**The Grange Group Practice**

**Patient Participation Report 2012-2013**

**1. Establish a Patient Reference Group**

The Grange Group Practice patient participation group is made up of 75 members and is mainly a virtual patient group, with a small number of members who attend meetings at the surgery. Our members are made up mainly of white ethnic patients, aged over 55. Since last year, we have recruited members from other ethnic and age groups, but these are still underrepresented. Our patient population is made up of 22.3% White ethnicity, 33% Asian/Asian British ethnicity, 17.3% Black/Black British ethnicity, 6.3% is mixed ethnicity and 21.1% are other ethnicities.

The patient participation group is advertised on the notice board in the waiting room with leaflets and information about the group. The patient participation group is advertised on the practice website. 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. We have put up notices in two local children’s centres – The Chestnut Centre and Birkby Children’s Centre.

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.

An email was sent out to all the members that were on our contact list asking them if they would still like to participate in the group.

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| --- | --- | --- | --- | --- | --- |
| **Practice Population Profile** | | | | **Patient Reference Group Profile** | |
| **Age** | | | | **Age** | |
| Under 16 | | | 3998 | Under 16 | 0 |
| 17 – 24 | | | 1661 | 17 24 | 1 |
| 25 – 34 | | | 2509 | 25 - 34 | 4 |
| 35 – 44 | | | 2312 | 35 – 44 | 9 |
| 45 – 54 | | | 2219 | 45 – 54 | 15 |
| 55 – 64 | | | 1691 | 55 – 64 | 23 |
| 65 – 74 | | | 1281 | 65 – 74 | 21 |
| 75 – 84 | | | 912 | 75 – 84 | 1 |
| Over 84 | | | 352 | Over 84 | 0 |
| **Total** | | | **16935** | **Total** | **74** |
|  | | | | | |
| **Ethnicity** | | | | **Ethnicity** | |
| **White** | | | | **White** | |
| British Group | | | 3743 | British Group | 67 |
| Irish | | | 34 | Irish | 0 |
| **Total** | | | **3777** | **Total** | **67** |
|  | | | | | |
| **Mixed** | | | | **Mixed** | |
| White & Black Caribbean | | | 967 | White & Black Caribbean | 0 |
| White & Black African | | | 36 | White & Black African | 0 |
| White & Asian | | | 51 | White & Asian | 0 |
| **Total** | | | **1054** | **Total** | 0 |
|  | | | | | |
| **Asian or Asian British** | | | | **Asian or Asian British** | |
| Indian | | | 1863 | Indian | 0 |
| Pakistani | | | 2710 | Pakistani | 3 |
| Bangladeshi | | | 1017 | Bangladeshi | 0 |
| **Total** | | | **5590** | **Total** | **3** |
|  | | | | | |
| **Black or Black British** | | | | **Black or Black British** | |
| Caribbean | | | 2693 | Caribbean | 2 |
| African | | | 248 | African | 0 |
| **Total** | | | **2941** | **Total** | **2** |
|  | | | | | |
| **Chinese or other ethnic group** | | | | **Chinese or other ethnic group** | |
| Chinese | | | 51 | Chinese | 1 |
| Any other | | | 3522 | Any other | 2 |
| **Total** | | | **3573** | **Total** | **3** |
|  | | | | | |
| **Gender** | | | | **Gender** | |
| Male | | | 8290 | Male | 35 |
| Female | | | 8645 | Female | 40 |
| **Total** | | | **16935** | **Total** | **75** |
|  |  |

**2. Agree priorities and local practice survey**

An email was sent out on the 2nd October 2012 with a draft copy of the GPAQ V3 survey. Our members were asked for their comments on whether they thought the survey was suitable. It was agreed that we would use the GPAQ survey as it the questions asked covered the priorities of the patient group. Our members agreed that appointments, staff training and clinical care were the main issues that concerned them.

It was agreed that the recommended sample size of 2.5% of the practice size was an adequate amount of patients to be surveyed.

**3. Collate and inform findings of the survey**

The practice conducted this survey using the GPAQ questionnaire. This questionnaire was given was available online and in paper form in the surgery for those patients who do not have access to the internet. We also had a computer available in the surgery for patients who wanted to complete the survey online.

The survey was run during January 2013. Notices were put up in the surgery, and leaflets were put in patient prescriptions, advising patients that we were conducting our survey. We advised patients that it was available online. Our reception staff handed out surveys to patients who attended surgery during the time the survey was run.

The majority of our surveys were completed online, but 143 paper surveys were completed and handed into the surgery. The results of the survey were analysed using the facility on the ‘My Surgery Website’.

**4. Discuss findings from survey**

We emailed the results of the survey and survey comments to the patient participation group on the 4th February 2013. We also invited our members to meeting on the 12th February 2013 to discuss the result 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. The key themes identified by the group were: staff training, appointment availability and car park access.

**5. Action plan and priorities**

We held meeting held on the 12th 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 POINTS/ACTION** | **OUTCOME –**  **After discussions with GP’s and staff** | **Progress** |
| Staff training courses in telephone/customer service | To do | Ongoing |
| Staff members to identify themselves over the phone “Grange Group Practice, …… speaking, how can I help you” | To do | Staff have been advised |
| 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) | Ongoing |
| 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. | 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 systmone online service for booking appointments and ordering prescriptions | Promote use of systmone online – 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. | 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 to be sent |
| Signs in surgery indicating location of patient toilets | To do | Completed |
| 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. | No action |
| 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. | Ongoing |

We discussed the key points and action plan with the GP’s at a meeting on the 19 February 2013 and agreement was made of the action plan. The only point that the doctors disagreed with was a member of the group attending meetings that we have here with our clinical staff. This is due to confidentiality issues, as patients are discussed at these meetings. The results of the survey were also discussed with our admin team at a staff meeting on the 15th February 2013

A draft of the action plan and minutes from the meeting was emailed to our patient representative group on the 4th March 2013. We asked for their comments and whether they agreed with the action points. The group agreed that the action plan was fine.

**6. Publicise the Local Participation Report and Practice Survey**

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

The surgery does not offer extended hours access.

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

The report has been published on our website [www.thegrangegrouppractice.co.uk](http://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.

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.