

Park View Surgery – Normanton

Local Patient Participation Report

Park View Surgery is a small GP training practice based in Normanton with both male and female GP's. We currently have a patient population of 2763 of mixed age groups and ethnicity.

The practice has had a patient participation group (PPG) for around 6 years. The group generally only met around 3 to 4 times per year but it has now become more established and we try to meet more regularly.

Our PPG is represented by a mixture of male and female members, both working and retired patients of which some members are disabled. We currently have 10 members, 60/40 split, 6 female and 4 male, who attended the meetings but there are some members that can be contacted virtually should they not be able to attend.

Practice Boundary Area Map



Recruitment

There has been 2 new members join our PPG this year and we continue to publicise it to try and encourage patients from a difference ethnicity or younger age group. We continue to put the leaflets in our new patient packs, posters in the waiting area and we have also put a poster in a local News Agents. We also added a paragraph at the end of our patient survey again to see if we could attract further members this way.

Practice Population profile		PRG Profile
Age		
0 - 16 years	512	0
17 - 24	300	0
25 - 34	357	1
35 - 44	422	0
45 - 54	464	1
55 - 64	287	1
65 - 74	256	6
75 - 84	125	1
85+	40	0
Total	2763	10
Male	1443	
Female	1320	

Ethnicity	Patient Count	%
British or mixed British - ethnic category 2001 census	2403	86.97
Ethnic category not stated - 2001 census	110	3.98
Indian or British Indian - ethnic category 2001 census	24	0.87
Race: Not stated	99	3.58
Polish - ethnic category 2001 census	19	0.69
Irish - ethnic category 2001 census	16	0.58
African - ethnic category 2001 census	14	0.51
Pakistani or British Pakistani - ethnic category 2001 census	13	0.47
Chinese - ethnic category 2001 census	10	0.36
White and Asian - ethnic category 2001 census	7	0.25
Black African	6	0.22
White and Black African - ethnic category 2001 census	6	0.22
Pakistani	5	0.18
White Irish	4	0.14
Indian	3	0.11
Other Mixed background - ethnic category 2001 census	3	0.11
Chinese	2	0.07
Other Asian ethnic group	2	0.07
Other white British ethnic group	2	0.07
White and Black Caribbean - ethnic category 2001 census	2	0.07
Other Black background - ethnic category 2001 census	2	0.07
Other - ethnic category 2001 census	2	0.07
Other ethnic group	1	0.04
White Scottish	1	0.04
Other Asian background - ethnic category 2001 census	1	0.04
Scottish - ethnic category 2001 census	1	0.04

British Asian - ethnic category 2001 census	1	0.04
Filipino - ethnic category 2001 census	1	0.04
Baltic Estonian/Latvian/Lithuanian - ethn categ 2001 census	1	0.04
Other White or White unspecified ethnic category 2001 census	1	0.04
Kurdish - ethnic category 2001 census	1	0.04
	2763	

The group accepts that the group is not fully representative of the practice population but there are interested parties of disabilities and the group has been working with the Local Community Development worker to determine the best way to target the other cultural groups. Work will continue to improve representation.

Terms of Reference

The group meets informally and have agreed to discuss the terms of reference at a later stage. It has been agreed that the current arrangements for the Chair and secretary of the group will stay the same i.e. Deputy Practice Manager.

Patient Survey

The PPG met to decide on questions that they felt should be included in the Surgery, this was done by looking through previous patient questionnaires and surveys and issues previously brought to the group discussions.

It was agreed that between 8 – 12 questions would be suffice and a small pilot with the group would take place before releasing to the wider practice population. The group decided on and formulated the questions, which related to the surgery opening times and GP and other clinical staffs consultations and the overall service for the practice.

The Manager of Park View Surgery typed up the survey and emailed it out to the group and asked for further feed back if necessary and their thoughts. Once we received all feed back and clarification from the group the Survey was published and put out to the rest of the patients.

It was necessary to get 25 surveys completed for every 1000 patients; therefore, this meant 75 in total for Park View.

The surveys were handed out to patients by the receptionists, who encourage completion and offered help where necessary. This was done as they attended the surgery, either for appointments or walking in to collect prescription etc. We found this the best way to capture different ethnicities and age groups.

