

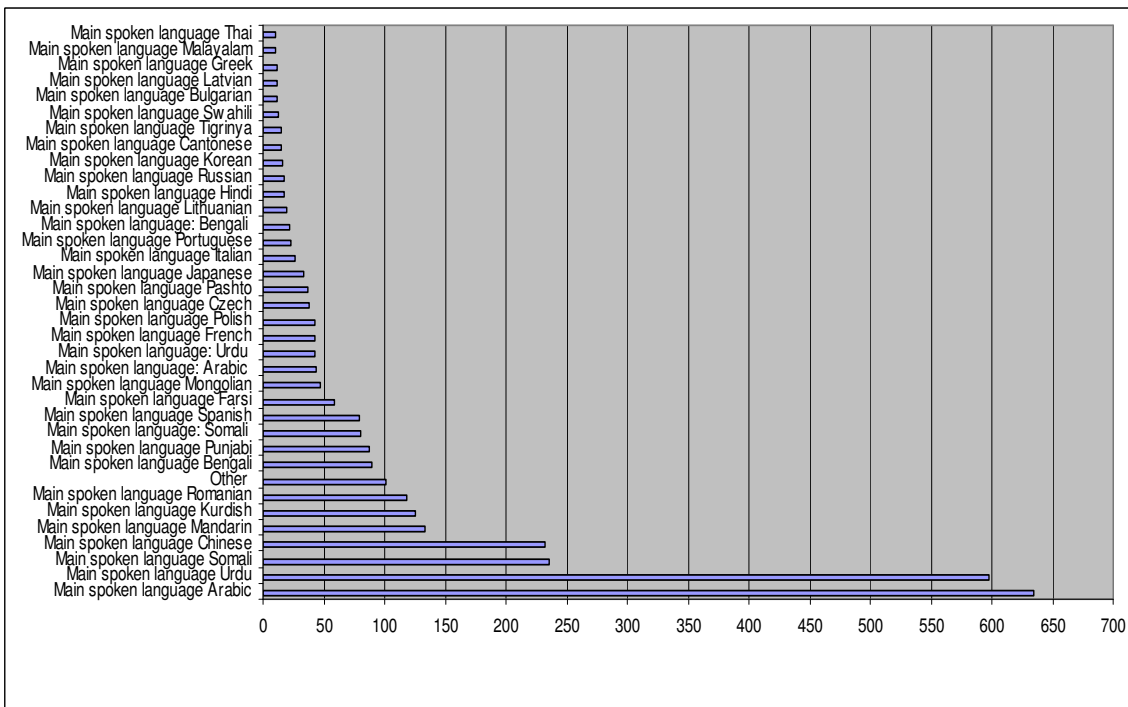
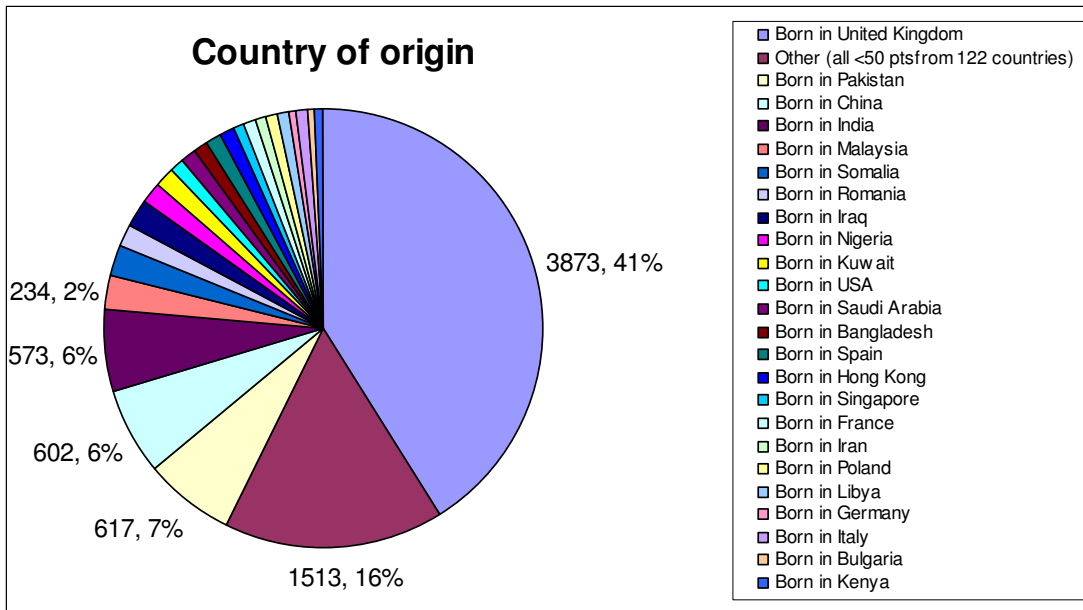
The Robert Darbishire Practice Patient Participation Group Report 2013-14

Background to the Patient Participation Group (PPG)

The Robert Darbishire Practice is the largest Practice in central Manchester with a current population of just under 19,000. The practice has a predominately young population with just 5% of patients who are aged 65yrs or more. The practice is very diverse and includes patients from many different ethnic groups and many patients whose main language is not English (see tables and charts below). As we were once part of University of Manchester's Medical School, we still have many links with the University and many students including a large number of foreign students are registered with the practice each year. This means that each year we have to handle large numbers of new registrations and provide information on how to access services to a very fluctuating patient group.

	Practice Population profile				Patient Group profile			
	Male		Female	%	Male	%	Female	%
0-9yrs	1106	11	1020	12	0	0	0	0
10-19yrs	1334	13	1393	16	0	0	0	0
20-29yrs	3321	32	3281	38	8	62	8	35
30-39yrs	2050	20	1273	15	2	15	5	22
40-49yrs	1204	11	636	7	1	8	1	4
50-59yrs	671	6	435	5	1	8	5	22
60-69yrs	325	3	285	3	1	8	2	9
70-79yrs	190	2	190	2	0	0	2	9
80-89yrs	190	2	94	1	0	0	0	0
90-99yrs	77	1	11	0	0	0	0	0
100+	8	0	1	0	0	0	0	0
Total	10476	100	8619	100	13	100	23	100

Ethnicity (where stated)	Practice profile		Patient Group Profile	
	No.	%	No.	%
Black/Black British	2581	17	1	3
Asian/Asian British	4086	26	9	25
White British	4235	27	18	50
Other	1384	9	1	3
Other white	1443	9	3	8
Chinese/Chinese British	1115	7	1	3
Mixed	797	5	3	8
Total	15641	100	36	100



Prior to 2012 the practice held adhoc meetings to discuss patient survey results. This was very useful feedback however it was noted that the patients who attended the meetings were mainly the elderly and retired and not wholly representative of the practice population. As we routinely collect email addresses as part of the registration process we saw this as a better way for the practice to contact and engage with a wider cross section of patients and to make it easier for patients who do not otherwise have the time to attend patient group meetings. So in an attempt to rectify this we emailed all patients with an email address and set up a virtual patient group made up of patients who agreed to be contacted via email when we needed to seek patients views. We initially recruited 70 patients but over time and as patients have moved on this number has decreased and we now have 36 group members.

