

# Patient Participation Group Annual Review 10<sup>th</sup> March 2015

The group was formed in June 2011 from a number of invited patients.

The Practice analysed its patient population in respect of ethnicity, age, sex, disease profile, address and whether they were carers. In addition the General Practitioners were also asked if they knew of any patients who they thought because of their individual circumstances may have a valuable input into the group.

Ethnic Group	Number of patients	Percentage
British and European	18706	91
Asian and Middle East	223	1
African and Caribbean	29	0.1
Mixed ethnicity	71	0.3
Excluded as no obvious category	1520	7

Asthma	13
AF	10
Cancer	2
CVD-primary prevention	
CKD	2
COPD	
CHD	4
Dementia	
Depression	8
Diabetes	9
Epilepsy	
HF	2
Hypertension	21
Hypothyroidism	5
Learning disability	
mental Health	
obesity	
Palliative care	
Stroke and TIA	2

## Age range

0-9									
.10-19	1								
.20-29									
.30-39			1				1	2	
.40-49		1	2		2		1		1
.50-59	1	1		1	2	1	1		2
.60-69	1	2	1	1		2		3	1
.70-79	3	1	2	1	3			1	3
.80-89		1	1		1				1
.90-99					1				
100-109									

Using this information the Practice initially invited some 75 patients from a cross selection of the Practice population to the first meeting in June 2011. The group has met on a regular basis since that date and has endeavoured on a number of occasions to increase membership by;

Poster adverts within the building

Articles in the practice newsletter

Leaflets handed out by current PPG members as part of the patient survey

Messages on prescriptions

Invites on the practice web site

Messages displayed on the patient call screen

During this year the membership of the group has increased by six, largely we think due to the invitations being shown on the patient call screens.

During 2014/15 the group met on;

Wednesday 2<sup>nd</sup> April 2014

Wednesday 23<sup>rd</sup> July 2014

Wednesday 24<sup>th</sup> September 2014

Wednesday 19<sup>th</sup> November 2014

Wednesday 11<sup>th</sup> February 2015

Wednesday 25<sup>th</sup> March 2015

Once again significant discussion has revolved around three main issues during the past year, increasing workload, clinical commissioning and the continuing saga of the provision of a new hospital within the area but with the major focus being on the new development.

- 1) **Increasing Workload.** Fortunately the practice has suffered from less sickness absences this year and hence the service has been less disrupted. Unfortunately a partner within the practice has announced his decision to take early retirement, although we have been extremely fortunate to secure the services of an excellent doctor to take his place. A partner who had been on a period of maternity leave will re-join the practice in April 2015, however another of the partners will take a period of extended maternity leave starting in May 2015, however once again the practice has been able to secure the services of excellent locum practitioners to cover these absences. The group were updated at each meeting about the workload pressures faced, which although ameliorated because of an improvement in the staffing situation continued fuelled by patient demand and expectations and a continued transference of work from secondary into primary care.
- 2) **Clinical Commissioning Groups.** Again the group received updates about the progress of CCGs at each meeting and some attended the annual general meeting of the local CCG. There were concerns about the general trend in local health care and again some of the group were keen to explore this issue further outside the confines of the PPG.

- 3) **New Hospital.** The continuing debate about whether the area would have a new hospital facility provided was a very “hot” topic with the feeling that the various announcements made didn’t contribute much to the clarity of the situation.
  
- 4) **“Extra” Contractual Arrangements.** The group received information on all the enhanced services the practice had agreed to participate in, including
  - a. Quality in Practice
  - b. Better Care
  - c. Avoiding Unplanned Admissions
  - d. Named Clinicians
  - e. Electronic Prescribing Service
  
- 5) **Friends & Family Test.** The group noted the introduction of the Friends and Family Test with interest
  
- 6) **Online Access.** This was discussed at some length at the February meeting with some concern being expressed about those patients, perhaps largely elderly, being disenfranchised by such schemes.
  
- 7) **Patient Survey.** As mentioned in our last annual report in October 2014 the group repeated a survey which had originally taken place in February 2014. This repeat survey was undertaken to provide comparative data and to see if the practice had progressed since the February survey. A report is attached describing the rationale, process and results of the survey. The report was discussed at length during the November 2014 meeting as it was felt as again it was felt that although most areas had improved there were still learning points that could be taken from the results. It was considered that no real progress had been made on the issues highlighted last year, albeit for good reasons and that these would remain the subjects requiring improvement. The areas of concern were;

Issue	Problem	Plan	Review
Telephone System.	It was felt that the new system was less effective than the one it replaced and that the practice needed to explore as a matter of urgency how this might be improved and despite some improvements patients still experienced problems getting through on the phone.	The current method of supplying communication equipment to the practice was under review. The Practice had been obliged to take on the new system as part of the general improvement to the building. It was expected that as from April 2015 this criteria would	May 2015

		be removed and the practice would be able to obtain a more appropriate phone system with its previous supplier. This does depend on a decision outwith the practice control.	
Confidentiality	The new open plan reception desk was thought not to lend itself to private discussions and again the practice was asked to revisit the design. In addition some staff had expressed concerns about their vulnerability when dealing with aggressive patients	The Practice had identified a sum of money to enable it to make some improvements to the counter area and work was now expected to start in the summer. Work had already been undertaken on repositioning the it equipment to make it less visible to patients.	October 2015
Availability of appointments	Whilst recognising the workload problems faced by the Practice the survey reflected patients unhappiness at the availability of timely appointments and the practice were asked to look at how this might be improved.	Unfortunately this is a perennial problem with demand outstripping availability. However after some initial teething problems the practice introduced on line bookable appointments in March 2015. In addition in January 2015 patients who had submitted their mobile telephone numbers to the practice received confirmation of an appointment as soon as it was booked and a	October 2015

		reminder 24 hours before they were due to attend. In addition if the patient failed to attend for the appointment they were sent a text reminding them of the importance of keeping their appointments. It was however too early to establish whether this was having a significant impact on DNAs	
In practice communications	The use of self-arrival screens which had caused concerns last year were less problematic, although the group sought clarification of when they were available for patient use. There was greater concern about the patient call screens and their "hit and miss" working	The practice has already revised the protocol for using patient call screens and is investigating new software which whilst it won't improve the basic functionality of the system will operate as a superior electronic notice board and aid communication with the patients of the practice. .	May 2015

