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PATIENT PARTICIPATION REPORT 2013/14

Practice Code:

C81041

Practice Name:

**Welbeck Road Health Centre
(Dr M R Spencer & Partners)**

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

We have a combination of a virtual e-mail PPG as well as the regular quarterly PPG group meetings. This was done to try and engage more of the younger generation and also is a reflection of the way people choose to communicate these days.

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
Age			
% under 18	2249 = 20.6%	4 = 1.8%	-18.7%
% 18 – 34	2248 = 20.6%	77 = 35%	+14.8%
% 35 – 54	2982 = 27.3%	62 = 28.5%	+1.2%
% 55 – 74	2554 = 23.4%	65 = 29.9%	+6.5%
% 75 and over	879 = 8%	9 = 4%	-3.9%
Gender			
% Male	49.5%	39.6%	~10%
% Female	50.5%	60.3%	~10%
Ethnicity			
% White British	96.8	97%	

% Mixed white/black Caribbean/African/Asian			
% Black African/Caribbean			
% Asian – Indian/Pakistani/Bangladeshi			
% Chinese			
% Other	3.2%	3%	0.2

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

- Difficult to engage <18s
- Virtual group has enabled more 18-34s to get involved
- Otherwise PRG fairly representative.

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:

- Using social media to communicate with our patients
- Carers also informed of meetings – active process to identify carers and add details to records

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

- Personally invite patients when seen in surgery
- Increased social media usage to promote PPG
- PPG members tasked with recruiting other members by educating non members (relatives, neighbours, friends)
- We are also having an open day and will be promoting the PPG with their own stall to further educate patient population.

Setting the priorities for the annual patient survey

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

- There was a recognition and discussion regarding the challenges general practice is currently facing – increased pressure with reduced funding.
- Patient demand also increasing and a reduction in the satisfaction rates of patients seeing the clinician of their choice
- PPG wanted to explore if other options of dealing with certain medical queries was possible.
- Before simply taking action the PPG wanted to establish that the type of appointments that will be offered would be in line with how the patients like to/prefer to access their GP/Nurse.

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:

- PPG was asked to take the lead in designing the survey
- The feedback was that the surgery should design the survey and a PPG representative would help to add to this and amend it as to ensure it was appropriately worded and would help to answer the question at hand.
- This was done and the survey approved by the PRG before being carried out.

How our patient survey was undertaken:

- Email circulation
- Handed out to patients attending the surgery and branch surgery

Summary of our patient survey results:

See results attached.

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:

Please refer to the text boxes on the survey results and the attached commentary.

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

- Increase in appointment provision
- Mainly as telephone appointments (but to later look at e-mail communication as systems become more robust to ensure nothing is missed)

We agreed/disagreed about:

- We agreed that 'patient choice' should be maintained and that patients should not feel obliged to have a telephone consultation if this was not their preference.
- We agreed that vulnerable groups were protected as not seeing them face to face may increase the chances of missing non verbal hints.
- We disagreed that even this way patient would get to see their preferred GP 100% of the time – due to part time working etc.

ACTION PLAN				
How the practice worked with the PRG to agree the action plan: <ul style="list-style-type: none"> - Results presented at January 14 PRG meeting. - Pros and cons discussed and further action agreed 				
We identified that there were the following contractual considerations to the agreed actions:				
Copy of agreed action plan is as follows:				
Priority improvement area Eg: Appointments, car park, waiting room, opening hours	Proposed action	Responsible person	Timescale	Date completed (for future use)
Appointments	Increase in telephone appointments	Practice Manager and GPs.	Summer 2014	

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”
<ol style="list-style-type: none"> 1) Emergency slots r/v at branch surgery – review was done – need was variable, but some slots still empty so was difficult to justify increased resource at the branch surgery. 2) Increased publicity of the surgery being able to provide minor injury treatment – this was done via the website/facebook and education of staff to let patients know when calling re a minor injury. 3) Increased use of rightcare plans so that unwell patients do not need to spend precious time on providing details of past medical history/medication – this has been fed back to GPs and is ongoing. New community matron in post also looking at this.
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:

Report – in waiting room and emailed to PPG, on practice website.

Opening hours – website, on building, patients informed when registering, practice leaflet.

