

PATIENT PARTICIPATION REPORT

2013/14

Practice Code:

C84036

Practice Name:

Rosemary Street Health Centre

An introduction to our practice and our Patient Reference Group (PRG)

The practice has continued to work towards improving patient care increasing the training and number of GP Registrars to an average of 6-7 registrars at any one time.

The PRG works with the surgery on all topics raised at the meetings. They are responsible for producing the newsletter and fund raising. The PRG fully support the practice.

Establishing the Patient Representative Group

This shows how the practice has tried to ensure that the PRG is representative of the wider practice population. Information is provided here on the practice and PRG profile.

	Practice population profile	PRG profile	Difference
Age			
% under 18	20%	0	20%
% 18 – 34	22%	17%	5%
% 35 – 54	27%	0	27%
% 55 – 74	23%	67%	(44%)
% 75 and over	8%	16%	(8%)
Gender			
% Male	50%	33%	17%
% Female	50%	67%	(17%)

Ethnicity - To the best of our knowledge, there are no specific minority groups within the practice population We don't have this information as it was not historically recorded			
% White British			
% Mixed white/black Caribbean/African/Asian			
% Black African/Caribbean			
% Asian – Indian/Pakistani/Bangladeshi			
% Chinese			
% Other			
These are the reasons for any differences between the above PRG and Practice profiles:			
<p>As in previous years, in comparison to our practice profile, we are more heavily represented by the older sector.</p> <p>We are continually trying to engage with the cohort that are not represented well via our quarterly newsletters (see latest newsletter on website) , the website as well as having posters in the surgery. The young and the working are hard to get on board but perseverance will prevail.</p> <p>We (the surgery team and the PPG) are disappointed that we have not been able to form a proper virtual group as yet but will continue to promote this until we do!</p> <p>At the suggestion of a PPG Member, we have mutually agreed to change the name of the “Virtual Group” to the “Online Patient Group” and promote it as such this coming year. We feel this much more representative of the role and we hope, may be seen as more friendly and inviting to others.</p>			
In addition to the above demographic factors this is how the practice has also taken account of other social factors such as working patterns of patients, levels of unemployment in the area, the number of carers:			
<p>Nearly everyone has access to the web regardless of age and irrespective of employment status</p> <p>The website has had over 15,000 hits this year already and it's only 6th March!</p> <p>The newsletter can be accessed by PC, laptop, ipad or phone, is free and easily obtained via the newly introduced QR code. It is also available in hard copy form in both surgery waiting rooms.</p> <p>48 more people have signed up to receive it electronically this year, making a total of 333 subscribers.</p>			

This is what we have tried to do to reach groups that are under-represented:

As previously mentioned we are continually trying to engage with the cohort that is not represented well by using our quarterly newsletters, the website and posters in the surgery.

We have updated our approach by introducing the QR code to our communications and this year and we have set up a twitter account!

We are promoting “the twitter way” of communication via the four LCD boards in our waiting rooms and our newsletter and it is hoped that this will engage the younger and generally wider cohort.

We already have 31 followers! 😊

Setting the priorities for the annual patient survey

This is how the PRG and practice agreed the key priorities for the annual patient survey

We felt that our patients were put off taking our survey last year because of the size; we also had many incomplete surveys that we couldn't use and felt again that this was because it was too large so we all agreed to reduce the number of questions from 19 to 11 (keeping it to one A4 page on hard copy) and focus on the pertinent issues.

From a non clinical aspect, we agreed that the waiting time for doctors and nurses is one of the main issues for patients and the quality of reception service (over the telephone and face to face).

Clinically, to have feedback on the services we provide and if our patients feel satisfied with their care.

Designing and undertaking the patient survey

This describes how the questions for the patient survey were chosen, how the survey was conducted with our patients and includes a summary of the results of the survey (full results can be viewed as a separate document)

How the practice and the Patient Reference Group worked together to select the survey questions:

Having decided on the priority areas, we all contributed towards the makeup of the 11 questions to be used in this year's survey and agreed them before the meeting on 30th October 2013 was over.

The full results are available on our website for everyone's information.

How our patient survey was undertaken:

The survey was open on the website from November 2013 until 20th Jan 2014. We were disappointed that only 20 were completed though, despite advertising it.

The PRG pointed out that it wasn't in a prominent enough place on the website, you had to scroll to get to it. Our PRG feel that the survey is important and that the feedback we receive intrinsic to their role and purpose and therefore it was agreed that we would still continue with the patient survey even though it is not part of the DES requirement going forward and we will place it in a better place on the website next year ☺

It was also noted that the PRG do not consider the Friends & Family replacement to be of any value.

