

Dr Solway & Dr Whale Practice (D83073)
Patient Participation Report 2013/14

Guidance notes

This report must be published on the Practice website and a copy submitted to england.ea-des-activity@nhs.net by no later than 31st March 2014.

(This report should be used as a standard report template. It is annotated throughout to ensure the required information is documented appropriately. These guidance notes will be in grey and should be removed from the version uploaded onto your website to make the report easier for patients to read)

1. Maintaining the Patient Reference Group (PRG)

A summary of the process in place to annually review the practice profile to ensure the group is as representative as possible and, if not, the continuing recruitment process used to demonstrate every effort has been made to engage with any unrepresented groups.

2. Method and Process for Agreeing Priorities for a Local Practice Survey

The method the Practice adopted to seek the views of the PRG in determining the priority areas for the Practice to look at to include in a local annual practice survey.

3. Details and Results of the Local Practice Survey

A description of the local practice survey, how it was carried out, as well as details of the survey results.

4. Discussing Survey Results with the Patient Reference Group (PRG)

Details of how the Practice consulted with the Patient Reference Group (PRG) on the survey findings

5. Agreeing an Action Plan with the Patient Reference Group (PRG)

Details of the agreed action plan setting out the proposals arising out of the local practice survey results and how they can be implemented. Details of any issues that arose in the survey that cannot be addressed in the action plan and the reasons why.

6. Publishing the Local Patient Participation Report on the practice website by the 31.03.14

Details of where this Report has been published and also details of the Practices opening hours and how patients can access services.

7. Practice Declaration

Confirmation that the Local Patient Participation Report is a true and accurate representation of the work undertaken to fulfil the requirements of the Patient Participation DES 2013/14

1. Our Patient Participation Group

1.1 If this is the first year of your PRG, has a constituted structure been developed to reflect the practice population and to obtain feedback? How were representatives sought and what work was carried out to engage with any underrepresented groups?

This is our second year

1.2 If this is not your PRG's first year, is the PRG still representative of the practice population? If there are underrepresented groups, how does the practice try to engage with them?

It is our intention to hold a minimum of three meetings during each year and the doctors have agreed to attend meetings on an ad-hoc basis throughout the year. This financial year we achieved our target of three meetings.

We have endeavoured to recruit a full range of age and sex within our 'Patient Participation Group' by the following methods:

Advertising on the web site

Face to face when patients routinely attend the surgery

Displaying posters in the waiting room and around the general surgery area

Printing meeting details on prescription

Verbally discussing with patients

Information leaflets in the new patient registration packs

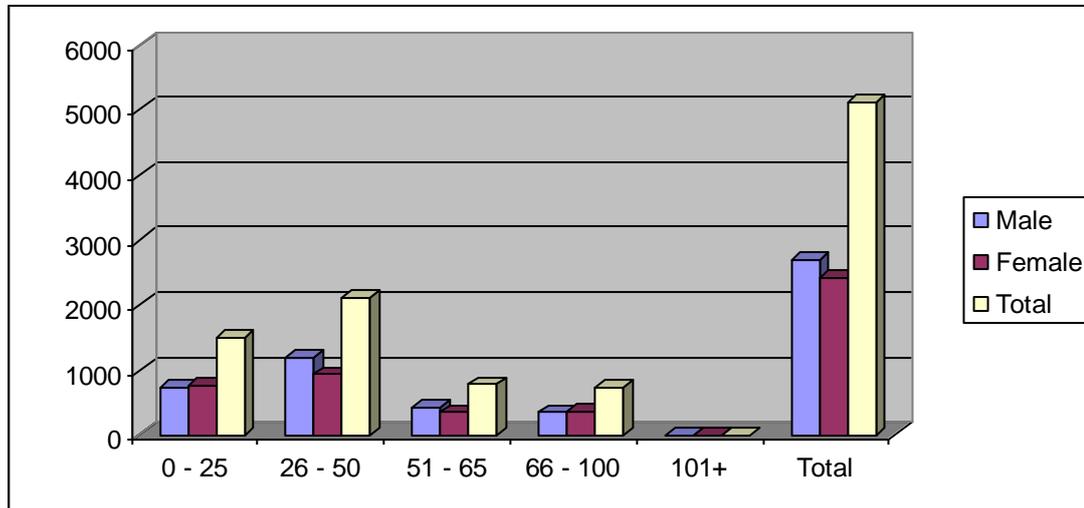
The practice established the group during 2012 and has held five meetings that have been attended by a growing patient group representing a range of patients. Attendance has included:

- A social worker (female)
- Professional middle aged worker with teenage children (female)
- Retired patients (male & female)
- Young chronic disease mother (female) a representative of black and minority ethnic group
- Young professional (female) Asian origin
- Chronic disease patient & (female) carer
- Young males (20's) taking part via e-mail
- Young females (20's) taking part via e-mail
- Retired female (palliative care patient)

- Retired male (disabled)

Current membership of 15, last meeting attended by nine members.

PRACTICE POPULATION GRAPH



Attempts to engage with underrepresented groups which are predominately the marginalised vulnerable adult population; younger age group and the middle aged 30-55:

- ✓ Via website – which is predominately used by younger/middle aged patients
- ✓ SMS text messaging - to advertise meetings – favoured by younger/ middle aged working population
- ✓ Via Health Visitor – young mums
- ✓ Via Midwife – younger population
- ✓ Face-to-face with our marginalised group but sadly to no avail

Guidance Notes: Practices must strive to engage and encourage feedback from patients that extend beyond a mix of just age/sex and ethnic origin. These could include patients from marginalised or vulnerable groups such as elderly patients, patients with a learning disability or other disability and those with various social factors such as working patterns, employment status and carers etc.

Component 2. Method and Process for Agreeing Priorities for the Local Practice Survey

Guidance notes: Agree areas of priority with the Patient Reference Group (PRG)

Component 2

As part of component 2 of the DES Practices are required to agree which issues are a priority and include these in a local Practice Survey.

The PRG and the Practice will shape the areas covered by the local practice survey. The areas covered in the local practice survey will, therefore, need to be agreed jointly based on key inputs and including the identification of:

- Patients priorities and issues
- Practice priorities and issues including themes from complaints
- Planned Practice changes
- Care Quality Commission (CQC) related issues
- National GP and/or Local Patient Survey issues

2.1 How were the views of the PRG sought to identify the priority areas for the survey questions i.e a meeting, via email, website etc?

Via a meeting held on 4/9/13, a small number of our patient group take part via e-mail so this method is used to contact and remotely discuss. One or two of our group were unable to attend and they contacted the surgery with their apologies and updates. Also in an effort to reach any underrepresented groups we use

Advertising on the web site

Face to face when patients routinely attend the surgery

Displaying posters in the waiting room and around the general surgery area

Printing meeting details on prescription

Verbally discussing with patients

Information leaflets in the new patient registration packs

The members were asked for their view on priorities and issues and what the survey/questionnaire for 2013/14 should cover. A simple initial survey was agreed, drawn up and distributed to our patient population during September/October & November by hand and via the website with an e-mail address to return or via post. We wanted to know:

- Establish patient access to appointments – to ensure we offer what patients want
- Access to specific clinicians – to ascertain preferences
- Confidence with telephone consultations – do we need to educate our practice population with this relatively new way of consulting
- Waiting times – do we offer enough
- On-line usage – Are patients happy and taking up - also to increase awareness

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- Satisfaction with environment – How do patient view the environment and could we make changes
- Overall satisfaction – We need to know

The practice population is 5K; three hundred questionnaires were circulated by hand but sadly only 47 were returned (16%).

2.2 How have the priorities identified been included in the survey?

We considered the fact that the practice received three complaints during the last year but there is with no theme to connect them. We have no CQC related issues to date.