The current virtual patient group is generally reflective of the practice in respect of age. We would like to recruit more male members and also members from some of the other ethnic groups such as Somalian, Chinese and Middle-Eastern patients. To address this we initially emailed all patients with an email address. We also tried to recruit more members when we sought the views from patients about what areas we needed to include in the local survey, both by email and face to face when patients attended for appointments and we tried again to recruit group members when we emailed patients the link to the local patient survey.

The PPG is more representative of the practice population than previously although we are aware that there are still some ethnic groups who are not represented and some work to be done. In an effort to improve this we will continue to seek patient views through the promotion of the virtual patient group on the practice website and in the surgery. We also recognise that we may have to look at alternative ways to engage with those patients with language difficulties.

Priority Areas for the PPG 2013-2014

Before we created the local practice survey we emailed the PPG members. We also contacted another random cross section of 200 patients with an email address who had had an appointment in the last 3 months to seek their views about the key areas they would like us to survey. In addition we also surveyed a cross section of patients who attended for appointments during the week to try and capture patients views who may not be on email.

The responses were collated and many of the issues highlighted by the patients reflected some of the concerns that had been raised when dealing with practice complaints and comments. The practice agreed that it was important for these areas to be covered by the local survey and the following areas were agreed to be surveyed.

	Comments	Number of patients who felt this to be a key priority	% of total number of patients who responded
Making appointments (urgent/book ahead)	Survey of patient experience/accessing appointments/ reason for the telephone consultation/possibility of booking appointments online	13	14
Seeing the same doctor (continuity of care)	Importance of seeing the same doctor for consistent care	13	14
Clinical Care provided by clinicians (GP/Nurse or HCA)	Telephone consultations GP consultations Experiences with Communication	10	11
Opening times	Provision of extended hours	10	11

Services we currently provide or you would like us to provide	Do patients know services we provide?	8	9
Telephone system	Patient experience Test result service	7	8
Reception issues	Collecting prescriptions/Long queues/ Do patients use self check in? Customer service	7	8
Prescription issues	Ordering repeat medication/ do patients know they can order online	7	8
Waiting times in waiting room	Do patients use self check in?	7	8
Physical environment	Toilet facilities/disabled access/baby changing/General environment	6	6
Communication eg Newsletters/Texting/Letters	Methods to contact patients/provide information about services	5	5

The PPG also informed us that they you would like us to ask patients about

- Whether they would like more information /help on accessing related support services/Help Groups/Charitable organisations
- Joining a patient participation Group

The Survey

The survey was created using Survey Monkey and the link was emailed to the PPG and to 840 patients with an email address at the beginning of March 2014. These patients had all had an appointment in the last three months so any feedback we did receive would be up to date.

The survey closed on 28th March and 145 patients had completed the survey. We felt this was a good response as when we ran a similar survey in 2011-12 33 patients completed the questionnaire.

The results can be found in *Appendix A*.

The results we did receive however were informative. We were pleased to see that the patients who completed the survey were representative of the practice in age. It was also encouraging to see that patients who completed the survey encompassed all ethnic groups.

The main points were

- The care provide by doctors was generally very good or good
- 85% of patients agree that they can speak to or see a doctor of nurse practitioner on the same day

- Although many patients agree that they would like to be seen or speak to their usual Doctor more patients agree that they would prefer to be seen quicker
- The care provided by the practice nurse and healthcare assistants was mainly very good or good
- The majority of patients felt that the receptionists were very good
- Patients agreed that they would like to see the practice open at the weekends and evenings
- 87% would like to go online to book an appointment

Informing PPG of results

The results were discussed by the management team and they proposed a number of actions to the PPG that we could undertake in the next year to improve the service we provide. The PPG were then emailed these action points and asked for their comments. One of the members replied

-"I found the results very encouraging and myself and my family particularly welcome the additional hours"

In addition to the data we also received a number of written comments which have provided more insight as to how we can improve in these areas.

Action Plan

See *Appendix B*. There were nothing highlighted by the patient survey where it was felt that we could not respond. We agreed on the following actions:

Timeliness of Telephone Appointments – we gleaned from the comments that some patients would like more information about when they will be called back and also to be called back at a more convenient time

- We will try to ensure that the majority of time patients requesting telephone appointments in the morning will be called back before 1pm and those requesting afternoon appointments will be called back before 6pm. We will ask reception staff to tell the patient this.
- It is already possible to ask for a call back within a certain time frame eg after 5:00pm if at work, so we will look at ways we can improve our communication to patients so that they the system work better for them

Making face to face appointments without the need for an initial telephone appointment – we understand that some patients still find this frustrating but this system does work well for our population. It allows us to assess the patient's problem and offer them an appropriate appointment and management. Many problems such as test result queries and medication queries and reviews can be dealt with over the phone and this has the advantage of saving the patient a trip to the surgery. We routinely collate appointment data to monitor demand and to see how well this is working. We have reviewed our data and reception now offer parents of children under 1 year the choice of whether they would like a face to face or a telephone appointment. We will continue to review the data and may make further changes for other groups of patients.

Additional hours – by working with Manchester Primary Care we are now able to provide evening appointments until 8pm Monday-Friday and morning appointments on Saturday and Sunday.

Online booking – 88% of patients said they would like to make an online booking. We are planning to offer this shortly and will start by offering Nurse and Healthcare Assistant appointments. We will review how this is used and consider whether this we will be able to make this work for doctor appointments.

Waiting room – there were a number of recurring themes in the comments about improving the waiting room.