*Peter Homer*

Co-Chair QPMC PPG

*Graham J Wynn*

Practice Manager

# Queens Park Medical Centre

## Patient Participation Group Survey

### Oct-14

The survey was conducted by various members of the Patient Participation Group holding face to face interviews with patients

198 patients were interviewed between Monday 20th and Friday 24th October

The graphs display the responses as percentages of patients who answered that particular question

The survey was a repeat of the survey undertaken in January 2014 using the same questions to gain comparisons between the answers

## Patient Questionnaire

		Poor	Fair	Good	Very Good	Excellent
1	My satisfaction with this visit to the surgery today is					
2	The warmth of the staff greeting to me was					
3	On this visit the staff/clinicians listened to me					
4	The clinicians explanations to me were					
5	The opportunity the clinicians gave me to express my concerns or fears was					
6	The amount of time given to me for this visit was					
7	The respect shown to me by staff at the practice was					
8	The ease of making an appointment is					
9	The ease of requesting repeat prescriptions is					
10	The ease of getting through on the telephone is					
11	The availability of appointments at a time convenient to me is					
12	The recommendation I would give to my friends about this Practice is					

What age group are you	Under 25	25 - 59	Over 60
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If you had an appointment today was it with your usual clinician	Yes	No
<i>Please record the gender of the respondent</i>	Male	Female

The Practice would appreciate any suggestions you may have as to how we could improve.

## **What or Who is Queens Park Medical Centre Patient Participation Group.**

We are a group of patients who meet with representatives of the practice, usually on a monthly basis, to discuss with them the services they provide, advise them on plans they might have and raise issues which affect us as patients.

We are keen to encourage new members of the group and if you would like more information please email the Practice Manager and he will arrange for someone from the group to contact you and provide further information.

In addition we are keen to establish an email reference group which will allow us to consult a wider group of patients, perhaps by sending occasional questionnaires. If you would like to be part of this group again please email the Practice Manager with your details.

The Practice Managers email address is [graham.wynn@nhs.net](mailto:graham.wynn@nhs.net)



