

**LONGROYDE SURGERY**

**PATIENT PARTICIPATION REPORT 2013-2014**

**Profile of the Practice and Patient Participation Group (PPG)**

We are a well-established small practice in the suburban area of Rastrick and the practice list now stands at approximately 3900 patients which is about 100 more patients than last year. A breakdown of the practice population is shown below together with a breakdown of the PPG.

The practice set up a patient group in 2005 and re-launched it in 2011. The practice is continually trying to attract a wider representative of the practice population.

The Patient Participation Group now has 18 patients from the practice with an age range between 25 and 89 years. There are currently 10 females and 8 males in the group. (See breakdown of PPG profile by age sex and ethnicity on table overleaf).

The practice continues to try and recruit more members for a mixed representation of the practice population and have taken the following steps:

* + Displays posters within the surgery
	+ Leaflets are available on the front desk
	+ GPs and reception staff hand out leaflets to individual patients. Our latest member was recruited via this method
	+ Health Visitor hands out leaflets to target younger parents
	+ Poster and leaflets have been sent to Rastrick Children’s Centre to target younger patients as we do not currently have much representation from this group
	+ The practice website has a separate section for PPG with an online application form

Several members of our group continue to support the practice and attend the Calderdale Health Forum meetings which give practices a further opportunity to involve their PRG members in the wider agenda of the Clinical Commissioning Group.

The table below shows a breakdown of the practice population and the PPG by age, sex and ethnicity.

| **Practice population profile** | **PPG profile** | **Difference** |
| --- | --- | --- |
| **Age** |
| % under 16**23%** | % under 16 | -23 |
| % 17 – 24**11%** | % 17 - 24 | -11 |
| % 25 – 34**13%** | % 25 - 34**8%** | -4 |
| % 35 – 44**14%** | % 35 – 44**6%**  | -9 |
| % 45 – 54**16%** | % 45 – 54**28%** | +12 |
| % 55 – 64**11%** | % 55 – 64**44%** | +32 |
| % 65 – 74**7%** | % 65 – 74 **11%** | +4 |
| % 75 – 84**4%** | % 75 – 84 | -3 |
| % over 84**1%** | % over 84**6%** | +5 |
| **Ethnicity**69% of patients have ethnicity recorded so these figures reflect that percentage of the registered population. |
| **White** | **White** |  |
| % British Group**65%** | % British Group**89%** | +24 |
| % Irish**<1%** | % Irish**11%** | +11 |
| **Mixed** | **Mixed** |  |
| % White & Black Caribbean**<1%** | % White & Black Caribbean |  |
| % White & Black African**<1%** | % White & Black African |  |
| % White & Asian**<1%** | % White & Asian |  |
| **Asian or Asian British** | **Asian or Asian British** |  |
| % Indian**<1%** | % Indian |  |
| % Pakistani**<1%** | % Pakistani |  |
| % Bangladeshi**<1%** | % Bangladeshi |  |
| **Black or Black British** | **Black or Black British** |  |
| % Caribbean**<1%** | % Caribbean |  |
| % African**<1%** | % African |  |
| **Chinese or other ethnic group** | **Chinese or other ethnic group** |  |
| % Chinese**<1%** | % Chinese |  |
| % Any other**<1%** | % Any other |  |
| **Gender** |
| % Male**49%** | % Male**44%** | -5 |
| % Female**51%** | % Female**56%** | +5 |
| **Differences between the practice population and members of the PRG.** | The group is aware that they are not representative of the practice population; however, a general invitation was issued to all registered patients via notices in the waiting room, personal invitations from staff and via the practice website. The practice will continue to seek new members from the under-represented areas over the next twelve months.Since last year, the practice has recruited another 4 members, 3 male and 1 female. |

The Practice offers both a PPG and a virtual group on all literature. We have several members who are unable to attend meetings but exchanges views via email.

**Patient Participation Group Meeting – 3rd February 2014**

The group met on 3rd February 2014.

All members of the group were sent a copy of the agenda and the results from the latest patient survey before the meeting. The group reviewed the action plan for 2012-13.

 **Review of** **Action Plan 2012-13**

|  |  |  |
| --- | --- | --- |
| **You said…** | **We did…** | **The result is…** |
| The practice will increase the awareness of the Healthcare Assistant and promote the appointments that she and the Practice Nurse carry out | Difference in roles and what each can carry out displayed* On notice board in entrance area
* On practice website
* Poster in waiting room
* On practice leaflet
 | Fuller clinics for HCA which has relieved some of the pressure from the Practice NurseWe are looking to extend HCA duties to include spirometry and possibly ECGs |
| The practice will investigate if any of the trees in the car park can be removed to allow better access | We contacted the council who inspected the trees. Unfortunately they all have Tree Preservation Orders so cannot be removed. | We have had the dead branches removed from the trees. |
| The practice will promote the practice website  | We promoted details of the website via posters and displays and flyers on the reception desk | Last year the website had 21,225 visits. The website is used to access SystmOnline and in the last 12 months* 117 appointments have been booked online
* 813 repeat prescriptions have been ordered online
 |

The group was happy that the practice had completed all actions from the 2013-14 action plan.

