

ANNUAL REPORT REGARDING THE PATIENT PARTICIPATION GROUP March 2014

a) Description and Profile of PPG Members

Practice staff members - attend in a supportive / facilitatory capacity

Dr Penny McEvoy, Dr Charles McEvoy & Dr Matt Mielcarek : GP Partners
Miss Samantha Miles : Practice Manager & Partner

Active members - attend meetings in person

Name	Age band	Ethnicity	M/F	Profile
Rebecca Newman	17 – 24	White British	F	Student/secondary school
Mr Edward McGowan	65 – 74	White British	M	Member of Yorkshire Cancer Network & Haematology Group
Mrs Judith Webb	65 - 74	White British	F	Retired Teacher
Catherine Green	65 – 74	White British	F	NHS background, currently locality Manager in Ripon for Age UK (formerly Age Concern)
Greta Milsom	75 – 84	White British	F	Past nursing experience & Carers Resource in Ripon
Anthony Milsom	75 - 84	White British	M	Retired
Michael O'Reilly	65 – 74	White British	M	Retired
Jane Fowler	45 – 54	White British	F	Data Analyst
Trevor Ingham	75 – 84	White British	F	Retired
Christina Pickup	55 – 64	White British	F	Primary Care Trust
Brenda Tabor	Over 84	White British	F	Volunteer telephone service for people living alone.
Peter Warters	65 – 74	White British	M	Retired Engineer (Highway Construction)
Fiona Wood	25 – 34	White British	F	Therapist

Active members - recently withdrawn from the Group

Barbara Dean	Over 84	White British	F	Retired
Jan Filippi	55 – 64	White British	F	Child crèche, Ripon Leisure Centre &

				history of care involvement work
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Virtual group - liaise with group by e-mail / post

Name	Age band	Ethnicity	M/F
Jan Filippi	55 – 64	White British	F
Barbara Dean	Over 84	White British	F
Margaret Baxter	75 – 84	White British	F
Peter Liddle	75 – 84	White British	M
Ruth Askham	75 – 84	White British	F
Margery Lowe	75 – 84	White British	F
Cyril Dix	Over 84	White British	M

b) Steps taken to ensure the PPG is representative of its registered patients

We recognise that there is a lack of younger patients, particularly in the 25-34 and 34-44 cohorts attending the PPG and that we do not have representation from our small cohort of Polish and Eastern European patients.

We did have some patients in these cohorts in the virtual PPG but unfortunately they have disengaged.

We still actively strive to encourage these, and also the 17-24 cohort, to join.

We have recently completed our annual survey which included a question asking patients if they would like to be a member of the Patient Participation Group, as a result of which we have received several emails so we are hopeful that we may soon have some representatives from these cohorts in the virtual PPG at least and potentially even attending meetings.

The local careers evening for secondary school pupils attended by Dr Penny and Charles McEvoy in March 2012 and again by Dr Charles McEvoy in Feb 2014 was felt to have been very successful. In order to raise the profile within the 17-24 age cohort, Dr Penny and Charles McEvoy invite such patients to join the group when they see them during consultations (on occasions when it is clinically appropriate to do so) and will strive to continue to do this.

Dr Mateusz Mielcarek is trying to encourage some of the Polish/Eastern European patients to be part of the group by inviting them directly when appropriate during face-to-face consultations.

We have also updated the website, and the PPG practice icon designed by one of the younger group members, Rebecca Newman, has been placed on the front page with an explicit invitation to patients to “join the patient participation group”



We continue to :

Display posters in the patient waiting room

Provide forms at reception to allow patients to provide their contact details if they wish to receive further information about the PPG or join the group

Provide a specific notice board for the PPG

Provide information about the PPG on-line via the website

The PPG would like anybody who is interested to attend and extend a warm invitation to anyone who would like to attend the next meeting.

c) Details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local practice survey.

This is a rolling process which occurs during PPG discussions and takes into account information from previous surveys, practice priorities, themes from patient feedback (both positive feedback and complaints) and practice changes.

The issues which were felt to be of priority by the PPG in 2013-14 were the Annual Patient Survey and the Practice Newsletter.

Ideas for the annual patient survey were specifically discussed at the PPG meeting on Thursday 17th October 2013.

After both general discussion and discussion of last year's survey results and with a desire to maintain some continuity or survey content it was decided that the main topics for the survey would include :

- how prescription requests are ordered
- if patients were aware of the online prescription request/ordering system
- whether it would be helpful for members of staff to wear name badges
- a question about the Patient Participation Group to attract new members
- the quality of the overall service provided the Practice
- an open question to patients as to whether there was anything they would like the Practice to do differently
- opportunity for general comments

d) The manner in which the views of our registered patients have been sought.

We hoped to target 700 patients, the same number as last year. This is approximately 10% of our practice population.

