

# **Seaton Surgery**

## **Patient Participation Group Annual Report 2011- 2012**

Seaton Surgery is located in the village of Seaton Carew Hartlepool and serves a population of 2814 patients (at 1st March 2012). In the last few years there has been an increase in the provision of new housing in the practice area which has brought an increased number of young professionals and young families to the area.

In 2011 the practice signed up to a Direct Enhanced Service (DES) (this is a service or activity provided by practices that have been negotiated nationally) to form a Patient Participation Group. Practices can choose whether or not to provide these services. The purpose of the Patient Participation DES is to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned by the practice. It aims to encourage the practice to routinely ask for and act upon the views and opinions of our patients. To enable us to do this it involves our patients being included in decisions that lead to changes to the services that the practice provides or commissions, either directly or in its capacity as gatekeeper to other services. It aims to promote the proactive engagement of our patients through the use of patient surveys. The results of these surveys are then collated and used to identify areas of focus for us to concentrate on and see if there are ways to improve upon them with the Patient Participation Group's involvement and input alongside the partners and management team. This will then help to ensure that the services provided by the practice are the most relevant to the patients demand and the decisions regarding these matters are made up from the input of a cross section and fair representation of all patients who are registered with the practice. The practice felt it was very important to engage and listen to the patient's views therefore we signed up for this DES and have formed a patient participation group following is a process of how this was achieved the actions taken to obtain the views of our patients.

### **Step 1 – Develop a Patient Reference Group (PRG)**

#### **A combination of virtual and postal**

The practice is very keen on engaging with patients to help deliver and design services responsive to their needs. Our Patient Group was formed in 2012. The Group are all registered patients comprising of a variety of ages, which include patients with disabilities, carers, patients with long-term conditions and parents of

young children and teenagers. The practice profile below demonstrates the groups profile and representation of ethnicity. The practice does not have any specific groups to consider such as high numbers of residents in care homes. It was initially decided that we would form a virtual group however it quickly became apparent that in order to reach a full cross-section of our practice population it was important to open access to those without internet access which included elderly patients and therefore **a combination of virtual and postal** Group was formed.

Invitations to join our Patient Group were displayed in the waiting room and given out by the Reception team as well as clinicians to encourage more patients to join the group. An invitation was also placed on the practice website as well as a poster on the reception notice board. The practice manager spent time in the waiting room recruiting patients which was found to be particularly effective. In response we have welcomed 64 patients to our Patient Group from a wide cross section of our registered patients. It was agreed that patients under the age of 16 should not be invited to join the group however it was felt that parents of children under sixteen would represent this age group. Our Patient Group consists of 44 females and 20 males, 48 virtual members and 16 postal members. The group will engage on a quarterly basis by a combination of virtual and face to face meetings. The group is considered to be broadly representative of the Seaton Surgery practice population and the tables below show the full breakdown of the practice population and the PRG.

### **Practice and Patient Group Profile**

<b>Age</b>	<b>Practice population profile</b>	<b>Patient Group profile</b>	<b>Difference</b>
0-15	18%	-	-
16 – 24	9%	6%	+9%
25 – 34	13%	6%	-7%
35 – 44	13%	6%	-7%

45 – 54	16%	18%	+2%
55 – 64	14%	21%	+7%
65 – 74	10%	37%	+27%
75 and over	7%	6%	-1%

<b>Ethnicity</b>	<b>Practice population profile</b>	<b>Patient Group profile</b>	<b>Difference</b>
White – British	98.0%	97%	-1%
Other ethnic groups	2.0%	3%	+1%

<b>Gender</b>	<b>Practice population profile</b>	<b>Patient Group profile</b>	<b>Difference</b>
Male	50.2%	31%	-19.2%
Female	49.8%	69%	+19.2%

<b>Carers</b>	<b>Practice population profile</b>	<b>Patient Group profile</b>	<b>Difference</b>
Carers	1%	6%	+5%

<b>Learning Disability Patients</b>	<b>Practice population profile</b>	<b>Patient Group profile</b>	<b>Difference</b>
Patients with Learning	0.5%	0.2%	-0.3%

Disabilities			
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The age groups 25-34 and 35-44 were slightly under-represented and every effort has been made by all staff as well as with a publicity campaign in reception, notices placed in the waiting room and on our website to recruit patients, to include these age bands. It was also identified that we had a higher proportion of female members and steps were taken to recruit more male members this was done by staff members personally inviting patients to join, however they still remain slightly under-represented. In 2012-13 the practice will continue to recruit members to the group and will attempt to recruit patients in these groups.

In addition to the Directed Enhanced Service requirements of age, gender and ethnicity and the requirements of the Equality Act, the Group also has representation from disabled patients and carers.

