**STUBBINGTON MEDICAL PRACTICE**

**Patient Reference Group REPORT 2014**

**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 2013/2014.

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 on 01329 664231 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 13,159. 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 bi-monthly meetings. Terms of Reference were agreed and published. The current Chairman of the PRG is Mr Alan Walker.

The PPG have become very pro-active and now arrange monthly interim meetings themselves and provide feedback to the practice. Before the bi-monthly meetings 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 and more patients from ethnic minority groups 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 163 members in the PRG. One ethnic family have just signed up to join the vPRG. Details of how to join the PRG are included in our welcome pack to new patients, 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** |
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| % under 16 | 15.7 |
| % 17 - 24 | 7.82 |
| % 25 - 34 | 7.86 |
| % 35 - 44 | 9.95 |
| % 45 - 54 | 14.45 |
| % 55 - 64 | 14.12 |
| % 65 - 74 | 15.30 |
| % 75 - 84 | 10.40 |
| % over 84 | 4.38 |

Male: 46.85% Female: 53.15%

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| **PRG PROFILE** |
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| % under 16 | 0 |
| % 17 - 24 | 5.52 |
| % 25 - 34 | 7.97 |
| % 35 - 44 | 4.91 |
| % 45 - 54 | 15.34 |
| % 55 - 64 | 23.31 |
| % 65 - 74 | 25.77 |
| % 75 - 84 | 15.95 |
| % over 84 | 1.23 |

Male: 49.08% Female: 50.92%

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| **ETHNICITY** |
| PRACTICE PROFILE | PRG PROFILE |
| **White** |  | **White** |  |
| % British Group | 67.96 | % British Group | 88.34 |
| % Irish | 0.19 | % Irish |  |
| **Mixed** |  | **Mixed** |  |
| % White & Black Caribbean |  | % White & Black Caribbean | 0 |
| % White & Black African | 0.10 | % White & Black African |  |
| % White & Asian | 0.01 | % White & Asian | 1.23 |
| **Asian or Asian British** |  | **Asian or Asian British** |  |
| % Indian | 0.27 | % Indian | 1.84 |
| % Pakistani | 0.12 | % Pakistani | 0 |
| % Nepalese |  | % Nepalese | 0 |
| % Bangladeshi | 0.03 | % Bangladeshi |  |
| **Black or Black British** |  | **Black or Black British** |  |
| % Caribbean | 0.007 | % Caribbean | 0 |
| % African |  | % African | 0 |
| **Chinese or other ethnic group** |  | **Chinese or other ethnic group** |  |
| % Chinese | 0.17 | % Chinese | 0 |
| % Any Other | 0.01 | % Any Other | 0 |

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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 November 2012 and requested that the original questions remain in order to build up a comparison, but they were phrased better and the options for answer were improved. Questions were included on the patient website to draw patient’s attention to it; patient access for booking appointments on line and also ordering repeat prescriptions.

The PRG held meetings on 9 September 2013 and 18 November 2013 to discuss and agree the areas that they felt the practice could improve upon. The proposed survey was given to members on 9 September 2013 and subsequently amended and emailed to PRG members on 22 October 2013. Comments were required back by 29 October and it was amended and sent out again on 31 October 2013.

These priorities were agreed at the meeting on 9 September 2013 and subsequent email correspondence, and the patient survey questionnaire amended again at the PRG meeting held on 18 November 2013. It was subsequently approved on 20 November 2013. The PRG also discussed and approved the distribution of the survey forms on-line, on the website and paper copies within the surgery.

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 20 November 2013. The survey was issued from 1 December 2013 and replies required by 15 January 2014.

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

* + Available in the waiting rooms and at reception
	+ 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 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 paper copies of the survey were distributed, together with electronic versions on the website, of which 281 completed surveys were returned. This response was a slight improvement on last year’s survey.

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 20 January 2014 and an interim group meeting on 18 February 2014 and an action plan of proposed changes agreed at a second meeting held on 17 March 2014. 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 20 January 2014 are:

* + Premises
	+ Appointments
	+ Prescriptions
1. **Agree action plan with PRG and seek PRG agreement to make changes.**

The action plan was agreed with the PRG at their meeting on 17 March 2014 and it was agreed to publish the plan.

