Riversdale Surgery

**PATIENT PARTICIPATION REPORT**

**2013/14**

Practice Code:

C81069

Practice Name:

Riversdale Surgery

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| **An introduction to our practice and our Patient Reference Group (PRG)** |
| Riversdale Surgery is a semi-rural Practice with 13,600 patients. We have seven Partners, 3 salaried GPs, four Practice Nurses, supported by the administration team. The Practice has been based in Belper for many years and many of the patients have been registered with Riversdale for a very long time. The Riversdale Patient Participation Group (PPG) was established in September 2011. The Chair is Steve Lockwood and all information on new applicants to join is sent to him so that he can contact them. The meetings are held at Riversdale Surgery usually at 6.30 p.m. They have been held at number 59 but a request has been received to make them more accessible to those with mobility problems so in future they will be held in the Health Visitors room at number 57 Bridge Street, which is ground floor. Recently the Chairs of the Patient Groups representing five GP Practices: Horsley Woodhouse, Duffield, West Hallam and the two in Belper have met to discuss strategies they can take forward as a group. It was a successful meeting and the Chairs have agreed to meet again. It is hoped that this will engender work programmes and joint information sessions. The group is attended regularly by 4 – 8 people. The diversity of the group is a challenge – it does not totally reflect the demographic of the practice, and ways have been sought to improve that. There is a concerted effort to improve this by information on the noticeboards, and representation from the PPG at events such as the flu clinic.  |

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| **Establishing the Patient Representative Group**This shows how the practice has tried to ensure that the PRG is representative of the wider practice population. Information is provided here on the practice and PRG profile. |
|  | **Practice population profile** | **PRG profile** | **Difference** |
| **Age** |
| % under 18 | 20.91 | 0 | 20 |
| % 18 – 34 | 15.77 | 10 | -5 |
| % 35 – 54 | 30.61 | 40 | 10 |
| % 55 – 74 | 24.66 | 40 | 16 |
| % 75 and over | 10.00 | 10 | 0 |
| **Gender** |
| % Male | 49.12 | 40 | -9 |
| % Female | 49.88 | 60 | 11 |
| **Ethnicity** |
| % White British | 29.65 | 100 | 61% |
| % Mixed white/black Caribbean/African/Asian | 0.21 | 0 | 0.21 |
| % Black African/Caribbean | 0.05 | 0 | 0.05 |
| % Asian – Indian/Pakistani/Bangladeshi | 0.36 | 0 | 0.36 |
| % Chinese  | 0.10 | 0 | 0.10 |
| % Other |  | 0 | 0 |
| These are the reasons for any differences between the above PRG and Practice profiles: |
| The group is not completely reflective of the demographic of the practice – however it is predominantly white British population in Belper and many patients do not note their ethnicity on the equalities forms. It is also is a challenge to achieve the diverse age representation that would be more reflective of the Practice patient population. There are two patient groups – the virtual group and the group who attend meetings at the Practice. The virtual group have signed up via our website – we send information out to them and receive feedback from them. It is not possible to determine what age or ethnicity they may be from their email addresses so it is quite possible that this group does reflect some of the other demographics. During the flu clinics the PPG attended the Surgery to assist with directing patients to ensure a smooth flow through the Practice, They took the opportunity at that time to talk to many patients, targeting as many groups as they could and gave them information on the Patient Group. We hope to do that again this year.  |
| In addition to the above demographic factors this is how the practice has also taken account of other social factors such as working patterns of patients, levels of unemployment in the area, the number of carers: |
| The Practice has offered to host meetings during the afternoon and the evening in order to make the Group more accessible. As already mentioned we do have a virtual patient group who can be contacted at any time for input.  |
| This is what we have tried to do to reach groups that are under-represented: |
| We have discussed with the Patient Group the possibility of involving people with other social factors to consider and are planning some information sessions either at the Surgery or a local meeting place (or indeed approaching the other Practice in Belper to run joint sessions) in order to be able to contact as many as possible. We have also discussed holding meetings at different times of the day as mentioned before, but Riversdale has issues of space and the rooms where a meeting could be held tend to only be available during the evening.  |

