

**PRACTICE NAME:**

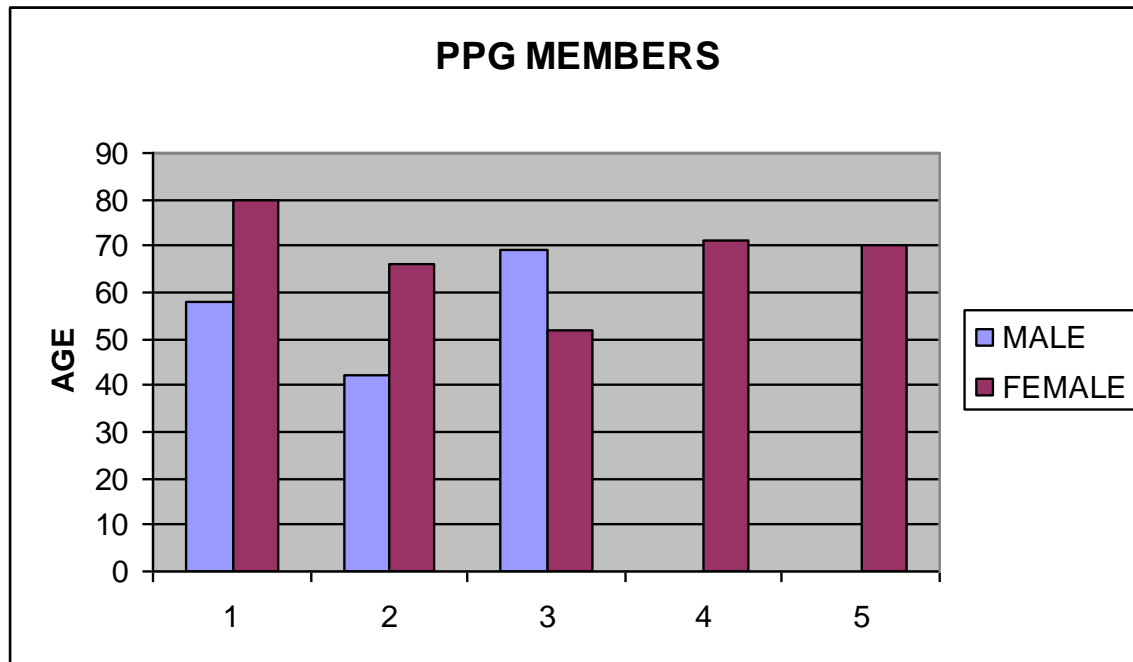
**LOCAL PATIENT PARTICIPATION REPORT 2012/13**

This report summarises the development and outcomes of **Old Hall Surgery** Patient Reference Group (PRG) in 2012/13.

It contains:

1. Profile of the PRG.
2. Priorities for the 2012/13 patient survey and how they were agreed with the PRG.
3. Method and results of patient survey.
4. How the survey findings were discussed and changes agreed with the PRG.
5. Action plan agreed with the PRG.
6. Confirmation of opening times

**1. Profile of the PRG:**



**2. Priorities for the survey and how they were agreed with the PRG:**

Patient participation group meeting held on **Tuesday 19th February**. This meeting was to discuss the results of the Practice Survey.

The members had been sent a copy of the Survey on **25<sup>th</sup> January 2013** and had time to review the results.

**3. Method and results of patient survey:**

The survey was commissioned from Patient Dynamics an independent research company who provided us with the GPAQ Questionnaires for the patients to complete.

Please see the document GPAQ Practice Report January 2013.

#### **4. How the survey findings were discussed and changes agreed with the PRG:**

*(Include areas that the practice was not able to act upon).*

The practice sent the survey results to all the PPG members on the 25<sup>th</sup> January 2013. All group members actual and virtual were asked to review the survey and a meeting was held on 19<sup>th</sup> February 2013 to discuss the results.

The minutes of the meeting reflect the discussions.

Feedback was received via e-mail from 1 member who was unable to attend the meeting.

See Appendix 1.

#### **5. Action plan agreed with the PRG:**

##### **Actions for the Practice Q9b Satisfaction with Continuity of Care**

The patient participation group discussed Q9b as an action for improvement with those attending the meeting.

It was agreed that the practice should try to improve the continuity of care by ensuring that the receptionists offer the patients the opportunity of seeing the Doctor of choice and in particular ensuring patients who see a particular Doctor can be followed up by that Doctor. This was discussed as being important to patients for continuity of care and managing their own health.

It was accepted that this may be difficult during holiday periods when Doctors are on holiday.

Receptionists to be aware of offering and ensuring an appointment in advance with the Doctor being requested by the patient.

Receptionists should also continue to offer the opportunity of the Doctor of choice on all requests to be seen by patients for appointments on the day.

It was felt that continuity of care could be interpreted in different ways but possibly this would be a good starting point.

The group members did not feel that there were any other areas in the survey that the practice needed work on.

