

PATIENT REPRESENTATIVE GROUP REPORT – MARCH 2013

PATIENT REPRESENTATIVE GROUP

WHAT IS THE PATIENT REPRESENTATIVE GROUP (PRG)?

The. 'The patient representative group at The Sheldon Practice was set up in August 2011 to understand the views of patients on the services that the Practice offered. The group reviews everything from access to the services both Primary and secondary. It also reviews the standard of service provided by the practice in all aspects including local health needs, to the effect of the changes in the NHS on the practice. It is a virtual group where most of the communication is done by E mail; however representatives also came to the practice to discuss matters. After profiling my practice area for age, sex, ethnicity and minority groups. The Group was formed to include, 1 member (aged 40) from a family (with very young children aged few months to 18 months)) of an Asian background 1 member (aged 28) from family (with children aged 2 – 6 years) an afro-Caribbean background, 2 members over the age of 65 .1 member over the age of 70. 1 member (aged 47) from a family of teenage children. Therefore this group covered most ages, all sexes, ethnicities and minority groups.

PRG AND PRACTICE PROFILE

Give a description of the profile and then show a breakdown of it

Details for your practice population profile should be available through your practice system. Please note if ethnicity totals do not add up to 100% then please show the remaining % in the 'not stated' box

Demonstrating how a Patient Reference Group is Representative				
Practice Population Profile		PRG Profile		Difference
Age				
% Under 16	24%	% Under 16	22%	2%
% 17-24	10%	% 17-24	11%	1%
% 25-34	15%	% 25-34	11%	2%
% 35-44	14%	% 35-44	11%	3%

% 45-54	16%	% 45-54	11%	5%
% 55-64	11%	% 55-64	17%	6%
% 65-74	8%	% 65-74	11%	3%
% 75-84	5%	% 75-84	0%	5%
% 85 and Over	2%	% 85 and Over	0	2%
Ethnicity				
White		White		
% British Group	89%	% British Group	66%	23%
% Irish	2%	% Irish	0%	2%
Mixed		Mixed		
% White & Black Caribbean	0%	% White & Black Caribbean	0%	0%
% White & Black African	0%	% White & Black African	0%	0%
% White & Asian	0%	% White & Asian	0%	0%
Asian or Asian British		Asian or Asian British		
% Indian	3%	% Indian	16%	13%
% Pakistani	1%	% Pakistani	0%	1%
% Bangladeshi	less than 1%	% Bangladeshi	0%	0%
Black or Black British		Black or Black British		
% Caribbean	2%	% Caribbean	0%	2%
% African	1%	% African	16%	15%
Chinese or other ethnic group		Chinese or other ethnic group		
% Chinese	less than 1%	% Chinese	0%	1%
& any other		& any other		
Not Stated %	0%	Not Stated %		
Gender				
% Male	53%	% Male	50%	3%
% Female	47%	% Female	50%	3%

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

The PRG was designed to be representative as much as possible for age, ethnicity and sex. The Practice being relatively small with a list size of approximately 2070 patients This was done in several ways. The group comprised a white family with teenage children. An Asian family with very young children. An African family with children of junior school age. Another white family with grown up children. A White just retired couple and a white much older couple. Both partners of each family were included which made the gender of the whole group approximately equal. The group was a virtual group which communicated by E mail. Because of relatively small numbers of Chinese and Bangladeshi and Pakistani patients and the difficulties that these groups had with E mail and internet access, the Doctor had personal communications with this group by phone and surgery contact to ensure their views were included.

PRG FREQUENCY

How often do you hold the meetings? Dates as evidence would be really useful

e.g.

<i>20th February 2013</i>	<i>1st meeting – discussed impact of last year’s action plans and agreed areas to be surveyed for 2013.</i>
<i>22nd February 2013</i>	<i>Discussed and agreed patient survey</i>
<i>3rd March 2013</i>	<i>Evaluated and analyzed and discussed results of survey and drew up a proposed action plan and agreed action plan for issues raised in the survey</i>
<i>9th March 2013</i>	<i>Final action plan agreed to be implemented.</i>

PRG MEMBERSHIP

Optional name details with consent of members

e.g. Chair – Dr Bhinder Jheeta

*Mr E.C computer ID no=493 Mrs J.B computer ID no=353 Mr J F computer ID no=3116
Mr U.S computer ID no=3753 Mrs S.D computer ID no=41 Mr R.R computer ID no=4002*

PATIENT SURVEY

AREAS OF PRIORITY & HOW THEY WERE DECIDED

How did you decide which questions to include in the survey?

