Patient Participation Report High Field Surgery
March 2012

a. Description of the profile of the members of the Patient Reference Group (PRG)

We have 110 patients in our virtual group, approximately 60% are female and 40% male. The age demographics of the virtual group are 15 to 80+ with every decade represented. Our Patient Reference Group (PRG) currently consists of 12 patients, 6 male and 6 female. They are aged between 19 and 80+. The group includes a school nurse with an interest in children, a retired health worker with a wealth of knowledge, a retired magistrate and a patient retired from social services, a patient who already has much experience of these groups and a Student. We have a group member who is interested in learning disabilities, a carer and patients with chronic conditions. The group is predominantly White British. The diversity of the combined virtual and PRG group however is as follows:

White British 62
Asian/Asian British Pakistani 5
Mixed White and Black Caribbean 3
Black/Black British African 4
Asian/Asian British Indian 4
Arab 5
Chinese 3
Mixed White Asian 5
Mixed White and Black African 3
Asian/Asian British Bangladeshi 2
White Irish 2
Other 4
Disabled 4
Unspecified 18

Heterosexual/Straight 31
Gay Man 2
Lesbian Gay Woman 1
The remainder did not specify

b. The steps taken to ensure the group is representative of its registered patients and where a category of patients is not represented the steps taken to engage that category

We advertised the PRG by placing posters in local chemists, the supermarket, local school, a local children's nursery and in the surgery. We asked the midwife to give invitations to pregnant ladies. We handed out 125 contact sheets for the virtual group in the surgery and posted another 125 to ensure those who were not attending the surgery regularly were not excluded.

The contact sheets provided us with email addresses to set up a virtual group also patients could express an interest in being a member of the PPG.

We spoke to two or three of the patients who had made complaints and asked them if they would be interested in joining the group to input into how we could improve things.

We also spoke to local schoolchildren and whilst they were clearly not interested in the virtual or face to face group we were able to give them some simple information on access to our services, how to obtain leaflets and information and tell them about our young persons' confidentiality policy. Unfortunately the patients expressing an interest in the PRG in the first instance were not as diverse as we would have liked. Although, as the practice has a larger number than average elderly population including carers and those with chronic illnesses, it does represent a good proportion of patient groups.
In view of this we identified groups under represented; we placed a receptionist in the waiting room to try to target the under represented groups and we sent letters to patients who represent these groups but had not been into the surgery for a while and had not had a contact sheet sent to them This will allow us to obtain wider views. Recently a Chinese, an Arabic, two Asian and a Black Caribbean patient have indicated they will come to our next meeting.

c. Details of steps taken to determine and reach agreement on the issues which had priority and were included in the practice survey
Our first meeting of the PRG was on December 6th 2011 and we invited Chris Bridle to facilitate the meeting for us. He informed the group very clearly of the purpose of the group was to look at ways the practice and the group could work together to identify issues and improve the surgery. He informed them of the different process that would be followed for complaints.

Unfortunately quite some time was taken up at the first meeting with questions around the Health Bill and Commissioning and we did diversify; but this was because we realised what an important issue this was for the group and therefore I suggested I ask a member of the consortium board to answer some of their many questions at the beginning of the second meeting. (In order to facilitate this we planned a longer second meeting).

This was agreed with the group and we then went on to discuss how we could work together as a group to help to improve the practice. We discussed the number of patients who did not attend for their appointment the group were very concerned about these numbers, opening hours, availability of appointments and quality of care given by the practice health professionals and communication. We had a draft survey taken from the toolkit and we discussed this suggestions were made by the group e.g. on the format and lay out of the survey and to separate the doctors and nurses in the comments on clinical care. The group then agreed areas which they felt had priority (see patient involvement plan). All suggestions were taken on board. The survey was amended and ratified by the group.

d. The manner in which the contractor sought to obtain the views of its registered patients
We looked at previous surveys and identified areas of patient interest we then discussed and agreed areas of priority with the PRG. We also had a comments box and reviewed our complaints over the last 2 years. We felt a good starting point was the survey in the toolkit and this was amended in response to suggestions and ideas from the PRG. Once the PRG was happy with the survey it was sent out. In order to represent our practice 220 survey forms were sent out to representatives of as many groups as we could identify to try and ensure diversity.

e. Details of the steps taken by the contractor to provide an opportunity for the PRG to discuss the contents of the action plan
When we received it back we collated the information and gave copies of spreadsheets and graphs to the PRG and virtual group. Our second meeting was on February 28th as promised a member of the board from the consortium came to talk to the group and answer questions on commissioning. Following this we discussed the survey results and identified and agreed areas which may be able to be improved . We then prioritised these areas and agreed a patient involvement action plan to work on together (please see plan)

f. Details of the action plan setting out how the finding or proposals arising out of the local practice survey can be implemented and, if appropriate, reasons why any such findings or proposals should not be implemented
Please see patient involvement plan.The proposals will be discussed at a practice meeting and then proposals which can be implemented will be. If following the practice meeting it is found that any proposal cannot be implemented or may be implemented but in the future the full reasons for this will be taken back to the PRG and virtual PRG. Details will be displayed for all patients on the practice website including minutes of meetings and survey results.

g. A summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local practice survey
Suggestions in the surgery. Please see the statistical results on the survey attached.

h. i) Details of the action the contractor and if relevant PCT intend to take from discussions with PRG re: results findings and proposals from survey and ii) actions taken on issues and priorities.
In the comments section several people asked if the chairs in the waiting room could be changed. We explained to the group that the chairs had been placed differently to facilitate wheelchair access after requests from patients.

The group asked for a designated notice board for the PRG which has now been installed.

The group asked for more information about the out of hours surgery. Information about all out of hours services is being collated and a poster will be displayed in reception.
The group felt very strongly that the number of DNAs should be displayed in the surgery along with the time wasted an estimated cost and the impact this has on staff and patients. We will look at this from April.

We are trying to arrange a further meeting for 2nd May as we hope to hold quarterly meetings

i. The opening hours of the practice premises and the method of obtaining access to services throughout the core hours
Please find timetable attached of opening hours on the website. Patients can contact the practice by coming into the surgery, by telephone or online to book appointments during core hours.

The group asked if it would be possible for extended hours or Saturday opening to be discussed by the practice. This has been placed on the agenda for our Partners meeting in April.

j. Where the contractor has entered into arrangements under an extended hours access scheme, the times at which individual healthcare professionals are accessible to registered patients.
The practice does not currently have extended hours. This subject will be discussed at a partners meeting in April.