

THORNELOE LODGE SURGERY PATIENT PARTICIPATION GROUP (PPG)
ANNUAL REPORT FOR THE YEAR ENDING MARCH 2013

QUESTIONS ARISING FROM / ABOUT THIS REPORT?

Please email: Thorneloe.ppg@nhs.net or phone: 01905 722802 and ask to speak to the PPG Secretary

THIS IS THE SECOND ANNUAL REPORT OF THE THORNELOE LODGE SURGERY PPG.

BACKGROUND

The Patient Participation Group (PPG) was formed in late 2011 / early 2012 in response to NHS initiatives intended to create a more representative, transparent, open and accountable forum in which patients could express their views on both practice and hospital / community services; and wherever possible and agreed; influence future plans and services.

The detailed aims of the PPG are:

- For the practice to understand the patients' point of view and needs.
- To actively encourage and welcome comments, suggestions, and the involvement of the local and wider community.
- For the practice and the group to agree what could enhance the practice.
- To inform the practice of patients' views on secondary care (hospital / community) services.
- To agree health education activities within the practice.
- To encourage self-help projects to meet the needs of fellow patients in line with the representative demographic.
- To assist with extra fund raising activities to enable the practice to improve patient services.

The PPG consists of two groups, the committee of approximately 10 to 15 persons who meet at least once a quarter, and a consultation (virtual) group of up to 50 persons whose views are sought on a regular basis via a variety of methods. The surgery senior GP partner, practice manager, and a member of staff fulfilling a secretarial function, attend committee meetings. Other practice staff attend depending on issues to be discussed. Current patient PPG numbers are: committee x 8, virtual group x 12, total 20.

Main activities during the year 2012/2013 include: five committee meetings, a patient survey of both PPG members and the wider patient population focussing on identified priorities, and the agreement between the PPG and the practice of an action plan for 2013/14 to address the main issues identified in the surveys.

In addition a patient member of the committee is now also a member of both the wider South Worcestershire PPG Forum (SWPPG) and the Patient Stakeholder Group, which is a subcommittee of, and directly advises the South Worcestershire Clinical Commissioning Group (SWCCG), i.e. the organisation which has replaced Worcestershire Primary Care Trust with the responsibility of commissioning and funding the majority of NHS services in the south of the county.

REPRESENTATIVE NATURE and PROFILE

Profile-Practice Population v PPG as at March 2013

<u>AGE RANGE</u>		PRACTICE	PPG
0-17		19%	0%
18-30		12%	0%
31-45		22%	15%
46-60		22%	10%
61-75		16%	65%
75 OVER		9%	10%
Not stated		0%	0%
<u>GENDER</u>			
MALE		50.04%	35%
FEMALE		49.96%	65%
<u>ETHNICITY</u>	{3,086 from 10,799 patients have a recorded ethnicity}		
WHITE BRITISH		90.02%	100%
BLACK BRITISH		0.58%	0%
ASIAN BRITISH		2.02%	0%
	{Bangladeshi or British Bangladeshi}	{0.65%}	
	{Pakistani or British Pakistani}	{0.84%}	
	{Other Asian British}	{0.53%}	
CHINESE		0.84%	0%
MIXED		0.68%	0%
OTHER NON BRITISH		4.86%	0%
	{Other Non British Black}	{0.16%}	
	{Other Non British Polish}	{1.36%}	
	{ONB Pacific / Australasian}	{0.52%}	
	{Remaining Other Non British White}	{2.82%}	
NOT STATED		1%	
<u>FREQUENCY OF VISITING THE SURGERY</u>			
Regularly	Over 5 times in last 12 months	not	57%
Occasionally	3 to 4 times in last 12 months	known	35%
Very Rarely	Once or twice in last 12 months	not	5%
Never / Not stated	in last 12 months	known	0%
Asthma		5.11%	10%
COPD		2.06%	5%
Diabetes		5.41%	20%
Heart Disease		7.57%	15%
Cancer		1.54%	10%
Epilepsy		0.59%	0%
CKD		2.97%	5%
Hypertension		12.57%	30%
Neurological		N/A	10%
Other		N/A	40%
None		N/A	10%

The stated occupation of PPG members is: Retired x 12, Housewife x 1, Employed: Self Employed x 4, White Collar x 2, Part time employed x 2.

