

Derby Road Group Practice – Patient Representation Group



2014/15

Dear Patients,

Derby Road Group Practice has for the fourth year running sought to involve the registered patients both at Derby Road and Copnor Road surgery in having a more active say in their healthcare provided by us.

The current PRG has remained mainly the same in its profile as last year, despite trying to recruit new members. Currently we have 239 members attached to the Patient Representative Group.

For the last four years the Patient Representative Group (PRG) has been predominately conducted via email – unless a patient has specifically asked to be involved by post.

We have had some recent changes in the Practice with Dr Syed leaving and Dr Burrows joining. We have also had changes in the Practice Nurse team. We have tried to keep patients notified of changes by advertising these changes.

Developing a Patient Reference Group that enables representative feedback.

We have a list size of 11,200 patients registered at the Practice over 2 sites. Derby is the main site with the balance of patients being 2/3rds Derby Road and 1/3rd Copnor Road. The majority of registered patients at the Practice remain to be under 45 years old with the highest figure being under 16year olds. We have continued to recruit involvement from this age range throughout this year with parental consent. So apart from representation from the under 16year olds, all the ranges seem fairly percentage appropriate still.

To ensure the correct demographical breakdown we looked at registered patient data and broke it down. We then looked at the PRG and used the same methodology to ensure accuracy.

Practice Population

Age

% under 16
% 17-24
% 25-34
% 35-44
% 45-54
% 55-64
% 65-74
% 75 and over

PPG Profile

% under 16
% 17-24
% 25-34
% 35-44
% 45-54
% 55-64
% 65-74
% 75 and over

20.4%	2.32%
12.2%	12.8%
15.1%	19.4%
15.1%	17.8%
15%	17.4%
10.3%	17.8%
7.2%	8.9%
5.7%	3.5%

Ethnicity that is recorded

White

% British	80.5%
% Irish	0.42%

Mixed

% White & Black Caribbean	0.64%
% White & Black African	0.62%
% White Asian	0.38%

Asian or Asian British

% Indian	1.36%
% Pakistani	0.45%
% Bangladeshi	1.95%

Black or Black British

% Caribbean	0.64%
% African	2.1%

Chinese or Other Ethnic Groups

% Chinese	0.63%
% Any other	1.89%

Gender

Male	48.7%
Female	51.3%

White

% British	88%
% Irish	0

Mixed

% White & Black Caribbean	0.4%
% White & Black African	0.4%
% White Asian	0.8%

Asian or Asian British

% Indian	0.4%
% Pakistani	0.78%
% Bangladeshi	0.4%

Black or Black British

% Caribbean	0.4%
% African	2.7%

Chinese or Other Ethnic Groups

% Chinese	0.4%
% Any other	5.4%

Gender

Male	37%
Female	63%

As with previous years we have tried to expand the group and the diversity within it. We have tried to recruit new members by face to face conversations, within consultations, via advertising posters in the surgery and on the Practice Website. We continue to have some care homes and residential homes attached to the Practice and we are grateful for their continued support and involvement.

Agree the areas of Priority with the PRG

This year instead of offering suggested areas on what could be actioned we handed the whole decision over to the group. The group were emailed (Appendix 1) asking for suggestions and to involve them in the Friends and Family test (FFT) that has been in place within GP surgeries since November 2014. A closing date for responses was given and a reminder email was sent a week later. After the closing date the results for priority areas and suggestions were collated. The Friends and Family responses were looked at as a separate area and you are able to see the results/feedback on Appendix 3 of this report.

Suggestions for the Priority areas for this year had 3 strong themes. These were:

- The Practice telephone system.
- The amount of Patients that fail to keep appointments
- Patients ability to occasionally hear the receptionist while on the telephone.

Along with the priority areas provided the patients gave suggestions on what we could do to make changes to these priority areas. With these suggestions we were able to produce a draft actions plan.

[Provide the PRG with the opportunity to review suggestions and reach agreement on changes.](#)

This year's survey results were taken to a Business meeting on Monday 2nd of March with all partners present. We discussed the findings and suggestions and looked at possible actions points we could act on subject to the PRG approval.

Based on the feedback received via the PRG we looked to offer the following plan:
(Appendix 2)

- **Practice telephone system** - Many of the patients have mentioned the 0844 number and the automated messages that are given to patients calling the surgery. We have taken this on board and are going to meet with our current telephone provider to look at different options that will benefit the patients. We already have a 02392 number attached to the practice but unfortunately it doesn't have the automated options attached. Maybe we can combine the 2? We will also look at the automated messages that patients receive via the phones and see if we can change and have different more relevant messages playing.
- **Patients that fail to attend appointments** – Many of the patients have suggested that we fine patients, but unfortunately we are not able to fine patients that fail to keep their appointments and we have to remember that some may have a legitimate reason. However we could implement a letter after maybe 3 non attendances in 6 months, that points out the wasted resources attached. The letter could also express that if they continue to fail appointments they will be removed from the practice list. We also would like to have a campaign centred around this topic with failure rates on posters, leaflets etc.
- **Patients being able to overhear receptionist** – Unfortunately neither of the surgeries are purpose build and we have to try and do the best we can with what we have. There have been many suggestions on how to improve this though and we will be looking to take up some of the following across the 2 sites:
 - Consider a barrier like the post office have
 - Radios playing local stations in the waiting areas
 - Provide patients with the option of a private discussion area should they wish.
- These solutions will not completely rectify the problem but could certain help.

