

ST CATHERINE'S SURGERY

PATIENT PARTICIPATION
GROUP

PPG ANNUAL REPORT
2013

The purpose of this report is to provide patients of St Catherine's Surgery with an annual update on the activities that the Practice and Patient Participation Group (PPG) have taken during 2012/2013. The steer for these activities was the action plan set by the PPG in 2012 and the completion of a further patient survey in 2013. This survey was conducted to aid the understanding of Practice Performance and Patient Perception of 'how well' we were doing, and to provide continuity and a 'like for like' comparison to previous surveys. The survey results help us in identifying where appropriate areas for improvements are needed.

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

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1 – Patient Participation Group

Our Patient Participation Group Membership has increased by 2 new members this year. This is a major achievement for the Practice and was achieved by Patients having access to a dedicated page within the Practice Website. Patients can sign up to be a member of the PPG through the website and opt to participate in person or ‘virtually’.

Practice Population		9596						
		Sex:		Male	4945	Female	4651	
Age	Under 16s	1672						
	17-25	1292	36-45	1230	56-65	1084		
	26-35	1534	46-55	1295	65+	1489		
Ethnicity		Caribbean		0.52%	Irish		0.27%	
British, Mixed British		79.6%	Polish		0.98%	Bangladeshi		0.60%
English		African		0.73%	Russian			
Scottish		<i>Other Mixed</i>		1.84%	Turkish			
Welsh		Chinese		0.98%	Greek Cypriot		0.6%	
Indian, British Indian		1.52%	<i>Other Asian</i>		1.31%	<i>Other White</i>		11.05%

Are there any specific Minority Groups within the Practice Population?

There are currently no identified specific minority groups within the practice population. As a practice we do capture ethnicity at registration, 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. The sample used (263 although 340 surveys distributed) does reflect a meaningful representation of the population.

Practice Participation Group Profile (PPG)		11					
		Sex:		Male	5	Female	4
Age	Under 16s						
	17-25		36-45		56-65	3	
	26-35	1	46-55	1	65+	6	
Ethnicity		Caribbean		Irish			
British, Mixed British		9	Polish		Bangladeshi		
English		African		Russian			
Scottish		<i>Other Mixed</i>		Turkish			
Welsh		Chinese		Greek Cypriot		1	
Indian, British Indian		<i>Other Asian</i>		1	<i>Other White</i>		

What steps has the practice taken to recruit patients and to ensure it is representative of the practice profile?

St Catherine’s Patient Participation Group (PPG) has been in existence for about over nine years. The group meet at least once a year on a regular basis. The work that the group has undertaken was ‘shortlisted’ for an ‘Innovation in Primary Care Services’ award at the NHS Innovate 09 Awards.

Membership of the Group has developed over the last 3 years, as the practice has encouraged new members to join. The Practice has recruited 2 new members of the last year.

The practice has undertaken a variety of recruitment initiatives to entice registered patients onto the group. As the practice has a diverse population, across 2 sites this

has proved a challenge. The practice has used a variety of tools to attract new members, these included:

- General Newsletter Items
- Launch of a specific PPG Newsletter (copy attached)
- Dedicated section on the new inter active practice website
- Streams on the electronic notice boards.
- Word of mouth
- Target clinics
- GP recommendation

Although the Practice has had some success, new members would always be welcome, whether this is in person or as a virtual member.

Present Members of the PPG

- | | |
|-------------------------|--------------------------|
| • Patricia Cox | Patient Representative |
| • Ian MacDonald | Patient Representative |
| • Juanita Rothman | Patient Representative |
| • Sylvia Tarling | Patient Representative |
| • David Miles | Patient Representative |
| • Marcus Toumazos | Patient Representative |
| • Anthony Evans | Patient Representative |
| • Mr Ullah | Patient Representative |
| • Barbara Maynard | Patient Representative |
| • Beryl Crawford | Patient Representative |
| • Howard Silvanos-Davis | Patient Representative |
| • Richard Bull (Chair) | Practice Manager/Partner |
| • Dr Harry Thorogood | GP Partner |
| • Lyn Hough | Reception Team Leader |
| • Margaret Rankin | Administration |
| • Nicky Phelps | Senior Nurse |

The dominance of one ethnic profile in the practice is reflected in the representative's profiles.

