

COLLEGE ROAD SURGERY

PATIENT REPRESENTATIVE GROUP REPORT – MARCH 2012

PATIENT REPRESENTATIVE GROUP

WHAT IS THE PATIENT REPRESENTATIVE GROUP (PRG)?

'The patient representative group at College Road Surgery was formed in January 2012 to understand the views of patients on the services that the Practice offered following our relocation to our new premises in November 2011.

The aims of the group are to review everything from access to the services, to local health needs, to the effect of the changes in the NHS on the practice.

Membership of the group was established following a letter drop to all 8200 patients in November 2011 inviting patients to attend a preliminary meeting to discuss the group structure/format.

We believed an open invitation to all patients would encourage involvement and attendance from all areas of the practice community'

We received response from 21 patients of which 20 attended our first meeting in January 2012. Those 20 members became the group now referred to as College Road Surgery Patient Group.

The group has developed a Group Constitution and elected a Chair in the past 3 months.

PRG AND PRACTICE PROFILE

The practice profile is demonstrated below; the distribution of group members is broadly representative of the age/sex distribution of the practice list. We have noted a slightly higher representation of the 25-34 age groups and the 55-64 age groups.

The Male/Female distribution is we believe a good reflection of the practice list.

Demonstrating how a Patient Reference Group is Representative			
Practice Population Profile		PRG Profile	Difference
Age			
% Under 16	20%	% Under 16	20%
% 17-24	14%	% 17-24	20%
% 25-34	13%	% 25-34	20%
% 35-44	13%	% 35-44	15%

% 45-54	14%	% 45-54	10%	4%
% 55-64	10%	% 55-64	25%	15%
% 65-74	8%	% 65-74	15%	7%
% 75-84	6%	% 75-84	15%	9%
% 85 and Over	2%	% 85 and Over		2%
Ethnicity				
White		White		
% British Group	76.57%	% British Group	75%	
Mixed		Mixed		
% White & Black Caribbean	2.87%	White & Black Caribbean	10%	
% White & Black African	0.93%	% White & Black African	5%	
% White & Asian	0.70%	% White & Asian		
Other Mixed	0.64%	Other Mixed		
Asian or Asian British		Asian or Asian British		
% Indian	2.48%	% Indian		
% Pakistani	1.36%	% Pakistani	5%	
% Bangladeshi	0.95%	% Bangladeshi		
Other Asian	0.95%			
Black or Black British		Black or Black British		
% Caribbean	5.21%	% Caribbean		
% African	3.0%	% African	5%	
Chinese or other ethnic group		Chinese or other ethnic group		
% Chinese	0.31%	% Chinese		
& any other	0.73%	& any other		
Not Stated %	0.6%	Not Stated %		

Gender					
% Female	52.12%	% Female	58.82%	6.7%	
% Male	47.88%	% Male	41.18%	6.7%	

STEPS TO ENSURE GROUP WAS REPRESENTATIVE/REASONS FOR DIFFERENCE IN GROUP AND PRACTICE PROFILE

All patients over the age of 16 registered at College Road Surgery were invited to attend the initial meeting of the PPG in a letter set out in October 2011.

The surgery sent out letter explaining our wish to establish a PPG and the process to place their names on a contact for the first meeting in January 2012.

In addition a display was placed on the TV in reception to encourage all patients attending surgery to register an interest in becoming involved.

We believed that by targeting all patients over the age of 16 we would attract any patient wishing to join our group.

We monitored the interest and expressions of interest from patients and believed that the age/sex distribution reflected our patient list.

The table above demonstrates that the PPG ethnicity is broadly representative of our patient list – we feel that as all patients were invited we had a truly reflective representation as part of our group.