We asked	You said
How do you book your appointments?	Face to face – 33% Via telephone - 67%
Are you able to get a general consultation within two working days?	Yes (98%)
Are you able to book in advance?	Yes (100%)
Do you have a preference for which GP you see?	Replied - 50/50
How easy is it to make a routine appointment?	Satisfied (100%)
Are you happy to accept a telephone consultation by a GP before appointment?	Yes – 91%
What time of day do you prefer a routine appointment?	AM – 70%
Do you make appointments and order prescriptions on-line? (ask at reception for information)	Yes – 27%
How satisfied are you with telephone answering at the practice?	Satisfied – 87%
How satisfied are you with practice opening hours (0800>1830 Monday to Friday)	Satisfied 84% (neutral – 16%)
Are you satisfied with the treatment you receive at this practice?	Satisfied – 93%

Are you happy with the physical environment; i.e. Décor; furniture & carpets?	Satisfied – 62% neutral 27% Dissatisfied 11%
Overall are you satisfied with the practice?	Satisfied 98%

Free text comments from the patient survey carried out in 2013 – ‘You said’ ‘ We replied’

Positive:

Very satisfied – well run
Not bothered about décor as long as clean.
Great service

Negative:

Bit dated
Poor waiting room
Waiting room gets very hot & there isn't much to keep small children amused.
Carpet in waiting room needs replacing – very stained and dirty.
If named doctor is unavailable on Monday & Tuesday with the weekend it makes a 5-day wait for appointment.

Comment:

Access to appointments at weekends would free up A&E Department at hospital which seems to be over worked.

Our response –

The waiting Room - The landlord has already agreed to redecorate and lay new flooring in the waiting room in 2014. Practice has already purchased new information boards and leaflet holders. The waiting room is in the middle of the building so sadly can become quite warm, there is a ceiling fan to help cool; sadly air conditioning is not an option at this time. We have purchased children's toys but unfortunately they do not stay in the waiting room for long.

Named Doctor - All the partners have commitments outside the practice which reduce their 'in practice' working availability but we strive to ensure that there is always a partner in the practice; holidays are managed around each other and the use of locums is minimal. We offer on the day appointments; on-line booking and pre-booked appointments. If you are unable to make an appointment on the day or in advance to suit your life/work balance our reception staff will take your details and arrange for the doctor on call that day to ring you back to discuss your needs and offer a suitable appointment as deemed necessary. If you wish to make a forward planned non-urgent appointment with a particular doctor and nothing suitable is available your details will be taken and that doctor will contact you when he/she is next on duty.

Access to appointments - There are no plans at present to offer weekend appointments; doctors' appointments are pre-bookable from Monday to Friday between 0900 & 1830. We have monitored attendance at the 'Accident & Emergency Department' and the majority of attendances are appropriate and our being open would not reduce use.

Step 3. Details and Results of the Local Practice Survey

Q1	How do you book your appointments?	At Reception	Via telephone		
Q2	Are you able to get a general consultation within two working days?	Always	Usually	Most times	Never
Q3	Are you able to book in advance?	Always	Usually	Most times	Never
Q4	Do you have a preference for which GP you see?	Male	Female	Named GP	No Preference
Q5	How easy is it to make a routine appointment?	Easy	Satisfactory	Difficult	
Q6	What do you consider to be a reasonable wait for a routine appointment?	Up to 2-days	Up to 3-days	Up to 5-days	Up to 7-days
Q7	Are you happy to accept a telephone consultation by a GP before appointment?	Yes	No		
Q8	What time of day do you prefer a routine appointment?	0830>1100	1100>1300	1300>1500	1500>1700
Q9	Do you make appointments and order prescriptions on-line? (ask at reception for information)	Yes	No		
Q10	How satisfied are you with telephone answering at the practice?	Satisfied	Neutral	Dissatisfied	
Q11	How satisfied are you with practice opening hours (0800>1830 Monday to Friday)	Satisfied	Neutral	Dissatisfied	
Q12	Are you satisfied with the treatment you receive at this practice?	Satisfied	Neutral	Dissatisfied	
Q13	Are you happy with the physical environment; i.e. Décor; furniture & carpets?	Satisfied	Neutral	Dissatisfied	
Q14	Overall are you satisfied with the practice?	Satisfied	Neutral	Dissatisfied	
	Any additional comments:				

Guidance Notes: Collate patient views through the use of a survey

Component 3

As part of component 3 of the DES Practices are required to collate patients views through a local practice survey and inform the Patient Reference Group (PRG) of the findings.