## **Step 2 – Agreeing Areas of Priority with the PRG**

The practice and the Patient Participation Group jointly agreed areas of priority which included patient priority issues, Care Quality Commission related issues, National GP patient survey issues and planned practice changes. The Patient Group were sent a survey both on line and by post to identify and agree key priorities on which the patient survey would be based. They were given five topics (as below) and asked to identify the topics that would be priority for them. The results were collated and emailed or posted to patients for agreement.

The survey and results identifying key priorities were as follows:

1. Clinical care - Your consultations with our GP's and Nurses ☐
2. Access - in and around the surgery ☐
3. Reception issues - Customer service/appointments/telephone issues ☐
4. Online Services - ordering prescriptions online/booking appointments. ☐
5. Cost implications to the practice and the NHS of non-attenders ☐

The two priority areas agreed with the patient reference group are as follows:-

- Online Services - ordering prescriptions online/booking appointments

- Cost implications to the practice and the NHS of non-attenders

### **Step 3 – Collating patients’ views through the use of a survey**

A survey was compiled by Sue Cullen (Practice Manager) using the topics agreed with the Patient Participation Group. It was agreed with the patient group that the survey will be limited to eight questions and to give patients the option to make comments and suggestions in the hope that the patients will not find this too onerous. The aim was to seek patient views on the priority areas identified by the Patient Group, and in addition to gather information on key performance indicators including some of the questions from QPAQ questionnaire which the practice has used in previous years. A total of eight questions were included in the survey with an additional section for patients to make comments and suggestions. The questions included are as follows:-

#### **On line services**

##### **Q1 How useful would you find being able to book and cancel appointments on line?**

Very helpful  
Fairly helpful  
Not very helpful at all  
Don't know

##### **Q2 Would you be interested in being able to order your repeat prescriptions on-line?**

Very useful  
Fairly useful  
Not very useful at all  
Don't know

##### **Q3 Would you find it beneficial to have access to the practice newsletter via our web-site with information such as flu clinics and general information relating to the surgery?**

Very useful  
Fairly useful  
Not very useful at all  
Don't know

#### **Missed Appointments**

##### **Q4 Would you find it helpful to have a text reminder of your appointment date and time?**

Yes, very helpful  
Fairly helpful  
Not very useful at all  
Don't have a mobile phone

##### **Q5 Do you think it is beneficial to publish the cost to the practice of missed appointments on our web-site and notice board?**

Very beneficial  
Fairly beneficial  
Not beneficial at all

### **Customer Service/Quality**

**Q6 In the reception area, can other patients overhear what you say to the receptionists?**

Yes, but I don't mind  
Yes, and I'm not happy about it  
No, other patients can't hear  
Don't know

**Q7 How helpful do you find the receptionists at the surgery?**

Very helpful  
Fairly helpful  
Not very helpful  
Not at all helpful

**Q8 In the past six months, how easy have you found getting through to the surgery on the telephone?**

Very easy  
Fairly easy  
Not easy at all

**Finally, please add any other comments you would like to make about your GP practice:**

It was agreed that 70 surveys (approximately 25 per 1000 patients) would be distributed

In February 2012 surveys were handed out to patients who attended for appointment and a selection were distributed randomly to patients visiting the surgery as well as sending surveys out by email and post. Members of the reception team encouraged patients to complete the questionnaire whilst in the surgery. The responses were collated as they were received and patients in any under-represented groups were specifically targeted. This ensured that the survey was representative of the full cross section of registered patients.

### **Criteria for assessing credibility**

The practice sent out the surveys using the facility available on our web-site. The patients' data was input directly into the survey template. The practice is confident that this is a credible method of analysing the data and postal and in-house survey

results were input with a member of the Patient Participation Group. When the survey was complete the Patient Participation Group were informed of the findings.

**Step 4 - Provide the Patient Representative Group with the opportunity to discuss survey findings, and reach agreement with the PRG on changes to services.**

A copy of the Local Practice Survey and a copy of the summary of all 70 responses are available from the practice and on our web-site, [www.seatonsurgery.co.uk](http://www.seatonsurgery.co.uk) . The quantitative and qualitative results were collated and analysed by Sue Cullen. The summary of the patient survey was issued to the members of the Patient Group by e-mail and post for further discussion and comment and an action plan developed based on feed-back received from the Patient Group.

**Findings**

	Very helpful	Fairly helpful	Not very helpful	Don't know
1. On-line services, booking appointments on-line	57%	18%	21%	2%
2. Ordering repeat prescriptions on-line	64%	14%	20%	1%
3. Access to a newsletter on-line	55%	20%	22%	1%
4. Text reminders of appointment date and time	70%	18%	7%	4%
5. Publishing costs of missed appointments	55%	31%	11%	-
<p>In addition:</p> <p>75% of patients felt it was not a problem that they could be overheard in reception, 14% were not happy at being overheard, 1% felt they couldn't be overheard</p> <p>9% didn't know</p> <p>97% of those surveyed felt that our reception staff are very helpful</p> <p>92% found it very easy to get through to the surgery on the telephone</p>				

Full details of these reports will be published on our web-site and a paper copy made available in reception.

