

PATIENT REPRESENTATIVE GROUP REPORT – MARCH 2013

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 join or feed back information into the PRG, please add suggestions to our suggestion box in reception, email the practice at info.westheathsurgery-sbpct@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	19.6%	% Under 16	14.3%	-5.3%
% 17-24	11.3%	% 17-24	0%	-11.3%
% 25-34	15.6%	% 25-34	28.6%	+13%
% 35-44	13.6%	% 35-44	0%	-13.6%
% 45-54	13.7%	% 45-54	14.3%	+0.6%
% 55-64	10.9%	% 55-64	28.6%	+17.7%
% 65-74	9.3%	% 65-74	0%	-9.3%
% 75-84	3.8%	% 75-84	14.3%	+10.5%
% 85 and Over	2.2%	% 85 and Over	0%	-2.2%
Ethnicity				
White	44.8%	White	52.7%	+7.9%

% British Group	44.1%	% British Group	52.7%	+7.9%
% Irish	0.7%	% Irish	0%	-0.7%
Mixed	1.2%	Mixed	0%	-1.2%
% White & Black Caribbean	0.9%	% White & Black Caribbean	0%	-0.9%
% White & Black African	0.1%	% White & Black African	0%	-0.1%
% White & Asian	0.2%	% White & Asian	0%	-0.2%
Asian or Asian British	3%	Asian or Asian British	0%	-3 %
% Indian	2.3%	% Indian	0%	-2.3%
% Pakistani	0.1%	% Pakistani	0%	-0.1%
% Bangladeshi	0.6%	% Bangladeshi	0%	-0.6%
Black or Black British	1.9%	Black or Black British	0%	-1.9%
% Caribbean	1.4%	% Caribbean	0%	-1.4%
% African	0.5%	% African	0%	-0.5%
Chinese or other ethnic group	1%	Chinese or other ethnic group	0%	-1%
% Chinese	0.8%	% Chinese	0%	-0.8%
& any other	0.2%	& any other	0%	-0.2%
Not Stated %	51.9%	Not Stated %	42.9%	-9%
Gender				
% Male	51.6%	% Male	28.6%	-23.8%
% Female	48.4%	% Female	71.4%	+23.8%

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

The current 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 of the practice's patient population. The practice feels that the PRG is representative of the ages of our population where most age bands are in the tolerance level of 1 person. The ethnicity difference is also within the tolerance of one patient member in each category. The groups however could be more representative by adding a male member given the current ration of 5:2. The practice will carry out targeted marketing to males aged between 17-24 and 35-44 to make the group more reflective of the population.

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:

19 th March 2013	Meeting to discuss patient survey results and outline objectives for 2013-14. Feedback on outcomes from 2012-13 actions set.

PRG MEMBERSHIP

The membership of the patient panel as at 31.03.2013 is:

Katie Adams
Melanie Lees-Walton
Brian Potter
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 current year's survey was based on the questions set in 2011 by the PRG. The same survey questions were applied so that the results could be compared with the previous year. In 2011 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. This process was the same as the proceeding year to allow for consistency.

The surveys were handed to each patient attending clinics in February until the desired number of responses was 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.

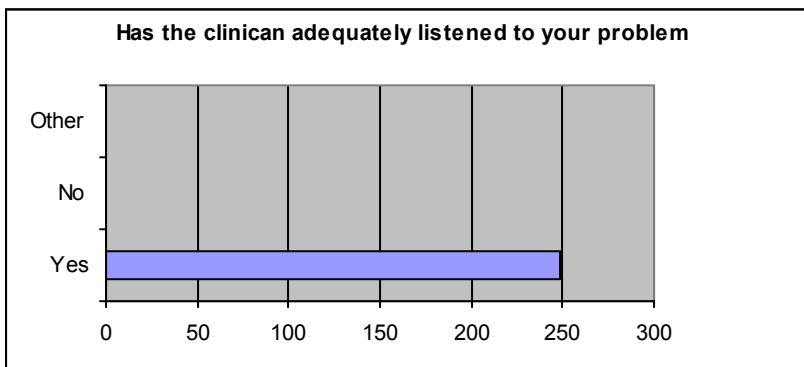
RESULTS

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.

