

**ORCHARD MEDICAL PRACTICE  
D83074**

**Patient Participation Report 2013/14**

## 1. Maintaining the Patient Reference Group (PPG)

The practice makes every effort to encourage patients to join the group:

**On Friday 7<sup>th</sup> February 2014 we sent out 1500 personal invitations for our PPG meeting.**

**The dates were advertised throughout the surgery for a month prior to the meeting**

Information regarding meetings is updated regularly and displayed in prominent areas within the practice.

We also advertise dates of meetings on the website and have made reference to the PPG in our news letters.

All those that have shown an interest in the activity of the PPG are sent emails or text messages informing them of an up and coming meeting.

Dates are also published on our face book web page.

All new patients are given a leaflet in their pack.

We display information about the PPG when we attend the fresher's fair at the university in September.

We have published the meeting dates for the remainder of 2014 on our website to ensure that everyone has adequate notice.

We have changed the meeting times around to try to improve attendance.

Advertise PPG on waiting room screens

## 2. Method and Process for Agreeing Priorities for a Local Practice Survey

During spring 2013, members of the PPG were consulted and it was agreed that we would continue to focus on access to see doctors. Practice environment and patient experience.

We carried out a survey early summer in preparation for our meeting in August.

We shared the outcomes of the survey with the PPG group initially with those present at the meeting and then with the wider group.

The results of the survey and outcomes of the meeting were then published onto the practice website.

## 3. Details and Results of the Local Practice Survey

The practice carried out a survey starting on 23<sup>rd</sup> July 2013 to 07<sup>th</sup> August 2013.

446 patients were emailed

401 were sent a text

Patients were handed copies of the questionnaire to complete, on an ad hoc basis when attending the surgery.

100 responses were received.

The results of the survey were analysed and shared with the PPG and later put onto the website

## 4. Discussing Survey Results with the Patient Reference Group (PPG)

Hard copies of the survey were presented to the group at the meeting 8<sup>th</sup> August 2013; we discussed each aspect of the survey and welcomed any feedback.

In general it was felt that the outcomes from the survey were a true reflection of the appointment system currently, this was an area that we focussed on as it had been agreed in a previous meeting that this is often the most contentious area for patients. It was generally felt that everyone was happy with the appointment system and that no action needed to be taken to improve on it at this time.

The practice manager brought up a number of other relevant topics to the table in order to give the group some areas that they may wish to look at when agreeing the priorities for the forthcoming year.

## 5. Agreeing an Action Plan with the Patient Reference Group (PPG)

The group discussed a number of issues during this meeting such as the CQC and what part they would have to play in auditing the practice and members were asked if they would be happy to speak to the CQC when they visited.

The complexities of being an inner city practice (deprivation/prevalence) and what this means for patients.

Phone and on line services.

Data extraction and accessing patient records.

The group agreed upon the following 3 actions for 2013/14 based on personal experience of PPG members and survey results.

1. To promote campaigns more prominently in particular to ensure that they are externally visible to passersby – some patients suggested that they may not always come into the surgery but regularly walk by and that it would be helpful to see things such as flu clinics and shingles vaccinations advertised outside – we did this immediately and the response has been very positive with a number of patients commenting that it reminded them they needed to attend for flu.

2. Some of those present felt with all the changes taking place within the NHS it would be good to have information screens in the waiting rooms in order to communicate the changes effectively and efficiently – we have now managed to obtain funding to provide 2 x 42 inch screens which will be installed on 18<sup>th</sup> March 2014 – There is an introduction now on these screens that gives credit to the part the PPG had to play in the provision of procuring the screens for the benefit of all patients. We have also advertised for new members on the screen.

3. There was some concern that our current signage is a bit outdated and that it might lead to confusion, we are in the process of updating the signs, an order has been placed and we are hoping that these will be completed and installed by end of March 2014. We had thought that it might be helpful to have signage in other languages however in reality we have 27 languages represented amongst our patients and it was agreed that this would be unrealistic.