The Practice must undertake a local Practice survey at least once per year. The number of questions asked in the local practice survey will be a matter for the Practice and the PRG to agree. Questions should be based on the priorities identified by the PRG and the Practice.

3.1 Was a survey carried out between 01.04.13 and 31.03.14?

Survey was agreed with PPG on 4 September 2013 and distributed to our patient population during September/October & November 2013.

3.2 What method(s) were used to enable patients to take part in the survey (i.e survey monkey, paper survey, email, website link) and why?

A simple initial survey was agreed, drawn up and distributed to our patient population during September/October & November 2013, by hand and via the website (website link) with an e-mail address to return or via post. Providing questionnaire and pen with post box to hand personally in the waiting room appears to provide the best return; it is easy and anonymous. However, we do have a number of patients regularly using the internet so access to the questionnaire electronically is practical.

3.3 Was the survey credible (was the response rate sufficient to provide 'the reasonable person' with confidence that the reported outcomes are valid)?

The practice population is 5K; three hundred questionnaires were circulated by hand/e-mail/website but sadly only 47 were returned (16%). Despite our very best efforts the return rate is not great, a reflection of the transient practice population and deprivation of the town centre area we inhabit.

3.4 Please provide a copy of the survey and the analysis of the results of the survey.

PATIENT SATISFACTION QUESTIONNAIRE/SURVEY 2013/14

Please tick the answer that applies to you.

Do you know that the practice offers the following services:

Blood tests; wound care; NHS health checks (40 > 74 year olds); on-site midwife; mental health link worker; diabetic care; asthma checks; COPD care; contraceptive services; womens' health care; advice on diet & exercise; giving up smoking and advice on reducing alcohol intake.

PATIENT SATISFACTION QUESTIONNAIRE/SURVEY analysis 2013/14

Please tick the answer that applies to you.

Q1	How do you book your appointments?	At Reception 33%	Via telephone 67%		
Q2	Are you able to get a general consultation within two working days?	Always 24%	Usually 53%	Most times 20%	Never 2%
Q3	Are you able to book in advance?	Always 44%	Usually 44%	Most times 12%	Never
Q4	Do you have a preference for which GP you see?	Male 5%	Female 24%	Named GP 20%	No Preference 51%
Q5	How easy is it to make a routine appointment?	Easy 47%	Satisfactory 53%	Difficult	
Q6	What do you consider to be a reasonable wait for a routine appointment?	Up to 2-days 38%	Up to 3-days 24%	Up to 5-days 22%	Up to 7-days 16%
Q7	Are you happy to accept a telephone consultation by a GP before appointment?	Yes 91%	No 9%		
Q8	What time of day do you prefer a routine appointment?	0830>1100 58%	1100>1300 22%	1300>1500 11%	1500>1700 2%
Q9	Do you make appointments and order prescriptions on-line? (ask at reception for information)	Yes 27%	No 73%		
Q10	How satisfied are you with telephone answering at the practice?	Satisfied 87%	Neutral 13%	Dissatisfied	
Q11	How satisfied are you with practice opening hours (0800>1830 Monday to Friday)	Satisfied 84%	Neutral 16%	Dissatisfied	
Q12	Are you satisfied with the treatment you receive at this practice?	Satisfied 93%	Neutral 4%	Dissatisfied 2%	
Q13	Are you happy with the physical environment; i.e. Décor; furniture & carpets?	Satisfied 62%	Neutral 27%	Dissatisfied 11%	
Q14	Overall are you satisfied with the practice?	Satisfied 98%	Neutral 2%	Dissatisfied	
	<p>Any additional comments:</p> <p>Very satisfied – well run Not bothered about décor as long as clean. Bit dated Great service Poor waiting room Waiting room gets very hot & there isn't much to keep small children amused. If named doctor is unavailable on Monday & Tuesday with the weekend it makes a 5-day wait for appointment. Access to appointments at weekends would free up A&E Department at hospital which seems to be over worked. Carpet in waiting room needs replacing – very stained and dirty. 47 surveys returned.</p>				

