Drs MacLeod Curry Ward and Vose

Ashbourne Medical Practice

PATIENT PARTICIPATION REPORT 2013/14

Practice Code: C81037

Practice Name: ASHBOURNE MEDICAL PRACTICE

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

We are a four partner training practice based in the rural town of Ashbourne. We occupy purpose built premises immediately adjacent to St Oswalds Hospital, and have a list size of approximately 7900 patients. Our patient group was initially formed in 2003, members being drawn from a wide variety of backgrounds. Over the years the group has advised us on improvements and innovations to the practice, including an active role in the planning and delivery of our new premises in 2010, has devised and distributed patient surveys, and individual members have represented the practice at a wide range of local and regional health related events. The membership has changed over the years, with new recruits actively encouraged, and the numbers have remained stable at between 12 and 20.

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	18%	0%	-18%
% 18 – 34	17%	5.6%	-11.4%
% 35 – 54	29%	27.8%	-1.2%
% 55 – 74	26%	55.5%	+29.5%
% 75 and over	10%	11.1%	+1.1%
Gender			
% Male	50%	38.9%	-11.1%

% Female	50%	61.1%	+11.1%
Ethnicity			
% White British	98%	94.4%	-3.6%
% Mixed white/black Caribbean/African/Asian	<1%	0%	
% Black African/Caribbean	<1%	0%	
% Asian – Indian/Pakistani/Bangladeshi	<1%	5.6%	+5.5%
% Chinese	<1%	0%	
% Other	1%	0%	

These are the reasons for any differences between the above PRG and Practice profiles:

Failure to recruit members from either the younger age group or the Polish community as outlined below.

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:

We usually hold our meetings at 6.00pm to enable those in full time employment to join us. This time may obviously impact upon those who have caring roles for family members or small children, or who do shift work. We specifically ask any members joining the group for their availability for meetings, so that we are able to accommodate as many people's needs/limitations as possible.

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

We continue to try to attract new members to the group, via newsletters, patient information board, website, survey, word of mouth and personal invitation. We have issued individual invitations to members of the Polish community, (letter written in Polish), but sadly we have received no response to these invitations. We have also advertised in the local secondary school to try to recruit members in that age group, but again without success. In both this year's and last year's patient surveys, we have tested patients' awareness of our group, and have invited anyone interested in finding out more about or becoming a member of the group to leave their details at reception

Setting the priorities for the annual patient survey

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

Our group sees little point in doing surveys for surveys sake. Although they feel that there is merit in doing the standard surveys previously approved for use for the Quality and Outcomes Framework, they do not feel that it needs to be repeated on an annual basis.

They therefore decided to be more innovative in their choice of survey, opting to focus on our teenage patients, as they are perceived to be a difficult to reach group, and we currently have no teenage representation on our group. This also enabled us to use youth work experience of one of the group members. However, once we started discussions with other agencies, eg school nurse, youth workers, youth charities, we realised that there were broad issues relating to the whole service delivery for teenagers, which could not be adequately addressed merely by surveying a small number of this age group. It was therefore decided to continue with this work as a separate project, and to devise an alternative survey.
A survey was therefore compiled with the involvement of the group, focussing on a wide variety of topics, a number of which are areas on which the CQC will focus when they carry out their inspection visit.

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:

A selection of questions were extracted from other surveys, primarily in areas highlighted for attention by the CQC. These questions were circulated to the patient group for their approval, and the final survey compiled.

How our patient survey was undertaken:

Members of the patient group were recruited to come in to the surgery to hand out survey questionnaires, in conjunction with the reception team. A total of 200 responses was received.

Summary of our patient survey results:

As outlined above, the survey touched upon a wide range of subjects – access, cleanliness, patient information, helpfulness of staff, respect shown by staff, method of booking appointment, time waiting to be seen, holistic care offered by practitioners, potential for clinician/practice to be recommended to friends/family or people new to the area, use of other healthcare services, eg chemists, out of hours, A&E, reason for this use if during our opening hours, and knowledge of patient participation group.
It is difficult to summarise the results numerically, as, with such a diverse range of subjects, the scoring mechanisms were very variable. However, the results in all areas were, we feel, excellent, with no areas producing results which would suggest a need for urgent remedial action. Those areas which did provoke comment from the patients and which we have included in our action plan were as predicted from our ongoing observations.