## **6. Publishing the Local Patient Participation Report on the practice website by the 31.03.14**

The report will be published on [www.orchardmedicalpractice.co.uk](http://www.orchardmedicalpractice.co.uk) under the PPG tab.

## **7. Practice Declaration**

I can confirm that the report is a true representation of the work carried out in order to fulfil the requirements of the PPG DES 2013/14

## **1. Our Patient Participation Group**

1.1 N/A

Although the PPG is not entirely representative of the practice population, every effort is made to be as inclusive as possible. For example: Prior to the February meeting we sent out 1500 personal invitations to attend the forthcoming meeting.

The PPG is actively promoted by posters displayed in all of the premises waiting rooms. All new patients are given a leaflet advertising the PPG in their new patient pack. The PPG is advertised on the practices website, facebook page and newsletters.

We have a promotional stand at the university and college’s fresher’s fairs each year, during which we promote our PPG and encourage students to take an interest.

Posters had been displayed with the date on prior to Christmas 2013

We have tried to entice members to the group by publicising future discussions such as data sharing (highly contentious) and we have offered PPG members the opportunity to pilot on behalf of the practice “accessing their own medical record” – this has been taken up by a few of them.

We have made a number of changes to encourage improved attendance, evenings, mid day, days of week etc

Dates advertised on waiting room screens

<b>Ethnicity</b>	<b>Survey</b>	<b>Population</b>
White: British or Mixed British	82%	31.3%
White: Irish	1%	0.2%
White: Other	4%	5.6%
Asian: Indian or British Indian	3%	4.2%
Asian: Bangladeshi or British Bangladeshi	0%	0.4%
Asian: Pakistani or British Pakistani	0%	0.1%
Asian: Other	0%	0.5%
Black: African	1%	0.7%
Black: Caribbean	5%	0.6%
Black: Other	1%	0.2%
Mixed: White and Asian	0%	0.2%
Mixed: White and Black African	0%	0.1%
Mixed: White and Black Caribbean	0%	0.5%
Mixed: Other	0%	0.2%
Other: Mixed	0%	0.0%
Other: Chinese	0%	0.5%
Other: Other	0%	0.5%
Refused	2%	0.4%
No data	1%	3.7%



Demographics  
(Survey vs. Pop).xls

**Further details regarding ethnicity/demographics can be found in the linked table above.**

## Component 2. Method and Process for Agreeing Priorities for the Local Practice Survey

### 2.1 How were the views of the PPG sought to identify the priority areas for the survey questions i.e. a meeting, via email, website etc?

Members are invited to a meeting either by personal telephone call or email, they are advised that we will be seeking to identify priority areas for change and encouraged to bring ideas to the meeting. The practice manager makes every effort to encourage those members present to come up with ideas for agreeing priorities. The general consensus is that the service offered by the practice is excellent and this view seems to be supported by the survey. The main concern being around the ability to get appointments which they feel that can get with ease. An informal scoping meeting took place in May 2013 and it was agreed to look at our appointment system as a number of changes had taken place and although those present were happy with how they obtained appointments it was felt important that we made sure the changes were widely acceptable.

We had had a couple of patients attend a meeting in the previous year and they had made some comments regarding the premises so we thought in preparation of CQC it would be a good idea to see what other patients thought about the cleanliness of the premises, it is important for us to know what our patients think about the cleanliness of our services – we see things all the time so often fail to notice the little things.

There had also been some comments regarding attitude of reception staff so again this was thought to be a good area to look at to see if there was a general problem or the opinion of a couple of patients only.