It was hoped that the survey could be completed over the period of the flu immunisation campaign, which would provide the opportunity to attract some older patients who would not ordinarily come in to the Practice as well as the usual mix of attenders. The patient survey was actually conducted during December 2013 and January 2014.

To ensure the surveys were reaching a representative practice population and to maintain comparability between surveys it was decided to continue to collect age and gender data, and also additional demographic information regarding employment status and disability.

The patient survey questionnaires were freely available in the GP patient waiting room area and the nurses' building. Also the receptionists asked each patient to complete a survey when they arrived for their appointment. 700 surveys were distributed, as requested by the PPG, and 630 responses were received. This is approximately 9% of the practice population.

The winter season is a very busy period in GP Practice, and it was especially so this year following the implementation of a new computer system in September 2013 and the start of the influenza vaccination campaign, as well there being significant staffing pressures due to two of the salaried GPs starting their maternity leave unexpectedly early !

The receptionists did a sterling job and the PPG would like to thank them for their help in the distribution of the patient survey questionnaires.

Please see **Appendix 1 for a copy of the patient survey questionnaire** which was used this year.

The Practice would also like to thank members of the PPG, particularly Mrs Judith Webb and Mr Tony Milsom for their time collating and entering the data collected. Our thanks also go to Ms Jane Fowler for her time in creating and designing a format to enable the entering of the data, which is very clear and easy to use, and for synthesising the results in a way which has allowed the PPG to analyse the questionnaires and discuss the results in order to produce recommendations for the practice. The partners feel that the processes which have been used to sample the patients and analyse the data are sufficient to provide the "reasonable person" with confidence that the reported outcomes are valid.

Ms Fowler has also produced a readable summary of the report for patients which is available on the website. As usual copies will also be printed and displayed on the PPG noticeboard in the waiting room.

Please see **Appendix 2 for the full patient survey analysis and report.**

e) Details of the steps taken to provide an opportunity for the PRG to discuss the contents of the action plan.

The draft survey report was circulated at the PPG meeting on Thursday 20th March 2014, when all the data had been collated and the information analysed. It was presented in a draft format for acceptance by the PPG. Ms Jane Fowler provided an explanation as to the process by which the patient responses were analysed and how they had been presented. The final completed survey report was received on Monday 24th March 2014.

The previous report's action plan has already been implemented and discussed at previous meetings.

The meeting on Thursday 20th March 2014 allowed the formulation of a new action plan for 2014-15 by the PPG members, which was presented to Dr Penny McEvoy, who attended the meeting on behalf of the practice. She accepted the mandate to present the action plan to the partners at the partnership meeting the following day Friday 21st March 2014 for discussion as to its implementation.

f) Details of the action plan setting out how the findings or proposals arising out of the local practice survey can be implemented and if appropriate, reasons why any such findings or proposals should not be implemented.

The three points the PPG expressed to Dr Penny McEvoy in the meeting on Thursday 20th March 2014 to feed back to the partnership on Friday 21st March 2014 were :

1) Satisfaction levels are already high, so do not make many changes to the current services ; focus on maintaining the current services

2) Please develop an A4 patient leaflet for all new patients, but which can also be available to current patients, and provide it on the website as well. Use this to explain the services provided - both clinical in terms of staff and clinics, and organisational, so including information about the triage system, urgent access, appointment booking, prescription management and on-line services.

This would help address comments regarding appointments issues.

3) Reception issues are one of the themes which keep recurring in the comments section of the patient surveys and the PPG requested that the Partners should consider further how to address them, and report back to a subsequent meeting. Some of the PPG group members have offered specific support and help with that process.

g) Summary of the evidence (including any statistical evidence) relating to the findings or basis of proposals arising out of the local practice survey.

The PPG members felt the survey had been successful once again. Patients' comments from previous surveys were implemented where possible. The Practice has had significant changes over the last six month period* and significant GP staffing difficulties during December and January** so it was reassuring to find that the % satisfaction rating (ie the % of patients rating the service provided by the surgery as good, very good or excellent) had only marginally declined from 94.2 % in 2012-13 to 93.46% in 2013-14. The tenor of the comments from the surveys was not worse than in previous years and the areas of satisfaction had not declined.

* The Practice transferred over to a new computer system on Friday 13th September 2014, which has created significant pressure on the reception staff in particular as they have tried to maintain the quality of their patient-facing role despite requiring on-the-job training both before the upgrade and post implementation.

** Two of the salaried GPs, Dr Green and Dr Phillips, both went on maternity leave in late November (considerably earlier than originally planned due to unexpected complications, but we are happy to report both mothers and babies are doing well) and Dr Cox simultaneously on paternity leave while first Dr Phillips and then their new baby was in hospital. This resulted in significant GP shortages which were not easily filled by locums at short notice, and were ongoing at the time of the PPG survey.

