Patient Participation Report 2012/13

Stage One							
1							
Practice Population :2087							
			Sex:	Male	1173	Female	914
Age:	**Under 16's**	282					
	17 - 25	129	**36 - 45**	454	**56 - 65**		190
	26 - 35	394	**46 - 55**	345	**66 +**		293
Ethnicity:		**Caribbean**		**150**	**Polish**		55
British, Mixed British	933	**African**		57	**Pakistani**		39
English	118	**Mixed Black**		12			
Scottish	4	**Chinese**		9			
Welsh	3	**Japanese**		1			
Indian, British Indian	71	**Irish**		26			

Are there any specific Minority Groups within the Practice Population?

We have 6 patients that prefer not to disclose their ethnicity.

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

2

Patient Representative Group Profile (PRG):

			Sex:	Male	12	Female	4
Age:	**Under 16's**						
	17 - 25		**36 - 45**	3	**56 - 65**	8	
	26 - 35		**46 - 55**	3	**66 +**	2	
Ethnicity:		**Caribbean**		**3**	*other:*		1
British, Mixed British	10	**African**			*other:*		
English		**Mixed Black**		**1**	*other:*		
Scottish		**Chinese**			*other:*		
Welsh		**Japanese**			*other:*		
Indian, British Indian		*other:*			*other:*		

What steps has the practice taken to recruit patients and to sure it is representative of the practice profile?

We continued with the membership of last year's patient group and wrote to individuals from ethnic minority groups using the random number generator. This was because we had a significant under-representation of ethnic minority uptake following invitation by letter last year. This raised our Caribbean membership from 1 to 3, a better reflecting of our actual population mix.

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

3

Compare the PRG with your practice profile and describe the differences between the practice population and membership of the PRG?

The PRG still has a preponderance of older active people, and men still predominate. We will use the random number generator method next year, but only write to female patients, to see if we can alter this in future. There is better representation across ethnic groups this year.

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)*

We have already considered the costs of attending meetings for some members of the practice, such as childcare needs affecting mothers of young and school-age children. On balance we felt that the value of face-to –face meeting outweighed convenience of making an input by, say, email. We may re-consider email input in future if it proves impossible to recruit parents of young children, an important part of our practice. A majojority of the current members have experience of bringing up children, however, and would be able to comment on short-comings in our service to children if that was to come to their attention.

Validating 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?

As in previous meetings we have started with the published questionnaires conducted by Her Majesty's Government into patient satisfaction, which can be compared to other practices. We think this is objective and useful.

The PRG agreed to help me look at the area where we scored most poorly, namely patients' response that they wait 'far too long' to see the doctor: 22% of our patients agreed with that statement.

This raised the question whether an open access system for seeing the GP each morning is still a tenable method for delivering quality primary health care, in a culture where time is valued and people are not impressed with being kept waiting for attention to their needs.

We also addressed some educational prorities as on the handout below, viz;

Health promotion – Patient engagement

The results of our health promotion was discussed at our Patient Group Meeting on 26th March 2013.

Our cardiovascular disease health promotion has resulted in 100 people being assessed to assess the risk in healthy patients having heart trouble in future, and given life style advice.

Our education campaign about sexually transmitted diseases has been difficult to evaluate, because people can have these

tests confidentially and we may not get feedback about that.

Our alcohol education programme has resulted in 183 patients having their alcohol consumption assessed and advised as indicated between 1/4/12 and 26/3/13.

Our A+E education programme has not resulted in a fall in A+E attendances. In the first quarter of 2012 we had 59 A+E attendances, in the first quarter of 2013 we had 65 attendances, an increase. Our practice had 130 attendances per 1000 patients in the year to 31/5/12 , significantly below the PCT average of 170/1000, so we are starting from an already low level of use, and it will be interesting to see how we have compared to other practices this year when the figures become available – there may have been more respiratory illness, or fractures from bad weather, for example, this year, which could have affected our figures.

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?

We looked at the results of the GPAQ questionnaire which we had already had performed by the government, and saw an example of an earlier questionnaire we had arranged to decide whether to continue our open access. We have used questionnaires in the past also when deciding whether to have appointment only sessions in the afternoon (we did decide to do this). We decided to run a questionnaire to explore whether to continue open access at all, and then explore the idea of quicker consultations (but being asked to return on another day if there was more to do), or continuing the longer consultations and generally getting all the tasks done at the one visit. This latter option would necessarily incur a longer wait.

