

Leicester Terrace Health Care Centre

Local Patient Participation Report March 2013

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 18 members who have attended one or more meetings during the year April 2012 to March 2013. There are also 5 members who receive email or postal updates and participate in surveys.

Of the 18 members attending the surgery:

9 are female and 9 male

Ages range between 39 and 88 years.

Members state their ethnic origin to be:

- 11 White British,
- 1 White Irish,
- 1 British Pakistani
- 1 British Indian
- 2 European Other
- 1 South African
- 1 Black African Somali

'Virtual' Members:

- 3 British
- 1 European
- 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 offered to be the patient representative for Diabetes, another for COPD/heart conditions.

One member offered to be our representative at the Northampton Irish Support Group.

Members live in Kingsley, Kingsthorpe, Southbridge, Duston, Westone, Dallington, Abington, Eastfield, Mounts 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 13,003 (@ 01.03.13).

Prior to 2004 the ethnic origin of our patients was not recorded. Over 6,600 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	=	10.2%
>15 – 25 years	=	14.4%
>25 – 64 years	=	53.7%
>65 – 75 years	=	7.7%
>75 years	=	7.3%

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 – 25 years	=	0
>25 – 64 years	=	13
>65 – 75 years	=	5
>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:

- Personally handing out invitations to join the PPG 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.
- Having a poster and invites at Bosworth Tutors, which is a 6th Form College that our surgery is responsible for. We hope to attract 16-21 year olds.

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.
- Advertising the PPG and asking for representatives via articles in the St James Church monthly Magazine and the Moulton Parish Quarterly Magazine.
- A PPG member offered to promote the PPG at Alliston Gardens Community Centre (opposite the surgery).
- 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 last year's 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 was the access to clinicians, both routinely to GPs and as same-day appointments to the duty team.

- The PPG decided too that they would ask about the GPs' care of patients, using the General Medical Council questionnaire that the GMC require each GP to use during the GP validation process that is underway.
- The comment slips that were used in the previous year were still available too. 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.
- Last year it was the intention of the PPG that in subsequent months further comment cards would be made available dealing with Premises, Access and Services Provided. Physical Access and the reception area of the Premises were addressed in the next Comment Sheet which was also made available in reception and the Patient Library. Access has been addressed in this 2013 patient survey.
- 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 from the National Survey 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 2012, running into early January 2013 if necessary (as was the case for one GP who was on extended leave during December 2012).

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 2012 and January 2013.

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." These lists have not been summarised and are the raw data copied with the exception of anonymising individuals.

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 7th January 2013 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 2013-14

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

Explore the possibility of using telephone consultations, both GPs and nurses, in order to provide an alternative for the patients, and one which might make an impact on the waiting time for routine appointments, especially to see GPs.

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

Make it possible for patients to have the ability to book and cancel appointments 'on-line'. This may help patients who find it difficult to get through on the phone and may take some pressure off the receptionists answering the phones at busy times.

Put up a sign in reception reminding patients that receptionists can talk to patients in a private area if the patient would like.

Explore whether text messaging would be possible, for appointment reminders and also to notify patients that their annual review is due for their flu jab is due etc. During discussion about whether patients had actually given permission for their mobile telephone numbers to be used in this way it was felt that gaining individual permission of 13,000 patients was too big a task and the Patient Participation Group agreed that texting was a useful tool and should be adopted. The partners present during that conversation agreed to note the PPG view that texting should be taken on board even though individual permission was not given.

Tell patients who come for same-day appointments that although they have been given an appointment time they may need to wait beyond that appointment time if circumstances arise which result in the clinician being delayed.

Put the location of nurses on the booking-in screens. This will avoid patients getting 'lost' as they look for their nurse.

Use an electronic 'calling-in' board (jayex board) if possible and the PPG would raise money to buy another one.

Action Plan 2012 - 13: results and actions taken:

Having noted that 137 (check) patients could not remember the name of the nurse they last saw it was felt that nurses should ensure they wear their name badge and that the nurse's name should be on the door of the consulting room.

Action taken: every nurse now wears a name badge and names of nurses are on the treatment room doors (although it has been noted that on days when nurses may have to change rooms for some reason, such as a computer failure, the name plate on the door does not always follow them).

Many patients commented on the lack of privacy at the reception area. It was noted by the PPG that the partners were already addressing this and wished to support the partners in their continuing attempts to resolve this issue.

Action taken: the reception area was remodelled in the spring of 2012, removing an inner door which created more space immediately before reception enabling patients to wait further away from the reception desk. There have been no reception desk privacy complaints made to the

practice manager in the last 9 months, suggesting the remodelling has improved this situation. Now that more space is available it would be possible to use a queue system/sign if the need was felt to arise in the future.

It was felt that the waiting areas on the ground floor needed a 'face-lift' following comments about the surgery looking tired and needing modernising.

