

## **PATIENT PARTICIPATION REPORT 2012/13**

### *Chilwell Valley & Meadows Surgeries Dr Gavrilovic & Partners*

#### **Establishment of Patient Representative Group**

In 2011/12 we established a virtual patient reference group. As well as open invitations to participate we targeted people from specific groups, as needed, to try to ensure they were represented. We also aimed to recruit relatively large numbers of people overall in order to try to improve representation across all groups.

Most patients were invited to join the virtual 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 targeted invitations at under-represented groups.

We aimed to recruit at least 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. We also ensured that we recruited similar numbers from each of our two surgery sites ensuring that both populations were adequately represented.

We invited the manager of the Mental Health Rehabilitation Unit to join on behalf of the residents. We have also had meetings with managers of local care homes and nursing homes.

During 2012/13 we maintained contact with the virtual group by email and added a small number of new members. However we also wanted to ensure that people who were not particularly computer literate could participate fully and so we established regular face to face meetings. This group has rapidly taken over responsibility for its own organisation, having its own terms of reference and chaired (and co-chaired) by patient representatives. As a consequence we have adopted the term 'Patient Participation Group' (PPG) in order to reflect the greater degree of patient involvement. Meetings are advertised by email and on the practice noticeboards. Dates of meetings for the next 12 months have been agreed.

The following table shows the distribution of membership of the virtual PRG demonstrating the extent to which we have managed to achieve representation from a spectrum of patient groups.

		<b>Practice Population profile</b>	<b>PRG profile</b>	<b>Differences between practice and PRG profiles</b>
<b>Age</b> <i>List preferred age ranges and enter practice and PRG details</i>	<b>Under 16</b>	2816 (21.3%)	1 (0.7%)	If under-16s are excluded (because this age group would need alternative arrangements or are represented by parents) then the age distribution of the virtual PPG is relatively representative of the whole practice with slight under-representation of younger people in relation to over 65s.
	<b>17-25</b>	1320 (10.0%)	8 (5.5%)	
	<b>26-35</b>	1702 (12.9%)	18 (13.1%)	
	<b>36-45</b>	2099 (15.9%)	26 (17.9%)	
	<b>46-55</b>	1952 (14.7%)	27 (18.6%)	
	<b>56-65</b>	1363 (10.3%)	28 (20.0%)	
	<b>66+</b>	1983 (15.0%)	35 (24.1%)	
<b>Sex</b>	<b>Male</b>	6290 (47.5%)	47 (32.4%)	The proportion of women on the virtual PPG is still higher than men in relation to the practice population – but this could be considered appropriate given that women tend to be higher users of general practice than men.
	<b>Female</b>	6944 (52.5%)	98 (67.6%)	
<b>Ethnicity</b> <i>List relevant ethnic groups and enter practice and PRG details</i>	<b>White British</b>	2970 (94.9%)	128 (90.8%)	Only approximately one-quarter of registered patients have their ethnicity recorded on the practice system. Of these the vast majority are white British and this is also reflected in the constitution of PPG membership. However all ethnic groups are represented to some extent within the PPG.
	<b>Mixed White &amp; Black Caribbean</b>	-	1 (0.7%)	
	<b>Indian</b>	69 (2.2%)	4 (2.8%)	
	<b>Caribbean</b>	6 (0.2%)	2 (1.4%)	
	<b>Chinese</b>	69 (2.2%)	1 (0.7%)	
	<b>Irish</b>	-	3 (2.1%)	
	<b>White &amp; Black African</b>	-	1 (0.7%)	
	<b>African</b>	17 (0.5%)	1 (0.7%)	
	<b>Not known</b>	9796	4	

Part of the agreed action plan for the coming 12 months is to increase membership of the PPG and, in doing so, we will continue to endeavour to recruit from under-represented groups. In particular we aim to include representation from families of service personnel based at Chetwynd Barracks by targeting invitations at the point of registration (as this can be a relatively transient patient group) and ensuring equal recruitment from both surgery sites.

**NB All of the following activities have been conducted in collaboration with either the virtual or face-to-face PPG and there have been no areas of significant dispute or disagreement encountered.**

## Agreeing areas of priority with PRG

Priority areas for the annual patient survey were discussed at the PPG meeting on 19<sup>th</sup> November 2012. These were identified as being identical to those in the previous year, particularly focusing on **access, clinical care, opening times, and waiting times**. Following this, members of the virtual PPG were contacted by email explaining that the proposed patient survey would encompass all of the following areas and asking for any additional issues that members would like included. No specific additional suggestions were received.

