**STUBBINGTON MEDICAL PRACTICE**

**Patient Reference Group REPORT 2013**

**Introduction**

The purpose of the Patient Participation Direct Enhanced Service (DES) is to ensure that patients are involved with decisions about the range and quality of services provided by their practice.

It aims to encourage and reward practices for asking for and acting on the views of their patients. It promotes the active engagement of patients through the Patient Reference Group (PRG) to seek the views from practice patients through the use of a local survey.

This report summarises development and outcomes of the Stubbington Patient Reference Group (PRG) in 2012/2013.

It contains:

Step 1: Develop a structure for a patient reference group (PRG)

Step 2: Agree areas of priority with the PRG.

Step 3: Collate patient views through the use of a survey.

Step 4: Providing the PRG with an opportunity to discuss survey findings and reach agreement with the PRG on changes to services.

Step 5: Agreement of an action plan with the PRG and seeking PRG agreement to implement changes.

Step 6: Publication of actions taken and subsequent achievement.

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**Confirmation of opening times.**

Patients can access our service in person, by telephone or via the on-line booking system as follows:

***Practice Opening Hours***

Monday to Friday: 8am - 6pm.

Telephone access is available from 8am until 6.30pm when the Out of Hours Service on telephone number 111 provides advice and access to a doctor if the problem cannot wait until the surgery reopens.

***Extended Hours Access***

As well as the usual opening hours above, the practice has bookable appointments available in the following extended hour sessions:

Alternate Monday evenings: 6.30 pm -7.30 pm

Friday mornings: 7.40 am – 8.00 am

Saturday morning (the 2nd Saturday of every month): 8.30am - 11.10am. We also have Nurse appointments available from 9.00am – 10.30am.

1. **Develop a structure that gains the views of patients and enables the practice to obtain feedback from the practice population.**

The practice sought to have better access to patient’s views on our services and a small group of willing patients set up a Patient Participation Group (PPG) in October 2009. In April 2011 we also started a Virtual Patient Reference Group (vPRG) to involve patients who were happy to give us their views by e-mail but did not want to attend regular meetings of the PPG. Once the vPRG was formed both that group and our existing PPG became part of our Patient Reference Group (PRG).

The aim of the PRG is to involve a cross section of the community including all ages and ethnicities. The practice area covers Stubbington, Hill Head and Lee on the Solent, and has a population of 13,338. The population is mainly white middle-aged to elderly patients and includes very few ethnic minority groups.

The profile of the PRG would consist of a maximum of 20 members including the Practice Manager and up to two Doctors who would attend regular meetings. Terms of Reference were agreed and published. The current Chairman of the PRG is Mr Kim Brindley.

Meetings are held every 6 – 8 weeks and before each meeting, the vPRG members are e-mailed with requests for any items for the agenda, that they wish to be discussed. Once the minutes of the meeting are approved by the Chairman, they are e-mailed out to the vPRG members.

New patients joining the surgery are given information on the PRG and an application form to sign up for either the PPG or the vPRG. Further publicity campaigns to attract younger and ethnic members included posters put up around the village, the introduction of a PRG notice board in reception and details of the group, its aims and invitations for new members included in the patient leaflet. Gradually more members have joined and we now have a broader age range participating in our PRG.

***Development of structure to gain views of patients i.e. Patient Reference Group***

Members were invited to join the Patient Reference Group by:

* Notices in the practice.
* Patient Information Sheet in waiting rooms.
* Posters in the village.
* Clinicians and receptionists inviting patients to join.
* Surgery website.

To achieve better communication with our patients, we also collected e-mail addresses. Although patients were keen to be contacted by e-mail and receive information about the practice, very few responded to requests to join an official Patient Reference Group (PRG). However we are still collecting e-mail addresses and keeping our patients informed and receiving feedback from them. We currently have 113 members in the PRG. Details of how to join the PRG continue to be displayed in the Patient Leaflet, on our Information Sheets in the waiting rooms and on notices around the village.

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| **PRACTICE POPULATION PROFILE** |
|  |  |
| % under 16 | 16.23 |
| % 17 - 24 | 7.94 |
| % 25 - 34 | 7.93 |
| % 35 - 44 | 10.35 |
| % 45 - 54 | 14.43 |
| % 55 - 64 | 14.12 |
| % 65 - 74 | 14.51 |
| % 75 - 84 | 10.21 |
| % over 84 | 4.26 |

Male: 46.82% Female: 53.18%

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| **PRG PROFILE** |
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| % under 16 | 1.77 |
| % 17 - 24 | 15.93 |
| % 25 - 34 | 10.62 |
| % 35 - 44 | 17.70 |
| % 45 - 54 | 12.39 |
| % 55 - 64 | 17.70 |
| % 65 - 74 | 15.93 |
| % 75 - 84 | 8.85 |
| % over 84 | 3.54 |

Male: 46.02% Female: 58.41%

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| **ETHNICITY** |
| PRACTICE PROFILE | PRG PROFILE |
| **White** |  | **White** |  |
| % British Group | 98.30 | % British Group | 93.80 |
| % Irish | 0.22 | % Irish | 1.77 |
| **Mixed** |  | **Mixed** |  |
| % White & Black Caribbean | 0.14 | % White & Black Caribbean | 0 |
| % White & Black African | 0.10 | % White & Black African | 1.3 |
| % White & Asian | 0.21 | % White & Asian | 1.77 |
| **Asian or Asian British** |  | **Asian or Asian British** |  |
| % Indian | 0.21 | % Indian | 0 |
| % Pakistani | 0.05 | % Pakistani | 0 |
| % Nepalese | 0 | % Nepalese | 0 |
| % Bangladeshi | 0 | % Bangladeshi |  |
| **Black or Black British** |  | **Black or Black British** |  |
| % Caribbean | 0 | % Caribbean | 0 |
| % African | 0 | % African | 0 |
| **Chinese or other ethnic group** |  | **Chinese or other ethnic group** |  |
| % Chinese | 0.14 | % Chinese | 0 |
| % Any Other | 0.5 | % Any Other | 7.08 |