We also gave out some paper questionnaires at the surgery, on different days and at different times of the day during Nov, Dec & Jan 2014. 95 of these were handed in but not all were complete.

The total completed number of surveys came to 103

Summary of our patient survey results:

Nearly half our patients are employed and a third retired.

Booking a nurse or a doctor's appointment doesn't seem to be a problem however nearly 44% are waiting more than 15 minutes to be seen by a doctor.

Still a large proportion of patients are not finding it easy to get through to the surgery by telephone.

Analysis of the patient survey and discussion of survey results with the PRG

This describe how the patient survey results were analysed and discussed with PRG, how the practice and PRG agreed the improvement areas identified from the patient survey results and how the action plan was developed:

How the practice analysed the patient survey results and how these results were discussed with the PRG:

The manually completed paper results were fed into the website survey by a member of the PPG so that all the results were amalgamated and automatically shown on the website in graph form.

These were printed off and discussed at the PPG Meeting on 21st January 2014

The key improvement areas which we agreed with the PRG for inclusion in our action plan were:

Doctors waiting time and telephone access

We agreed/disagreed about:

We all agreed the objectives / priorities, there were no disagreements.

ACTION PLAN				
<p>How the practice worked with the PRG to agree the action plan:</p> <p>The Practice Manager, a Doctor, the Lead Nurse and five PRG Members agreed the action plan at the meeting on the 21st January 2014. We deliberated each point individually and put those aside for action that we felt needed our attention as priority.</p>				
<p>We identified that there were the following contractual considerations to the agreed actions:</p> <p>There were no contractual considerations to take into account.</p>				
<p>Copy of agreed action plan is as follows:</p>				
Priority improvement area	Proposed action	Responsible person	Timescale	Date completed
<p>Doctors waiting time</p> <p>44% said they had to wait over 15 minutes.</p>	<p>Rosemary Street Health Centre has plans to recruit a full time salaried doctor in April 2014 and another in August 2014</p>	<p>The Partners</p>	<p>1 – 6 months</p>	
<p>Telephone access</p> <p>34% of patients said they didn't find it easy getting through by telephone</p>	<p>We believe that some of this could be because of the 8am rush when lots of patients are trying to get through at the same time. We have tried to assure everyone that if they need to be seen today, then they will be, the improvement is evident from the fact that we don't get a line of patients waiting for us to open anymore ☺</p> <p>We also feel that our newly installed GP Online booking system will help with this issue. We have made this a head liner on our website and also in this quarters newsletter as well as the posters already up in the surgery and the advert on the LCD boards.</p> <p>Our PRG members have tried it and feel it's a big asset for the future and will reduce the number of telephone enquiries.</p>	<p>Practice Manager</p>	<p>Imminent System on Trial, Feb 14</p>	

Review of previous year's actions and achievement

We have summarised below the actions that were agreed following the patient survey 2012/13 and whether these were successfully completed or are still on-going and (if appropriate) how any have fed into the current year's survey and action plan:

Doctor availability and waiting time

Doctors availability was not highlighted as an issue this last year so hopefully the decline in the pharmacy work and the improvement in registrar sickness has improved this area.

You (patients) also said that the doctor waiting time was an issue and this is still highlighted in this latest survey. We have realised that there is a need to increase the doctor hours here and so the outcome is that we plan to recruit a full time salaried doctor in April and another in August of this year.

Getting through by telephone

This was also highlighted again this year. The telephone options do seem to direct the calls better but do not give us anymore actual resource and therefore haven't really helped as much as we would have liked. It is hoped that the Online GP Appointment Booking system will take some of the strain off the reception desk going forward.

We will monitor the number of appointments and increase availability as necessary.

Health Management following Nurse Appointments

This has definitely improved as hoped.

Text Appointment Reminders

Our apologies, unfortunately this has not yet progressed. We will keep this on our action plan and endeavour to progress it this coming year.

Where there were any disagreements between the practice and the PRG on changes implemented or not implemented from last year's action plan these are detailed below:

The PRG would have liked text reminders to be instigated but except that the practice has to be satisfied that the system will meet the necessary legal requirements.

Publication of this report and our opening hours

This is how this report and our practice opening hours have been advertised and circulated:

The results of the survey are on the practice website www.rosemarystreethealthcentre.co.uk and are displayed in our waiting room. The PRG members were all sent a copy of the report prior to publication.

The website also displays our opening hours as does a large sign at the entrance of the surgery. They are also on our practice leaflet.

Opening times

These are the practice's current opening times (including details of our extended hours arrangements)

0800 – 1915 Monday – Thursday

0800 – 1830 Friday

Access by telephone, in person or website