Evidence

77 questionnaires were completed.

The results of the survey were discussed by the group at the meeting on the 20th March 2013, the responses had been collated and the data presented for each question. It was agreed the Group work through each question.

Appendix 1 PPG Poster (put up in waiting room & local News Agents)

Appendix 2 PPG Flyer (in the waiting area, new patient's packs and maternity packs)

Appendix 3 Minutes of 060213 where it was decided by the group what to put in the survey

Appendix 4 Patient Survey

Appendix 5 Minutes of 200313 where the survey results were discussed

Action Plan

The results of the survey overall were very good with patients very satisfied with the service the Practice provided and with the staff in general.

The results were presented to the PPG and they said that they were not surprised by the result as they personally felt the surgery gave an excellent service hence the reason they have remained at the surgery for so many years.

It was agreed that we would look at where we could possibly improve patient experience around carers and patients with learning difficulties with regards to such things as booking appointments or the referral process.

Patient survey - The group felt we should look at publicising the survey throughout the year and possible ways of reaching those patients who do not visit the surgery very often.

Improving communication – Where ever possible check patient's details to ensure they are up to date, especially mobile and landline telephone numbers. This will help in many ways, for example, when patients book telephone appointment or when receptionist try to contact them regarding results and confirmation of appointments through text messaging.

Patient Participation Surgery- Group members to give some of there spare time to speak to patients from the waiting area regarding any concerns, issues or development ideas for the practice. Time and days for further discussion.

Progress on these actions will commence in April.

You Said	We did	Result is	Outcome 2012/2013
Wednesday afternoon access	We will be opening on a Wednesday afternoon from the 1 st April on a pilot basis	Additional nurse led appointments and improvements on long-term condition care planning.	This is still ongoing and working very well.
Board or Patient notice to inform patients of any delay in appointment times	Receptionist now advice patients when clinician running late and look to have a board in place on completion of on going work within reception area.	Better communication for patients on status of their waiting time.	We are now able to send one off messages to the call board to inform patients of delays
Difficulties in booking appointments.	We have agreed to look into this to determine why	Planned to undertake a further telephone survey	On going
Comparison of volume of calls, before and after change of telephone system	Agreed to assess how this can be done.		

Confirmation of opening times

The survey included questions around access and opening times, though around 90% of the patients were happy with what was already provided they Practice are extending the pilot to open on a Wednesday afternoon. The surgery does not currently provided extended hours, this is due to no demand from previously opening on a Saturday morning.

Monday	0830	1230	1330	1830
Tuesday	0830	1230	1330	1830
Wednesday	0830	1530		
Thursday	0830	1230	0830	1230
Friday	0830	1230	0830	1230

The telephone lines are open throughout lunch time should there be a need to contact the surgery.

Patients can gain access by walking into the surgery, by telephone or 24 hours via our online service but patients must be registered to do this.

The report is available to see on our patient notice board within the surgery and on our practice website www.parkviewsurgery.co.uk



Park View Surgery

148 Castleford Road
Normanton
WF6 2EP

Tel: 01924 224299

Patient Participation Group

Are you interested in finding out how to get involved in your practice?

We are setting up a Patient Participation Group and are looking for patients from all age groups, social and cultural backgrounds to join us.

If you would like more information about the group please contact the surgery or speak to one of the receptionists. Alternatively enter your details below and hand in at reception:

Name: _____

Address: _____

Contact tel: _____

Park View Surgery

Patient Participation Group

Are you interested in finding out how to get involved in your practice?

We are setting up a Patient Participation Group and are looking for patients from all age groups, social and cultural backgrounds to join us.

We would like to hear about what **YOU** think works well or not so well in our practice

If you would like more information about the group please speak to one of the receptionists or a member of staff.

Minutes of Meeting 6th February 2013
Patient Participation Group

Present: 3 Practice Staff and 7 group members

Apologies: 3 group members sent their apologies

Introduction

Sharon thanked all the members for attending and apologies given for those who couldn't. Sharon began with a staff update and welcomed Nicola the new receptionist and announced the return of Dr Phipps-Jones following maternity leave and that Dr Speers has now become a partner. Sharon explained that the duty GP's at Park View will now be Dr Phipps-Jones, Dr Speers and Dr Marlow, splitting the week by doing 3 sessions each.

