

SUMMERFIELD GROUP PRACTICE

PATIENT REPRESENTATIVE GROUP REPORT - MARCH 2011

PATIENT REPRESENTATIVE GROUP

WHAT IS THE PATIENT REPRESENTATIVE GROUP (PRG)?

In 2006 a patient experience group was formed at The Foundation Practice(as it was called then) where patients were invited to attend and speak about the positive and less positive experience at the Practice – this was specially set to encourage feed back from patients who were new to the NHS. This was done through the help of interpreters on most occasions but since the move to Summerfield patients became disenchanted and the group barely existed. As a result of the DES the group has now been reformed with terms of reference and a constitution, to understand the views of patients on the services that the Practice offered. The group reviews everything from access to the services, to 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. The Chair is elected from the members and the practice is represented. The PCT is represented by the PRG officer (Mr Saidul- Haque). The PRG members all have voting rights except the PCT representative and the practice representative who are present as non voting members.

PRG AND PRACTICE PROFILE

Demonstrating how a Patient Reference Group is Representative		
Practice Population Profile	PRG Profile	Difference
Age		
23.39% Under 16	0% Under 16	-23.39%
15.17% 17-24	0% 17-24	-15.17%
29.17% 25-34	0.07%% 25-34	-29.10%
17.33% 35-44	0.24% 35-44	-17.09%
7.88% 45-54	0.53% 45-54	-7.35%
3.40% 55-64	0.61% 55-64	-2.79%

1.13% 65-74	1.85% 65-74	0.73%
0.44% 75-84	4.76% 75-84	4.32%
0.17% 85 and Over	0% 85 and Over	-0.17%
Ethnicity		
White	White	
5.56% British Group	1.49% British Group	-4.44%
0.56% Irish	0% Irish	-0.56%
Mixed	Mixed	
0.72% White & Black Caribbean	0% White & Black Caribbean	-0.72%
0.58% White & Black African	0% White & Black African	-0.58%
0.20% White & Asian	0% White & Asian	-0.20%
Asian or Asian British	Asian or Asian British	
3.27% Indian	0.64% Indian	-2.64%
4.29% Pakistani	0% Pakistani	-4.29%
1.14% Bangladeshi	0% Bangladeshi	-1.14%
Black or Black British	Black or Black British	
4.73% Caribbean	0.44% Caribbean	-4.29%
11.23% African	0.19% African	-11.05%
Chinese or other ethnic group	Chinese or other ethnic group	
1.81% Chinese	0% Chinese	-1.81%
69.10% & any other	0.03% & any other	-69.07%
Not Stated %	Not Stated %	0.45%
Gender		
54.33% Male	0.12% Male	-54.12%
45.79% Female	0.18% Female	-45.61%

STEPS TO ENSURE GROUP WAS REPRESENTATIVE/REASONS FOR DIFFERENCE IN GROUP AND PRACTICE PROFILE

Our practice is unlike average local surgeries within Ladywood. We were created from a previous PCT led programme to establish a Surgery for newly arrived local residents (significant number were Asylum Seekers and refugees) unable to get access to primary care elsewhere. This means our patient population consists of many different BME communities not represented within the local ward statistics, providing a big challenge for translation and interpreting services.

This has meant

Since reforming the group the Practice has used various methods to engage all groups of patients. We have attended the locality Network Group meetings and invited patients to either join our group or asked them to let other patients know about our PRG. In our bimonthly practice meetings, all staff including doctors and receptionists and nurses were asked to personally invite a wide variety of patients and hand out the flyers about the group. Reception staff made available flyers at the appointment booking desk to patients making appointments, collecting prescriptions and attending for appointment. Practice Manager asked a number of patients face to face and telephone to collate a list of patients that showed interest in the early stages of the formation of the PRG and subsequently continued to display posters in reception and displayed posters externally in Pharmacies and Dentists etc.

