

Charter Medical Centre

www.chartermedicalcentre.co.uk



REPORT ON PATIENT PARTICIPATION 2012 – 2013

OUR *ACTIVE* PATIENT PARTICIPATION GROUP (PPG) and our *VIRTUAL* PATIENT REFERENCE GROUP (PRG) ARE PROMOTED THROUGH

- a poster display in the waiting area
- on our web site
- a PowerPoint presentation on our surgery TV screen

RECRUITMENT OF GROUP MEMBERS IS VIA

- a leaflet designed by the PPG, available in surgery and downloadable from the website
- a section on our new patient registration form
- PPG members attend patient events like flu clinics
- Targeted recruitment by the PPG and surgery to increase representation where necessary - See Equality and Diversity appendix of this report.

OUR *active* PATIENT PARTICIPATION GROUP (PPG)

- Is a formally constituted group with written terms of reference.
- Has approximately 20 active members with a core group of 10 committee members.
- The Chair, and committee members providing formal functions such as Treasurer, are elected at an Annual General Meeting.
- Share their contact details with each other.
- The committee meets regularly (7 times in 2012'13) and additional sub groups are formed for specific tasks such as survey analysis or community engagement.
- The group aim to hold 4 public meetings per year, usually attended by practice staff / clinicians, with invited speakers.
- This year a very large part of members' work has been to learn about the role of patient participation in the new NHS structures which come into effect in April 2013. They have attended multiple training and news events organised by the new Brighton and Hove Clinical Commissioning Group. Members and practice staff sometimes attend events together.
- The Chair meets regularly with practice staff to discuss surgery news /work in hand.

OUR *virtual* PATIENT REFERENCE GROUP (PRG)

- Is largely recruited from new patients via an option on the practice registration form.
- The PPG may only contact the PRG via the surgery which holds the contact details of the PRG securely
- PRG members can choose to contact the PPG directly via the Chair's email address which is given in all PPG communications and publicity.
- Approximately 530 PRG members are contacted via email address, and 100 via text to mobile telephone.
- Turnover of the PRG this year was 100.
- This year the PRG have been sent:
 - A link to a quarterly newsletter produced by the PPG (available on the surgery website). A further newsletter will follow shortly
 - A link to the Local Patient Survey 2012'13 on Survey Monkey
 - Those with email were informed about the upcoming PPG AGM
- A subcommittee of the PPG is looking at ways of increasing PRG engagement / integration with the PPG.
- A planned upgrade to the surgery website may allow some more secure ways to communicate with the PRG.

LOCAL PRACTICE SURVEY 2012'13

This year the surgery obtained patient views using a paper and web based survey which ran from mid November 2012 to early February 2013.

DECIDING AND AGREEING THE PRIORITIES AND ISSUES TO INCLUDE IN OUR PRACTICE SURVEY

The surgery and PPG considered:

- Patient responses on the national GP Patient Survey (<http://www.gp-patient.co.uk/>)
- Patient comments, complaints and suggestions
- Staff feedback
- Existing and planned surgery changes
- Follow up questions to the 2011'12 survey and action plan

The surgery Systems Manage and PPG Chair held an initial meeting.

A wide range of possible priority areas, with suggested questions, were then submitted by email to the PPG, Doctors and Practice Manager for approval.

The PPG Chair selected seven priority areas, which were included in the survey.

In total 16 areas of priority were chosen.

SURVEY DESIGN

Questions were put together by the surgery taking care to avoid leading questions. A combination of open and closed forms were used with some free text options. Following feedback from patients last year the paper survey was printed in a much larger font size. Final questions / design were submitted for comment to the PPG Chair, Practice Manager, and Dr Paul Forsdick.

The survey was then road tested at a flu clinic where patients were asked for feedback and some changes were made to wording and layout to improve clarity.

PUBLICISING THE LOCAL PRACTICE SURVEY 2012'13

- A link was placed on the surgery web site
- A table with paper surveys, pens and a posting box was set up in the surgery waiting room
- The survey was advertised widely in surgery
- Some nursing and residential homes were contacted by telephone
- Clinicians were encouraged to tell patients about the survey and to take surveys on home visits
- A link was sent to PRG members with a registered email address:

Dear member of our 'virtual' Patient Group; we would be very grateful if you would take our short Patient Satisfaction Survey. Your answers will be completely anonymous and will help us to improve our services.