This year it was agreed the focus would be on the patient experience when attending the surgery. The group discussed the results of the survey carried out in October 2013. This survey was in a different format to our previous surveys and focused more on patient feelings at different stages of their appointment journey rather than yes/no type answers. It was a survey produced by Shaping Health International through the Productive General Practice package that the practice enrolled in last year. The results showed that patients were generally happy with their patient experience and from the 273 feedback comments received, only 20 were not positive. It was noted that whilst most of the results appeared positive, there are no benchmark figures to compare the data against. It was agreed that the Practice Manager would try and obtain benchmark figures to give our data more meaning.

It was agreed that whilst the results of the patient experience survey were interesting, it would be more beneficial to re-visit the survey carried out in 2011-12 as the practice has taken on more patients over the last 12 months and future survey results would hopefully show we are maintaining our excellent access and our patients are still happy with their care. We currently have about 3900 patients and the GPs agreed that maximum capacity would be around 4500 patients. It was agreed that it would be too soon after the last survey to do another, so it will be re-visited in September 2014.

Dr Brook stated that he believes that we achieve excellent access by being a small practice. The PM informed the group that she and Dr Grant regularly meet with the neighbouring practices to discuss issues, and ideas and improvements surrounding access are shared. It was noted by one member that our reception staff appear to work well as a team and juggle demand well.

As a practice we pride ourselves on access and patient care and one member suggested that we have a mission statement to encompass what we want to achieve. It was agreed to add this to the action plan for 2014-15. *““We will strive to provide excellent Primary Care – prompt access for those who are or believe themselves to be ill.”*

**Survey Results and Action Plan 2013-2014**

The survey results were collated into graph form and a copy was sent to each member of the PPG prior to the meeting. A poster was displayed in the waiting room advising patients that the results were available to view together with an invite to join the PPG and attend the meeting in March. A paper copy of the results was placed in the waiting room for patients to view and the results were also displayed on the new notice board in the entrance hall. The results graph was also added to the practice website.

Feedback from the survey confirmed that the practice offers excellent appointment access and the results show that tightly managing appointment demand is successful.

 A discussion took place on waiting time when in the surgery. The survey results confirmed that, whilst sometimes surgeries are running late, patients are not unhappy as, when they are seen, they are not rushed and feel respected and valued. Dr Grant confirmed that we do not operate the one appointment, one problem approach that other surgeries do. Catch up slots have been added to surgeries to reduce the waiting time for patients.

The PM asked the group for their views on privacy in the waiting room as one of the comments from the survey was to have background music playing. The group believes that this is unnecessary and might prove irritating if patients are feeling unwell. Whilst the practice does not have a private reception area, there is a hatch in the entrance hall that patients can use for privacy or they can ask to speak to someone away from the reception desk and we have signs on the front desk informing patients of this. Gail (Receptionist) confirmed that the receptionists do try and keep personal information to a minimum when working on the front desk.

The practice is trying to improve communication of information to patients and produced a winter newsletter recently. This was only available for patients to read when attending the practice and it was agreed that it would be useful to add it to the website and maybe email it to patients that we hold email addresses for. If we could set up an email distribution list it was agreed that this would be a good way of communicating with patients who do not attend the surgery regularly. We would assume consent to send a newsletter for all those for whom we hold email addresses and just include an “unsubscribe” link in case some wanted excluding.

The group was given an overview of the Care Quality Commission (CQC) inspections that all practices will have to undergo over the next few years. The practice should get 48 hours notice of an inspection and it is likely that the inspectors would want to speak to members of the Patient Group to find out their patient care experience at the practice. Two of the members present agreed that they would be happy to be contacted by the CQC inspectors.

From the discussion of the survey results, the following action plan was agreed.

1. To obtain information to enable the practice to benchmark the survey results against other practices
2. To agree a mission statement to encompass what the practice wants to achieve and add to the practice website
3. To improve communication to patients and look at setting up an email distribution list to send information to patients
4. To utilise website more to improve communication to patients
5. Carry out a patient survey in September and meet as a group to discuss the results

**Confirmation of the practice opening times**

**The surgery opening hours are Monday – Friday 8.30am – 6.30pm.**

Patients can contact the surgery by telephone during these hours or call in person. The practice does not undertake extended access.

However the practice has taken part in the Calderdale CCG Saturday morning winter planning scheme which was set up to support increased demand for urgent care services over the winter period. This service offers urgent appointments only which are bookable on the day via the telephone and the phone line between 9.00am - 12.30pm. The scheme runs until the end of March 2014.

Our opening hours are displayed on the surgery front door, on the front cover of the practice leaflet and on both the practice website ([www.longroydesurgery.nhs.uk](http://www.longroydesurgery.nhs.uk)) and the NHS choices website ([www.nhs.uk](http://www.nhs.uk)).

**Availability of information**

A copy of the survey results and this report has been sent to all members of the PPG either via e-mail or by post

A web link to this report was sent to NHS England, Leeds

A copy of the survey results and this action plan is available:

In the waiting room for patients to view

On the practice website ([www.longroydesurgery.nhs.uk](http://www.longroydesurgery.nhs.uk)) together with the minutes from the PPG meetings