March 2014 at 10.30 at the Textile Centre. Further information can be found on the Greater Huddersfield CCG website -

www.greaterhuddersfieldccg.nhs.uk

CONTINUOUS FEEDBACK/FAMILY AND FRIENDS TEST:

We are no longer obliged to conduct an annual patient survey as such, although we can do surveys for our own purposes. It is likely to be replaced by something similar to the Family and Friends Test conducted at the hospital. You can find further information on the GHCCG website:

<http://www.greaterhuddersfieldccg.nhs.uk/get-involved/friends-and-family-test/>

ONLINE ACCESS TO PATIENT RECORDS:

We are participating in a pilot scheme which allows patients registered with SystmOnline to have access to their medical records. We have invited a small number of our patient group members to participate. A GP still has to give the final consent as to whether an individual patient should have access to their records. At this moment in time we do not expect to allow patients to have access to their records, we are just participating in the pilot scheme till the end of March 2014. Those patients who have participated in the pilot will have their access to medical records revoked after this time.

NEWSLETTER BY PATIENT GROUP:

This agenda item was postponed until the next meeting.

AOB:

xxxx mentioned that there is no option to nominate a pharmacy when ordering prescriptions via SystmOnline. I have looked into this matter and most patients registered for SystmOnline already have a pharmacy nominated for electronic prescribing (the prescription is sent electronically from us the nominated pharmacy). Most patients on regular repeat medication do have a nominated pharmacy or are signed up to a pharmacy for collection of their repeats. If a patient does not want to sign up with a chemist for electronic prescribing and they prefer to use a specific pharmacy, they can inform us and we can add their preferred pharmacy to their records so when we print a prescription it will show which pharmacy they use. These prescriptions are filed in a separate box for when the pharmacies come to surgery to collect prescriptions. It has always been our policy that it is the patient's responsibility to inform the pharmacy that there is a prescription ready to be collected, unless they are signed up to electronic prescribing. If you are unsure whether you are signed up for electronic prescribing please ask at reception and they will be able to tell you. If you would like to nominate a pharmacy for electronic prescribing you need to do this via the pharmacy.

Singing doctor tells when to use A&E

A new video on YouTube provides an amusing take on dealing with inappropriate use of Accident and Emergency time. The video can be found at <http://www.youtube.com/watch?v=fft1orYXdcl>.

Date of next meeting: Tuesday 13th May at 17.30

6. Publicise the Local Participation Report and Practice Survey

Appendix 6.1: Copy of email sent to patients and members of the PRG advising them that the results are available online.