In the PRG meeting of 20th February 2013 (Virtual communication by E mails) we decided that last year we looked at 5 priorities most relevant to the Practice and we chose 1.Access to the Practice, 2, Standard of services received by patients and 3. Parking facilities at the surgery The agreed action plans were carried out and the parking had vastly improved.

This year we decided to look at the areas that we left out last year which were 1.Ease of getting referral to other services i.e. hospital specialists, physio, Xr tests etc. and 2, Décor of the practice any other significant eye catching results from the survey..

As this was a chance to get patient opinion we felt that the questionnaire will have 16 questions and must include. 1.Ease of getting referral to other services i.e. hospital specialists, physio, Xr tests etc. and 2, Décor of the practice any other significant eye catching results from the survey..

SURVEY PROCESS

The admin staff handed the survey Questionnaire to all patients who had an appointment with the GP or Nurse during Late February 2013 to take part in the survey. For non-English reading patients there was a receptionist available to interpret.

RESULTS

The results were sent to the PRG via E mail.60 Surveys were given out and 52 were completed within the following age groups...1 to patients under 19 yrs of age.7 to patients aged 20-29, 6 to patients aged 30-39, 9 to patients aged 40-49, 10 to patients aged 50-59, 6 to patients aged 60-69, 5 to patients aged 70-79, 3 to patients aged 80-89 and 5 to patients who did not declare their age.

Ethnicity breakdown.

British 40 , Irish 2, Indian 6, Pakistani 1,other(Thai)1, Other black background 1,Chinese 1

The summary of the results are as follows Feb 2013 Survey Results;

74% Found parking to be good. Compared to 70% who thought it was inadequate last year.

100% found the reception area to be clean.

98% found reception staff to be welcoming.

97% found it easy getting through via the telephone.

89% found it easy to get a blood test at the practice.

87% found it easy getting referred to other services i.e. physio etc

78% found it easy of getting a referral to a specialist or hospital of their choice.

88% found the décor of the practice acceptable.

60% knew how to make a complaint ,or a make a suggestion regarding

The Doctors surgery.

CONCLUSION:

Décor of Practice;

Cleanliness of the practice had 100% positive feedback.
88% were happy with the décor of the practice.

Ease of getting referrals etc.

The majority of patients were happy with getting a blood test or referral to other services.

78% felt happy with specialist and hospital referral.

Other issues:

Only 60% surveyed knew about the suggestion box or how to make a complaint.

The majority surveyed were now happy with the parking at the surgery.

DISCUSSION ABOUT RESULTS

The results were E mailed to the entire group in February and all the responses were collated and discussed. The group was pleased with the overall results and felt they had a significant impact on the action plans that were implemented last year especially with the parking at the practice.

Cleanliness and Decor

This year the survey revealed that the Practice was kept in a good state of cleanliness and this should be continued. (100%) satisfaction.

Regarding the Décor this again result in good satisfaction rates and a discussion ensued as to whether we should either completely redecorate or leave as it is or just decorate areas as and when required.

Ease of getting referrals to specialist of choice and hospital of choice.

The survey again revealed excellent results with ease of getting blood tests ,further investigations and referral to allied professional services such as physio, chiropody etc.(89% and 87% respectively)

However choice of specialist and hospital revealed a satisfaction rate of 78% and a discussion ensued regarding this. Dr Jheeta explained that the majority of patients were referred to secondary services via the Choose and Book system and the patients are offered a choice of hospital and usually this is either Heartlands or Solihull Hospital in 95% of cases. The patients do not usually request a specialist of choice from the Doctor but if they did Dr Jheeta would endeavour to refer to that named Consultant. Dr Jheeta then went on to explain that some named Consultants had longer waiting lists than others and sometimes patients would see any Consultant to get a sooner appointment. It was felt however that in future Dr Jheeta could ask the patient if they had a named preferred Consultant that they would like to be seen by.

Other issues:

The survey revealed that only 60% surveyed knew about the suggestion box or how to make a complaint.

This was discussed and Dr Jheeta explained although the practice had Posters regarding the suggestion box and how to make a complaint. The suggestion box was usually empty. The group felt that if the Practice had a dedicated notice board for these 2 items it might increase the usage. There was also a suggestion of encouraging the use of the NHS choices website for suggestions and complaints. We also decided to review the Practice leaflet and the Practice website regarding these 2 issues.