Differences between the practice population and members of the PRG

*Unfortunately despite our best efforts and the efforts of The PCT PPI officer (Mr Saidul Haque), we have only been able to engage those people who are not working. In particular we have had problems encouraging the under 30s or over 85s. This is also reflected in the ethnic mix of the PRG not being representative of the profile of the practice. Although we have offered to do the meetings in the evenings (Practice open till 8pm), there has been little interest from the younger population as they are too busy. Only one person who is working is attending the meeting and this is because the pt is currently long term off sick. Variations occurred even with constant inviting and advertising. Most likely this is because the Caucasian population is most likely to be employed and therefore less likely to be able to attend. In total 200 leaflets were handed out. **Overall, we have advertised in surgery by posters, face to face contact between doctors and patients as well as handing out flyers and writing to patients on the right hand side of their prescriptions. During this exercise it was concluded that a large number of the population is under 45 and belong to the eastern European (Polish) community and most of them worked long hours. Also high number of young mothers with children.***

PRG FREQUENCY

After several one to one meetings between the Practice Manager and Summerfield Patients that belonged to the local network group and other patients over the telephone and email the first meeting was set up.

29.11.2011	<p><i>1st meeting – discussed membership, terms of reference – The DES and identify priorities</i></p> <p><i>Discussed and agreed the patient survey</i></p>
16.12.2011	<i>Final survey questionnaires agreed – survey was conducted</i>
28.02.2012	<i>Results of the survey were evaluated and action plan drawn up –discussed patient comments and actions for improvement</i>
<p>14.03.2012 – Meeting with Mr Terence G, discussed final report, comments from Mr G- “Very full report, proving that the Practice is heading in the right direction and this is pleasant to note that the answers to all questions are favourable. This gives us a sound platform to work on.”</p>	

PRG MEMBERSHIP

The current membership consists of:

Mr Terence G (Chair person) - Ms Eileen C - Mr Inderpal G - Ms Winsom G –

Ms Maria Z – Mrs Kawser A – Mr Richard E – Miss Ruth S

Saidul Haque (non-voting PCT member)

Non Voting practice members

Dr S Raghavan

Dr S Mahomed

Mrs Shabnam Khan

Michael (Interpreter)

PATIENT SURVEY

AREAS OF PRIORITY & HOW THEY WERE DECIDED

Following the meeting on 29.11.2011 and subsequent one to one meetings we looked at previous year's Mori survey results as well as reviewed the various issues that had been raised in the past.

Discussed the priorities that needed to be included in the survey to seek patient views based on some traditional questions. From the PCT guidance document, the suggested priorities were:

- iv. Patient priorities and issues*
- v. Practice priorities and issues*
- vi. Planned Practice Changes*
- vii. CQC related issues*
- viii. National Patient Survey issues.*

- The PRG chose to concentrate on patient priorities and issues and national patient survey issues (which were similar).
- It was decided that the questionnaire should be no longer than 10 questions and must include satisfaction with opening hours, appointment availability and overall satisfaction with the overall care received at the practice.

SURVEY PROCESS

- *The PRG decided to issue 100 of these questionnaires to patients attending the surgery over a period of 2 weeks (9th till 20th January). The patients were not selected. The survey sheet was given to consecutive patients who were invited to volunteer to complete the survey form.*
- *The survey sheets were collected by staff and sealed and given to the Chair of the PRG who with the help of Practice Manager proceeded to analyse the results using a spreadsheet.*
- *The results were summarised for the PRG and discussed at the meeting on 28.02.2012*
- *For non-English reading patients there was an interpreter or receptionist available to interpret. All chose to complete the form on site and hand back to reception.*

1 How satisfied are you with the opening hours of the surgery?

Response	No. of Responses	%
Very satisfied	68	68%
Fairly satisfied	23	23%
Neither / nor	2	2%
Fairly dissatisfied	5	5%
Very dissatisfied	2	2%
Total Responses	100	

2 How easy is it getting through to the surgery on the phone?

Response	No. of Responses	%
Haven't tried	9	9%
Very easy	44	44%
Fairly easy	29	29%
Not very easy	18	18%
Total Responses	100	

3 Are you able to get an appointment with a doctor more than 2 days in advance?

Response	No. of Responses	%
Yes	72	73%
No	14	14%
Can't remember	12	12%
Total Responses	98	

4 Are you able to see a doctor on the same or the next 2 days the surgery is open?

Response	No. of Responses	%
Yes	77	78%
No	15	15%
Can't remember	7	7%
Total Responses	99	

5 If you got an appointment, how well did the Doctor ask about your symptoms and involve you in decisions about your care?