Do you know that the practice offers the following services:

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Blood tests; wound care; NHS health checks (40 > 74 year olds); on-site midwife; mental health link worker; diabetic care; asthma checks; COPD care; contraceptive services; womens' health care; advice on diet & exercise; giving up smoking

Component 4. Discussing Survey Results with the Patient Reference Group (PRG)

Guidance notes: Provide the Patient Reference Group (PRG) with the opportunity to discuss survey findings and reach agreement with the PRG of changes to services.

Component 4

As part of component 4 of the DES Practices are required to provide the Patient Reference Group (PRG) with the opportunity to comment and discuss findings of the local practice survey and reach agreement with the PRG of changes in provision and manner of delivery of services. Where the PRG does not agree significant changes, agree these with the PRG.

4.1 How were the survey results discussed with the PRG and any proposed outcomes agreed?

Survey results and outcomes were discussed and agreed at the Group meeting on 4/12/13; via e-mail and over the telephone with one patient group member.

Component 5. Agreeing an Action Plan with the Patient Reference Group (PRG)

Guidance Notes: Agree an action plan with the Patient Reference Group (PRG) and seek PRG/AT agreement to implement changes.

Component 5

As part of component 5 of the DES the practice is required to agree with the PRG an action plan setting out the priorities and proposals arising out of the local patient survey. They are also required to seek agreement from the PRG to implement any changes and where necessary inform the PCT.

5.1 What action plan was agreed and how does this relate to the survey results?

Areas for change are minimal however it was recognised by the group that the state of the waiting room is a cause for concern – the practice was able to inform the group that the Landlord has in fact already been approached and has agreed to redecorate and replace the flooring in 2014.

In addition to the patient satisfaction survey we discussed the practice tradition of taking telephone orders for repeat prescriptions which is impacting on patients' ability to get through to the practice by telephone. The group unanimously agreed that this practice should cease; it was felt that in the interest of patient safety and the general improvement of access for the majority that to terminate this practise with three months notice and a vigorous advertising campaign would be fair to all.

An area for change patients would have liked but is sadly not possible is greater availability of named doctors. It became apparent that the group, and so possibly patients in general, were not aware that all the partners work less than full time in the practice due to other commitments but the surgery is never without a partner on duty. However, the practice does offer the option to patients that if they wish to make a forward planned non-urgent appointment with a particular doctor and

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nothing suitable is available their details will be taken and that doctor will contact them when he/she is next on duty. Change is not possible because all the partners work less than full time in the practice due to other commitments.

Action Plan:

Area:	Action	By whom/By when
Redecorate waiting room	Redecoration of waiting room and replacement of flooring.	Landlord to redecorate and replace flooring. Practice to replace display boards and pockets – Summer 2014
Telephone ordering of repeat prescriptions	Advertising campaign in progress from December 2013 to 31 March 2014 - website/new patient registration/information on all repeat prescriptions/menu tree information message on telephone/leafleting and posters around surgery.	All practice staff – vigorous campaign to ensure patient awareness - December 2013 > 31 March 2014.
Named doctor availability	Ensure patient awareness of doctors working pattern	Notice in waiting room and information on website - Practice Manager - immediate effect

Patient Participation Group effective in word of mouth discussion to promote awareness in waiting room discussions with fellow patients regarding the cessation of repeat prescription ordering by telephone and the reasoning behind this decision. Also active in pointing out the poster information on named doctors working pattern and offering practice newsletters.

Further Plans for 2014/15

Efforts to increase the size of the core participation group will continue throughout 2014/15. One clear area of under representation is that of marginalised vulnerable adults but sadly despite approaching face to face we have been unable to encourage participation; possibly due to chaotic lifestyles.

Landlord has agreed to redecorate and improve flooring in the waiting room.