- The décor and cleanliness is the responsibility of NHS Properties. We will ask reception to monitor this in the evening and feedback any concerns. We are pressing for the waiting room to be painted and the flooring to be replaced so we hope this will provide a brighter seating area
- Automatic check-in – we will review the positioning of this so that it is well signposted
- Due to the layout of the waiting room we understand from comments that some patients find it difficult to hear their name called. We will look into the feasibility of placing a tannoy system by the door to overcome this.

Communication – the results showed that the majority of patients were not aware of all the services currently available at the practice. We feel that we need to improve in this area this so that patients are aware of all the services we provide. We propose to re-introduce our newsletter to provide news about our staff, services and any health topics. We will email the newsletter to patients with an email address and provide hard copies in the waiting room.

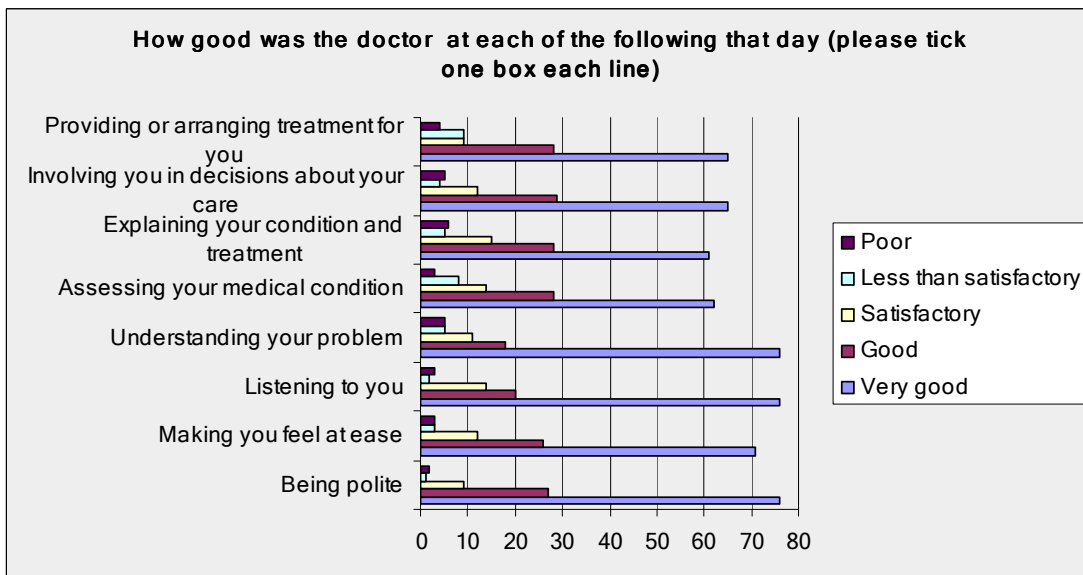
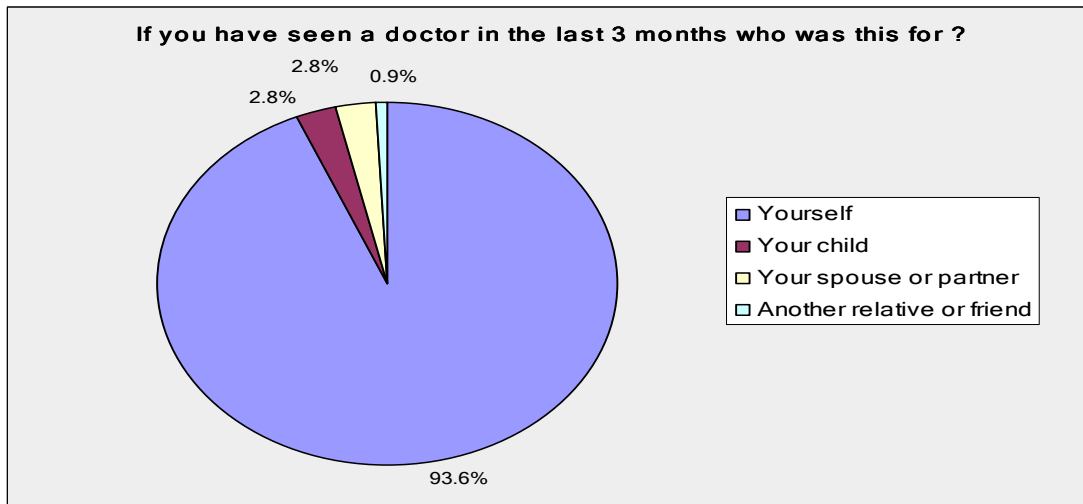
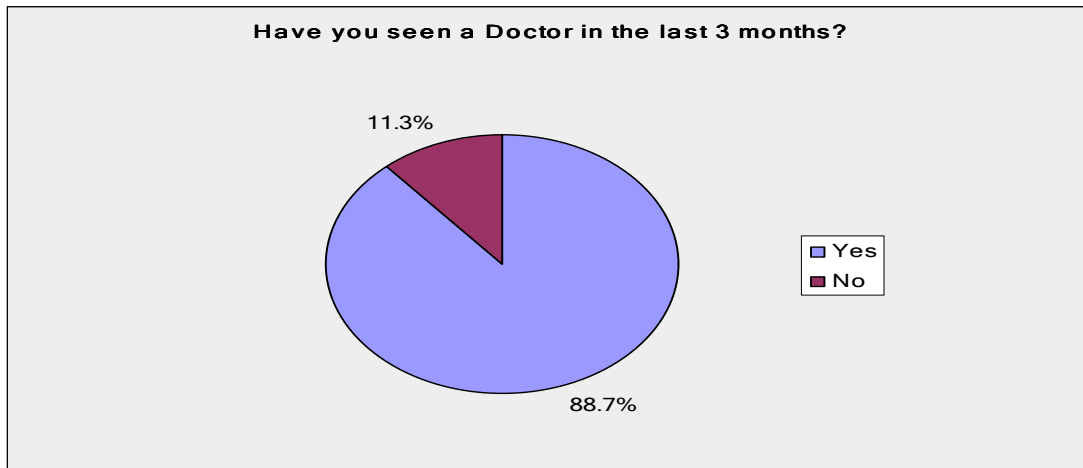
Patient Feedback and Virtual Patient participation Group - we would like to continue to run the survey so that we have regular feedback from patients and hopefully this will be able to demonstrate improvements. We would also like to continue to increase the number of patients joining our patient group to make it more representative of the practice so we will promote this via the website and through our newsletter.