Flu Campaign

The flu campaign for 2012/13 has now come to an end and once again it was a very good uptake from the chronic disease patients.

Patient Survey

Questions from previous surveys were discussed and the group felt it would be beneficial to have feedback on the recent alterations to the surgery, electronic prescribing and staff as well as appointments and the telephones. They also felt it would be a good idea to attach the Wakefield clinical commissioning group survey to the practice survey..

CQC (Care Quality Commissioning)

Park View Surgery is now registered. This is a government initiative to ensure high standards of care. They can visit any organisation providing care, eg, general practices, nursing homes and hospitals. To ensure care is of the best quality and delivered in accordance to our policies and procedures.

Mid Yorkshire Consultation

There are many changes upon us within the NHS from April 2013 and we have been given the opportunity for the chair of the Clinical Commissioning Group (CCG) to attend one of our PPG meetings to give us an update, the members were all in favour of this.

NHS Abdominal Aortic Aneurysm (AAA) Screening Programme:

This is an ultrasound screening programme offered to men in their 65th year which could reduce the risk of premature death from ruptured AAA. Park View surgery provided the room for the clinic last year so it saved patients having to travel to the hospital for this procedure; those who were invited found it very helpful and more convenient.

Alterations to the surgery:

It had been previously mentioned that it may be helpful for a push and pull sign to be put on the new internal door in the exit corridor but on further consultation it had been decided to put a semi automatic system in place in stead. The old entrance has been bricked up and a window put in place. Further alteration are underway to replace the waiting room windows with new PVC ones. Members felt these alteration had been an improvement, especially for the disabled access. There were some concerns raised about the etched glass on the reception windows, in that, they felt patients couldn't be seen when closed, I reassured them that patients waiting are visible from the other side.

Electronic Transfer Prescribing Service (ETPS)

Members, who used this service, felt it work very well but it was also noted from members who didn't use ETPS that it had improved the turnaround from ordering a prescription to collection too. This has proven very successful for Park View and we were congratulated by Primary Care commissioning team for having the highest usage in the Yorkshire & Humber area in such a short period of time.

Comments

Patients often give verbal comments, good or bad, regarding the surgery to members of staff but we would like to encourage patients to put them in writing or use slips provided next to the comments box in the waiting area. This can also be done via the intranet either on the www.parkviewsurgery.co.uk or by the **NHS Choice website**. This can be about many things ranging from a clinician they have seen, other members of the reception staff or services at the surgery. Comments are welcomed as they help to develop services and future improvements.

Park View Surgery Patient Survey

The surgery is constantly striving to improve its care and services for all patients.

As part of this ongoing improvement, the Patient Participation Group has compiled a survey consisting of questions dealing with all aspects of your experience when you need to visit the surgery.

Please note that all answers are completely confidential and you will not be asked for your name.

1. How did you make your last appointment?

By telephone	
In person	
On line service	

2. Was the appointment with the GP or Nurse of your choice?

GP Yes No
 Nurse Yes No

3a. Did you find it easy to book your last appointment with the GP or Nurses?

GP Yes No
 Nurse Yes No

b. Telephone appointment

GP Yes No Not aware of this service
 Nurse Yes No Not aware of this service

4. The last time you saw a GP or Nurse how would you rate the consultation?

Excellent
 Good
 Fair
 Poor
 Not at all

Doctor Or Nurse Name.....(optional)
Please Comment

5. Do you feel the GP or Nurse understands your health problems?

- Very well
Sometimes
Not at all

Please comment

6. Do you find the reception staff helpful?

- Very
Good
Poor

Please comment

7. Do you feel the Electronic Prescription Transfer System works well?

- Yes Not aware of it
No

(Please speak to a member of our reception team if you would like information regarding this service)

8. If you use the Electronic Prescribing service, do you feel it has improved our repeat prescription waiting times?

- Yes
No

Please comment

As you can see the surgery has undergone quite a lot of alterations in the past 18 months, including work to improve disabled access. We would appreciate you feed back.