Issues highlighted by the survey findings :

Q1 & 2 Re Repeat Prescription Requests and On-line Ordering

The practice has always had the facility for patients to order their on-line prescriptions using the Practice website <http://www.riponspasurgery.co.uk/>

However the survey report showed that 308 out of 630 patients (49%) did not know about the online ordering system, despite the Practice's best efforts to make patients aware.

During the period in which the survey was being carried out, and as a result of the enhanced applications now available as a result of transferring to the new computer system in September, the Practice decided to offer patients not only on-line prescriptions but also on-line appointment access. Judging by current use these services appear to be increasingly successful.

Steps have been taken to make patients aware of these services by displaying posters in the waiting room area, information on the website for direct booking of appointments and using the new facility to attach notes to patients to their repeat prescription lists when they request a prescription.

We hope to find, should this question be revisited in a future survey, that the Practice has been efficient in getting the information across.

Q3 Re Staff name badges

The PPG were keen to ask patients if they would find it helpful if staff wore name badges. Currently staff do not wear name badges but the partners had said they would be happy to consider introducing them depending on the feedback of the patients.

Only 366 (58%) of the 630 patients completing the form responded to this question. There were 106 "Yes" and 260 "No" responses.

This means that of those responding to this question approximately 30% were in favour, and 70% were not, and of the total sample this was a 17% "Yes" response.

Although the PPG members present at the discussion group remain themselves almost all in favour of introducing name badges they agreed that these results do not suggest that it matters particularly to most patients and that they could not be construed as a mandate to implement the use of name badges for all staff. It was noted that Doctors' names are on their consulting room doors and this includes changing the names when rooms are being used by other Doctors eg locums.

Q4 Re Patient Participation Group

The PPG would like to raise the profile of the group and wanted to survey patients as to whether they knew about the group.

Only 362 patients out of the 630 completing questionnaires responded to this question. Of the 362 patients responding there was an exact 50% split between those who knew of the group and those who didn't.

As mentioned previously, the PPG logo has been situated on the front page of the website and the GPs are inviting patients to join the group at appropriate opportunities during consultations.

Also there is a noticeboard in each waiting area.

However, it appears that more still needs to be done to raise the profile of the PPG.

Q5 General Comments re Overall Services

There were 627 responses out of 630 forms for Q5 of which 93.4% were rating the services good, very good or excellent.

Given the difficulties within the practice at the time the survey was conducted we feel it compares favourably with the 2013 (94.2 %) and 2012 (90%) surveys.

31% of those completing the survey made additional comments and 56% of them were positive. In other words about 86 patients made negative comments in this section - this is 13.6% of the patients completing this survey, and 1.2% of the practice population.

Q6 General Comments re anything the practice could do differently

There were only 36 responses (5.7% of survey participants) in this section, of which 22% were positive. In other words, about 28 patients made negative comments in this section - this is 0.4% of the practice population.

Q7 General Comments on any of the topics covered in the survey

There were 104 responses here of which 34% were positive. In other words about 69 patients made negative comments in this section - this is about 1% of the practice population.

This implies that a minimum of 86 patients (1.2% of the practice population) and a maximum of 183 patient (2.6% of the practice population) have problems with the service we provide.

The survey provided an opportunity for patients to add comments - please see the list attached in **Appendix 3**.

Ms Jane Fowler has kindly incorporated the main themes, both positive and negative, into the survey results.

She has produced a complete list of comments for the Partners to look at in more detail within the Practice, in case there are other issues which they feel need addressing and which may be explored further in future surveys.

Responses to the patient comments by the Partners may be added to the report on the website after due consideration.

h) Details of the action which the Practice intends to take as a consequence of discussion with the PPG in respect of the results, findings and proposals arising out of the local practice survey and which it has already taken on issues and priorities as set out in the Local Patient Participation Report

1) We will endeavour to focus on maintaining the current services

2) We will aim to develop an A4 patient leaflet containing information about the practice, both clinical and organisational, to be given out to all new patients. We have already designated a responsible partner for this task.

We will aim to keep copies of this leaflet in both waiting rooms so current patients can also read it, and display it, or the information from it, on our website.

3) We will consider the issues raised regarding reception and the first impressions patients receive on entering the building and will liaise with the PPG about how to improve this part of the patient experience.

i) Opening hours of the Practice Premises and the method of obtaining access to services through the core hours

Current core hours are from 8am to 6:30pm Monday to Friday.

There is a special arrangement in place within this area which allows the telephone service to transfer to the Out of Hours provider from 6pm.

The surgery phone line has a pre-recorded message which is active from 6.00pm and advises patients ringing between 6.00pm and 6.30pm to telephone the out of hours service and patients ringing between 6.30pm and 8.00am or through the weekend period and bank holidays, to ring NHS111.