In a typical 50 person sample we are likely to have reached 7-10 patients who do not use the practice often, and 30-42 patients who use the practice fairly frequently, and have come to know what to expect here. On the whole, patients are happy to fill in questionnaires while they wait, and they do so even when not feeling particularly well.

The PRG felt that in many ways the practice was doing a good job. The main concern was for the

continuation of the service, and the obvious need for a partner given the workload.

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?

We developed a questionnaire to determine patients' preference of open access, the explore a preference for a quick in-and –out service (but to return for more complex needs), with a shorter wait, or have all the issues dealt with at the one consultation, but perhaps wait a very long time with such a system.

We determined these questions because they were directly relevant to our concerns, and we might find links with some groups, such as full-time workers or chronically ill people, with different preferences.

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

8

How have the priority areas been reflected in the questions?

The questions related directly to the priority area that had been chosen.

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

9

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

The survey was conducted by handing it out to patients who were waiting in the waiting room for seeing the doctor or the nurse in March. We gave the survey out to patients until we had received 53 completed

surveys back. The survey was conducted over a week in March 2012 between the two patient reference group meetings.

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

10

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

The survey was conducted by handing it out to patients who were waiting in the waiting room for seeing the doctor or the nurse in March. We gave the survey out to patients until we had received 53 completed surveys.

On the whole, patients are happy to fill in questionnaires while they wait, and they do so even when not feeling particularly well.

We estimate that 80% of the patients visiting the practice do so fairly frequently, and 20% of the patients visiting the Practice visit rarely. Our survey of 53 patients would therefore be completed by approximately 42 patients who are familiar with the workings of the Practice, and approximately 11 patients who visit the Practice less frequently

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We collated the results by counting the numbers of patients filling in each field, and looking for patterns.

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?

We collated the results by counting the numbers of patients filling in each field, and looking for patterns.

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?

The group considered the results of the questionnaire and the points made in the analysis. Each member of the group had the collated data presented to them with a total for the number of responses to each answer of each question, and observations of patterns were also presented.

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

Stage Four

Results

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Please describe survey results:

Waiting in the Waiting Room – Come back Another Day?

Our Survey 2013

Our waiting in morning surgery survey asked three questions.

1 I very much appreciate being able to see the GP on the morning when I feel the need.

Strongly agree / Agree to some extent / Neither agree nor disagree / Disagree to some extent / Strongly disagree

2 I think it is better to have all my problems dealt with when I see the doctor. This would be worth it, even if it meant there was a longer wait because other people were having all their things dealt with while I was waiting.

Strongly agree / Agree to some extent / Neither agree nor disagree / Disagree to some extent / Strongly disagree

3 I would appreciate shorter appointments, even if it meant that I was asked to come back on another occasion because the doctor felt that it was time to see the next patient. I would rather take the option of seeing the doctor on another occasion with my other problems than wait a very long time before I saw the doctor.

Strongly agree / Agree to some extent / Neither agree nor disagree / Disagree to some extent / Strongly disagree

The intention was to explore patients' interest in having open access without prior appointment to the GP on the morning of their choice, and preferences over a short appointment time in which only one problem could be feasibly be dealt with, in which case waiting times would be short, or more comprehensive consultations addressing multiple needs but necessarily incurring a longer waiting time for everybody concerned.

Results

53 patients were surveyed. All strongly agreed or agreed to some extent with appreciating being able to see the GP on the morning when they felt the need. 21 patients agreed with the proposition to have all the problems dealt with when they saw the doctor even if it meant

a longer wait and disagreed with the option of being asked to come back as it was time to see another patient. 11 of these patients were in full time employment, 6 were part time or had not indicated their profession, and 2 were chronically ill.

There were 6 patients who expressed disagreement with the doctor seeing to all their problems in one go, and would rather see the doctor on another occasion if there were more than one problem. 3 of these were in full time work, 2 were working part time and 1 was retired. No people who described themselves as unable to work due to long term sickness chose this option.

There were 23 patients who wished to have their problems dealt with, and also agreed with the statement that they would appreciate shorter appointments even if it meant coming back on another occasion. To agree to both these statements did not seem compatible. Of these 23 people, 10 were in full time work, 2 were working part time, 6 were retired, 3 worked mainly in the home and 1 was in full time education.