9. Do you think the alterations have improved disabled access to the surgery?

Yes
No

Please Comment

10. Have they made it easier for you to access the building?

Yes
No

Please comment

11. If you wish to make any further comments regarding the practice please use the box below or the reverse of the page.

To help us with the context of your responses please provide the following:

Age Gender Male Female

With thanks to the Patient Participation Group who have compiled this survey. If you would like to join the group or would like further information please ask a member of staff.

Park View Surgery
Patient Participation Group Meeting 20th March 2013

Present: 2 Practice members, 7 group members

Apologies: 2 members sent their apologies

Introduction

SC thanked the members for attending and gave apologies for those who could not make it. It was agreed that the purpose of the meeting today was to discuss the results of the survey and develop an action plan for the year ahead.

Patient Survey

It was confirmed that there had been 77 surveys completed and returned. The practice required a minimum of 75 completed surveys based on the 25 per 1000 practice population.

The responses have been collated and the data presented for each question. A copy was given to each member and it was agreed to work through each question.

Q1 How did you make your last appointment?

By Telephone	70%
In Person	23%
Online	7%

Mrs M was surprised at these result and the online percentage being so low, even lower than last years figure; she thinks its a good service and thought more patients would too. Mrs C also felt that the younger population of the surgery would use the online service more but this didn't seem to reflect through the survey. It was also noted that the percentage of patients walking in to make an appointment had risen but the telephone bookings had reduced slightly.

Q2 Was the appointment with the GP or Nurse of your choice?

GP	32%
Nurse	53%
Both	10%
None	3%
Yes	1%
N/A	1%

The group felt that the appointment system works well and can usually get to see the clinician of their choice within a week. They also felt that the specialist clinics worked very well, for example the diabetic and respiratory clinics that are nurse led and this frees up GP's of other medical problems.

Q3a Did you find it easy to book your last appointment with the GP or Nurse?

GP	42%
Nurse	36%
Both	19%
Yes	1%
GP no/Nurse yes	1%
N/A	1%

Again the group felt that getting an appointment was quite easy.

Q3b Telephone Appointment

GP	31%
Nurse	20%
Both	18%
GP No/Nurse No	1%
GP No/Nurse Yes	1%
GP Yes/Nurse No	1%
None	3%
N/A	22%
Not aware of the service	3%

It was agreed that the telephone appointments work well and leaves the face to face appointments for the more complex medical needs.

Q4 The last time you saw a GP or Nurse how would you rate the consultation?

Excellent	60%
Good	30%
Fair	6%
Poor	1%
N/A	3%

The group felt these result were a good reflection on the surgery. . It was also noted that patients had added separate comments, such as, 'put at ease', 'excellent', 'friendly and sympathetic' and 'fantastic nurse'.

Q5 Do you feel the GP or Nurse understands your health problem?

Very well	70%
Sometimes	27%

Not at all	1%
N/A	1%
All of above	1%.

Again the group felt like question 4 was a good reflection on the practice. Patients also added further comments as 'always has time to listen, 'excellent' and 'very good'.

Q6 Do you find reception staff helpful?

Very	73%
Good	25%
Poor	0
N/A	2%

The group agreed that all the reception staff are very helpful and friendly. Patients also added extra positive comments like 'always offer different solutions if no appointments', 'always pleasant and helpful, 'helpful, pleasant ladies and a pleasure to talk to them' and 'staff extremely helpful.

Q7 Do you feel the Electronic Prescription Transfer System works well?

Yes	56%
No	0
Yes/No	1%
Not aware of the service	30%
Don't know what this means	1%
N/A	12%

Mrs S felt that the service fell down when trying to order prescriptions on a Friday evening or over the weekend, as it's still not ready until Tuesday of the next week. SC explained that, though the prescription is sent electronically to the chemist, they still need to be digitally signed by the GP, as the ones that are not sent electronically are signed by a GP. The group felt that due to the percentage of patients that 'was not aware of the service' future work may be necessary to publicise the service. SC added that it was asked in the survey that information was required about the service to speak to a member of staff.

