

GOODREST CROFT SURGERY

Demonstrating how a Patient Reference Group is Representative

Practice Population Profile	PRG Profile	Difference
Age		
22% Under 16	0% Under 16	Posters, newsletters, and the plasma screen were all used to advertise the patient participation group and doctors targeted certain ethnic minority groups and the younger population within their consultations to encourage engagement. A willing patient attended the surgery twice and sat in the waiting room for a couple of hours each time, again encouraging patients to engage. Reception staff and nurses were again publicising the group and trying to encourage patients to attend. The final survey was made available for all patients visiting the surgery, over three months, and they were offered a survey to complete.
12% 17-24	0% 17- 24	As above
15% 25-34	12.5% 25-34	As above. However, we contacted one patient directly as he was a wheelchair user and offered him the opportunity to attend the meeting. This was to try and gain a broader view of the disabled patients within our population.
13% 35-44	0% 35-44	As above
15% 45-54	12.5% 45-54	As above. However, we contacted one patient directly within this age group in order to gain the view of our patients within this age group.
9% 55-64	0% 55-64	As above. However, one patient was directly approached by one of the partners as he worked within the health service and was within an ethnic minority group, however, he was unable to attend the meetings
6% 65-74	12.5% 65-74	As above.
6% 75-84	62.5% 75-84	As above. We always have a higher response rate from these patients who appear to have more time and motivation to become involved in how the practice performs.
2% 85 and Over	0% 85 and Over	As above
White	White	
84% British Group	100%% British Group	As above
2% Irish	0% Irish	As above
Mixed	Mixed	
4% White & Black Caribbean	0% White & Black Caribbean	As above
1% White & Black African	0% White & Black African	As above
0.5% White & Asian	0% White & Asian	
Asian or Asian British	Asian or Asian British	
2% Indian	0% Indian	As above
3% Pakistani	0% Pakistani	As above. However, one patient was directly

		approached by one of the partners as he worked within the health service but he was not interested in becoming involved.
0.5% Bangladeshi	0% Bangladeshi	As above
Black or Black British	Black or Black British	
2% Caribbean/African	0% Caribbean	As above
	0% African	
Chinese or other ethnic group	Chinese or other ethnic group	
0.1% Chinese	0% Chinese	As above
1% & any other	0% & any other	As above
Gender		
49.1% Male	50% Male	
51.1% Female	50% Female	
Differences between the practice population and members of the PRG	The practice should describe any variations between the group and the efforts that have been made to reach any groups not represented.	

Survey and Action Plan Checklist

Survey

How were the priorities set?

A meeting was held by the patient reference group and the practice manager and senior receptionist. The minutes of this meeting is shown below which determined the priorities of this group before reporting back to the partnership.

PATIENT REFERENCE GROUP
TUESDAY, 3RD AUGUST, 2011

The practice manager opened the meeting by explaining the reasoning behind setting up a Patient Reference Group and the government's proposals in engaging patients to help develop health care within their local area.

The process was to meet with the PRG (patient reference group) and determine what their thoughts were on the services the practice provided. Develop a survey through discussion, which was be circulated to a wider patient population and look at the results of this survey and develop an action plan with the doctors. The action plan and results would be reported back to the patient population via a newsletter or our practice website.

The meeting went on to have a full and frank discussion about the services provided at Goodrest Croft and the developments that the group felt were important to raise.

The overall feeling of the meeting was that the surgery was run very well with excellent staff and clinical team members. They appreciated that Goodrest Croft was two houses with an extension and wasn't a purpose built medical centre but felt that it was far more important to have a friendly, approachable team with clinicians who were willing to explain and take time with their patients, than gleaming clinical areas. They felt that the "old fashioned" approach of the doctors and nurses collecting their patients from the waiting room was welcoming and they would never want a computerised calling system.

The issues raised which the group decided should be included within a patient survey would be:

- The use of "expert" patients. It was felt to be traumatic when a diagnosis of a chronic condition was made and talking to a patient who had suffered from the disease for many years and had learned how to manage their life successfully would be a huge benefit.
- The booking of routine appointments ahead of time with the doctor of choice was always an issue. The patients said that they were always seen but often had to take up an emergency appointment in order to get to see the doctor. Our senior receptionist pointed out that we did have routine appointments that were opened up on the day but obviously these appointments did go quickly.
- Commissioning services that patients generally have to wait a long time for. For example, chiropody, physio etc. The group felt that if it were possible to commission a local clinic where patients were seen more quickly would be advantageous.
- Prescriptions – the group felt it confusing when they were prescribed the same drug but it was a different brand and the tablet often looked different as well as being in different packaging. They realised that this was more to do with the chemist rather than the GP. They suggested that the local chemists were made aware of this and informed patients if they had changed their supplier etc.

