

# Patient Participation Report

## March 2014



The team at High Field Surgery is committed to working with patients to improve the service we offer. Over the last three years 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](#)

Our Patient Group has been in existence for over 2 years. When the group was established we initially had a virtual group of 110 patients, which had a varied demographic across age (15 – 80) and ethnicity and included disabled patients, a variety of medical conditions and a wealth of different backgrounds and experience.

From this virtual group 19 regulars make up our face to face Patient Group who meet regularly in the practice. Throughout this year it became clear that the face to face group has become very successful in representing patient views in the practice, with good attendance and enthusiastic contributions; whereas the virtual group has fallen into misuse through lack of response and engagement. Although this has been a little frustrating, the contribution of the face to face group has more than made up for it.

Nevertheless our face to face group were conscious that, as the group had contracted, the demographic moved more towards White British, aged 55-75, notwithstanding that this included retired health workers, a retired magistrate, patients with previous patient group experience and people with specific interests in chronic diseases and Learning Disabilities.

Therefore, as part of our Patient Survey in February 2014 we undertook a recruitment drive and as a result attracted 44 new members for the virtual group who will be involved from March 2014 onwards and subsequently invited to the face to face meetings.

The recruitment drive also actively targeted younger patients, specific chronic diseases, and different ethnicities and all are represented in the new group which is split 45:55 male to female. The make up of the new group does represent the demographic of our geography which is predominantly White British, however both the practice and the patient group are conscious that not all patient groups are represented and we always ensure all groups are taken into account during group discussions.

White British 48	Mixed White and Black African 1
Asian/Asian British Pakistani 2	Asian/Asian British Indian 1
Mixed White and Black Caribbean 1	Black/Black British African 4
	Other 2
Disabled 5	
Heterosexual/Straight 47	Bisexual 1
The remainder did not specify	

Recruitment to the patient group is an ongoing process with posters maintained in the surgery waiting room, a dedicated section on our website, pro active invites by clinicians and administration staff and suggestions to join the group to all patients that make written or verbal complaints.

Members of our patient group also sit on the local Clinical Commissioning Group patient group.

### 1. Identifying priority issues and developing our patient survey.

We consider that the face to face patient group has had a productive year, with meetings well attended. All the documents regarding the patient group are shared on the practice website at <http://www.highfieldsurgery.com> and this is kept updated throughout the year with minutes of meetings and updated actions.

Following last years patient survey a Patient Involvement action plan 2013/14 was developed and an updated version is now uploaded. The majority of these actions have been completed already to the benefit of the patients. The minutes of the Patient Group meeting from January 2014 express the groups approval at the pace the practice has responded to the actions agreed during the second half of 2013.

The process of starting our 2014 survey started in September 2013 with the patient group being asked to provide feedback on the questions and format of the survey. This was agreed by January 2014 and the survey went live in February 2014.

The group were keen to be able to compare results from previous years, and also to obtain feedback on changes made throughout the year. They agreed with the proposal to put the survey online for the first time, on the proviso that adequate arrangements were made for patients who could not or did not want to use the internet.

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

Having had the contents of the survey agreed, it was placed online throughout February 2014, with paper copies also available in the traditional format.

The online access made it possible for us to promote the survey effectively by text message for the first time and 4000 patients were invited to give their opinions by text message.

Paper copies were made available in the Surgery on reception and in the waiting area with posters publicising completion. Messages requesting survey completion were added to all prescription counterfoils and appointment letters in February, and inserts were added to all outgoing mail for the month.

Reception staff and clinicians were asked to specifically invite all patients to complete a survey and we ensured this included all minority groups in order to get a full cross section of opinion.

We also actively targeted our local care home, learning disabilities centre and specific clinics to try and get the widest possible range of responses.

We are delighted with the response. This year 329 responses were received across a much wider and younger age range than ever before. This equates to 3 times the number of surveys completed previously.

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

Because our survey was completed online this year we have been able to produce a comprehensive report displaying all the results in tabular and graphical form for ease of review, alongside all the patient comments made.

This report has also been uploaded to the website for all patients to view.

