

Report of Patient Participation Group
of
The Cornerstone Practice

1ST MARCH 2012

ACKNOWLEDGEMENTS

The authors wish to thank the staff and Patient Participation Group members of The Cornerstone Practice for their contributions.

The Practice Patient Participation Group is affiliated to NAPP

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Site Managers

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TERMS OF REFERENCE

Aims

To implement a Patient Participation Group to ensure that patients are involved in decisions about the range and quality of services provided by the Practice and over time, commissioned by the Practice.

Objectives

This Report is in partial fulfilment of the requirement of the 2 year Patient Participation Direct Enhanced Service. Requirements for year 1 of the Direct Enhanced Service include the following:

- Implementing a Patient Participation Group representative of the patient population.
- Agreeing areas of priority with the group members.
- Drafting and implementing a patient survey and collating the survey results.
- Informing Patient Participation Group members of findings.
- Discussing the findings of the survey and agreeing action to be taken with the Patient Participation Group members.
- Implementing change to Practice services.
- Publicise action taken - and subsequent achievement.

Developing a structure to obtain views and feedback from the Practice population.

It was decided by staff at the Practice to implement a Patient Participation (face to face) Group and invite all registered patients to join the group. There was no restriction on the upper limit of membership, such that patients continued to join the group throughout the year.

To ensure that each registered patient had an opportunity to become a member of the Patient Participation Group, various methods were used to invite a cross section of registered patients, these were:

Via an application form on the Practice website; direct invite to some patients who had made complaints or suggestions about the Practice in the past; via the patient call system display; patient newsletters, posters displayed in the waiting room and word of mouth.

Patients were asked to provide demographic information about themselves on the application form e.g. age, ethnicity etc. A copy of the demographic form is shown in appendix 1. The profile of members of the group is shown in appendix 2.

Terms of Reference for the group were suggested at the first meeting of members held at Shadsworth surgery on Monday 25th July 2011. (Appendix 3).

It became apparent that the patients under the age of 40, were underrepresented. Despite invitation by word of mouth and in writing, only two members under the age of 40 responded.

Agreeing areas of priority with the PRG.

At the meeting of the Patient Participation Group held at Shadsworth surgery on 5th September 2011, members were invited to comment on issues which they considered to be priority areas for the Practice; these patient suggestions are shown in appendix 4. The comments were collected and subsequently formed the basis of the patient survey.

Drafting, implementing and collating views from a patient survey

At the Patient Participation Group meeting on 5th September 2011, it was suggested by one of the members and agreed, that 10% of the Practice's registered population be surveyed; this meant that 1500 surveys would be issued. It was decided that the survey would be in a written format.

The questionnaire was subsequently structured by the Practice Manager and site managers from the members' suggestions at the Patient Participation Group meeting on 5th September 2011. It was felt that 6 questions encapsulated the suggestions and it was decided to request the demographics of the respondents. Questionnaires were anonymised to allow patients freedom of expression. A copy of the questionnaire is shown in appendix 5.

The questionnaire was initially tested out on a random selection of Patient Participation Group members by post. The surveys were returned by the group members fairly quickly; this was followed by the distribution of the surveys to the wider Practice population. Patients were invited to complete the questionnaires in the waiting rooms and questionnaires were sent to a random selection of patients by post. As it had already been identified that the under 40s were underrepresented in the Patient Participation Group, a random selection of under 40s were also sent questionnaires.

As the Practice has three sites, the questionnaires were colour coded to identify which surgery a patient was registered at, in the event that different views were expressed by the different populations.

A timescale of a month was given between the issue of the questionnaires and the deadline for return.

The results were collated in-house by members of the reception team at each of the Practice sites and subsequently analysed and transferred to 'Powerpoint' by the Finance Manager. The results of the questionnaire are shown in appendix 6.

Providing the PPG with the opportunity to discuss findings and reach agreement with PPG on changes to services.

The results of the questionnaire were presented by 'Powerpoint' to the members at Shadsworth surgery on 17th November 2011. Following the presentation, patients and staff (including three Partners) were invited to split into three groups (one group representing each surgery), where opportunity was given to comment on and discuss the findings of the survey and agree areas of inclusion in the action plan.

Agreeing action plan with the PPG and seeking PPG agreement to implement changes.

