**Derby Road Group Practice – Patient Representation Group**

**2012/13**

Dear Patients,

Like last year the surgery has sought to involve the patients registered at Derby Road Surgery and Copnor Road Surgery in having more of an active say in the healthcare provided by the practice. By getting patients to be involved in the Representative group we are hoping to improve communications between the patients and the practice. Last year the surgery decided to expand the small Patient Participation Group who had previously attended meetings quarterly.

 The practice decided to open the existing group up to a broader spectrum of patients in order to capture a wider representation of the patients registered. In order to gain views the surgery thought constructing a Virtual Patient Group would suit, obviously with the added option of hard copies for those who wanted to be involved but were not attached to an email address. The Patient Representation sign up forms and reasons to join were attached to our already successfully visited website.

**Developing a Patient Reference Group that enables representative feedback.**

The practice remains to have a young population and although last year we managed to capture this age range throughout our PRG, we continued to recruit patients. To correctly ensure the involvement of the patients registered at the practice we had to focus on gaining the correct demographical breakdown by analysing patient data encouraging and gaining a wide cross section of patients for this second year. Derby Road Group Practice covers a wide spectrum of patients with the majority of patients being in the age range of 25-55. As seen on the registered patient breakdown below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Practice Population** |  |  | **PPG Profile** |  |
| **Age** |  |  |  |  |
| % under 16 | 19.80% |  | % under 16 | 2.80% |
| % 17-24 | 12.50% |  | % 17-24 | 12.30% |
| % 25-34 | 15.30% |  | % 25-34 | 16.70% |
| % 35-44 | 15.30% |  | % 35-44 | 16.70% |
| % 45-54 | 14.40% |  | % 45-54 | 17.10% |
| % 55-64 | 10.30% |  | % 55-64 | 19.40% |
| % 65-74 | 6.40% |  | % 65-74 | 9.10% |
| % 75-84 | 4.10% |  | % 75-84 | 4% |
| % Over 85 | 1.72% |  | % Over 85 | 1.20% |
| **Ethnicity \*\* Only 39 % recorded** |  |  |  |  |
| **White** |  |  | **White** |  |
| % British | 87% |  | % British | 87% |
| % Irish | 0.60% |  | % Irish | 0 |
| **Mixed** |  |  | **Mixed** |  |
| % White & Black Caribbean | 0.80% |  | % White & Black Caribbean | 0.80% |
| % White & Black African | 0.60% |  | % White & Black African | 2.80% |
| % White Asian | 0.50% |  | % White Asian | 0.80% |
| **Asain or Asian British** |  |  | **Asain or Asian British** |  |
| % Indian | 1.80% |  | % Indian | 0.40% |
| % Pakistani | 0.40% |  | % Pakistani | 1.20% |
| % Bangladeshi | 2% |  | % Bangladeshi | 0.40% |
| **Black or Black British** |  |  | **Black or Black British** |  |
| % Carribean | 1% |  | % Carribean | 0.80% |
| % African | 2.90% |  | % African | 1.60% |
| **Chinese or Other Ethnic Groups** |  |  | **Chinese or Other Ethnic Groups** |  |
| % Chinese | 0.90% |  | % Chinese | 0.40% |
| % Any other | 1.80% |  | % Any other | 4.40% |
|  |  |  |  |  |
| **Gender** |  |  | **Gender** |  |
| Male | 49% |  | Male | 35% |
| Female | 51% |  | Female | 65% |

We decided for the 2nd year to look at the ethnicity of the practice profile as last year we struggled to gain involvement from ethnic backgrounds that would be of benefit to the Representation Group. The practice approached patients of all groups that were not well presented and they were asked to join the PRG. The doctors asked patients whilst in consultations to be involved, the Practice nurses asked patients whilst holding specialised clinics and on an adhoc basis, and the rest of the practice team publicised the PRG and the fantastic actions points that were implemented as a result of last year’s project.

The practice has some care homes in the area and we have obtained commitment from them to represent the patients.

Consent was gained following the easiness of the form we used in the first year, this form was to ensure all patients understood that the surgery would contact via the provided email address or by post if requested. The form required age range and ethnic background in reference to patients participating in the group. The form also asked the patient how often they attended the surgery.