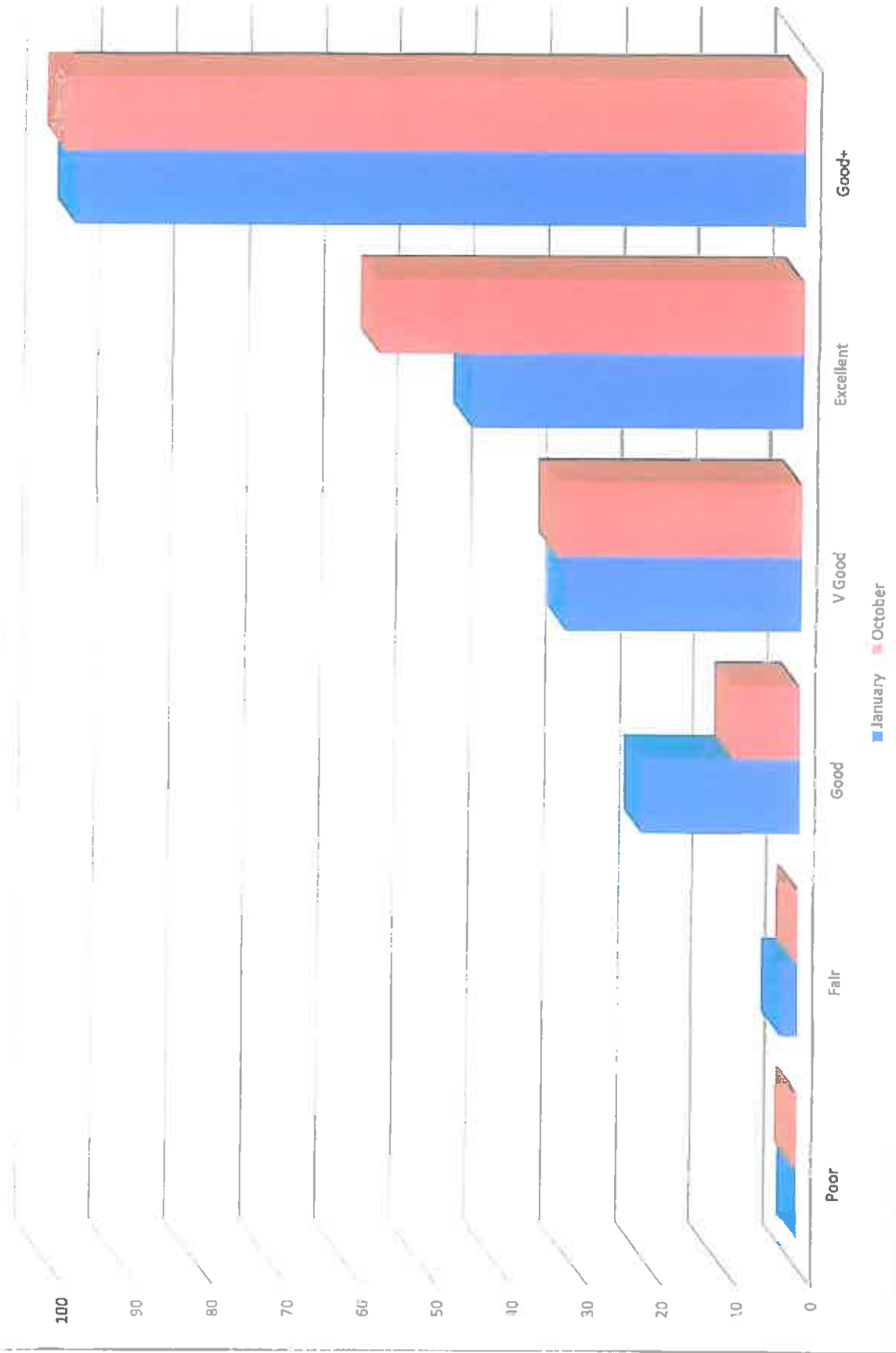
# Satisfaction with today's visit



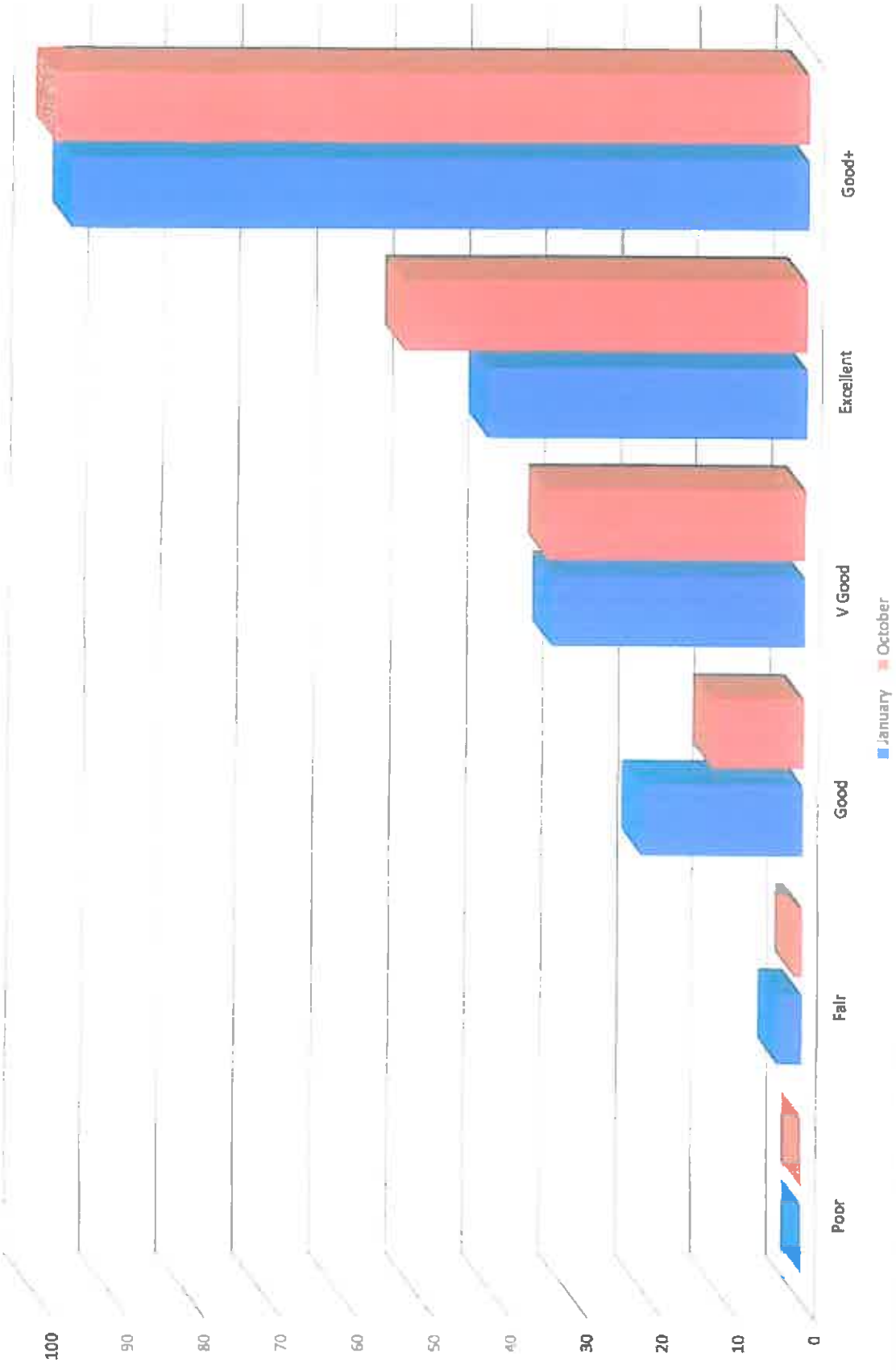