The action plan of findings/proposals arising from the survey is set out below:

Findings/ Proposals	How the Findings /Proposals can be implemented	Findings/ Proposals implemented by the Practice	Reasons why the findings/ proposals were not implemented by the Practice or ongoing
Patients were not aware of some of the services offered by/at the Practice (Publicity)	Put note on prescriptions to advertise services e.g. surgery pod; Put a display in the waiting rooms re Patient Access* Doctors to flag up patients suitable for 'Repeat Dispensing',*	A PPG newsletter was produced and issued to members of the PPG and copies were left in the waiting rooms for patients to read. The newsletter included the results of the survey and details of the Practice's services which had been highlighted.	Publicity on prescriptions and in waiting rooms and doctors to flag up patients suitable for 'Repeat Dispensing' is ongoing.
Publicity continued	Leaflet racks in the waiting rooms to contain information of current services and are updated regularly. Health magazines in waiting room A member of staff needs to manage the publicity in the waiting room.	Leaflet racks in existence.	See above
Publicity continued Some services were not used e.g. synchronisation.	Synchronisation training to be undertaken	Synchronisation training undertaken at two sites	Synchronisation to be undertaken at third site.

Findings/ Proposals	How the Findings /Proposals can be implemented	Findings/ Proposals implemented by the Practice	Reasons why the findings/ proposals were not implemented by the Practice or ongoing
Publicity Other services have not been actively promoted e.g. Diabetic Xpert course	GPs to refer appropriate patients for the diabetic Xpert programme and other schemes.		ongoing
Access Patients unable to get through to the surgery -phone lines were constantly busy during early opening hours	Employ an additional receptionist to assist in answering the phones a.m. Ask patients to ring after 2.00 p.m. for test results to avoid blocking lines early morning for patients who are trying to ring for an appointment. Patient Access* is gaining in popularity, though encouraging more patients to book appointments this way, will reduce the number of telephone calls to the Practice at busy times.	An additional receptionist has been employed. It is anticipated that this will help with the pressure on 'phones. This information is currently on the Practice leaflet A 'Patient Access' leaflet is given to new patients who register at the surgery and it is publicised on the Practice website	Statistics from the survey revealed that 86% of people responded with good or above. (See appendix 6) A pre-recorded telephone message system i.e. press 1 for this and 2 for that has been considered by the Practice in the past but it was felt to be too costly for patients whilst being connected to the surgery but remaining on hold and difficult for the hard of hearing.
Patient demand for appointments (Access)	Doctors to encourage patients to book routine follow up appointments in advance. Publicise advance booking on patient	Demand for appointments is reviewed every quarter by a member of staff responsible for timetabling appointments.	

	call system in waiting room.	A short term system has been in operation reminding patients on prescriptions that they could book appointments in advance.	
Findings/ Proposals	How the Findings /Proposals can be implemented	Findings/ Proposals implemented by the Practice	Reasons why the findings/ proposals were not implemented by the Practice or ongoing
Patient demand for appointments (Access continued)	Create same day consultation* nursing appointments	To ease the burden on doctor appointments, a trial is in place for same day consultation nursing* appointments during pressured times	
Reduce wait to see nurses	Purchase of the Surgery Pod* to do BP and other standard checks.	Surgery pods have been purchased (one at each site).	
Communication to patients when nursing staff running late (Access)	Reception staff need to monitor when clinicians running late and inform patients.		ongoing

Summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local practice survey.

There were two main themes which presented themselves in the action plan, namely publicity (including patient education) and access to clinicians and services (including access to the surgery by telephone).

Some of the action points have been implemented (see column 3 of the action plan):

- Some staff trained to synchronise medication.
- A new receptionist has been employed.
- Surgery pods have been purchased at each site.
- Appointments with a Same Day consultation trialled to ease the burden on access to doctor appointments.

The actions which are ongoing include:

- Advertising Practice services via the use of a newsletter and in the waiting rooms.
- Doctors to flag up patients suitable for repeat dispensing.
- Train another staff member on synchronisation
- Communicate to patients when clinicians running late.

CORNERSTONE PRACTICE OPENING TIMES

The opening hours of the Practice premises are listed in the table in the appendix 7. The method by which patients can obtain access to services throughout core hours is by face to face appointment with a clinician and speaking to a doctor by telephone. Information on services not requiring a doctor e.g. synchronisation, 'Patient Access' and Stop smoking service can be obtained from reception.

Access to healthcare professionals is also available during the extended opening hours and these too are listed in the table in appendix 7.

GLOSSARY

Patient Access (formerly EMIS Access)	A system to enable patients to order prescriptions and book GP appointments online.
Synchronisation	A system to allow medications to be brought into line/issued at the same time
Surgery Pod	A system which patients can use to obtain such things as blood pressure and BMI readings
Same Day Consultation Nursing	A nurse who has taken further qualifications to enable them to undertake the initial assessment of minor illnesses. The nurse can therefore diagnose ear, nose, throat, viral and chest infections etc.
Repeat Dispensing	Patients who are on 4 or less medications and are stable on the medication.