Increased Health Care Assistant appointments

Following discussion with our patient participation group and a strong advertising campaign over a 4-month period (via website/new patient registration/information on all repeat prescriptions/menu tree information message on telephone/leafleting and posters around surgery) we will cease to take repeat prescription requests by telephone from 1 April 2014 – this will improve telephone access to the surgery.

5.2 How was the PRG consulted to agree the action plan and any changes?

The Patient Participation Group Agenda was circulated to all members (via e-mail, post and on the website-meeting advertised by poster throughout the practice and on prescriptions and new registration packs) on the 20 November giving adequate time for feedback for the meeting scheduled for Wednesday, 4 December; the main item being the discussion of the results of the survey and to agree and draw up an action plan. Three group members sent apologies but had nothing to add to the agenda for discussion.

5.3 If there are any elements that were raised through the Survey that have not been agreed as part of the action plan what was the reason for this?

An area for change patients would have liked but is sadly not possible is greater availability of named doctors. It became apparent that the group, and so possibly patients, were not aware that all the partners work part-time but the surgery is never without a partner on duty. However, the practice does offer the option to patients that if they wish to make a forward planned non-urgent appointment with a particular doctor and nothing suitable is available their details will be taken and that doctor will contact them when he/she is next on duty. Change is not possible because all the partners are part-time.

5.4 Are any contractual changes being considered? If so please give details and confirmation that these have been discussed with the AT. None

Step 6. Publishing the Local Patient Participation Report

Guidance Notes: Publicise actions taken and subsequent achievement

Component 6

As part of component 6 of the DES the practices is required to publicise this Local Patient Participation Report on the Practice website and update the report on subsequent achievement **by no later than 31/03/2014**. A copy must also be sent to the AT by then.

6.1 Are there any further actions that have occurred from the:

2011/12 Action Plan
2012/13 Action Plan:

Area:	Action:	Outcome:
Can we have later appointments during the week?	This has been discussed and changes have been made to surgery hours but now that we have a third partner, Dr Mallick, we will be able to further discuss this matter. Later appointments offered from February 2013	Late appointments are offered Monday > Friday and have proved popular with working patients. Since Dr Mallick joined the practice we have been able to increase our appointment availability across the board. We endeavour to ensure that we are at least 4-weeks ahead on the appointment planner to guarantee forward planning availability for patients.
Can we order prescriptions on line?	Yes, prescriptions on line are available; to register and for further information contact reception or go to: www.drsolwayandwhale.co.uk . We will advertise this service again on the prescription tear off in the new year.	This service was slow to take off but latterly take-up has improved and to date we have registered 483 patients with passwords (10% of our practice population).

In addition the Practice is required to provide details of Practice opening hours and how Patients can access services through core hours

6.3 What are the practices opening hours and how can patients access services during core hours (8am-6.30pm)

0800 – 1830 (Monday to Friday) access via telephone/via website (on-line) & face-to-face at reception for appointments and via web site (on-line)/telephone/face-to-face for repeat prescriptions. Appointments with various clinicians between 0830>1830 Monday >Friday.

Opening hours are widely publicised on our website and practice leaflet. The website is also available for prescription requests and making cancelling appointments.

Where a Practice is commissioned to provide Extended Hours the Practice is required to confirm the times at which patients can see individual health care professionals

6.4 Do you provide extended hours? If so, what are the timings and details of access to Health care Professionals during this period.

We do not currently participate in extended hours.

7. Practice Declaration – *this is only required as part of the report submitted to the AT*

The Practice confirms that the above report is a true and accurate reflection of the work undertaken as part of the Participation DES 2013/14 .

Signed and submitted to the PCT and published on the Practice website on behalf of the Practice by:

Name: Collette Fisher
Surgery code: D83073
Website: www.drsolwayandwhale.co.uk

Signed: 
Date: 11.03.2014

FOR AT USE ONLY

Date Report Received by the AT: _____ Receipt Acknowledged by: _____

Report published and evidenced on Practice website by required deadline: _____