

Patient Participation Report 2012/13

Stage One						
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Practice Population:						
		Sex:	Male	51.7%	Female	48.3%
Age:	Under 16's	13.3%				
	17 - 25	19.3%	36 - 45	13.8%	56 - 65	9%
	26 - 35	19.6%	46 - 55	12%	66 +	13%
Ethnicity:		Caribbean	3.3%	<i>other:</i>		
British, Mixed British	46.3%	African	2.6%	<i>other:</i>		
English		Mixed Black	0.4%	<i>other:</i>		
Scottish		Chinese	1.4%	<i>other:</i>		
Welsh		Japanese		<i>other:</i>		
Indian, British Indian	4.8%	<i>other:</i>		<i>other:</i>		
Are there any specific Minority Groups within the Practice Population?						
White British	4482	46.3%				
Irish	83	0.9%				
Other White	629	6.5%				
Mixed White + Caribbean	137	1.4%				
Mixed White + African	29	0.3%				
Mixed White + Asian	91	0.9%				
Other Mixed	84	0.9%				
Indian	468	4.8%				
Pakistani	383	4.0%				
Bangladeshi	30	0.3%				
Other Asian	211	2.2%				

Black Caribbean	317	3.3%
Black African	249	2.6%
Other Black	40	0.4%
Chinese	139	1.4%
Other Ethnic Origin	421	4.3%
Ethnic Origin not stated	1888	19.5%
Total	9681	

Validating that the patient group is representative of the practices population base. **Payment Component 1**

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Patient Representative Group Profile (PRG):							
			Sex:	Male	57%	Female	43%
Age:	Under 16's						
	17 - 25	0%	36 - 45	5%	56 - 65	5%	
	26 - 35	5%	46 - 55	15%	66 +	70%	
Ethnicity:		Caribbean	20%	<i>other:</i>			
British, Mixed British	70%	African		<i>other:</i>			
English		Mixed Black		<i>other:</i>			
Scottish		Chinese		<i>other:</i>			
Welsh		Japanese		<i>other:</i>			
Indian, British Indian	10%	<i>other:</i>		<i>other:</i>			

What steps has the practice taken to recruit patients and to sure it is representative of the practice profile?

In setting up the PRG we ran a campaign to get new members involved without discrimination. Posters were placed in waiting rooms and on our website. The PRG was also highlighted in our Patient Newsletter inviting new members to join. Team members were asked to name patients of every category of age and ethnicity that may have had an interest in being an active member.

Doctors were encouraged to opportunistically discuss joining the group with their patients.

*Validating that the patient group is representative of the practices population base. **Payment Component 1***

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Compare the PRG with your practice profile and describe the differences between the practice population and membership of the PRG?

Clearly the age ranges do not match. We have a young practice population with 52% under 36 years old, whilst the PPG is skewed towards the over 65s.

The percentage of White British for both the practice and the PRG is 70%, with ethnic minorities making up 30% of both the practice and the PRG. The diversity of ethnic minorities are not however represented in the PRG with only British Caribbean and Indian ethnicities being represented.

*Validating that the patient group is representative of the practices population base. **Payment Component 1***

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Please explain any differences in section 3 above and the efforts of the practice to communicate with groups not represented? (this is required even if the practice has chosen to use a pre-existing PRG)

The main reasons for the variance in age ranges are:

- 1) Interest: Young patients are not often frequent attendees at the practice, and therefore lack the full experience of healthcare and/or interest to be involved in the practice group
- 2) Motivation: Health is not an issue or priority for many of our young patients
- 3) Availability to attend – working or studying may prevent attendance
- 4) Sense of community/belonging: We have a large student population in the Lenton area, who may feel that there is no need to help improve the service, as they are not planning on remaining in the area and therefore wont benefit.

In our attempts to recruit patients to the PPG we did not discriminate on any basis including age, but it is clearly disappointing that we have not managed to represent our younger patients in the group.