**The results of the survey were reasonably good and suggested overall satisfaction with the areas highlighted. We agreed during our August meeting that there was no point in trying to change things when it was apparent from the results of the survey that patients were generally happy with the way things were.**

**We then discussed areas that the PPG believed would improve their experience.**

**We were then able to agree 3 areas of priority for the forthcoming year**

## Step 3. Details and Results of the Local Practice Survey

A survey was carried out during the period 27<sup>th</sup> July – 7<sup>th</sup> August 2013

### 3.2 What method(s) were used to enable patients to take part in the survey

The following methods were used to carry out the survey

Paper survey

Email

SystemOnline

We used a combination of the above to gain a wide range of opinions

### 3.3 Was the survey credible (was the response rate sufficient to provide 'the reasonable person' with confidence that the reported outcomes are valid)?

We believed that the survey offered a credible response, we received exactly 100 responses which is the best response rate to date, and we are relatively pleased that the responses are reflective of the current position and representative of our list.

### 3.4 Please provide a copy of the survey and the analysis of the results of the survey.

[http://www.orchardmedicalpractice.nhs.uk/Survey/2013-08\\_PPG\\_Survey3-Results.pdf](http://www.orchardmedicalpractice.nhs.uk/Survey/2013-08_PPG_Survey3-Results.pdf)

Analysis of survey:

Able to get a GP appointment within 2 days – general agreement that this was the case with an almost even split between those who agreed and those that strongly agreed

Ability to book in advance to see a GP – Majority of patients agree with a reasonable percentage strongly agreeing

The best method for booking appointments in advance suggests that the majority of patients who book on line find it easier to book and appointment in advance –

When patients would like us to offer additional appointments – Patients seem happy with the current arrangements for extended hours, the preference remains Saturday.

**How long are you waiting in the waiting room for your appointment – it appears that the majority of patients are waiting between 0-10 minutes for their appointment which is very positive as this is something we have worked toward improving over the past couple of years.**

**Helpfulness of reception staff – the responses ranged between a low satisfactory to a very significant excellent – no action other than feedback to staff required**

**Cleanliness of premises – 5 patients reported satisfactory, 41 patients stated that it was good and a pleasing 53 patients expressed that the premises were excellent. It was reassuring that we had 0 poor responses.**

#### **Component 4. Discussing Survey Results with the Patient Reference Group (PPG)**

**4.1 How were the survey results discussed with the PPG and any proposed outcomes agreed?**

**A copy of the survey was circulated at the PPG meeting on 8<sup>th</sup> August – the results were fully discussed and outcomes agreed upon.**

**It was felt that the responses were positive and that whilst it was important that improved access, cleanliness etc we did not allow standards to drop – there was little more that could be done to improve upon the outcomes of the survey.**

**It was agreed that we would need to consider different priorities to those previously agreed upon for the survey.**

#### **Component 5. Agreeing an Action Plan with the Patient Reference Group (PPG)**

**5.1 What action plan was agreed and how does this relate to the survey results?**

The group discussed a number of issues during 8<sup>th</sup> August meeting such as the CQC and what part they would have to play.

The complexities of being an inner city practice (type) and what this means for patients.

Phone and on-line services.

Data extraction and accessing patient records.

The group agreed upon the following 3 actions for 2013/14

1. To promote campaigns more prominently in particular externally – some patients suggested that they may not always come into the surgery but regularly walk by and that it would be helpful to see things

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such as flu clinics and shingles vaccinations advertised outside – we did this immediately and the response has been very positive with a number of patients commenting that it reminded them they needed to attend for flu.

2. Some of those present felt with all the changes taking place within the NHS it would be good to have information screens in the waiting rooms – we have now managed to obtain funding to provide 2 x 42 inch screens which will be installed on 18<sup>th</sup> March 2014.

3. There was some concern that our current signage is a bit outdated and that it might lead to confusion, we are in the process of updating the signs, an order has been placed and we are hoping that these will be completed and installed by end of March 2014. We had thought that it might be helpful to have signage in other languages however in reality we have 27 languages represented amongst our patients and it was agreed that this would be unrealistic.

