

LOCAL PATIENT PARTICIPATION REPORT

SPRINGMEAD SURGERY, CHARD

1. A description of the profile of the members of the Patient Reference Group (PRG)

Patient Population January 2014

6,626 patients: 51% female; 49% male. PRG Membership 62: 58% female; 42% male
Ethnicity; practice population (estimated) 98% British, 2% other; PRG 100% British

Age Range	Practice Population	PRG
0-16	16%	0%
17-34	18%	0%
35-74	52%	75%
Over 75	14%	25%

2. Steps taken by the Provider to ensure that the PRG is representative of its registered patients and where a category of patients is not represented, the steps the Provider took in an attempt to engage that category

There are still some major variations between the patient population and the PRG that we need to address: this is most notable in the under 35 age group where we still do not have any patients in this category in the PRG, despite the fact that this age group makes up a third of the practice population.

A number of efforts have been made to ensure the PRG is more representative of the practice profile: promotional information about the PRG has been published on the practice website, encouraging patients to provide an email address so that we can contact them with occasional surveys, about how we are doing, and where we could improve services. During the first quarter of 2014, this route was used to promote patient interest in forming a real PRG, in addition to the existing virtual PRG (as below). As a consequence, the new real PRG met for the first time in March 2014, and established their priorities for improving the waiting room area in the surgery.

Younger patients (aged under-35 years) and minority ethnic group patients visiting the practice website and those receiving the quarterly practice newsletter are specifically encouraged to join the PRG, to better reflect our patient population. We also have promoted better practice population representation via visible posters in the waiting room area, and by staff actively encouraging a more diverse range of patients to get involved in the PRG. Furthermore, access to information in appropriate languages for under-represented patient is available via links on the practice website. Overall, this has resulted in a better balance in the PRG (both real and virtual) against the patient population than was historically the case, but we recognise that we still have more to

do with the under 35 age group and to ensure much broader representation based on practice population ethnicity. We therefore took the unprecedented step of offering a short term work placement to a non-British student who already provides translation services in the surgery, to build up our knowledge and understanding of our diverse patient population, and those parts of it that were not represented in the PRG. This specific experience will help us in our future planning in the PRG.

3. Details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local patient survey

The most recent local survey of patients in 2013 was planned in conjunction with the virtual PRG, and agreement reached with them about: the right questions to ask in the survey; what they think the key priorities for the practice should be; and what issues patients should be consulted about in future. Through this virtual route, the issues which were important to patients were included as priorities in the local patient survey.

The virtual PRG was asked to rank their priorities by service improvements, and their preferred priorities for service development were contacting the surgery by telephone, the appointments system and urgent care. These patient priorities formed the basis of the issues included in the local survey, and then subsequently areas for development in the action plan.

4. The manner in which the Provider sought to obtain the views of its registered patients

The anonymised questionnaire which was developed from the work undertaken with the virtual PRG (as above) was circulated to patients as they attended appointments in the surgery over a 2 month period. This questionnaire was also issued by post or email to the virtual PRG, at their request. And a summary of the questionnaire returns was sent to the virtual PRG for comment, the outcomes and proposed actions from which were published in a patient newsletter.

One of the main priorities from this consultative process has been to introduce major changes designed to improve the appointments system; this has been actioned by making it easier to access appointments, and for patients to speak to GPs, through a telephone triage system, and by the installation of 50% more incoming and outgoing telephone lines in the surgery. These major changes were implemented because the practice recognised that adding extra appointments was not necessarily the most sustainable solution; many patient requests for appointment can be dealt with without requiring a face to face appointment, which enable far more patients to be cared for. Therefore, in December 2013 we introduced a trial of GP telephone pre-assessments for same day appointment requests by patients, to provide advice and, if appropriate, offer an appointment in the surgery the same day. We will continue to review this trial triage system so that patient access continues to be improved.

5. Details of the steps taken by the Provider to provide an opportunity for the PRG to discuss the contents of the action plan in Section 7 (of this template)

All 50 members of the virtual PRG were provided with an opportunity to comment on a draft summary of the findings from the 2013 local patient survey, and action plan proposals that were drafted to deal with the key issues that emerged from the survey. There were no fundamental areas of disagreement by the PRG with the proposals in the action plan.

Both the real and the virtual PRG are due to review the progress made against the survey action plan proposals, and agree the survey methodology for the follow up, prior to the production of a 2014 local patient survey.

6. A summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local patient survey

- 53% of patients found it difficult/very difficult to contact the surgery by telephone
- 39% of patients found it difficult to book an appointment with a doctor
- 95% of patients found the practice receptionists helpful or very helpful
- 86% of patients would be happy to see any doctor if it is urgent.

These findings were substantiated by comments from both the virtual PRG; and by comments from individual patients to the Practice Manager before the introduction in December 2013 of improvements designed to respond to these findings (as below).

7. Details of the action plan setting out how the finding or proposals arising out of the local patient survey can be/have been implemented and, if appropriate, reasons why any such findings or proposals have not/should not be implemented.

Findings / Proposals or PRG Priority Areas <i>'You said...'</i>	Action to be taken (if no action is to be taken provide appropriate reason) <i>'We did...'</i>	Lead	Timescale	Progress <i>'The outcome was...'</i>
Contacting us by telephone, especially to book a same day appointment with a GP, can be difficult	We completely reviewed how we dealt with patient requests for GP appointments, and we obtained a 50% increase in telephone line capacity to deal with patient telephone calls	Dr Martyn Hughes	Commenced in December 2013	The introduction of a trial telephone triage system in December 2013, which enables GPs to pre-assess same day patient appointments requests
If there is an urgent need most of our patients are prepared to see any GP	Apart from introducing GP telephone triage for same day urgent appointments requests, we are continuing to ensure that GP pre-bookable appointments can be available for non-urgent requests	Dr Martyn Hughes	Commenced in December 2013	Whilst we have aimed to achieve a balance between improving GP appointments access for all our patients, and to give priority to patients where there is an urgent need to see a GP, we are still in the process of refining the new telephone triage system. The biggest issue from a patient point of view is getting used to the new system and this will be reviewed
To establish a 'real' Patient Participation Group in addition to the 'virtual' group	The 'real' Patient Participation Group first met in March 2014	Practice Manager	Commenced in March 2014	The 'real' group set their priorities to improve the waiting room area

8. The opening hours of the practice premises and the method of obtaining access to services throughout the core hours.

- * Please provide details of the Practice opening hours and how patients are able to make appointments/access services or provide a link to the relevant page(s) of the Practice website where this information can be found

Opening Hours: 8.30am-6.30pm – Monday to Friday
Patients can book telephone triage appointments (see details above) by telephone or in person at the surgery. All other services can be accessed online via the surgery

9. Where the Provider has entered into arrangements under an extended hours access scheme, the times at which individual healthcare professionals are accessible to registered patients.

- * If providing, please confirm details of the extended opening hours provided by the Practice or provide a link to the relevant page(s) of the Practice website where this information can be found

Extended opening hours are offered between 6.30pm and 8.30pm on Tuesday evenings

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Web Address of Published Report: www.springmeadsurgery.co.uk

Please publish your Practice Participation Report (plus any appendixes) on your practice website by no later than 31 March 2014 and ensure that a copy is also emailed to the Area Team to by the same date.