At DRHC we have previously attempted to set up a young persons PPG for the under 25s but after months of trying we failed to recruit a single person to the group despite a multi pronged attack :- invitation to join at registration, invitations attached to repeat prescriptions, engaging with patients using the C-card scheme, waiting room posters, website messages, text message information, Facebook etc.

However we will continue to try to attract younger patients to the group. Every year we recruit between 1000-1500 students to the practice, and will try and use the recruitment campaign to identify potential members for the group.

*Validating that the patient group is representative of the practices population base. **Payment Component 1***

Stage Two

Agreeing Priorities

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How has the practice sought the PRGs views of priority areas?

DRHC has had a practice participation group since 2006 and a new Chairman since 2011. Together with the Chairman and the whole group, we have had regular meetings and discussions to assess what the practice should be focusing on and prioritizing in its efforts to meet the needs of patients.

In addition the patient group has been very much involved in agreeing our annual patient survey structure to ensure we are asking the right questions to get a full overview from all patients within the practice and to assess what their priorities were. We

have also ensured that the survey included the basic template from the DES.

After the survey results were collated, reviewed and discussed with the PPG , the priorities for the practice for the coming year were set-out clearly by the group and the practice has strived to address those priorities: as follows:

Appointment System – promoting the online system, and automated telephone appointment system clarity and an Appointment Leaflet was produced at the patient groups request to clarify patient options.

Telephone System - simplifying the menu options and shortening any messages

Reception & communication issues – discussed with all staff at staff meetings and a solution implemented as part of the practice policy and procedures and reported back to the PPG.

From this the survey was researched, selected and run, and results published.

*Validate through the local patient participation report. **Payment Component 2***

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Please describe how the priorities for the survey were selected - do these reflect those set out by the PRG?

As per the above, the patient group agreed the survey format and the areas to be included:

Access

Reception

Communication – Clinical/Reception

Healthcare & Premises

The responses from the patient survey were reviewed with the PPG group and the areas which needed to be prioritized were agreed, and a strategy/plan agreed to move forward.

*Validate through the local patient participation report. **Payment Component 2***

Stage Three

Survey

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How has the practice determined the questions used in the survey?

I refer to our previous answers in part 5 and 6.

In particular the patient group felt it was important to maintain some continuity and to ask the same questions so that a comparison could be made to see how much the practice has progressed to meet those priorities and areas of improvement.

*Validate the survey through the local patient participation report. **Payment Component 3***

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How have the priority areas been reflected in the questions?

The questions have been structured so that they address the areas of priority as raised by the PPG Group (as per above) and assess patient satisfaction/dissatisfaction. The feedback has been particularly valuable in moving forward and evaluating both where the patients feel the practice needs improvement and areas where we are continuing to do well.

The survey has also been a useful tool to feedback to the group and for their valuable assessment and contribution towards the results.

*Validate the survey through the local patient participation report. **Payment Component 3***

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Describe the Survey - How and when was the survey Conducted?

The survey ran between September and December 2012. Forms were available at reception, in the waiting rooms, in the GP rooms and on-line. The survey continued until we had exceeded 5% of the practice population. All results were entered into a computerized system, so that the results could be easily collated.

*Validate the survey through the local patient participation report. **Payment Component 3***

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What methods practice has used to enable patients to take part?

Forms were available at reception, in the waiting rooms, in the GP rooms and on the surgery website.

Posters were also put up in the waiting rooms and in the entrance hall indicating that we were running a survey and that patients could also ask for help if they needed to.

A notice was also put on the touch screen saying that forms were available at reception, so that people using the self checkin were also made aware.

*Validate the survey through the local patient participation report. **Payment Component 3***

Stage Three continued

Survey

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How has the practice collated the results?

The results were entered into a computerized system which then produced the survey report including comments, statistics and pie charts.

Validate the survey through the local patient participation report. Payment Component 3

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How were the findings fed back to the PRG?

After the report results were collated, then were then posted to all members of the PRG two weeks before the next PRG meeting to discuss the results.
At the meeting the results were presented to the members, who were invited to join in the discussion to debate the actions required as a result of the survey.