Q8 If you use the Electronic Prescribing Service, do you feel it has improved our repeat prescription waiting times?

Yes	47%
No	1%
Yes/No	1%
N/A	51%

The group members felt this is a good service and has made the process of ordering a prescription much quicker. Plus as it goes to the chemist of their choice it makes it more convenient. It was also noted that for the patients that didn't wish to use the

electronic service, the turnaround from ordering to collecting a prescription had become quicker too.

Q9 Do you think the alterations have improved disabled access to the surgery?

Yes	95%
No	1%
Yes/No	1%
N/A	5%

As the survey suggests, the patients along with the group members felt this had been a great improvement to the surgery's access. A patient had commented in the survey that '*I'm not disabled but access for all has improved*'. Mr B was surprised at one of the comments added to a questionnaire of 'Don't like main road accesses but no reason why.'

Q10 Have they made it easier for you to access the building?

Yes	78%
No	4%
N/A	18%

Q11 Any further comments regarding the practice.

This was added to capture any other comments patients wished to raise that wasn't highlighted throughout the survey.

From the additional comments that had been added to the survey the group felt the majority of these were positive like 'love this practice it's like a family, been under the practice 43 years' and 'Find that all staff are polite and understanding, try to help getting you the quickest appointment' and reflected throughout the survey. Others like 'Parking facilities are poor' the group felt this was not something that could be acted upon as there wasn't anything that could be changed due to the position of the Surgery. For other subjects around online appointment booking this was to be discussed further within the practice.

The group agreed that from the results of the survey, patients felt that the overall service they received at Park View Surgery was very good as do they.

Action Plan

Mrs S felt that the survey was not represented by the whole practice population. She thought future work on how we could get patients who didn't visit the surgery to complete it was necessary. Mr M felt that the timing could be a problem, in that, it is only published in the last quarter of the year and may be an idea to look at giving it out throughout the year, this may get a better result and capture more patients.

Carole suggested a PPG surgery, explained that most patients are happy to vocally discuss their concerns but not prepared to write them down. Maybe if there was the opportunity to speak to another patient, PPG representative, they may feel able to open up more. It was also said that this may be helpful in recruiting additional members. Mrs S felt though this was a good idea there may be issues around safeguarding but obviously this would be for further discussion and information sought before starting the PPG surgery. Mr B said he would be happy to give up some of his free time to do this and so did Mrs M.

It was agreed that further work on assisting carers and patients with learning difficulties when booking appointment and referrals would be a good idea for future development though staff are very helpful p may be look how it can be done differently.

Next steps

- To display the survey results in the waiting room and on the practice website.
- Submit the required information to the PCT
- Address the action plan

AOB

Mr B asked if the text which informs patients of how many are waiting before their appointment could be made bolder, as it blends in with the rest and not very easy to make out. SC said she would look into this but may be that she passes it on to the SystmOne development team. Following on from this SC announced that there is now a facility within SystmOne that allows on off messages to be sent to the Call Board, which will be used to let patients know when clinicians are running late.

AAA Screening – Further to our discuss at the last meeting about this service Mrs S felt that the screening had not been very well publicised and asked how patients who had not been invited for the screening, but in the age group would be pick up. CP advised her that it will be like all other screening services, SC would try and get further information and posters for the waiting area if available.

Online Comments – Following on from previous discussions around comments, it appears the online service has not been working. Mr W said he has tried numerous times to leave a comment but they don't seem to save. SC thanked Mr W for his continuous trying and helping find the problem. It appears that there is no verification field and has therefore been passed over to the IT service to investigate further and hopefully will be up and running shortly.

111 Service - CP spoke to the group about the new 111 service, how it should be used and the difference between 111 and 999.

Extended opening times – The group acknowledged that the Practice had trialed extended hours in the past, i.e. Saturday mornings but not worked. They felt early morning appointments, may be from 8 am or evening up to 7 pm would work better. Mrs S felt a minor illness centre would work well within the Five Towns area and this would stop patients from going to A&E, also may help to take the pressure of GP practices having to do extended hours too. CP encouraged the patients to put such suggestions on the feedback form in the 'Meeting the challenge' leaflet they received recently.