

PATIENT REPRESENTATIVE GROUP REPORT – MARCH 2012

PATIENT REPRESENTATIVE GROUP

WHAT IS THE PATIENT REPRESENTATIVE GROUP (PRG)?

The PRG at West Heath Surgery was set up in 2011, on completion of our new building to understand the views of patients on the services that the Practice offered. The group has a remit to review everything from access to the practice, the services provided and commissioning for local health needs, to the effect of the changes in the NHS on the practice. It is an open membership group that encourages involvement and attendance from all areas of the practice community.

If you would like to feed back information into the PRG, please add suggestions to our suggestion box in reception, email the practice at info.westheathsurgery-sbpc@nhs.net or contact the practice manager on 0121 476 1135.

PRG AND PRACTICE PROFILE

The profile of the practice population and the PRG is as follows

Demonstrating how a Patient Reference Group is Representative		
Practice Population Profile	PRG Profile	Difference
Age		
% Under 16 18.7%	% Under 16 14.3%	-4.4%
% 17-24 11.4%	% 17-24 0%	-11.4%
% 25-34 14.7%	% 25-34 14.3%	-0.4%
% 35-44 13.8%	% 35-44 0%	-13.8%
% 45-54 14.4%	% 45-54 14.3%	-0.1%
% 55-64 11.6%	% 55-64 14.3%	+2.7%
% 65-74 9%	% 65-74 42.9%	+33.9%
% 75-84 4.2%	% 75-84 0%	-4.2%
% 85 and Over 2.2%	% 85 and Over 0%	-2.2%
Ethnicity		
White 61.2%	White 42.9%	-18.3%

% British Group	60.3%	% British Group	42.9%	-17.4%
% Irish	0.9%	% Irish	0%	-0.9%
Mixed	1.09%	Mixed	0%	-1.09%
% White & Black Caribbean	1%	% White & Black Caribbean	0%	-1%
% White & Black African	0.09%	% White & Black African	0%	-0.09%
% White & Asian	0.18%	% White & Asian	0%	-0.18%
Asian or Asian British	3.42%	Asian or Asian British	0%	-3.42%
% Indian	2.8%	% Indian	0%	-2.8%
% Pakistani	0.5%	% Pakistani	0%	-0.5%
% Bangladeshi	0.12%	% Bangladeshi	0%	-0.12%
Black or Black British	2.2%	Black or Black British	0%	-2.2%
% Caribbean	1.4%	% Caribbean	0%	-1.4%
% African	0.8%	% African	0%	-0.8%
Chinese or other ethnic group	0.3%	Chinese or other ethnic group	0%	-0.3%
% Chinese	0.09%	% Chinese	0%	-0.09%
& any other	0.21%	& any other	0%	-0.21%
Not Stated %	30.8%	Not Stated %	57.2%	+26.4%
Gender				
% Male	52.4%	% Male	28.6%	-23.8%
% Female	47.6%	% Female	71.4%	+23.8%

STEPS TO ENSURE GROUP WAS REPRESENTATIVE/REASONS FOR DIFFERENCE IN GROUP AND PRACTICE PROFILE

The PRG group was set up following advertising in our new premises between August and September 2011. This was done through posters in the patient areas and staff advertising the formation of a panel to patients attending surgery during this period. THE PRG was then formed from all of those patients that expressed an interest together with the 2 remaining panel members

from the surgery's historic patient panel.

From the statistics above, it can be seen that the panel is fairly representative. The practice feels that the PRG could be more representative by adding 2 male members, one aged between 17 and 24 and the other between 35-44. The practice continues to recruit this category of patient by targeting patients attending the surgery. If these patients cannot be recruited by July 2012 then the practice will do a targeted mail drop to the addresses of all of the patients in this category. The practice is satisfied that the ethnic groups are representative of the practice but as the data shows there are a large number of the practices patients that prefer not to provide this information and therefore this needs to be taken into account.