PRG FREQUENCY

25th January 2012	<ol style="list-style-type: none"> 1. All 21 patients who had expressed an interest were invited to our first group meeting held 25th January 2012. 2. Attendance at this meeting was excellent and all but 3 patients invited attended, with 17 attendees and 1 apology the College Road Patient Group was established. 3. At the first group meeting we carried out a Representative Survey to demonstrate that the group offered a range of patients reflective of the practice patient list. 4. This preliminary meeting involved a welcome by senior Partner Dr Graeme Horton presentation by Claire Jackson (Practice Manager) who explained the purpose of the group, the wishes of the partners that the group become a pro-active group who fed their ideas into the practice to develop and shape services to meet the changing needs of the local community and the practice’s registered patients.
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	<ol style="list-style-type: none"> 5. The meeting was attended by Dr Sarah Long (GP Partner), Dr Sanjay Sarin (GP Partner) and Sue Davis (Reception Manager). 6. Minutes were taken and the first objectives of the group were discussed. 7. The aim of the group following this initial meeting was identified as improving the communications between the GP Partners, Practice Staff and Patients. 8. A date and time for the next meeting was agreed <p>Full minutes and useful links / documents sent to all group members ready for the next meeting to be held 29th February 2012.</p>
29th February 2012	<ol style="list-style-type: none"> 1. Patient group meeting – 29th February 2012. 2. The meeting discussed the ongoing establishment and structure of the patient group. 3. In addition Sue Davis presented to the group some useful information relating to the day to day running of the surgery. We asked the group for feedback on the presentation as a way of improving information for patients on the services we offer. 4. The group identified several areas for further discussion including <ul style="list-style-type: none"> • Telephone Access • Longer Practice Opening Hours • Book on Day Appointments/ Pre-bookable Appointments 5. Patient surveys were sourced and it was agreed that the practice would adopt the GPAQ Survey (v.2) for this year's survey. 6. Patient Group Members were given a copy of the survey for agreement 7. It was agreed that the survey would be handed out to 200 patients over a 1 week period (50 per GP) 8. Once completed the surveys would be analysed using the approved analysis tool and the results fed back to the patient group meeting scheduled for 21st March 2012. 9. The group felt that this would offer them a good basis for suggestions and developments in the coming year. 10. Paperwork for Expressions of Interest for position of Chair was distributed and date for Ballot agreed for March 21st 2012 at next group meeting
21st March 2012	<ol style="list-style-type: none"> 1. Ballot for Chair took place – Chair Elected – tied vote and the group agreed that the post would be split 2. The group met to discuss the results of the patient survey carried out in the first 2 weeks of March 2011. 3. Results discussed at length and priorities decided upon for development. 4. Objectives agreed – Focus on Patient DNA's / Links to other agencies on Envisage media Screen / PPG Notice Board in Reception / Active promotion of Nurse specialties 5. Next Meeting Date Agreed

PRG MEMBERSHIP

Consent from PPG not sought – a full list is available from the surgery upon request.

PATIENT SURVEY

AREAS OF PRIORITY & HOW THEY WERE DECIDED

The practice reviewed various optional surveys, we believed that the GPAQ questionnaire and associated analysis tool was a good starting point for our group to discuss areas of priority.

The survey results identified 2 main themes from our patients as part of feedback from the GPAQ survey results to the Patient Group.

- Telephone Access / System & Patients
- The patients perception on how to cope and understand their health issues following an appointment with the GP

SURVEY PROCESS

The survey was carried out during the first 2 weeks in March 2012.

200 questionnaires were handed out to patients attending surgery for a GP appointment. Several methods of distribution were used, 2 GP's handed questionnaires directly to patients at the end of their consultation and 2 GP's chose for reception staff to hand questionnaires to patients attending for appointments during the period.

200 questionnaires were handed out

160 questionnaires were returned

80% return

Results were analysed using the GPAQ toolkit which calculates the average scores received to the questions asked.