Publication of Survey results and report

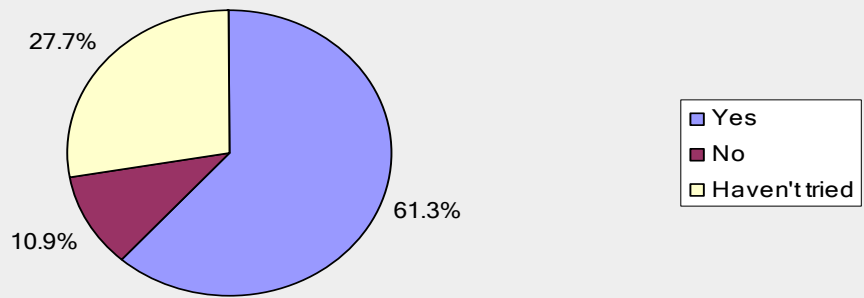
The patient survey results and action plan will be available on the practice website and the practice intranet. It has also been sent to all members of the patient group and all members of practice staff. We have also displayed the results in the waiting room.

The report has been added to the practice website under Patient Survey. A hard copy is displayed in the waiting room. We will also include a summary of the survey results and actions to be taken in the first practice newsletter.

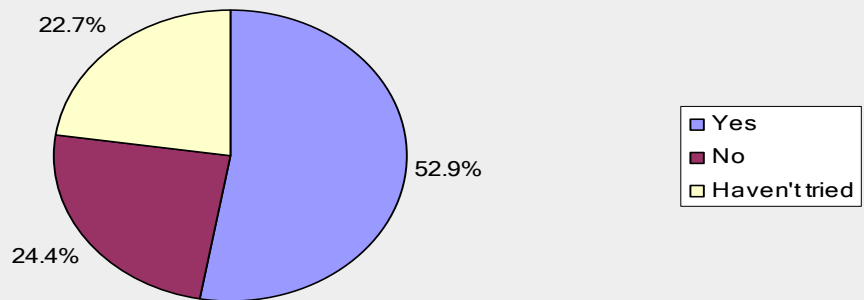
Appendix A – Patient Survey Results



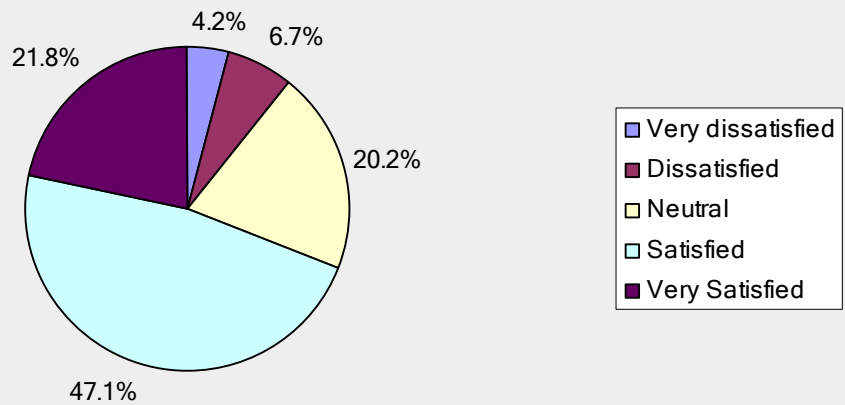
If you have an urgent medical condition can you speak to or see a Doctor or Nurse Practitioner at the practice on the same day?