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| **Setting the priorities for the annual patient survey**This is how the PRG and practice agreed the key priorities for the annual patient survey |
| We hoped to align the targets for the local CCG by looking at where patients would go for information, help and advice and see if there was any learning that could be taken from the responses. We discussed options at length at a meeting, and then the PPG decided what they would like the survey to focus on.  |

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| **Designing and undertaking the patient survey**This describes how the questions for the patient survey were chosen, how the survey was conducted with our patients and includes a summary of the results of the survey (full results can be viewed as a separate document) |
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| How our patient survey was undertaken: How the practice and the Patient Reference Group worked together to select the survey questions:The group discussed them at a meeting, they were then circulated for comments and agreed. The survey was produced by a member of the Group. The Patient Group came into the surgery and handed out the questionnaires to patients and it was also circulated to the virtual group. It was also put on the Web site. Staff were asked to hand them out opportunely to patients – but we have found in the past that not many are returned via this approach. We had more returns this year than ever before.  |
| Summary of our patient survey results:1. The survey showed that the majority of patients would ask at a GP appointment about a health related issue before checking other places such as an internet search or libraries.
2. Patients would like folders in reception with information on self help groups.
3. The notice boards in the Surgery should be a valuable source of information. There were several comments that the Boards at Riversdale are not very informative and the information is not up to date.
4. The last question was about which conditions patients would like to have information displayed and the majority were asking for information on services available from the surgery, closely following by general information on how to keep you and your family healthy. Conditions such as diabetes, cancer, heart disease and stroke, then national campaigns such as breast cancer awareness and then information on local self help groups.

Please see the results translated into graph form attached as annex 1 to this report.  |

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| **Analysis of the patient survey and discussion of survey results with the PRG**This describe how the patient survey results were analysed and discussed with PRG, how the practice and PRG agreed the improvement areas identified from the patient survey results and how the action plan was developed: |
| How the practice analysed the patient survey results and how these results were discussed with the PRG:The practice put the results from the survey into graph form, prepared a report to take to the PPG and discussed it with them. It was circulated to the members who normally attend for comments.  |
| The key improvement areas which we agreed with the PRG for inclusion in our action plan were:There clearly needs to be an improvement in how the Surgery uses the notice boards. More information needs to be on the boards, and of the type that the survey suggested patients would like to see. We have requirements to use the boards for certain essential documents but these will be put on one board and the rest will be used for patient information. A member of staff will be approached to work with a member of the PPG to keep them up to date and informative.  |
| We agreed/disagreed about:Nothing. The Practice were surprised by how much feedback there was on the boards and how much patients would appreciate better information.  |

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| **ACTION PLAN** |
| How the practice worked with the PRG to agree the action plan:The Action plan was agreed at a meeting.  |
| We identified that there were the following contractual considerations to the agreed actions:The only contractual consideration is that we need to have space for some of the legal requirements that the Practice has to display.  |
| Copy of agreed action plan is as follows:***RIVERSDALE PATIENT PARTICIPATION GROUP***Action plan formed as a result of the patient survey carried out during December and January of 2013/2014. * The Group will plan more themed awareness events giving information via the web site and the notice boards.
* A self help folder will be prepared with leaflets for patients to take away – this had been started by a patient who has had to resign from the group for personal reasons. It will be revisited.
* Talk sessions will be investigated as to viability – this could be something that the 5 Practices (see report) could do together.
* To develop health awareness information for patients – this is already underway with themes planned for a month at a time.

The group will conduct another survey the same time in 12 months and then take forward any service needs identified in that survey.  |
| **Priority improvement area**Eg: Appointments, car park, waiting room, opening hours | **Proposed action**  | **Responsible person** | **Timescale** | **Date completed (for future use)** |
| Notice Boards | A member of staff will be approached to work with a member of the PPG to keep them up to date and informative.  | Staff member will be Jess Mather. PPG member Mary Dwyer | March 20 first meeting to discuss boards |  |
| Self help folders | Folder to be prepared with leaflets for patients to take away. This had been started by a patient who had to retire but it will be revisited | Jaes MatherPPG member to confirm | March 20 first discussion |  |
| Viability of information sessions to be explored | Discuss with Practice Manager at Whitemoor surgery and PPG chair | Linda Cross and Steve Lockwood | April 2014 |  |
| Health awareness information for patients – themed weeks | Notice boards to display themed weeks/months for health awareness.  | Jess Mather and Mary Dwyer | Throughout year – first meeting March 20 |  |