Please click the link below to take our survey (available until 25th January).

https://www.surveymonkey.com/s/Charter_Patient_Survey

We are also sending you a link to the December Newsletter produced by our Patient Participation Group which we hope you will find interesting.

<http://www.chartermedicalcentre.co.uk/Newsletters/Charter%20Patient%20Group%20December%202012%20Newsletter.pdf>

Our Participation Group will be reviewing the results of the survey with us and a summary will be published on our web site. Please note that their AGM date has changed – see our website for more details.

Thank you very much for your time.

The Doctors at Charter Medical Centre
Web site: www.chartermedicalcentre.co.uk

To opt in or out of the '*virtual*' Patient Group, or the *active* Patient Participation Group, please contact Lucy Albu at:
Charter Medical Centre, 88 Davigdor Road, Hove, East Sussex, BN3 1RF
Telephone: 01273 770555 Fax: 01273 220883 Email: bhv-pct.G81034Charter@nhs.net

- A link was sent by text to the mobile phones of PRG members without an email address

Dear '*virtual*' Patient Group member: Please take our 5 minute anonymous survey to help us improve patient services. Please click:

https://www.surveymonkey.com/s/Charter_Patient_Survey (ends 25/1/13) Thank you.

To STOP membership email:

SURVEY RESPONSE RATES

Guidance from Survey Monkey on design principles to increase response rates was followed as far as possible. 585 responses were received in total of which:

- 334 responded via paper, entered by surgery staff manually onto the survey monkey site
- 107 responded via a link on the surgery website
- 144 responded via a different link sent to the PRG members
 - The link was sent out later than planned and it is likely that some members of the PRG will already have responded via the web page or via paper in surgery.
 - Emails and texts were sent in batches with a carefully worded title designed to avoid automatic spam filters on servers. Never the less, large numbers bounced.
 - It is estimated that 144 therefore represents a reasonable although slightly disappointing response rate of approximately 1:3

SURVEY RESULTS

See separate statistical summary of results

SURVEY ANALYSIS

The PPG subcommittee of 4 members met on 21st February 2013 to discuss the following data and initial analysis provided by the surgery:

- survey results (tables and graphs) for each question, including responses to open questions (inappropriate or identifying comments removed by the surgery)
- analysis of any significant differences in results when cross-tabulated against equality groups
- analysis of suspected survey design effects in the results
- relevant comparable trend analysis graphs from the two national GP Patient Surveys in 2012-2013
- relevant comparison data for other local and similar surgeries from the two national GP Patient Surveys in 2012-2013

ACTION PLAN

A meeting of the PPG subcommittee was held on 27th February 2013 with 4 subcommittee members, managers and a GP to discuss the survey analysis and to agree a draft action plan.

The surgery and the PPG each suggested areas of priority based on survey responses, and available resources.

A draft plan was drawn up by the surgery.

The PPG subcommittee met to finalise the plan and after further discussion with the surgery and amongst committee member this was agreed on 25th March 2013.

OPENING TIMES

- The practice reception is open from 8.00 to 18.30 Monday to Friday, with extended opening on Tuesday and Thursday evenings until 20.00
- Telephones are open from 8.00 to 18.30 Monday to Friday (urgent calls only between 12.00 and 13.30, and after 18.00)
- Doctor and nurse appointments are offered from 8.00 to 18.30 Monday, Wednesday, Friday with extended hours on Tuesday and Thursday evenings until 20.00

When the practice is closed an answer phone gives patients the telephone number for NHS 111

END

EQUALITY AND DIVERSITY - PROFILING REPORT 2012 - 2013

As far as possible the combined PPG / PRG profile, Practice Population profile and Local Population profiled have been obtained and compared. The PPG and surgery have targeted specific groups for recruitment where these groups are underrepresented in the Patient Groups as a whole or are considered hard to reach:

- The surgery and PPG organised a Men's health promotion event on a Saturday in 2012
- The PPG attended a Saturday flu clinic in 2012
- The surgery contacted some larger or specialist Nursing and Residential homes by telephone and followed up with an email introducing the PPG Chair
- The surgery and PPG have contacted community leaders in two local BME groups; a community representative was recruited from among patients in one group, and in the other group a health promotion outreach event is planned.