PRG MEETING FREQUENCY

The PRG has opted to take a virtual form using electronic communication to discuss views and ideas in order to maintain communication when meeting is not possible and to allow meetings to take place adhoc when required for important topics requiring face to face discussion. The practice keeps all communication sent by the PRG. The PRG did however meet on the following dates:

20 th March 2012	Meeting to discuss chairperson role, discuss patient survey results and outline objectives for 2012-13. Feedback on outcomes from 2011-12 actions set

PRG MEMBERSHIP

Katie Adams
Melanie Lees-Walton
Cynthia Richards
David Richards
Guy Tinsley
Kerry Wallace
Marie Webber
Gemma Wooton

Further details on the panel can be found on our website.

PATIENT SURVEY

AREAS OF PRIORITY & HOW THEY WERE DECIDED

The PRG are the authors of the survey however the Practice remains ultimately responsible to ensure the questions asked are not considered offensive, intrusive or compromise patient confidentiality. In the current year the practice did not amend any suggestions made by the PRG.

The PRG decided that a survey should not be greater than 2 sides of A4. From past experiences of filling in the survey the panel thought that surveys longer than this could lead to a loss of concentration when filling in the survey and would also lead to a lower number returned. With the number of surveys already carried out by the practice for specific services, this survey should be kept concise also.

It was agreed that the survey should consist of as many areas of delivering a service to patients. The Department of Health have carried out many successful surveys recently and their research would be a good starting point. To these the PRG added questions that were more relevant to our population. It was agreed that the survey should include as a minimum of questions relating to:

- Access to services
- What Services Patients would like to see
- Feedback on key staff
- How patients felt about their condition following access to services
- Premises

SURVEY PROCESS

The survey was carried out in the month of February with a view to 250 patients completing the survey. This was based on previous Department of Health Guidelines on carrying out 75 surveys per 1000 patients registered. The PRG and Practice believed it was important to get a feed back of a cross section of the services provided and the service deliverers. The practice therefore carried out 60 surveys for each GP partner. 30 for the salaried GP, 50 surveys for the practice nurse and 50 surveys for the practice health care assistant.

The surveys were handed to each patient attending clinics in February until the desired number of responses were reached. The patients were handed the questionnaires by the receptionists when

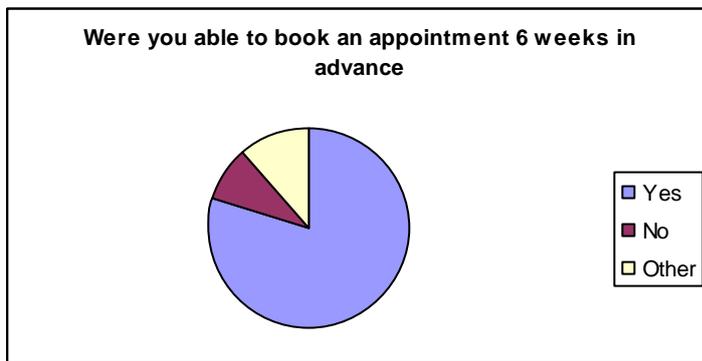
patients arrived for their appointments. Patients were asked to hand back their completed surveys after their appointment with the clinician.

If patients needed help with filling out the surveys a receptionist was available to provide this.

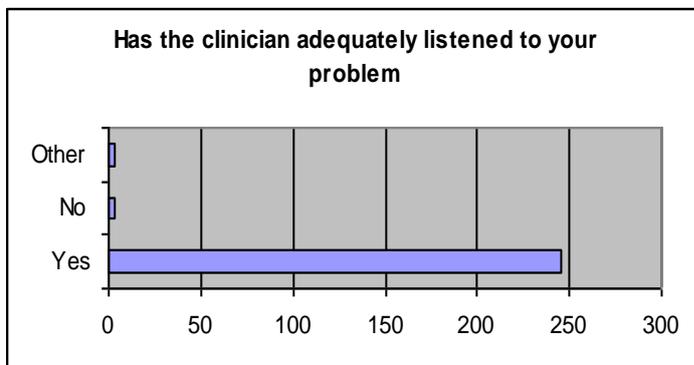
RESULTS

Patient questionnaires were handed out to 250 patients. Of these 150 were handed out to patients seeing the doctor and 100 were handed to those seeing the nurse or HCA.