**Agreed areas of priority with the PRG**

On the 20th of September 2012 we sent out an email to the 202 member of the PRG who requested involvement this way, we also sent out 70 via post to those members who had requested it that way asking for priorities attached to the practice to base this year’s survey on.

The suggestions were:

* Repeat Prescribing – how it works for you.
* Different areas of Appointments eg telephone Consultations
* Other services within the surgery eg, Smoking Cessation, Travel Vaccinations and Immunisations etc.
* Opening Times
* Care from Doctors and Nurses

The PRG were also asked if they had a suggestion that was not on the list please put it forward as a suggestion.

Due to the lack of postal response we decided to have another recruitment drive to further increase the Virtual representation membership, but obviously allowing those that wanted to be informed via post to be as involved. The recruitment drive took place over the next month and another email to the newest members was sent on 18th of October 2012.

The feedback was received, the areas that the PRG wanted us to focus on were the appointment system and access and how we could improve it.

**Collate our patients opinions through use of a survey**

The practice felt that seeing as this area was actioned last year maybe we could open it up a bit further. We contacted all members of the PRG on 4th December 2012 and asked for further guidance, how many questions would be appropriate and what type of questions we should incorporate in the practice Survey. This response was vast and mixed.

It was decided on 12 Questions and based on the appointment system as a whole. For example we asked for opinion on Telephone Consultations, would Online booking help accessibility, and for suggestions on how to reduce our increasing amount of wasted appointments that patients fail to attend.

A copy of this survey was completed by:

* Emailed copy to all the Virtual members
* Sent out via post for the member requesting this way
* Handed to patients at the surgery
* And left on surfaces around the practice for completion.

In total 189 surveys were completed 99 online and 90 within the practice and had a closing date of Tuesday 29th of January 2013.

A summary of the results:

* 64% of the patients who completed the survey felt it would be appropriate to be able to obtain a routine appointment with a working week.
* 75% of patients had not used the Telephone Consultation option – comments attached suggested Patients didn’t know what would be appropriate Or were not aware of this option.
* 43% of patients never asked to see a specific doctor, just wanted an appointment
* 99% of Patients felt it would be helpful if the GP booked the follow up appointment while seeing them if they wished for them to return.
* 70% of Patients thought online appointment booking would help with accessibility.
* 46% of patients are very satisfied with current opening hours and 47% of patients are fairly satisfied.
* 60% of patients don’t want us to have additional opening hours.
* 31% of patients would like to be able to book up to 4 weeks in advance – this was the greatest total for all the options.
* 61% of patients would like more information regarding the Doctors attached to the surgery. Specialities etc.
* We then asked for ideas on how to decrease our current DNA (do not attend) rate. The replies were varied but we have broken down into 3 areas. Fine the patient, Strike the Patient off the practice list or Text reminders. Unfortunately we are unable to fine patients, and in the interest of building communications Text reminders seem most appropriate, as does a letter to those patients.

**Provide the PRG with the opportunity to discuss survey finding and reach agreement on changes to service**

The results of the survey were taken to a GP meeting on Saturday 9th of February with all doctors in attendance to discuss the findings, and we were able to come up with a draft action plan.

We proposed the following based on the patient feedback:

* Trial of providing more routine appointments as patients felt it was appropriate to be able to see a GP within a week for a routine appointment.
* Further advertising campaign regarding the telephone consultations we offer and what would be appropriate use.
* Further advance booking currently 3 weeks – extend to 4 weeks.
* Direct link to the Copnor Surgery via the automated telephone system.
* Online appointments to try and help with access.
* Practice to try and tackle the vast number of patients that Do not attend for their appointments – many suggestions were made and we will be looking into writing to those patients concerned and also implementing a text messaging service. This will involve a big drive for patients to update their mobile numbers with the Practice and an opt out option if patients don’t want this service.

Once all the results were received, collated and discussed within the practice we emailed, posted and displayed in the practice the draft action plan with the option that if PRG or any other patients opposed any of the proposed actions they should contact the practice. If no objections had been received by the Tuesday 26th of February we would publish our final proposal and proceed.

There were no objections or further suggestions made regarding the proposal by the PRG or patients. We therefore delivered our final report on 5th of March 2013 via email, post and displayed around the surgery.

Action to be implemented:

* Trial of providing more routine appointments as patients felt it was appropriate to be able to see a GP within a week for a routine appointment.