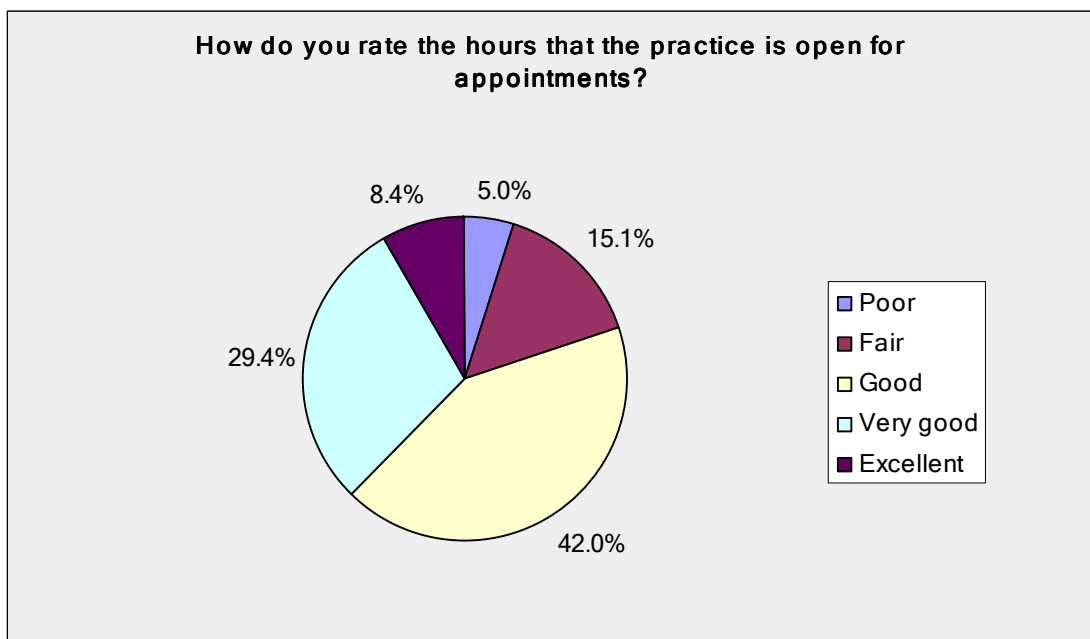
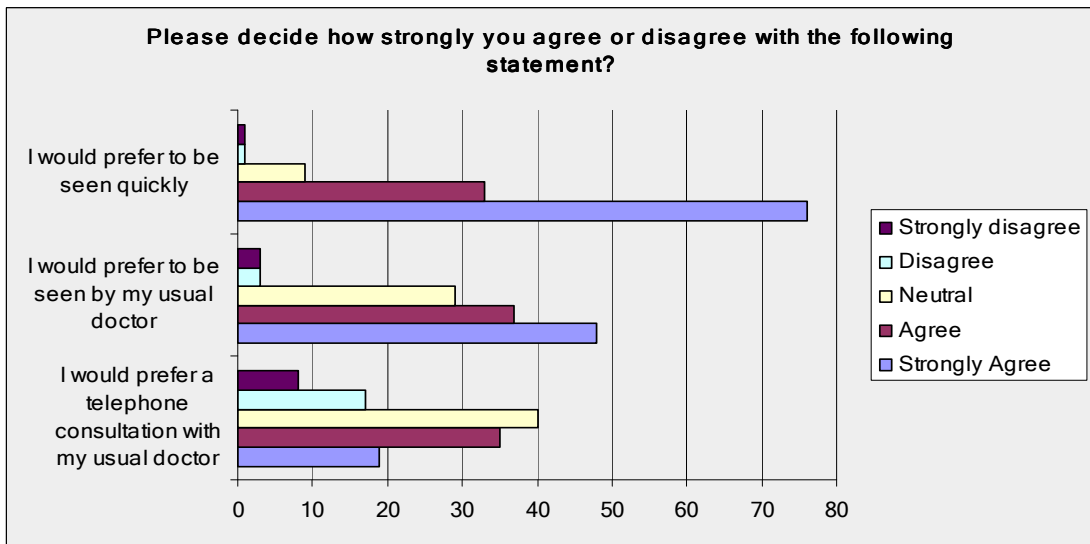
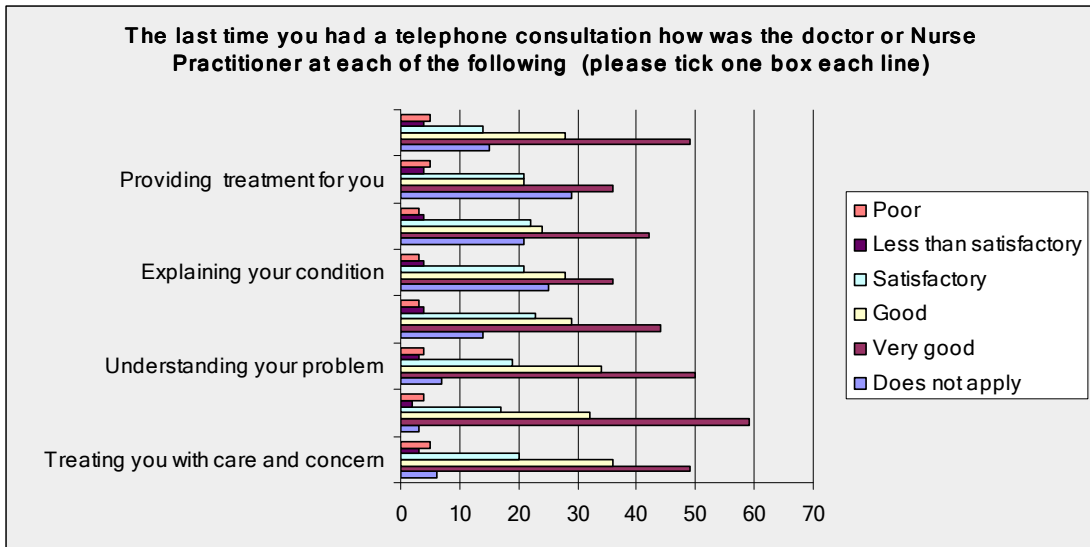


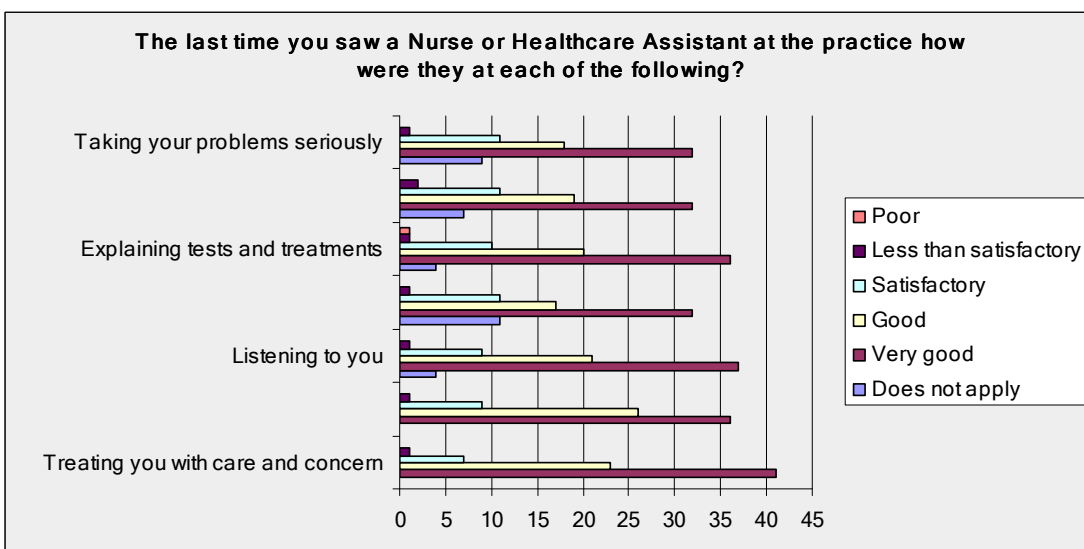
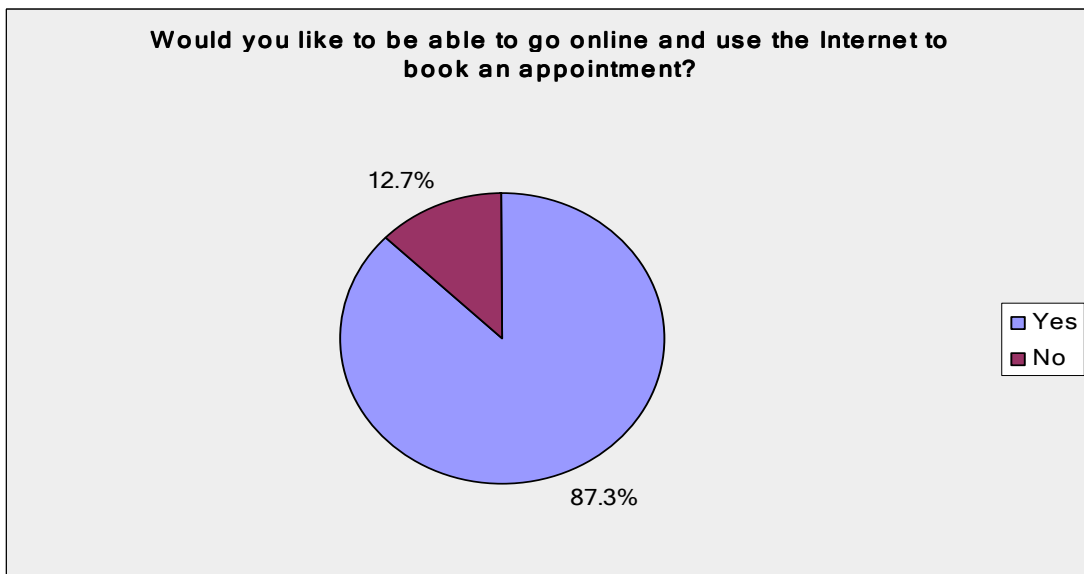
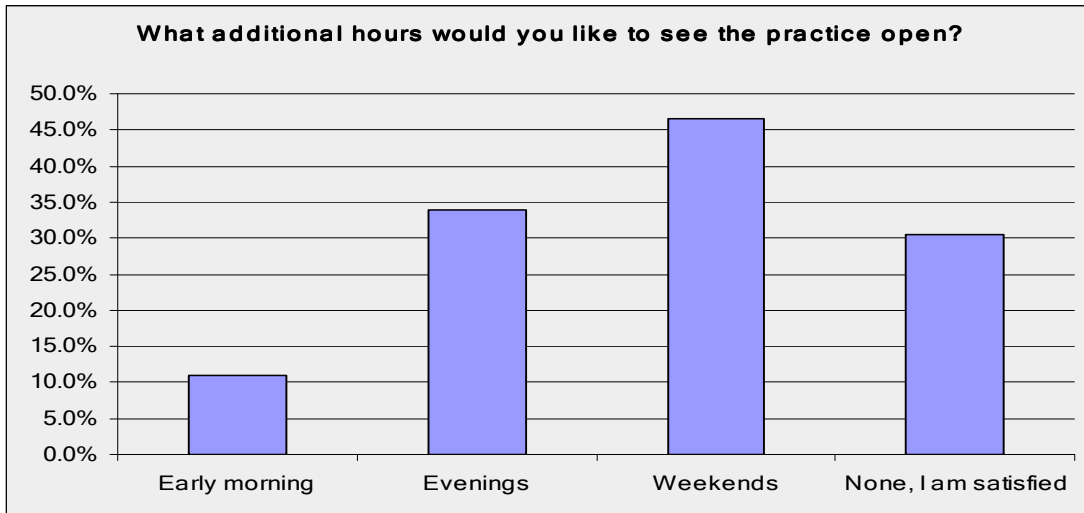
Can you book ahead if you want to?