Action taken: the ground floor main waiting area had a 'face-lift' in the spring of 2012, brightening the area considerably, with new waiting room chairs and the 'blue' Leicester Terrace colour being used for doors, handrails and on some new carpeting.

Car parking was a recurring issue in the comments section. It was felt that the partners should explore any options to increase car parking spaces in the area although the PPG noted that it was clear options were limited.

Action taken: The partners asked an architect to draw up plans of the area surrounding 'the pub,' (3 Adelaide Street). Whilst the architect felt it was possible to make 4 parking spaces on the grass area behind the pub, architect, partners and PPG members thought it was too expensive for too little gain and would probably not get permission from the Planning Department because the 'green' area was amenity land.

The PPG would like the partners to examine whether the rule of thumb that patients must rebook their appointment if the patient is more than 15 minutes late can be reviewed. This was particularly contentious with some patients because GPs often run more than 15 minutes late.

Action taken: The GPs discussed this and decided that whenever possible they would see the patient but would ask the patient to wait until the end of surgery, otherwise it would make all their following booked patients late which was felt to be unfair on them. There would always be a few occasions when the GP was unable to fit the patient in.

It was felt that during the coming year the PPG would like to help the practice explore, using patient comments from the survey as a basis for ideas, ways of encouraging patients to take up the flu vaccination.

Action taken: Instead of 3 'flu Saturdays' only one was held in 2012. Many more booked flu appointments were made available Monday to Saturday in the appointment book. All clinicians held flu vaccinations in the consulting rooms and offered these to patients opportunistically when patients came for any reasons. Personal letters were sent to individuals. However, the uptake was disappointing.

The PPG think it appropriate, given the number of patients who have stated they would like it, for the partners to examine the possibility of being able to make and cancel appointments on-line.

However, it was noted that whilst comments suggested patients want this, only 3.6% indicated this preference statistically.

Action taken: it was agreed to explore whether the current medical software, Vision, would support on-line booking and if so, to adopt this. It was found that Vision did not support this. It was agreed that the partners would look at other software.

Whilst it is usual for the appointment book to be open four weeks ahead, it was clear from 7% of patients stating that it was not easy to book ahead that sometimes the book is not open that far ahead. It was felt that the surgery should ensure either, that the appointment book is open, or that GPs should not say to patients, 'make an appointment to see me in a month' as it creates additional work if a patient has to contact the surgery twice.

Action taken: whilst every attempt was made to open the appointment book four weeks ahead it was found to be impossible to do so all the time due to scheduling issues with the GPs. This is an on-going issue.

The PPG recognise that the waiting time to see a particular doctor is dependent on that doctor's popularity. However, given that this waiting time is seen to be 5 days or more by 50% of the respondents and many of these thought this service was only fair or poor, the PPG hopes the GPs will explore ways of reducing this wait during the coming year.

Action taken: demand increased during the year, notably for same-day appointments and this demand meant GPs had to be available to cover this demand. Later in the year a nurse practitioner was recruited to provide, full-time, same-day appointments, and we wait to see if this will ultimately release GPs back to do routine appointments. The partners recognise that this is an on-going issue and continue to try to solve this problem.

The PPG did not feel it appropriate to know or comment on individual GP results, or individual nurse results. The PPG felt these results should be seen only in the summary form.

The PPG noted that 99% of respondents felt the surgery was clean enough on their last visit with just 3 patients saying it was not and giving their reason why. Whilst only one patient commented that the toilets were 'a mess' the PPG would like the surgery to ensure toilets are inspected at least once during the day.

Action taken: the housekeeper now starts at 2.00pm and checks the toilets as soon as she comes on duty.

Over the coming year the PPG would like to explore the way patients are called into the consultation. Currently GPs and nurses come out of their room and call the patient. The PPG would like to see if there are other, and perhaps better, ways and hope the practice manager will help them look at other methods, perhaps visiting others surgeries with a sub-group of the PPG to see what other surgeries are doing.

Action taken: the GPs were asked for their views on this and, surprisingly, there was a mixed reaction to this. Some GPs like to call their patients in, welcoming the opportunity to stand up every 10 minutes and walk into the corridor, others would like to explore the issue further. It was agreed to look at technology and see what can be done, as well as look at new medical software and see if there were options there. New software was looked at. No decision has yet been made.

The PPG would like to use the 3 comment pages at the back of the survey as a checklist of items that they would like to review, with the partners and staff of the surgery, during the coming year. It was felt that every comment was worth examining since someone had taken the time to write it.

Action taken: The comment list was reviewed regularly and some items were addressed successfully, e.g. there are now magazine racks in each patient waiting area and more up-to-date magazines are available including some that would be of more interest to men.

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 2013 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 although some will be a challenge.

The Partners would like to record their appreciation to the Patient Participation Group members for their positive and constructive comments, for the volunteer 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. It is very much appreciated.

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. 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:.....