Once all the results were received and reviewed we communicated the Action plan to the PRG and placed it up on the waiting room poster boards, asking that if any registered patient were opposed to any of the suggested plans could they please let the surgery know before Friday the 13th of March. The draft also stated to both PRG and patients that if no objections had been raised with these suggestion that we would proceed with our Final proposal.

There were no objections or further suggestions raised regarding the proposal by the PRG or patients. We therefore we emailed and delivered our final report on 18th of March via email, and the Final report is now displayed around the surgery.

Reviewed action points of 2013/2014:

If the surgery is unable to issue medication for a specific reason – reception to try and contact patient to explain.

Reason – this suggestion is to stop unnecessary trips for the patient.

Implemented – May 2014

Notices to be put up asking patients to make staff aware if there is a specific reason why medication is being requested early for example – Holiday.

Reason – Medication not being issued early – due to staff being unaware of the reasons why

Implemented – May 2014

Better advertising of different ways to order repeat medication.

Reason – Lack of awareness of the different ways available to order medication

Implemented – May 2014

Regular posters to highlight the numbers of patients that fail to attend appointments.

Reason – In any other comments/concerns it was suggested to highlight and the amount of patients that do not attend for their appointments

Implemented – End of each quarter

Information regarding current telephone system and the changes that will be taking place.

Reason – In the area “are there any other areas of the Practice could improve on”

The telephone system was mentioned – we are currently looking into reverting back to a local number and will keep patients informed. – *Ongoing and raised this year 14/15*

Decoration issues of the both Derby Road and Copnor Road to be addressed.

Reason – in any other comments – Decorate or update was mentioned. We will be accessing what is needed at both sites.

Implemented – Ongoing

Promoting Online service currently offered by the Practice

Reason – Online availability was mentioned a lot in the survey by patients – this service has been available since end of December 2013 and currently offers the patients appointments and medication requests via this option, so better publicity is needed.

Implemented – May 2014

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	08.15 – 11.00	1 st and 3 rd 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!!

Derby Road Group Practice.

Appendix One:

Year 2014/2015

Patient Representative Group for

Derby Road Group Practice.

Following the continuing success of the Patient Representative involvement, we are trying to source your opinions. To make sure that we are asking the correct questions, we would like to know how you feel about the services we provide.

What do you feel are the most important issues which should involve patients?

We would like to hear from you on how we can improve as a Surgery. We would like feedback that is achievable and sustainable for the future. We would also like to hear about what you feel the Practice does well.

We will be incorporating this in the Friends and Family test that we have to offer as a Practice. The Friends and family test asks patients how likely you are to recommend the care and services you receive to a Friend of a member of your family.

Could you please answer this question?

Friends and Family Test

Q1. How likely are you to recommend our service/Practice to friends and family if they needed similar care?

Extremely

Likely

Neither likely nor likely

Unlikely

Extremely Unlikely

Don't know

Reason Why?

We will try and look into as many suggestions as possible and will discuss with you all the most commons themes. Once we have agreed on certain areas we will come up with action points and timescales to implement these.

Thank you – we look forward to seeing your responses, and will be in touch shortly.

Appendix 2 – draft Action plan

Derby Road Patient Participation Group

Thank you for the responses and suggestion we have received.

Following the question on priority issues these were the responses provided:

- 1st priority agreed was tackling our high rate of Patients that fail to turn up to booked appointments.
- 2nd priority agreed was the Practice telephone system
- 3rd priority agreed was looking at how to stop receptionist being overheard when dealing with patients.

Proposed suggestions on how to address each priority.

Patients that fail to attend appointments – Many of you have suggested that we fine patients, but unfortunately we are not able to fine patients that fail to keep their appointments and we have to remember that some may have a legitimate reason. However we could implement a letter after maybe 3 none attendances in 6 months, that points out the wasted resources attached. The letter could also express that if they continue to fail appointments they will be removed from the practice list. We also would like to have a campaign centred around this topic with failure rates on posters, leaflets etc.

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- Consider a barrier like the post office have
- Radios playing local stations in the waiting areas
- Provide patients with the option of a private discussion area should they wish.

These solutions will not completely rectify the problem but could certain help.

So these are the action plans that have been suggested, and are the most suitable to address the priorities set. We hope you agree with these made suggestion and would certainly go to help improve the service we provide you.

If you have any further comments on these action points that were provided as a result of the questionnaire conducted can I ask that you contact us before Friday the 13th of March 2015. If no further comments are received the Practice will proceed with these action points once agreed within the Practice team.

Appendix 3

Friends and Family Question results:

We asked the question below and patient responded as follows:

How likely are you to recommend our service/Practice to friends and family if they needed similar care?

Extremely: 46%

Likely: 46.6%

Neither likely nor likely: 2.6%

Unlikely Likely: 2.6%

Extremely Likely: 1.7%

Don't know: 0.9%