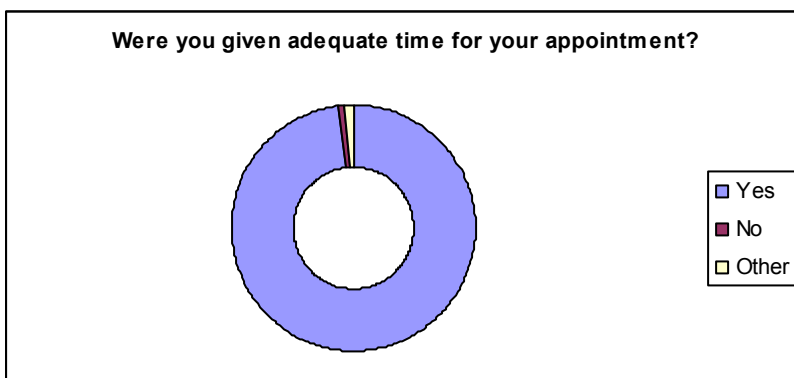
Of the 250 patients that responded to the survey the findings were as follows.



Yes	207
No	23
Other	20

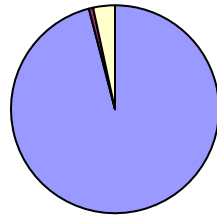


Yes	248
No	1
Other	1



Yes	245
No	2
Other	3

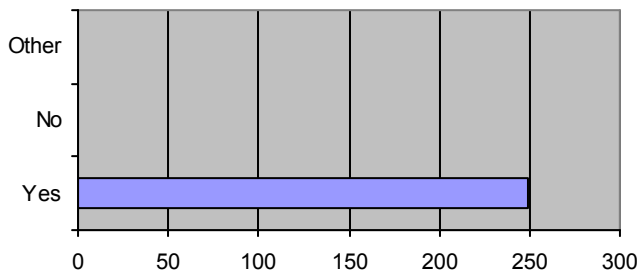
Was your treatment explained in a way that you easily understood?



Yes
 No
 Other

Yes	240
No	2
Other	8

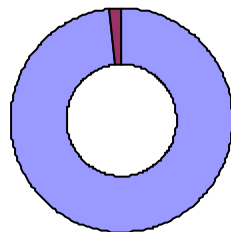
Were you given the opportunity to ask any relevant questions?



Series1

Yes	249
No	1
Other	0

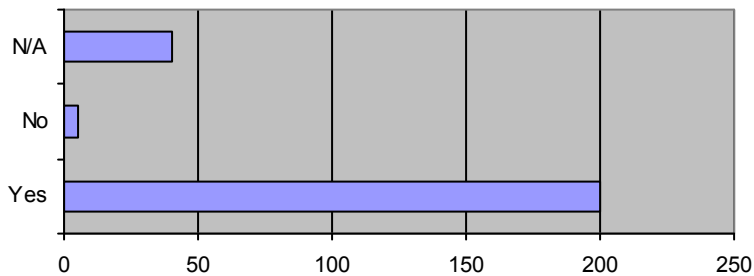
Did you feel that you could adequately gain access to the surgery and services?



Yes
 No
 Other

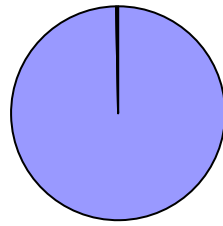
Yes	246
No	4
Other	0

Did you find adequate parking?



Yes	200
No	5
N/A	40

Did you find the surgery to be clean?



■ Yes
■ No
□ N/A

Yes	249
No	1
N/A	0

What form of communication would you like to be able to use to contact the surgery not already in use?

Patient responses:

- Email/Email appointments
- Online booking for appointments
- Online Prescriptions
- Phones
- Text messages

The majority of patients were happy with the forms of communication currently offered by the surgery.

What other services would you like the surgery to provide?

- Alternative therapies at a reasonable price
- Antenatal services – scanning
- Batteries for Hearing Aids
- Health Visitor on other days not just Thursdays
- Contraceptive services – coil insertation/removal
- Drinks Machine
- Late night/weekend opening
- Newsletter
- NHS Dentist
- Opticians
- Parenting Classes
- Pharmacy
- Physiotherapy

DISCUSSION ABOUT RESULTS

The actions were discussed on the PRG meeting on 19th March 2013. This then allowed actions to be set for the 2013/14 year.

It was generally noted that the survey results were very positive which is what the panel expected from the practice. The results were very similar to the previous year which also demonstrated consistent high quality service delivery. It was also discussed that the list size has increased

dramatically with many patients coming from recommendations from existing patients.

