

PATIENT REPRESENTATIVE GROUP REPORT – MARCH 2014

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

Give a description of the profile and then show a breakdown of it

Details for your practice population profile should be available through your practice system. Please note if ethnicity totals do not add up to 100% then please show the remaining % in the 'not stated' box

Demonstrating how a Patient Reference Group is Representative			
Practice Population Profile	PRG Profile		Difference
Age			
% Under 16 17%	% Under 16 14.28%		-2.72%
% 17-24 9%	% 17-24 0%		-9%
% 25-34 13%	% 25-34 28.56%		+15.56%
% 35-44 11%	% 35-44 0%		-11%
% 45-54 11%	% 45-54 14.28%		+3.28%
% 55-64 8%	% 55-64 14.28%		+6.28%
% 65-74 6%	% 65-74 0%		-6%
% 75-84 3%	% 75-84 14.28		+11.28%
% 85 and Over 2%	% 85 and Over 0%		-2%

Ethnicity		
White 74%	White 42.9%	-31.1%
% British Group 73%	% British Group 42.9%	-30.1%
% Irish 1%	% Irish 0%	-1%
Mixed 3%	Mixed 0%	-3%
% White & Black Caribbean 1%	% White & Black Caribbean 0%	-1%
% White & Black African 1%	% White & Black African 0%	-1%
% White & Asian 1%	% White & Asian 0%	-1%
Asian or Asian British 4%	Asian or Asian British 0%	-4%
% Indian 2%	% Indian 0%	-2%
% Pakistani 1%	% Pakistani 0%	-1%
% Bangladeshi 1%	% Bangladeshi 0%	-1%
Black or Black British 3%	Black or Black British 0%	-3%
% Caribbean 1%	% Caribbean 0%	-1%
% African 2%	% African 0%	-2%
Chinese or other ethnic group 1%	Chinese or other ethnic group 0%	-1%
% Chinese 1%	% Chinese 0%	-1%
& any other 0%	& any other 0%	0%
Not Stated 15%	Not Stated 57.1%	-42.1%
Gender		
% Male 51%	% Male 28.6%	-22.4%
% Female 49%	% Female 71.4%	+22.4%

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 between 35 and 44 years old. The practice will carry out targeted marketing for this category.

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 2014	Meeting to discuss patient survey results and outline objectives for 2014-15. Feedback on outcomes from 2013-14 actions set.

PRG MEMBERSHIP

The membership of the patient panel as at 31.03.2014 is:

Katie Adams
Brian Potter
Guy Tinsley
Kerry Wallace
Melanie Walton
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 PRG only amended the survey to add one further question: 'Would you recommend the practice to your friends and family'. This question has been used in many services currently delivered by the NHS and therefore it was thought to be a good measure of services delivered by the practice. The remainder of 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 years. 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 330 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 50 surveys for each GP partner. 50 for the salaried GP, 65 surveys for the practice nurse and 65 surveys for the practice health care assistant. This process was the same as the proceeding year to allow for consistency.

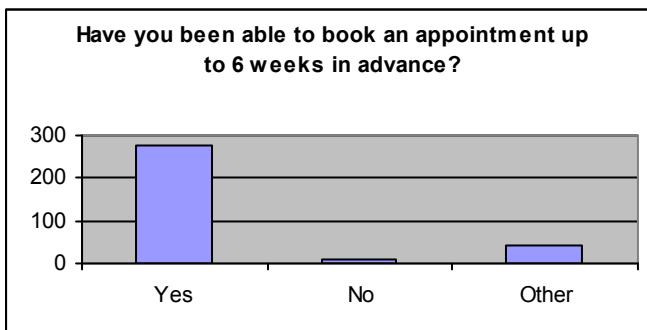
The surveys were handed to each patient attending clinics in December until the desired number of responses was reached. The patients were handed the questionnaires by the receptionists when patients arrived for their appointments. Patients were asked to hand back their completed surveys after their appointment with the clinician.

