

Patient Participation Report 2012/13

Stage One							
1							
Practice Population:		1791					
		Sex:	Male	956	Female	838	
Age:		Under 16's	436				
		17 - 25	227	36 - 45	209	56 - 65	208
		26 - 35	327	46 - 55	112	66 +	272
Ethnicity:		Caribbean		12	<i>pakistani</i>		169
British, Mixed British		African			<i>other:</i>		10
English		Mixed Black			<i>other:</i>		
Scottish		Chinese		5	<i>other:</i>		
Welsh		Japanese			<i>other:</i>		
Indian, British Indian		39	<i>Sri Lanka</i>		2	<i>other:</i>	
<p>Are there any specific Minority Groups within the Practice Population?</p> <p>Practice had left posters in the reception and invited patients to form a patient representative group. No one volunteered. Patients attending the surgery for clinics and collecting prescriptions were given the information and they said that they will let us know, but no body did. We also put the reports in the reception rooms and leaflets at the reception desk and reception staff was actively involved in asking patients to join the PPRG. Practice Manager spoke to patients in three different languages who had shown some interest but did not want to join straight away and wanted to think about it. Explanations were given to the patients at the reception desk that we are looking for the Patients to join the PRG.. We tried to engage young patients and patients from ethnic minority background but there was no success, The practice is currently looking at recruiting and will continue to recruit patients to join the PRG. We will have meetings with the existing PRG members for suggestions. PPRG suggested that we should put a question in this year's patient survey to remind them that to make a difference in the surgery their support and suggestions will be welcome. Out of 100 questionnaires given no one has volunteered. This is one of the priorities to recruit patients from ethnic background</p>							

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?

As most of our patients are British & Mixed British and of different age groups, we have managed to get the right representation in the terms of age group and ethnicity. However we are still displaying the posters & leaflets in case any one wants to join us. Now the website is live we would like our patients to know that we can still recruit new members. Reports will be displayed in the reception rooms that might help us to recruit. Reception staff will continue to inform the patients about the PRG and their roles. We do not have any young patients in the PRG and as discussed above will discuss this with our PRG for any suggestions. Suggestions of putting an extra questionnaire in the survey has not helped at all. We are disappointed that we are unable to recruit more young patients because of their job comments. We also discussed with this age group that meetings could be in the evenings or weekends but no body has taken this offer. Practice Manager's conversation with patient in different languages has also not helped.

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

4

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)

As discussed above we tried to include every one to participate in the PRG but no one volunteered because of their time commitments. Looking at the practice profile we have the right representation of patients in terms of age group and ethnicity, however we will try to recruit young patients and patients from ethnic minority to join the group. Reception staff, nurse and

doctor will inform patients at the consultations and attendance at the surgery. . More emphasis will be laid on young patients and patients from ethnic minority background to join us and practice will show the reports to them so that they know what is involved. We tried to inform most of the patients especially young patients attending the surgery that we are looking for patients to join the PRG. Speaking to patients in different languages has not helped in recruitment either. However we will validate that the patient group is representative of the practices population base. Payment Component 1

Stage Two

Agreeing Priorities

5

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

Practice had the meeting with all members of PRG on 22 March 2013 and discussion took place regarding the survey done and their own personal opinion on the survey and how they would like the practice to improve and any observations/comments they have heard from the patients when they attended the surgery while waiting in the waiting room. Two members of PRG had looked at the questionnaires before they were handed in to patients and advised us that these are the questions which patients would like to give their opinion on and advised us to add three more questions to get the opinion about the understanding of medication changes. and after the survey when the results are available practice will be able to look at the issues raised and set the priorities. Patients were given the chance to write their comments and suggestions and were asked to leave their names so that they can be informed of the changes made as a result of their suggestions and comments Some of the issues like not knowing the doctor and nurse can have the consultation on telephone and frequent use of A&E for non emergencies were also discussed. There was a Question on the questionnaire to join the PRG for their support and we had also asked for the e-mail address so that we could contact them in the future. This will be one of the priorities to recruit more patients

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?

