

AW Surgeries

Patient Participation Report 2011/12

Produced for the Patient Participation DES 2011/2013

1. Developing a structure for a Patient Participation Group

1.1 Description of the profile of PRG members.

AW Surgeries has an existing Patient Representative Group (PRG). The template showing the differences between our existing PRG and that of the patient population is attached (Appendix 1).

At the time of compiling the template our existing PRG had 12 representatives in all of the over 25 year age ranges with the exception of the over 85 year age group and a proportionate number of men and women, although there are more men than women which does not reflect the practice population. 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 and there is representation from the Asian community.

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 and in view of this we feel these groups have appropriate representation on the PRG. The surgery has a higher than PCT average of lone parent families and families who live in social rented housing. There is also a higher than PCT 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 (Appendix 2) and as the surgery has higher than PCT average patients joining, the information will reach a significant number of patients. 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 (Appendix 3) and by giving out forms requesting patients leave their email addresses with a view to being contacted by the PRG for their views at reception and in surgery (Appendix 4). We have also promoted the PRG at Ante Natal and Child Health clinics.

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 plans to regularly distribute the Patient Panel newsletter to all residential and nursing homes, in which we have patients. We have already sent the October 11 and January 12 newsletters to our nursing homes. 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 clinic 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 October newsletter included a request for more patients to join the Patient Panel (see link on website for newsletter).

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 Panel had been involved in conducting surveys of the practice population in previous years and had some previous awareness of issues important to the practice population. The PRG had been meeting on a regular basis every 2 months until September 2011 and monthly thereafter. Issues of priority for the patients as a whole were discussed at the regular meetings in May and July 2011 and at the July 2011 meeting the PRG agreed to conduct the next patient survey and agreed the priorities to be included in the patient questionnaire.

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

It was clear from discussion at PRG meetings and from informal complaints that the practice was receiving that one of the main priorities was around issues of access.

Following discussion with the PRG it was agreed that the priorities for the patient survey should be ease of getting an appointment and ability to see the doctor of choice. These priority areas clearly matched those set out by the PRG at previous meetings.

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 (awsurgeries.co.uk).

3.2 How was the survey conducted?

The survey was conducted by the PRG, who over a period of 2 weeks between the 11th and 22nd July 2011 attended the practice and administered the questionnaire to patients attending the surgery. One week was spent at each of the two surgery sites. This approach had been adopted in previous years and had proved successful. It was agreed with the PRG that conducting the survey in this way was appropriate for our practice population and would encourage completion of the survey and 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. Patients were also able to discuss any uncertainties they had about the

questionnaire with members of the PRG. The return of 813 valid surveys indicates that this method of conducting the survey was successful.

3.3 Details and Results of the Local Practice Survey

The PRG collated the results of the survey and presented this to the doctors at a practice meeting on 11th August 2011. 813 valid surveys were completed which accepting an error level of 4% gives a confidence level between 95% and 99%. The practice received very good scores for overall satisfaction with high scores in the good, very good or excellent categories, which was encouraging. It was also noted that when patients got to the surgery, the majority were very pleased with the service provided. However, it was clear that the main area of dissatisfaction was that of patient access. There were higher scores in the poor or fair categories compared to the very good or excellent categories for, 'length of time had to wait for an appointment', and 'ability to see doctor of choice'. It was clear that patients were finding it difficult to make appointments especially with a doctor of their choice. The appointment system whereby the majority of appointments were released the day before had been instituted as a result of previous patient feedback and had initially been effective. However patients were now finding that ringing up the day before for an appointment the next day was not working for everyone. Patients felt that once they were able to get through to the practice, there were no suitable appointments available. The full patient survey results have been published on the practice website (www.awsurgeries.co.uk).

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 presented by the PRG at a practice meeting on 11th August 2011. The doctors and the PRG representative discussed the results and it was recognised that the main area of dissatisfaction was related to access. Patients were dissatisfied about not being able to book appointments in advance and about the difficulty of obtaining an appointment in general, particularly with a doctor of their choice. The doctors were already aware of patient dissatisfaction in the area of access and proposed an action plan to the PRG representative at the practice meeting. The proposal was then discussed in more detail and agreed at a PRG meeting attended by a substantial number of the PRG (8), one of the partners and the deputy practice manager on 22nd September 2011.

