

# **AW Surgeries**

## **Patient Participation Report 2013/14**

**Produced for the Patient Participation DES 2013/2014**

# **1. Developing a structure for a Patient Participation Group**

## **1.1 Description of the profile of PRG members.**

The Patient Reference Group (PRG) is now well established and is representative of our practice population, as described in previous reports. The PRG is always happy to welcome new members and actively tries to recruit patients by raising awareness in the quarterly newsletter and on the PRG page of the surgery website. Several new members have been recruited since April 2013 and new members are always welcome.

The members come from a variety of backgrounds with representatives from all the geographical areas covered by the practice. There are members of the group who suffer from long - term conditions and disability.

## **1.2 Explanations as to why the PRG Profile differs from the Practice Profile**

In order to understand its own demographics the surgery has profiled its patients by age, sex and ethnicity and identified any specific minority groups within the population and also studied the latest available Annual Report of the Director of Public Health. The surgery has lower than average lone pensioner households and ethnic minority groups. There is a higher than CCG average of lone parent families and families who live in social rented housing. There is also a higher than CCG average unemployment rate. These groups are under represented on our current PRG. In addition to this, the under 34 year age groups are notably under represented. These groups of patients are likely to be under represented because of lack of information or lack of time to participate. Although the surgery has lower than average patients in the over 85 group, it is notable that the patient panel has no representatives in this group. This may be due to lack of information or infirmity making it difficult to attend meetings.

The surgery has been actively trying to recruit patients to the PRG from the above groups.

## **1.3 Steps taken to recruit patients to ensure the group is representative.**

The existence of the PRG is advertised in the surgery and on the practice website. All new patients joining the list are given details of how to contact the PRG if they wish to get involved. In addition to this doctors have been personally asking patients they see in surgery (particularly those in the under-represented groups) to get involved with the PRG, as we are aware that personally asking patients to join a PRG is very effective.

We are aware that patients in the under represented groups particularly those in the younger age ranges are unlikely to want to spend time at monthly evening

meetings and so we have made efforts to try and encourage this group of patients to participate by advertising the email address of the patient group on posters and by giving out forms requesting patients leave their email addresses at reception, with a view to being contacted by the PRG for their views. We have also promoted the PRG at Ante Natal and Child Health clinics. The surgery is also currently looking into creating a surgery Facebook Page, which it is hoped will serve to engage younger members of the practice population.

The surgery is aware that the above measures have not reached the housebound or those patients in residential or nursing homes. In order to make these groups of patients aware of the existence of the PRG, the surgery distributes the Patient Panel newsletter to those residential and nursing homes, in which we have patients. We have asked the staff at the homes to display the newsletter in a prominent place, and to help those residents who wish to do so to contact the PRG. We have also asked members of our nursing team to distribute the regular newsletters to all housebound patients with whom they come into contact.

The PRG is also making its own efforts to increase awareness of its existence and recruit members. They have done this by spending time in surgery whilst carrying out the patient questionnaire and introducing themselves to patients. They have also had a presence at the October weekend flu clinics and this has enabled them to come into contact with a significant proportion of the practice population. The PRG produces a quarterly newsletter and members of the PRG have spent time in surgery distributing the newsletter and introducing themselves to patients.

The PRG is always happy to welcome new members and actively tries to recruit patients by raising awareness in the quarterly newsletter and on the PRG page of the surgery website. This year guest speakers have been invited to a number of meetings to speak about issues of interest including support for carers and support for patients with disabilities. This has raised awareness and attracted a number of new members to the meetings

## **2. Method and Process for Agreeing Areas of Priority for the Local Practice Survey**

### **2.1 The Practice is required to describe the process it used to seek the views of the Patient Reference Group in identifying the priority areas for the survey questions**

The Patient Reference Group (PRG) is now well established and has an increasing involvement in the local 'POP' group whose aim is to influence Dudley CCG at all levels ensuring that the patient voice is heard and taken into account for all commissioning decisions. The PRG meets on a monthly basis and has a good awareness of issues important to the practice population. When considering the priorities for this year's patient survey, the practice took into

account patient priorities, practice priorities and issues, planned practice changes, Care Quality Commission related issues and National GP Patient Survey issues. The patient survey is a regular item on the agenda of the PRG monthly meetings, and following discussion at the May 13 and June 13 meetings the priorities for the 2013 survey were decided.

## **2.2 The Practice is required to list the priority areas and confirm how these match those set out by the PRG**

Access to the surgery and in particular appointment access is an important issue that is discussed regularly at PRG meetings. Another priority, which was agreed, included improving the waiting room experience and facilities for patients. It is well recognized that patients attending the Withymoor surgery find the on site pharmacy very useful and it was agreed to survey patients' opinions regarding an on site pharmacy at the Albion House site.