Services can be accessed :

For routine face-to-face appointments (health care assistant/nurses/doctors)

in person at reception

over the telephone

on-line

Appointments can also be made with the community midwife who holds a surgery on-site once per week.

For urgent appointments and advice we operate a doctor-led triage service.

On the day face-to-face appointments, and semi-urgent appointments with specific doctors or for specific purposes, are arranged after telephone consultation with a duty doctor. This doctor is able to provide medical advice or treatment over the telephone, arrange investigations and subsequent follow up, or arrange a face-to-face assessment in an appropriate time frame (which may be on the day) by the most appropriate professional. Although there is generally one doctor on duty each morning and afternoon, at busy times another doctor may assist with dealing with the urgent telephone queries.

This service is much more efficient than just offering face-to-face appointments and without it the waiting times for routine appointments would be significantly worse than they are currently.

The practice is not contracted to provide a walk-in service, and has not offered this service for seven years now. It may be possible for a patient who walks in to be slotted in to a surgery if they are happy to wait, but we cannot see them instead of patients who have booked and waited for routine appointments. However we do expect that the duty doctor will be informed if a patient who is clearly ill and in need of urgent medical attention has walked in seeking help.

Routine surgeries (face-to-face appointments) usually finish at 5:30 or 6pm. Extended hours surgeries are scheduled to run from 6-7:30pm.

As of April 2014 the partners are usually available as follows :

**Dr Charles McEvoy
8 sessions per week** **Monday 8:30am-6:30pm
either Tuesday 8:30am-4:15 and Friday 8:30-10am
or Tuesday 8:30-10am and Friday 8:30-6pm
Wednesday 8:30am-7:30pm
Thursday 8:30am-5:30pm**

**Dr Penny McEvoy
6 sessions per week** **Monday 12-6pm
Tuesday 9:15am-7pm
Thursday 8:30am-7:30pm
either Wednesday or Friday 1 session from 9:15am**

**Dr Matt Mielcarek
8 sessions per week** **Monday 8am-2pm
Tuesday 8:30am-6pm
Wednesday 8:30am-6pm
Thursday 2:30-7:30pm
Friday 8:30-6pm**

**Dr Andrew Cox
8 sessions per week** **Monday 8am-6pm
Tuesday 8:30am-7:30pm
Thursday 8:30am-6:30pm
Friday 8:30am-6pm**

These days are subject to variation depending on the additional locum staffing we have at present while Dr Rozzy Green and Dr Tasha Phillips are on maternity leave.

We currently have regular sessions arranged most weeks from April 2014 with the following GP locums : **Dr Zoe Hopkinson Mon & Wed 10am-2pm term time only
Dr Fiona Elliott Mon 9am-3:30pm & Thurs 9am-6pm
Dr Bethan Lowe Tues 8:30am-7:30pm and Fri 8:30am-6pm
Dr Richard Haynes Wed 9am-7:30pm**

**We have additional ad hoc GP locum support from :
Drs Andreas Huber, Dr Richard Lawson and Dr Martin Mayfield**

Nursing team :

Nurse Jenny Lamb Monday and Wednesday 9am-6pm

Practice Nurse	Tuesday all day 9am-7:30pm Thursday half a day 8-12
Kath Walmsley Health Care Assistant & Phlebotomist	Monday & Tuesday mornings only 8-12 Wednesday morning from 9-12 Thursday & Friday 8am-3pm
Sandra Dudley Diabetes Nurse	2 sessions per week by special arrangement Usually Wed and Fri.

j) Under the extended hours access scheme the times at which individual healthcare professionals are accessible to registered patients.

We are expected to provide 30 mins of “extended hours” per 1000 patients. Therefore, for a list size of around 7000 patients we should provide 210 minutes ie 3.5 hours.

We recognise that our evening surgeries are of great benefit to working patients or elderly patients who need to be brought to surgery by their working children. We therefore provide 3.5 hours as a minimum and often offer up to 6 hours of GP time and 1 hour of nurse time per week, twice the expected requirement. We anticipate our health care assistant will also start providing evening surgeries soon.

From April 2014 - usual provision, when no staff are absent

GP Partners

Dr Charles McEvoy	Wednesday Evening 6:30-7:30
Dr Penny McEvoy	Thursday Evening 6:30-7:30
Dr Matt Mielcarek	Thursday Evening 6:30-7:30
Dr Andrew Cox	Tuesday Evening 6:30-7:30

GP Locums

Dr Bethan Lowe	Tuesday Evening 6:30-7:30
Dr Richard Haynes	Wednesday Evening 6:30-7:30

Nursing Team

Nurse Jenny Lamb	1 evening 6:30-7:30 currently Tuesday but soon to change to Wednesday
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