- A patient, who was absent, had emailed the Practice Manager to enquire whether it was worth including a question around whether patients were clear about their medications and side effects.
- This same patient had also questioned whether patients were aware of all the facilities we had available e.g. interpreter service, portable loop system etc.
- A discussion took place around access to the surgery and whether it was sufficient for disabled patients etc. Disabled patients managed well and the reception staff always helped when exiting the building and they could generally enter the surgery without having to ring the bell for assistance. It was commented that in a perfect world the consulting room doors could be wider for ease of access but realistically knew that this may not be feasible due to the upheaval and money involved in adapting the door frames. It was suggested that a hand rail up the side of the path would be helpful for patients with mobility issues and breathing problems.
- Parking was sometimes difficult as the surgery had limited parking spaces. It was felt that a disabled parking space should be marked out.
- Letters sent to patients was raised and some members felt that money was wasted sending out recall letters etc when appointments were already made. A discussion took place regarding the possibility of texting patients with reminders.
- The practice website was felt to be advantageous to the younger population and the development of which was beneficial. To include the facility to order repeat prescriptions and cancel appointments.
- The younger population was discussed and it was felt that the surgery could offer more educational services to young families via the health visitor etc. e.g health promotion talks.
- The way in which patients were informed of changes within the practice and the services we offered was discussed and they all felt that the newsletter was a good medium. The plasma screen was read by most patients in the waiting room and perhaps this could be used more for information purposes.

The meeting agreed for the practice manager to draft a questionnaire including the issues mentioned above and liaise with the partners to see if they would like anything else included. The draft questionnaire would be available for members of the group to collect from reception within the next two weeks. They would comment and report back to the practice manager. Amendments, if any, would be made and then the questionnaires would be distributed to as many patients as possible over the next couple of months. The group were willing to hand out these questionnaires in person so that the uptake may be greater.

The group would then meet again in January to discuss the findings and develop an action plan in conjunction with the partners. The results of which will then be published on the website and via the newsletter.

How were the questions drawn up?

The comments made at the patient reference group meeting (see above) were reported back at the next partnership meeting. The partners considered the priorities of the group and agreed on the areas that should be included within the survey and those which, if agreed by the patient population would want changing, could be followed through effectively.

A draft survey was drawn up following this meeting that the partners agreed to and was then sent out to all those patients within the patient reference group for their comments, before finally using distributing it amongst the patient population.

How was the survey conducted?

The survey was given to patients attending the surgery. They were readily available within the waiting room, on the reception desk and on clinicians' desks. We agreed to print 250 surveys and carry this out over a period of three months, enabling as wider population to be exposed to this survey. After three months 95 completed surveys had been returned and these were duly analysed.

What were the results?

A summary of the results which were presented to both the partnership and the patient reference group were as follows:

SUMMARY OF THE RESULTS OF THE PATIENT SURVEY

2011/12

GOODREST CROFT SURGERY

You will notice that the percentages of responses don't always add up to 100%. This is because some patients did not respond to some questions.

Would you like to book and/or cancel your appointments online, via our website?

Yes 49% No 47%

Would you like to order your repeat prescriptions online, via our website?

Yes 53% No 40%

When you saw the doctor and you were given a prescription, did you have any questions concerning your medication which weren't answered?

Yes 5% No 88%

If so, please briefly describe below

One patient was unsure what their medication did and why he was taking them.

Would you find it helpful if the chemist informed you if they had recently changed their manufacturer for your prescribed medication?

For example, the packaging, colour and shape of the tablets may be different.

Yes 53% No 42%

If using the same chemist for dispensing your medication, please state below which one?

Boots at the Maypole, Yardley Wood pharmacy, Boots at Kings Heath, Lloyds in Yardley Wood, Sainsburys on Stratford Road, Browns in Warstock, Boots in Shirley, Lloyds in Hall Green.

Which do you find most useful when learning about the services we provide and keeping up to date with changes at Goodrest Croft surgery?

Practice website	25%
Practice newsletter	39%
Plasma screen within the waiting area	50%
Posters around the waiting room	53%

Are you aware we have the following services?

Interpreter service	Yes 26%	No 55%
Citizens Advice Bureau	Yes 42%	No 45%
Portable loop system – hard of hearing	Yes 43%	No 47%
Aid for visually impaired	Yes 31%	No 36%
Low level bell for assistance on the front door	Yes 32%	No 44%
Chlamydia screening for under 25s	Yes 31%	No 47%
Free condoms	Yes 41%	No 43%

Would you attend health education sessions if they were available at the surgery during the day?

