

Patient Participation Report 2012/13

Stage One

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Practice Population:	6922		Sex:	Male	3335	Female	3587
Age:	Under 16's	1736					
	17 - 25	914	36 - 45	866	56 - 65	638	
	26 - 35	944	46 - 55	943	66 +	881	
Ethnicity:		Caribbean	259	<i>other:</i>			
.British, Mixed British	3201	African	226	<i>other:</i>			
English	17	Mixed Black	240	<i>other:</i>			
Scottish		Chinese	10	<i>other:</i>			
Welsh		Japanese		<i>other:</i>			
Indian, British Indian	48	<i>other:</i>	239	<i>other:</i>			

Are there any specific Minority Groups within the Practice Population ?

No, there are no definite specific minority groups within the practice population, though there is representation from other ethnic backgrounds, as can be demonstrated from the practice population figures above. The practice has only started routinely recording patient's ethnicity within the last few years and so there are still a significant amount of patients with unrecorded ethnicity. However the practice is steadily increasing the number of patients with recorded ethnicity; at the end of March 2012 just over 25% of patients had recorded ethnicity, a year later in March 2013 the practice has now recorded ethnicity in over 60% of patients, so there is evidence that the practice has started to effectively record ethnicity and will continue to do this into the future.

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

Patient Representative Group Profile (PRG):							
			Sex:	Male	4	Female	4
Age:	Under 16's						
	17 - 25	1	36 - 45	1	56 - 65	1	
	26 - 35	1	46 - 55	2	66 +	2	
Ethnicity:		Caribbean		other:			
British, Mixed British	7	African		other:			
English		Mixed Black		other:			
Scottish		Chinese		other:			
Welsh		Japanese		other:			
Indian, British Indian	1	other:		other:			

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

The practice has promoted the patient participation group activities on the practice website and in the practice newsletter.

The practice has been aware for some time that that the practice needed to increase the diversity of the patient group to more accurately represent the practice profile and ensure there is appropriate representation from all groups.

The practice manager has informed all Doctors, Nurses and staff of the underrepresented groups, so that patients from underrepresented groups can be approached directly if appropriate, and the purpose and activities of the group can be explained to them.

3

Compare the PRG with your practice profile and describe the differences between the practice population and membership of the PRG?

The patient reference group is by vast majority (87.5%) white british, and this does effectively represent the majority of the patients with recorded ethnicity (just over 75% of patients with ethnicity are recorded as British/mixed British). However the practice is aware that it important that the remaining 24.5% do have representation within the patient reference group and have made considerable efforts to increase the representation from the minority ethnic groups. A few patients from the ethnic group Indian/British Indian have begun to engage with the patient group activities and it is hoped their participation will increase within the group into the future. All other ethnic groups are definitely underrepresented in patient reference group activities and efforts are being made to address this.

The patient reference group now has some representation from all age bands within the practice profile, though the group definitely has a stronger representation within the older age group bands (62.5% being aged over 45, compared to the practice profile of 35.6% being aged over 45). Again, the practice is aware of this and is making efforts to obtain more representation from patients in younger age groups.

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

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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)

As can clearly be seen in the above section (section3), there are differences in the profile of the patient reference group and the practice profile, these are ethnicity (the patient reference group being mostly British) and age (the patient reference group being mostly aged over 45).

The practice has advertised the activities of the patient reference group on the practice website and in the practice newsletter thereby including all age groups and ethnic backgrounds in its advertising. The practice has also directly approached a few patients from underrepresented groups to promote patient participation activities to them.

Despite this it has mostly been patients from a British ethnic background who are aged over 45, that have been interested in the patient reference group and becoming involved with the patient participation activities within the practice.

The practice has also tried changing the timing of the PRG meeting to accommodate patients not available during normal office hours.

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

Stage Two

Agreeing Priorities

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

The practice manager has asked the PRG each time they have met what they think the practice priority areas should be, the practice manager has also advised members of the PRG to contact her during the year if they wish to bring any priority areas to her attention.

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?

When the practice manager spoke with the PRG about priorities there were no specific priorities that the PRG wanted to highlight in a survey and so it was decided to use a nationally validated GP survey. The PRG however commented that they believed that Aspley Medical Centre provided an excellent service to its patients, and they wanted this to continue and not change. In particular, being able to get through on the telephone and have an appointment to be seen fairly quickly were identified as two priority areas that needed to be maintained. It was thought a general survey looking at all aspects of a GP surgery would be most useful as it would include these two priority areas along with other areas of importance.