The Practice has set up a dedicated PPG Notice board, which displays activities, information and latest copies of the PPG Newsletter and Practice Newsletter. Copies of the Practice and PPG Newsletter are also sent to all patients registered with the Practice website (currently 308)..

Comparison of the PPG with the practice profile and description of the differences between the practice population and membership of the PPG?

The dominance of one ethnic profile in the practice is reflected in the profile of the representatives. The nature of the activities of the group is currently that of attending meetings and hence has lead to a predominance of member's aged 26 plus.

Explanation of any differences in section above and the efforts of the practice to communicate with groups not represented?

The PPG group is committed to attracting younger members, who have been targeted on the web site, via the Jayex notice board, Newsletters and the PPG notice board. We have also agreed to hold a PPG event at our baby clinics at both the main surgery and the Branch surgery.

We have also encouraged younger members to sign up to the Virtual Patient Participation Scheme, via our Website.

2 – Agreeing Priorities

How has the practice sought the PPG's views of priority areas?

The PPG has a standing agreement that the main priority is to carry out an annual survey that could be compared to previous year's survey results. The PPG again reminded the practice that they had been working on this for many years, and they believed that the priority areas identified in previous years had significantly improved, and therefore, they required the 2013 survey to use questions that mirrored previous years. This then would provide a correct comparison.

The Practice is also able to collate views from Patient's comments received through the comments box, the practices website and by patient's complaints and suggestions. Historically, these have covered areas that were also highlighted in the patient survey.

The PPG's suggested at last year's meeting that the main focus area should be communication and explanation. It was felt by the whole group that the Practice needed to continue to look at new ways to communicate with patients. Patients still needed to understand how the practice 'worked'(in some cases from the first day of their registration) such as Triage, Appointments allocation, extended hours and the role and competencies of Nurse Practitioners and HCA's.

The PPG again felt that the Practice and the practice staff should maintained a positive and objective view of itself and its performance, as it was overwhelmingly felt that the practice provided a continuing high level of clinical and patient care. It was also recognized that the Practice was continually investing improving the patient experience.

How the priorities for the survey were selected - do these reflect those set out by the PPG?

The PPG agreed again that there were no specific priorities to focus on apart from understanding the Patient Experience. The PPG has been working with the practice for many years and requested that the practice use the CFEP survey, as previous years. They also felt that the questions should remain the same.

3 – The Survey

How has the practice determined the questions used in the survey?

It was agreed by the PPG that the Practice would use CFEP format to facilitate the practice survey.

How have the priority areas been reflected in the questions?

At the last PPG meeting the group felt that Priority Areas for 2013 would continue to revolve around the patient experience and how the patient felt we were doing. The CFEP survey was used as this would give a good level of data on historic areas (comparison) and the Patient's perception.

The Survey - How and when was the survey conducted?

The survey was conducted in January/February 2013 (as previous years). This was provided in paper format (tick box) and made available in the surgery reception.

During extended hours, morning, afternoon and evening surgeries, surgery staff encouraged patients and their companions to complete the survey. Surveys were then put in an envelope and posted in a dedicated post box. Homebound patients were also surveyed with the use of the new Homebound Nurse. Patients were assured at all times that the survey was anonymised.

What methods have the practice used to enable patients to take part?

The practice displayed notices within the practice and on the website for the period of the survey, making patients aware of the survey and the methods by which they were able to complete. All Clinical staff were encouraged to ask their patients to complete their surveys, including homebound patients. Throughout this period, paper copies were available in the reception area for patients to complete.

This year the survey was also placed on the practice's website. Patients registered with the website could complete it on line and submit electronically. When received these were printed by the reception team and put in envelopes. The original was then deleted off the system.

How has the practice collated the results?

All paper and electronic surveys were put in envelopes by the patients and posted within a dedicated post box. The surveys were then collected and sent to CFEP. CFEP collated the surveys and provided the practice with the results of the survey. (Please see Practice results) The results were compared to the previous years practice surveys; they were also compared with national averages of other practices.

How were the findings fed back to the PPG?

