

# The Clanfield Practice

## PATIENT REFERENCE GROUP REPORT

2012/13

### Developing the patient group

Clanfield Surgery is a small family Surgery with approximately 7500 patients set in a semi -rural location. The Surgery has 3 Partners and 1 salaried GP and is supported by 3 Practice Nurses, reception and administration staff.

The Practice set up a Patient Reference Group in 2011 and worked proactively to recruit patients to the group. The aim of the group was to provide support and feedback to the practice, be a critical friend and ensure a forum exists for patients to be involved with and influence Practice Policy.

The Practice used the following methods to recruit patients:

- The Practice invited patient's ad-hoc, in face to face consultations and at the Reception desk.
- The Practice pro-actively marketed the reference group and virtual group on their website.
- Posters were put up in the waiting room, reception and young persons' area (13-18) inviting patients to join the patient reference group.
- Invites were attached to recall letters.
- Targeted child health and flu clinics.

The application form includes:

- Questions relating to gender, age, ethnic background, employment details, how often they visited the Practice and if they were being reviewed for a chronic disease.

In March 2012 all members of the group were asked if they wished to continue in their role. The patient group is largely representative of the Practice population as evidenced below.

### **Demographics**

	<u>Patient Group</u>	<u>Surgery</u>
Male	32 (54%)	3767 (49.8%)
Female	28 (46%)	3789 (50.2%)
Ethnicity – White British	60 (100%)	1113 out of 1149 (97%)
Age under 24	5 (8%)	2126 (28%)
Age 25 – 44	15 (25%)	1652 (22%)
Age 45 – 64	29 (48%)	2431 (32%)
Age 65 +	11 (18%)	1360 (18%)

# The Clanfield Practice

## Agreeing priorities for 2012/13

The members of the patient group were invited to attend a meeting at the Surgery on 15<sup>th</sup> August 2012. 10 members attended the meeting which was chaired by Pauline Jenkins – Practice Manager and Dr Rupert Crispin Lead GP for patient experience.

The group discussed the 2011/12 report and were updated on action taken the priority areas for 2011/12:

- Getting an appointment
- Waiting room facilities
- Parking
- Following discussion it was agreed to continue to monitor through a Practice Survey.
  
- Access – continuation from 2011/12
- Clinical Care
- Information folder

## Collating views through a survey

A written survey was developed that reflected the priority area agreed at the meeting.

As the survey focused on patient experience, it was agreed that the survey would be given out randomly to patients in the waiting room. A scoring system of 5 excellent and 1 poor was used

This took place in January 2013. A total of 50 surveys were handed out and 47 completed.

The results are as follows:

Satisfaction rate = those scoring 3 or above

### Access:

Getting an appointment	94 % satisfaction rate
Telephone response	100% satisfaction
Telephone consultations	100% satisfaction

### Clinical:

Lifestyle information	100% satisfaction
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### Patient information:

Website	100% satisfaction
Information at the surgery	100% satisfaction

## Discussing the findings

All members of the patient group were issued with the results of the survey and invited to a meeting on 13<sup>th</sup> February 2013. This meeting was chaired by Dr Rupert Crispin. 7 members of the group attended. The results of the survey and the comments summary were discussed in full and members of the group were asked for their views. Overall the group felt the results were very good with many positive comments. The 3 priority areas were discussed

**Access/Clinical** – Overall results excellent 94% satisfaction rate, the main area of concern was ‘getting an appointment’ and this was an ongoing challenge. Allowing patients more options on booking an appointment was a consideration including online booking. 40% of those surveyed had used the

## The Clanfield Practice

Practice website and this would be a welcome additional service. The group were concerned that patients who do not have access to online services should not be disadvantaged.

Telephone consultations are well regarded by patients as an alternative to seeing the GP with a 100% satisfaction rate score. At the moment there is no limit on the number of telephone consultations each GP has per day, but the practice may need to consider restricting the number of telephone consultations in order to manage workload.

In addition physical access to the surgery and the waiting room was discussed. Electronically operated doors to the surgery would be desirable, but due to the cost involved, this would have to be considered as part of any larger refurbishment of the Practice. Extra chairs have been put into the waiting room during busy periods and it was felt re-covering the chairs with a wipe able material would be beneficial.

**Patient Information** – The group felt there was a good amount of patient information available both on the website and in the waiting room; this was reflected in the survey with 100% satisfaction rate. A comments/suggestion board was proposed by the group.

### Agreed actions by the Practice and PRG

1. Seating in waiting room – chairs to be recovered in a wipe able material (within 6 months). Additional seating introduced at busy times on a Friday as agreed in last years report
2. Improving access to appointments. The Practice will research and consider the use of online booking of appointments (within 6 months). Following on from last years recommendations additional clinic time was created by employing a GP during busy times.
3. A notice board will be installed in the waiting room area for comments and suggestions (as soon as possible).

These actions have been sent all members of the PRG to seek approval before publishing.

### Publishing of results

The results of the survey and actions taken have been publicised

- In the waiting room
- On the practice website