Introduction - why profiling matters

SOURCES:

1. BHLIS the Brighton and Hove local information service
An interactive web based data & information resource for those living & working in Brighton & Hove. BHLIS draws data together from multiple sources into ready made or user defined themes, profiles and maps.
 - Brighton and Hove Joint Strategic Needs Assessment 2012 (JSNA)
<http://www.bhlis.org/jsna2012>
 - GP Practice Areas Profiles
<http://www.bhlis.org/profiles/>
2. Public Health Observatories – Health Profiles
The Department of Health's programme to improve availability and accessibility for health and health-related information in England.
 - Health Profiles - Brighton and Hove unitary authority
http://www.apho.org.uk/default.aspx?QN=HP_FINDSEARCH2012
 - The national General Practice Profiles www.apho.org.uk/pracprof
Uses graphical displays to present a range of practice-level indicators including local demography.
 - Local Health Profiles
http://www.apho.org.uk/default.aspx?QN=HP_LOCALHEALTH2012
Interactive maps and reports at Ward, Middle Super Output Area (MSOA), local authority, and user defined combination of these geographies.

Despite its many attractions, Brighton and Hove is also one of the most deprived areas in the South East and has a population with significant health needs and inequalities. There are large differences in life expectancy and in the length of time that people can expect to live disability free, between the most and least socially deprived groups, and between men and women.

Social determinants of health such as education, employment and housing have a large impact on health inequality. However, GPs can also play a crucial role in efforts to reduce premature

mortality, morbidity & inequalities in health. GPs are well placed to find patients who already have, or who are at risk of developing, disease in order to help patients successfully managing their conditions.

Health and wellbeing issues affect distinct groups and communities in different ways. Particular groups may have different risks and prevalence of disease, or they may have particular difficulties accessing services. Some 'at risk' people may need support to engage with their GP surgery on a regular basis. The most vulnerable people tend to be the least assertive about getting what they need. The Equality Act 2010 says that, as a public sector organisation, we must consider the needs of different groups of patients. In particular, we must remove barriers to services which might exclude groups on the basis of their differences if these are 'protected characteristics' such as Age, Gender, Disability, Race, Sexual Orientation, or Religion.

“Population size, structure & composition are crucial elements in any attempt to identify, measure & understand health & wellbeing” (JSNA 2012).

To identify health and access inequalities we need to gather equality profiling data from our registered patients. We do this when patients join our surgery and we do it opportunistically whenever we can. Some demographic data has always been collected by surgeries and is available for all patients on our clinical database (for instance, age). Some equality data has been collected for a substantial period of time and is available for significant numbers of the patients on our database (ethnicity, language). Some data has been collected only recently (sexuality, religion). And some data has never been collected in a way which can be easily extracted (disability, transgender).

We also need to understand the demographics of the local population from which we draw our practice population, in order to identify possible under-registration by any particular group. Statistics on the demographics of people living in our Practice Area have now been collated by BHLIS, the Brighton and Hove local information service and made available at the level of Practice Area profiles.

Finally, we need equality profiling data to ensure that our Patient Groups are representative of our Practice Population as a whole and to address any lack of representation.

Our Practice Profile

AGE

Age is a 'protected characteristic' under the Equality Act 2010

AGE distribution in the City population

Brighton and Hove as a whole has a lower proportion of children but a younger adult population than the South East or England. There are relatively more very elderly people (over 85) particularly women who will have significant health needs. There is predicted to be a 5% increase in the city's population by 2019 (JSNA 2012). There is a younger age structure for men. Using the MOSAIC classification system, Brighton has significantly more educated young single people, and independent older people with active lifestyles than the South East or England.

Age distribution in the Practice area

The York Public Health Observatory classification system identifies our practice as a ‘Pentagon’ practice based on demographic characteristics it shares with other practices; “an average proportion of the population in younger and older age groups and generally low deprivation”. However we appear to have fewer children than other Pentagon practices.