The PRG also expressed an interest in finding out what is happening within the greater world of the NHS and the current NHS changes taking place nationally, they requested further information on the changes and how this would affect GP services. They were also interested in the views of the GPs in relation to these changes.

The PRG were also keen for the practice to continue in improving its general communication with patients about current themes, staffing, services provided, through a regular newsletter to patients both in paper form in the surgery and also on the practice website.

One of the members of the PRG, who had experience in the use of surveys, did comment that designing an effective survey required skill and time, so it was agreed to ensure a good quality result from the survey results, it would be best to use an established survey. The nationally validated survey agreed upon was GPAQ version 3.

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?

The practice and patient reference group decided to use a pre-set survey, so no decisions needed to be made about the questions used in the survey.

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?

The two priority areas of being able to get through easily on the telephone and being able to get an appointment reasonably quickly had set sections of the survey dedicated to them.

The survey also asked questions about receptionists, opening hours, consultations with doctors and nurses and the overall experience that patients had of the surgery which were all felt to be relevant to a general review of the services Aspley Medical Centre provides.

The priority areas concerning more information about the changes in the NHS with particular regard to the local clinical commissioning group and the continuation of improving communication with patients were felt to be addressed better as individual concerns rather than being incorporated into a patient survey.

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?

The survey was conducted over the course of 4 weeks in February- March 2013. The GPAQ version 3 survey was printed out and put on the reception desk for patients to pick up and complete and place in a box. At times the reception staff promoted the survey handing it to patients and asking if they would complete a survey. 91 patients completed the survey.

The survey was also put on the practice's website

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

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What methods has the practice used to enable patients to take part?

The practice printed paper copies of the survey which were left on the main reception desk. Patients were asked to complete by pen either at reception or given the opportunity to take away and bring back or post. A box was left at reception for patients to post the completed surveys into. Alternatively the survey was posted to the practice website and patients could complete there.

At times the reception staff promoted the survey, explaining briefly what it was about and answering any questions.

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

Stage Three continued

Survey

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How has the practice collated the results?

The practice manager collated the results which were multiple choice answers, apart from the final section in the survey which was for any comments from patients. The raw data count was translated into percentages to aid understanding of the data. The results were passed to all staff clinical and administrative, posted to the practice website and passed to the PRG members.

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?

A PRG meeting was held on Monday 18th March 2013, at which the practice manager brought individual copies of the survey results for all PRG members. The practice manager posted or emailed the results to PRG members unable to attend.

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 copy of the survey results can be found on the practice website under the patient participation section, then under the publishing patient feedback section, entitled GPAQ Patient Survey 2012-13.

The results confirmed that the vast majority of patients found the receptionists very helpful (81.32%), that it was very easy to get through on the phone (72.53%) and that they would be able to be seen within 2-4 days or less if they were willing to see any doctor (79.79%)

The overall experience of the GP surgery was felt to be excellent by 59.34 % of patients or very good by 23.08% of patients and 80% of patients said they would recommend the surgery to someone moving into the area.

The majority of the questions asked in the survey, had favorably high scores, though there was a small minority of patients that were clearly not satisfied with the services provided.

The survey participants were asked to complete a final section on demographical questions and this confirmed the survey had been completed by patients from different ethnic backgrounds, ages, employment status and differing health conditions, which was proportional to the practice population overall.

The practice was very pleased with the results of the survey, as was the patient reference group.

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Explain how the PRG was given opportunity to comment?

The practice manager met the patient reference group on Monday 18th March 2013 with the results of the survey; she also emailed or posted the results to members of the PRG unable to attend so they could give feedback. The patients present at the meeting confirmed that they were excellent results. The patients present felt the priority should be to maintain the excellent service, to not change. However it was noted that there was a small minority of patients who had, had difficulty with the services provided, one area being waiting times for the doctor or nurse. The majority of patients (93.47%) had to wait 20 minutes or less, however there were a few patients (6.53%) that had waited over 30 minutes and one patient had written a comment that they thought waiting times should be looked at. It was agreed that the practice should monitor waiting times. One of the PRG members suggested that GPs could perhaps directly speak to patients who had had to wait a long time.

It was noted that the majority of patients found the opening hours convenient, though it appeared not all patients were aware that the surgery offered extended hours appointments, as some patients had indicated they would find it easier if they could get an appointment before 8am, after 6.30pm or on a Saturday. The practice does offer a few extended hours appointments at these times.

It was commented on by the PRG that the survey sample was relatively low at 91 patients, even though it had been made available for 4 weeks.

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What agreement was reached with the PRG of changes in provision of how service is delivered?