*Reason – as this seemed to be the preferred choice*

*Implemented by End of June 2013*

* Further advertising campaign regarding the telephone consultations we offer and what would be appropriate use.

*Reason – arose from lack of awareness of this service and its uses*.

*Implemented by End of May*

* Further advance booking currently 3 weeks – extend to 4 weeks

*Reason- Patients felt it would be easier for medication reviews and follow up appts.*

*Implemented by End of April 2013*

* Direct link to the Copnor Surgery via the automated telephone system.

*Reason - Copnor patients requested this due to being on hold when going through Derby Road switchboard.*

*Implemented by End of June 2013*

* Online appointments to try and help with access.

*Reason - Patients felt it was a way of moving forward and improved access to the practice*

*Implemented by Summer 2013.*

* Practice to try and tackle the vast number of patients that Do not attend for their appointments – many suggestions were made and we will be looking into writing to those patients concerned and also implementing a text messaging service. This will involve a big drive for patients to update their mobile numbers with the Practice and have an opt out option if patients don’t want this service.

*Reason - Patients felt the current DNA (do not attend) rate for patient appointments were unacceptable and provided us with ideas how to approach this. Text messaging came out on top with the most requests.*

*Implemented by Summer 2013*

**Review of 2011/12 Actions**

The agreed action plan for last year consisted of the following:

1. Pilot one evening a week extended at Copnor Road Surgery – extended hours already available at Derby Road Surgery
2. Doctors to book their own appointments should patient need to be followed up.
3. Leaflets/Advertising to take place explaining appointment types and telephone consultation information.
4. Look into providing online appointments
5. More book on the day appointments available on Mondays morning to help with continuity.

**Action 1**

This action was agreed with the PCT and implemented in April 2012. It has been successful with all the appointments used and always attended.

**Action 2**

As you can see this Action was also used this year. To date this has not been as successful as we had hoped. The reason for this is that the doctors were prescribing 28 days worth of medication and then asking for the patient to attend for review. The doctors were unable to book this appointment for the patients as our appointment system only ran 3 weeks ahead. Hopefully with this years action of extending the appointments to 4 weeks ahead it will solve the problem and the doctors can complete this action.

**Action 3**

We have devised a new practice leaflet and inside gives a brief explanation of the different types of appointments we offer and what the most appropriate use of these are. Looking at the results on this year’s survey we need to advertise the telephone consultations option again.

**Action 4**

Online appointments were on last year’s action plan but unfortunately this has not yet been implemented because of various reasons. The 2 main reasons we felt stopped us from implementing this last year was the appointment system as it stood, we struggled with demand so to add extra pressure on the system we felt would be a mistake. The second was the Practice clinical system. It was slow and crashed often. This has now been upgraded and the software runs more effectively and less incidents of time delays are happening. Now INPs have improved this we should be able to proceed to incorporate this service for the patient.

**Action 5**

There are now more same day appointments available on a Monday as this is when we had the most partners available for continuity. This has proved to be a success and will continue.

**The current opening times at Derby Road Group Practice are as below:**

**Derby Road Surgery**

|  |  |
| --- | --- |
| **Monday** | 08:00 - 18:30 18.30 – 19.15 |
| **Tuesday** | 08:00 - 18:30  |
| **Wednesday** | 08:00 - 18:30 18.30 – 19.00  |
| **Thursday** | 08:00 - 18.30 18.30 – 19.00 |
| **Friday** | 08:00 - 18:30 |
| **Weekend** | *08.30 – 10.00 1st and 3rd Saturday of the month* |

Morning surgery starts at 08.20 and afternoon surgeries at 16.00

\*\*Please note that on the week the surgery is closed for Target training (dates for Target training can be found on Practice Website); the surgery only offers late night appointments on the Monday. \*\*

**Copnor Road Surgery**

|  |  |
| --- | --- |
| **Monday** | 08:00 - 12.00  15.00 – 19.00 |
| **Tuesday** | 08:00 - 12.00  15.00 - 18.00 |
| **Wednesday** | 08:00 - 12:00 |
| **Thursday** | 08:00 - 12.00  15.00 - 18.00 |
| **Friday** | 08:00 - 12.00  15.00 - 18.00 |
| **Weekend** | *closed* |

 Surgery starts at 08.20 and again at 15.20.

**Thank you to all patients that have been involved in the changes suggested and already implemented – some time small suggestions can make a big difference!!**