Opening times

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

Monday 8 AM – 6.30 PM

Tuesday 8 AM – 6.30 PM (with late surgery until 7.30 PM)

Wednesday 8 AM – 6.30 PM

Thursday 8 AM – 6.30 PM (with late surgery until 7.30 PM)

Friday 8 AM – 6.30 PM

OOH arrangements with Derbyshire Health United and 111 Service.

RESULTS – Welbeck Road Health Centre Local Survey (2013/14)

As technology improves there are many different ways in which patients around the world can consult their Doctors or medical practitioners.

This simple survey is being performed with the support of the Patient Participation Group to see what you, the patients, think about consulting with a doctor or medical practitioner without needing to travel to the surgery.

PLEASE NOTE: At present the surgery only offers face to face and telephone appointments.

- 1) Would you consider consulting with a doctor or a medical practitioner without coming to the surgery and having to see them in person (depending on the problem)?

Please tick the box which applies

YES	110
NO	20

Over 90% of patients would entertain the idea of having their medical problem addressed without coming to the surgery

Comments: ‘This would be great as I work full time’

- 2) Please tick below if you have access to any of the following:

Landline	115
Mobile Phone	106
Smartphone	35
Email	83
Skype/Webcam	42

The vast majority of patients have access to alternative methods of communicating with health practitioners. Telephones being the most widely available, but email availability not far behind.

Comments: Nil.

- 3) Please rank your preferred method of contact out of the following from 1 (favourite) to 3 (least favourite)

	1 st choice	2 nd choice	3 rd choice
Phone (all types)	114	5	3
Email	16	42	7
Skype/Webchat	1	10	37

These results would suggest that the majority or responders would prefer to have some form of verbal communication. Email was the second most popular followed by webchat/skype – but this may be due to the technology being newest of the three?

Comments: “Email and skype would need to have pre-arranged time to be near a computer.”

- 4) Have you ever consulted with a GP from this surgery without seeing them in person (i.e. telephone consultation)?

YES	80
NO	40

This is a clear indication that alternative methods of consulting can be effective. It can be mutually beneficial as indicated in the patient comment below. Perhaps this is something that needs to be explored further?

If the answer is yes, were you satisfied with the consultation?

YES	78
NO	1

Comments: “My query was satisfactorily sorted and I felt this saved me and the doctor time. It is a service I would be happy to use more. This would prevent some patients looking online for health solutions and scaring themselves to death!”

Commentary (as taken from minutes of PPG meeting 15/Jan/2014)

Dr. Alla reported on the results of a questionnaire sent out to patients regarding access to medical practitioners - using alternative methods of consultation - e.g. telephone, e-mail, Skype etc.

Over 90% of those asked would consider having their medical problem addressed without having to visit the surgery.

The vast majority of patients have access to alternative methods of communication with the practitioner, telephone being the most widely available and e-mail close behind.

From the results of this small survey, it appeared that most patients would prefer some form of verbal communication.

Of the 130 replies received, 80 people had, in fact, already had experience of telephone consultation and of those 78 were satisfied with the consultation. One person had commented that it saved both patient and practitioner time and could avoid the possibility of patients looking on the internet for solutions which might not be accurate and could be frightening.

It was agreed that it would be helpful to form a small working party to discuss how best to take this forward. Mr. Sawyer and Mrs. Culpin had expressed a willingness to be part of such a group to represent the PPG. Dr. Alla and Rosemary Adams will follow this up.

Further commentary:

- There is a need for the surgery to increase its provision of appointments as there is some feedback from the PPG regarding difficulty obtaining contact with the clinician of their choice without having to wait too long for an appointment.
- The surgery faces the challenge (as the rest of the NHS) of reduced funding with increasing demands on the service.
- Telephone consultations may provide an efficient way of increasing patient satisfaction, allowing contact with the clinician of their choice.
- It was felt that there needed to be further discussion in a small working group to draw up some guidelines as to how this would work. This needed extra time to protect the interests of the patients and clinicians. Further discussion would allow us to:
 - o Ensure patient safety is paramount
 - o Ensure choice is respected (i.e. patients do not need to accept a telephone consultation if they prefer not to)
 - o Ensure clinicians are comfortable with the process and will not compromise the care they provide.
 - o Ensure vulnerable groups are protected.

Update: Feb 2014

The surgery is currently in the process of looking at overall appointment numbers. Once these statistics are collected the partners will be putting some ideas forward.

It is anticipated that these ideas will form the groundwork for further discussion within the working group.

We hope to complete this work prior to the next PPG meeting and feedback the suggestions on April 9th 2014.