Priority areas agreed as continuing from previous year:

- Access to the surgery
- Phoning the surgery
- Getting an appointment
- Receptionists
- Opening times
- Waiting times
- Satisfaction with doctors / nurses

As a result of further discussion it was agreed that we should also use the survey to gather patient opinion specifically about possible introduction of telephone triage systems to improve access.

## Conducting the Patient Survey

It was agreed to use the same survey tool as the previous year because:

- a) It encompassed all of the priority areas identified by the PPG
- b) It would allow comparison of results between the years.
- c) It is a widely used validated questionnaire (GPAQ)

A copy of the questionnaire is available via the following link: [www.gpaq.info/GPAQV3.pdf](http://www.gpaq.info/GPAQV3.pdf). Questions 4 -12 and 15 refer to appointments (a top priority area); and questions 19-33 refer to clinical care (a 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.

Additional questions were included as follows:

- a) Identification of the surgery site that the respondent normally attended (on-line version only) to allow cross-site comparisons. This was unnecessary for those that were completed as hard copy as these were site specific.
- b) Questions relating to the attitudes to the possibility of introducing telephone triage as a way of improving access as follows:

*“Some practices operate a system whereby you speak to a doctor on the telephone before being given an appointment. This means that some problems may be dealt with directly without the need to be seen in person; others may be dealt with more efficiently by a different person (such as a nurse, or a specific doctor with expertise in an area); whilst for others you may need you to be seen at the surgery. All telephone calls would be made on the same day and no patient would be refused an appointment if they requested it.”*

Q18A What do you think about this idea?

- Extremely positive
- Moderately positive
- Slightly positive
- Uncertain
- Slightly negative
- Moderately negative
- Extremely negative

Please give any reasons for your response below, including any positive comments or concerns:

Q18B How do you think that the system described above would affect the care that you receive from the practice if it were to be adopted?

- It would it much better
- It would make it somewhat better
- It would probably make no difference
- It would make it somewhat worse
- It would make it much worse

We gave out 100 questionnaires to patients attending each of our two surgeries in the two weeks commencing 14<sup>th</sup> January 2013. Although these were intended to be to consecutive attendees this was not always practicable when the surgery was busy.

We also emailed all members of the Practice 'virtual' Patient Reference Group and invited them to complete an on-line version of the survey (via SurveyMonkey)

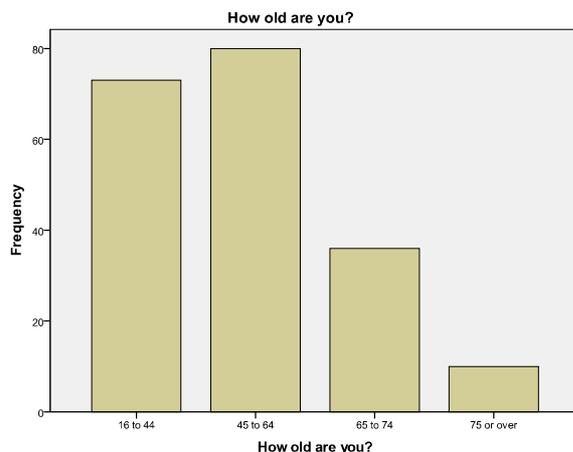
A patient representative entered data from paper versions of the survey onto the on-line SurveyMonkey database. All data were then downloaded to an MS Excel spreadsheet and subsequently analysed using SPSS v18. The main outcome measures were frequency distributions of responses to each of the questions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

Results of the survey were discussed at a PPG meeting on 4<sup>th</sup> March 2013 and posted on the practice website. Members of the virtual PPG were emailed to inform them that the results were available on the website.