Response	No. of Responses	%
Very good	47	47%
Good	37	37%
neither	10	10%
Bad	4	4%
Can't remember	2	2%
Total Responses	100	

6 How often do you see your preferred doctor?

Response	No. of Responses	%
Always or almost always	42	42%
A lot of the time	21	21%
Some of the time	18	18%
Never or almost never	4	4%
Not tried	7	7%
I have no preference	8	8%
Total Responses	100	

7 How easy is it getting an appointment with a practice nurse?

Response	No. of Responses	%
Haven't tried	18	18%
Very easy	52	52%
Fairly easy	26	26%
Not very easy	4	4%
Total Responses	100	

8 If you got an appointment, how well did the Nurse ask about your symptoms and involve you in decisions about your care?

Response	No. of Responses	%
Very good	33	35%
Good	36	38%
neither	11	12%
Bad	4	4%
Can't remember	10	11%
Total Responses	94	

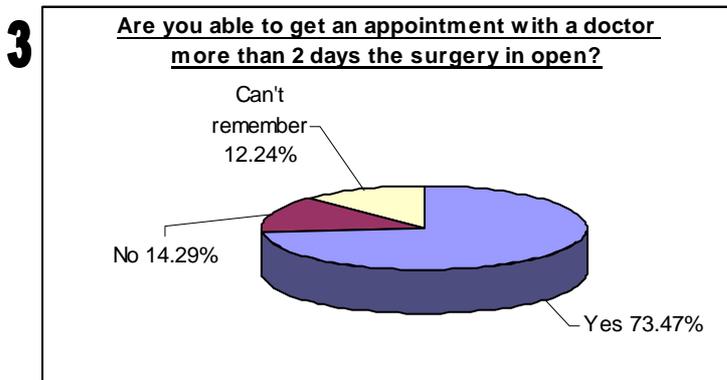
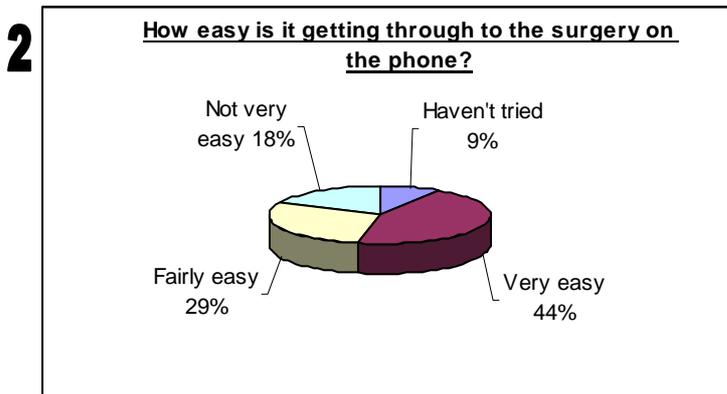
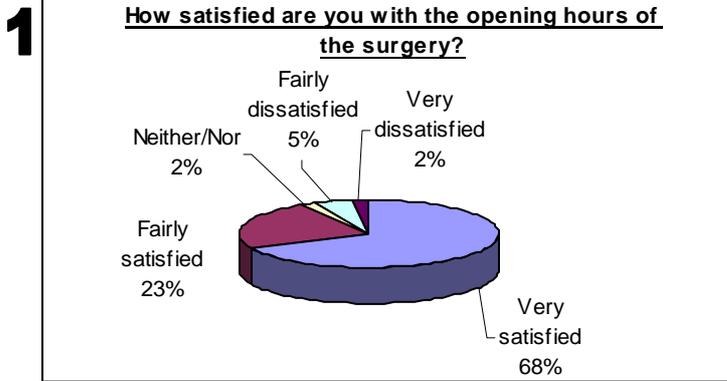
9 Have you had a discussion with a doctor or nurse about managing a long-standing health problem?