Of the wards in our practice area, Regency has the lowest percentage of children and young people (8.3%) in the city. A larger percentage of older people (aged 65 years or over) than average live in Central Hove (21.8%), Wish (21.2%) and Goldsmith (20.6%). In Regency (82.9%), Brunswick & Adelaide (82.7%) more than four in five people are of working age. (JSNA 2012)

BHLIS GP Practice Area – Charter – Census 2011 Population 5 year bands

<http://www.bhlis.org/profiles/profile?profileId=302&geoTypeId=54&geolds=G81034>

Age	Practice population database 100% of population	Patient Reference group (PRG) profile	BHLIS Practice Area Profile based on 2011 census
		N = 700	
% Under 16	18.74	0.56	Under 19s: 17.09
% 17-24	6.14	6.19	6.81
% 25-34	17.21	27.85	22.25
% 35- 44	20.74	26.02	18.63
% 45-54	16.37	14.49	13.17
% 55-64	8.43	8.16	8.71
% 65-74	5.72	8.58	5.8
%75+	6.64	8.02	7.57

Changes in Practice Area age distribution between the 2001 and 2011 Census:

<http://www.bhlis.org/profiles/profile?profileId=302&geoTypeId=54&geolds=G81034#iasProfilesSection4>

Fastest increasing age groups since 2001: 30-34, 35-39, 40-44, 45, 0-4

Other increasing age groups since 2001: 5-9, 25-29, 50-54

Age groups decreasing since 2001: 70-74, 75-79, 80-84, 85-89

GENDER

Gender and gender reassignment are ‘protected’ characteristics’ under the Equality Act 2010

BHLIS GP Practice Area - Charter - GENDER

<http://www.bhlis.org/profiles/profile?profileId=197&geoTypeId=54&geolds=G81034>

Gender	Practice population database	PRG profile	BHLIS Practice Area Profile based on 2010 ONS estimates and JSNA 2012
Male	49.6	38.26	49.13
Female	50.4	61.6	50.88

Transgender	0.04	0.0	JSNA 2012 0.45
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National and City Background to Gender inequality in healthcare

There is a known gender difference in life expectancy between men and women which is likely to be a result of a combination of behavioural/environmental & biological/genetic factors. Men have a higher proportion of deaths from external causes (mainly accidents, suicide & drug or alcohol poisoning). The premature death rate in the city is much higher among men (17 deaths per 100,000 men under 75) than among women (9 deaths per 100,000). Around 90% of people living with HIV in the city are male. 81% of suicide deaths in 2010 were men. In general men are less effective users of health services and may need a different design of service from women. (JSNA)

The term transgender encompasses all those whose gender identity differs from their biological gender at birth. According to the JSNA 2012 there are no reliable statistics on the number & demographics of transgender people living in the city however it has been estimated that the prevalence in Sussex is 45 per 100,000.

ETHNICITY

Ethnicity (Race) is a 'protected characteristic' under the Equality Act 2010

People identify with an ethnicity on many different levels which can include *race, culture, religion & nationality*, all of which can also impact how they are seen by others. Ethnicity matters because different groups experience different health outcomes due to differences in risk factors, incidence of disease, and access to services.

Black and Minority Ethnic groups (BME) in Brighton and Hove

The term Black and Minority Ethnic (BME) group refers to all groups except White British, and includes Gypsies and Travellers. There has been a significant change in the ethnic makeup of the city since the 2001 census and estimates for 2009 from the ONS are that BME groups could now form up to 18% of the population.

Migration

The city is a destination for migrants from other parts of Europe with 15% of the city's population born outside England. (JSNA 2012). There is a lack of detailed information however most economic migrants tend to be young adults.

<http://www.bhlis.org/profiles/profile?profileId=289&geoTypeId=4&geolds=00ML#iasProfileSection6>

BHLIS GP Practice Area Profile for Charter by ETHNICITY AND PLACE OF ORIGIN

<http://www.bhlis.org/profiles/profile?profileId=195&geoTypeId=54&geolds=G81034>

Ethnic origin	Practice population profile from clinical database	PRG profile	BHLIS Practice Area profile based on 2001
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	(Of 71 % who have been asked for their ethnicity)		Census (x) = Brighton and Hove 2009 ONS estimate
Asian:	2.79	2.26	2.08 (4.9)
Black	1.89	2.26	(2.3)
Mixed	4.24	1.59	2.27 (2.3)
White			
British	66.26	57.29	84.61 (81.2)
Irish	1.27	0.66	1.86 (1.3)
Any other White background	12.01	16.05	6.61 (6.1)
Other Ethnic Group	1.18	0.13	0.95
Chinese	0.55	0.40	0.64 (0.9)
Other non-white			(1.1)

Ethnicity data on its own is not very informative. Language data which is available on our clinical database and from the publicly funded translation service, Sussex Interpreting Service (SIS), is therefore also given.