The survey findings were reviewed at the annual meeting of the PPG on 25th March 2013, which was attended by members of the PPG, and included Staff representatives, as detailed. Views were all received by virtual members who could not attend the meetings. There was also an open invitation to any patient that wanted to attend. This was published in the PPG Newsletter, on the Practice Website and on the waiting room TV.

4 – Achievements from the 2012 Action Plan

The PPG agreed to review achievement of the action plan set in 2012.

The following is a brief summary of priorities and proposals agreed with the PPG in 2012 arising out of the practice survey and the outcome achieved:

- (i) **Improved Patient Communication** – ensure Patients are fully aware of the services we offer – e.g. Extended opening hours, Triage, Clinics, web site, and more importantly who we are. Personalities, Photographs, Team awards.

The Practice had produced more detailed information for patients on the services it offers. This had include 10 Top Tips, how to get an urgency appointment and information of Triage. This had been placed in regular Newsletters, Website, and Information TV in the waiting room and practice leaflet.

The Practice also held team awards were individual awards were given to teams and team members for specific areas of good practice, commitment etc. There awards were framed and are placed in the main corridor for patients to view. Feedback from patients on this has been very positive.

- (ii) **Car Park** – difficulty in finding spaces. This is a recurrent theme and work continues across the whole site to try and improve. We have produced a help sheet on accessing appointments, with suggestions of quieter times of the day, times to give the surgery a miss, appointments at the Branch Surgery and bus route information.

This area has to be managed by the landlord of the building. Individual practices have supported this by changing specific clinics to different days and times of the week, to support areas of peak demand for spaces.

The landlord has also placed a Security Guard on the front gate, to discourage non patients from parking in the car park. This has had some effect, but at times has proved difficult to enforce.

- (iii) **Telephones** – cost of calls from mobiles and some Telephone Companies “packages”. This is being worked on and it is planned to change to a ‘01242’ number this year.

The Practice has installed a new telephone system; this was undertaken as soon as the practice was out of their previous contract. The practice now has local 01242 numbers in place.

It should be noted that the removal of the 084 numbers did remove some functionality especially call waiting and information. The practice now has a limited call waiting queue and if this is exceeded patients will get the engaged tone. However, unlike the previous 084 system patients only start paying for the calls when the call is answered. Patients are starting to complain about this; however, unfortunately only 084 numbers have the ability to have infinite queues. The practice therefore, feels there is nothing more they can do.

- (iv) **‘Compassion’** - A more compassionate and interactive patient experience.

This area is difficult to quantify and relies heavily on individual team members. It appears from the results of the 2013 survey that the practice has gone some way to achieve, as the percentage score have all increased slightly. However, it does show that more work needs to be done. This area will need to be carried over to 2013.

Although not specified in the action plan in 2012. The PPG and Practice welcomed the other developments that had been achieved in the past year. These included:

- The building of a new consulting room.
- New interactive website
- New chairs and coffee tables in the waiting room.
- New Children's play area
- New hand washing stations
- Redecoration of the Doctors rooms.
- Purchase of a new 24 hour BP machine
- New Staff Uniforms
- New Signage
- Additional of early morning appointments with a doctor and nurse.

5- Description of the 2013 survey results:

It was agreed that for the 2013 survey the specific areas that were identified were:

- The use of 084 telephone numbers
- Car Parking
- Improving Patient Areas
- Improving access to appointments and opening hours
- Repeat Prescription line.

It was apparent from the results the work undertaken as part of last year's action plan has still not been universally received. It appears that the Practice has not been able to provide clear communication on the full extent of its services e.g. extended opening hours, web site, ability to book appointments on line etc, prescription line, team roles and skill mix.

From comments made by the Patients there is still concern around areas such as the Car Parking and also the Telephone service. It was recognised that the issue of car parking would never be resolved, and that the practice had little chance of effecting a change unless it was managed by the health center management.

The survey also produced some very **strong and consistent positive feedback**. The areas where it was evident and where we had improved were:

- The role of Reception Team
- The excellent Nurses and GP Team
- Care and Consideration
- Triage provision

- Updating of the Reception and waiting area
- New telephone system
- Website

It was noted that there were significant patient comments about the excellent service and care that the whole team provided and that there was not a lot more that the practice could do to improve.