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

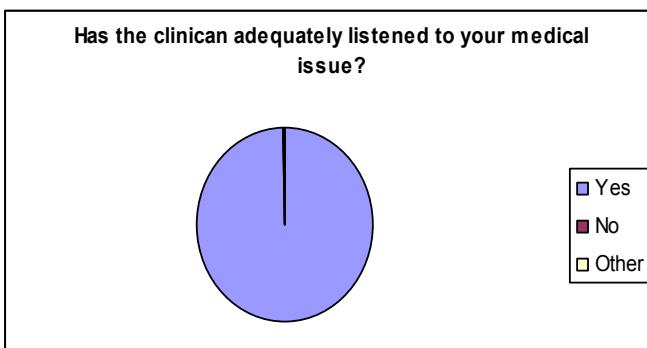
RESULTS

Patient questionnaires were handed out to 330 patients. Of these 200 were handed out to patients seeing the doctor and 130 were handed to those seeing the nurse or HCA.

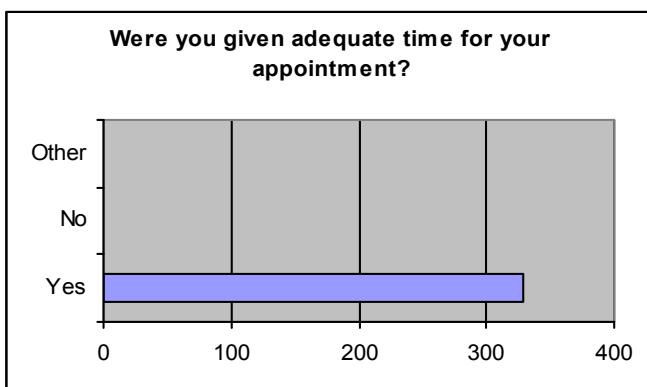
Of the 330 patients that responded to the survey the findings were as follows:



Yes	277
No	10
Other	43

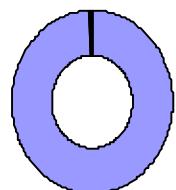


Yes	329
No	1
Other	0



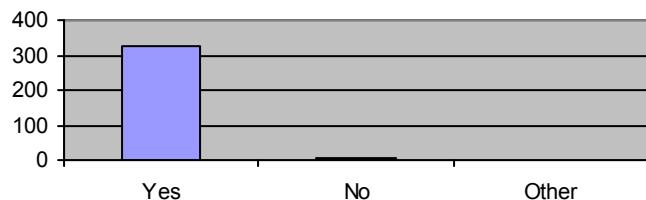
Yes	328
No	2
Other	0

Was your treatment explained in an understandable way?



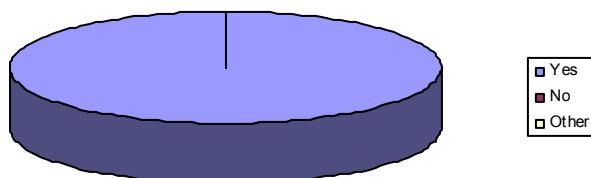
Yes	328
No	1
Other	1

Were you given the opportunity to ask any questions you had?



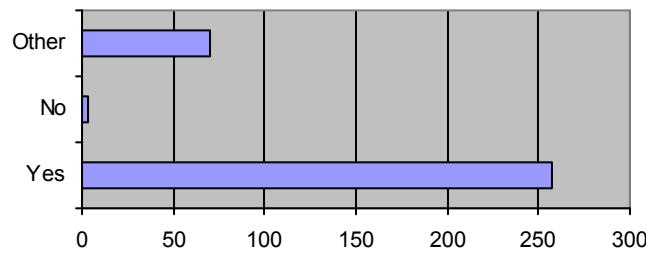
Yes	327
No	3
Other	0

Could you adequately gain access to the surgery and its services?



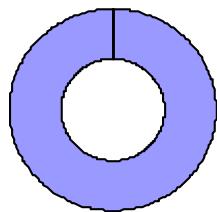
Yes	330
No	0
Other	0

Was there adequate parking?