Of the 250 patients that responded to the survey the findings were as follows



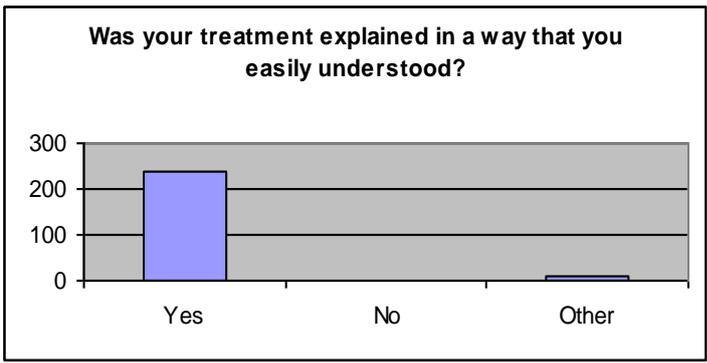
Yes	209
No	21
Other	30



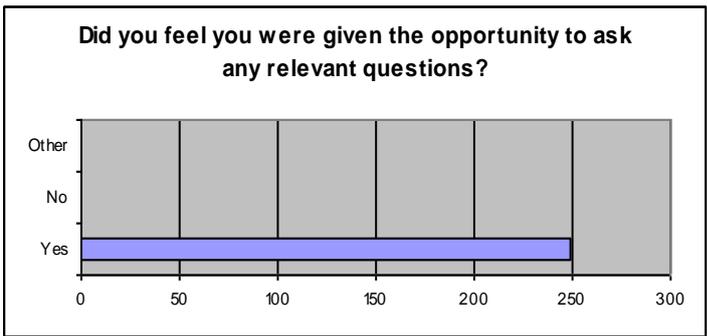
Yes	245
No	2
Other	3



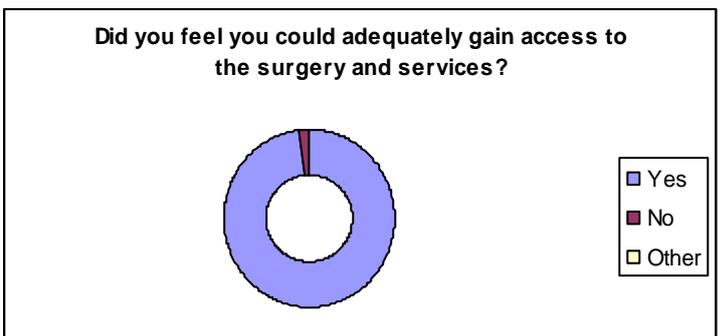
Yes	243
No	3
Other	4



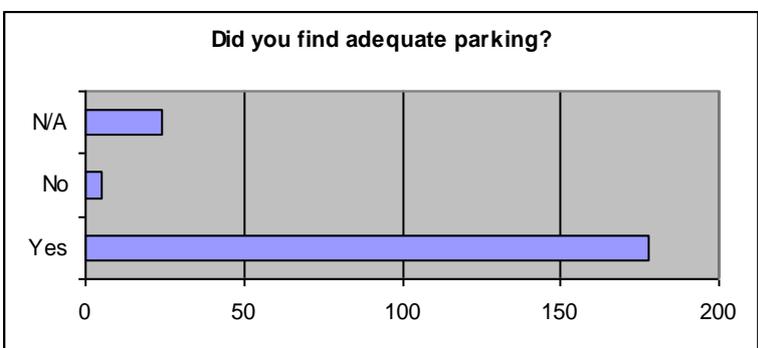
Yes	240
No	2
Other	9



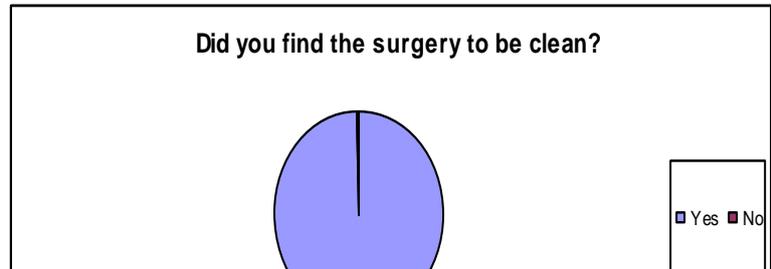
Yes	249
No	1
Other	1



Yes	246
No	5
Other	0



Yes	178
No	5
N/A	24



Yes	245
No	1
N/A	0

DISCUSSION ABOUT RESULTS

The actions were discussed on the PRG meeting on 20th March 2012. This then allowed actions to be set for the 2012/13 year.

It was generally noted that the survey results were very positive which is what the panel expected from the practice.

The following results were deemed as actions that could be taken forward in the coming year:

- Online booking of appointments. Only a small proportion of appointments as a trial
- Online Prescriptions
- Additional therapies at a reasonable price. The practice could look into private providers being based at the practice to complement NHS services. Such as Chiropody. Antenatal scanning etc.
- Contraceptive services such as coil fittings.
- Drinks machine for the waiting area
- Opticians. Research whether the local opticians or other opticians want to move in to the health centre to provide a more one stop service.

The following results were deemed as actions that could not be taken forward:

- Email Appointments as there was not the technology to ensure safe governance of transmission between the patient and practice and the practice deems patient confidentiality as paramount. This can be reviewed in future years as the NHS develops technology
- Text message. Again the technology does not exist to ensure safe transmission of data. Too many mediums of transmission will lead to unsafe systems also. Email would be preferred to this if available in the future
- Childhood Immunisations on another day except Thursday. The practice is not in control of this and the Community provider allocates these services