# Warmth of staff greeting



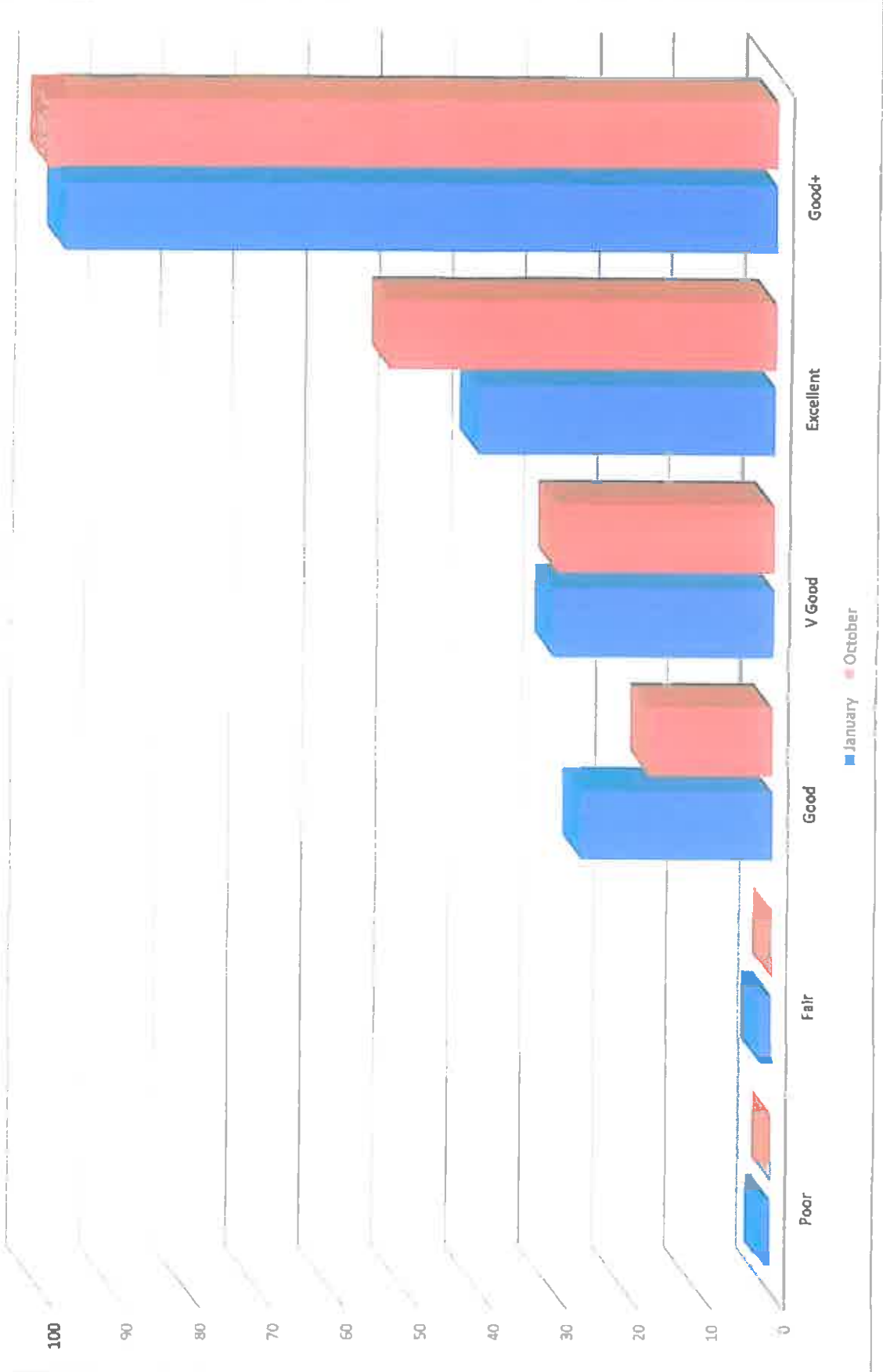
# Clinicians listened to me



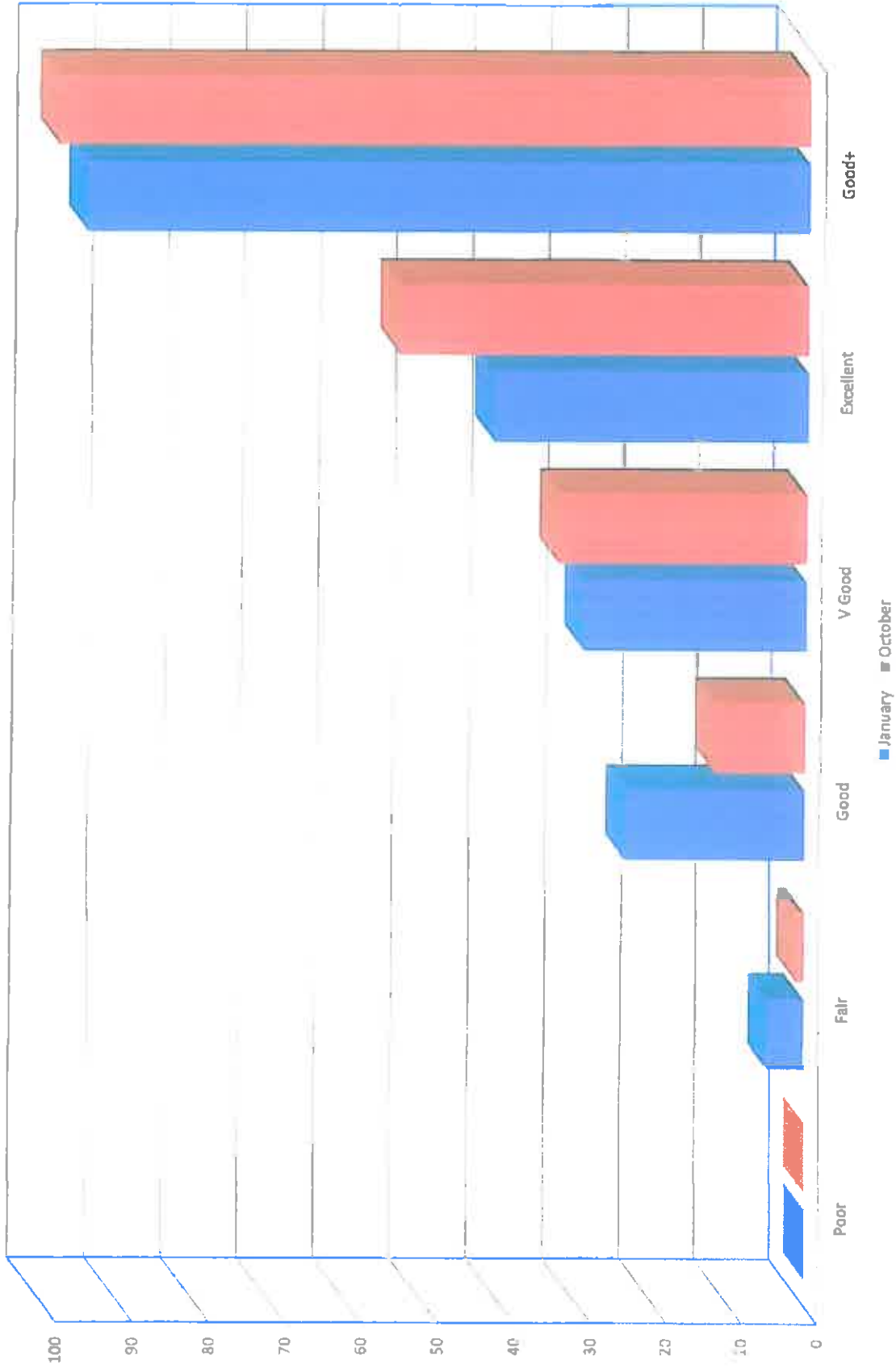