<b>You said...</b>	<b>We did...</b>	<b>The result is...</b>
Q9b Satisfaction with continuity of care	It is agreed that the practice will be more pro-active on ensuring patients can be followed up by	Receptionists to ensure that they must offer the option to the patient to choose the Doctor they want to see if being

	<p>the Doctor of choice</p> <p>Also offering the Doctor of choice at any request by the patients to be seen</p>	<p>followed up, and also where possible on any appointment request</p>
<p>There are no other areas identified by the PPG as needing action</p>		

**6. Confirmation of opening times:**

**Old Hall Surgery is open from 08.00am to 18.30pm (8am to 6.30pm)**

**daily Monday to Friday**

**Reception is open 8am to 6.30pm daily Monday to Friday**

## Appendix 1

### MINUTES OF OLD HALL SURGERY

#### PATIENT PARTICIPATION GROUP (PPG) HELD ON

TUESDAY, 19<sup>th</sup> February, 2013

<b>PRESENT:</b>
<b>PATIENT REPRESENTATIVES:</b>
MR ANDY WAGNER - AW MR PETER BUTTERS - PB REV JOAN WAGSTAFF – JW
<b>PRACTICE REPRESENTATIVES:</b>
DR A D BIRCH - ADB      JEAN JONES – PRACTICE NURSE - JJ DR S A SHAW - SAS      MAUREEN GOULDEN – HEALTH CARE ASSISTANT- MG SUE ROBERTS – SR      JULIE SPINKS – RECEPTIONIST - JS DOT LAWTON – DL      GINA DONNELLY – RECEPTIONIST - GD
<b>APOLOGIES:</b>
MISS ROSEMARY REBO
<b>RESIGNATIONS: None</b>
<b>NEW MEMBERS: None</b>

	<b>Welcome and Introduction</b>	
1.	<b>Minutes of Previous Meeting</b> Read and agreed.	<b>ACTION</b>
2.	<b>PPG Terms of Reference and Ground rules</b> No change.	
3.	<b>New Members</b> DL informed meeting that a second invitation had been sent to the patients who had been interested in joining the PPG at the previous meeting. SR said that she had spoken to the Practice Nurses and GPs to speak to the patients they see and invite to next meeting. SR said that the practice had a list of patients who the GPs felt could give a good input into the group and that letters inviting them to attend were being sent.	
	<b>New Buildings</b> AW informed meeting that a new bespoke medical practice was being built for Western Avenue in Chester and that there were no plans to build new practices in Ellesmere Port or Neston. Dr Birch told meeting that the Council had designated land where the new college had been built for housing and a GP practice. Dr Birch suggested that the PPG as a body to investigate who they would lobby at the Council. As the developer had been very proactive and ready to start building, but it was the funding as the Council said they could not afford the building. ADB suggested that if the PPG found out who our local councillor was and the PPG could be drafted out by both the practice and the group and a copy also sent to Andrew Miller. ADB and SAS said that they wanted the practice to be based in the same locality, close to the town centre. Action: PB to find out name of local councillor for Central.	<b>PB</b>
	<b>Patient Dynamics GPAQ Report – SR</b> SR presented the results of the survey. She noted that the group had been sent a copy of the survey in January.	

Report Ratings 181 completed questionnaires.

There were a total of 20 questions.

Responses above bench mark = 11

Responses at benchmark = 4

Responses below = 5

Benchmarks are set nationally

The 5 responses below benchmark were no more than 1 or 2 below except Q9b which was 16 below

**Q9b Satisfaction with continuity of care.**

Benchmark 66. The practice rating was 50.

SAS felt that it was a very fair score and wondered if the rating would have been higher if the survey had taken place after the implementation of patients being offered a choice of doctor when ringing for an appointment on the day. Since the implementation of doctors of choice she said that she had received positive feedback from patients.

GD noted that some patients requested appointments and did not always accept that Doctors were unavailable due to Doctors working days (some Doctors only work 2 half days a week) holidays or meetings, she questioned if this could be a negative response to the question.

SR The practice has the facility of advance booked appointments to help patients who need to see the same GP. These appointments could be booked up to three weeks in advance.

Information regarding the doctors working days is on the notice board. The notice board has photographs of each of the Doctors with the days they work in the practice. This was done as a suggestion from the PPG to help with improving knowledge of Doctors working days

JW said that if she needs an on the day appointment, she is happy to see any of the GPs.

SR said that the MORI survey is due out in March so there may be a change in patients answering the question.

SR presented the following for discussion

**Q2 Satisfaction with receptionists - Benchmark 75 Practice Rating 77**

Very good 73

Excellent 51

Good 42

Very poor/poor/fair 15

AW was very pleased with the ratings the receptionists received as they have a very hard job.

**Q3b Additional hours of opening - not benchmarked**

None satisfied 80

Evenings 51

Weekends 47

Early morning/lunchtime 25

PB felt that the practice was very informative regarding opening times and sign posting Extended Hours and Out of Hours.

