

Patient Participation Report

Stage One								
1								
Practice Population:		7595						
				Sex:	Male	3637	Female	3958
Age:		Under 16's	1727					
		17 - 25	841	36 - 45	981	56 - 65	824	
		26 - 35	861	46 - 55	990	66 +	1371	
Ethnicity:				Caribbean	101	<i>other:</i>		
British, Mixed British		)		African	145	<i>other:</i>		
English		) 5512 (94%)		Mixed Black		<i>other:</i>		
Scottish		)		Chinese	22	<i>other:</i>		
Welsh		)		Japanese		<i>other:</i>		
Indian, British Indian				other: NK	1800	Pakistani		15
<p>Are there any specific Minority Groups within the Practice Population?</p> <p>The practice population is mainly white or mixed British (94%). This group is not differentiated into any subgroups in our ethnicity coding. We have some specific minority ethnic groups such as African, Caribbean, Indian, Pakistan and Eastern Europeans.</p>								

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

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Patient Representative Group Profile (PRG):								
				Sex:	Male	20	Female	28
Age:		Under 16's	0					

	17 - 25	3	36 - 45	7	56 - 65	10	
	26 - 35	3	46 - 55	8	66 +	17	
Ethnicity:		Caribbean		5	<i>other:</i>		
British, Mixed British	)	African			<i>other:</i>		
English	) 40	Mixed Black			<i>Russian</i>		1
Scottish		Chinese		1	<i>other:</i>		
Welsh		Japanese			<i>other:</i>		
Indian, British Indian	2	<i>German</i>		1	<i>other:</i>		

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

We started by producing a form titled “Leen View Surgery Patient Participation Group” which described briefly the purpose of the group and requested the details of those willing to join. These forms were circulated at reception and the surgeries and at any patient contact. We explained that email contact would be sufficient and that those unable to attend meetings would receive an account of the proceedings so that they could comment by email.

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

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

We have 50 listed members, with a varied age range and ethnicity, reasonably corresponding to the practice profile :

The Practice is 48% male / 52% female

The PRG is 42% male/58% female

Or the practices know ethnic coding 94% White/Mixed British, 2.48% African, 1.73% Caribbean, 0.71% Indian, 0.25% Pakistan, 0.37% Chinese.

The PRG is 83% White/Mixed British, 10% Caribbean, one German. One Russian and one Chinese. Two of the group have learning difficulties, quite a few have chronic diseases, such as Diabetes and COPD and some are carers. Some have long term mental health problems.

There were no representatives under 16 and there were none of Indian or Pakistani origin.

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?

The partners and staff individually invited patients to join the PRG. This was done when patients attended the surgery or by telephoning people. Women seem to be more willing than men to join; young people of either sex were difficult to persuade. We eventually persuaded a British/Bangladeshi couple to join for the next meeting in June.

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 initial meeting of the Leen View Surgery PRG was set for 14/11/11. A letter was sent out to all members inviting them to attend and enclosed an agenda and a sample questionnaire which would be adapted for use in the survey. Those could not attend were invited to comment by email or letter. Those who did attend were given a folder with writing material etc for use at the meeting. The meeting was chaired by one of the partners and the members were encouraged to voice opinions on any issue of their choice. At the time of the first meeting the practice was still at temporary premises in Hempshill Lane but was about to

move to the new Riverside building. There was a lively and relaxed discussion on many subjects to do with the practice and the imminent move

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?

The priorities for the survey were selected by choosing those areas which were subject of much discussion at the first PRG meeting ;

Namely :

1. Dissatisfaction with the automated telephone system
2. Shortage of appointments in general
3. Use of Nurse Practitioner for emergency appointments
4. Desire for more telephone appointments and triaging
5. Lack of information on services

These areas reflected the concerns expressed the PRG meeting.

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 areas of concern highlighted at the PRG meeting were discussed at the partners practice meeting and it was agreed that we would adapt the sample questionnaire by adding additional items. The original questionnaire was taken from a practice manager's website and covered a broad range of topics. The document itself was clearly laid out with reasonably large print, with 28 questions and clear categories for grading.

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?

Questions were added on each of the priority area :

- 1. Use of the telephone system**
- 2. Use of telephone consultations**
- 3. Use of Nurse Practitioner for triage**
- 4. 4. Satisfaction with drop-in clinics**

*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?