The clinicians explanations were



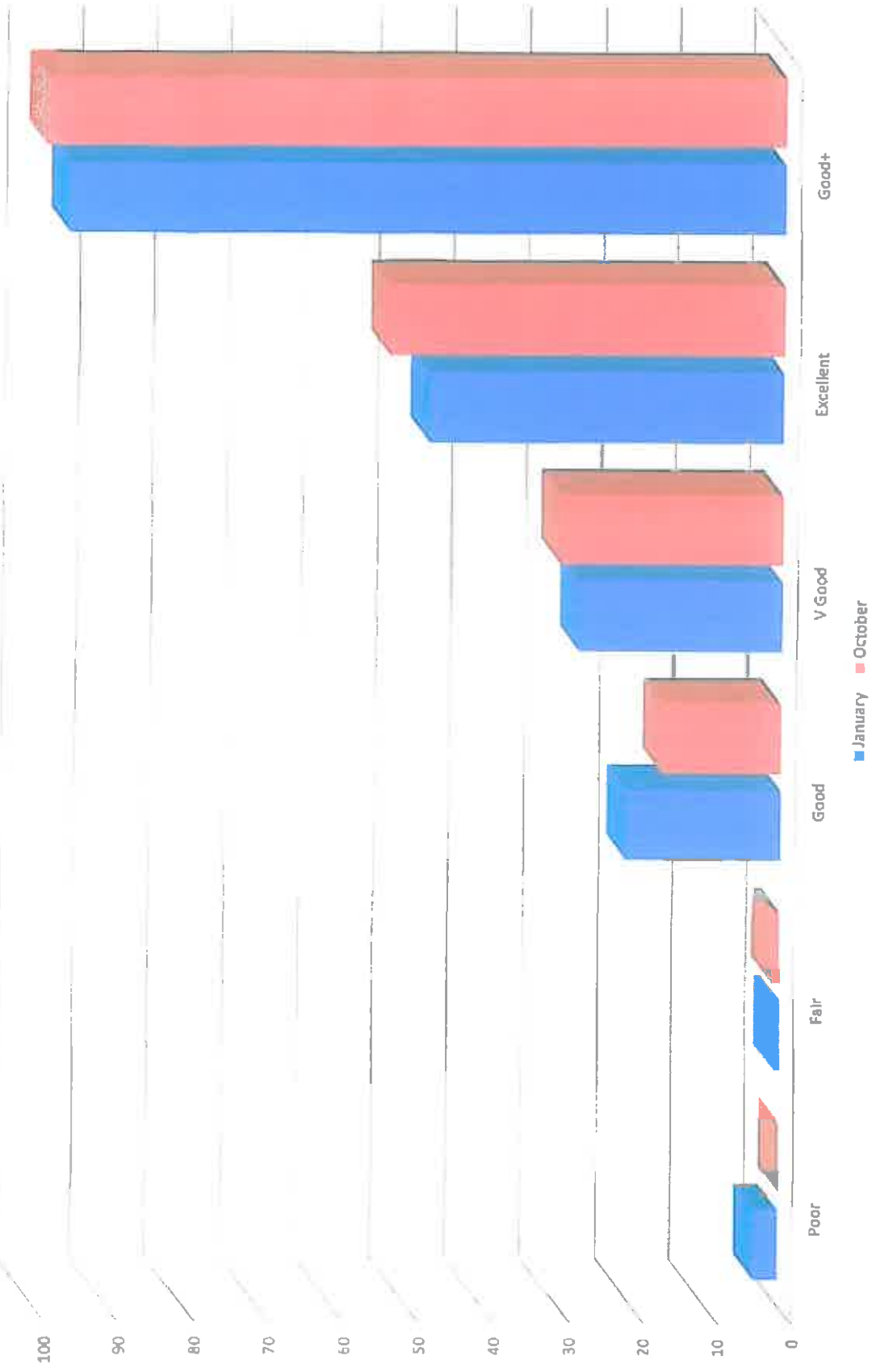
# Opportunity to express concerns



