

Leicester Terrace Health Care Centre

Local Patient Participation Report March 2014

Patient Participation Group (PPG) - Profile of members

There has been a Patient Participation Group, formally known as the Patient Forum, for a number of years. During 2011 the group was formalised, changed its name to the PPG and in November 2011 adopted Terms of Reference (which can be viewed on request).

The PPG has 22 members, 16 of whom have attended one or more meetings during the year April 2013 to March 2014. There are also 2 members who receive email or postal updates and participate in surveys.

Of the 22 members attending the surgery:

13 are female and 9 male

Ages range between 35 and 88 years.

Members state their ethnic origin to be:

- 16 White British,
- 1 White Irish,
- 1 British Pakistani
- 1 British Indian
- 1 Nigerian
- 1 Philippines
- 1 Black African Somali

'Virtual' Members:

- 1 Irish
- 1 Black African

Within the PPG a number of faiths are represented.

Members are variously retired, doing paid work, and/or voluntary work or looking after children/grandchildren.

Several individual members stated that they have chronic diseases. One member is our patient representative for Diabetes, another for COPD/heart conditions, another for mental health.

Our PPG Chair, Mr. Peter Stiling, represents our patients on the Northampton West Locality Engagement Group. This group represents patients from eight local practices and also has a Health Watch representative and representation from Nene Clinical Commissioning Group.

One member is our representative at the Northampton Irish Support Group.

Members live in Kingsley, Kingsthorpe, Southbridge, Duston, Westone, Dallington, Abington, Eastfield, Goldings, Mounts, Weston Favell, Links View and Semilong areas of Northampton. All members live in the geographical area covered by the surgery of which two members live in the 'outer boundary'

How representative is our Patient Participation Group?

The Patient List size of the surgery is 13,320 (@ 01.03.14).

Prior to 2004 the ethnic origin of our patients was not recorded. Over 7,229 patients are in this non-recorded category.

The remaining 6379 patients, record their origin as indicated in Appendix 5 (available on request).

Whilst not representing exactly the ethnic mix of our patients, the PPG and virtual group do have one or more representatives from every continent except Australasia; so Africa, India, Asia, and Europe are represented, as well as the UK. Given the limited number of members the PPG is felt to reflect, as far as is possible, the ethnic make-up of our patient list. Although 6600+ ethnicities are not recorded it is felt that the majority of these patients are White British/Irish, as our patient population was not so diverse prior to 2004. This proportion is reflected in our PPG.

The Surgery Patient List age cohorts are:

| | | |
|----------------|---|-------|
| < 5 years | = | 6.7% |
| >5 – 15 years | = | 11.4% |
| >15 – 25 years | = | 15.4% |
| >25 – 64 years | = | 52.4% |
| >65 – 75 years | = | 7.4% |
| >75 years | = | 6.7% |

The majority of our PPG members are in the 25-74 age group which reflects our patient list.

Our PPG and Virtual Group members are aged:

| | | |
|----------------|---|---|
| < 5 years | = | 0 |
| >5 – 15 years | = | 0 |
| >15 – 30 years | = | 2 |
| >30 - 40 years | = | 1 |
| >40 - 50 years | = | 8 |
| >50 - 64 years | = | 3 |
| >65 – 75 years | = | 4 |
| >75 years | = | 5 |

Our younger patients, particularly those under 20 years are not represented within the group that meets at the surgery.

Attempts to attract younger members have included:

- Making invitations available to Parents and Guardians who bring their children for childhood immunisations. These invites are given immediately after the children are immunised. We hope to attract young parents this way.
- Inviting Parents and Guardians who take part in childhood research studies we take part in, in the surgery.
- Putting invitations to join the PPG in the Midwife's new pregnancy packs, so every newly pregnant lady receives an invite.

Other attempts addressed more broadly to our patients have included:

- Having a member of the PPG available during flu immunisation clinics to actively approach patients attending the clinic with a view to encouraging them to join the group. This proved to be the most successful method of recruiting members, especially in recruiting members of other ethnic origins.
- Promoting the PPG on our surgery website.
- Having leaflets available in the Patient Library and on the reception desk at the surgery

Reaching Agreement on the Issues which were to be included in the Patient Survey

- This year, the PPG decided the areas they wanted to concentrate on, through talking together at the PPG meetings, reviewing the recent patient survey results and as a result of their own experiences at the surgery.