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

It was proposed to open up more appointments for advance booking by opening up a quarter of morning and afternoon surgeries for advance booking up to two weeks in advance. In addition to this it was proposed to make more appointments available by employing a full time nurse practitioner and by increasing the number of doctor sessions available by changing a three quarter time salaried post to a full time post from 1st November 2011. It was thought that increasing the availability of appointments should allow more patients to book with the doctor of their choice. This action plan was discussed and agreed at the PRG meeting attended by a substantial number of the group (8) on 22nd September 2011. The PRG agreed that most patients are very happy to see a nurse practitioner where appropriate rather than a doctor. The PRG also noted that appointments were already available to book in advance via internet booking and felt that this facility was underused because of lack of knowledge. It was proposed that the internet booking facility should be advertised by posters displayed in the surgery and also in the Patient Panel Newsletter in addition to information on this service being readily available on the practice website. It was agreed that this action plan should improve the patient experience in accessing appointments and seeing the doctor of their choice.

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 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 services 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.

3 Patient Group – AW Surgeries

For the assessment of the DES, please complete the template. The report should address all the elements below

Stage one – validate that the patient group is representative

Practice population profile			PRG profile		Difference
Show how the practice demonstrates that the PRG is representative by providing information on the practice profile:					
Age					
% under 16	20.74	% under 16	0		20.74
% 17 – 24	10.4	% 17 – 24	0		10.4
% 25 – 34	13.7	% 25 – 34	1		12.7
% 35 – 44	14.66	% 35 – 44	7		7.66
% 45 – 54	14.31	% 45 – 54	14.5		0.19
% 55 – 64	11.85	% 55 – 64	28.5		17
% 65 – 74	8.03	% 65 – 74	21.5		13.47
% 75 – 84	4.83	% 75 – 84	28.5		23.67
% Over 84	1.48	% Over 84	0		1.48
Ethnicity					
White		White			
% British Group	76.5	% British Group	99		22.5
% Irish	0.5	% Irish	0		0.5
Mixed		Mixed			
% White & Black Caribbean	3.0	% White & Black Caribbean	0		3.0
% White & Black African	0.5	% White & Black African	0		0.5
% White & Asian	1.5	% White & Asian	0		1.5
Asian or Asian British		Asian or Asian British			
% Indian	2.5	% Indian	0		2.5
% Pakistani	8.5	% Pakistani	1		7.5
% Bangladeshi	0.5	% Bangladeshi	0		0.5
Black or Black British		Black or Black British			
% Caribbean	1.5	% Caribbean	0		1.5
% African	2.5	% African	0		2.5
Chinese or other ethnic Group		Chinese or other ethnic Group			
% Chinese	1.5	% Chinese	0		1.5
% Any other	1.0	% Any Other	0		1.0
Gender					
% Male	48.5	% Male	57		8.5
% Female	51.5	% Female	43		8.5
Difference between the practice population and the members of the PRG		The practice should describe any variations between the group and the efforts that have been made to reach groups that have not been represented - See report for this information			

Our Patient Panel would like to hear your views

If you can spare some time please join us.

The panel meets monthly for about an hour alternating between Albion House and Withymoor

If you would like to join please contact Geoff Lawley (chairman) 01384 822172
or

Stuart Steele 01384 443133 / 07950116828
stuartsteele48@hotmail.co.uk

Alternatively you can email the Patient Panel with you views on

patientpanel@hotmail.co.uk

or hand your comments into reception for the attention of the patient panel

Our Patient Panel would like to
hear your views!

E-mail them with your ideas and
suggestions at:

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Patient Panel





Our Patient Panel would like to hear your views!

Our Patient Panel is encouraging patients to give their views about how the practice is doing. They would like to be able to ask the opinions of as many patients as possible and are asking if you would like to provide your email address so that they can contact you every now and again to ask you a question or two.

Are you interested in leaving your email contact details?

If you are interested please fill in this form and hand it back to reception. We will be happy to pass your details on to the Patient Panel.

Your details will only be used for this purpose and will be kept safely.

Name.....

Email address.....

Date

Signature.....

I agree to my details being used by
AW Surgeries Patient Panel as detailed above.