Response	No. of Responses	%
Yes	47	54%
No, I didn't want a discussion	14	16%
No, I would have had a discussion previously	11	13%
Can't remember	15	17%
Total Responses	87	

10 How satisfied are you with the overall care you have received at the surgery?

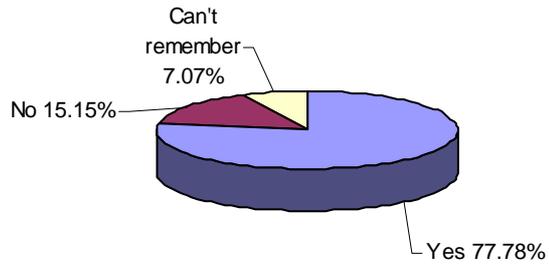
Response	No. of Responses	%
Very satisfied	56	55%
Fairly satisfied	33	33%
Neither / nor	6	6%
Fairly dissatisfied	5	5%
Very dissatisfied	1	1%
Total Responses	101	

RESULTS



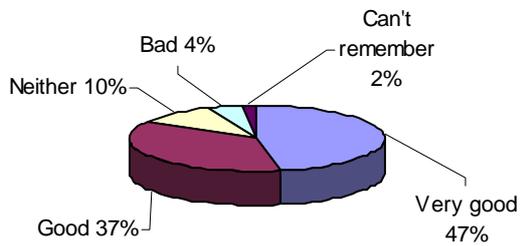
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Are you able to see a doctor on the same or the next 2 days the surgery is open?



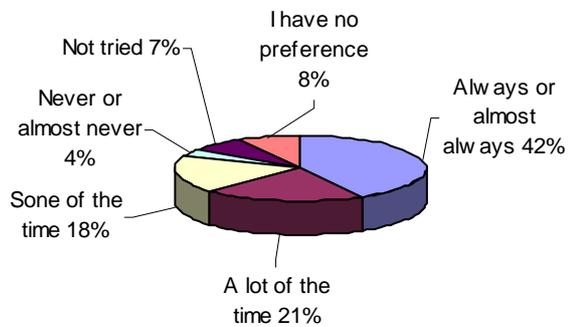
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If you got an appointment, how well did the doctor ask about your symptoms and involve you in decisions about your care?



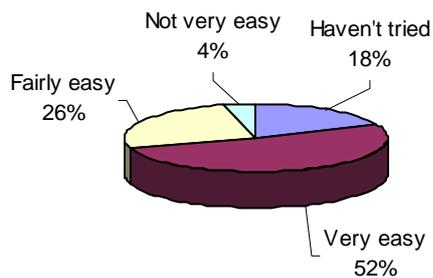
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How often do you see your preferred doctor?



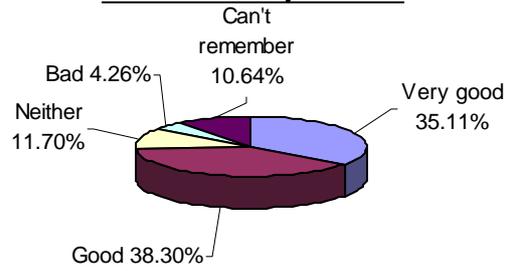
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How easy is it getting an appointment with a practice nurse?



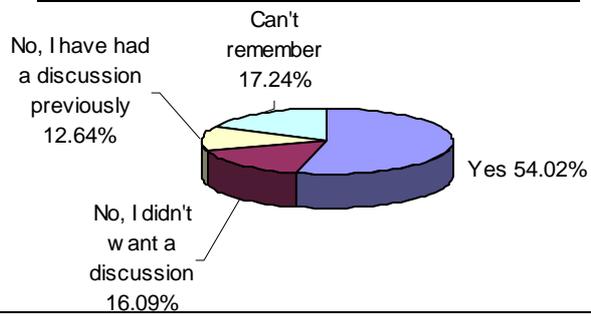
8

If you got an appointment, how well did the practice nurse ask about your symptoms and involve you in decisions about your care?



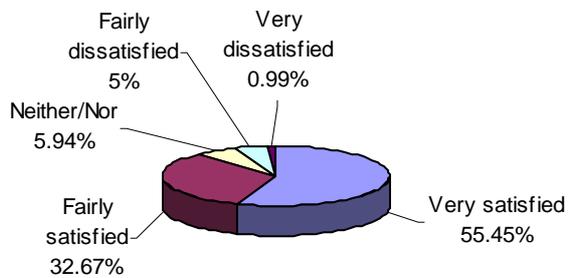
9

Have you had a discussion with a doctor or nurse about managing a long-standing health problem?



10

How satisfied are you with the overall care you have received at the surgery?



2011-2012: Patient survey for Summerfield Group Practice.