**SUMMARY OF ACTION PLAN**

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| **Premises**It is a ‘given’ that the practice has outgrown its current site. The partners have met with the local MP and are meeting with local Councillors to see if any land surrounding the practice could be made available so that a ground floor extension could be built. Changes to the practice layout would have to be approved by NHS England but it was unlikely that funding would accompany any approval granted. *Proposed Change*:. Investigate feasibility of land becoming available.*Timescale*: 17 March 2014 is the first meeting with the councillors.  |
| **Appointments**One third of survey replies were not satisfied with the booking of appointments, especially considering the time someone has to wait to see their Doctor of Choice. Two thirds of all replies were not happy at having to see another Doctor in what amounts to a more reasonable time, even though this reduces the waiting. One quarter of all replies were not happy with having to wait over 30 minutes beyond the ‘appointment time’. However, we do have an excellent triage system whereby patients with urgent medical problems are dealt with on the day.*Proposed Changes:* * *Re-educate patients that appointment time really means ‘arrival time’ and remind them that whilst every effort will be made to see them without delay, there may be occasions when a wait beyond that arrival time may be essential/inevitable.*
* *We will talk to other Practices to see if their appointment systems work better than ours, and implement good aspects of their systems into our appointment module.*

*Timescale*: June 2014 |

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| **Prescriptions**There were a number of complaints about waiting times before receipt of prescribed medication.*Proposed change:* Patients are encouraged to sign up to Patient Access and order their repeat medication on-line. This is currently the quickest system to obtain your prescription. The introduction of the Electronic Prescribing Service is scheduled for 1 May 2014 and patients are encouraged to sign up to this now at their preferred chemist. Once introduced, if a patient has signed up, the prescription is sent electronically to the chemist of their choice.*Timescale*: May 2014 |

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.

Last year’s Action Plan has been updated and is available to view at Appendix B.

Sue Bailey

Practice Manager

Appendix A – Practice Survey Report and full Action Plan for 2014

Appendix B – Updated Action Plan for 2012/13

**APPENDIX A TO**

**LOCAL PATIENT REFERENCE GROUP REPORT MARCH 2014**

**PRACTICE SURVEY REPORT AND FULL ACTION PLAN FOR 2014**

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| **STATISTICS**  **%** | **ACTION REQUIRED?** |
| Forms printedForms completed by hand/on-line | 500281 |  |  |  |
| Gender breakdown | femalesmalesno answer | 1228860 | 45.1932.5922.22 |  |
| Ages | Under 16 17 to 24 25 to 3435 to 4445 to 5455 to 6465 to 7475 to 84Over 84No answer | 38111128608150116 | 1.122.974.094.0910.4122.3030.1118.594.092.23 |  |
| Ethnicity | White BritishWhite IrishWhite EuropeanWhite & Black CaribbeanWhite & Black AfricanWhite & AsianIndianPakistaniBangladeshiCaribbeanAfricanChineseAny OtherNo Answer | 2541400000000010 | 94.420.371.490000000003.72 |  |
| How often do you come for an appointment at the practice? | Once a yearOnce every 6 monthsOnce every 2 -3 monthsMonthly2 to 3 times a monthWeeklyNo answer | 5477101139213 | 20.0728.6237.554.833.350.744.83 |  |
| Q1 The arrangements for making appointments to see a Doctor are adequate. | Strongly AgreeAgreeDisagreeStrongly DisagreeNo Answer | 4414258196 | 16.3652.7921.567.062.23 | 69.15% patients agree or strongly agree. We will continue to provide access to the appointments system and continue to promote on-line booking via Patient Access.**No action required** |