Some of the priorities were set from the questionnaires and some issues were discussed by the doctor about day to day running of the practice. Following priorities were set jointly by the PRG, doctor and the practice manger at the meeting on 22 March 2013 Patients were asked additional questions with the discussion with PRG to find about their views of doctor's decisions and their understanding were as Discussion on PBC and new CCG commissioning was also discussed. PRG was not sure how the change is going to effect patients care. Doctor and practice Manager reassured them that with the new changes

patient's care will be first priority and there will be no compromises in their care. PRG mentioned the we will have to think of ways how we can inform the patients about the changes. Dr Kachroo said as soon we have more details we will display the right pathway in the surgery. PRG was also given the feedback from GP survey done by Govt which they found very useful and encouraging

The priorities were similar to last year and PRG wanted to continue on these

Meeting the aspiration of the patients

Managing the situation within the budgets

Creating an environment where they feel comfortable

Remind people to give their e-mail address so that new information could be sent to them

Validate through the local patient participation report. Payment Component 2

Stage Three

Survey

7

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

Practice has been using surveys from 2004 using GPAQ questionnaires. This time practice designed its own questionnaire and some of the questions were used from GPAQ questionnaire which practice had used in the past. Practice looked at the previous feedbacks and used the questions where patients had mentioned that they need to see some improvements on the running of the practice. Practice also looked at GP survey questionnaires and wanted to see whether there were any improvements in the feedback. PRG wanted to add two more questions which they felt might be useful Practice wanted to know that we were able to score highly on the points where we had scored slightly low in the past.

GPAQ questionnaire was not relevant to the small practices which would give us the experiences patients are having about the consultations with the doctor and the nurse, We needed to know that patients have easy access to telephone and appointments PRG group also wanted this information because they thought that it is important that patients are satisfied with this access.

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

8

How have the priority areas been reflected in the questions?

Practice priority was that patients feel comfortable and their aspirations are met. They were asked about the decisions made by doctor regarding their health or medicine management was taken care of. Where they happy with Doctor, nurse and the reception staff. Were t patients treated with dignity and respect. Did they feel that they had easy access to GP or nurse and where they satisfied with the opening hours.

See the attached feedback & PRG minutes of the meeting

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

9

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

Questionnaire were distributed to the patients attending the surgery in January 2013, Feb 2013 and March 2013 to see the doctor or nurse for dropping and collecting prescriptions. Only 49 %of the questionnaires were returned which is an improvement from last year . They were put in the collection box for collating and summarizing the feedback. We also have a suggestion box in the surgery. On 20th March all the feedback questionnaires were summarized and after the meeting with the PRG on 22 March 2013

our PRG members Rosemary and James volunteered to do the graphs. We are very thankful for the time they have spend doing it

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

10

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

We made sure every patient attending the surgery was invited to fill it in. Some patients volunteered and some took it away to fill them in at a later date. Patients who attended the clinics and visited surgery for dropping or collection of prescriptions. Patients calling for the test results and collecting X-ray forms, choose and book forms were also invited to fill them in. We displayed the questionnaires in three different months so that most of the patients get the chance to fill them in. Patients attending to see doctor or nurse was also given the questionnaire.

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

Stage Three continued

Survey

11

How has the practice collated the results?

Patients were asked to leave their feedback sheets in the collection box in the surgery or post it if they wanted to. Collection box

was checked every day for any returned questionnaires and collated on 20 March 2013. Practice Manager collated the survey forms as she has been doing it since 2004 and created a report which was given to the PRG before the start of the meeting on 22 March 2013. The results were put on the spreadsheet by James and Rosemary members of PRG.. They were great and spent lot of time doing it and producing the graphs which are displayed on the website. Their help was also appreciated and put in the

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

12

How were the findings fed back to the PRG?

All the questionnaires were summarised and results collated. Practice produced a report and this was presented to PRG at the beginning of the meeting on 22 March 2013. There was lot of discussion on the results. All the results were given in a summary and the questionnaire and equal opportunity form was also given for comments. Practice manager answered any queries PRG group had regarding the feedback and equal opportunities monitoring questionnaire. PRG was also given the results of GP survey feedback which they found useful James mentioned that he has already seen the survey on website, Details in PRG minutes of the meeting

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

Stage Four

Results

13

Please describe survey results:

Please see the attached graphs on the website

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

14

Explain how the PRG was given opportunity to comment?

After the discussion on the feedback from questionnaire PRG was given the chance to comment on the results. Each question was discussed in detail and its significance was noted. Negative points were noted and priority list was created. Each representative was asked to give their comments on the questionnaire and its results and priority setting. It was a very interactive session. PRG was allowed to give their comments how we can improve and ways to recruit new members.