APPENDICES

Appendix 1- Demographic form

Please complete the information below to help to make sure that we try to speak to a representative sample of the patients that are registered at this surgery.

Are you? Male Female

Age:	Under 16		17 – 24	
	25 – 34		35 – 44	
	45 – 54		55 – 64	
	65 – 74		75 – 84	
	Over 84			

To help us to ensure that our contact list is representative of our local community please indicate which of the following ethnic background you would most closely identify with?

White		Chinese or other ethnic Group			
British Group		Chinese			
Irish		White & Black African		White & Asian	
White & Black Caribbean					
Asian or Asian British		Pakistani		Bangladeshi	
Indian					
Black or Black British		African			
Caribbean		Any Other			

Are you:

Employed	
Unemployed	
Retired	
Student	
Registered with a disability	

Are you a carer? Yes/No
Do you have a carer? Yes/No

How would you describe how often you come to the Practice?

Regularly (6-12 times a year)	
Occasionally (3-4 times a year)	
Very rarely (once a year or less)	

The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998.

Appendix 2- Profile (Demographics) of 36 PPG members

Male 21

Female 15

Age:	17 – 24	0	65 – 74	11
	25 – 39	2	75 – 84	3
	40 – 44	6	Over 84	1
	45 – 54	6		
	55 – 64	7		

To help us to ensure that our contact list is representative of our local community please indicate which of the following ethnic background you would most closely identify with?

White		Chinese or other ethnic Group			
White British	24	Chinese			
Mixed					
White & Black Caribbean	1				
Asian or Asian British		White & Black African		White & Asian	
Indian/British Indian	8				
Black or Black British		Pakistani/British Pakistani	3	Bangladeshi	
Caribbean					
		African			
Irish		Any Other			

Are you:

Employed	10
Unemployed	2
Retired	15
unknown	8
Registered with a disability	1

Are you a carer? Yes	3
Do you have a carer? Yes	1

Appendix 3 - Patient Participation Group Terms of Reference

The aim of the Patient Participation Group (PPG) would be to develop self help and improve primary care. The group would help to benefit patients care within the practice.

Its terms of reference are:

- To communicate to the practice areas of patients concern with a view to influencing practice policy at all levels.
- To consider how best a consistent, equitable and patient-centred quality of care for all registered patients can be achieved.
- To encourage and support the role of the surgery in involving patients in their own care.
- To encourage the involvement of patients in their own care.
- To encourage the inclusion of patients in the development of health care services at all levels
- To foster relations between patients and their clinicians on the basis of openness, equity and honesty.
- To review and monitor regularly the progress of the PPG.
- To receive expert advice/information from a multi-disciplinary team.
- To be aware of government targets.
- To make suggestions to improve clinical pathways.
- To keep patients informed
- Members of the PPG who leave the practice can no longer remain active participants of the PPG
- Whatever suggestions presented by members will not affect their treatment.
- To review regularly whether or not these terms of reference are being fulfilled and that they remain relevant.
- Members do not present personal healthcare issue at the meeting

Activities of the Group

The PPG meet (3-4) times a year.

Membership

The membership will comprise of representative cross section of the surgery population i.e. sex, age, various ethnic backgrounds, persons with a disability, carers, etc.

Invitation for membership will be displayed on posters in the waiting room, application form on the internet, on the X-media display, invites in the surgery newsletter and invites at reception and personal invitation from practice staff. Invites will be offered to new and existing patients.

Feedback

This will be done via a local surgery survey once a year. The outcomes of the survey will be analysed and published on the Practice website.

Appendix 4

Patients' suggestions for the survey from the meeting of PPG 5.9.11

1. Can nursing appointments be made online?

EMIS Access (this is an online system which currently enables patients to book appointments with a doctor and order prescriptions). The question was raised as to whether nursing appointments could be booked online. Gill Heys explained that this has been difficult given the number of different nursing appointment lengths for different types of procedures. The Practice had trialled hypertensive appointments with healthcare assistants booked online, but this was not utilised. There is a good take up from patients for prescription requests made online. A suggestion was made about having an open day to publicise this online system.

2. Can medications be brought in line?

We do offer 'synchronisation,' whereby patients' medication can be timed to coincide together.

3. Attitude and questioning by receptionist(s).

One patient voiced concern about the attitude of receptionist(s) and the way the receptionist(s) question patients about the reason for their 'phone call. Mary explained that we ask certain questions to direct patients to the most appropriate healthcare professional. **Action: Mary** to look into customer care training for receptionists. (This would need to include receptionists being proactive about communicating to patients if doctors' surgeries are running late).