COMMENTS:

1. I would like to have a named doctor. As at present I see any doctor that's available.
2. First time using service.
3. Not done any surgery yet.
4. Need a nurse in the evening.
5. It would be helpful for people with long standing chronic conditions there was a Dr who specialized particularly things like arthritis. It would also be more helpful if patients could be referred to their local hospital not one miles away.
6. The receptionist in the evenings called Nasser is very helpful.
7. Doctors (GP's) should try to suggest or work with patient to take them totally out of medication for example I am on blood pressure medicine from past 3-3 ½ years and don't know for how long on life I need to be on medication.
8. Question 9 there is no option for 'not having a long term health problem'.
9. I have to give thank for all the staff that take care of me and other they are the best thank you all, god bless.
10. It's a surgery I recommend to anyone and everyone.
11. Have difficulty in getting through to surgery over telephone to arrange to book apt. This is difficult also because the 0845 number costs a lot to ring we would like to see a 0121 local or 0800 number for contacting the surgery.
12. I wanted to say thanks, but surgery number is too expensive change it to 0121 please.
13. It's going to be better if the surgery was also opening on Saturdays, and also opening at 8am is better.
14. The surgery is very good. Emergency service and very good look after the patient. I'm. Very happy. Tanks.
15. I would like when I see a doctor I talk about all my problem because I haven't the to come everyday for each problem.
16. Staff great
17. I do usually come on time for my appointment. But I have to wait at least more than 30 min 4 It aggravates my pain & problem!! * Please change your Tel no to a local (0121) number.
18. You need more Staff/Doctors, Nurses + Reception staff.
19. change you telephone number to '0121', need more staff.
20. It would be so much easier if the telephone number was on (0121) land line number.
21. Good surgery, they help me.
22. The service is very good, and there is a urgent care service provided for after work. Dr Mohammed, Dawn and Ms Osborne are very professional and caring. Thank you.
23. Its very rare that I get to see my preferred doctor. I think.
24. Some of the question I answer very good is only if I have to see like the nurse.
25. Very nice surgery and good care
26. I'd like to have appointments to the same doctor (not a few doctors..)
27. I feel very contented with the surgery doctors & nurses and all the other staffs in the clinic too.
28. I'm always reminded of my appointment by my surgery, which is fantastic as in the past, I've forgotten that I have an appointment I was quite ill. And all I know is that I'm satisfied with the help and the care I have received.
29. Good
30. A lovely team, always polite and helpful.

31. Clinical and admin staff are always very pleasant and helpful, even though often they are very busy.
32. Can you change phone number to a free one.
33. Very efficient staff.
34. You need more staff on reception one person can not do everything, yet they get paid less than the doctors.
35. You need more doctors appointment and also you need to stop cancelling over appointments and also need more reception staff.

DISCUSSION ABOUT RESULTS

The PRG reviewed the results of the survey on 27.02.2012 comparison was made to last year's survey.

1. The results were summarised for the PRG and discussed at the meeting.
2. The PRG also reviewed the comments made by respondents.
3. The PRG had access to the following documents during the review process.

- Original survey questionnaire.
- Original survey responses
- A list of comments from patients as summarised (see separate list).
- An excel spreadsheet showing a summary of the results

The patient related priorities identified by the PRG were divided into **measureable objective responses** and **subjective responses**.

The measureable objective response were:

- Satisfaction with opening hours of the surgery.
- This showed a dramatic improvement from the Mori survey March2011. **(91.% vs 73%)**

- Ease of getting through to the surgery on the telephone.
- This showed almost same from the Mori survey March2011.

(73% vs 62.5%)

- Ease of making an appointment with a doctor more than 2 days in advance.
- This showed an improvement from the Mori survey March2011. **(77.78% vs 66.5%)**

- Ease of making an appointment with a doctor on same day or in the next 48hours.

- This showed an improvement from the Mori survey March2011. **(73.4% vs 67.3%)**

The measureable Subjective response were:

- Satisfaction with the overall care received at the surgery.
- This showed an improvement from the Mori survey March2011. **(88.12% vs 75.4%)**

Overall the results showed marked improvement

Access has been improved by a combination of the following:

- Opening from 8.00am to 8.00pm
- Extended hours opening on 3 nights from 6:30-8pm.

Overall satisfaction has been improved by a combination of the following:

- New GP has joined the team to provide more consulting hours and for continuity of care.
- New female to address issue of availability female doctor for those who have this preference.