Validate the survey through the local patient participation report. Payment Component 3

Stage Four

Results

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Please describe survey results:

1) The survey results showed:

- a. 88.6% showed patients ability to get an appointment when needed, with 11.03% felt it was poor or unsure
- b. 90% considered us from fair to excellent when judging our telephone system and speaking to someone
- c. 97.5% happy with the opening hours

96% overall satisfaction with the practice

Confidentiality at reception has also been highlighted by the survey and DRHC to look at screening to create a more private reception desk.

Patients did raise concerns over lack of information when a GP was running late.

*Validate the survey and findings through the local patient participation report. **Payment Component 4***

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Explain how the PRG was given opportunity to comment?

The survey results were sent to the members two weeks before the meeting to digest the results. At the meeting all members were given the opportunity to discuss the findings, raise any concerns, and help define the action plan.

*Validate the survey and findings through the local patient participation report. **Payment Component 4***

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What agreement was reached with the PRG of changes in provision of how service is delivered?

The action plans requested by the group and highlighted by the 2012/2013 Patient Survey have seen additional changes to the

appointment system and the development of the new appointment leaflet. The audit in March 2013 will gauge what success there has been.

It was agreed that the practice manager would look again at the balance of same day Vs pre-bookable appointments and specifically the use of “48 hour” embargos so that patients have to call 2 days before they need their appointment.

The surgery has raised awareness of the online system, the automated telephone system. A new website has been developed, due to be released soon. In addition, it was agreed that a new appointment leaflet should be developed, made available to patients and be added to the website.

Regarding confidentiality at reception, highlighted by the survey, DRHC to look at screening to create a more private reception desk.

Staff to improve communication with patients when there are delays in appointments, which was discussed at the next team meeting.

*Validate the survey and findings through the local patient participation report. **Payment Component 4***

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Were there any significant changes not agreed by the PRG that need agreement with the PCT?

No

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Validate the survey and findings through the local patient participation report. **Payment Component 4**

Stage Four continued	
Results	
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Are there any Contractual considerations that should be discussed with the PCT?	
No	

Validate the survey and findings through the local patient participation report. **Payment Component 4**

Stage Five

Action Plan

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How did you consult with the PRG about the action plan?

The PRG proposed the priority actions for the practice, based on the survey results and their own views and these were agreed by the partners and discussed with the practice team at the team meetings.

ACTION PLAN

- To address the lack of privacy at the reception desk
- To improve communication between reception and patients in the waiting room
- To look at the possibility of opening on a Saturday morning
- To increase awareness of the services we offer, e.g. Appointment system, online/automated/telephone & Minor Illness Clinics
- Review how the new appointment system is working and to make some daily appointments available at 9pm in stead of releasing them all at 8am
- The patient group asked us to look at recycling unused prescription drugs which are no longer required by patients
- The patient group has asked that we set-up an Open Day for patients to be able to demonstrate all the services that we offer
- The group asked that we pay more attention to the notice boards in the waiting rooms and update them more regularly
- The group has asked whether appointments could me made longer, to 15mins in stead of ten.
- Audit of DNAs to be carried out after March 2013 to give a full one year view of DNAs
- To make available the Practice Risk Assessment ounce we receive the report back from Frank Morgan of the Medical Protection Society

*Consulting on the Action plan with the PRG and seeking PCT agreement where necessary. **Payment Component 5***

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Please give a brief summary of priorities and proposals agreed with the PRG arising out of the practice survey:

- Addressing confidentiality at the desk and introducing a new screen
- The reception staff to inform patients when doctors were running late, more than 15mins
- To investigate the possibility of opening on a Saturday, to discuss with the PCT and partners
- A new website to be produced to make access to information easier and the patient newsletter to be utilized to disseminate information
- To produce an Appointment Leaflet highlighting the new appointment system, and the various ways an appointment can be made, e.g. online, automated telephone system, best times to call reception etc