How was the PPG given opportunity to comment?

The PPG meeting on 25th March 2013 discussed the results of the survey. Feedback had also been received by members of the PPG who could not attend the meeting and by the staff, (at a recent full staff meeting). It was agreed that the Practice Manager (Chair), would continue lead any action and take forward specific areas of work as detailed later as a result of the findings. It was noted that the Practice manager had continually supported the PPG and provided detailed information, support and communication. The Practice Manager was thanked for this.

It was agreed that next year's survey would be more specific and concentrate on the management of chronic illness, and the role of the nursing team.

What agreement was reached with the PPG around changes in provision of how service is delivered?

The PPG again wanted it noted that improvements and achievements were already very evident in the service offered by the reception team members (this again was evidenced by the improvement in the survey), the improvement in the waiting room and reception area (this allowed better confidential information); again this was evidenced by the survey results. It was noted that the group did not understand why the practice continually scored lower on the access to a Practitioner in 48 hours. As it was evident that any patient requiring an urgent appointment in triaged within a short time scales and offered treatment by the most appropriate member of the team that same day. (I.e. 12 hours)

Patient Communication– *this needs to be carried forward from 2012.* Further work and improvements needed to be made to ensure that the Services offered, are known by the vast majority of Patients. This is to be achieved by Practice Posters, themed Monthly Topics, the PPG and Practice Newsletters (already available on line and in the surgery), the new interactive Web Site, Messages attached to Prescriptions, new patient packs etc. The main areas will be:

- How to access urgent and routine appointments
- How to access extended hours appointments
- The role and remit of the Nurse Practitioners
- The role and remit of the Healthcare Assistants
- How to order a prescription, (now that the prescription line has ceased)

Car Park – efforts had been made to ensure a smoother running Car Park – but in sharing this with other surgeries and in addition to the other Healthcare users of the building this is not easy. We have considered various options of barriers but are reluctant to go down this route for Health & Safety reasons in addition to vandalism. We are using our Concierge Team more prominently to avoid members of the public using the car park as a Public Car Park and this has had some success.

Telephones – The practice has already entered into a new contract that supported the change to a local 01242 number. This number has been in place since August 2012, so it was felt that comments made about the 084 number were really out of date. The practice had always wanted to change to a local number however; it needed to see the end of its contract so that no penalty payments were sought. The new telephone system does not have the same functionality of the 084 system, as it is not possible on a local exchange. However, patients are no longer charged for being in a queue. But the downside, of this is that the queuing facility is much shorter.

Improving Patient Areas – The PPG felt that was already being achieved and was very noticeable. It was clear that the practice had and was continuing to invest in updating the improving the patient experience.

Improving access to Appointments and Opening Hours – The PPG felt again that this was not wholly representing the actual experience of the patient. The practice provided access to urgent treatment and appointments on the same day through the Triage Nurse. It was also felt that patients needed to be educated that not all appointments needed to be with a GP and the Advanced Nurse Practitioner and Nurse Practitioners were high trained and specialists in areas that GP's weren't. It was felt that with increasing number of patients wanting to register, management of long term conditions, more work being sent to primary care and ultimately year on year reduction in funding that patients needed to understand that the practice was a primary care team, with different highly trained specialist clinicians.

Repeats Prescribing Line – The PPG again noted that In line with national and local guidance the practice closed the repeat prescribing line in April 2012. Although, on the whole most patients have been happy to order the scripts in other ways, it has become clear that some patients are still not happy with the change in service.

It was again emphasized that the prescription line was closed on the grounds of safety, and we now have more ways for patients to order their repeat scripts. There are now no practices in Cheltenham and very few in the county/country that still provide a script line.

Many patients believe this was done to save money; however, no money has been saved as the practice still has the same number of staff hours providing a repeat prescription function. Money has been saved on wasted and duplicate prescriptions, which should be a positive outcome.