- One area that it was felt would be useful to concentrate on, as in previous years, was the access to clinicians, both routinely to GPs and as same-day appointments to the duty team.
- The PPG decided it would again ask about the GPs' and nurses care of patients.
- The comment slips that were used in the previous year were still available. The reverse of this card contains an invite to join the PPG. Comment Cards were available in the Patient Library, on the reception desk and in each waiting area of the surgery during the autumn of 2012.
- The PPG again wanted to know if patients wanted to speak to the GP on the telephone.
- The PPG also again included a question about whether the patients would recommend this surgery to people who had just moved to the area.
- And to include the questions; 'something I like at the surgery', 'something I would like to change' and 'something I would like to see in the future'.
- The PPG felt it appropriate to remove several questions because last year's survey was too long and felt to be off-putting to fill in.

The Patient Survey - Obtaining Patient Views

It was agreed that the questionnaire would be put out for patients to complete during December 2013, running into early January 2014 if necessary.

PPG members kindly volunteered to come into the surgery and hand out the questionnaire and be available to assist patients if they wanted help to complete it. A rota of members available to assist was drawn up.

The survey was conducted, amongst patients who attended the surgery, during December 2013 and January 2014.

The survey continued until a minimum of 50 completed surveys for each GP were obtained.

The completed surveys were collated and summarised and the survey and summary answers are available in the surgery patient library, on the surgery website or a copy can be obtained by asking at reception.

Also available as a separate document are the list of patient comments pertaining to 2 questions, "Something you like about the surgery," and "Something you would like to change or see at the surgery in the future."

Action Plan Resulting from Results of Patient Survey

The PPG members were sent the results of the Patient Questionnaire prior to a PPG meeting on 11th March, 2014, which was held to review the results and prepare an Action Plan containing proposals for the forthcoming year that the PPG would like the Partners and Staff of Leicester Terrace Health Care Centre to adopt and work towards achieving.

It should be noted that the Action Plan is being put together by the PPG for the partners to consider adopting, rather than the partners putting together a Plan for the PPG to comment on.

Action Plan for 2014-15

The Patient Participation Group decided it would like the partners to:

Explore the possibility of using more telephone consultations, for GPs, in order to improve patient access which hopefully will impact on the waiting time for routine appointments, especially to see GPs.

Continue to work towards each patient having a 'usual GP' so that continuity of care is improved which in turn might lead to fewer appointments being needed.

Ensure more patients have the ability to book and cancel appointments 'on-line'.

Ensure more patients have the ability to order repeat prescriptions on-line.

Car parking remains a problem and it was felt that if surgeries were staggered more evenly throughout the week this would reduce parking problems during very busy times.

Put more hours into reception so the telephone calls are answered more efficiently.

Promote telephone consultations for GP follow-up appointments and explore whether GP's could book these for the patient at the end of their first consultation.

Explore whether the phone calls can be answered by other departments in the surgery, if they are not answered by reception within a defined number of rings.

Subsequent Achievements following adoption of Action Plan for 2013-14

Action: Telephone consultations were added to the appointment book for all GPs. Nurses had some appointment slots added and our diabetic specialist nurse had numerous phone slots added.

Outcome: The uptake of these was more successful for some GPs than for others. Generally, the longer the wait for a face-to-face consultation appointment with a GP the more likely it is that telephone appointments for those GPs would be filled.

The practice nurses use telephone appointments infrequently but our diabetic specialist nurse has been able to make great use of them whereby she rings the patients when test results arrive, rather than the patients having to make follow-up appointments to see her.

Action: Make it possible to book and cancel appointments on-line.

Outcome: This was achieved in January 2014. Our medical software now allows patients to register to use the on-line booking service and obtain a password from reception. They can then book and cancel GP appointments on-line. Those who have used it are pleased with the facility.

Action: Put a sign in reception reminding patients that they can talk to receptionists in private if they so wish.

Outcome: This has been done.

Action: To explore whether it is possible to set up text messages to patients to remind them of booked appointments and to send alerts, such as the flu vaccination is now available.