The report has initially been emailed to the existing Patient Group and to the new virtual group for their perusal. Given that our existing 2013-2014 action plan is now completed, the 2014 survey will be used to develop a new action plan which will be driven by the patient group and agreed at our next meeting in May 2014.

Analysis of the results shows overwhelming good feedback for the practice (particularly once the neither agree/disagree answers are stripped out), the highlights include:

- 98% feel the practice is easy to get to
- 90% feel the practice is welcoming overall
- 88% are happy with the clinical care they receive
- 92% like the new text message service

It is possible to pick out some key themes that the Patient Group may be able to help us with going forward:

- Opening times
- Reading material and or toys in reception
- Appointment availability, only 70% are happy with the current system

### 4. Agreeing the action plan with our PRG

The 2013/14 action plan has already been completed. Many areas were raised for the practice to consider and a summary of some of the key achievements driven by the group is listed below:

You Said .....	We did .....
We should do more to address Did Not Attend Appointments (DNA's) given their negative impact on other patients	<ul style="list-style-type: none"><li>• We trained staff in techniques to reduce DNA's</li><li>• We proactively collected mobile phone numbers to enable text confirmation/reminders to be sent</li><li>• We proactively addressed frequent non attenders</li><li>• We published monthly results</li><li>• We reduced DNA's by 42% Oct 13- Dec 13</li></ul>
We should use Text Messaging more proactively	<ul style="list-style-type: none"><li>• We now send appointment confirmations and reminders as</li></ul>

	<p>routine which has cut DNA's and 92% of patients approve of in the 2014 survey</p>
<p>Could we be more proactive with online services?</p>	<ul style="list-style-type: none"> <li>• We have strongly promoted online services, appointment booking and repeat prescriptions, and 78% of patients approve, with a further 19% neither agree or disagree.</li> <li>• We have made all doctors appointments available online, with over 20 next day appointments available online everyday the evening before</li> </ul>
<p>We should address the problem of getting through on the telephone at busy times</p>	<ul style="list-style-type: none"> <li>• We invested in a brand new telephone system and after some teething problems are now reaping the benefits it brings.</li> <li>• 14 lines, up to 5 answered simultaneously compared to 1 previously</li> <li>• A call queuing system so calls are answered in order and patients are kept informed of their position in queue</li> <li>• Customised holding messages</li> <li>• Positive survey responses are up to 81% from 56% last year</li> </ul>
<p>It should be easier to obtain a same day appointment</p>	<ul style="list-style-type: none"> <li>• We changed our appointment system to make 40% appointments available the same day.</li> <li>• We made same day appointments available online</li> <li>• We also have a policy that no one with an urgent need to see a doctor will be turned away on the day</li> </ul>
<p>We should look at opening times to make access easier for patients who work during the day</p>	<ul style="list-style-type: none"> <li>• Our core hours remain 8am to 6pm Monday - Friday</li> <li>• We now open from 7am on Mondays and Thursdays to provide access for patients before work</li> <li>• We ran our Flu clinics on Saturday mornings in 2013 to enhance access and create extra appointment capacity</li> </ul>

Our practice leaflet was out of date and old fashioned	<ul style="list-style-type: none"> <li>• We completely redesigned the leaflet in January 2014</li> </ul>
We should look to enhance privacy for patients at reception	<p>In the waiting room we:</p> <ul style="list-style-type: none"> <li>• Reconfigured the seating</li> <li>• Added background music</li> <li>• Added privacy signs</li> <li>• Trained receptionists to offer alternatives</li> </ul> <p>The survey results and comments tell us that while the majority approve many patients do not understand the need for changes in this area</p>

This puts us in the envious position of being able to agree a new action plan for the remainder of 2014 which will be done at the next patient meeting in May 2014.

### [5. Publicising our Local Patient Participation Report and plan to report on our patient involvement achievements](#)

All patient group documentation is published on our website, and is kept up to date.

We have therefore added the patient survey 2014 results along with the completed action plan for 2013-14.

The results are highlighted in the website news section and via our twitter account, and posters have been placed in the surgery. We have emailed the results to our patient group and also to all patients who responded to the survey and provided contact details.

We are now on a well established programme of consultation with our patients and this will continue through the rest of 2014.