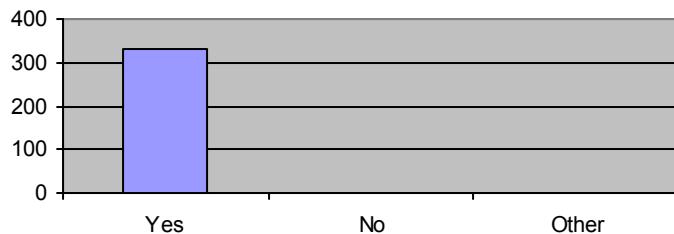
Yes	257
No	3
N/A	70

Was the surgery clean?



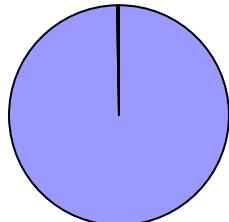
Yes	330
No	0
N/A	0

Did the reception team help you to access the service efficiently?



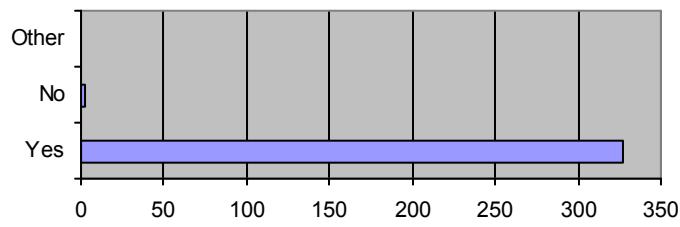
Yes	329
No	1
Other	0

Are the staff friendly and courteous?



Yes	329
No	1
Other	0

Would you recommend the surgery to friends and family?



Yes	327
No	3
Other	0

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

Patient responses:

- Online booking and prescriptions
- Online Prescriptions
- Email
- 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?

- Can't get an on the day appointment
- Counselling
- CT Scanning
- Dentist
- Fairground and pub
- Happy with the services provided
- Healthy eating advice/slimming advice and guidance
- More female doctors
- More on the day appointments so you can be seen when you are unwell
- None – you have enough
- Not having to explain to a non medically trained receptionist why you need an appointment
- Optician
- Pharmacy
- Physiotherapy
- Saturday morning opening
- Scanning
- Self check-in
- Sometimes have to wait too long when booking an appointment
- Sometimes the doctors run very late
- To take emergencies seriously
- Toys for children
- Unsure of all services provided
- Walk in surgery
- Water dispenser
- You already provide many clinics that other surgeries do not, which is wonderful

DISCUSSION ABOUT RESULTS

It was commented by the group that as per previous years the results had been extremely positive. With roughly a 50% increase in list size over the past 2 years, this was further proof that the practice must be well regarded. The increase in list size also lead to a larger sample size for the survey this year which helps further validate the results.

The following suggestions from our suggestion box and surveys were deemed viable to be taken forward as actions over the next 12 months:

- Further use of online prescribing (continue roll out) - Those using the service found it very convenient and many had adopted the use following the pilot last year. There may be further patients who could benefit from using the service but were not aware.
- Further pilot use of online appointments- A very small sample of patients were using online appointments and the practice had limited them when they are used to prevent an increased DNA rate. The practice would continue to pilot this method and make available more appointments as positive data is seen
- Scanning- The practice over the past year had housed ultrasound scanning which was popular with patients as it saved a trip to the hospital. The practice could work with the CCG and the provider of the service to increase the types of ultrasound scanning that can be done.
- More Female GP sessions- The practice had introduced 5 sessions of female GP over the past 5 years. If the list continues to grow the practice will need to add further GP sessions and this could be delivered by a female GP.
- Self Check In- The PRG has previously advised against a self check in as it was removing the 'family' feel of a GP surgery. It was recognised that the population was becoming more digital and therefore may be good progression to offer this option giving the choice to patients to either register at the reception desk or via self check in.
- Better advertise services to patients. The practice had recently improved its website and produced a new practice leaflet, which could be used to better advertise services.

There were many suggestions that were similar to suggestions from previous years that were still considered unviable due to a lack of regulation, finance or authority in the current NHS. These included:

- Email consultations- lack of security and operability in current NHS systems
- In house Dentist- No new contracts being granted by the NHS
- Slimming services- With recent bad press of services selling unhealthy products the practice does not want to be affiliated to non proven methods for health.
- Optician- No new contracts being offered by the NHS and private optical services not financially viable at this time for new entrants to the market.
- Walk in centre- No new contracts or finance for this type of solution available in the NHS at this time
- Water dispenser/vending machines- Health and safety for providing these solutions make these unviable. The practice would provide water on request to patients anyway.