Outcome: Text messaging was set up during the year. It requires patients to give their express permission that their telephone number can be used and this has slowed the uptake of patients using the service. Those that do use it find it useful. We will continue to 'tweak' the system in the coming months. As yet we have not used it for alerts.

Action: use an electronic 'calling-in' board (Jayex board).

Outcome: We now have one Jayex board in the main waiting area and patients report that they like being called in via this method.

Action: Put the location of the nurses on the check-in screens.

Outcome: This has been done and works well. Also, the check-in screens look so much tidier without pieces of paper stuck to them.

Action: Inform patients who book on-the-day duty team appointments that although they have been given an exact appointment time they may need to wait if circumstances arise which mean the clinician is unavoidably delayed due to medical emergencies arising from previous patients' appointments.

Outcome: Receptionists strive to inform every patient that there may be a delay and there is also a sign in the duty team waiting area stating the same. Patients have been very understanding where there has been a delay and frequently point out that even if they have to wait half an hour it is still vastly more preferable than waiting 4 hours at A&E.

Action: Work towards each patient having a 'usual GP' so that continuity of care is improved, which in turn might lead to fewer appointments being needed.

Outcome: This has started to happen although is not as simple as it appears to be. Often patients, by their own preference, will usually see one GP over a long period of time and this clearly is their usual GP. Many patients see different GPs, self-determined by themselves depending what they want to see a GP for, so over time they may see several different ones. It is difficult to give a named usual GP in these cases. GPs do home visits to housebound patients. In order to ensure that GPs are not spending much of their visiting time driving all over town they have their own visiting areas which are post-code driven, although on a day when they are not visiting another will have to cover their postcode area. So if a patient becomes housebound the GP they consider to be their usual one may change.

The PPG wish at all times to work with the Partners and Staff and reiterated that this was their first priority.

Response of Partners of Leicester Terrace Health Care Centre to Action Plan

The Partners fully support all the points raised by the Patient Participation Group in their Action Plan for the coming year. The partners fully adopt the 2014 Action Plan and are keen for the PPG to work through and explore all the patient comments. It is felt by the Partners that all the issues and priority items in the Plan are achievable at least in part.

The Partners would like to record their appreciation to the Patient Participation Group members for the positive and constructive work they do in the surgery during the flu season and patient survey weeks, and for the valued support the group continues to offer to the partners which is very much appreciated by all the partners and staff.

Opening Hours of the Surgery

| | | | |
|-----------|---------------|----------------|---------------|
| Monday | 08.00 - 18.30 | Extended hours | 18.30 - 19.30 |
| Tuesday | 08.00 - 18.30 | | |
| Wednesday | 08.00 - 18.30 | | |
| Thursday | 08.00 - 18.30 | | |
| Friday | 08.00 - 18.30 | | |
| Saturday | | Extended hours | 08.00 - 10.00 |

During core opening hours of Monday to Friday 08.00 - 18.30 patients can obtain the services of the surgery by telephoning for appointments on 01604 633682, or calling into the surgery to book appointments. Emergency appointments are available on-the-day by telephoning or calling at reception.

A booked appointment system is in operation at all times for both routine and emergency appointments and patients will be given an appointment time which all clinicians endeavour to adhere to, although emergency situations may result in appointments running a little late at times.

Home visits are available for housebound patients and should be booked by telephoning reception, if possible before 11.15 am on the day the appointment is needed.

GPs and nurses are available during core opening times for booked appointments. There is no 'drop-in' service.

During Extended hours opening a nurse and GP are available. Appointments should be booked in advance where possible. Patients may telephone for immediate appointments during extended hours but should be booked in advance to ensure availability.

Patients are reminded that emergency appointments are available every day Monday to Friday, and on Saturday mornings. Patients will be given a timed appointment and be seen within a few minutes of that appointment whenever possible. This is a much quicker and more efficient service than going to Accident and Emergency at Northampton General Hospital where a four hour wait is normal and where inappropriate attendance delays emergency care being given to very poorly and seriously ill patients.

Health Visitors and District Nurses can be contacted by ringing reception. Midwife appointments can be made via telephone or at the reception desk.

Patient Participation Group Chairman: Mr Peter Stiling Date:.....

Senior Partner: Dr David Smart Date:.....

Practice Manager: Mrs Sue Hart Date:.....