All the Practice Staff will endeavor to support patients in the ordering of prescriptions in different ways, either by e-mail, website, letter or pharmacy collection service. The PPG expressed concern about those vulnerable patients who were elderly and maybe could not get out. This was identified and the Practice had now employed Nicky Ingram (ex District Nursing Sister) to work with the practice on looking after our elderly and homebound patients. Nicky now works with all these patients (apart from those on the District Nursing list), to support them with all their care including medication management.

The year will see the introduction of electronic prescribing, which will see removal of paper prescriptions to electronic prescriptions which will be sent electronically to the patients chosen pharmacy. This will do away with patients coming to the surgery for their repeat prescriptions, and going straight to their local pharmacy.

The PPG felt that the Practice was doing all it could in this area, and ultimately the responsibility for managing the ordering of repeat medicines was with the patient. The PPG also felt that the turnaround time of 48 hours was sufficient.

Were there any significant changes not agreed by the PPG that need agreement with the PCT?

No significant changes, which required PCT approval, were planned from the survey.

Are there any Contractual considerations that should be discussed with the PCT?

No contractual considerations need to be discussed with the PC. The PCT already directed practices to stop providing repeat medications over the phone.

5 – Action Plan

How did we consult with the PPG about the action plan?

We consult with the PPG each time we have a PPG Meeting and a Survey. From 2012, we also had the ability to consult with a wider range of patients through our website. These patients have agreed to be party to our PPG on a 'virtual' basis. The recent survey was reviewed at the meeting 25th March 2013, it was compared with previous years surveys, and in the same vein as previous surveys it did not identify any actions with regards practice contract operation, or clinical issues, however, it did identify other areas as follows –

A brief summary of priorities and proposals agreed with the PPG arising out of the practice survey:

1. **Improved Patient Communication** – again this is on-going from 2012 we need to ensure Patients are fully aware of the services we offer – e.g. Extended opening hours, Triage, Clinics, web site, and more importantly who we are. Personalities, Photographs, Team awards. We also need to explain the roles of the different nurses we have within our team, and what is meant by Triage, how they access appointments etc.
2. **Repeat Prescription Line** – work with patients who are still having problems with ordering repeat prescriptions.
3. **Automatic Check in** – Ensure that this is more reliable.
4. **Nurse Reception** – Nurse Reception will relocate to the front desk. The reception desk will be changed to provide more a more confidential area. This will allow the receptionists to provide a more flexible service.

Were there any issues that could not be addressed?

No issues were raised that could not be addressed

Has the PRG agreed implementation of changes and has the PCT been informed (where necessary)

Yes

6 – Publication of the Report

How has this report been publicised / circulated to our patients and the PPG

The PPG members will receive a copy of the report in the post. This report will also be available on the Practice website and on the PPG's notice board in the waiting room along with the PPG Newsletter and results of the survey. For a period the Jayex and TV in the waiting room will advertise the existence of the report on the notice board.

The report will also be available in the Branch Surgery.

Date Posted on Website: **26th March 2013**

Additional Information

Opening Times

Practice opening hours – explanation of how patients can access services during core hours?

<i>Opening Hours</i>		<i>GP Consulting 08.00 – 18.30 daily with extended opening hours for GP's and Nurses: Monday, Tuesday, Thursday and Friday 07.00-08.00</i>
<i>Monday</i>	08.00 –18.30	Nursing Consulting 08.00 – 18.30
<i>Tuesday</i>	08.00 –18.30	Nursing Consulting 08.00 – 18.30
<i>Wednesday</i>	08.00 –18.30	Nursing Consulting 08.00 – 18.30
<i>Thursday</i>	08.00 –18.30	Nursing Consulting 08.00 – 18.30
<i>Friday</i>	08.00 –18.30	Nursing Consulting 08.00 – 18.30

The Patient's access to appointments can be made by phone, in person or via the practice website. (The Practice Web site is www.stcatherines-surgery.co.uk).

The Reception is open from 08.00 – 18.30 daily – it is NOT closed at lunchtime.

Nurse Practitioner Triage is used throughout the day.

Home visit services are used if appropriate. (The practice also has employed a dedicated Homebound Patient Nurse).

Repeat Prescriptions can be accessed via the Internet as well as through the Practice direct, or by the patient contacting their local chemist.