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| **PRACTICE SPECIFIC CARE GROUPS** |
| Substance Misuse/Drug and Alcohol |
| Children and Young Adults with disabilities and Learning Difficulties |
| Carers |
| Nursing Homes |
| Stubbington Baptist Church |
| Diabetics |
| Holy Rood Church |
| Communicant member of the Church of England |
| Active Synagogue member |
| Member of St Faiths Church Lee-on-Solent and a Church Warden |
| Lions Club |

1. **Agree areas of priority with PRG**

To agree areas of priority for the patient survey, the PRG reviewed the practice results of the previous survey held in October 2011 and requested that the original questions remain in order to build up a comparison. Questions were also requested to be included on Extended Hours Appointments.

The PRG held meetings on 7 September 2012 and 8 October 2012 to discuss and agree the areas that they felt the practice could improve upon. The proposed survey was emailed to PRG members on 30 August 2012 for areas to be included and again on 10 September 2012 for feedback and comments by 21 September 2012 on the draft survey. To increase the membership of our PRG a question was also included requesting interested patients to join a virtual PRG.

These priorities were agreed and the patient survey questionnaire approved at the PRG meeting held on 8 October 2012. The PRG also discussed and approved the distribution of the survey forms on-line, on the website and paper copies.

1. **Collate the views through the use of a survey**

The PRG suggested, discussed priorities and agreed the questions at their meetings and the survey was approved for publishing on 8 October 2012. The survey was issued from 26 October 2012 and replies required by 14 December 2012. On 3 December 2012 a reminder was e-mailed, requesting completion of the survey that week.

In order to reach as many patients as possible the survey was:

* + Handed out to patients attending the surgery during this period.
* E-mailed to patients
* Included on our practice website [www.stubbingtonmedical.co.uk](http://www.stubbingtonmedical.co.uk)
* GP’s handed out patient survey forms during consultations to ethnic minorities.
* PPG Chairman personally delivered forms to 6 ethnic families
* PPG Member took forms to Mother and Toddler Groups
* PPG Member took forms to local churches.
* PPG Member created a Facebook link for the Youth Club.

500 reports were distributed of which 270 completed surveys returned. This response was disappointing, following the success of last year’s survey. It was agreed with the PRG that future surveys would be handed out during the flu season.

1. **Provide the PRG with the opportunity to discuss the findings and reach agreement with the PRG on changes to service**

The results of the survey were discussed in detail at the PRG meeting on 29 January 2013 and an action plan of proposed changes agreed at a second meeting held on 18 March 2013. The group was satisfied with the outcome of the practice survey.

The main areas for action as identified by the PRG at a meeting on 18 March 2013 are:

* + Improvements to the building
	+ Confidentiality in waiting room areas
1. **Agree action plan with PRG and seek PRG agreement to make changes.**

**SUMMARY OF ACTION PLAN**

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| The PRG acknowledged that the practice would be remaining at its current location for the foreseeable future. Therefore changes to improve the premises for the benefit of both staff and patients would be necessary.The PRG agreed that changes would need to be made in stages. |
| **Medical Note Storage**The notes are currently located on the ground floor at the back of reception. *Proposed Change*: Quotes have been obtained to store the notes off-site, but this would cost in the region of £25k for a 3 year contract. The practice has therefore asked an architect to look at the costs involved in extending the surgery to store the notes. Options being looked at are a 2nd floor extension over the flat roof or a 1st floor extension at the back of the building. The 1st floor extension would be over the top of the car park, rather than ground level, because there is limited parking.*Timescale*: April 2014*Result/Upd****a****te*: 19 April 13 – Architect requested to provide estimates for the two options for consideration by the practice. |
| **Relocation of the Reception Desks**To improve patient confidentiality, it is intended to relocate the reception. It is intended to remove the telephones from the front reception and have an area at the back for staff to answer the phones. When not required to speak to patients at the front desk, the receptionist will answer the telephone at the rear of reception.*Proposed change:* The reception area will be repositioned once the medical notes have been removed.*Timescale*: October 2014*Result/Update*: First stage is the relocation of the notes above. |
| **Improvements to Ground Floor Waiting Room**The ground floor waiting room needs to be larger, have better lighting, air flow, and space for wheelchairs.*Proposed change*: Once the reception area has been relocated, the current waiting room will be extended to give more space for seating and to incorporate the windows available on the left wall of the building.*Timescale*: April 2015*Result/Update*: First stage is the relocation of the notes above. |

1. **Publication of actions taken and subsequent achievement**

The practice report is posted on the practice website and NHS Choices website; hard copies are available for patients in the waiting rooms and copies distributed to the PRG. It was also emailed to patients who have agreed to this contact.

Progress on the actions outstanding will be updated regularly.

The full Action Plan including statistical data is available to view at Appendix A.

Sue Bailey

Practice Manager

Please refer to Appendix A for full Action Plan