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| Q2 The arrangements for making appointments to see a Nurse are adequate. | Strongly AgreeAgreeDisagreeStrongly disagreeNo Answer | 5118115418 | 18.9667.295.581.496.69 | **No action required** |
| Q3 I am satisfied with the time I have to wait for an appointment to see the Doctor of my choice. | Strongly AgreeAgreeDisagreeStrongly disagreeNo Answer | 1784985911 | 6.3231.2336.4321.934.09 | Specific GPs do get booked ahead at times, however patients are offered the opportunity to see a different GP rather than wait for an appointment.**No action required** |
| Q4 The system for making urgent appointments works well for me (known as Triage) | Strongly AgreeAgreeDisagreeStrongly disagreeNo Answer | 72134191529 | 29.7749.817.065.5810.78 | The triage system works well and patients appreciate being able to discuss medical problems with the nurse on the day.**No action required** |
| Q5 I feel I am given an adequate amount of time when I see the doctor (10 minute appointments) | Strongly AgreeAgreeDisagreeStrongly disagreeNo Answer | 531653758 | 19.7861.5713.811.872.99 | **No action required** |
| Q6 I feel I am given an adequate amount of time when I see the nurse | Strongly AgreeAgreeDisagreeStrongly disagreeNo Answer | 571786521 | 21.3566.672.251.877.87 | **No action required** |
| Q7 I feel the medical staff treat me with respect and involve me in my treatment decisions. | Strongly AgreeAgreeDisagreeStrongly disagreeNo Answer | 981497210 | 36.8456.022.630.753.76 | **No action required** |
| Q8 I am usually seen for my appointments within 30 minutes of the booked time. | Strongly AgreeAgreeDisagreeStrongly disagreeNo Answer | 4614551159 | 17.2954.5119.175.643.38 | **No action required** |
| Q9 I find it easy to obtain test results either personally or by telephone. | Strongly AgreeAgreeDisagreeStrongly disagreeNo Answer | 3415538336 | 12.7858.2714.291.1313.53 | **No action required** |
| Q10 The reception staff are courteous and efficient? | Strongly AgreeAgreeDisagreeStrongly disagreeNo Answer | 7815616610 | 29.3258.656.022.263.76 | **Action Plan:** Annual customer care training is undertaken and reinforced during the year.Completion date: July 2014 |
| Q11 I am aware of the early morning,evening and Saturday morning appointments offered by the surgery. | YesNoNo Answer | 1827211 | 68.6827.174.15 | Appointment times are detailed in the Practice leaflet, practice website and posters in the waiting rooms. Patients are offered appointments during extended hours by the reception team.**Action Plan: Continue to promote extended hours appointments.****Completion date: Not applicable** |

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| Q12 I would be happy to have more contact with the surgery using electronic means ( e.g. e-mails, text messages) | YesNoNo Answer | 1896412 | 71.3224.154.53 | Patients can register for text messaging to remind them of their appointment. We have email addresses for both the prescribing team and the administration team which are actioned daily Monday – Friday. |
| Q13 Have you ever used the surgery website? www.stubbingtonmedical.co.uk | DailyWeeklyMonthlyOccasionallyNeverNo Answer | 111510812910 | 0.380.385.6840.9148.863.79 | **Action Plan:** Promote the practice website in our practice information sheet and with new posters in waiting rooms.Completion date: 1 April 2014 |
| Q14 What is your preferred method for booking an appointment? ( online is via Patient Access – accessible from the surgery website)  | In PersonBy TelephoneOnlineNo Answer | 67125648 | 25.3847.3524.243.03 | **Action Plan:** Continue to promote Patient Access. (We are located central to the village and it is very convenient for patients to attend to arrange appointments).  |
| Q15 Are you aware that as well as booking appointments online, you can now order your prescriptions via Patient Access? | YesNoNo Answer | 12412416 | 46.9746.976.06 | **Action Plan:** Continue to raise awareness of this facility via posters, website and practice leaflet.We handed out information sheets regarding this during our flu sessions. |
| Q16 Do you cancel your appointment if it is no longer needed? | YesNoUsuallyNever needed toNo Answer | 195515310 | 73.861.890.3820.083.79 | **Action Plan:** Reception Supervisors will be employed wef 1 April 2014 and they will be contacting patients who have failed to attend an appointment.  |
| Q17 Patient Participation – Would you be interested in joining our patient participation group (PPG) when there are vacancies and attend regular meetings? | YesNoNo answer | 4916649 | 18.5662.8818.56 |  |
| Q18 Virtual Patient Participation - Would you be willing to be part of a group of patients that can be contacted by email by the PPG.  | YesNoNo answer | 9011953 | 34.3545.4220.23 |  |
| **Comments summary**The majority of comments were about issues with the building and lack of parking. Thank you for all your positive comments on the treatment you have received from the practice staff. |

**APPENDIX B TO**

**LOCAL PATIENT REFERENCE GROUP REPORT MARCH 2014**

**UPDATED ACTION PLAN FOR 2012/13**

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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. 13 March 14 – The medical notes are being re-arranged by 28 March 14, because a new post of Reception Supervisor has been created. Further changes to the building are now included in the actions in the 2014 plan.  |
| **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. |