4. Ease of accessing the surgery by telephone.

A discussion was held about the difficulty patients have trying to get through to the surgery by telephone, which included a multi-line system, an automated system (press 1 for this, 2 for that etc). The Practice has considered an automated system in the past, but felt that we didn't want to keep people on hold. There was a suggestion about leaving messages on an answerphone and Practice staff ringing people back.

5. Access to information - Do patients want access to other health information to help them with their health conditions?

It was suggested that it would be good for patients have access to general information and other programmes that are available including links to websites. (see last page for an example).

6. Access to information – Changes in the NHS

The majority of those present were happy at the suggestion of inviting Dr Murdoch to a PPG to explain future plans for the N.H.S. Dr Murdoch is on the shadow consortium board. **Action: EB**

7. What services would you like to see?

Mary asked the group if there were any services members would like to see, for example offering a specific clinic. *Addendum - The Practice currently offers clinics for certain conditions such as CHD/ Diabetes/ Spirometry.*

Preventative medicine was mentioned (A member mentioned an M.O.T!) If patients are on medication, the Practice is likely to ask patients to attend for a review or a medication check. The Practice offers a primary prevention healthcheck for patients aged between 35 and 74 years

Appendix 5 - Patient Survey about Cornerstone Practice services

1. Are you aware of the following services that we offer?

- a) Booking appointments and ordering repeat prescriptions online Yes No
- b) Synchronisation (see below) Yes No
- c) Repeat Dispensing (see below) Yes No
- d) Stop Smoking Yes No
- e) Healthy Lifestyle courses including Health Trainers Yes No
- f) If you are eligible for a flu vaccination, that we offer a drop-in clinic? Yes No

2. How do you rate the way you are treated by receptionists?

Very poor Poor Good Very good Excellent

3. Thinking of times that you have 'phoned the surgery, how do you rate the ability to get through to the surgery by 'phone?

Very poor Poor Good Very good Excellent Never tried

4a How long do you usually have to wait in the surgery for your consultation to begin?

- 5 minutes or less
- 6-10 minutes
- 11-20 minutes
- 21-30 minutes
- More than 30 minutes

4b How do you rate this?

Very poor Poor Good Very good Excellent

5 Are you aware that you can book appointments up to 4 weeks in advance?

Yes No

6 How would you prefer health information to be provided to you?

- a) Our doctors/nurses/healthcare assistants providing you with patient information leaflets?
- b) Trusted websites
- c) In our newsletter
- d) By a pharmacist

Comments

We would be pleased to receive any other comments from you and if you would like us to respond to you personally, please provide your contact details below:

Thank you for your help.

Patient questionnaire continued

Q. Gender

What is your gender?

- Male Female

Q. Age

How old are you?

- Under 16
 17 - 24
 25 - 34
 35 - 44
 45 - 54
 55 - 64
 65 - 74
 75 - 84
 85+

Q. Ethnicity

What is your ethnic group?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> White British | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> White and Black | <input type="checkbox"/> African |
| <input type="checkbox"/> White and Asian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Other |

Q. Employment

Are you in Employment?

- Yes No

Q. Dependants

Are you a Carer?

- Yes No

Q. Dependants

Do you have a disability?

- Yes No

Q. Dependants

Do you have a long term or chronic condition?