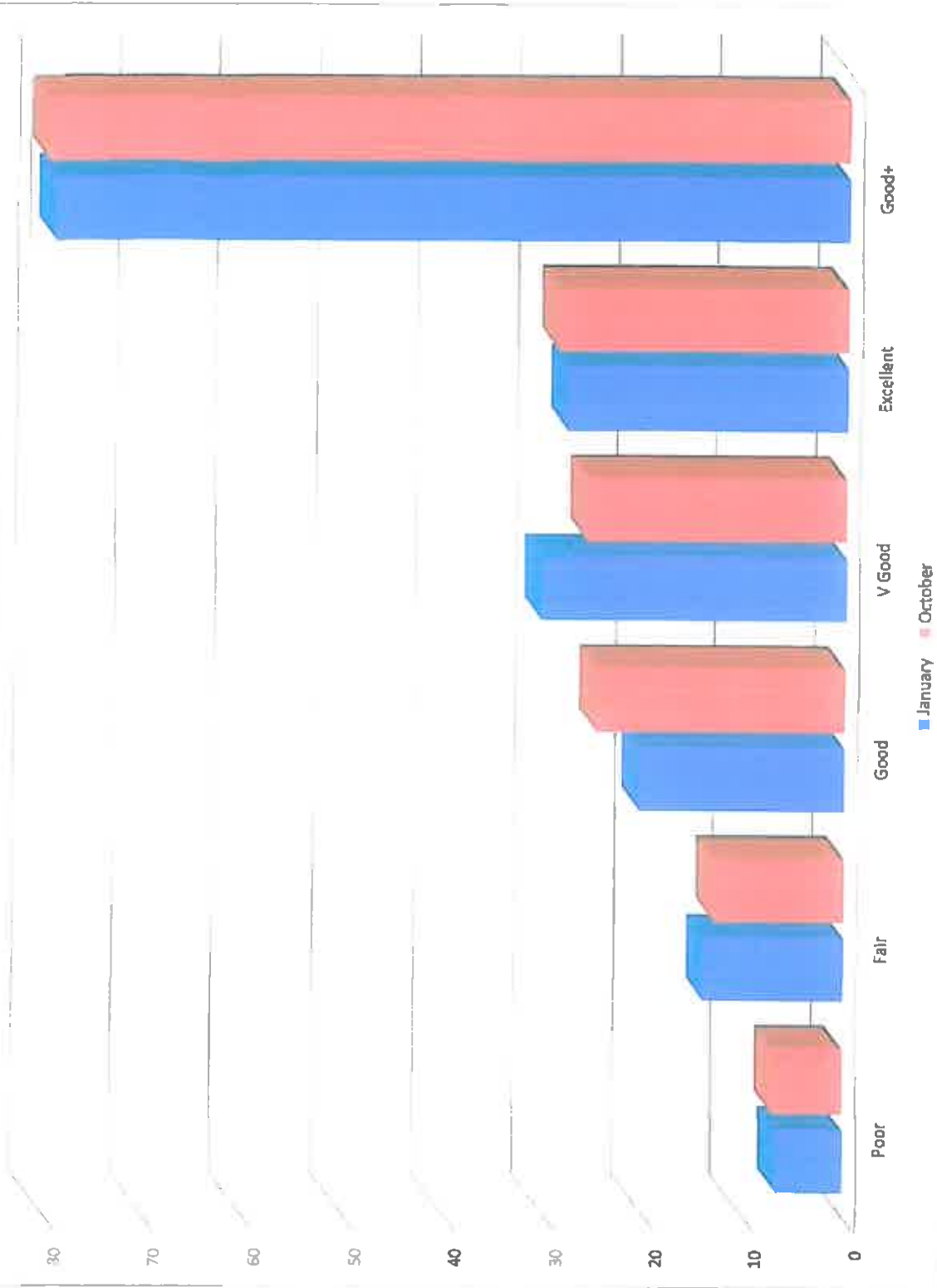
Amount of time given



### Respect shown by staff

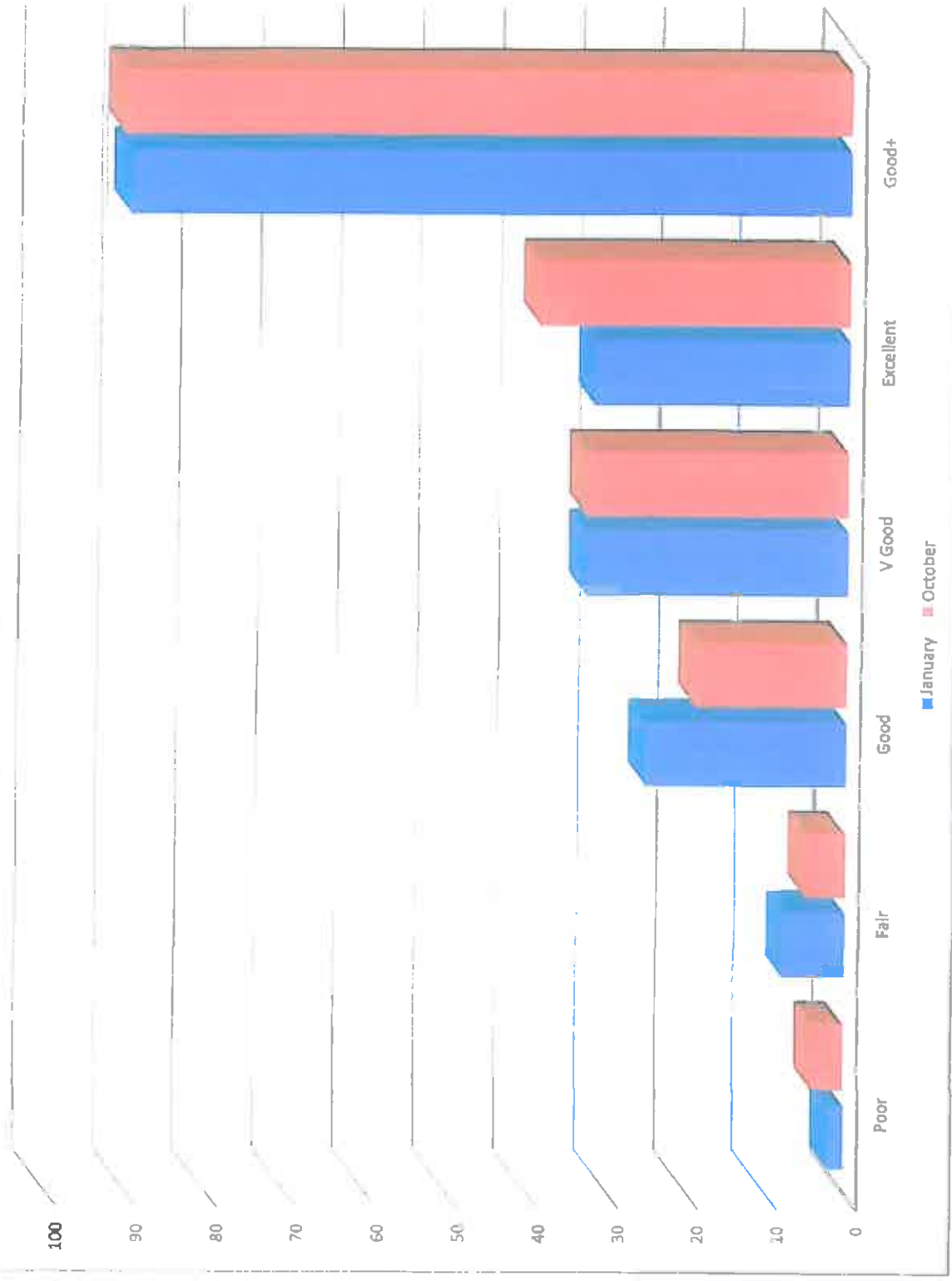