## **3 Collate views of patients using a survey**

### **3.1 How were the questions drawn up?**

The questions were drawn up to include and match the priorities set by the PRG. This was done by looking at examples of questions from published patient surveys and adapting them to our own practice population following consultation with the PRG. For details of questions used in survey see the full survey published on the Practice website ([www.awsurgeries.co.uk](http://www.awsurgeries.co.uk)).

### **3.2 How was the survey conducted?**

The survey was conducted by the PRG, who over a period of 2 weeks at the beginning of July 2013 attended the practice and administered the questionnaire to patients attending the surgery. Time was spent at each of the two sites from which the practice operates. This approach had been adopted in previous years and has proved successful. It was agreed with the PRG, that conducting the survey in this way was appropriate for our practice population. It would encourage completion of the survey and the presence of PRG members in the surgery would help to engage under represented groups who could be approached directly and encouraged to fill out the survey. In this way a representative proportion of the practice population would be sampled. The fact that the PRG had a presence at the surgery served to highlight their existence and helped to recruit patients to the PRG. It also helped to increase the return of completed surveys, as patients were encouraged to complete surveys and return them whilst they were still in the surgery. In addition to this members of the PRG were able to speak to a large number of patients about issues that concerned them which were not specifically covered by the survey questions. The survey was also available to

download from the practice website to allow those patients who did not attend the practice during the weeks when the survey was conducted, opportunity to participate. It was hoped that the fact that the survey could be downloaded from the website would encourage young adults who are an under represented group on the PRG to complete the survey. The return of 948 valid surveys (an increase on 238 compared with last year) indicates that this method of conducting the survey was successful. The sample size was appropriate for the practice population of approximately 18,000, and the survey was completed by patients in every age range over age 18 to over 85 indicating that a representative cross section of the population gave feedback (see website [www.awsurgeries.co.uk](http://www.awsurgeries.co.uk) for survey results including details of patients in each age range).

### **3.3 Details and Results of the Local Practice Survey**

The PRG collated the results of the survey and presented the results to the partners at the practice meeting in September 2013.

948 valid surveys were collected which accepting an error level of 4% gave a confidence interval of 95%-99%.

It was pleasing that the results of the survey highlighted some areas where the surgery was performing well as follows: the majority of patients felt that the time of their appointment, once booked was fairly to very convenient; the majority of patients felt that there were mostly or always able to see a doctor on the same day in an emergency; the majority of patients felt that their overall experience of making an appointment was fair to excellent; the majority of patients found the staff on the reception desk very helpful or fairly helpful; the majority of patients felt that the range and quality of services provided by the surgery were good to excellent; and the majority rated overall satisfaction with the surgery as good to excellent.

The survey highlighted that although a significant number of patients felt that it was fairly or very easy to get an appointment in advance more patients felt that it was not very easy or not at all easy; the majority of patients felt that they were only sometimes or occasionally able to see their doctor of choice; the majority of patients were fairly happy or very happy to consider a telephone consultation with a doctor.

The survey highlighted that the majority of patients felt that the comfort of the waiting room at Albion House was fair to poor whereas the majority felt that the comfort of the waiting room at Withymoor was good to excellent; however, the majority of patients felt that the cleanliness of the waiting room was good to excellent at both sites; the majority of patients felt that they waited between 5 and 20 minutes after their appointment time to be seen; opinions were split on the importance of reading material in the waiting room with those patients feeling that it was not very important being just in the majority.

The survey results showed that a majority of patients felt that an on site pharmacy at the Albion House site would be useful.

The PRG felt that it was disappointing that the majority of patients were not aware of their existence as they are actively trying to promote this.

The full patient survey results will be published on the practice website ([www.awsurgeries.co.uk](http://www.awsurgeries.co.uk)) before 31<sup>st</sup> March 2014.

## **4. Action Plan – The practice should outline how the action plan was agreed**

### **4.1 How was the PRG consulted on the proposed action plan?**

The results of the patient survey were discussed at the PRG meeting in September 2013 following the presentation of the results to the partners at September's practice meeting. The doctors and the PRG representatives discussed the results and it was recognised that the main area of dissatisfaction was related to access and in particular booking appointments in advance with a doctor of choice. Ideas on how to address this problem were discussed with the PRG and these ideas fed back to the partners at a strategy meeting on how to improve access held on 6<sup>th</sup> January 2014.

