

## **PARTICIPATION REPORT 2012/13**

### **The Patient Representative Group Development:**

The purpose of a Patient Representative Group (PRG) is about getting local people, patients, carers and users involved in planning local enhanced services and identifying local needs. Its function is to help improve communication and understanding between practice staff and patients, and to improve the quality of services being offered to patients. It provides practical support and assists in the future policies and direction of the Practice. It enables patients to become more involved in their own care and offers the opportunity to be involved in patient forums.

### **The Aim:**

Of the Patient Representative Group (PRG) is to engage patients and allow them to be active in the decisions made by the practice in terms of the way it is run and the services that it provides to patients. The patient forum was formed to listen to patient's views, in order to help improve the services provided by the practice. It also wants to include patients in the decisions that lead to changes to the services the practice provides for commissioning.

### **Practice Profile:**

The practice population consist of 4,900 patients who are of a varied aged group and diverse ethnic backgrounds. The ethnic representation is reflected in the practice geographical location.

### **The Structure of the Group:**

In order to ensure adequate representation from all patients including minority groups such as the unemployed, carers, care groups, nursing homes, People with learning, mental health, disability community and drug users within the community, all staff actively invite all groups of patients to a face to face patient group meeting. These meetings are now held quarterly on an annual basis. The times of these meetings are rotated, some held during the day and others in the evening, taking consideration the working patterns of patients.

In order to ensure that various group will engage in the PRG meetings all patients including minority groups within the population are invited to attend. The following steps are taken to recruit patients and to ensure that all patients are actively represented.

We encourage patients to join PRG in the following ways:

- Advertising in the practice
- Publishing PRG meetings on the practice website.
- Displaying information on LED JEYAX in Reception area.
- All staff actively encouraging patients to join the group
- Telephone contact is established with hard to reach group, less able bodied, housebound patients and carers.

The Group representation is as follows:

#### Age

17-24 - 3%  
25-34 - 4.5%  
35-44 - 15%  
45-54 - 37%  
55-64 - 26%  
65-74 - 8%  
75- 84 - 4.5%  
Over 84-2%

#### Sex

Male-46%  
Female-53%

#### Ethnicity

White & Black Caribbean - 2%  
White & Black African - 2%  
Asian or Asian British - 4%  
Black or Black British - 16%  
Black African - 9%  
Afro-Caribbean - 56%  
Any-Other - 2%  
White Irish - 4%  
Chinese - 1%  
Pakistani - 4%

#### Other Groups

- We have 10 patients in residential/nursing homes
- We have 15 patients on the LD register
- We have 39 registered carers

**Communication:**

We correspond with the group members by:  
Email, Telephone, Text messaging as well as Face to Face. All  
Scheduled meetings are advertised on the practice website.

In order to identify any variations between the Patient Representative Group and the Practice population, monitoring forms are completed by patients during these meetings. Results of this revealed that there is now an equal representation of Male and Female. This showed an increase in male participation in 2013 in comparison to 2012. There has also been an increase in the number of young patients aged 17-24, thus the practice achieved its action plan for 2012/13 which was to actively campaign to encourage patients in this age group to participate in these meetings.

Groups not well represented were mainly patients who reside in a Nursing home. Although staff from the Nursing home was invited they were unable to attend. Hard to reach groups and minority groups were invited by telephone. Housebound patients were contacted and the views collated and raised during the PRG meeting.

**SURVEY**

The priorities for the survey were discussed and agreed at the PRG meeting conducted on the 18<sup>th</sup> of October 2012. This was based on problems highlighted by patients during meetings and also problems identified from the results of the Patient Survey conducted in 2012. All of which were reflective in PRG meetings and patients complaints. It was agreed that the questions will be based on the issues highlighted from the previous year. The questionnaire would remain the same as the results would highlight any improvements that have been achieved and areas that still need improvements.

The questions were developed with CFEP who are a recognised registered UK survey company. These questions were based on issues highlighted during Patient Participation Group meetings which were also reflective on the issues highlighted in results of the survey conducted in 2012. The CFEP questionnaire included questions that we felt were relevant to getting patient views about general running of the practice and on issues highlighted from the results of the previous survey conducted in 2012.

To enable all patients to participate patients were given the choice of completing the survey on the practice website on-line or completing a paper copy in house. All practice staff encouraged patients to complete the questionnaire and return it in a survey box placed in the waiting area. Advertisements were displayed in all areas of the practice reminding patients to participate in the survey. Questionnaires were also handed out during a Patient Participation meeting.

An online survey was conducted on the practice website by using the survey tool on the Practice website. All the answers and comments were automatically collated and submitted directly to CFEP. The survey was conducted over a 3 month period from November 2012 through to January 2013.

### Summary of the Results of the Survey

Results of the survey revealed that 78% of all patients' ratings about the practice were good, very good or excellent. This revealed a 3% increase from the previous survey conducted in 2011/12. Areas identified as still needing improvement were telephone access, see a GP within 48hrs and speak to a practitioner on the telephone. Clinical staff received the most positive response with patients stating they were confident in their GPs and happy with the care and level of service received during consultation. Attached is a summary of the results detailing overall practice scores.



\\Emis1482a\shared\  
Enhanced Services\1:

### Action plan

The action plan was agreed at the PRG meeting held on the 19<sup>th</sup> February 2013. It was devised based on the summary of the evidence relating to the survey findings that was conducted in 2012 and 2013. The plan was presented at the PRG meeting and it was agreed that the practice would retain the same action plan as the previous year, as the results of the 2013 survey revealed the same issues as the previous survey. The agreed plan will also be presented at the next staff meeting.