No comparable statistics exist for the practice population as a whole.

Steps Taken To Ensure That The PPG Is Representative Of Registered Patients

Considerable efforts were made to recruit a PPG which was representative of the practice population. Initial steps included:

- Advertisement within surgery, on the practice electronic display board and on the practice web site.
- PPG large display and leaflets made available in the two main non English languages of patients, Polish and Bengali.
- Personal approach to over 10 Asian British patients and to those aged 30 or below.
- Clinicians and staff handed out application forms to patients.
- An advert for patients to join the PPG was inserted in the South Worcestershire Clinical Commissioning Group Emergency and Practice Contact leaflet sent to all practice households in late February 2012.
- A comprehensive PPG section was added to the practice web site to stimulate interest. This included up to the minute news, ongoing action plan and summaries of meetings together with, yet another plea for younger and ethnically diverse members.

This resulted in April 2012 in a membership which included 1 x Asian British and 2 x Age 31 to 45 members. Unfortunately these members were lost in late 2012 due to child care v meeting clashes and a patient moving. The PPG is therefore still not as representative of the registered practice population as we would wish it to be.

Renewed efforts are now being made to recruit new members to more accurately reflect the practice population. Recruitment of those under age 30 is particularly difficult as most rarely visit the surgery and seem, frankly, not interested. Young mothers often state that they are too busy. Other non British patients seem to regard themselves as transient and therefore do not seem to wish to become involved. Retired patients on the other hand generally have the time, interest and motivation to become members; hence they are currently in the majority.

Current Measures:

Patient Chair. The major representative change has been the election mid year of a patient Chair. Hence both agenda, plans and meetings are very much patient led with practice representatives mainly in an information and advisory role.

Other measures include: Continued advertisement within surgery on two 6 x 4 foot display boards, on the practice electronic display board and on the practice web site. In addition several members of the virtual group have recently been contacted by the Chair to invite them onto the committee.

Future Measures are being debated at the moment. Options include further language posters aimed at ethnic groups and a targeted approach to younger patients.

A wider representative opinion was, however, gained though responses to the PPG surveys which were made available both with surgery and on the practice web site.

DETERMINATION OF PRIORITY ISSUES FOR PPG SURVEYS

The appointment system, communication with the surgery by phone and online booking were covered by surveys in the previous year and it was agreed to allow time for changes to take effect and delay any follow up surveys until the a future year.

Previous priorities carried forward to be fully implemented within the second year were:

Appointments: continuation of the 6 month trial making 6 to 8 weeks appointments available at all times.
Online Booking: completion of twelve month trial and enhancements to online booking.

Main new areas requiring patient's views were agreed at the 1st committee meeting of the year as:

- Reception and reception services.
- Text and email communication with patients.
- Out of hours (OOH) service.
- Protection and increase of in house services possibly under threat from NHS reorganisation.

Surveys: The uncertainty surrounding responsibilities following the re-organisation of the NHS, part implemented during the year and fully implemented on 1st April 2013, ruled out any meaningful survey on in house services. Final surveys were therefore agreed as:

- Reception.
- Communication by text and email.
- The OOH service

HOW THE VIEWS OF REGISTERED PATIENTS WERE SOUGHT AND OBTAINED

Possible survey questions were prepared and sent to both committee and virtual group members for comment. Useful amendments were suggested and incorporated before final surveys were discussed at committee meeting and finally agreed via email.

Time Frame: Out of Hours 5th to 30th Nov 12 – Reception & Communication 2nd to 31st Jan 13

Method:

Out of Hours: 100 surveys sent to patients who had contacted the OOH service during the period.

Reception & Communication: Survey was restricted to patients who had contacted or visited the surgery within the previous 12 months so that current service rather than an historical perspective influenced replies. Lots of advertising / encouragement on the premises via notice boards and electronic display board. Reception staff, doctors and nurses handed them out and encouraged completion. Staff also "prowled" waiting rooms with spare surveys and "encouraged" hesitant respondents. Survey was anonymous and could either be placed in a box in reception or posted back in a stamped addressed envelope. It was also advertised prominently in the news banner part of the website, visited by between 1600 – 1800 patients monthly for information or to request prescriptions / cancel appointments. The online version just required tick box replies but also had a section for free text comments.