GPAQ Questionnaire Link http://www.gpaq.info/GPAQ_SURGERY.pdf

GPAQ Analysis Toolkit Link <http://www.gpaq.info>

RESULTS

Of the 160 patients that responded to the survey the findings were as follows

- 66.88% Female
- 33.12 Male Responses

A summary of the question responses are tabled below

Main table of scores as percentages, compared to the GPAQ benchmarks

	Mean score	GPAQ benchmark
Q2. Satisfaction with receptionists	86	77
Q3a. Satisfaction with opening hours	79	67
Q4b. Satisfaction with availability of particular doctor	72	60
Q5b. Satisfaction with availability of any doctor	73	69
Q7b. Satisfaction with waiting times at practice	74	57
Q8a. Satisfaction with phoning through to practice	59	59
Q8b. Satisfaction with phoning through to doctor for advice	71	61
Q9b. Satisfaction with continuity of care	77	69
Q10a. Satisfaction with doctor's questioning	86	81
Q10b. Satisfaction with how well doctor listens	88	84
Q10c. Satisfaction with how well doctor puts patient at ease	87	84
Q10d. Satisfaction with how much doctor involves patient	87	81
Q10e. Satisfaction with doctor's explanations	88	83
Q10f. Satisfaction with time doctor spends	85	80
Q10g. Satisfaction with doctor's patience	87	84
Q10h. Satisfaction with doctor's caring and concern	89	84
Q11a. Ability to understand problem after visiting doctor	70	69
Q11b. Ability to cope with problem after visiting doctor	72	66

DISCUSSION ABOUT RESULTS

In the meeting on the 21st March we discussed the findings of the survey with our PPG and what actions could be taken. We also discussed what we were unable to action within the next year. The 3 main actions to come out of the survey were:

- *Improve telephone access scores from average to above GPAQ benchmark*
- *Increase patient education to help inform best use of the services and reduce pressure on appointments by using the Envisage Media Patient Information System to communicate self help groups to patients. Promote the services of the Practice Nurses to reduce pressure on GP appointments.*
- *Patient Participation Group – establish a patient information point in reception specifically promoting the involvement of the patient group and their work within the practice. This board is to be managed by the Patient Group.*

ACTION PLAN

Layout an action plan for your surgery based on your PRG meetings and your survey findings. Explain how you agreed the final action plan.

e.g.

<u>Action</u>	<u>Task</u>	<u>Timeline</u>
<i>Improve telephone access scores from average to above GPAQ benchmark</i>	<ul style="list-style-type: none"> • <i>Review telephone access and ensure optimum use of the telephone system.</i> • <i>Review of internal structure of reception to ensure telephones are answered promptly</i> • <i>It was agreed that at this time there was no wish for the practice to develop an "options" telephone system.</i> 	<p><i>Review and suggestion to patient group by Claire Jackson & Sue Davis</i></p> <p><i>End June 2012</i></p>
<i>Increase patient education. Empower patients to make</i>	<ul style="list-style-type: none"> • <i>To add additional self help groups and national organisations onto the</i> 	<p><i>Claire Jackson</i></p> <p><i>End April 2012</i></p>

<p><i>best use of the services available and improve patients knowledge of their health issues by using the Envisage Media Patient Information System to communicate self help groups to patients. Promote the services of the Practice Nurses to reduce pressure on GP appointments.</i></p>	<p><i>Envisage Media Board</i></p> <ul style="list-style-type: none"> • <i>Patient Group Noticeboard in Reception</i> • <i>Patient Group Members agreed to compose a letter to patients promoting the skills and services of Practice Nurse Team – all patients in specific clinical groups can then be targeted to attend for regular health checks with practice nurses to increase availability of GP appointments</i> 	<p><i>Dr S Sarin</i> <i>End April 2012</i></p> <p><i>Patient Group Members</i> <i>Practice Team</i> <i>End May 2012</i></p>
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ACCESS

OPENING HOURS

Monday	8.20am – 8.30pm
Tuesday	8.20am – 6.30pm
Wednesday	8.20am – 6.30pm
Thursday	8.20am – 6.30pm
Friday	8.20am – 6.30pm

EXTENDED HOURS

Monday 6.30pm – 8.30pm	For GP Appointments and Practice Nurse Appointments
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ACCESS TO SERVICES

Telephone	0121 373 8842
Emergency Line	0121 373 1244

The surgery offers a range of clinic times and specialised clinics throughout the day.

80% of GP appointments are "Book on Day" but most other clinics and 20% of GP Appointments are bookable up to 6 weeks in advance

PUBLICATION OF THE REPORT

This report can be found on the Practice NHS CHOICES web page and on the Practice Website at www.collegeroadsurgery.co.uk

Paper copies of this report are available from the surgery upon request