

Patient Participation Report

Stage One

1						
Practice Population:		12,938				
		Sex:	Male	6175	Female	6763
Age:						
	Under 16's	2786				
	17 - 25	1302	36 - 45	2121	56 - 65	1356
	26 - 35	1643	46 - 55	1865	66 +	1865
Ethnicity:						
	Caribbean	n/k	<i>other:Irish</i>		6	
British, Mixed British	2887	African	17	<i>other:</i>		211
English	6	Mixed Black	n/k	<i>other:no entry</i>		9283
Scottish	n/k	Chinese	75	<i>other:</i>		
Welsh	n/k	Japanese	n/k	<i>other:</i>		
Indian, British Indian	66	<i>other: coded not state</i>		387	<i>other:</i>	

Are there any specific Minority Groups within the Practice Population?

We have a broad mix of ethnic minorities in the practice population (although less than 30% of patients have ethnicity recorded). We provide primary care services for residents of a Mental Health Rehabilitation Unit as well as residents of nursing homes and residential homes for the elderly. Our practice area covers the Chetwynd Barracks and many service families are registered with us.

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

2						
Patient Representative Group Profile (PRG): 141						
		Sex:	Male	43	Female	98
Age:						
	Under 16's	2				
	17 - 25	7	36 - 45	25	56 - 65	27
	26 - 35	18	46 - 55	29	66 +	33
Ethnicity:						
	Caribbean	2	<i>Irish</i>		3	
British, Mixed British	128	African	1	<i>other:</i>		
English		Mixed Black		<i>other:</i>		
Scottish		Chinese	1	<i>other:</i>		
Welsh		Japanese		<i>other:</i>		
Indian, British Indian	4	<i>other: coded not state</i>		3	<i>other:</i>	

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

A preliminary patient participation group meeting was held at Chilwell Meadows Surgery on 17/2/2011. The group discussed the difficulties of engaging a broad spectrum of patients through face to face meetings especially as the practice has two sites with different populations. Any method of engagement needs to include both populations. It was therefore decided to recruit patients to a virtual group through invitations at both sites. As well as open invitations to participate, we targetted people from specific groups as needed to ensure they were represented. We also aimed to recruit relatively large numbers of people to try to improve representation across the board. Finally we invited the manager of the Mental Health Rehabilitation Unit to join on behalf of the residents.

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?

We aimed to recruit 1% of the registered practice population to the 'virtual' Patient Reference Group. In addition we aimed to ensure that all age, gender, and major ethnic groups were included. Overall 1.08% of the practice population were recruited, exceeding the target. The following subgroups were under-represented in relation to the overall population: males, patients under the age of 35, non-white ethnic groups; However nearly all ethnic groups have some representation. We recruited similar numbers from each of the two surgery sites ensuring that both populations were adequately represented.

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)

Most patients were invited to join the Patient Reference Group by flyers given out at the surgeries. The demographic distribution of the PRG therefore largely reflects surgery attendees. In order to broaden representation we asked existing PRG members to cascade the invitation to others. We also targetted invitations at under-represented groups. In order to ensure that membership was not restricted to patients who have email access we have included a non-email group who prefer to be contacted by phone, post, or in person. We intend to involve the 'non-email group' more in the next 12 months.

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

Patient Participation Report

Stage Two

Agreeing Priorities

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

We canvassed members of the PRG by email on 13th February 2012 asking for suggestions for priority areas as follows: "Very soon we will be asking our patients (including members of our 'Patient Reference Group - PRG') to complete a survey about our services. In order to make sure that we ask the right questions we would like to know what you think should be our key priorities. What do you think are the most important issues on which we should consult our patients? For example, although they are all important, which of the following do you think we should focus on this in the coming survey: Clinical care (how the doctors and nurses look after you); Getting an appointment; Communication issues - easier ways of making contact and getting advice; Reception issues; Opening times; Parking; Methods of involving patients ?Facebook, Discussion forums; Any other ideas?? Let us know your thoughts and ideas for our patient survey so that we can take them into account. Once we have conducted the survey we will be letting you know the results and asking for your help in deciding on an action plan."

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

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Please describe how the priorities for the survey were selected - do these reflect those set out by the PRG?

The priorities from the PRG were as follows: Appointments (5), clinical care (3), Opening times (2), Waiting times (1), Receptionists approach (1), Seating (1), Repeat prescriptions (1), Telephone access (1), Communication issues (1), Methods of involving patients (1). We therefore decided to focus on the most common priorities of appointments and clinical care, whilst also including other areas where possible. The priorities for the survey were therefore based entirely on those identified by the PRG.

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 understand the importance of undertaking surveys using properly validated questionnaires rather than ad hoc questions which have the potential for bias. We therefore decided to use the General Practice Assessment Questionnaire which has been validated and used extensively. It had the particular advantage that it covered the top priority areas as well as some of the others identified by the PRG, and we had also used it in the practice previously. The only additional question that we included was to identify the surgery site which the respondent normally attended in the on-line version.

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?

A copy of the questionnaire is available via the following link: www.gpaq.info/GPAQV3.pdf. Questions 4 -12 and 15 refer to appointments (the top priority area); and questions 19-33 refer to clinical care (second priority area); In addition waiting times are covered in question 13; receptionist approach in question 1; and telephone access in questions 2 and 3.

