**PATIENT PARTICIPATION REPORT**

**2013/14**

Practice Code:

C81012

Practice Name:

The surgery@wheatbridge

|  |
| --- |
| **An introduction to our practice and our Patient Reference Group (PRG)** |
| History of the Wheatbridge Patient Participation Group  In October 2008 The Surgery @ Wheatbridge was formed by merging 2 pre-existing surgeries in Chesterfield (Ash Lodge Medical Centre and Tennyson Avenue Surgery). Both these surgeries had Patient Participation Groups in place which had been consulted on the merge of the two surgeries and the new building in which they were to move. By the time the merge happened, the PPGs were well established and became the Wheatbridge Patient Participation Group (WPPG).  The group has gained momentum over the past few years and is now a strong group with a committee, a direction and a purpose to provide a forum for the views of all the patients at The Surgery @ Wheatbridge. Its aim is to assist the medical teams to deliver a first class service; and to foster improved communication between practice and patients. |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 | 19% | 0% | 19% |
| % 18- 34 | 21% | 0% | 21% |
| % 35 – 54 | 27% | 0% | 27% |
| % 55 – 74 | 25% | 77% | 52% |
| % 75 and over | 08% | 23% | 15% |
| **Gender** | | | |
| % Male | 50% | 23% | 27% |
| % Female | 50% | 77% | 22% |
| **Ethnicity** | | | |
| % White British | 56% | 100% | 44% |
| % Mixed white/black Caribbean/African/Asian | < 1% | 0% | <1% |
| % Black African/Caribbean | < 1% | 0% | <1% |
| % Asian – Indian/Pakistani/Bangladeshi | < 1% | 0% | < 1% |
| % Chinese | < 1% | 0% | < 1% |
| % Other (unknown) | 39% | 0% | 39% |
| These are the reasons for any differences between the above PRG and Practice profiles: | | | |
| Meetings are held in the afternoon as easier for the current group to meet for travel and availability. Afternoon meetings can be detrimental for the working/younger population.  **Action: Virtual PPG – the WPPG has organised a virtual WPPG group within the WPPG and 50 patients have requested membership. An e-mail is currently being sent. Information is available on the Virtual WPPG is on the WPPG and Surgery websites.** | | | |
| 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: | | | |
| **Action: Invites to all new patients listed in information they are given upon registration – Practice Brochure, information board for WPPG in reception and Virtual WPPG invites given to midwife and health visitors to pass onto a younger population group.** | | | |
| This is what we have tried to do to reach groups that are under-represented: | | | |
| **Action: When WPPG were speaking to patients about the questionnaire, they provided information about the Virtual PPG and invites were given to become members. 50 Responded to this invitation. Information is available on the Virtual WPPG is on the WPPG and Surgery websites.** | | | |

|  |
| --- |
| **Setting the priorities for the annual patient survey**  This is how the PRG and practice agreed the key priorities for the annual patient survey |
| At the 23.7.13 meeting a discussion regarding the need to compile the WPPG annual patient questionnaire was discussed. It was agreed Linda Clarke, Assistant Manager would find some sample questions and information about differ surveying methods and send these to the WPPG members for discussion at the next PPG meeting.  At the 5.11.13 PPG meeting it was decided that a questionnaire based on our current patient population’s knowledge of the Out-of-Hours system would be surveyed. A sub-group of WPPG members (3) and Stephanie Haslam, Practice Manager set up a date to determine the actual questions to be undertaken. The survey was set to be undertaken the first week of December and WPPG members would come to the surgery to present the questionnaire to patients coming in for appointments.  **Action: The survey was completed at the surgery the 1st week of December with WPPG members present to hand out and explain the questionnaire and why it was being completed.** |

|  |
| --- |
| **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:  **Action: See above.** |
| How our patient survey was undertaken:  The first week of December 2 WPPG members came in two days, 1 WPPG member came in 1 day and 3 WPPG members came in one day to present the survey to the patient’s coming to the surgery for various appointments. They could complete the questionnaire whilst in the surgery or take it home and return it at their convenience. 145 patients completed the questionnaire. |
| Summary of our patient survey results:  The patient questionnaire was collated by WPPG member, Sue Ottowell, with the following results:   * 145 patients completed the survey which is almost 10% of our patient population * 90 of the 145 had never called the 111 service, which equates to approximately 60% of the patients surveyed * Almost half of the 55 people who used the 111 service finished up going to the hospital. Approximately 1/3 attended the out-of-hours service and the remainder were dealt with via the telephone. Only two people were advised to contact their GP surgery when it opened, with one of them being after they had been visited by the Out-of-Hours doctor. It was noted that not many patients actually received a GP visit but rather were asked to attend the Out-of-Hours service which was previously at Scarsdale but has recently moved to the new Ashgate Medical Practice on Ashgate Road or had to attend the Chesterfield Royal Hospital. * Most people are aware of the 111 service and understand the difference between 111 and 999. * People were accessing 111 when the surgery is closed but not many were aware that it can be used during surgery hours for general health advice. * Patients did understand that this mechanism is in place to reduce the workload at the hospital. * In conclusion, it was felt that patient education is still needed. |