There was no significant change to contractual arrangements that needed to be addressed with the PCT or NEPSCA

### **Comments from survey**

#### **Additional information, comments from Patients**

- Although other patients can hear what you say in the reception, the staff at the desk do their best to make it as discreet as possible
- Always receive great service from everyone; our local dentist does a text reminder about appointments it does help.
- Bit tight for space at the front door
- Coffee on arrival would be nice!
- During the past 2 years I have had to use the surgery fairly frequently - more than I have ever done previously and I have found the receptionists extremely helpful on all occasions.
- I find the surgery staff very helpful, return calls when they say they will and get back with what information you require only problem some times phone line very busy and cannot use ring back service
- From the doctors and the nurses and the receptionists you are given nothing but excellent professional help.
- I am very happy with the services here.
- I find everyone in the surgery are all helpful and are happy to meet my needs,
- I find everyone in the surgery very helpful and polite
- I find it very well run
- I think it is getting harder to see doctor. When I was in surgery today people phoning for appointment to see doctor could not get to see one until next week. this is not very good as when you are poorly you need to see a doctor asap
- More information on what help is available to patients who need extra care
- No problems at all surgery and staff helpful and polite.
- None whatsoever, everything is as it should be
- None, its OK
- Re question 6, preferably my answer would be that sometimes I don't mind if other patients can hear, but sometimes I may prefer that they couldn't, depending on the subject/illness being discussed.
- Sometimes on the phone not to be monotone as sometimes I feel I should not have phoned.

- The staff have always be courteous and helpful
- The team at the surgery is terrific and their helpful attitude puts patients at ease. The online services might not be helpful to everyone but it may save the time taken on phone etc and worth thinking about if the setup costs are not too onerous. The reception/waiting area may do with some TLC!
- Top Class
- When waiting for results it would be helpful for the receptionists to ring me as soon as the surgery have my results.

### **Step 5 – Agree an action plan with the PRG and seek agreement to implementing changes.**

The results of the survey were sent out via post and email to the Patient Participation Group in March 2012 with an invite to attend the surgery to discuss the survey and finalise an action plan. Unfortunately despite the overwhelming responses and enthusiasm of the group only two people confirmed that they would attend the meeting. We felt that this number of people would not give full representation and it was therefore decided to seek the views of the group by sending out a proposed action plan addressing the points raised in the survey and a form for them to make comments and reach agreement.

The action plan, which was agreed with the group, is as follows:-

#### **Action Plan**

Priority for action ( <i>You asked for</i> )	Proposed Changes (We will deliver)	Actioned by whom	Achievable timeframe
On-line booking of appointments	The Practice will use existing technology to give patients the ability to book, cancel or rearrange appointments on-line.	Nicola Harris	July 2012
	<ul style="list-style-type: none"> <li>• Sue Cullen/Nicola Harris will attend training session with the clinical system provider</li> </ul>	Sue Cullen	March 2012

	<p>Patients will be advised on how to access this new functionality by:</p> <ul style="list-style-type: none"> <li>• Advertising in waiting room</li> <li>• Web-site</li> <li>• Notices on prescriptions</li> <li>• Live Channel</li> </ul> <p>We recognise that not all our patients have access to the internet and accordingly only a proportion of available appointments will be made accessible on-line.</p>	Sue Cullen/Admin team	March 2012 ongoing
On-line ordering of repeat prescriptions	<p>The Practice will use existing technology to give patients the ability to order repeat medication on-line.</p> <ul style="list-style-type: none"> <li>• Staff training</li> </ul> <p>Patients will be advised on how to access this new functionality by:</p> <ul style="list-style-type: none"> <li>• Advertising in waiting room</li> <li>• Web-site</li> <li>• Notices on prescriptions</li> <li>• GP's and nursing staff to promote this availability, particularly in consultations where patients are requesting repeat medication.</li> <li>• Forms available on-line and in reception for patients interested in using this service.</li> </ul>	<p>GP/Practice Manager/Staff</p> <p>Sue Cullen/TPP(system supplier)</p>	<p>September 2012</p> <p>April 2012</p> <p>May 2012 ongoing</p>
Quarterly newsletter on-line and paper copy in reception	The Practice will publish a quarterly newsletter with information such as bank holiday closures, flu clinics, changes to our working practice such as telephone appointments and reminders. Newsletters will be emailed to all patients who express an	Sue Cullen/Staff	April 2012 ongoing