## Ease of making an appointment

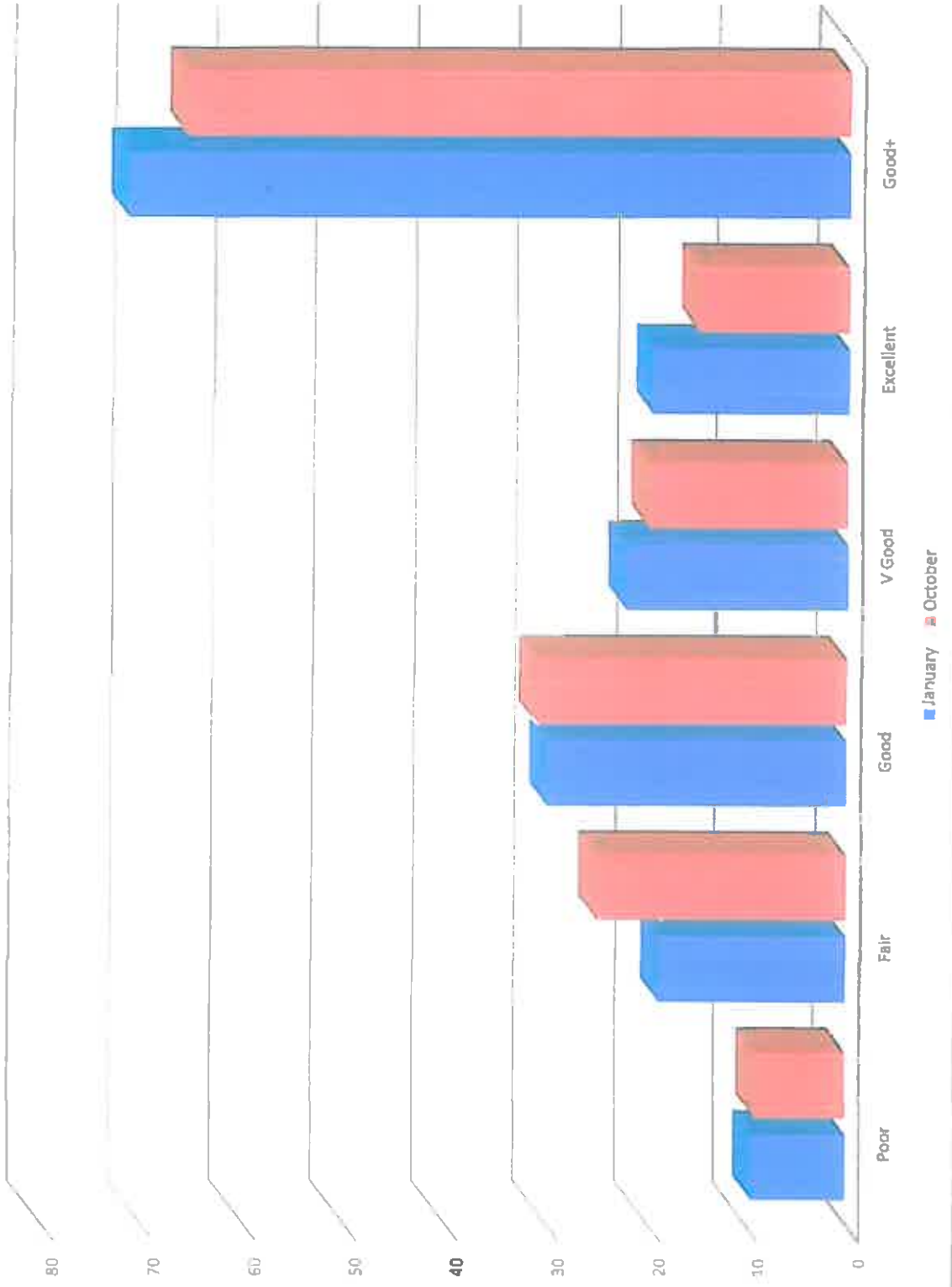




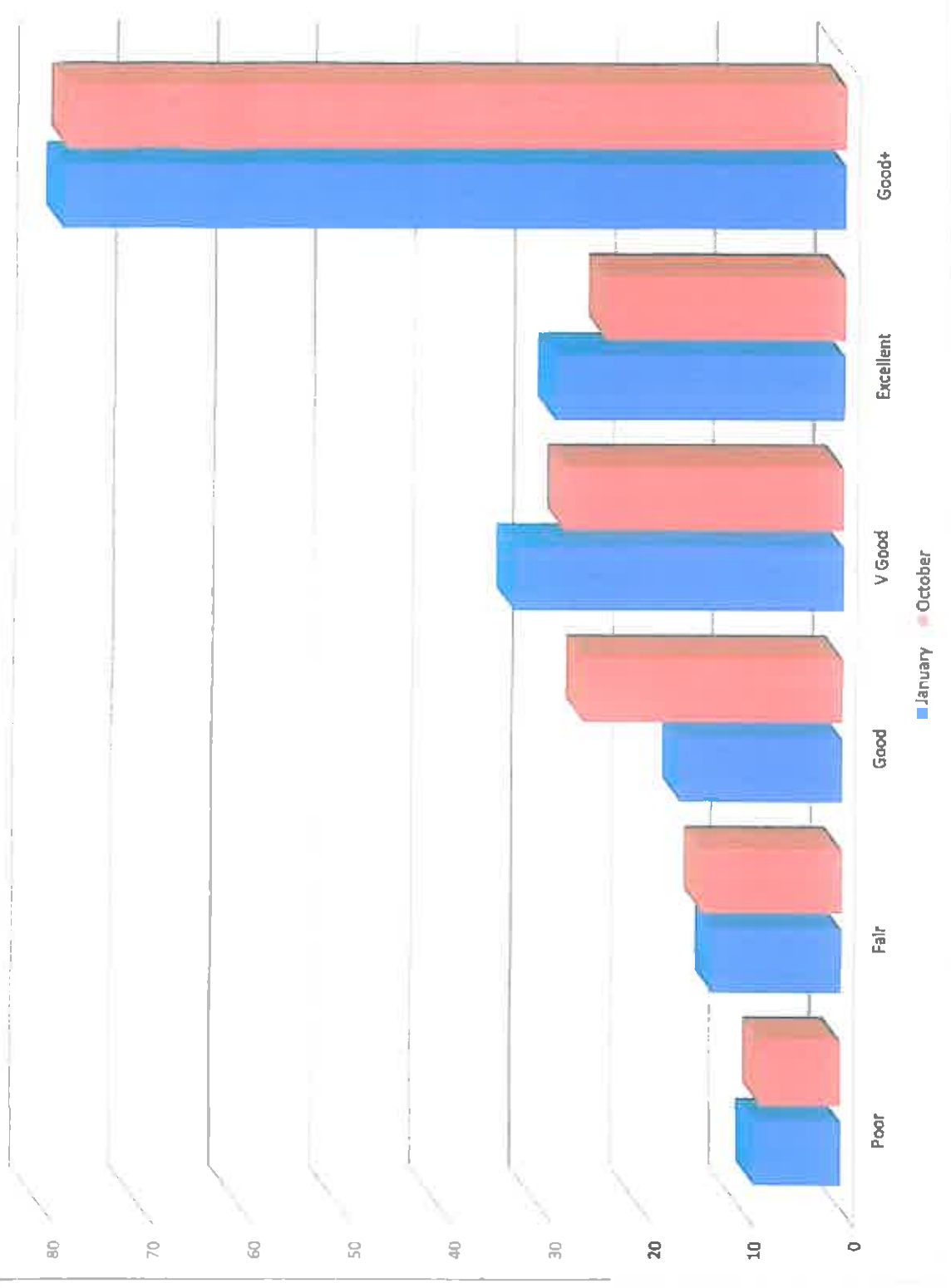