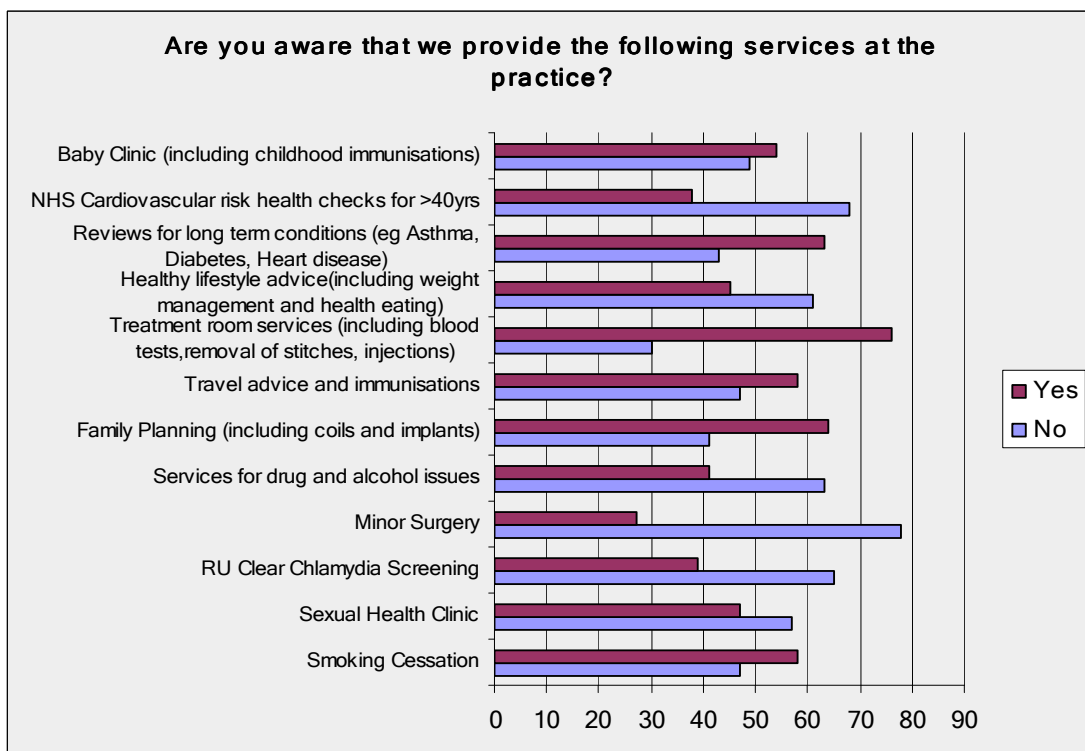
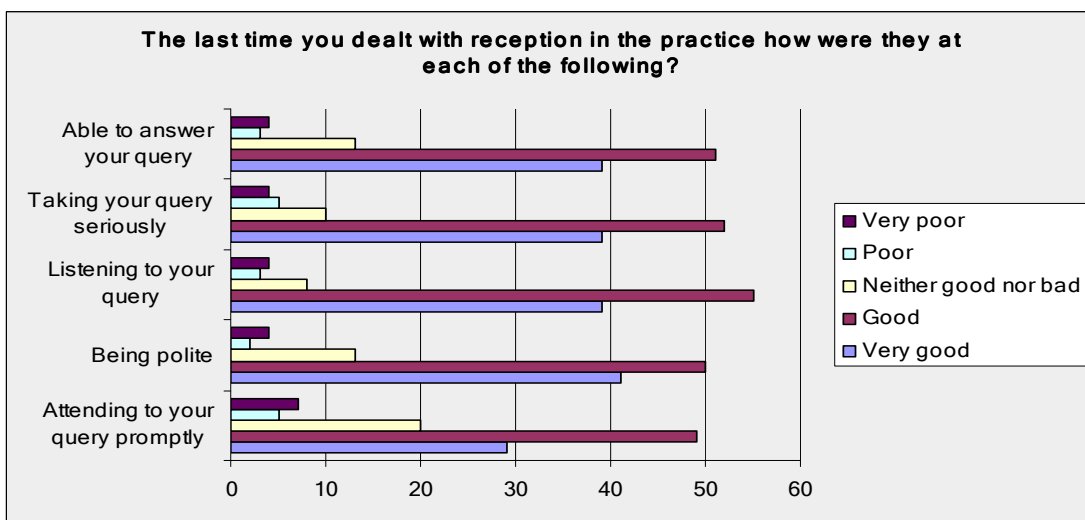
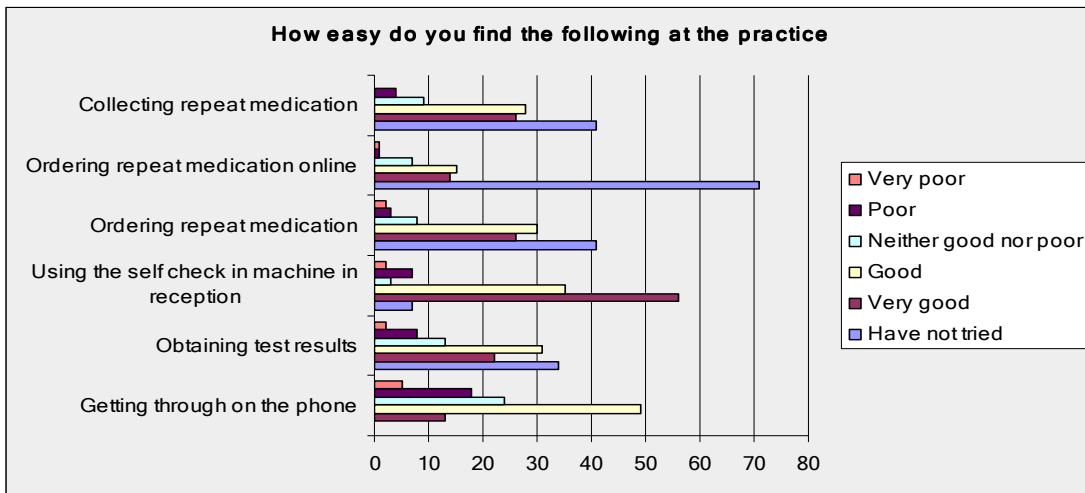