	interest in receiving this. All staff to work towards building a database of e-mail addresses.		
Text reminders of appointment dates and times.	<p>The Practice currently has the technology to send out appointment reminders to patients via text message free of charge.</p> <p>Reception staff will start to gather consent from patients to enable this to go ahead.</p> <ul style="list-style-type: none"> <li>• Consent forms available</li> <li>• Advertise service on web-site</li> <li>• Notices on prescriptions</li> <li>• Poster in waiting room</li> </ul>	Nicola Harris	March 2012 <a href="#">action commenced and ongoing</a>
Publishing the cost of missed appointments	<p>The Practice will add details of missed appointments to our quarterly newsletter.</p> <ul style="list-style-type: none"> <li>• A poster displaying a graph of missed appointments against appointments available and cost to practice will be placed on the reception notice board</li> <li>• Patients who miss an appointment will be sent a letter along with the practice protocol</li> <li>• Patients who miss a two appointments within a twelve month period will be asked to meet with the practice manager to discuss this</li> <li>• Patients who miss three appointments – consideration will be given to remove these patients from the practice list (this will be widely publicised in the practice)</li> </ul>	Sue Cullen/Pauline Wallace	June 2012
Reception area privacy	The practice will make a room available that patients can	Nicola Harris	March 2012 <a href="#">Action</a>

	request to use when needing to talk confidentially to a member of the reception staff. A poster will be displayed in the waiting room advertising this.		complete
Appointment availability Access appointments Access building  (from comments on survey)	The comments made during the survey were very valuable. We propose to base our next survey on access to appointments and the building. In anticipation of this the practice plan to give patients the opportunity to pre book a telephone consultation with the doctor or nurse	Sue Cullen	September 2012  April 2012 – ongoing
Customer Service (from comments on survey)	Comments made during our recent practice survey will be discussed at the next staff meeting. Once again we received really positive feedback from our patients which is extremely pleasing	Sue Cullen	April 2012

All members of the Group were in an agreement with this action plan which was circulated to all members of our Patient Group.

## **Step 6 Publicise the actions taken and subsequent achievement**

### **Availability of Patient Participation Report**

**The practice has published a copy of this report on the website**

**[www.seatonsurgery.co.uk](http://www.seatonsurgery.co.uk)**

A copy of this report has been sent to:

All members of the Patient Group

The North East Primary Care Services Agency (NEPSCA)

A copy of the report is available in the waiting room at the practice along with the report of the local patient survey to which this report refers. The local patient survey

was undertaken on an anonymous basis therefore it is impossible to respond individually to these 70 patients.

## **Access to Services**

Practice hours are as follows:

Opening Hours	Monday	Tuesday	Wednesday	Thursday	Friday
Core Hours	8.00am-6.30pm	8.00am-6.30pm	8.00am-6.30pm	8.00am-6.30pm	8.00am-6.30pm
Opening Hours	8.30am-8pm	8.30am-6pm	8.30am-6pm	8.30am-3.30pm	8.30am-6pm
Surgery times GP	9am-11.30am and 3pm- 5.30pm	9am-11.30am and 3pm- 5.30pm	9am-11.30am and 3pm- 5.30pm	9am-12am	9am-11.30am and 3pm-5.30pm
Surgery times Nurse Practitioners	9.00am-12noon & 2pm–5.30pm	8.40am-12noon & 2pm-5.30pm	9am-12noon & 1pm-5.30pm	8.40am-12 noon	8.40am-12noon & 1pm-5.30pm
Surgery times Health Care Assistants	8.45am-11am	8.45am-12 noon	9am-11.30am	9am – 11am	9am-12noon
Warfarin Clinic			2.30pm-3.30pm		

During the hours of 8am and 8.30am, Monday to Friday and from 3.30pm-6pm on a Thursday, the duty Doctor is available on call. Between the hours of 6pm until 8.00am the following morning Northern Doctors are available for emergency calls on telephone number 0300 1231851. Direct telephone access is available to our receptionists and admin teams during our opening hours. The Practice opening hours are displayed on the Practice website, within the practice leaflet and on the front door of the Practice.

## **Extended Hours**

The Practice offers Extended Access on a Monday evening from 6.30pm-8pm for pre-bookable GP appointments. During those weeks where a Monday falls on a Bank Holiday, extended hours will be provided from 6.30pm-8pm on a Tuesday evening.

In addition there are telephone consultation appointments available with the GP or nurse, pre-bookable at the end of each morning and afternoon surgery.

Dr Patel and staff would like to thank our Patient Reference Group for their time and commitment in enabling the Practice to produce this report and survey.

We would also like to thank our patients who took the time to complete the survey .

Sue Cullen, (Practice Manager)

March 2012