

**HOLBROOK AND SHOTLEY PRACTICE  
D83020**

**Patient Participation Report 2013/14**

## **1. Our Patient Participation Group**

The Patient Participation Group was formed in 2012 and last met in December 2013 for its annual meeting.

The group comprises 18 members from various villages around the practice area. Members are generally 'mature' but are all contactable by email. Membership was reconfirmed and members were encouraged to recruit additional patients onto the group.

The Practice has 8,000 patients and two sites, both of which dispense to the majority of patients. The Practice is located in a rural area and patients are of predominantly white, British ethnicity. The Practice population has a high proportion of elderly patients with 25% aged over 65 and 10% aged over 75.

It was noted that the Patient Participation Group lacks younger members and the Practice has been proactively advertising for new members via articles in the local parish magazines, posters in the Practice and slides on the Practice TV screens in an effort to encourage new members to join the group. One new member has come forward in response.

New community links have been forged through our regular editorials in the parish publications, a suggestion of the PPG. TV screen slideshows have been amended and are more eye-catching. These advertise the work of the PPG and invite new members to contact the practice manager. Staff are reminded that they can participate and encourage others to join. The group will now meet in the evening, twice per year, in order to make it easier for those who work to maintain membership and the practice makes provision for wheelchair access on the night.

## **Component 2. Method and Process for Agreeing Priorities for the Local Practice Survey**

In order to determine the priorities for the survey the previous Practice Manager asked PRG members by email for suggested questions and these were integrated into the standard CFEP Patient Survey questions. Additional questions were limited to areas that the practice had direct control over and could, therefore, effectively influence. These were combined with standard questions from CFEP to provide a broad range of criteria for patients to comment on.

## **Component 3. Details and Results of the Local Practice Survey**

Surveys were given out to patients during the week commencing 16<sup>th</sup> September 2013. It should be noted that the Practice had just moved to a new clinical system and both staff and patients were still getting used to the change.

Surveys were provided in paper format by CFEP and handed out by receptionists. The automatic check in screen was disabled and patients were asked to attend the reception desk to check in. They were handed a questionnaire and envelope with the doctor's initials marked on the envelope. This helped to ensure a substantial cross-section of results. Patients were asked to complete the survey once they had seen the GP and to return the results, sealed in the envelope provided, to the Practice Manager via the receptionist. It was considered that more replies would be gleaned by using this method and indeed 259 patients completed the survey during the week.

The survey can be deemed credible since it covered a wide demographic of patients:

*Holbrook and Shotley Practice D83030*

Age:

Under 25 = 9%

25-59 = 35%

Over 60 = 45%

The remainder declined to specify their age.

Sex:

Females = 55%

Males = 36%

The remainder declined to specify their sex.

GP:

Visiting usual GP = 56%

Not visiting usual GP = 30%

The remainder declined to specify this requirement.

Length of registration:

Over 10 years = 65%

5-10 years = 13%

Less than 5 years = 12%

The remainder declined to specify how long they had been with the practice.

A full copy of the survey and results, as well as a summary and this report can be viewed at:

[http://www.holbrookandshotleysurgery.co.uk/patient\\_survey.htm](http://www.holbrookandshotleysurgery.co.uk/patient_survey.htm)

#### **Component 4. Discussing Survey Results with the Patient Reference Group (PRG)**

In order to develop the action plan, the incoming Practice Manager was asked to evaluate the comments from the survey results, discuss these with staff and draw on her previous experience of other practices. A draft Action Plan was produced and discussed with the existing Practice Manager and the partners.

When the Patient Participation Group met in December 2013, the results of the 2011/12 Action Plan were discussed. It was confirmed that all actions had been taken except for a community email.

The results of the September 2013 survey were discussed along with the draft Action Plan for 2013/14. Participants welcomed the suggestions and this gave opportunity to discuss another aspect around 'implied consent' for using mobile numbers, which was integrated into the Plan. The Group also requested a regular editorial in the local parish publications, which has since been started and has been welcomed by both the publishers and patients.

New appointment cards, clearly showing the opening hours for each site had been received in the same week from the previous year's Action Plan and were handed out to group members for approval. These have been used by receptionists since the meeting and have been well received. The cards also give contact numbers for the two sites.