Please attach a copy of the questionnaire

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?

We gave out 100 questionnaires to patients attending each of our surgeries in the two weeks commencing 5th March 2012. We also emailed all members of the 'virtual' Patient Reference Group and invited them to complete an on-line version of the survey over a two-week period. This was conducted using SurveyMonkey.

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?

Both hard copy paper formats and on-line versions were used.

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

Patient Participation Report

Stage Three continued

Survey

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How has the practice collated the results?

Data from paper versions of the survey were entered onto the on-line SurveyMonkey database by a patient representative. All data were then downloaded to an MS Excel spreadsheet and subsequently analysed using SPSS v18. The main outcome measures were frequency distributions of responses to each of the questions and these were summarised in a written report.

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 survey report was circulated by email to all members of the PRG as well as made available on the surgery websites and in hard copy in waiting areas at the surgery.

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

Stage Four

Results

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Please describe survey results:

A full report is available on the website. We received 231 completed responses: half were from patients who normally attend Chilwell Meadows Surgery and half were from patients who normally attend the Valley Surgery. 188 surveys were completed by patients attending the surgery and 43 were completed online. 65 of respondents (29.7%) were male and 154 (70.3%) were female (12 people didn't answer this question). In terms of the priority areas, in terms of appointments, 91% of respondents who had tried to get an appointment on the same day reported that they were normally able to do so. However only 77% of people who replied reported that it is easy or very easy to book an appointment ahead. Of the 180 patients who like to see a PARTICULAR doctor, 41% said that they can usually be seen on the same or next day, but 35% reported having to wait five or more days. 29% thought that this aspect of our service was fair or poor, with only half rating it as very good or excellent. In terms of clinical care: More than nine out of 10 respondents say that the doctors or nurses that they see are either good or very good at giving them enough time, listening to them, explaining tests and treatments, involving them in decision making, and treating them with care and

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 results of the survey were circulated to PRG members by email and publicised on the websites of both surgeries. Patients were invited to comment on the results and to make suggestions for service improvement, by email or by attending a face to face meeting held on 28th March 2012.

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?

Members of the PRG readily acknowledged the difficulties involved in balancing a service that provided a high standard of clinical care and good response to urgent care, with adequate appointments and opportunities to book ahead. They strongly supported the practice ethos of giving adequate time to patients, even if this adversely affects waiting times. To this extent the patient representatives were keen to avoid any changes that would impact on the standards of clinical care that currently exist. The PRG were therefore keen that any changes to service provision be appropriately planned, considered in detail with all stakeholders, and piloted effectively before rolling out. They also appreciated that the two surgery sites operate differently and asked for us to consider further analysis of the survey data before undertaking any action that would affect both sites.

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?

The PRG agreed all changes.

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

Patient Participation Report

Stage Four continued

Results

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

There are no contractual considerations to be discussed with the PCT

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 PRG members were also invited to submit comments and suggestions by email. We invited all members of the PRG to a meeting to discuss the action plan on 28th March 2012.

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:

The PRG requested more data about how appointment availability and waiting times differed between sites, and we agreed to undertake further analysis of the survey data to determine this and present it at the next face to face meeting. There was interest in developing a doctor-led triage system which might reduce the need for face to face consultations: however this needs to be carefully planned, and so a working group involving patient representatives and doctors will be established to consider models and how they may be applied. The PRG were keen that patients should be made aware of the problem of DNAs, whilst also trying to understand the reasons for these and being proactive in reducing them. Also the PRG asked that the online booking system should receive greater publicity with the added offer of 'familiarisation sessions' to enable people to use it effectively. Further audit work will be undertaken on appointment availability in relation to doctor sessions, and also on waiting times for individual clinicians to determine if these can be improved. Finally the PRG were pleased to hear that patients were being invited to participate in interviews for a new practice manager.

Please include a copy of the action plan (Including how proposals will be implemented)

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

All priority areas and key issues are being addressed within the plan

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

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

Members of the PRG agreed implementation of the action plan at the meeting on 28th March 2012, and members who did not attend were invited to comment by email. None of the changes require PCT approval.

Patient Participation Report

Stage Six

Publication of Report

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

The report is available on the websites of both surgeries; it has been emailed to members of the PRG; and hard copies are available in the waiting rooms of both surgeries.

Date Posted on Website: 30/3/2012

Additional statement to support report publication. Payment component 6

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Additional Information

Opening Times

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

Core opening hours for both surgeries are 08.30 - 18.30 Monday to Friday. During these hours patients can access the services in person or by telephone. Appointments can be made on-line at any time. Extended opening hours for Chilwell Meadows Surgery are 18.30 - 19.30 on Mondays and Tuesdays some Saturday morning surgeries. Extended opening hours for the Valley Surgery are 07.00 - 08.00 on Tuesdays and alternate Thursdays.

Additional statement to support report publication. Payment component 6

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

Extended hours surgeries offer the opportunity for patients to see individual health care professionals

Additional statement to support report publication. Payment component 6

Number of PRG meetings which have taken place since 1st April 2011	1
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Office Use:

DES Component	Section attained in					
One	1	2	3	4		
Two	5	6				
Three	7	8	9	10	11	
	12					
Four	13	14	15	16	17	
Five	18	19	20	21		
Six	22	23	24			