

# PATIENT PARTICIPATION REPORT

## 2013/14

**Practice Code:**

C84124

**Practice Name:**

WHYBURN MEDICAL PRACTICE

### An introduction to our practice and our Patient Reference Group (PRG)

Our practice has in excess of 11250 patients. This number is increasing due to the rapid housing developments within the practice catchment area.

Clinical staff consists of 7 Partner GP's, 1 Salaried GP, 2 GP Registrars, 1 Foundation Trainee GP, 4 Practice Nurses and 1 Health Care Assistant.

Administration is made up of three key areas: Reception, Data Quality and Secretarial Support and the practice management is carried out jointly by our Business Manager and Reception Manager.

Our PPG has been in existence since 2011 and was set up by the previous practice manager. In its infancy our PPG consisted of over 40 members however this number dwindled rapidly and our core group of members numbers only 8 who attend the meetings in person and 46 who are virtual offering contributions via email to our Chairperson.

We meet on a quarterly basis using practice facilities with the practice being represented at the meetings by the business manager, a reception supervisor and a GP partner whenever possible.

The members of the PPG are very active not only in relation to our practice but also in relation to the CCG and we always have representation at any of the meetings being organised where there need for a PPG member is required.

We communicate our PPG information with patients happens a number of ways: in practice advertising via a dedicated notice board, on our practice website, by using social media including Facebook and Twitter and emails directly to our patients.

We feel our PPG is invaluable to our practice and highly value their positive contributions which help us to achieve a cohesive relationship between our patients and the clinical services we offer.

### Establishing the Patient Representative Group

This shows how the practice has tried to ensure that the PRG is representative of the wider practice population. Information is provided here on the practice and PRG profile.

	Practice population profile	PRG profile	Difference
<b>Age</b>			
% under 18	21.1%		100%
% 18 – 34	21.4%		100%
% 35 – 54	28%		100%
% 55 – 74	21.9%		100%
% 75 and over	7.6%	100%	
<b>Gender</b>			
% Male	49.7%	12.50%	37.2%
% Female	50.3%	87.5%	-37.2%
<b>Ethnicity</b>			
% White British	58.7%	100%	0%
% Mixed white/black Caribbean/African/Asian	0.6%		100%
% Black African/Caribbean	0.4%		100%
% Asian – Indian/Pakistani/Bangladeshi	1.2%		100%
% Chinese	0.1%		100%
% Other	39% **		100%

\*\* We recognise in the practice that we have a disproportionate number of 'other' and are making a conscious decision to obtain a correct ethnicity status for this percentage.

These are the reasons for any differences between the above PRG and Practice profiles:

We have been unable to attract members from the minority ethnic groups and the younger age groups in the practice. We are unsure of the reasons for this as we try and show how positive the input from any patient is to our practice.

We feel our patients do not understand the value of their input despite our efforts to let them know.

In addition to the above demographic factors this is how the practice has also taken account of other social factors such as working patterns of patients, levels of unemployment in the area, the number of carers:

By using social media and emails to communicate with patients. We have also tried varying the times and

places of our meetings and also holding coffee morning and afternoons to encourage anyone coming into the practice to participate.

This is what we have tried to do to reach groups that are under-represented:

We have:-

- Put up posters in the waiting rooms
- Held open coffee mornings/afternoons
- PM spends time in waiting room taking with patients
- Used social media
- Put information in patient registration packs
- Approached schools with 6<sup>th</sup> form students
- Added messages to prescription counterfoils
- Used clinicians to speak with patients
- Taken opportunities from patient complaints to invite them to join

Our PPG have spoken to other PPG's at meetings and we are not alone in the lack of representation from minority groups.

### **Setting the priorities for the annual patient survey**

This is how the PRG and practice agreed the key priorities for the annual patient survey

Our previous surveys have focussed on patient experience within the practice and during consultations. The results from these surveys have always been excellent and have provided only a few areas for us to improve.

During discussions with PPG and whilst addressing their concerns regarding data sharing, access to services and the public's perceptions of the services provided by the NHS we thought it would a great area to target, particularly as there have been major campaigns to try and address the A&E attendances in the area.

Our area is expanding at a rapid pace due to numerous housing estates being built and our PPG are very concerned about the impact this is having on our practice and the appointment availability.

These two areas together gave us the idea of trying to understand what our patients actually know about the services primary care can offer, where to go in an emergency situation and what is classed as an A&E attendance symptoms. Our PPG though that the results would help to target patient education with a view to reducing the demand on the surgery.

We contacted Giltbrook Surgery as we knew they were doing something and similar and working together we formed the survey which we put out. We also thought it would be interesting to see if the results were the same in different geographical areas.