It was also recognised that the waiting room at Albion House was not as comfortable as that of Withymoor and following discussion it was agreed that the waiting room at Albion House was in need of refurbishment. Comments from the patients, which were fed back by the PRG, highlighted that the waiting room at Albion House was felt to be hot and stuffy, especially in Summer. It was also noted that at busy times patients had to queue at the desk on some occasions causing them to be late for their appointment. It was felt that providing receptionist with a bell to call for help could solve this problem. The PRG also felt that it was important to review the disabled access at Albion House. It was agreed that the partners would explore ideas on how to address these issues. It was also recognised that patients spent some time waiting to be seen in the waiting room and discussion took place on how to improve this experience. The final action plan was discussed and agreed at the January 2014 meeting.

## **5 The Practice is required to produce a clear Action Plan that relates to the survey results**

### **5.1 What was the agreed action plan**

1. To improve access: To review the appointment system with a view to facilitating an appointment in advance with a doctor of choice. The surgery had

been aware of the access issues for some time and as a result of this we are planning to replace a half time (4 session) salaried doctor who was leaving with a full time salaried doctor working 8 sessions. It is anticipated that this will go some way to improving access. To change the appointment booking system from 33% of appointments being bookable 6 weeks in advance to 50% appointments being pre-bookable. It is anticipated that this will facilitate the booking of an appointment with a named doctor. It was clear from the questionnaire that patients were happy to have a telephone consultation where appropriate and this service has now been introduced. It is anticipated that this will free up some appointments making advance booking easier.

2. To improve the waiting room experience: To obtain new covers for the seating in the waiting room at Albion House and to keep the waiting room at Withymoor freshly painted. To look into providing an air extraction unit for the waiting room at Albion House to improve the air circulation and so making it more comfortable. To ensure that reception staff always inform patients if doctors are running more than 10 minutes late. To provide reception staff with a bell to call for help if there is a queue at the desk. To look into improving disabled access at Albion House

3. To look into the possibility of opening a pharmacy at the Albion House site, although members of the PRG felt that the recent opening a new pharmacy directly opposite Albion House Surgery made this less of a priority.

## **5.2 Are there any aspects that were not agreed?**

No

## **5.3 Are there any contractual considerations to the agreed actions?**

No

# **6. Publishing the Local Patient Participation Report**

## **6.1 The Practice is required to provide details of where the Local Participation Report has been published**

The Patient Participation Report has been published on the Practice website [www.awsurgeries.co.uk](http://www.awsurgeries.co.uk) and a copy is displayed on the PRG notice board in the waiting room of both surgeries.

## **6.2 The Practice is required to confirm Practice opening hours and give details on how Patients can access services during core hours (8am-6.30pm)**

Our normal opening hours are as follows:

Monday - Friday 8.00am – 6.30pm

Extended hours surgeries 6.30pm – 8.00pm (Tuesday and Wednesday only)

*We regret that we are only able to offer extended hours appointments at Albion House Surgery due to contractual restrictions on the opening hours of Withymoor Surgery.*

Patients can access appointments by telephone, on-line booking or in person at the surgery.

For full details on opening hours and how patients can access services please see Practice website [www.awsurgeries.co.uk](http://www.awsurgeries.co.uk).

## **7. Update on Achievement from 2011 – 2012 Action Plan**

The priorities from the 2012 – 2013 survey were the introduction of a new telephone system; the introduction of a text message reminder system and to continue to support the PRG in the production of their quarterly newsletter as the survey has highlighted that this was the means by which patients preferred to receive information.

The main priority from the 2012 – 2013 action plan was the introduction of a new telephone system. This was introduced in July 2012. The new telephone system has a queuing system advising patients of the number of calls currently waiting to be answered and it was hoped that this would facilitate access by patients never receiving an engaged tone. This year's survey has shown that the majority of patients do prefer the queuing system with information on their position in the queue but despite this the new telephone system has not been as successful as was initially hoped, as the survey has shown that the majority of patients are still waiting a long time to get through to the surgery by telephone. The practice is monitoring this situation and has analysed the phone data to identify peak call times so that more staff can be directed to dedicated phone answering at these times. In order to facilitate this, the partners have recently agreed to employ additional new part time staff members working an extra 40 hours between them.

The text message appointment reminder system is currently in the process of being set up and it is anticipated that this will be up and running in the near future.

The surgery is continuing to support the PRG in the production of their quarterly newsletter and has recently agreed to fund the production costs of the newsletter. Information on new services and any changes to services are highlighted in the newsletter. Copies of the newsletter are displayed



prominently in surgery and receptionists hand the newsletter to patients at reception. The newsletter is also distributed to nursing homes and to the housebound via district nurses and is uploaded on the practice website. Information on new services and any changes to services are also posted on surgery notice boards and put on the surgery website in accordance with patient preferences on how they wished to receive this information.