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 survey results were analysed by the Practice Manager, calculating the percentage of responses at each level of achievement for each question. The results of the survey were then circulated by email to the patient group, in advance of a meeting to discuss them.

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

Information in the waiting room – tidy up existing paper information and look again at the option of an electronic information system
Investigate other patient call systems
Continue to try to address the issue of waiting times
Continue to press for a porch to be built

We agreed/disagreed about:

No disagreements, but the group felt that we were being unduly harsh on ourselves at times and trying to find fault.

ACTION PLAN

How the practice worked with the PRG to agree the action plan:

Survey results discussed at patient group meeting 11th March 2014, action plan formulated and agreed by group.

We identified that there were the following contractual considerations to the agreed actions:

None identified

Copy of agreed action plan is as follows:

Priority improvement area Eg: Appointments, car park, waiting room, opening hours	**Proposed action**	**Responsible person**	**Timescale**	**Date completed (for future use)**
Information in waiting room	To tidy up existing paper based information	Wendy Jones and team	May 2014	
Information in waiting room	To investigate the options for an electronic information system	Lindsey Stockton/Wendy Jones	April – September 2014	
Patient call system	To investigate whether there are any alternative electronic systems compatible with our clinical system	Lindsey Stockton / Wendy Jones	April 2014	
Waiting times	To speak to clinicians about start times and length of appointments	Wendy Jones	March 2014	
Waiting times	To add an approximate waiting time to a delay message	Wendy Jones and team	March 2014	
Comfort of waiting room	To press for a definitive response about the plans	Lindsey Stockton	March 2014 and	

	for a porch to be added		ongoing until resolution reached	

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:

"You said ……. We did …… The outcome was ……"

Action Point One – Patients' wish to see a Practitioner of choice

Patients were concerned that they could not always see a doctor of their choice, which we felt was primarily due to the majority of our clinicians being part time. We decided to display a list in the waiting room stating how many sessions each doctor works per week. This needs to be updated due to a further change in February 2014. Only one comment received in this year's survey expressing concern about not being able to see doctor of choice, so we feel that this information has been of help to our patients.

Action Point Two – Patients' wish to speak to a Practitioner on the telephone

Patients were unaware that they could speak to a clinician on the phone. As planned, this had been discussed with the clinicians, but they were not keen to publicise it as a specific service in case it produced an unmanageable workload. Also, it is not appropriate for all problems to be dealt with over the phone, and some clinicians are less confident than others at dealing with this type of work. The reception team do use their discretion in deciding what is appropriate to give to the doctors as a phone call and what should be seen in an appointment. For any phone call requests taken they do give an approximate time for the call back. Two of the doctors now have a half hour break in their morning surgeries which enables them to call patients back earlier, and any calls which appear to be urgent are highlighted to the doctors in between patients.

Action Point Three – Comfort of the Waiting Room

Two issues were raised, the absence of a porch causing the waiting room to be draughty, and comments received regarding the playing of the radio in the waiting room. With regard to the first issue, the porch, no progress has, been made due to the change in ownership of the building. This has led to a complete reversal of what we thought had been decided, in that in 2013/14, we were offered the option of an external porch, having previously been told that this was unaffordable. Since then, there has been no further progress as there is uncertainty as to where funds can be sourced in order to make it achievable. The intention had been to force their hands by taking temperature recordings during the winter, but sadly it had not proved to be a particularly severe one. Lindsey

continues to seek updates from the Maintenance Manager.
With regard to the radio, some people like it, some people don't. What the group felt was that the message stating that the radio was playing in order to afford greater confidentiality to patients at the reception desk was a red herring as the volume was not sufficient for this to be the case. This message appeared to be aggravating to those not in favour of the radio so has been removed from the call/message board.

Action Point Four – Time patients have to wait in the waiting room for an appointment
Patients had expressed concern at the length of time they had to wait to be seen. A commitment was made on the part of the clinicians to start their surgeries on time. Also the reception team would ensure that a message informing patients of a delay in any surgery would be displayed on the call board.
Responses to this year's survey and the observations of the reception team would indicate that this is an area in which further improvement is still needed. Clinicians will again be reminded of the need to start on time, and the reception team will add an approximate length of waiting time to any delay message so that patients can make an informed choice as to whether to wait or to rebook their appointment.

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:

Not applicable

Publication of this report and our opening hours

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

On the practice website

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

Monday to Friday 8.00am to 6.30pm
Extended hours Tuesday 6.30pm to 8.30pm