### **Designing and undertaking the patient survey**

This describes how the questions for the patient survey were chosen, how the survey was conducted with our patients and includes a summary of the results of the survey (full results can be viewed as a separate document)

How the practice and the Patient Reference Group worked together to select the survey questions:

Working with Giltbrook Surgery we came up with areas that the PPG felt were a concern:-

- Record data sharing
- The move to electronic systems in the practice
- Who to contact in a medical situation when the practice is closed
- Whether patients know of the services available from local pharmacies
- What A&E was being attended for
- How patients felt about communication from hospitals to the practice
- Whether our patients are aware of social media

How our patient survey was undertaken:

We conducted the survey using paper hand-outs as patients came in to the practice throughout the month of January 2014.

Summary of our patient survey results:

- An astonishing 68.6% did not have an understanding of any of the ways a patient record could be shared. 4.2% understood Care Data, 2.1% understood Enhanced data sharing and 25.1% understood Summary Care Records.
- We are new to electronic prescribing so were surprised at the results = 76.59% were happy with it, 10.65% had not used the service yet and 12.76% were unhappy with the service (mainly due to hiccups in the initial set up where wrong chemists were selected or they were not aware that the prescription had been sent directly).
- 40.42% of those surveyed were not aware of online appointment booking or prescription ordering.
- 70.12% of patients surveyed would call 111 when the practice was closed, 23.4% would call the practice number and 6.48% did not know which number to call.
- 98.6% of patients surveyed knew to call the surgery first in non-emergency medical situations during opening hours.
- 38.29% of patients surveyed did not know about the services offered by pharmacies for minor ailments.
- Our results for the reasons to attend accident and emergency mirrored those of Giltbrook Surgery. When writing the question we did understand that it was very vague however we did find the results very interesting in so much as it would appear that people have no idea that the examples given could have been triaged in primary care before attending A&E.
- 25.53% of patients surveyed thought that their care had been compromised due to a delay in letters being received from a hospital consultant.
- 68.08% of patients surveyed were not aware that we use social media as a communications method.

**Analysis of the patient survey and discussion of survey results with the PRG**

This describe how the patient survey results were analysed and discussed with PRG, how the practice and PRG agreed the improvement areas identified from the patient survey results and how the action plan was developed:

How the practice analysed the patient survey results and how these results were discussed with the PRG:

The results were drawn from the paper survey by the practice manager and were discussed at the March PPG meeting.

The key improvement areas which we agreed with the PRG for inclusion in our action plan were:

- Patient education
- Patient access to services

We agreed/disagreed about:

It was agreed that these improvement areas were not only for the practice but to be communicated with the CCG and area teams also.

It was also agreed that we are not isolated in our findings and that it was felt that if we surveyed the whole country the results would be pretty much the same throughout.

**ACTION PLAN**

How the practice worked with the PRG to agree the action plan:

We took time during the meeting to discuss the areas and the results in the survey.

We identified that there were the following contractual considerations to the agreed actions: None				
<b>Priority improvement area</b> Eg: Appointments, car park, waiting room, opening hours	<b>Proposed action</b>	<b>Responsible person</b>	<b>Timescale</b>	<b>Date completed (for future use)</b>
Educate patients on various methods of data sharing	Speak with CCG and Area team to find a method of best practice for the entire area.	MMoth	3 months	
EPS	Re-survey patients when the service has been running for 6 months. As the service was so new the results may not be a true indicator of patients feelings.	MMoth	6 Months	
Online Access	Ensure reception staff continue to speak to patients about online access and get them registered. Re-design the notice board in reception. Speak with Hucknall Despatch about an editorial.	MMoth DWilliams	Immediate and 3 Months	
The use of 111	Re-advertise in the practice about who to call. Speak with CCG and area team about the possibility of a national campagne	MMoth	Immediate and 3 months	
The use of pharmacies	Check with patients when calling if they could consider using the pharmacy. Re-advertise in the practice the ailments they can help with.	MMoth	Immediate and 3 months	
The use of A&E	Consult with the CCG about the possibility of producing a booklet (as they have done in Rushcliffe CCG) to send to patients with more specifics on various illnesses and diseases etc. Speak with Hucknall Dispatch about the possibility of an editorial	MMoth DWilliams	3 Month	

## Review of previous year's actions and achievement

We have summarised below the actions that were agreed following the patient survey 2012/13 and whether these were successfully completed or are still on-going and (if appropriate) how any have fed into the current year's survey and action plan:

**“You said ..... We did ..... The outcome was .....”**

### Focus A 2012/13

This year is based around educating our patients that not all issues are urgent and require an on the day appointment. Our knowledge from our reception team tells us that our patients will call at 8.00am to book an appointment for that day – irrespective of whether it is urgent or not. The survey results clearly show that 33% of our appointments are non urgent yet are seen on the same day. Getting our patients to understand the effect of using all the on the day appointments will be a target for 2013/14.