Yes 40%	No 44%
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Please indicate below the health education topics you would like to learn more about?

5 patients – nutrition. Exercise. Keeping Fit in Old Age. 6 patients – diabetes. 2 patients – stress management. Post Heart Attack, Epilepsy, Coeliac, MS, Contraception. Cholesterol. Childrens illnesses. 2 patients – Asthma. Gallstones. Preventative Disease. Kidney Disease. Cancer. Heart Disease. Blood Pressure. Fitness for wheelchair users. Blood clots. Menopause. Middle Age Illness. Arthritis. Smoking.

If you were diagnosed with a chronic condition, would you be interested in talking to “an expert patient” who had managed the disease over a number of years and had received some formal training?

Yes 65%	No 19%
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Do you come to the surgery in your car?

Yes 58%	No 32%
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If yes, please answer the following two questions.

Have you ever had difficulty finding a parking space?

Yes 56%	No 32%
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Do you feel a designated disabled parking bay would be an advantage?

Yes 47%	No 27%
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Do you have mobility difficulties?

Yes 21%	No 59%
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If so, have you any suggestions as to the improvements which could be made to the surgery and its access, in order to improve your visit?

Disabled parking bay – one may not be enough.

Suggestions for any improvements to improve visit to the surgery?

Use of website and email. Disabled parking bays. Reduce amount of waiting time to see Dr of choice.

Number of surveys given out	250
Number of surveys returned	95

Age distributions of surveys returned:

Under 25	26-45	46-65	65+
5%	25%	25%	30%

Initial Action Plan agreed by the partners for discussion at the Patient Reference Group meeting on 13th February 2012. The action plan was duly agreed with slight amendments by the patient reference group

The results of the patient survey were discussed and it was agreed to investigate the following as a result of the survey.

Investigate costs involved in updating website to become interactive, allowing patients to order repeat prescriptions on line. It was felt by the patient reference group that an updated and interactive website may encourage the younger population to become more aware of the surgery and the patient reference group.

To provide a designated disabled parking space and the appropriate signage. This was felt to be a good idea and again a positive response to the survey results.

To publicise the expert patient service within the practice and via the clinicians. Practice Manager to source phone number. The expert patient programme within South Birmingham currently had no funding. Practice Manager to contact the Commissioning Manager to see if there are any future plans to reinstate this service.

It was felt by the patient reference group that a statement detailing when doctors were present in the surgery should be included on the website so patients understood if they weren't always able to see their doctor of choice, on a day of choice.

To advertise more clearly the services we offer within the surgery. To display new posters within the waiting room, include the services we offer on the plasma screen and also ensure they are included within our website and practice leaflet.

To arrange another patient reference group meeting in June to see how the actions agreed were impacting on the patients and the surgery and begin to develop the objectives of the patient reference group further.

It was agreed that the patient reference group would assist further next year with the survey and spend some time in our waiting room handing out surveys and explaining the importance of completing them.

Action Plan

How was the PRG consulted on the proposed Action Plan?

A meeting was held on 13th February, 2012. Posters were put up around the surgery four weeks in advance of this meeting, the plasma screen within the waiting room displayed notice of the meeting and the patients who had initially attended the patient reference group meeting were written to personally to invite them to attend.

Were there any aspects that were not agreed?

All aspects of the action plan were agreed.

Were there any contractual considerations to the agreed actions?

No

What was the agreed Action Plan?

Provide a disabled parking bay

Update the practice website to carry out the update and make the website interactive e.g. repeat prescribing - on line ordering.

Advertise and publicise the expert patient programme within the surgery if and when funding became available again.

To advertise more clearly the services we offer within the surgery. To display new posters within the waiting room, include the services we offer on the plasma screen and also ensure they are included within our website and practice leaflet.

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Final Report

What was the website address where the report was published?

www.goodrest.org.uk

How else was the report advertised and circulated?

The report was displayed on the plasma screen within the waiting room. It was included in the Spring Newsletter and copies were available within the waiting area and on the reception desk.

Opening Times

Confirm opening times and Out of Hours arrangements

Monday to Friday:	8.20 am	until	6.00 pm
Saturday	8.00 am	until	11.30 am (booked ahead appts only)
Out of Hours service:			
South Doc (Mon to Fri)	8.00 am	until	8.30 am
	6.00 pm	until	6.30 pm
Primecare (Mon to Fri)	6.30 pm	until	8.00 am
(weekends)	6.30 pm (Fri)	until	8.00 am (Mon)