- Late night and weekend opening. The Government has recently withdrawn funding for our Saturday opening and the practice does not see this funding returning. As resources are allocated to extended opening again, the practice will immediately sign up and open as many extended hours as possible.
- NHS dentist. The PCT is not granting any more NHS contracts for dentistry in the area.
- Pharmacy. The current pharmacists trying to open in the surgery cannot do so due to the 100 hour restriction rules and the planning department. Pharmacists will explore further

options.

- Physiotherapy. NHS physiotherapy is provided by the community trust and they decide the locations they deliver services from. The practice could explore a private physiotherapist moving into the build if their charges were reasonable.

ACTION PLAN

The action plan was agreed from the survey results and suggestions from the panel and wider patient community and decided based on the actions that were considered achievable:

e.g.

<u>Action</u>	<u>Task</u>	<u>Timeline</u>
Online booking of appointments	Investigate the ability to book appointments online with the clinical system supplier for a small number of appointments as a trial	By March 2013
Online Prescriptions	Investigate the ability to order prescriptions online with the clinical system supplier and trial with the patient panel for effectiveness. Roll out to all patients if trial is successful	By October 2013
Additional therapies at a reasonable price	The practice to look at alternative therapies not available on the NHS to add to the medical centre to create a more one stop environment. These services must be useful to patients and at a reasonable price. The practice to liase with the panel for each service that may be viable.	Ongoing throughout next 12 months as services become identified.
Contraceptive services	The practice to add to its existing contraceptive services by trying to add coil fittings	By October 2012