|  |
| --- |
| **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:  As previously stated, 1 member, Sue Ottowell, of the WPPG collated the questionnaire results. At the 21.01.14 WPPG meeting these results were presented to members and discussed at length. |
| The key improvement areas which we agreed with the PRG for inclusion in our action plan were:   1. **Leaflets such as the Patient Brochure, presented to all new patients, and copies in the reception areas, will be updated to make patient’s more aware of Out-of-Hours and the 111 system and the options it provides to our patient population.** 2. **Information will be added onto the WPPG website.** 3. **Information will be added onto the Wheatbridge Surgery website.** 4. **There is an answerphone message on the surgery telephone advising patients to ring 111 Out-of-Hours and this will remain.** 5. **The WPPG website will add a link to area Pharmacists who patients can also contact for advice.** |
| We agreed/disagreed about:  **There was little disagreement about the results which seem very straight forward. It was the consensus of the WPPG that the survey was a success.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACTION PLAN** | | | | |
| How the practice worked with the PRG to agree the action plan:  As explained above, results were presented and discussed at the 21.01.14 WPPG meeting and the action plan was discussed and WPPG members will update the WPPG website. The surgery website, leaflets, etc., will be updated by a member of staff. | | | | |
| We identified that there were the following contractual considerations to the agreed actions:  **No contractual considerations to the agreed actions were identified.** | | | | |
| 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)** |
| Update leaflets/patient brochures | Update Information | Matt O’Malley | Immediately | 14.2.14 |
| Update WPPG Website | Update Information | Ian Edmundson | Immediately | 12.2.14 |
| Update Surgery Website | Update Information | Matt O’Malley | Immediately | 14.2.14 |
| Add List of Pharmacists to WPPG website | Update Information | Ian Edmundson | Immediately | 12.2.14 |

|  |
| --- |
| **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 ………”**  The 2013 survey was conducted on the appointment system. The action points were:   * To alter our telephone system so that the 9th caller would get an engaged signal. Action: This was done early in 2013 and complaints regarding getting through to the practice or being put on hold have decreased dramatically. People appreciate getting an engaged signal rather than put in a cue and holding for long periods of time. * Timeliness of call back fell short of expectation.   Action: The GP lists were split so that doctors’s lists had an am and pm session. Although there is no way to be given a specific time for a call back, patient’s appreciate knowing whether the call back will be in the am or pm.   * 18 of the 140 surveyed in 2013 said they were not able to receive telephone calls when the surgery is open. A greater number (35) said it was inconvenient for them to do so.   Action: Arrangements were made to use some of our extended hour times (7:00-8:00 am each morning and 6:30 – 8:00 pm Monday evenings) were made available for telephone consultation. Patients seem to appreciate as these are more convenient times, especially for those working. Also, if patients are available say after 3:30 pm, then a comment can be put under the patient name asking for calls to be made after this time.   * Patients could no longer book on-line appointments.   Action: GP appointments are offered, up to two weeks in advance, on-line again in 2013. |
| 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:  Our opening hours are advertised on both the WPPG and Surgery websites. They are listed in the patient brochure, given to all new patients to the practice, they are on our NHS Choices regarding the surgery and Out-of-Hours teams have these available to inform patients. |

|  |
| --- |
| **Opening times**  These are the practice’s current opening times (including details of our extended hours arrangements) |
| **Opening Times of The Surgery @ Wheatbridge**  **Monday 7.00am – 8.00pm**  **Tuesday 7.00am – 6.30pm**  **Wednesday 7.00am – 6.30pm**  **Thursday 7.00am – 6.30pm**  **Friday 7.00am – 6.30pm** |

Feedback: (Action points are highlighted in red)

Meeting Dates – 7th May 2013, 23rd July 2013, 5th November 2013 and 21st January 2014.

In May they discussed election of new officers and reviewed their Constitution. The DES Annual Report has been put on the website. They will continue to have 4 meetings a year beginning at 12:30 p.m. Members are volunteering to attend the NAPP34th Annual Conference on 8th June 2013 and will update at the next meeting. Suggestions from the surgery suggestion box were discussed. There were updates regarding the prescription department and the appointment system changes. CQC and the surgery becoming a training practice were discussed.

In July the election of committees were deferred to the next meeting. One member reported on the NAPP 34th Annual conference held 8th June 2013 and provided a written report. Members reported on attending the Chesterfield Locality Group and the Stakeholder’s forum meeting. Suggestions from the surgery suggestion box were discussed. There was a discussion regarding the annual patient questionnaire, which is reported further into this report. A draft letter regarding becoming a member of the PPG’s Virtual Participation group was approved. The aim is to target a younger audience and letters will be given to the health visitors and midwives to distribute. A report regarding the Patient Participation Awareness Week was given at the NAPP conference, though no date was given for 2014. It was agreed we want to participate in 2014. There was a discussion regarding CQC Guidance for PPGs. The mock visit were very impressed by the work of our PPG. Updates on the appointment and prescriptions department were given. The Annual Complaint Audit was reviewed

At the November meeting an informational session was given by the Tinnitus Support Group. Leaflets were distributed to member with additional leaflets left for the reception areas. Committee members were elected and ideas from the suggestion box discussed. A discussion regarding NHS Englands Information Sharing network was discussed with information being relayed to patients via attachments to all prescriptions and information on notice boards. The WPPG Survey was discussed as noted further in this report. The letters regarding a Virtual WPPG will be given out when PPG members come in to do the PPG questionnaire. The WPPG website is getting an average of 50-60 people a week with the average usage time of 4 minutes.

At the January meeting an informational session presented by Amy King from Healthwatch Derbyshire explained their take over from Derbyshire Link in April 2013 as independent champions for healthcare and social issues. Leaflets regarding their programs were left for patient information. Issues from the suggestion box were discussed and feedback regarding the Locality Patients’ Participation Network meeting. Survey results were discussed along with action plans which will be discussed further into this report. The Virtual PPG has received 50 completed forms and members will receive an e-mail from IE. The latest MORI Survey was discussed.