The PRG discussed that urgent appointments and decided that with 16-20 appointments provided on the day for urgent appointments this was a good balance given it was important to maintain appointments that were bookable in advance. The PRG and practice thought patient's definition of urgent appointments had changed in recent times and maybe education around this could be carried out. The practice shared 'Did Not Attend' data which highlighted how many appointments were wasted as patients did not cancel appointments that they no longer required resulting in other patients not benefiting from the appointment. The PRG were disappointed with how high the number was (167 appointments in February) and advised all patients should be aware of this to encourage less wastage.

The PRG was encouraged by the recognition of the number of services provided by the practice was mentioned in the survey.

PREVIOUS YEAR'S ACTION OUTCOMES

The outcomes on the previous years (2013-2014) agreed actions are described below.

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<u>Action</u>	<u>Task</u>	<u>Outcome</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.	Completed. The online access to ordering prescriptions was rolled out during the year with many practices signing up.
Alternative Therapies	Continue to add valuable alternative therapies requested by patients such as physiotherapy	Completed- Further services such as Pulmonary Rehab and Diabetes Education were added during the year to the medical centre however the practice would continue to look for new services as they became available to the practice.
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	Incomplete- This action was deemed not suitable by the infection control team. Further solutions would be investigated to prevent art being touchable or able to spread infection. The PRG felt this may detract from the original purpose of the art

		work.
Carers Group	Work with the patient panel and carers charities to engage more patients	Complete- The practice worked with local community groups to refer patients to carers groups.
Contraceptive Services	Advertise new Implanon and Coil service for better patient choice.	Completed- The practice added a fortnightly implant and coil clinic which has been well received by patients
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.	Ongoing- The practice worked with local community partnerships to deliver services resulting in workers delivering clinics from the surgery. The practice would continue to seek further fund raising projects.
Hearing Aid Battery Service	Provide a supply of hearing aid battery service so patients do not have to travel to hospital	Completed- The service for hearing aid batteries is available from the practice reception
Opticians	To continue to engage with local opticians as per last years action	In complete- Opticians still feel that due to current market conditions they would not be able to move into the health centre.
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.	Complete- The practice further added Audiology and Gynaecology services to the centre this year and continues to search new opportunities as they materialise. There has been extremely positive feedback for these services and therefore the PRG believe this should be an ongoing ambition of the practice.

In additions to the actions set for the past 12 months the practice added:

- Added a new GP partner, Dr Kulbir Tajuria
- Teaching of medical students
- Midwife team moved into the medical centre
- Produced new practice literature and updated the website to be more user friendly.

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:

Action	Task	Timeline
Further roll out of Online Prescription Service and access to online appointments	Further advertise our online services increasing usage by those who patients that are interested.	March 15
Increase the number of conditions that can be seen by the ultrasound service	Work with service provider and commissioner to provide ultrasound scanning for more conditions	October 2014
Better advertise new services to patients	Add all new services to the practice website, external signage and practice leaflets. Circulate leaflets and advertise website in the practice.	June 2014
Self Check in	Procure self check in service for practice	October 2014
More female GP sessions	Add further female GP sessions from any new resources received by the practice but also by taking part in GP registrar scheme	March 2014
Reduce DNA rates	Advertise the practice 'Did Not Attend' numbers each month	June 2014

	so patients were aware of the problem.	
Name badges for staff	It was recognised that the practice has friendly receptionists and the addition of referring to staff on a named basis would be friendlier	June 2014
Continue to add further services	The Managing Partner to continue to investigate further services that can be moved from hospital to the GP surgery making carer closer to the patients home.	March 2014 and 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, online 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 while routine appointments can be booked in advance for the patients convenience.

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 Cross City and Birmingham South Central Clinical Commissioning Groups. Their current preferred provider is Primecare. Primecare can be contacted by calling NHS 111 (Dial 111). 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.