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| **Review of previous year’s actions and achievement** We have summarised below the actions that were agreed following the patient survey 2012/13 and whether these were successfully completed or are still on-going and (if appropriate) how any have fed into the current year’s survey and action plan: |
| **“You said ……….. We did ………… The outcome was ………”****We said*** The action plan needs to be to publicise the web site more.
* The practice manager also feels that the patient group need to publicise what they are doing more – they helped at the flu clinics by directed patients which was invaluable and resulted in a flurry of new interested people for the group.
* The group also needs to create some projects that people can take forward so that they feel they are being productive. The group has been slow to decide on things to take forward and quite properly have sought help and advice.

**We did:** * There has been a campaign advertising the web site on the notice boards, staff dealing with repeat prescriptions have been trained so that they offer access to the this via the web site, the web site address has been added to the repeat prescriptions when they are printed, put as a response to emailed repeat script requests and slips have been prepared to hand out to patients with the web address on them. We have seen an increase of 300% since the campaign started of people using the web site to access their appointments and their medication.
* The group came to hand out appraisal forms for the GPs during the year and took the opportunity to discuss the PPG with patients. We have seen an increase in members from 6 to 10
* The Chairs of the five local groups recently met and are planning some joint projects to take forward. The group has also been instrumental in challenging the CCG concerning the withdrawal of some funding for administrative support for the community matron as several of them have had experience of the work the community matron does and do not feel that face time with patients should be reduced by the need to do administrative duties that have been done by an admin worker for several years. The Chairs of Whitemoor and Riversdale wrote to the person involved from the PPG but as yet have had not received any further information other than an acknowledgement of their letter. The Group is willing to be supportive and assit with aspects of patient care.
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| Where there were any disagreements between the practice and the PRG on changes implemented or not implemented from last year’s action plan these are detailed below:**No** |

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| **Publication of this report and our opening hours** |
| This is how this report and our practice opening hours have been advertised and circulated:On the website and to the virtual group.  |

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| **Opening times**These are the practice’s current opening times (including details of our extended hours arrangements) |
| Monday to Friday 8:00 to 6:30 pm.  |

Report Agreed with PPG from which this information is taken.

 REPORT ON PATIENT PARTICIPATION GROUP

 February 2014

The Riversdale Patient Participation Group (PPG) was established in September 2011. The Chair is Steve Lockwood and all information on new applicants to join is sent to him so that he can contact them.

The meetings are held at Riversdale Surgery usually at 6.30 p.m. They have been held at number 59 but a request has been received to make them more accessible to those with mobility problems so in future they will be held in the Health Visitors room at number 57 Bridge Street, which is ground floor.

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The group is attended regularly by 4 –8 people. The diversity of the group is a challenge – it does not totally reflect the demographic of the practice, and ways have been sought to improve that. There is a concerted effort to improve this by information on the noticeboards, and representation from the PPG at events such as the flu clinic.

In order to get a better response to the survey the PPG decided that they would come into the surgery and hand out surveys to patients. It was hoped that this personal touch would bring two benefits – more responses and also enquiries about joining the group. Two new members have expressed an interest in joining since this and the response was much better. 550 completed questionnaires were received and on the web site 169 were sent out to people who have registered for the newsletter (an increase on last year) but unfortunately none were received back.

The questions related to such matters as who a patient would go to for information on a health matter, what conditions/illnesses/health matters they would like information on and whether they think “Self-Help” groups would be useful. This is in line with the agenda for the Commissioning Group to encourage people to make good decisions about where to go for help.

The feed back is as follows:

 As a result of the Survey the group will look at self awareness themed weeks using the notice boards at the Practice for disseminating information. Just before Christmas the PPG ran an event publicising the web site for the Practice to encourage people to access the clinical system through the web site to make appointments and to ask for repeat prescriptions. This has been very successful with a steady increase of people asking for log in details and registering. It is hoped that health initiatives will be equally well received