	etc. Previously this was not viable as the practice was too small but explore opportunity with PCT now in new build	
Drinks machine for the waiting area	Practice to procure drinks machine for patients who are waiting for their appointment for a more comfortable experience	By October 2012
Opticians	Identify if any optician providers would like to locate in our building	By March 2013
Communication with Patients	The panel identified that communication by the practice with the patients could be better. This could include more information the practice about services offered, its staff, opening times etc. This could be done through TV screens, a better website, signage, newsletters. The practice to investigate all of these options and put into action	All of the actions listed to be completed by March 2013 if possible by Screens and signage to be completed as soon as possible.
Carers Group	The practice to create a support network for carers. This can be lead by an expert patient in conjunction with Birmingham Carers Centre	By July 2012
Parent Classes	The local population, especially due to the deprivation in the area, could benefit from parenting classes where other help is not available. The practice could speak to the health visitor team and other PCT sources to investigate if this is possible	By October 2012

PREVIOUS YEAR OUTCOMES

The outcomes on the previous years (2011-2012) agreed actions are described below.

<u>Action</u>	<u>Task</u>	<u>Outcome</u>
Complete New Build	Completion of the works already undertaken to reach a completed medical centre offering all GMS services	Phase 1 was completed by July 2011 and Phase 2 (Final Phase) was completed December 2012
Introduce Smoking Cessation Services	Scope the ability for the local PCT commissioned services to be undertaken from our building now that the practice no longer can offer this service	Smoking Cessation Team started a permanent post in Feb 2012. This original post has now grown due to large demand for the service.
Introduce Health Trainers	Scope the ability for the local PCT commissioned services to be undertaken from our building to increase health promotion	The health Trainers now conduct 1 day a week in the surgery which started January 2012

ACCESS

OPENING HOURS

Monday 8:30am – 7:00pm

Tuesday 8:30am – 6:30pm

Wednesday 7:15am – 6:30pm

Thursday 8:30am – 1:00pm

Friday 8:30am – 6:30pm

EXTENDED HOURS

The surgery has extended opening hours on Monday evening when an extra 30 minute clinic is available with a GP. An early morning surgery is also offered on Wednesday, starting from 7:15am. Clinic appointments are available with both a GP and nurse. All patients can book these appointments on a first come first served basis. These appointments are all available to be booked in

advance and can be booked either via the telephone or at the reception counter.

ACCESS TO SERVICES

Surgery Address:

West Heath Surgery
194-196 West Heath Road
West Heath
Birmingham
B31 3HB

Contact Numbers:

Tel: 0121 476 1135
Fax: 0121 476 1138

Appointments can be booked over the telephone or over the counter at reception. Most of the appointments are pre-bookable and a percentage of appointments are reserved for emergency appointments that can only be booked on the day. The system has been set this way with the intention that patients with acute medical conditions can be seen as soon as possible.

Routine appointments such as those needed for reviews with the GP or the nurse can be booked between 6-8 weeks in advance.

To access the emergency appointments for a morning surgery patients need to call at 8:30am on the day they need to be seen. To access the emergency appointments for an afternoon/evening surgery patients need to call by 3pm on the day they need to be seen. These appointments are reserved solely for conditions that are deemed emergencies.

Appointments can also be booked via the telephone or reception counter for all other services offered such as the chiropodist, counsellor, drug worker, midwife, health visitor and minor operations. A list of services offered by the surgery is available on our external signage, internal signage, in our patient leaflet and on our website.

Patients can also book telephone consultations with a GP or Nurse for when an appointment is not required. Patients can book these by telephoning the practice reception

Home visits can be requested over the telephone, via reception.

Care required out of surgery hours is commissioned by Birmingham and Solihull PCT. Their current preferred provider is Primecare. Primecare can be contacted on 0845 113 0004. The surgery's telephone system provides all relevant contact numbers when the surgery is closed.

PUBLICATION OF THE REPORT

This report can be accessed from the PRG section of the practice website

www.westheathsurgery.co.uk). Hard Copies are also available from the practice reception. A copy of this report has also been sent to the local primary care trust, local pharmacies, opticians and dentists.