

# Patient Participation Report 2013/14

Stage One						
1						
Practice Population:		9641				
		Sex:		Male	51%	Female 49%
Age:		Under 16's	14%			
		17 - 25	20%	36 - 45	12%	56 - 65 9%
		26 - 35	20%	46 - 55	12%	66 + 13%
Ethnicity:						
White: British		48.6%	Black: Caribbean		2.9%	other: Chinese 1.5%
Irish		0.8%	African		2.7%	other: Other Ethic Orig 5.5%
Other		6.7%	Other		0.7%	other: Not recorded 13.4%
Mixed: White/Caribbean		2.3%	Asian: Indian		0.7%	other:
White/African		0.4%	Pakistani		5%	
White/Asiian		1.1%	Bangladeshi		4.1%	
Other		0.8%	Other		0.3%	
Are there any specific Minority Groups within the Practice Population?						
No						



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

<b>2</b>						
<b>Patient Representative Group Profile (PRG):</b>						
			<b>Sex:</b>	Male	57%	Female 43%
<b>Age:</b>	<b>Under 16's</b>					
	<b>17 - 25</b>	0%	<b>36 - 45</b>	5%	<b>56 - 65</b>	5%
	<b>26 - 35</b>	5%	<b>46 - 55</b>	15%	<b>66 +</b>	70%
<b>Ethnicity:</b>			<b>Caribbean</b>	20%	<i>other:</i>	
<b>British, Mixed British</b>	70%		<b>African</b>		<i>other:</i>	
<b>English</b>			<b>Mixed Black</b>		<i>other:</i>	
<b>Scottish</b>			<b>Chinese</b>		<i>other:</i>	
<b>Welsh</b>			<b>Japanese</b>		<i>other:</i>	
<b>Indian, British Indian</b>	10%		<i>other:</i>		<i>other:</i>	
<p><b>What steps has the practice taken to recruit patients and to sure it is representative of the practice profile?</b>          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, and also on Facebook.          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.</p>						

We have seen some success in increasing the members of the group with an increase from around 11 to 19 members.

*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 a new updated Appointment Leaflet is to be produced to clarify patient options. A new system has been introduced which means patients no longer have to call back at 8am the next day to request an appointment. We have also employed a Nurse Practitioner who now triages telephone calls from patients which has helped to free up some of the GP appointments.

DNA – DNAs have been discussed with the group and it was agreed that patients should receive an sms message when they DNA and after three missed appointments, a letter would be sent to the patient. Its hoped that this will help to reduced DNAs.

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. Reception given a script to follow to ensure they are being sensitive to patients and their needs.

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

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

**6**

**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

Appointment System and DNAs

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.

Some slight changes were made e.g. phrasing of some questions but on the whole the survey was kept to the same previous format..

*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 2013. 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 check-in 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:

- Mostly positive comments, most areas have seen an improvement from last year
- Appointment System – continues to be a point of some negativity, its hoped the new appointment system will improve access and availability
- Reception has seen more negative comment - two new staff to start in March hopefully will help improve the service, and the use of a script for staff should help improve sensitivity to patients and their needs

*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 2013/2014 Patient Survey have seen additional changes to the appointment system and the development of the new updated appointment leaflet. DNAs to be addressed more stringently.

It was agreed that the new appointment system should be reviewed in six months and the Nurse Practitioners appointments to see how successful this has been.

The surgery has raised awareness of the online system, the automated telephone system. In addition, it was agreed that the updated appointment leaflet should be added to the next practice leaflet, and be made available to patients in the waiting rooms and on the website.

Staff to improve communication with patients when offering appointments and the progress to be reviewed at the next PPG 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***

<b>Stage Four</b> continued	
Results	
17	
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***

<b>Stage Five</b>
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**

- Communication - To improve communication between reception and patients when making appointments
- Services - To increase awareness of the services we offer, e.g. online appointments/automated/telephone & Minor Illness Clinics – be added to the next newsletter
- Appointment System - To monitor and review how the new appointment system
  - To review Nurse Practitioners role and triaging of telephone calls
  - To review patient satisfaction with the new appointment system in six months
  - To involve the PPG by setting up an group specifically to review with the appointment system
- DNAs – to address repeat DNA patients with sms message and letter – and highlight DNA problem in newsletter
  - Currently patients have no facility to text to DRHC to cancel appointments, but we can look into this, possibly text to DRHC Mobile?
  - It was suggested that letters be reinstated to send to patients after three missed appointments within a certain time period – to be discussed with the GPs
  - The automated system offers patients a way of cancelling appointments, to be added to the newsletter to increase awareness
  - Patients to be sent a text message after each DNA
  - Newsletter to highlight DNAs
- Texting - To look at the possibility of patients being able to text the surgery to cancel appointments
- Appointment Leaflet – to update the Appt Leaflet and involve the group in its production

*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:**

- Staff have been given guidance on sensitivity when dealing with patients at the desk or on the telephone and a script has been given for staff to follow.
- The newsletter to be put in the waiting rooms, on the website, sent to the 'News Update' patient list and added to Facebook
- The appointment system is to be reviewed and then discussed again with the PPG and the Appt Leaflet to be updated and distributed.
- DNAs are to be monitored and the new notifications to be sent to patients as agreed. And as per above

- Texting to be looked at as an option for patients to cancel appointments.
- To involve the PPG in assessing and reviewing the Appt System by developing a small group for this purpose.

*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 2012/13

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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.....”**

- Your Said: Addressing confidentiality at the desk and introducing a new screen
  - We put up a screen giving more privacy in the waiting room.
- You Said: The reception staff to inform patients when doctors were running late, more than 15mins
  - We did: Reception now routinely inform patients if their GP is running late
- Your Said: To investigate the possibility of opening on a Saturday, to discuss with the PCT and partners
  - We did: This was looked at but found it was impractical and therefore not possible.
- Your Said: A new website to be produced to make access to information easier and the patient newsletter to be utilized to disseminate information
  - We did: A new website was launched in 2013 which should be easier for patients to use and access information.
- Your Said: 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
  - We did: The appointment leaflet was developed and made available to all patients.
- Your Said: Highlighting the automated telephone appointment system and the online system through posters in the waiting room and the website and the patient newsletter
  - We did: exactly as was asked and highlighted both as above.
- You Said: To monitor the new appointment system and carry-out an audit of DNA's
  - We did: an audit was carried-out and the results discussed with the PPG and further actions developed.
- To contact InterCare and to set up a collection point for unwanted medicines
  - We Did: InterCare now use us as a collection point for unwanted medicines and the system seems to be working well.
- You Said: Assign a member of staff to look after the notice boards and regularly change the signage & a patient group member to

be involved

- We Did: A member of staff was appointed and this was working well till that member of staff left, a new member of staff has now been appointed.
- You Said: 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
  - We Did: this was discussed with the GPs but was thought to be unfeasible as it would reduce the number of appointments available for patients.
- You Said: The DNA audit to be carried out and to report back to the group
  - We Did: An audit was done and the results discussed with the group and more actions decided.

**23**

**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

**24**

**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.