- Yes No

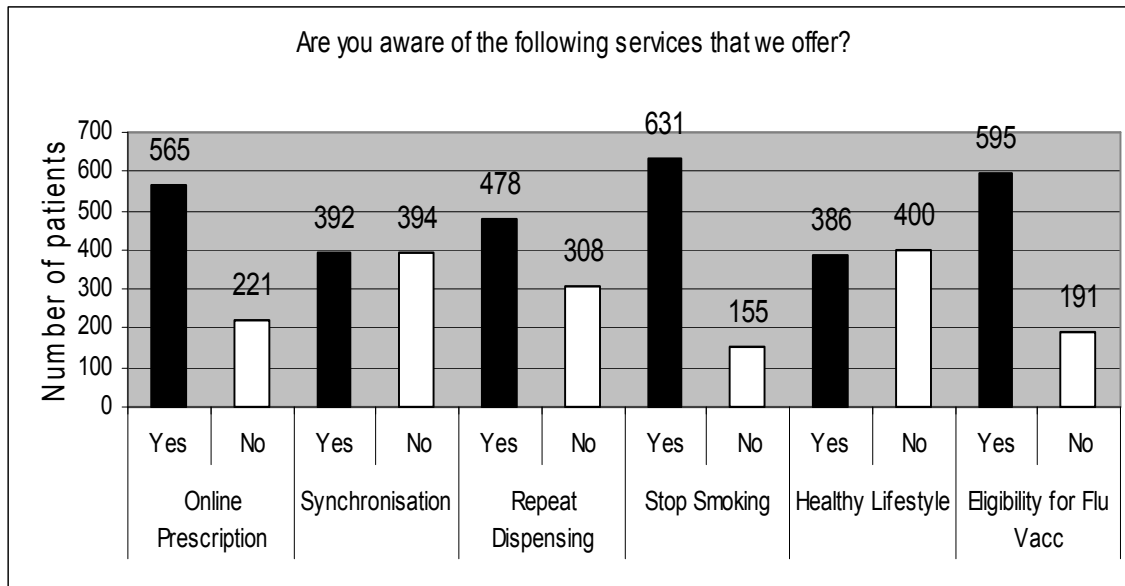
Q. Health

How often do you visit your GP?

- Rarely (Less than once a year)
 Occasionally (once or twice a year)
 Frequently (once a month or more frequently)