## Component 5. Agreeing an Action Plan with the Patient Reference Group (PRG)

The action plan is available on the website at [http://www.holbrookandshotleysurgery.co.uk/patient\\_survey.htm](http://www.holbrookandshotleysurgery.co.uk/patient_survey.htm)

The main actions agreed were:

1. Better publicity of opening hours
2. Practitioner availability – establishing the feasibility of a telephone triage system
3. Dispensary – investigating a managed repeat system
4. Communication – a more welcoming and informative message on the telephone, increased use of new technology and regular communication via the parish publications

These actions were developed from comments taken from the survey, as follows:

1. Many patients seemed unaware that the Practice opened for extended hours including evening and weekend surgeries. This has now been clarified on the website, new appointment cards have been printed and we have mentioned this in our parish publications.
2. The majority of our patients are happy with access to appointments and all have the opportunity to have an individual GP for their care. However, a few patients commented that they were unable to get through at 8am on the phone or that their appointment was delayed when they attended as the doctor was running late. The practice offered to investigate one of the new telephone triage models and to advise patients when GPs were running late, offering patients the option to re-book if they couldn't wait.
3. It was commented that dispensary staff were late dispensing drugs, often seemed stressed knocking on to customer service and sometimes patients had to return for items owed from prescriptions. The Practice has agreed to implement a 'Managed Repeat Service' from 1<sup>st</sup> May 2014 in response to this which should enable staff to run dispensaries more efficiently, allow for stock control issues and provide a solid structure for daily working.
4. There were comments at the meeting that the tone of the auto-answer message was somewhat abrupt and unhelpful and the Practice was keen to make this more welcoming and informative. The survey also highlighted that patients wished to be able to access services online. One PPG member offered to help record staff and judge a competition for the new 'Voice of the Practice'. The new clinical system also offers option to send text messages to patients confirming appointments, results etc. There was an issue around implied or specific consent and this will be addressed via patient education. The action from the previous year's plan regarding keeping patients more informed was welcomed into the current Action Plan and has already generated good publicity for the Practice and information for the patients.

There were few comments raised via the survey that could not be accommodated, mainly as they were outside the Practice's control. These included the following comments:

"Cut red tape"

"Reception desk being in waiting room doesn't offer much privacy" - we play music to provide privacy and our receptionists are behind screens so are as confidential as our premises allow.

"More toys for children" – all consulting rooms and the waiting rooms have toys for children but we are constrained by CQC, infection control and space.

"Coffee machine/water machine in waiting room" – this is neither practical nor cost effective.

No contractual changes were suggested or agreed upon.

## Step 6. Publishing the Local Patient Participation Report

The survey results and action plan are published on our practice website and links given above. This report is also on the website at [http://www.holbrookandshotleysurgery.co.uk/patient\\_survey.htm](http://www.holbrookandshotleysurgery.co.uk/patient_survey.htm)

The Practice is open for core hours Monday to Friday from 8.00am to 6.30am. Appointments may be booked online, by telephone or in person at the practice. The practice website clearly shows the opening hours and clinic times. It also gives the dates when we are closed for training along with access to our online services.

The Practice is commissioned to provide Extended Hours and these are 7.30am – 8.00am on Mondays, 6.30pm – 7.00pm on Mondays, Tuesdays, Wednesdays and Thursdays and all are with a GP. We also open from 8.30am – 10.30am on Saturdays where patients are offered pre-booked appointments with a GP.

The Practice Clinical Team comprises: 6 GP partners (with a total of 40 sessions per week), 4 Practice Nurses, 1 Health Care Assistant and 1 Phlebotomist (though other staff are available to take blood).

One item from the 2011/12 Action Plan was not completed, which was to communicate regular Practice updates to patients via email. This is now being done by Parish Publications which also link to Facebook and other social networking sites around the Practice area to ensure more comprehensive coverage of patients rather than just those with email access.

The Patient Participation Group is active, now meeting twice a year and in contact regularly by email. One member has worked with the practice since the meeting in December 2013 to give advice on the TV screen slideshow and will be helping with a further aspect of the action plan later in February 2014.

Although the demographic of the group is not entirely reflective of the practice population, we are working to increase membership and have recently recruited one new member through advertising in the parish magazine.