Total Number of Patients Surveyed: 262 or 2.44% of the practice population of 10,700.

Number of Responses:

Out of Hours: 35 only despite a stamped addressed envelope being included.

Reception & Communication: 162.

Initial Results: All replies were then input onto the practice website which has the facility to collate answers and produce an instantly viewable survey result. This initial raw result was immediately made available on the web site in a prominent position. Results were also sent to all committee and virtual group PPG members for comment.

DISCUSSION OF THE SURVEY AND DETERMINATION OF AN ACTION PLAN.

TheSurveyResults.

Can be accessed on the practice webs site as below:

Out of Hours: Currently see further information box on right of home screen - click Survey Reports.

Reception & Communication: Currently see further information box on right of home screen - click Survey Results.

Subsequent Web Site Access: Both surveys will subsequently be available in two places, accessed via the further information box on the right of the home screen, click either the Patient Participation Group News or Survey Reports tab.

OutlineOfDiscussionOfTheSurveysByThePPGCommittee

Out of Hours: The results were somewhat surprising as they were more positive than expected. It was felt that this might reflect improvements made by the new provider, Harmoni. Positive comments x 8, negative comments x 8. 76% of respondents considered the overall care to have been either good or very good. Main concerns were speed of response both on the phone and in visiting, together with communication/language.

Reception: It was felt that the predominantly favourable responses to the reception part of the survey reflected service improvements over the past two years, under the influence of the Reception Manager, which members had noticed themselves. Headline results included:

Helpfulness – 89% either satisfied or very satisfied.

Tact and Politeness – 88% either satisfied or very satisfied.

Providing Information – 91% of applicable responses either satisfied or very satisfied.

Response to Queries - 92% of applicable responses either satisfied or very satisfied.

One type of information that patients felt could be improved was clear advice about requirements for regular blood tests by those with a particular condition.. There were many positive comments about reception staff but also a few negative comments. Some felt that such comments said as much about the respondent as the staff but the Practice Manager stated that some action was required to try and improve on any negative aspects of the service reported by patients.

Communication by Email and / or Text Message: Approximately 44% stated that they were content to receive both personal and general health emails or text messages. It was felt that this offered the practice an opportunity to both reduce postage costs and improve health promotion and general communication with opting in patients. Confidentiality and personal preferences would, however, need to be safeguarded and further research was required to determine the best way to proceed.

ActionPlanDetermination.

The committee then went on to consider an action plan to address the main issues arising from the survey. Broad agreement was achieved but members were asked to consider proposed actions and comment within 7 days.

AGREED PPG / PRACTICE POST SURVEY ACTION and IMPLEMENTATION PLAN.

The practice and the PPG jointly agreed the action plan. The practice will implement it as detailed below.

PREVIOUS ACTIONS CARRIED FORWARD.

Online Booking.

Facilitate on line booking for under 16 year olds. Comment: Already achieved, although data protection issues require an adult to book the appointment in their own name and then subsequently change it to their child either by phone or on arrival.

Introduce ability to book blood tests on line. Comment: Health worker different competency factors and

the complexity of explaining this on the booking site make this difficult; but the practice will try to devise a system and report back to the PPG within 4 months.

NEW ACTIONS.

