

Patient Participation Report High Field Surgery

March 2013

The team at High Field Surgery is committed to working with patients to improve the service we offer. Over the last year we have been talking to our patients to find out what they think we are doing well and what they think we need to improve. This report outlines what actions our practice has taken over the last year to involve our patients.

The development of a Patient Reference Group (PRG) which is representative of our community

We have 110 patients in our virtual group which consists of approximately 60% female to 40% male. The age demographics of the virtual group are 15 to 80+ with every decade represented. Our patient reference group currently consists of 12 patients, 6 male and 6 female. They are 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 48	Mixed White Asian 7
Asian/Asian British Pakistani 4	Asian/Asian British Indian 6
Mixed White and Black Caribbean 4	Black/Black British African 4
Mixed White and Black African 5	
Arab 7	White Irish 2
Chinese 3	Other 4
Disabled 5	
Heterosexual/Straight 35	Lesbian Gay Woman 1
The remainder did not specify	

We set up our PRG last year 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 also set up a virtual group of about 100 patients who were interested but didn't want to attend meetings. We remain aware that not all groups of patients are represented.

Last year we spoke to young people outside the school but did not have any who wished to join the group. This year we asked young people in the waiting room and put notices in the chemist and local supermarket.

Unfortunately the patients expressing an interest in the PRG in the first instance were not as diverse as we would have liked. The practice has a larger number than average of people aged over 65 including carers and those with chronic illnesses, and it does represent a good proportion of the patient group.

In view of this we identified groups who were 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 should allow us to obtain wider views. The three patients with other ethnic origins identified in this way and who agreed to attend our group last year did not turn up to any of the meetings. We have therefore asked the doctors to try to ascertain if some of the patients from minor ethnic origins are interested. We shall continue trying this year. 17 patients this year noted an interest in the PRG on the survey forms. We discussed this at the PRG meeting we had in February 2013 and the group thought that if they were all invited to join the group would be too big and it may be more difficult for members to have their say. With this in mind we are currently looking at the patients who are interested, to identify those which may represent a group which is under represented and we will invite them to join our meetings.

Once again we spoke to some of the patients who had made complaints and asked them if they would be interested in attending a single meeting to input into how we could improve things. None of these patients were interested.

1. Identifying priority issues and developing our patient survey.

The meetings have been well attended and we had no problem electing a chairman. CG was happy to accept.

It is obvious that the current changes in the NHS are very much in the minds of the group, but we did not spend as much time on this subject as last year. However it was suggested it would be good if a member of the group could be invited to a CCG meeting. LB has taken this request to the CCG who will be inviting patients to an event in the future.

Once again we looked through back surveys to identify further areas of patient interest and we discussed and agreed priorities with the PRG.

We discussed the annual survey and agreed that for this second survey we would encourage feedback on reception staff as well as nursing staff and doctors, as there had been a few patient comments concerning receptionists. We also agreed that telephone access which did not do so well in previous surveys should be included in this year's survey. The group also felt it was important to leave the access to appointments questions in the survey

2. Distributing our patient survey and working with our PRG to understand the results.

Having had the contents of the survey agreed, TG put it together, distributed it to the virtual group by email and posted a representative group of patients, including to patients with learning difficulties, some ethnic minority patients, and wheelchair bound patients. She also sent copies to the group. One or two comments were made by the group and these were included in the final survey form. Once again we used the survey in the toolkit which we adapted to this year's questions.

3. Discussing the patient survey with our PRG and developing an action plan

To analyse the results the answers were collated and entered on the toolkit. The resulting graphs presented well visually making the results clear to see and understand for the PRG. Please see graphs attached.

We discussed the results within the PRG and the group suggested that, in view of several comments with regard to early morning, or late night opening, we ask the doctors to reconsider this. The comments from patients were discussed and all felt the majority were good comments about the surgery, doctors and staff.

LB handed out copies of the practice leaflet and asked the group to feed back to us by email if there were any changes they would like to see in the leaflet. Everyone seemed to think it was acceptable as it was.

LB asked the group about their experience with the repeat prescription service we provide. All members of the group felt that we provided a good service but 6 members of the group (there were a total of 11 members present), had experienced problems with the chemists. LB will undertake an audit within the surgery, speak to the doctors and take it up with the chemists.

4. Agreeing the action plan with our PRG

We discussed the involvement plan done as a result of the survey in the first year.

- You said.... 'We'd like to know how many people DNA (missed) their appointment each month and how much this costs the practice'
- We did.... 'We now display the numbers of DNAs and the approximate cost implications to the NHS'
- You said.... Can you display the notice in a prominent place.
- We did..... We have also placed it in the centre of the main reception desk.
- You said.... You said can we have a dedicated notice board for the PRG
- We did..... We placed a new board in the waiting room for PRG information
- You said.... Is it possible to send text messages to patients who DNA their appointments
- We did..... We have started to do this and the DNAs have slightly reduced, we will continue to use the texts to try and reduce these further.
- You said.... Can you use text messages to remind patients of their appointment.
- We did..... We will discuss this at a partners meeting so I have put this on the action plan for next year
- You said.... Could the practice have an early morning, late evening or Saturday morning surgery

- We did..... We discussed this issue at a partners meeting, and whilst the partners did not feel there was a great demand for extended hours and/or Saturday opening; the patient comments on the survey do indicate that some patients did feel this service is needed. The partners therefore agreed to discuss it again next year and it has been placed on next year's action plan.
- You said.... Can you save appointments in the early morning and evening for people that work or can only get to the surgery at certain times, for example patients with a carer
- We did..... We have increased the number of embargos for early am and evening appointments to facilitate such patients in the above example etc.
- You said.... Patients were still having difficulty with telephone access
- We did..... We ordered a new digital system which is currently being installed

5. Publicising our Local Patient Participation Report and plan to report on our patient involvement achievements

We have posted the report on the website and put a copy on the notice board. We have also posted the involvement outcome plan for 2012.

Our practice is open during core hours 8am to 6pm and will be discussing offering extended hours this year. Patients can access the surgery appointment system in person, by telephone or online.

Our action plan for next year can be seen on the website. The plan includes discussion of late night, early morning and or Saturday morning opening to try and improve access for those patients who have difficulty attending during core hours. We have also included looking at texting reminders for appointments. The group reported errors by the chemist with repeat prescriptions so this has been placed on the plan. We intend to speak with the pharmacists and discuss this.

During our meetings this year two members of the group mentioned difficulties with the on line booking of appointments this is being taken up with SystemOne and therefore is on next year's action plan.

We are currently upgrading our telephone system and will continue to put this subject in surveys and on improvement plans to monitor the service and identify improvements and problems.

The group has shown a lot of interest in changes within the NHS and in particular with commissioning. We will continue to update the group as and when we have new information therefore this has also been added to the plan.