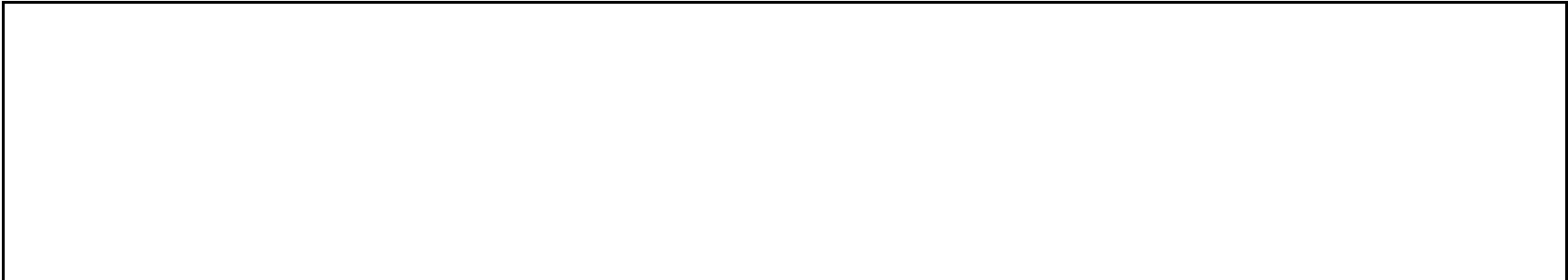
The survey was conducted in late November 2011, December 2011 and completed in January 2012. The questionnaires were handed out at reception and every possible patient contact e.g. attached to repeat prescriptions.

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

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

We distributed 300 questionnaires. The document was reasonably short as in the past larger questionnaires have been unacceptable to most of our patients. A box for anonymous return of questionnaire was held at reception.



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 surveys were analyzed by a staff member. The responses to each question were totaled to find out how many lay in the 'poor', 'fair', 'good' to excellent categories. Then a list of the questions with the different responses in columns was printed so it was possible to see the overall results.

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?

The members of the PRG were sent a copy of the survey print out with their invitation to the second meeting. The agenda for the meeting indicated that the survey results would be one of the main topics for discussion.



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

Stage Four

Results

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Please describe survey results:

64 Completed questionnaire were returned :

24 by males
40 by females

of which

4 were aged 17-24
2 were aged 25-34
7 were aged 35-44
7 were aged 45-54
12 were aged 55-66
32 were over 65

The questions which attracted the most negative response were those regarding :

1. Availability of appointments
2. Use of automated telephone system
3. Opportunity to speak to a doctor or nurse
4. Availability of information about services

The overall satisfaction with the practice was very good with 60% or more of the responses to the other questions being in the good to excellent categories.

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

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Explain how the PRG was given opportunity to comment?

The results of the surgery were discussed at the PRG meeting on 08/03/2012. The members who attended had a copy of the survey results to hand. They were asked for their comments on specific issues at the meeting. Those who were unable to attend were asked to send their comments by email or letter. After the meeting the minutes were circulated to all the members with a further request for comments.

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

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

At the PRG meeting the changes requested were :

1. More emergency drop-in clinics
2. More telephone appointments, contacts with the possibility of dedicated telephone contact sessions
3. Improvements to communication e.g. Displays on the Jayex board, Flyers, Leaflet rack and notice board in the waiting room

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

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

The changes suggested would not need agreement with the PCT as they are feasible within the present structure.

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

Stage Four continued	
Results	
17	
Are there any Contractual considerations that should be discussed with the PCT?	
There are no contractual considerations that needs to be discussed with the PCT>	

*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?

The possible solutions to the priority problems were discussed at the second meeting of the PRG> It was agreed that daily or perhaps twice daily drop-in clinics by our nurse practitioner or one of the partners would cover the requirement for emergency appointments. More use of telephone consultations could free up time for routine appointments. The action plan was circulated to the members of the PRG by post with a request for any further comments.

*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:

The practice survey highlighted

- 1. Shortage of appointments**
- 2. The need for better communication**
- 3. Dissatisfaction with the automated telephone system**

The proposal agreed with the PRG were :

**To create more appointments by more nurse practitioner sessions and better use if telephone contact.
To /improve communication by having more displays in the waiting room and more information on the Jayex board.**

*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

The automated telephone system had been out of use since changing clinical systems. When it was reinstalled in Riverside the system had been simplified so that the options were less confusing. Therefore the concerns about the telephone system were

generally no longer valid.

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

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Has the PRG agree implementation of changes and has the PCT been informed (where necessary)

The PRG were in agreement with the proposed changes.

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

Stage Six

Publication of Report

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

The report has been sent as a paper copy to the members of the PRG and has been posted in the website.

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Additional statement to support report publication. Payment component 6

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Additional Information

Opening Times

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

**Monday – 08.00 – 18.30
Tuesday – 07.00 – 18.30
Wednesday – 07.00 – 18.30
Thursday – 07.00 – 13.30
Friday – 07.00 – 18.00**

Services can be accessed in person, on the telephone. Appointments and repeat prescriptions requests are also available on line.

Additional statement to support report publication. Payment component 6

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

The practice offers GP, Practice Nurse and Assistant Practitioner hours appointments during extended hours/

Additional statement to support report publication. Payment component 6

Number of PRG meetings which have taken place since 1st April 2011	2
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Office Use:										
DES Component	Section attained in									
One	1		2		3		4			
Two	5		6							
Three	7		8		9		10		11	
	12									
Four	13		14		15		16		17	
Five	18		19		20		21			
Six	22		23		24					