- Highlighting the automated telephone appointment system and the online system through posters in the waiting room and the website and the patient newsletter
- To monitor the new appointment system and carry-out an audit of DNA's
- To contact InterCare and to set up a collection point for unwanted medicines
- To set a date in June 2013 for an Open day for patients.
- Assign a member of staff to look after the notice boards and regularly change the signage & a patient group member to be involved
- To investigate the possibility to extending consultation times from 10 to 15 minutes, to be discussed with the GPs and to report back to the group
- The DNA audit to be carried out and to report back to the group
- To await the Risk Assessment report and report back to the group

*Consulting on the Action plan with the PRG and seeking PCT agreement where necessary. **Payment Component 5***

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Were there any issues that could not be addressed? - if so please explain

No

*Consulting on the Action plan with the PRG and seeking PCT agreement where necessary. **Payment Component 5***

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Has the PRG agree implementation of changes and has the PCT been informed (where necessary)

Yes the PRG has agreed to the changes required and the action plan. It has not been necessary to inform the PCT of any agreed changes



*Consulting on the Action plan with the PRG and seeking PCT agreement where necessary. **Payment Component 5***

Stage Six

Review of actions from 2011/12

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Detail information on actions taken and subsequent achievement from previous year and directly link these to feedback from patients – eg “You said.... We did The outcome was.....”

- You Said:
 - The appointment system was failing patients due to lack of availability and DNA numbers were too high. We did: A new appointment system was created with 50% of appointments available on the day and 25% available with 5 days. The outcome was: More patients being able to get an early appointment and being seen by the GP quicker, a reduction in DNAs, and improved overall satisfaction from patients. Many patients commenting verbally on the improved system and the PRG group approving of the new system.
- You Said:
 - The telephone message was too long and confusing for patients and it was difficult to get through. We did: The telephone message was shortened and simplified. We also employed an extra member of staff to answer the telephone at the busiest time of the day. The Outcome Was: The telephones are answered quicker and patient satisfaction of the telephone system was improved and the number of complaints regarding the telephone system was reduced.
- Your Said:
 - Patient Awareness should be increased. Not enough patients were aware of the Automated Telephone Appointment System & Online Appointment System. We did: Put up posters in the waiting rooms and promoted the services on the website and in the practice leaflet and develop an Appointment Leaflet. The Outcome Was:

- You Said:
 - Test the Automated Appointment System to ensure that it is working correctly. We did: A new procedure was implemented to check the system each morning by a member of staff. The Outcome Was: The service is now tested every morning, any problems are reported and quickly rectified.
- You Said:
 - DNA figures needed to be improved and monitored. We did: The appointment system was looked at and changed in the hope that DNA figures would be reduced. The Outcome Was: DNAs have been monitored and overall there seems to have been an improvement, a final audit will be done at the beginning of April 2013.
- Your Said:
 - An Open Day was suggested to again inform patients of services. We did: Looked at possible dates but were unable to fit it into such our tight, busy schedule. The Outcome Was: The Open Day is proposed for June 2013 and a date has yet to be agreed with the patient group.
 -

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Explain whether there is any disagreement with the PRG on any of the actions in the action plan – this must be publicly highlighted with the practice’s rationale for deviating from the suggested plan

No disagreement has occurred between the PRG and the practice

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Publication of Report

Please describe how this report has been publicized/circulated to your patients and the PRG

This report has been placed on the practice website.
Minutes including survey results discussion and action plan have been sent to all members of the PRG and a brief outline placed on the PRG notice board pointing patients to the full report on the website.
Also a poster was put on the waiting room notice board.

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Additional Information

Opening Times

Confirm Practice opening hours - explain how patients can access services during core hours?

The practice is open from 8am until 6.30 pm everyday, but is extended to 7am opening on Tuesday and Fridays.

Patients can access the practice

- Via telephone
- Via website
- Via automated telephone system

During the opening hours patients can access clinicians for pre-bookable, same day and urgent appointments including minor illness clinics. They can request telephone consultations and home visits for the housebound.

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Where the practice offers extended opening hours please confirm the times that patients can see individual health care professionals?

Clinics run from 7am on Tuesday for GP appointments only, and on Fridays for GP and phlebotomy services.