- ❖ *New services are being setup in house:*
 - *Diabetes care including insulin start clinic*
 - *Respiratory care/ cardiovascular care via using the community clinics setup via ICOF.*
 - *Family Planning clinic in house for implants and IUCDs*
 - *Co-ordinated care via the Referral Advice Centre (RAC) and using Choose and Book.*
 - *Staff training as part of ICOF front of house training Pilot.*

The main actions to come out of the survey were mainly from the comments which the PRG agree should be the action points:

1. *Practice to review its 0845 use of telephone line*
2. *Improving clinical staffs engagement of patients during consultations*
3. *Patients education*
Helping patients to make better use of Practice and wider NHS services
Improving health literacy by helping patients better understand managing long term conditions

- *Display the results of survey in waiting room.*
- *Review posters (the PRG Mr RE is responsible and will decide on wording and how this is displayed)*
- 3. *Key messages from the survey to be displayed in speech bubble posters.*

ACTION PLAN

The PRG wanted to congratulate staff and continue the same good work. This will be conveyed to the staff at the next practice meeting on the good work they are doing.

<u>Action</u>	<u>Task</u>	<u>Timeline</u>
<i>Practice to review its use of 0845 telephone line</i>	<i>Practice leaders to consider options on changing number from 0845, having a separate appointment line, consider telephone triage by GP</i>	<i>New triage rota to be piloted in June after Practice staff training. Pilot to be run for initial 3 month period</i>
<i>Improving clinical staffs engagement of patients during consultations</i>	<i>Share PPG feed back in practice team meetings and identify appropriate training and mentoring on best practice</i>	<i>PPG agreed further time to up to 6 months</i>

<p><i>Patient education..(Q9)</i></p> <p><i>1 Helping patients to make better use of Practice and wider NHS services</i></p> <p><i>2 Improving health literacy by helping patients better understand managing long term conditions</i></p>	<p><i>1 Information on the notice board – better poster/messaging- review information displayed</i></p> <p><i>2 Organising short easy to follow events in the health centre on specific topics for patients – lead Dr S Raghavan</i></p>	<p><i>Review notices within 8 weeks</i></p> <p><i>End of Spring</i></p>

ACCESS

OPENING HOURS

The practice opening hours as below:

Monday 08:00 – 20.00

Tuesday 08:00 – 20.00

Wednesday 08:00 – 20.00

Thursday 08:00 – 20.00

Friday 08:00 – 20.00

Saturday Closed

Sunday Closed

Bank Holidays Closed

EXTENDED HOURS

Monday: 18.30 - 20.00

Wednesday: 18.30 - 20.00

Friday: 18.30 - 20.00

ACCESS TO SERVICES

Telephone number, address, how to access services (e.g. appointment booking, emergency appointments, out-of-hours)

This practice advertises one telephone number for patients to contact the practice, a message is played giving instructions and which number to press, this number has two lines. The same number will automatically transfer the patient to out-of-hours. We also advertise our fax number. At the present we do not provide email advice to patients for medico-legal reasons.

Summerfield Group Practice
Summerfield Primary Care Centre
134 Heath Street
Winson Green
Birmingham B18 7AL

Phone line: 0845 148 9038

Fax: 0121 687 1450

Poster in waiting area informing patients how to contact the Doctor in out-of-hours

Envisage system in waiting area displays instructions on how to book emergency appointment

All the above is included in the Practice leaflet

PUBLICATION OF THE REPORT

Say where the report can be found. Details of website. Hard copies available in Surgery. Copies sent to other organisations (dental/opticians/pharmacy/voluntary organisations)

This report shall be forwarded to the PCT VICTORIASTANLEY@NHS.NET and the PCT PPI officer Mr Saidul Haque Saeed

The practice will share the report with the PRG (during the meetings), wider practice population via displays in reception and survey respondents, consortia, Health watch and the CQC via the website address

<http://www.summerfieldgrouppractice.co.uk> and

<http://www.icofgpc.org.uk/> and

<http://sites.google.com/site/summerfieldgrouppractice/>

- The practice shall inform its patients via the following methods:
 - i. Copy of the summary results to be displayed in reception on notice board
 - ii. Copy of the comments to be displayed in reception.
 - iii. Copy of the summary results to be published on ICOF website as a subpage of the practice listing on the ICOF site and googlesites— see link above.

We shall display the report in reception and all those not represented in the above list will be able to view a copy.