Appendix 6 – Results of Patient Survey

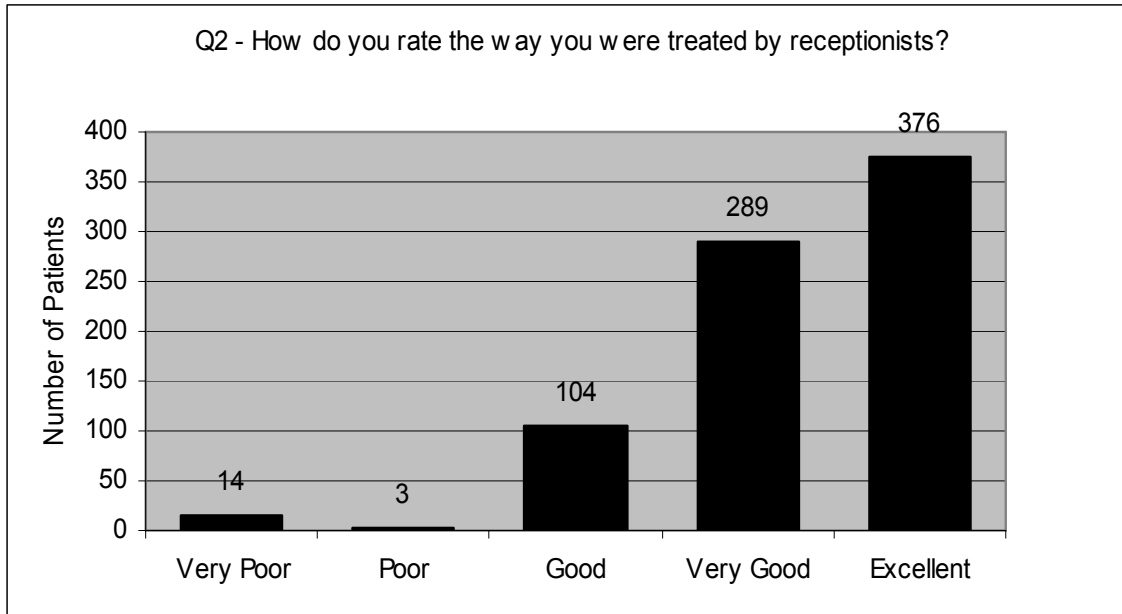
1 Patient awareness of Services



Patient awareness of Services continued

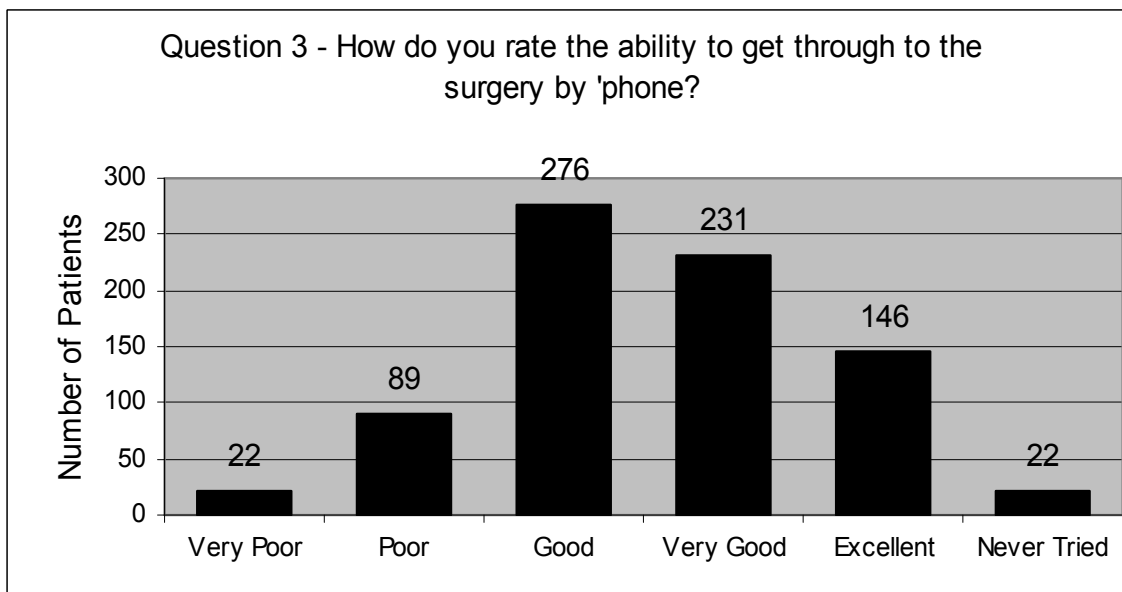
- Use of our online services to order repeat prescriptions and book appointments. YES 72%
- Ability for medications to be synchronised. YES 50%
- Patients on stable medication can order 6 months prescriptions at once. YES 61%
- Our Smoking Cessation service. YES 80%
- Availability of healthy lifestyle courses. YES 49%
- Use of drop in clinics for those eligible for flu vaccinations. YES 76%