## Survey results and agreement on key findings

We received 209 completed responses:

- Half were from patients who normally attend Chilwell Meadows Surgery and half were from patients who normally attend the Valley Surgery.
- 180 surveys were completed by patients attending the surgery and 29 were completed online.
- 71 of respondents (35.7%) were male and 128 (64.3%) were female (10 people didn't answer this question)
- In terms of ethnicity, 97.5% of people who completed the questionnaire described themselves as white, and the remainder was from a mixture of ethnic groups.
- 54.6% of respondents reported that they had a long-term medical condition.
- Just over half of respondents (57.3%) reported that they were working / employed, with 24.6% being retired, and the remainder being unemployed (1.0%), in full-time education (1.5%), unable to work due to medical problems (8.0%) or looking after home / family (5.5%).
- The age distribution of people who completed the questionnaire is shown below:

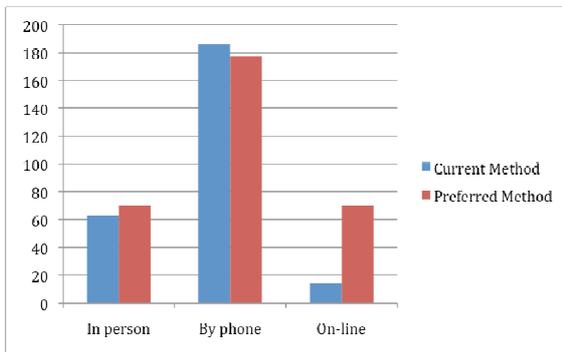


The survey asked about receptionists and getting through to the surgery by phone:

- Nearly everyone (99%) who completed the survey said that our receptionists are very helpful (80%) or fairly helpful (19%).
- Of those that had tried to get through to the surgery by phone, 83% of respondents reported that it was very easy or fairly easy, but 17% thought that it was not easy.
- Of those that tried to speak to a doctor or nurse by phone, 75% reported that this was very or fairly easy, but 25% said that it was not easy.

The survey asked about booking appointments. The figure below shows that the majority of people book their appointments by phone, but more people would prefer to be able to book

online. These results are similar to those from 2012 despite efforts to increase awareness of on-line booking facilities.



The survey asked about ease of booking appointments: 86% of respondents who had tried to get an appointment on the same day reported that they were normally able to do so. Although 77% of respondents indicated that it was important to be able to book an appointment in advance, only 72% reported that it is easy or very easy to do so.

The survey asked about people’s experience of seeing a particular doctor:

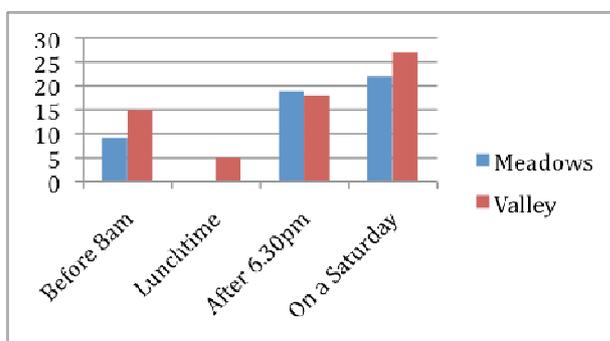
- Of the 165 patients who like to see a PARTICULAR doctor, 40% said that they can usually be seen on the same or next day, but 36% reported having to wait five or more days. Only 47% rated this aspect of our service as very good or excellent and 15% rated it as poor or very poor. These results are similar to 2012.
- 134 (64%) of respondents said that they like to see a particular doctor. Of these, 43% managed to see or speak to their preferred doctor almost all of the time (compared with about half in 2012), whilst 20% only saw them some of the time. These results are similar to 2012.

The survey asked about people’s experience of seeing *any* doctor:

- Of the 198 patients who tried to see ANY doctor, 80% said that they can usually be seen on the same or next day (compared with 85% in 2012), with only 4% having to wait five or more days. 70% thought that this was very good or excellent (compared with 79% in 2012), with only 4% rating it as poor or fair.

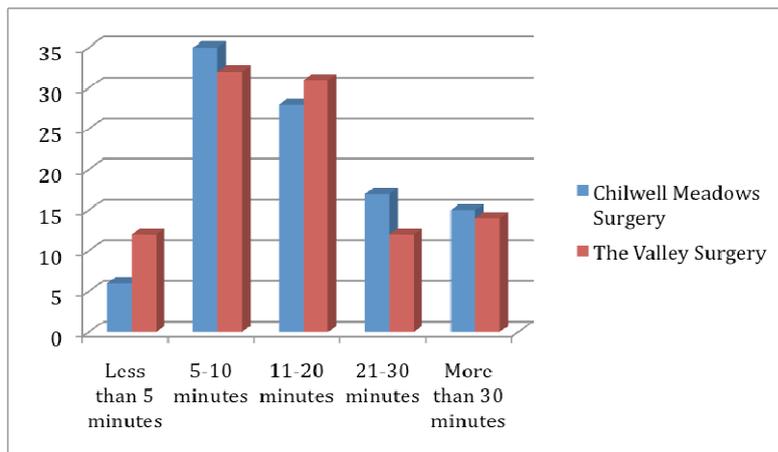
The survey asked for comments about the practice opening times:

- 85% of people who completed the survey said that the current surgery opening times are convenient for them.
- The preferred opening times for those who said that the current arrangements are not convenient are shown below:



The survey asked about waiting times to be seen at the surgery:

- The figure below shows the length of time that people reported waiting for their last consultation. The median waiting time was between 5-10 minutes (compared with 11-20 minutes in 2012).