**Q12a Q12b Q12c**

**Q12a Satisfaction with how nurses listened to what you say**

**Q12b Satisfaction with quality of care the nurse provided**

**Q12c Satisfaction of how well the nurse explained your health problems**

The Benchmarks for these questions are 77/78 and all answers scored above the

benchmark at 82/83

PB congratulated the Nurses and Health Care Assistant for giving a high standard of care.

The survey's were completed by:-

118 Female patients

60 Male patients

The Age Groups were as follows

55-64 35

45-54 30

2-44 52

65+ 45

16-24 12

Employed 88

Retired 46

Unable to work - long term illness 19

Looking after family 13

Unemployed 10

### **Q20a Open Ended Comments**

#### **Is there anything particularly good about your healthcare?**

19 comments were received and it was agreed by the group that Q20a comments were very positive comments overall

### **Q20b**

#### **Is there anything that could be improved?**



20 comments were received

**Comments in the “could be improved” were**

“Doctors to stop looking at computers instead of actually seeing the patient”.

ADB said he make a positive effort not to look at the computer whilst in a consultation with a patient.

“Doctors not keen on home visits”

ADB said it is more efficient to see patients at the practice to visiting them at home. This is a reflection on modern medicine, but it does not mean that the practice will not visit a patient if they need a home visit.

SR said that the practice had just registered a patient who had moved from London, he was disabled and he was surprised the practice still did home visits.

Waiting times – Doctors running late

The staff are very proactive in informing patients if GPs are running late. SAS said it is very stressful for the Doctor concerned if they fall behind; it is usually due to having to give a patient some bad news or regards bereavement.

**Q20c**

**Any other comments**

16 comments were received

These were discussed as many were very positive

“Happy with the service/Friendly practice/Good practice/Tea and biscuits while waiting for Doctors – Tea machine”

SR noted that the PPG are remitted to look at areas from the survey to give to the practice as actions.

The results were discussed and the group felt this was a very positive survey but perhaps looking at the Q9b “satisfaction with continuity of care” would be beneficial as this is

significantly below benchmark, whilst the group acknowledges the practice has made changes it was felt that further promoting of the patients choice of doctor for all appointments may improve this area further.

### **Actions for the Practice Q9b**

The group discussed Q9b as an action for improvement.

It was agreed that the practice should try to improve the continuity of care by ensuring that the receptionists offer the patients the opportunity of seeing the Dr of choice and in particular ensuring patients who see a particular Doctor can be followed up by that doctor. This was discussed as being important to patients for continuity of care and to support them managing their own health.

It was accepted that this may be difficult at some time of the year when Doctors are on holiday.

Receptionists to be aware of offering and ensuring an appointment in advance with the Doctor being requested by the patient

Receptionists should also continue to offer the opportunity of the doctor of choice on all requests to be seen by patients for appointments on the day.

It was felt that continuity of care could be interpreted in different ways but possibly this would be a good starting point.

The group members did not feel that there were any other areas in the survey that the practice needed address.

### **AOB**

#### **Computer Change**

SR informed meeting that the new computer system will be in place on 9<sup>th</sup> April, 2013. Because of the change, the practice will be without computers for several days. The practice is going to implement a triage system for the days the practice will not have computers. Patients will ring surgery and then a doctor will speak to the patients. Repeat prescriptions will be done to give patients 2 months supply to ensure that patients have sufficient medication.

The practice will have notices informing the patients of the new computer system on display around the waiting room.

PB thought that the telephone consultations would be a good idea.

	The staff at present are working on checking the data ready for the transfer to EMIS web.	
	<p><b>Dr Nadaph – leaving</b></p> <p>SR advised the group that Dr Nadaph will be leaving at the end of April to take up a partnership in a practice in Wrexham N Wales. Dr Siddorn will be covering her surgeries until the partners decide on a replacement for the practice.</p>	
	<p><b>Norovirus</b></p> <p>PB asked if the notices had stopped patients attending the practice. SAS said that they still had seen some patients who had Norovirus in the practice despite press and TV coverage</p>	
	<p><b>Clinical Commissioning Group</b></p> <p>AW said that the Clinical Commissioning Group would be sending him information and he would bring to meetings.</p>	
	<p><b>Learning disability Health Service Booklet</b></p> <p>DL gave a copy of booklet given to each member on Public Consultation on the Redesign of Learning Disability Health Service booklet.</p>	
	<p><b>Newsletter</b></p> <p>DL gave each member a copy of the West Cheshire Patient Participation Group's first Newsletter.</p>	
	<p><b>Meeting called to a close.</b></p> <p>Next meeting. Tuesday, 19<sup>th</sup> March, 2013 at 6.30pm</p>	

<b>ACTIONS</b>	<b>MEMBER</b>
Update on who is the local Councillor	PB