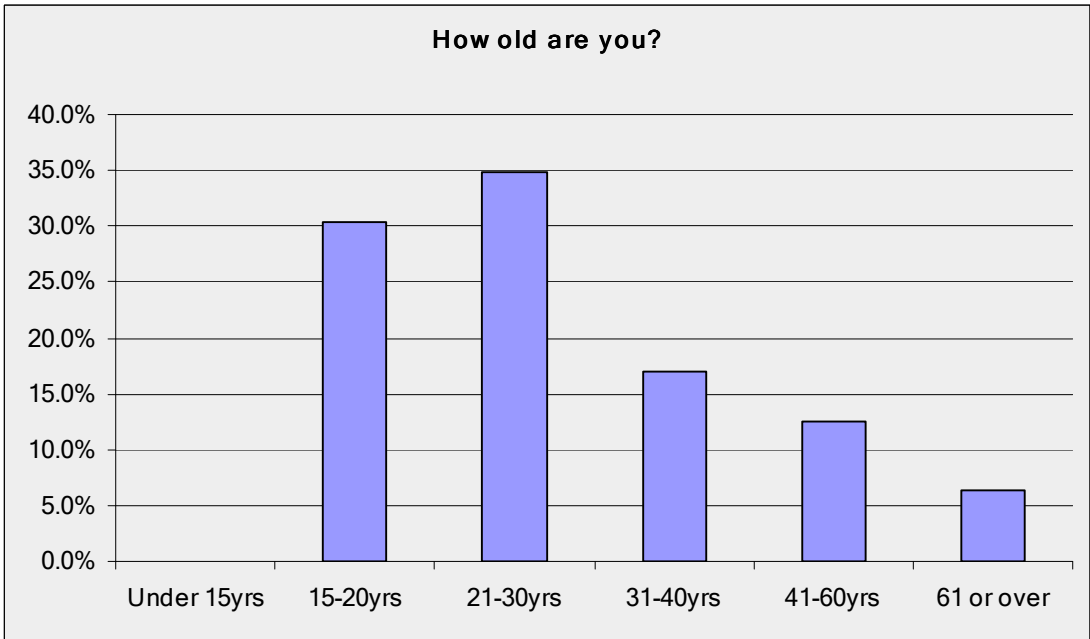
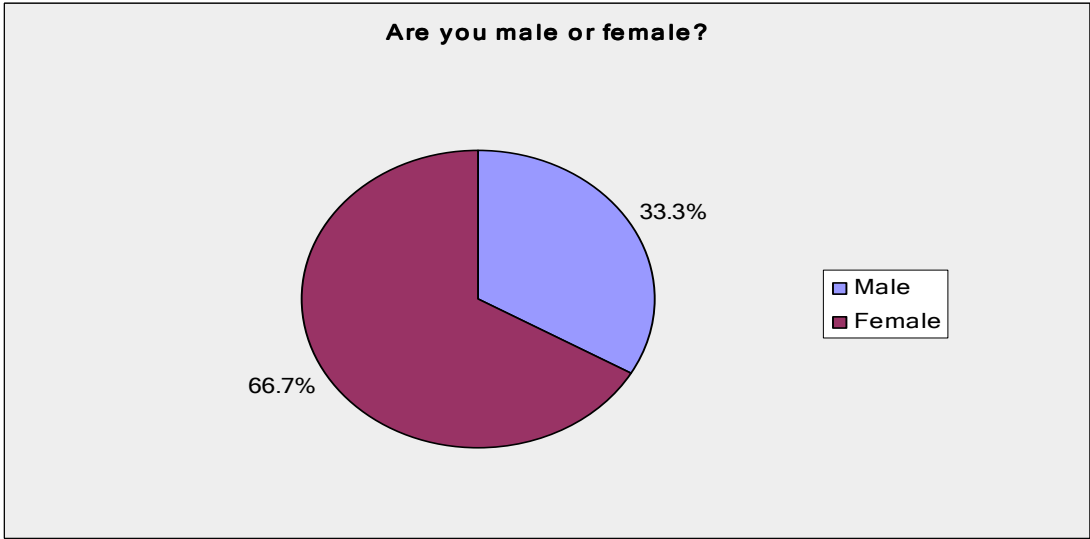
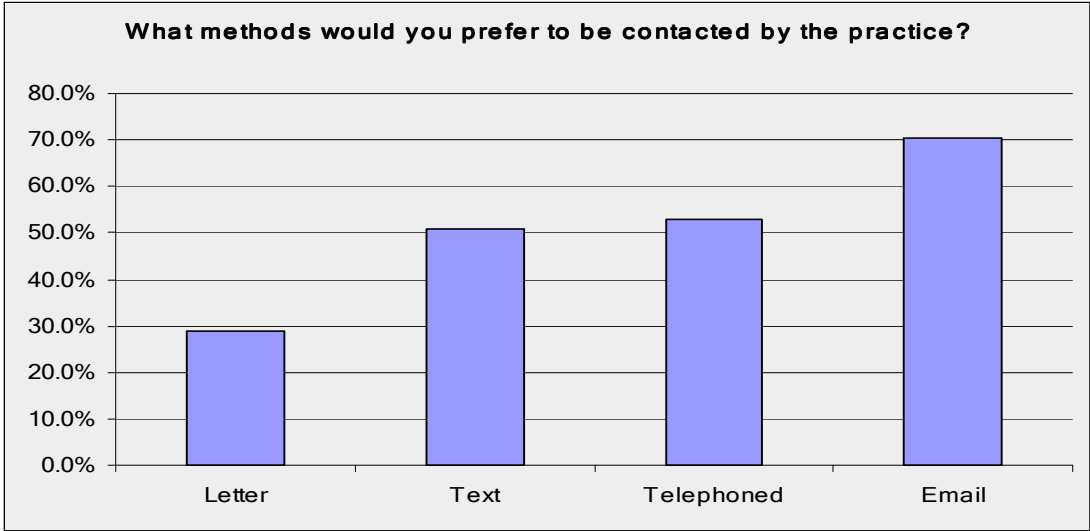
How satisfied were you with your most recent telephone consultation?