Main language other than English	Practice population database	PRG profile
Main language other than English	7.4% of the population list a language other than English as their first language.	7.31% of the PRG list a language other than English as their first language.
% of population	We have 40 different languages listed the most common of which are: Polish 1.38 Arabic 1.09 Spanish 0.85 French 0.56 Italian 0.45 Farsi 0.41 German 0.39	We have 19 languages listed the most common of which are: Polish 2.68 Arabic 0.99 Spanish 2.54 French 0.56 Italian 1.97 Farsi 0.99 German 1.13
Sussex Interpreting Service	In 2012 the top 3 languages requested from translation / interpretation services were:	

	<ol style="list-style-type: none"> 1. Arabic 2. Farsi / Polish (joint) 	
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Some examples of why ethnicity matters:

A 2011 report by LINK found that smoking rates were much higher in the local Polish community but many were unaware that the NHS offered free Smoking Cessation help.

[http://present.brighton-hove.gov.uk/Published/C00000166/M00003494/AI00022072/\\$BHLINKPolishReport.pdfA.ps.pdf](http://present.brighton-hove.gov.uk/Published/C00000166/M00003494/AI00022072/$BHLINKPolishReport.pdfA.ps.pdf)

Diabetes is up to three times more common in people of African and African-Caribbean descent

Maternal smoking is significantly higher in White British mothers

DISABILITY

Disability is a 'protected characteristic' under the Equality Act 2010

Disability includes physical disability, visual and hearing impairment, learning disability and mental health disability.

% data is not available for Brighton and Hove and it is not possible to extract meaningful disability data from our clinical database. Practice population has therefore been estimated using Practice Area data (self-reported Life limiting illness).

BHLIS Practice Profiles – Charter – Disability

<http://www.bhlis.org/profiles/profile?profileId=273&geoTypeId=54&geoids=G81034>

BHLIS Practice Profiles – Charter – overview of Demography (JSNA)

<http://www.bhlis.org/profiles/profile?profileId=181&geoTypeId=54&geoids=G81034>

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Disabled/permanently sick	Practice population profile	PRG profile	BHLIS Local Area profile based on Census 2001 Life limiting illness	Known PRG survey responders Q27
%	*See note below	Not known	19.02%	16.8% mobility today 6% self-care today

*Since we started asking the question on the new patient registration form (approximately 1 year) out of approximately 2681 patients who have joined the practice:

28 (1.04%) patients have said they have a Physical disability

- 4 (0.14%) patients have said they have a Sensory disability
- 8 (0.29%) patients have said they have an Intellectual disability
- 13 (0.48%) patients have said they have a mental health disability

Practice Area data

Census 2001

People in not good health (% of whole population self-reporting) (2001 Census)

9.26

People with limiting long-term illness (% of whole population self-reporting) (2001 Census)

19.02

Of whom 30.61% were economically active and of working age and 32.11% classed themselves as permanently sick or disabled and were of working age

5.01 % of working age population reported they are economically inactive due to permanent sickness or disability

Pensioner’s benefits

19% of pensioners are in receipt of Attendance Allowance for social care needs, (87% over the age of 80) (2012)

Working Age Adults benefits

Incapacity Benefit

3.55% of the local working age population are out of work and claiming Incapacity Benefit due to sickness and disability: 43% female 57% male. 55.71% of claims are for a mental condition and 10.87% for a musculoskeletal condition (2010)

Disability Living Allowance

3.87% of the local population in receipt of Disability Living Allowance (2012) (83% working age) % of local population receiving Care component for help with tasks of daily living

1.52

% of local population receiving Mobility component

3.43

SEXUAL ORIENTATION

Sexual orientation is a ‘protected characteristic’ under the Equality Act 2010

<http://www.bhlis.org/profiles/profile?profileId=242&geoTypeId=4&geoids=00ML>

The city is known for its lesbian, gay, bisexual and transgender (LGBT) community, estimated to be about one in six people in the city. Census data about LGBT people is not available because neither sexual nor gender identities are part of the Census questions. (JSNA 2012)