It was agreed with the PRG that there was no need for a change in how services are delivered. The vast majority of patients are highly satisfied with how services are delivered and the PRG felt the practice should not change and it should simply concentrate on continuing to provide the excellent service that it does.

The PRG confirmed the practice was achieving good results in the priority areas of “being able to easily get through to the practice on the phone” and “make an appointment and be seen within 2- 4 days or less for any doctor”. The practice manager confirmed the practice would continue to monitor these two priority areas and would work at maintaining the high patient satisfaction rates.

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Were there any significant changes not agreed by the PRG that need agreement with the PCT?

No.

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

Stage Four continued

Results

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

No

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*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?

It was explained at the PRG meeting that the practice needed to identify actions that could be taken to improve its services following receiving feedback from the patient survey.

***see appendix A for Aspley Medical Centre Patient Participation Action Plan for 2012-13**

*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:

It was agreed at the PRG meeting that the practice has a good reputation, that there is a high level of patient satisfaction with the services that the practice provides and therefore the priority should be to maintain this and not try to over complicate or invent things to improve. It was however agreed that the two priority areas “being able to easily get through to the practice on the phone” and “make an appointment and be seen within 2-4 days or less for any doctor” were fundamentals in providing a good service and these should continue to be monitored to ensure they are maintained.

The practice newsletter identified in the previous year’s survey will remain an action for the practice to produce at regular intervals.

The PRG are very keen to understand more about the current changes within the NHS nationally and how this will impact on local services provided by their GP, this will be an action for this coming year. The practice manager had contacted the local clinical commissioning group for information for patients and supplied the PRG with printouts and a web address. The practice manager also relayed back to the PRG, that she had spoken with the GPs about their request for more information concerning NHS changes and how these will impact on local GP services and one of the GP partners had offered to come to the next PRG meeting to talk to them about the changes.

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

No

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)

The PRG agreed that no significant changes were necessary in the service delivery at Aspley Medical Centre.

It was agreed to continue to improve communication with patients through a regular newsletter, printed in paper form on reception and also added to the practice website.

It was also agreed to continue to monitor the two priority areas of “being able to easily get through to the practice on the phone” and “make an appointment and be seen within 2-4 days or less for any doctor”, to ensure that these two priority areas continue to provide patients with good access at the practice.

The PRG were pleased to hear that one of the GPs would be attending the next PRG meeting to talk about NHS changes and how these would affect local GP services.

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

Stage Six

Review of actions from 2011/12

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Detail information on actions taken and subsequent achievement from Year One and directly link these to feedback from patients – eg “You said.... We did The outcome was.....”

You said.....you wanted something to be done about the front entrance of the surgery, where it was possible for very young children to run out fairly easily onto a busy road . **We did** ... put up warning notices in the surgery, in the practice leaflet, on the website. Reception staff alerted parents/guardians to the danger. Write to parent/guardians with children under 5 warning of the danger. Consult with patients and staff about the danger. Consult Road Safety at Nottingham City Council. After various

consultations the gate was moved approximately 2.5 metres. **The outcome was**..... The entrance gate was moved and the surgery entrance is now safer for young children.

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**You said**.....you wanted us to improve communications between the practice and the patients, by means of a regular practice newsletter printed in both paper form and on the practice website **We did**..... Identify a receptionist to be lead collator and producer of the newsletter, start producing periodic newsletters. **The outcome was** .....the practice now produces practice newsletters.

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You said.....the proportional representation of patients in the patient reference group needed to represent the profile of the practice population more closely, particularly with regard to younger patients and patients from minority ethnic backgrounds. **We did** ensure all staff were aware of the under representation so the PRG could be promoted to underrepresented groups, write about the patient participation group in the newsletter and on the practice website, change the time of the PRG meetings to late afternoon/evening so that younger people at work/college would be able to attend more easily. **The outcome was** a few patients from younger age groups and ethnic backgrounds have shown interest in the PRG and its activities.

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**You said** .....you wanted to be able to easily get through to the practice on the telephone. **We did** ..... monitor the telephone line service and usage during the year, and purchased two additional lines in January 2013 when it was noted we were at maximum capacity on the phone lines **The outcome was** ..... In the patient survey in March 2013 72.53 % of patients said they could get through to the practice very easily and 19.78 % said it was fairly easily to get through to the practice on the telephone.

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Explain whether there was any disagreement with the PRG on any of the actions in the action plan – this must be publicly highlighted with the practice’s rationale for deviating from the suggested plan

No there wasn't any disagreement with the PRG on any of the actions within the action plan.