To help us achieve Focus A we have now amended our booking system and also use a script when booking appointments over the telephone. A new notice board was created detailing our appointment numbers and how we manage them. We are continuing to try and achieve a better system for our patients.

### Focus B 2012/13

We are going to try to get patients to see a regular GP. With a practice that has part-time doctors it can be difficult to organise. We do however recognise from the survey that our patients are unhappy with this situation.

To help us achieve Focus B our reception team retrieve patient records at the time of appointment booking will now establish who the patients have seen previously. appointments. GP's who work part time are using a buddy system for the days they do not work. This has been a success and is now part of our daily routines.

### Focus C 2012/13

Will be to try and get our patients more familiar with the benefits of using our on-line services.

To help us achieve Focus C our reception team continue to promote the use of the on-line facilities for appointment booking and prescription ordering. They are now offering this service as soon as a new patient registers and as soon as a new birth is registered too. If patients feel uneasy using the online system our reception staff invite them into reception and give a short tutorial on how the system works. We may not be as far forward with this service yet but our clinical system providers have just released an app which we are currently promoting and help this will give patients even greater access

Where there were any disagreements between the practice and the PRG on changes implemented or not implemented from last year's action plan these are detailed below:

No

## Publication of this report and our opening hours

This is how this report and our practice opening hours have been advertised and circulated:

Via the website:- [www.whyburnpractice.nhs.uk](http://www.whyburnpractice.nhs.uk)

**Opening times**

These are the practice's current opening times (including details of our extended hours arrangements)

Monday to Friday 8.00am to 6.30pm during which time reception is manned.

Patients can access our services throughout the core hours by making an appointment to see a doctor, nurse or health care assistant.

Appointments can be made via telephone, on our online booking system or in person at reception.

At present we do not offer extended hours.

Patients calling the practice out of hours are advised to replace the handset and redial 111.

To help us analysis our survey can you please tell us a few things about yourself

Are you

Male

Female

What age are you

Under 18

18 to 65

65 or over

What is your ethnicity/race

Please state .....

Prefer not to say

Thank you for taking the time to complete this survey - your input is extremely valuable to the practice.

The results will be displayed in the waiting room and a full report on how we intend to use this information to improve our patient care will be published on our website by 31<sup>st</sup> March 2014.

**Mandy Moth**  
Business Manager



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**Patient satisfaction survey**

Thank you for taking the time to complete this short survey. Please answer all the questions, ticking the box that is most relevant to you.

**Q1 .There are three ways that your medical records can potentially be shared with other organisations. Please tick the ones you have an understanding of:**

Summary Care Record

Enhanced Sharing Data Model

Care Data

None of the above

**Q2. Are you happy with the new Electronic Prescribing?**

Yes

No (Can you please tell us why?)

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P.T.O

**Q3. Are you aware you can request a password to book appointments and order prescriptions directly from our practice computer system via the internet?**

 Yes No

If you have not registered and would like to please ask at reception.

**Q4. Are you aware of the telephone number to ring in a non-emergency medical situation when the surgery is closed?**

 The GP Surgery number 999 111 101

**Q5. Are you aware that during surgery hours your first point of contact should be your GP surgery in a non-emergency medical situation?**

 Yes No

**Q6. Are you aware that there is a service available direct from your local pharmacy to deal with minor ailments including: Athletes foot, Conjunctivitis, Constipation, Diarrhoea, Earache, Fever/Temperature, Hay fever, Haemorrhoids (Piles), Head Lice, Insect bites and stings, Sore Throat, Teething, Toothache, Threadworm, Vaginal Thrush, Warts and Verrucas and that your pharmacist may be able to provide you with a prescription for these ailments?**

 Yes No

**Q7. Decide from the following which complaints you would consider attending accident and emergency for**

 Persistent Rash Painful joint four days after trauma Mild chest pain with no breathing difficulties Acute abdominal pain Runny nose and sore throat for two weeks Cough for one week Lacerations Burn on the hand from the oven Persistent headache one week after a fall

**Q8 Do you feel that your care has ever been compromised by a delay in your receiving a letter from the hospital consultant**

 Yes No

**Q9 Are you aware that we now try and communicate practice information using social media such as Facebook and Twitter**

 Yes No