

Royal Well Surgery

Patient Participation Survey Report 2014

The purpose of this report is to provide patients of The Royal Well Surgery with an insight into the activities that the Practice and Patient Participation Group (PPG) have taken during 2013 through a patient survey conducted to aid the understanding of Practice performance and perception, identifying where applicable areas for improvement.

The report is presented in a standardised format to ensure that all relevant information is made available to all patients in a consistent way.

As a practice we do capture ethnicity at registration, but we have identified that historical data does not allow a full up to date profile of our practice population due to historical break downs of data groups.

Practice Population	6748						
			Sex:	Male	3418	Female	3330
Age	Under 16's	1297					
	17-25	527	36-45	1003	56-65	653	
	26-35	1194	46-55	910	65+	1148	
Ethnicity		Indian		1.38%	Other ethnic groups		18.23%
British,	72.01%	Pakistani		0.73%			
Irish	0.55%	Bangladeshi		0.37%			
Mixed White & Black Caribbean	0.10%	Black Caribbean		0.21%			
Mixed White & Black African	0.12%	Black African		0.50%			
Mixed White & Asian		Chinese		0.57%			

There are currently no identified specific minority groups within the practice population.

Patient representative Group Profile							
			Sex:	Male	9	Female	8
Age	Under 16's						
	17-25		36-45	2	56-65	1	
	26-35	3	46-55	5	65+	10	
Ethnicity		Indian			Other ethnic groups		0.03%
British,	28%	Pakistani					
Irish	.02%	Bangladeshi					
Mixed White & Black Caribbean		Black Caribbean					
Mixed White & Black African		Black African					

Mixed White & Asian		Chinese			
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The request for patient representatives to form the practice participation Group has and continues to be made, via the practice notice board in the reception area of the surgery, by word of mouth, by GP recommendation and in the practice newsletter.

The nature of the activities of the group is currently that of attending meetings and hence has led to predominance of member's aged 40 and over. A Patient Participation Group (PPG) has been part of the practice for more than 4 years and currently consists of 15 patient members and 4 staff members. Patient Participation Group Recruitment posters are displayed on various notice-boards around the practice but the dominance of one ethnic profile is reflected in the representative's profile.

The Practice's main priority is to carry out an annual survey the results of which are to be compared historically, with the Patient Participation Group. The Practice is able to collate views from the Patients comments received from the survey, the patient's comments / suggestion box and patient complaints.

In order to maintain comp-arable data the survey used this year (CFEP) was identical in nature to previous year's surveys and was conducted in paper format as previously and was handed out to each patient on arrival at reception during extended hour's surgeries, morning surgeries, afternoon and evening surgeries during December 2013 & January 2014. Surgery staff encouraged patients and their companions to complete the survey after each consultation and before leaving the practice. Each survey result was sealed in an envelope before being placed in the box provided and patients were assured that the survey was anonymous as usual. CFEP then collated the surveys and proved the practice with the results also giving comparisons to previous year's surveys, together with national averages of other practices.

The results of the surveys were then circulated in advance of the PPG meeting.

The patient Group deliberated on both the positive and negative responses in the Survey findings working through each section of the survey. An explanation was provided by Dr Fielding, of the standard core hours contracted by GP practices – 8am to 6.30pm Monday to Friday – and the services offered outside of these times provided by the Out of hours services. The Group reiterated that the surgery offered extended hours to the core contract by offering weekly surgeries both late evening and early morning as well as rotational Saturday mornings.

Opening Hours		GP Consulting 08.30 – 18.30 daily with extended opening hours : Monday 18.30-19.00. Thursday 7.30-08.00 Saturday morning 08.15-10.00 monthly
Monday	08.15 –1900	
Tuesday	08.30 –18.30	
Wednesday	08.15 –18.30	
Thursday	07.30 –18.30	
Friday	08.15 –18.30	

The results of our survey showed that 86% of the patients who took part in the survey, considered that we offered good, very good or excellent service. The results of our survey compared favourably in most areas with the national average although Dr Fielding explained that it was always very difficult to

get a true comparison as there were varying effective factors across the country. We were however not out of sink with the national picture.

Telephone access was received as a positive response in the survey, with particular emphasis on the return to a local geographical 01242 telephone number. Appointment access had not scored as well in the survey as the practice would have wished. The group confirmed that experiences from colleagues not registered with Royal Well Surgery were much more negative. It was confirmed by the partners that the surgery had made a conscious decision to keep business easy access as much as possible and had increased the number of telephone ring backs offered to patients. On average 1 person made 5 appointments a year and the surgery had addressed this by offering supervised appointments with our GP registrars and by curtailing outside work commitments to concentrate on our patient care. Dr Fielding informed everyone that nationally there had been a 4% increase in patient consultations in the past year. Practice Strategic plans were under way and evolving daily and that the practice were addressing the issue of access in looking to future proof the practice if possible. Dr Fielding confirmed that the practice was looking to the future and currently recruiting an additional partner.

Waiting times for appointments has been more difficult to address because 10 minute consultations when people are not so ill is fine but because we are all living longer, some appointments can take more than 10mins.

Concerns raised about the Older Persons named Doctor, were addressed by Dr Fielding, by way of explanation of the Government policy. It was agreed that Media publicity had exacerbated fears and acceptance of change for Older Patients and the group were very appreciative of Dr Fieldings explanation.

Summarising the results we produced an Action Plan

Delivery of Service / Access – Improvements will be made to ensure that the services we offer – appointment availability, in depth self-care awareness and extended hours services are more widely publicized, through Posters, more frequent Newsletters, The Practice Web Site, Messages attached to Prescriptions, and the Practice information booklet.

Improvements currently underway in the reception area, to tighten up on confidentiality were soon to be finished – this being addressed as part of the strategic planning in progress.

The PPG felt that the survey results were not wholly representative of the experience of all the patients, particularly of those present. The Group was aware that the Practice provided access to urgent treatment and appointments on the same day and had made available extended hours appointments on rotational Saturdays, early mornings and late evenings. The availability of routine appointments on a daily basis was being addressed in the strategic planning of the partnership.

The practice confirmed that with the appointment of a new partner the balance of appointments would be revisited taking into account different styles of practice. It was impossible to meet every need but the practice was consciously revisiting timetables frequently to improve patient access whilst maintaining a good work, life balance for the Team.

Self help – Work was currently under way to place a Television in the waiting room advertising health care prevention such as flu immunisation, Chlamydia testing, stop smoking, diet & exercise, retinopathy screening and life style advise, which it is hoped would help to increase attendance at primary prevention clinics.