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Publication of Report

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

This report is being published on the Aspley Medical Centre practice website. A printed paper copy will also be available from reception for any patients to read. It will also be mentioned in the practice newsletter and details will be given of how to view it on the practice website or request to view a copy from reception. The PRG will be contacted and informed of how to view a copy or if they wish they will be able to request their own personal copy.

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Additional Information

Opening Times

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

Monday 8.30am to 6.30pm
Tuesday 8.30am to 6.30 pm
Wednesday 8.30am to 6.30pm
Thursday 8.30am to 6.30pm
Friday 8.30am to 6.30pm

Patients can access services during these times by attending the practice reception desk in person or telephoning the surgery. Outside of these opening times, patients can use the patient partner automated telephone service to book, cancel or check appointments.

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

7am to 8am selected Thursday mornings

6.30pm to 7.30pm selected Monday evenings

10am to 12 noon selected Saturday mornings

Appendix A

ASPLEY MEDICAL CENTRE - PATIENT PARTICIPATION ACTION PLAN

Key issue to be addressed and overall objective:

To maintain and improve the services and quality of care delivered by Aspley Medical Centre to the practice patient population, and provide a means for patients to have a "voice" within the decision making process and planning of services.

Means and ways of achieving objective:

To provide multiple ways for patients to contribute and participate i.e. patient participation group meetings, suggestion box, email, in person, letter, telephone.

ACTION What do we need to do	PERSON RESPONSIBLE	TIMESCALE	PROGRESS - DESCRIPTION OF WHAT IS BEING DONE/HAS BEEN DONE	COMPLETION DATE
1. Resolve safety issue of very young children running through the entrance door onto the busy road directly outside the surgery.	Practice Manager	As soon as possible – definitely before March 2012	Warning notices put up in the surgery, in the practice leaflet and on the practice website warning of the danger of the busy road. Reception staff to alert parents/guardians when they see unattended young children. Trial - using side entrance gate as main entrance for patients, locking the front gate. Feedback received from patients – difficult for elderly, ill or disabled patients as increased the length of walk into the surgery. Finally, decision made after consultation with Road Safety at Nottingham City Council & discussing with GP partners to move the boundary entrance gate approximately 2.5	FEBRUARY 2012

			metres to the side of entrance door so creating staggering effect, to minimize risk of very young children running straight out into stream of traffic on the busy road.	
2. Improve communications between the surgery and patients so that patients are made more aware of all the services the practice provides and changes that are made to services etc. The Patient Participation Group identified a Patient Newsletter as a means of improving communication.	Practice Manager	May 2012	Receptionist identified to be lead collator and producer of Newsletter. Articles being prepared for publication of the newsletter. Newsletters now being produced in paper form and on the website.	MARCH 2013 & CONTINUING INTO 2013-14
3. Improve proportional representation of patients involved in patient participation activities to include younger patients and patients from different ethnic backgrounds.	Practice Manager	August 2012	Staff made aware of patient participation activities and need for greater participation from younger patients and patients from different ethnicities. Patients falling into groups with minimal representation have been approached and informed about practice patient participation activities. A few patients from under represented groups have shown interest in becoming involved with patient participation activities.	MARCH 2013 & CONTINUING INTO 2013 -14
4. Maintain good access for patients to contact the surgery by telephone	Practice Manager	March 2013 ongoing	Constant monitoring by the Assistant Practice Manager to ensure phone calls are being answered promptly and patients are able to get through on the phone lines. Two extra phones lines purchased in January 2013 to accommodate extra demand for phone lines.	MARCH 2013 CONTINUING INTO 2013 - 14

<p>5. Maintain good access for patients to be able to access an appointment with a clinician within 2-4 days or less.</p>	<p>Practice Manager</p>	<p>March 2013 ongoing</p>	<p>Constant monitoring by Assistant Practice Manager to ensure that patients are able to book an appointment with a clinician within 2-4 days or less.</p>	<p>MARCH 2013 & CONTINUING INTO 2013-14</p>
<p>6. Provide patients with information concerning the NHS changes and how these will affect local GP services.</p>	<p>Practice Manager</p>	<p>March 2013 ongoing</p>	<p>Practice Manager obtained some information from the local clinical commissioning group which was passed onto the patient reference group.</p> <p>One of the GPs will meet with the patient reference group at the next meeting (approx. June/July 2013) to speak about the changes within the NHS and how this will affect local GP services</p>	<p>MARCH 2013 & CONTINUING INTO 2013 -14</p>