- Despite the improvement in waiting times 41% of respondents thought that waiting times were only fair, poor, or very poor; and only 33% rated waiting times as very good or excellent. These ratings were almost identical to 2012.

The survey asked about the care provided by the doctors and nurses:

Of the 195 respondents that had seen a GP in the past six months:

- 94% thought that the GP was good or very good in giving them enough time;
- 94% reported that the GP was good or very good at listening to them
- 93% thought that the GP was good or very good at explaining tests and treatments
- 91% thought that the GP was good or very good at involving them in decisions about their care
- 94% reported that the GP was good or very good at treating them with care and concern
- 85% of respondents said that they definitely had confidence in the GP that they spoke to, and a further 12.5% agreed with this to some extent.

In terms of practice nurses:

Of the 136 respondents that had seen a nurse in the past six months:

- 96% thought that the nurse was good or very good in giving them enough time;
- 95% reported that the nurse was good or very good at listening to them

- 96% thought that the nurse was good or very good at explaining tests and treatments
- 96% thought that the nurse was good or very good at involving them in decisions about their care
- 96% reported that the GP was good or very good at treating them with care and concern
- 82% of respondents said that they definitely had confidence in the nurse that they spoke to, and a further 17% agreed with this to some extent.

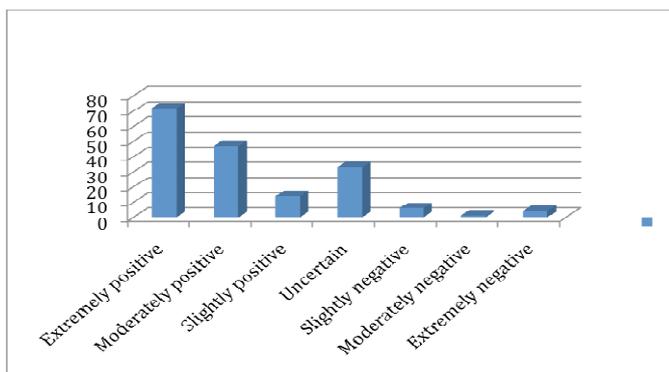
The survey asked about the extent to which the practice helps people to understand their health problems, cope with health problems, and keep healthy:

- 87% of respondents thought that the practice helped them understand their health problems very well, whilst 12% were unsure.
- 87% thought the practice helped them cope with their health problems very well, but 11% were unsure and 2% thought that the practice did not do this very well.
- 77% of people who completed the questionnaire thought that the practice helped to keep them healthy, whilst 19% were unsure and 5% disagreed.

Overall 82% of respondents rated their experience of the surgery as very good or excellent, 15% rated it as good, and the remainder rated it as fair or poor.

76% said that they would definitely recommend the practice to someone who had just moved into the area and a further 21% said that they probably would do so.

The additional question that was added to the survey this year invited respondents' opinions about the possibility of introducing a GP based telephone triage system. The distribution of responses is shown below with 75% being positive. In the ancillary question 63% agreed that the proposed system would probably improve care.



Numerous respondents made comments about the possibility of introducing GP telephone triage, and these are appended for information. These are included in the full report.