Richard Bull
Chair – St Catherine’s PPG
Practice Manager Partner
March 2013

St Cath's - Patient Participation Group

Welcome to our Newsletter Number 2

Spring edition 2013

ST CATHERINE'S NEXT PATIENT PARTICIPATION GROUP MEETING WILL BE HELD ON MONDAY 25TH MARCH 2013 AT 6.00PM. LIGHT REFRESHMENTS WILL BE PROVIDED. IF YOU WOULD LIKE TO ATTEND PLEASE LET LYN HOUGH - RECEPTION TEAM LEADER.



'Together We'

Community Aims Respect Engagement

ST CATHERINE'S PATIENT PARTICIPATION GROUP



Did you know that St Catherine's Patient Participation Group (PPG) was recently shortlisted in the category 'Innovation in Primary Care Services' at the NHS Innovate Awards? St Catherine's has a long standing relationship with its PPG, who consist on patients who are willing to work with the Practice to support, develop and inform the future direction of services. The Group now consists of 14 Patients, who provide support by either attending meetings or by 'virtual' communication

The NHS and General Practices will face new challenges from April 2013, with the introduction of Clinical Commissioning Groups who will replace the local PCT. As a General Practice, we will also have to work with the new NHS Commissioning Board, who will ultimately hold our contract and be responsible for our payments. New Targets being introduced from April could see General Practices losing over £31k in yearly funding, St Catherine's has been working hard to ensure that this cut in funding will not affect the service we offer, however, efficiency savings will have to be made, and non-clinical staffing numbers are being reduced.

In light of this, it is rewarding to see that in this year's Patient Survey, 85% of our patients rated the Practice Good, Very Good or Excellent. This is an increase of 3% from the survey carried out last year.

The major change to affect the Practice in 2012 was the retirement of Rd. Batten in November. Rd. Batten decided to retire to spend more time with his family in Devon. Rd. Batten is still sadly missed by both patients and staff. Rd. Emma Godson replaced Rd.

UPDATE ON PRACTICE DEVELOPMENTS from last year's PPG.

If you have visited the surgery lately, you will have noticed that we have been making some improvements in the surgery. These have included:

- New Consulting room next to Reception.
- New telephone system with a local 01242 number
- New interactive website.
- .New chairs and coffee tables in the waiting room.
- New Children's Play area
- New Hand washing stations
- Redecoration of the Doctors rooms.
- New additional 24 hours BP machine
- Staff Uniforms
- New Signage

PROPOSAL'S TO CHANGE THE WAY THAT PRESCRIPTIONS CAN BE ORDERED

In line with national and local guidance we closed our repeat prescribing line in April 2012. Although, on the whole most patients have been happy to order the scripts in other ways, it has become clear that some patients still have not happy with the change in service.

The prescription line was closed on the grounds of safety, and we now have more ways for patients to order their repeat scripts. There are now no practices in Cheltenham and very few in the county/country that still provide a script line.

Many patients believe this was done to save money; however, no money has been saved as we still have the same number of staff hours providing a repeat prescription function. Money has been saved on wasted and duplicate prescriptions, which should be a positive.

All The Practice Staff will endeavour to support patients in the ordering of prescription's in different ways, either by e-mail, website, letter or pharmacy collection service. However, if the PPG has any ideas of how we could improve this service we are willing

Over the years the members of the PPG have been working with us to improve the Patient experience. This has led to lively but constructive discussions and over time has helped us in improving our patient's experience.

Some of the Common themes discussed have come from our annual patient's survey. And again this year's these have included:

- The use of 084 Telephone Numbers
- Car Parking
- Improving Patient Areas
- Improving Access to Appointment and Opening Hours
- Repeat Prescribing line

We have listened and where possible we have tried to make changes to improve the experience. These have included:

- Changing Clinic times across the whole of St Paul's to improve the flow of cars using the car park. Introducing Parking Patrols to tackle the use of the car park by non-patients.
- Updating and decorating the Waiting Room, to provide new flooring, new colour scheme, New Patient Health Information television, new chairs.
- Providing Access to early bird appointments with Doctors and now Nurses
- We have negotiating a new telephone contract to provide a new telephone system and 01242 numbers

The PPG have been key in helping us with these changes.