2. How do you rate the way you are treated by receptionists?



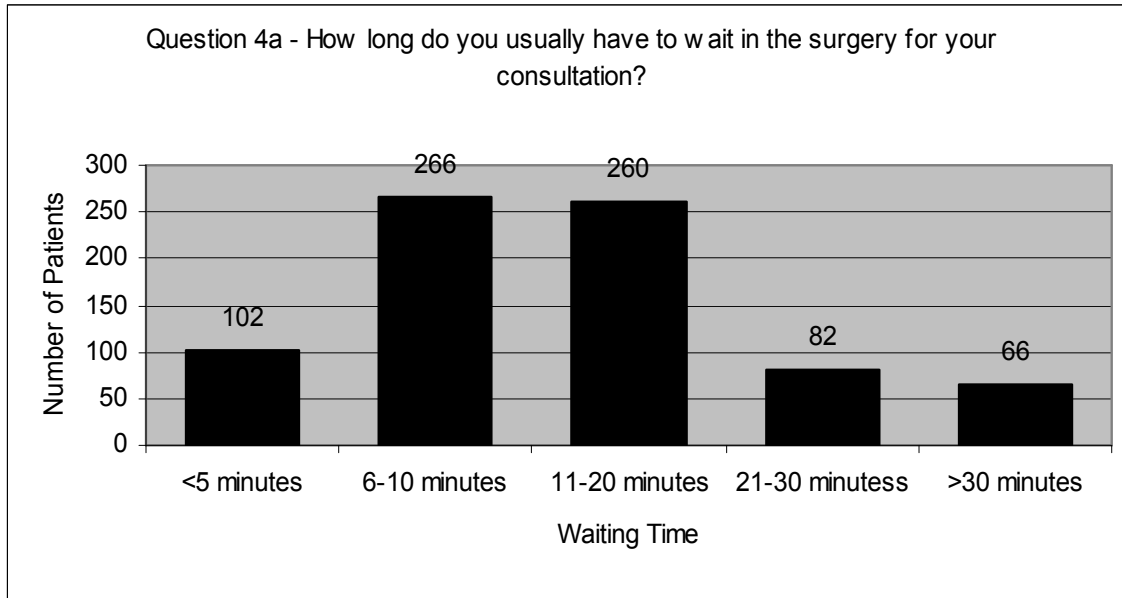
Score - Good and above - 98%

3. How do you rate your ability to get through to the Surgery by phone?



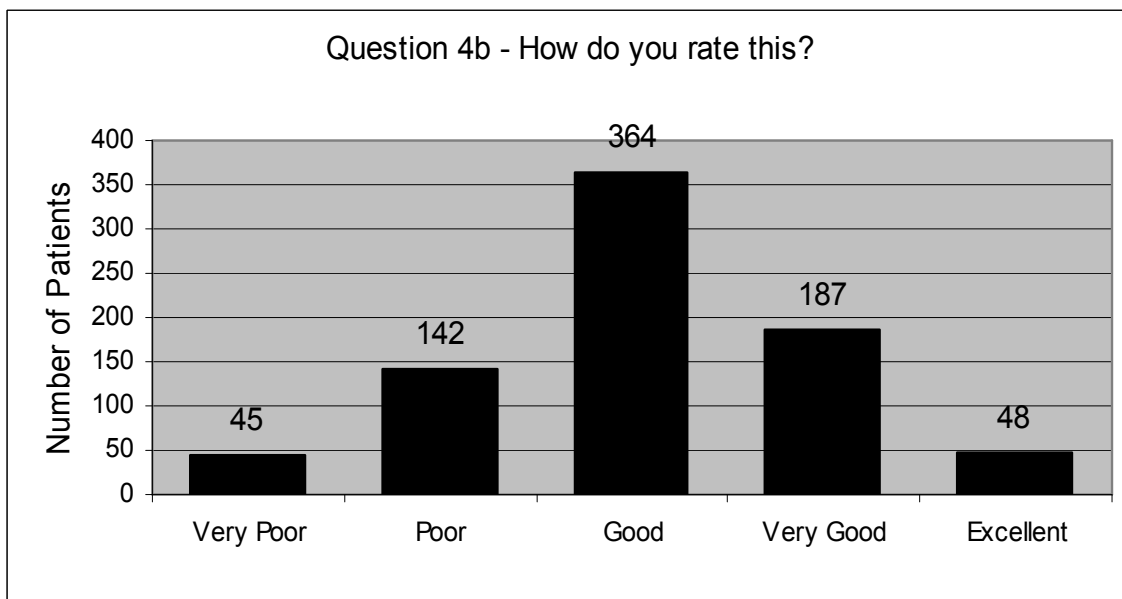
Score - Good and above - 86%

4a. How long do you usually have to wait in the surgery for your consultation to begin?



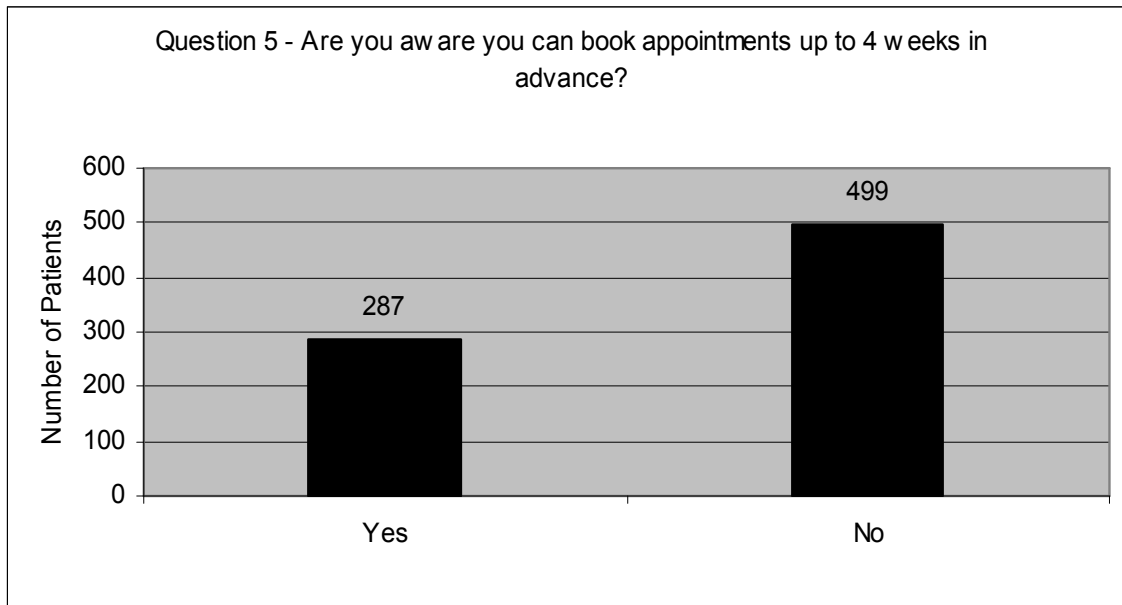
Score - 80% of Patients said their wait was less than 20 minutes.

4b. How do you rate the length of time you have to wait in the Surgery?