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

- Online booking of appointments as per the upcoming DoH recommendations when further guidance is released
- Online Prescriptions now the pilot has been carried out
- The practice already offers appointments by phone but this may need to be communicated better to patients.
- Alternative therapies at a reasonable price. The practice could look into private providers being based at the practice to complement NHS services. These could be in addition to those added this year.
- Contraceptive Services are being offered from the surgery including our new IUCD and Implanon Service. This may need to be better advertised.
- Hearing Aid Service. i.e. Battery Replacements. The surgery has recently had audiology services being delivered from the building and the surgery could apply to become a battery centre.
- Opticians. Research whether the local opticians or other opticians want to move in to the health centre to provide a more one stop service.
- Physiotherapy. The practice will continue to explore the provision of NHS Physiotherapy but has secure private consultations where required.

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
- Antenatal Services are delivered by the Birmingham Women's Hospital. The practice therefore cannot commission antenatal or scanning services at the surgery.
- Drinks Machine. This was a previous action but Health and Safety review has led to this not currently becoming achievable.
- Health Visitor on another day except Thursday. The practice is not in control of this and the Community provider allocates these services. The Health Visitor team are advising us that services are being cut and reduced work will take place from the surgery.

- 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.
- Newsletter. A manual newsletter is cost prohibitive for the practice especially in the current financial climate. An electronic newsletter may however be viable and this will be investigated by the practice. The practice does not hold email addresses for patients and this will need to be considered for any electronic options.
- NHS dentist. The PCT is not granting any more NHS contracts for dentistry in the area.
- Parenting Classes are not currently available on the NHS.
- 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.

PREVIOUS YEAR'S ACTION OUTCOMES

The outcomes on the previous years (2012-2013) agreed actions are described below.

In additions to the greed actions identified last year, The practice undertook some further actions which included, becoming a training practice for registrars, introduced an alcohol service, introduced a gynaecology service, started recruiting a new GP partner.

<u>Action</u>	<u>Task</u>	<u>Outcome</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	The government announced a programme to have online appointment access by 2015 and is preparing the technology. This task is deferred in line with this policy
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	Completed. The panel and a few other patients trialled the online prescription technology. This pilot was successful and the practice is rolling this item out to all patients to access.
Additional therapies at a	The practice to look at	Completed. The practice now

reasonable price	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 liaise with the panel for each service that may be viable.	provides acupuncture, chiropody, chiropractic treatment, podiatry from the centre.
Contraceptive services	The practice to add to its existing contraceptive services by trying to add coil fittings etc. Previously this was not viable as the practice was too small but explore opportunity with PCT now in new build	Completed, The practice now offers Coil Insertion and Removal and Implanon Insertion and Removal from dedicated fortnightly clinics.
Drinks machine for the waiting area	Practice to procure drinks machine for patients who are waiting for their appointment for a more comfortable experience	This item posed health and safety issues and has been deferred.
Opticians	Identify if any optician providers would like to locate in our building	Due the current market conditions, the opticians approached advised it is financially unviable to move into the centre at the current time.
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	Completed. The practice has adopted communication screens and further information leaflets and posters for the patients.
Carers Group	The practice to create a	The carers group was piloted

	support network for carers. This can be lead by an expert patient in conjunction with Birmingham Carers Centre	during the period but was not well subscribed. The practice will work with further charities to better promote this service
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	After investigating this service with the NHS, this service does not appear to be available free of charge to patients.

ACTION PLAN FOR FOLLOWING YEAR.

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:

<u>Action</u>	<u>Task</u>	<u>Timeline</u>
Online Prescriptions	Now that the pilot project is completed successfully, online prescriptions to be rolled out to all patients that would like to use the service.	March 2014
Alternative Therapies	Continue to add valuable alternative therapies requested by patients such as physiotherapy	Ongoing over the next 12 months
Art Work	The panel thought it could investigate obtain art work from schools etc to further enhance the building aesthetics while integrating with the community	March 2014
Carers Group	Work with the patient panel and carers charities to engage more patients	March 2014

Contraceptive Services	Advertise new Implanon and Coil service for better patient choice.	June 2014
Charities	Due to the current economic climate and reduction in NHS budgets, the practice could work with charities to deliver further services where funds are available. The practice could engage with charities to help fund raise.	March 2014
Hearing Aid Battery Service	Provide a supply of hearing aid battery service so patients do not have to travel to hospital	October 2014
Opticians	To continue to engage with local opticians as per last years action	N/A due to current economic climate
Secondary Care Services (Hospital Services)	The practice would like to work with secondary care to deliver services from the surgery. This would help avoid a potential trip to hospital which can be daunting for patients and less accessible. An ECG service would be ideal for example however given the current financial climate the practice will monitor any opportunities that may come.	Ongoing

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 message 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.