This was not an option taken by anyone who was too ill to work.

I think this indicates a lack of recognition of reciprocity in these respondents, constituting nearly half of all those questioned.

There were 3 people who appreciated the open access but were disagreeing with both statements, i.e. they didn't think it was better to have all their problems dealt with at one go, and they didn't appreciate shorter appointments with a shorter waiting time to see the doctor. I believe these patients may not have understood the questions. Two were in full-time employment.

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?

Members of the PRG freely made comments as they saw fit during the discussions. The main comment was that the open access in morning surgery should continue. There was also a clear mandate to focus on the needs of the patient in with the doctor at the time, and not to be too concerned about the fact of others waiting – people preferred to have their needs met without the inconvenience of being asked to attend again, even if it meant a longer wait. People with chronic illness were most likely to prefer this option, as did the majority in full time work.

There was concern expressed at the doctor's workload and the benefits of having a partner join the practice.

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?

The PRG was very supportive of the practice obtaining a second partner. The GP discussed that he was now thinking of a full-time partner. There were benefits of a low usage of expensive secondary care services by our patients because they new they could see me next working morning, and choosing cost-effective drugs and referral pathways was easy in a small practice. Patients also like the clear accountability and personal approach in a small practice. A partner would reduce the need for locums who do not know the practice so well (though recently we have had some very good locums). More medical manpower was the best way of shortening the 'far too long' wait in the morning surgery waiting room.

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?

There were none.

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

Stage Four continued

Results

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

There were none.

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

Stage Five

Action Plan

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

All present understood that the meetings would result in an action plan after generating a survey to assess an area of need, and there was unanimous agreement about the outcome, in terms of a new partner. It should be possible to see the results next year when the survey is conducted again.

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:

From the Survey:

To continue open access in the mornings and to deal with all items patients bring to talk about.

Perhaps there is a need to explain that the wait is because other people are being attended too.

Having a full-time partner will allow the practice to expand, provide a service with less wait, and continue the

benefits of a small practice which are financial (from a medical efficiency point of view) as well personal (from a patient experience point of view.)

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

There were none.

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)

Yes the PRG is fully in agreement with the changes proposed.

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……."

You said you wanted the doctor to study whether there were any improvements in telephone access following the attention we gave that last year. We have been concentrating on this aspect of our care this year, believing that the General Practice Survey this year might reveal a change in our score for this criterion.

The outcome was that the questions have been asked in this year's questionnaire in not quite the same way. 91% found it fairly or very easy to get through on the phone to someone at the practice, and no-one expressed an interest in speaking to the GP on the phone, but 80% wanted to see the doctor and 20% see the nurse. 70% saw the doctor on the same day, and 87% were able to see or speak to the doctor or the nurse. There was no specific question this year about satisfaction over speaking to the doctor on the phone, but overall the satisfaction rates seemed fairly good, and no-one expressed a desire to speak to the doctor on the phone this year.

You said it would be good to publish the website and practice leaflet in other languages. We looked into that and I consulted a colleague in the City Council who had experience of multi-lingual communication. His advice was that it was prohibitively expensive, discriminatory in the process of favouring one linguistic group over another (how can you choose Polish and not Czech?), and this was something the City Council was moving away from.

You also asked me to resume my practice newsletter. This has been a momentous year for the Health Service and I will resume writing now that political decisions have been made.

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 were no disagreements.

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Publication of Report

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

The report has been published on the internet and is available in hard copy at the practice if needed. A copy is in the waiting room.

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Additional Information

Opening Times

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

Monday	8.30 -1.00	2.00 – 6.30
Tuesday	8.30 – 1.00	2.00 – 6.30
Wednesday	8.30- -1/00	2.00 – 6.30
Thursday	8.30 – 1.00	Closed
Friday	8.30 – 1.00	2.00-6.30

We have open access to the doctor between 8.30 and 11.15 each morning, and by appointment in evening surgery. Telephone for appointments, come in person for open access. If it is for someone over 80 or under 3, you can ring us for advice when to come down in the morning. This is to avoid very long waits for less easily transported people. I agree that some 82 year olds are more mobile than some 78 year olds, but we have considered open access by phone for all and we think the practice would become a race to the phone which does not seem right either. If you got through by 8.45 you would find all the time for today taken up by speedier callers, as happens in most practices.

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

This practice does not offer extended open hours.