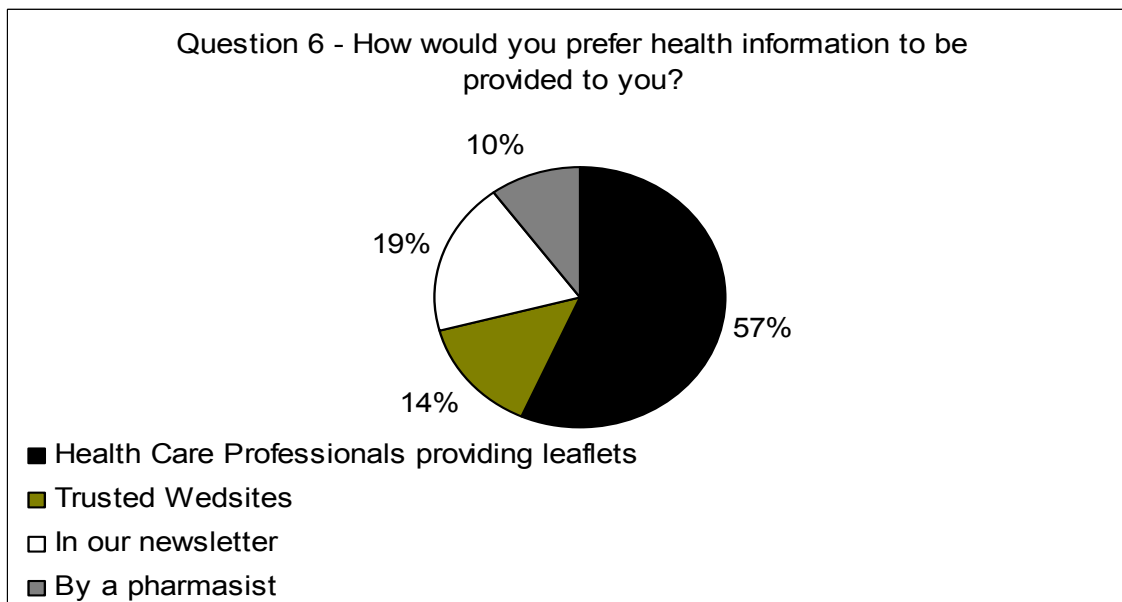
Score - Good and above - 76%

5. Are you aware that you can book appointments up to 4 weeks in advance?



Score - Only 37 % of Patients said Yes

6. Preferences with regard to the source of health information.



The figures presented in the answers above are a combined score of the three Practice sites.

The demographics of response were as follows:

Number of Responses collected 786

Demographics of response

- Gender Male 38% Female 62%
- Age Under 35, 32%, 35 – 64, 54%, over 65 14%
- Ethnicity White British 82% Indian / Pakistani 15% Other 3%
- Employed 41% were employed
- Carers 15% were carers
- Disabilities 20% had disabilities
- Chronic Conditions 32% suffered from chronic diseases
- Frequency of visits to GP:
 - 11% visited the GP very rarely (once a year or less)
 - 59% visited the GP occasionally (3-4 times a year)
 - 30% visited the GP regularly (6-12 times a year)

Appendix 7 -Cornerstone Practice Opening Times

	Monday	Tuesday	Wednesday	Thursday	Friday
Shadsworth	8.30 a.m. - 6.30 p.m.	8.30 a.m. - 6.30 p.m.	8.30 a.m. -6.30 p.m.	8.30 a.m. -6.30 p.m. Closed 1.00 p.m.- 2.00p.m.	8.30 a.m. - 6.30 p.m.
Extended hours	6.30 – 8.00 p.m. weekly				
Rhyddings	8.45 a.m. - 6.30 p.m. Closed 1.00 p.m.- 2.00 p.m.	8.45 a.m. - 6.30 p.m. Closed 1.00 p.m.- 2.00 p.m.	8.30 a.m. - 12.30 p.m.	8.30 a.m. – 6.30 p.m. Closed 12.30 noon — 2.00 p.m.	8.30 a.m. - 6.30 p.m. Closed 1.00 p.m.- 2.00 p.m.
Extended hours		Weekly 6.30-8.15 p.m.			
Lambeth St	8.40 a.m. - 6.30 p.m. Closed 12.30p.m.- 1.30 p.m.	8.40 a.m. - 6.30 p.m. Closed 12.30p.m.- 1.30 p.m.	8.40 a.m. -6.30 p.m. Closed 12.30p.m.-1.30 p.m.	8.40 a.m. -6.30 p.m. Closed 12.30p.m.- 2.00 p.m.	8.40 a.m.- 1.00 p.m.
Extended hours	Fortnightly 6.30-7.15 p.m.				

The Patient Participation Group Newsletter referred to in the action plan was produced in ‘Publisher’ format and is attached separately.

REFERENCES

www.napp.org.uk