The conclusion of the discussions about the results were:

1. Ease of referral to other services.

Although the majority were happy with blood test and access to other services, the survey revealed we needed to improve the specialist of choice and hospital of choice rankings.

2 Décor.

The majority of patients were happy with the décor but we felt an action plan to keep the standard high would be implemented.

3. Other issues.

WE need to improve the knowledge regarding the suggestion box and how to make a complaint.

ACTION PLAN

Layout an action plan for your surgery based on your PRG meetings and your survey findings. Explain how you agreed the final action plan

Décor of Practice;

The group were pleased with the survey results which suggest that the décor is satisfactory and we were of the opinion “if its not broke why fix it” However we felt a plan of action to maintain the standard should be implemented and the following suggestions were made.

Décor action plan.

1. Leave alone,
2. Just decorate areas that appear worn and lack freshness.
3. Re-decorate whole patient area.

Number 2 was chosen.

Ease of referral;

Again this showed good results with getting blood tests done and referral to outside services such as physio etc. However getting a referral to a hospital or specialist of choice revealed 78% satisfaction.

Ease of referral action plan;

1. Leave alone,
2. Offer patients a specialist of choice should they request one during all consultations. I already offer a choice of hospital and this is usually Solihull or Heartlands in 95% of cases.
3. Put a poster in the waiting room; regarding choice of hospital and

or specialist.

Number 2 was chosen

Finally a surprising finding in the survey was that only 60% of patients knew how to make a complaint /compliment or put a suggestion or comment regarding the Doctors surgery and we felt that we should also address this.

We already have a suggestion box in the waiting area. We also have a Poster in the waiting room on how to make a complaint or give feedback. Our practice leaflet also states this.

However suggestions are;

1. Encourage patients to post reviews on NHS choices website.
2. Have a dedicated Notice Board for suggestions and complaints.
3. Use regular questionnaires regarding comments about the practice.

Number 2 was chosen.

TABLE OF FINAL AGREED ACTION PLAN

<u>Action</u>	<u>Task</u>	<u>Timeline</u>
<i>Maintain Standard of Décor .Decorate only as required and necessary</i>	<i>Practice Manager to inspect Décor annually and redecorate where necessary.</i>	<i>Annually commencing 1st April 2013</i>
<i>Offer patients choice of specialist and hospital for referrals.</i>	<i>1. Dr Jheeta to offer specialist choice and hospital if requested during consultations. 2. Amend website and Practice leaflet to reflect this.</i>	<i>Immediately By 1st April 2013</i>

<i>Improve patient awareness of suggestion box and how to make a complaint...</i>	Have a dedicated Notice board in the waiting room regarding suggestions and complaints.	<i>By 1st May 2013</i>

ACCESS

OPENING HOURS

List your opening hours

<i>Monday 8.45-7.30pm</i>	
Tuesday, Thursday, Friday 8:45 - 6:45	
Wednesday	8:30 - 12:30

EXTENDED HOURS

List your extended hours. Useful to put if they require a different booking system or are specialised clinics

Extended surgery hours Monday night until 7.30pm

ACCESS TO SERVICES

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

Well Baby Clinics

The Health visitor is available on the 2nd and 4th Monday of the month
1.30pm-3.00pm.

Baby Immunizations

Every Monday 1.45pm-3.00pm

Home Visits

These should be for those patients who are too ill to come to the surgery and must be requested before 10.00am. Patients requesting urgent home visits will speak to the Doctor on the telephone, the Doctor will then visit the patient.

Minor Surgery and Joint Injections

Please see Doctor to arrange these.

Counselors Available

See Doctor to discuss seeing the counselors.

Well Woman and Well Man Service Available

Make appointment with Nurse.

Cervical Screenings Available

Using **LIQUID BASED CYTOLOGY**. Book with Nurse.

CPN Available

Accessed via Doctor.

Out of Hours and Emergencies Tel: 0845 675 0568
Urgent calls only – Please use this service only in emergencies

This service is provided by 'BADGER' this is an organization run by the experienced G.P's, who provide phone advice or consultation at one of the Primary Care Centre's based at Heartlands Hospital and the old General Hospital. House visits are also available for housebound patients and those who are too ill to come to the surgery. Your nearest casualty is at Birmingham Heartlands Hospital (open 24 hours) or Solihull Hospital for injuries, sutures or major trauma.

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).

<http://www.thesheldonpractice.nhs.uk/>