The main actions were:

Telephone Access, See practitioner within 48 hours, Speak to a practitioner on the phone and improve the Reception Area. See below for a summary of the Action Plan.

## Action Plan 2012/2013

### Areas mutually agreed as priorities and interventions

| Priority for action            | Proposed changes   | Who needs to be involved?                                      | What is an achievable time frame |
|--------------------------------|--|--|----------------------------------|
| See a GP in 48 hours           | <p>Practice will increase the number of emergency appointments offered daily.</p> <p>Practice will advertise and inform patients of the need to utilise this service appropriately, and to cancel appointments if unable to attend.</p>  | <p>Practice Manager and all practice staff</p> <p>Patients</p> | 31 <sup>st</sup> of July 2013    |
| Telephone Access               | <p>The PCT has installed a call queuing system informing patients that their call is in a queue. Practice will submit a request for the system to inform callers their position in the queue.</p> <p>Patients will be asked to use the on line service to book appointments and order prescriptions as this should reduce the volume of calls.</p> | <p>PCT</p> <p>Practice and Patients</p>                        | 30 <sup>th</sup> Oct 2013        |
| Speak to a doctor on the phone | Practice will increase its appointment system to include telephone consultations. This will be advertised in house to inform patients of the service.  | Practice   | 1 <sup>st</sup> of April 2013    |
| Reception area                 | PCT will commence works at the reception area shortly. The practice will review this once the work had been completed.   | Practice<br>PCT  | 30 <sup>th</sup> June 2013       |

The practice was unable to achieve its target to improve Telephone Access, although the PCT had installed a queuing system on the telephone it did not have the ability to give an indication of the length of time the patient is likely to wait before the phone is answered including their place in the queue.

Speak to a practitioner on the phone: Practice now offers this service daily but some patients were still unaware of this service. It was agreed that the practice would advertise this service on the messaging board in the waiting area.

**A summary of the progress made with the 2011/12 action plan**

| You said  | We did   | The result is  |
|---|--|--|
| Telephone Access                                  | The practice submitted a request to the PCT to install a call queuing system informing patients that their call was in a queue. Staffs have been trained to answer telephone calls upon 4 rings. | As a result of this request the PCT have now installed a queuing system which informs callers that their call is in a queue. Practice staffs have also been trained to answer all calls after 4 rings. |
| See a GP in 48 hours/<br>Appointment satisfaction | Practice increased the number of emergency appointments offered daily.   | Clinical sessions have been increased to meet the demand of emergency appointments.  |
| Reception area                                    | The Practice applied to the PCT to renovate the reception area to improve confidentiality and reduce risk exposed to patients.   | The PCT will commence renovation works on the 23 <sup>rd</sup> of March 2013. A dedicated area will be provided to offer patients confidentiality. Health & Safety will also improve substantially.    |
| Speak to a doctor on the phone                    | All clinicians now have ability to speak patients on the phone on a daily basis.   | Practice has increased its appointment system to include telephone consultations.  |

The patient participation report will be published on the Practice website [www.thestonebridgepractice.co.uk](http://www.thestonebridgepractice.co.uk). Results of the Survey are displayed in the practice waiting area including all clinical rooms. Hard copies are retained at the reception and will be made available upon request.

### **Positive outcomes of patient involvement**

Patient involvement has improved the relationship between the Practice and patients and has increased patient satisfaction. This is reflected in the Practice Survey. The Practice and patients now have a forum where both parties are able to discuss mutual topics of interest and address issues of concern.

It offers the opportunity to communicate developments and discuss any needs around improvements. The Practice will continue to update the website and continue using the text messaging system to improve communication with patients. This should enable patients to gain easy access to a wealth of information, ranging from access to services, health information and self management of diseases.

The 2012/2013 report reveals that 78% rate the practice as good. The practice will endeavour to improve the level of service provided to patients. The report will be advertised on the practice website [www.thestonebridgepractice.co.uk](http://www.thestonebridgepractice.co.uk) and will be circulated by email to PRG representatives.

The plan was completed with the involvement of everyone who attended the PPG, and will be owned jointly by members of the group and the practice. The plan will be revisited annually and may change according to the changing needs of the practice and patients it serves. A copy of the report will be submitted to the PCT, and the North West London GP Contract team.

### **Practice Core Opening Hours:**

|           |            |
|-----------|------------|
| Monday    | 9:00-18:30 |
| Tuesday   | 9:00-18:30 |
| Wednesday | 9:00-18:30 |
| Thursday  | 9:00-13:00 |
| Friday    | 9:00-18:30 |

### **Extended Hours**

|           |             |
|-----------|-------------|
| Monday    | 18:30-19:30 |
| Tuesday   | 18:30-19:00 |
| Wednesday | 18:30-19:30 |

## **Out of Hours:**

Patients can access the following services when the surgery is closed.

HARMONI is the service covering the surgery when we are closed at weekends and Bank Holidays. Please contact them for Emergencies only Tel: 0300 130 3015

Patients can also contact - NHS Direct 24hour advice line Tel: 0845 4647 <http://www.nhsdirect.nhs.uk>. From the 26<sup>th</sup> of February 2012 this number will change to 111. Health information, opening hours and out of hour's services information can all be obtained on the practice website [www.thestonebridgepractice.co.uk](http://www.thestonebridgepractice.co.uk).

## **Summary**

This exercise will enable the practice to focus on objectives and priorities for future plans and identify continuous needs for development. It has helped improve the relationship between the Practice and patients. It has offered the both parties the opportunity to actively engage in development. The practice will continue to strive to improve the level of customer service offered to patients.