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

15

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

As described above there should be more promotion of services. Make patients aware of the website. However elderly patients and some ethnic minority patients, some European patients who do not speak English will find it difficult to check the website. Remind patients that they should give us their e-mail address so anything in the future will be sent to them. Inform patients that they can get more involved in the running of the practice or any advice they can give to improve the services

PRG was satisfied with the provision of services provided, especially they noted that everybody gets appointment straightaway and patients have the chance to attend during extended hours.

May be report in different language will help but that will be expensive to translate

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

16

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

There was no significant changes, PRG wanted to know what happens after April 2013. They were reassured

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

Stage Four continued

Results

17

Are there any Contractual considerations that should be discussed with the PCT?

There are no contractual considerations that need to be discussed with the PCT.

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

Stage Five

Action Plan	
18	

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

The action plan was drawn at the end of the meeting on 22March 2013

Axction: Plan:

What needs to be done	Who will be involved	When do we want it to be done by
Put all the information in the report or a brief newsletter Surgery details, extended hours and doctor and nurse phone consultation times	Practice Manager & James PRG	June 2013
Paint the surgery to improve the general appearance of the surgery	Practice Manager to start getting quotes	September 2013
Recruit more young members and patients from ethnic minority background for PRG	PRG and practice Manager, doctor , reception staff and nurse.	Ongoing
Arrange meeting with PRG and put the survey on the website	Practice Manager, PRG	March 2014
Staff at reception to check patient details for change of address and	Reception staff	Start ASAP and continue to do so

telephone numbers		
Put DNA figures & time wasted due to DNA patients	Reception Staff	ongoing

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

19

**Please give a brief summary of priorities and proposals agreed with the PRG arising out of the practice survey:
As mentioned above we discussed the priorities and action plan at the PRG meeting on 22 March 2013 and an action plan was drawn. They wanted to continue as we did last year. They did not have any new suggestions**

James wanted to put DNA numbers in the waiting room so that patients will not waste appointments We should also put the amount of time was wasted.

Clean the clutter of leaflets and magazines from the surgery

Please see the action plan above

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

20

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

This was same as the last year

Patient education and communication. PRG mentioned that there should be patient education regarding managing minor illnesses. Pharmacy first posters are displayed in the surgery. Reception staff should let patients know about this service when they make appointments. Patients frequently attending A&E for minor illnesses should be sent letters that for minor illnesses they should attend Pharmacy First, walking center or to come to see the nurse or the doctor.. Patients should also inform surgery if they have changed the telephone number or address in past few months. There are notices in the reception to remind patients that they should let reception staff know about change of their details

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

21

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

There are no changes which need PCT involvement other than getting improvement grant to make some alterations to become compliant for CQC in April 2013. PRG was not sure how the system will change from April 2013 with no PCT. They were reassured that patient care will not be effected, may be administration side will change

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

22

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

Patients wanted to improve the overall appearance of the surgery Changes were made new flooring in the consulting rooms. Automatic doors installed, however due to builders going bankrupt some of the work is still pending. PCT is looking into it as they were dealing with the builders

Improvement on figures from last year was noticed in the survey that patients can have consultations with the doctor or nurse

There was not much in the survey which patients wanted us to do and PRG agreed with the changes we made Overall patients were happy with the doctor, nurse and staff and preferred to see same doctor every time for the continuity of care.

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23

Explain whether there was 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

There was no disagreement with the PRG as the action plan was drawn with them at the meeting

24

Publication of Report

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

PRG was given the report at the meeting , They were also involved in the design of the questionnaire. it will be displayed on the website. There will be copies at the reception desk. There will be a notice to say that if they want to see the report of the survey they can get a copy form the reception desk. Those patients who had filled in their names on the questionnaire will be sent a copy. May be develop a brief newsletter with the help of PRG. Member of the PRG was involved in producing graphs of the survey

25

Additional Information

Opening Times

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

Mon 8.15-6.30

Tues	8.15-6.30
Wed	8.15 – 7,30
Thurs	8.15 - 12.30
Fri	8.15- 6.30

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26

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

Practice offers extended opening hours on Wednesdays From 4.30-7.30. Patients can see the doctor from 4.30 – 7.30. They can make appointment by telephone or coming in person. They can also book their appointments weeks ahead if they want to.