- **Priority One Reception Services:**
Discuss the survey with the reception team with special emphasis on comments about abruptness. PPG Committee has been invited to provide a volunteer to give the patients perspective.
Provide further training for receptionists on providing information about routine blood test requirements and provide relevant patients with information slips when issuing prescriptions.
Provisos / Limitations: Action will be delayed by the introduction of a new IT system but the aim is to complete these actions by Sep 13.
- **Priority Two OOH Service:**
Collate replies from other practices to the Thorneloe Lodge provided survey and send a consolidated survey to the SWCCG.
Conduct a survey after implantation of the NHS 111 system (national access to health advise and out of hours services) once it has settled down.
Provisos / Limitations: Consolidated survey will depend on practices providing their survey data. NHS 111 system has experienced severe teething problems. New survey unlikely before early 2014 and, in order to achieve maximum effect, other practices and the SWPPG will be encouraged to participate.
- **Priority Three Text and Email Communication:**
Change phone finance plan to include more text time and several mobile phones. Comment: Recently achieved.
Devise system to enable nurses to send motivational texts to opted in smoking cessation clinic patients, between appointments, from Apr 13 onwards. Comment: System devised and ready to implement within the month.
6 Month Trial. Resolve consent issues, reconfiguration of clinical / email systems and staff training to enable a six month trail on sending emails and texts on personal and general health matters. This will be accompanied by a campaign to sign patients up to the service.
Provisos / Limitations: Implementation will be delayed until after the introduction of the new IT system in late June 13 and staff training. It is hoped that the practice will be able to start the trial by Jan 14.
- **Priority Four In House Services:**
The hoped for survey did not take place due to the uncertainty surrounding NHS re-organisation. The PPG, however, remains committed to both protecting and increasing in house services at the practice. Provisional aims were agreed as:
Maintenance of a one stop shop service for patients.
Raising concerns with other PPGs, the SWPPG and the wider patient community as a means to influence the SWCCG.
Encouraging a South Worcestershire wide common survey on such services.
Provisos / Limitations: Achievement of some of the above aims will require co-operation from other PPGs.

Action Plan Publication / Dissemination: The final action plan will be made prominently available on the practice website by the end of Apr 13. It will also be the subject of a PPG display together with survey results and comments within surgery for patients to read.

INFORMATION REQUIRED BY THE NHS TO BE PUBLISHED WITH THE ANNUAL PPG REPORT.

PRACTICE PREMISE OPENING HOURS and METHODS OF ACCESSING SERVICES DURING CORE HOURS

Core Opening Hours.

Thorneloe Lodge Surgery is routinely open Monday to Friday 08:00 to 18:30. Doctors' routine consultation hours are Monday to Friday 08:20 to 11:00 and 14:00 to 17:30. Nurse routine appointments are 08:10 to 12:40 and 14:00 to 17:30 Monday to Friday.

Access to Services:

Appointments: Bookable by phone 08:00 to 16:45 and by visiting the surgery at any time it is open. GP appointments also available on line via the practice webs site or a separate proved link, once patients have registered for the service.

Home Visits: Emergency visit requests can be made at any time the surgery is open. Urgent same day visit requests can be made by phone between 08:00 and 11:00. Routine visits can be requested by phone 08:00 to 16:45 or visiting the surgery at any time it is open.

Repeat Prescriptions: Request can be made:

Via voice mail 09:00 to 14:00 and 15:00 to 18:30 Monday to Friday.

By phoning and speaking to a prescription trained receptionist 14:00 to 15:00 Monday to Friday.

By email, fax or post at any time.

Via the practice website at any time.

By completing a request slip in surgery any time it is open.

Test Results, General and Prescription Enquiries: By phone or in person 09:00 to 16:45 Monday to Friday.

Further details of services and access to them is contained within the practice leaflet which can be printed from the practice website: www.ThorneloeLodgeSurgery.co.uk

PRACTICE EXTENDED HOURS OPENING AND SERVICES.

Thorneloe Lodge Surgery is open during extended hours, over and above routine core opening hours, alternate Mondays and Wednesdays 18:30 to 20:30 and one Saturday per month 8:30 to 12:00.

Services during extended hours include: pre booked doctor and nurse appointments, walk in advance appointment booking, collection / ordering of prescriptions and enquiries. Phones will not, regretfully, be answered during these times due to the limited number of staff on duty and associated security requirements.

Extended hours dates are published monthly in the surgery foyer visible from outside, and on the practice website.

Prepared by J. A. Shaw

Practice Director

Thorneloe Lodge Surgery



31/3/13

Copy to:

NHS South Worcestershire CCG.

PPG members.

Practice website. PPG display board within surgery. Patient magazine table within surgery.