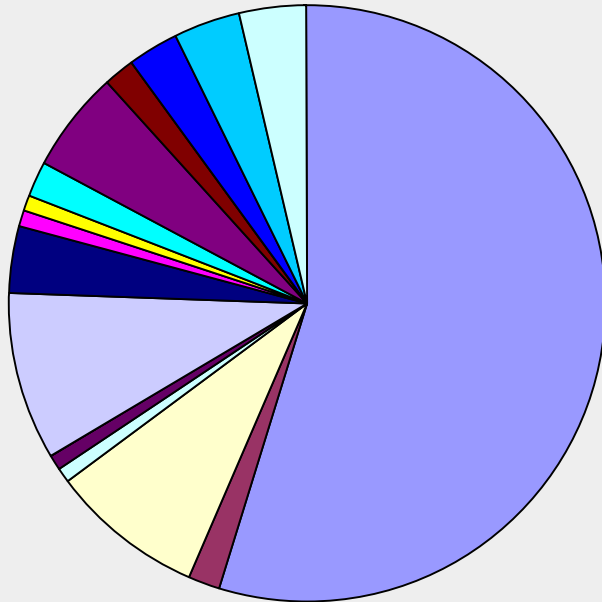








Which of these ethnic groups would you say you belong to?



- White British
- White Irish
- Other White (please specify below)
- Mixed (White and Black Caribbean)
- Mixed (White and Black African)
- Mixed (White and Asian)
- Other mixed (please specify below)
- Asian or British Asian (Indian)
- Asian or British Asian (Pakistani)
- Asian or British Asian (Bangladeshi)
- Asian Other (please specify below)
- Black or Black British (Caribbean)
- Black or Black British (African)
- Black or Black British (Somali)
- Other black (please specify below)
- Chinese
- Middle-eastern
- Any other ethnic group (please specify below)

Appendix B – Patient survey action plan

Issue	Action	By whom	Timescale	Comments
<p>Timeliness of Telephone Appointments</p>	<ul style="list-style-type: none"> • We will try to ensure that the majority of time patients requesting telephone appointments in the morning will be called back before 1pm and those requesting afternoon appointments will be called back before 6pm. We will ask reception staff to tell the patient this. • It is already possible to ask for a call back within a certain time frame eg after 5:00pm if at work, so we will look at ways we can improve our communication to patients so that the system works better for them 	<ul style="list-style-type: none"> • Reception • Practice Website • Practice Newsletter 	<ul style="list-style-type: none"> • Reception - Ongoing • Ruth Parker and Rachel Shelton (Newsletter)- 3 months • Scott Brunt – 3months 	
<p>Making face to face</p>	<p>reception to offer parents</p>	<ul style="list-style-type: none"> • Reception 	<p>Ongoing</p>	<p>We will continue to review</p>

appointments without the need for an initial telephone appointment	of children under 1 year the choice of whether they would like a face to face or a telephone appointment.			the data and may make further changes for other groups of patients.
Additional hours	–we are now able to provide evening appointments until 8pm Monday-Friday and morning appointments on Saturday and Sunday.	Scott Brunt		Working with the Manchester Primary Care
Online booking	Start by offering Nurse and Healthcare Assistant appointments.	Scott Brunt		We will review how this is used and consider whether this we will be able to make this work for doctor appointments.
Waiting room	<ul style="list-style-type: none"> Decorate the waiting room Reception to monitor tidiness Automatic check-in – we will review the positioning of this so that it is well signposted look into the feasibility of placing a tannoy system by the door to hearing names called. 	Sue Daly	6 months	The décor and cleanliness is the responsibility of NHS Properties so this may take longer
		Reception	Ongoing	
		Scott Brunt	6 months	
		Scott Brunt	6 months	
Communication	re-introduce quarterly newsletter.	Ruth parker and Rachel Shelton	3months	

Patient Feedback and Virtual Patient participation Group	continue to run Survey Monkey regularly throughout the year and promote the PPG	Ruth Parker	Ongoing	
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