## Action plan for 2013/14

The results of the annual patient survey were discussed in detail at the PPG meeting on 4<sup>th</sup> March 2013 and the following action plan agreed with all members present:

Item	Issue / Priority Area	Proposed Action	Timescale	Responsibility
1.	Patient information: patients have requested more information about the doctors and their interests	Update patient information leaflet and website with doctor's photos and profiles.	4 months	Ed Longridge
2.		Produce a photo board of GPs and staff – one for each surgery site	4 months	Linda Allum
3.	Appointments – possible triage system: more investigation is needed before committing to this option in view of comments and concerns raised in the annual patient survey.	Undertake audits and feasibility study for a possible GP based telephone triage system	9 months	Dr Churchill Dr Lott
4.	Appointments – online booking: although use has increased many patients are still unaware of the service.	Increase awareness of online facilities: add information to prescription repeat slips; include in new patient information; poster in waiting rooms; include reminder in newsletters.	6 months	Ed Longridge Linda Allum
5.	Patient involvement: the PPG are keen to increase number of patients involved in the virtual and face-to-face groups.	Promote active recruitment to the PPG: add information to prescription repeat slips; include in new patient information / practice leaflets; poster in waiting rooms; include reminder in newsletters.	6 months	Ed Longridge Linda Allum
6.	Monitor progress on 4 and 5 above	Include questions regarding awareness of online facilities and the PPG in the next patient survey.	10 months	Dr Churchill

Virtual PPG members have been informed that the plan has been published on the practice websites.

## Publicising actions taken and achievements

The following table summarises the Action Plan from 2012/13 and the achievements resulting from it:

Item	Issue / Priority Area	Proposed Action	Timescale	Responsibility	Progress at 24 <sup>th</sup> Sept 2012	Progress at 4 <sup>th</sup> March 2013
1.	Appointments and waiting times – possible differences between sites	The practice need to perform further analysis of survey data by site to determine the extent to which issues identified are specific to different surgeries.	Before next PRG meeting	Dr Churchill	Further analysis showed no major statistically significant differences between sites – an updated report has been prepared to reflect this. We will therefore continue to address the issues across both sites.	Completed
2.	Appointments – possible triage system	The possibility of establishing a doctor-led triage system for appointments should be explored. In order to do this a working group will be set up including the practice manager, one doctor from each site, and one patient representative from each site. The remit of the group will include the possibility of visiting or contacting other surgeries which operate such a system and formalising a proposal for discussion with the practice and PRG with a view to piloting the system.	Six months	Dr Lott	Action delayed due to sickness. Subsequently Dr Lott contacted other surgeries that had established similar systems and also collated some of the information about these into a discussion document. This was discussed with the PPG on 4/2/2013.	Dr Lott prepared a discussion paper to inform decision making and this was discussed with the PRG. The annual patient survey included a question on this topic in order to assess patient attitudes. A proposal is being prepared to request funding from the CCG for a feasibility assessment. Work will continue into 2013/14.
3.	Appointments – online booking	Patient awareness and use of on-line booking needs to be improved. The practice will publicise it further by notices in the waiting room, newsletter,	Six months	Information Systems Manager	Has been discussed with our Information Services Manager who is planning	Patient awareness has increased and the availability of on-line services has been

		and information sheets with repeat prescriptions. In addition the practice will offer 'familiarisation sessions' to interested patients to show them how they can use the on-line booking system.			to action this.	publicised.
4.	Appointments - availability	The practice will undertake a review of appointments in relation to the number of GP sessions available and will make proposals for addressing any shortfall.	Three months	Dr Churchill	The situation has been reviewed and it has been decided to appoint a new part-time GP who will work across both sites.	New GP (Dr Fiona McCracken) started work in March 2013.
5.	Appointments - DNAs	The practice will undertake a review of 'did not attend' (DNA) and explore common reasons for this, publicise numbers to patients to raise awareness (newsletter and poster), and consider ways of reducing this (e.g. text reminders)	Six months	Information Systems Manager	No action taken yet	Not undertaken – but PRG agreed that this was not a priority given that DNA rates are relatively low in our practice.
6.	Waiting times	The practice will undertake an audit of waiting times for patients to be seen by individual clinicians and feed this back to them with consideration of rescheduling appointment durations or times.	12 months	Information Systems Manager	The data have been collated fed back to individual clinicians who are considering any action that they might take.	The annual patient survey demonstrated a small improvement in waiting times although no improvement in satisfaction.
7.	Patient involvement	The practice will include patient representatives in key staff appointments. Two patient representatives will be invited to assist in interviewing for the new practice manager.	Ongoing	Dr Churchill PRG representatives	A representative from each surgery site was involved in the interviews for our new practice manager.	Patient representatives were also included in the selection of our new GP.

## **Publicity**

The results of the annual patient survey, the current action plan, and the achievements from the 2011/12 have been posted on the practice websites. The virtual PPG have been informed by email, and copies of the reports are available in the waiting rooms at both surgery sites. A summary will be included in the next patient newsletter.

## **Opening 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.