The action plan agreed differed from the issues originally decided upon for the survey. This is because it was felt that the survey showed general satisfaction with the service provided by the practice and that it would be inappropriate at this stage to implement another change to the appointment system.

We then discussed areas that we might be able to consider for prioritisation. A number of areas were considered ranging from “if a doctor runs late perhaps a doctor who is on time could take the patient in” to “can we have toys and magazines back” these had previously been removed because of infection control and CQC .

After much discussion it was felt with all the changes taking place in the NHS, the constant stream of information regarding data sharing, service changes etc, that information and communication should remain the over-arching priority and with this in mind we agreed to

Install X 2 media screens, these had to be relevant and interesting and not loaded with unnecessary advertising.

Improved signage

Focus on promotion of health campaigns – to be seen externally as well as internally.

5.2 How was the PPG consulted to agree the action plan and any changes?

**All outcomes of survey are discussed at length with the PPG; they are encouraged to consider where improvements can be made to services. Those that attend the meeting are very committed to the surgery and feel that the services offered are of a good quality – it is therefore difficult on occasion to extract areas of improvement from them, so they are strongly encouraged to reflect on the practices**

5.3 If there are any elements that were raised through the Survey that have not been agreed as part of the action plan what was the reason for this?

**There was nothing of note raised through the survey.**

5.4 Are any contractual changes being considered? If so please give details and confirmation that these have been discussed with the AT.

N/A no contractual changes to consider

## **Step 6. Publishing the Local Patient Participation Report**

### **Component 6**

As part of component 6 of the DES the practices is required to publicise this Local Patient Participation Report on the Practice website and update the report on subsequent achievement *by no later than 31/03/2014*. A copy must also be sent to the AT by then.

6.1 Are there any further actions that have occurred from the:

#### **2011/12 Action Plan**

As a result of feedback during this year regarding access, access has demonstrably improved.

More patients are using on line access for booking appointments and ordering repeat prescriptions

We no longer have complaints regarding staff asking why patient needs to see the doctor as we have developed a friendlier interface.

We always have alcohol hand gel available for patient use

#### **2012/13 Action Plan**

We continue to display our monthly fail to attend figures and this seems to have made a slight difference in the number of patients that fail to attend – this may be a blip but we will continue to monitor this.

We await feedback regarding the new screens

6.3 What are the practices opening hours and how can patients access services during core hours The practice is open Monday – Friday 8am-6.30pm –

6.4 Patients can access the practice in person, on the phone, they can make appointments and order repeat medications using our on line facility

6.4 Do you provide extended hours? If so, what are the timings and details of access to Health care Professionals during this period? Information regarding extended hours is published on the practice website, NHS Choices, Waiting room notice boards and practice brochure.

The extended hours are

Doctor - Saturday 8:00am – 1pm

Nurse – Saturday 9:00am – 1pm (1xMonth)

The reception desk is open for full access to appointments, results and collecting prescriptions and drop off prescription requests. Patients are also able to register on a Saturday morning. Appointments are made in advance; there is no duty doctor and no appointments on the day. In addition to this we offer a monthly nurse clinic for those patients that are unable to attend during the week for their chronic disease management

**7. Practice Declaration – *this is only required as part of the report submitted to the AT***

The Practice confirms that the above report is a true and accurate reflection of the work undertaken as part of the Participation DES 2013/14.

Signed and submitted to the PCT and published on the Practice website on behalf of the Practice by:

Name: Andrea Clarke.....

Signed: Andrea Clarke.....

Surgery code: D83074.....

Date: 21<sup>st</sup> March 2014.....

Website: [www.orchardmedicalpractice.nhs.uk](http://www.orchardmedicalpractice.nhs.uk)

**FOR AT USE ONLY**

Date Report Received by the AT: \_\_\_\_\_ Receipt Acknowledged by: \_\_\_\_\_

Report published and evidenced on Practice website by required deadline: \_\_\_\_\_