Sexual orientation	Practice population profile Of total population *see note below	PRG profile from clinical database *see note below	Practice Area profile based on JSNA 2012 estimate LGBT = 15	Known PRG survey responders N = 127
% Gay	0.39	2.82	15	13.39

% Lesbian	0.17	0.70		
% Bisexual	0.16	0.28		1.57
% Heterosexual	10.4			79.53
% Do not wish to disclose	0.07	1.83		5.51
Not recorded				

*11.86% of our patients have their sexual orientation recorded, of which 14% have said they are lesbian, homosexual or bisexual.

RELIGION

Religion /belief is a 'protected characteristic' under the Equality Act 2010

<http://www.bhlis.org/profiles/profile?profileId=236&geoTypeId=54&geolds=G81034>

The 2011 census is expected to show significant changes in religious affiliation.

Religion/Belief	Practice population profile Of 12.76% patients who have been asked	PRG profile Of 57.50% who have recorded an answer	BHLIS (2001 Census)
Agnostic	8.12	4.27	
Atheism	39.57	19.47	
Buddhism	1.75	0.93	0.99
Christianity	30.88	16.53	53.66
Hinduism	0.33	0.13	0.64
Islam	3.02	0.93	2.05
Jainism			
Judaism	0.80	0.80	3.25
Pagan			
Sikhism	0.05		0.09
Other		0.13	1.15
No particular faith			27.97
Do not wish to disclose / not stated	7.22	5.60	10.23

CARERS

<http://www.bhlis.org/profiles/profile?profileId=268&geoTypeId=54&geolds=G81034>

Carer	Practice population profile of total population	PRG profile	BHLIS 2001 Census informal care	Known PRG responders on Survey
	1.66	Not known	7.76	5.56

Informal carers enable ill, frail or disabled people to continue with their day-to-day lives for as long as possible. Without support, carers can suffer from high levels of physical & mental illness as a direct consequence of the stress & physical demands of caring. 19% of carers in the city reported caring for more than 50 hours per week, and young carers aged 8 to 17 typically work up to 19 hours a week. Carers need to be supported to identify themselves at an early stage in order to get help to stay healthy. (JSNA)

Other information on our practice population

Nursing homes and residential homes
1.34% of total population

Housebound

0.5% of patients are registered as housebound, of whom approximately 50% live in nursing and residential homes.

Reasons for any differences between population profile and PRG profile, and efforts made to reach appropriate groups.

Members of our Patient Groups who fill out a membership form tend to have joined the practice some time ago and may therefore have very little profiling information recorded on their medical record. In the coming year the surgery will need to look again at how we can get this information for patients filling in a membership form. A planned new web page should enable secure forms to be submitted to the surgery.

Several PPG members have attended a 3 day workshop on engagement and a subcommittee has been formed to address areas of underrepresentation on the Patient Groups.

Gender

Following on from the 2011'12 Patient Participation Action Plan the surgery and PPG held a Men's Health Saturday where several hundred men between the ages of 40 and 70 were invited to attend an NHS health check including a finger prick cholesterol check by a pharmacist. Invitations were particularly targeted at those men who also listed a BME language, or who were known to be from BME groups at risk of health inequality. GPs and nurses ran health checks, and patients could visit information stalls staffed by the City's health promotion teams including alcohol intervention, smoking cessation, cancer awareness, healthy living and a local sports trainer. Relevant health promotion leaflets in three languages were sourced and these are now available in a folder in the waiting room. PPG members attended to publicise and recruit new members.

BME community groups

PPG was advertised on the Facebook page of a local BME community organisation and a patient member of that community has now joined the PPG to act as a representative / liaise with that community.

The surgery and PPG have contacted community leaders in a further BME community and hope to hold an outreach event this year where one of our GPs will give a talk on his area of speciality which is known to affect that community.

Residential and Nursing homes

Lead staff in larger residential and nursing homes (including those which specialise in physical or learning disabilities and dementia) have been contacted by telephone with a follow up email, and the work of the PPG advertised to them using the PPG newsletter. The survey link was sent out at the same time.