# Ease of getting repeat prescriptions



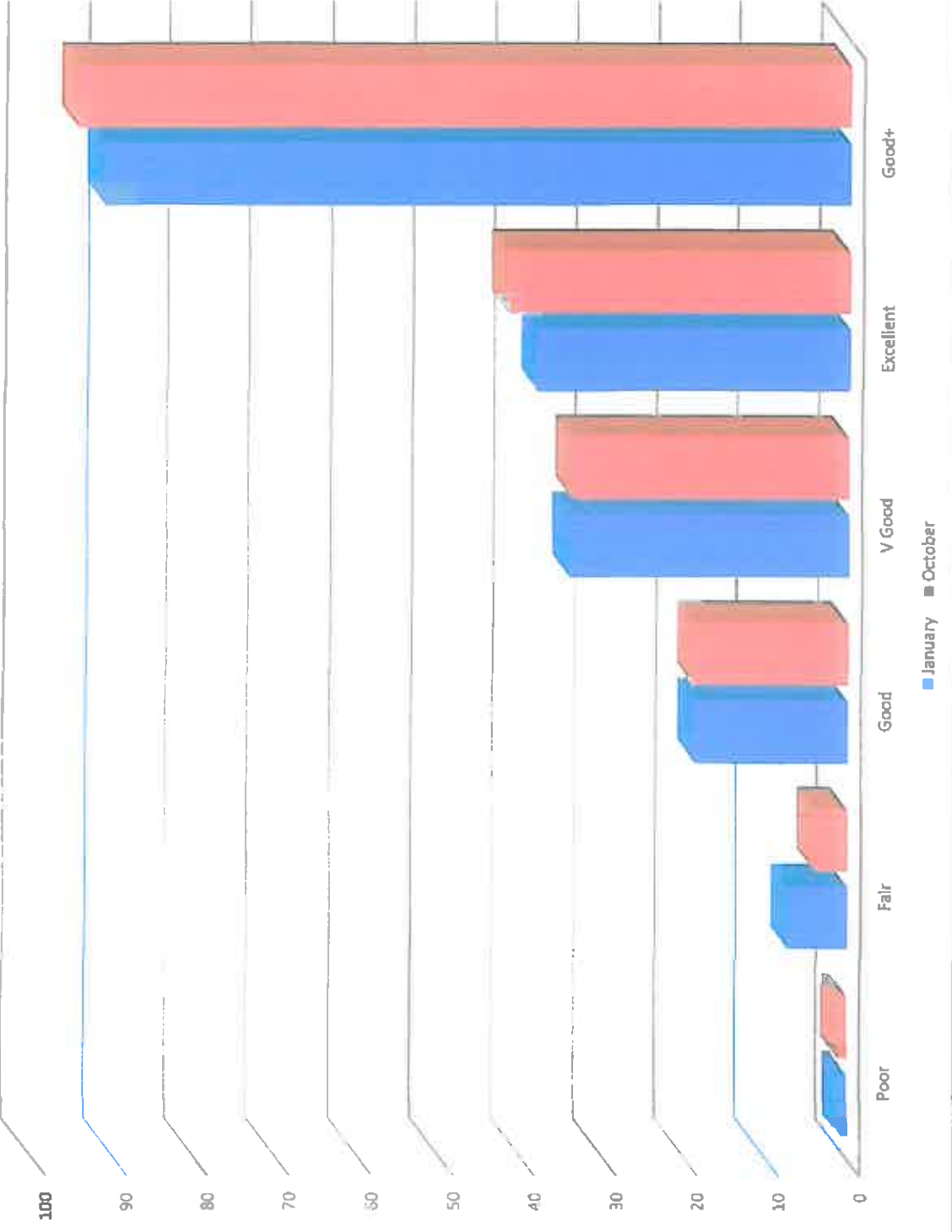
## Ease of telephoning



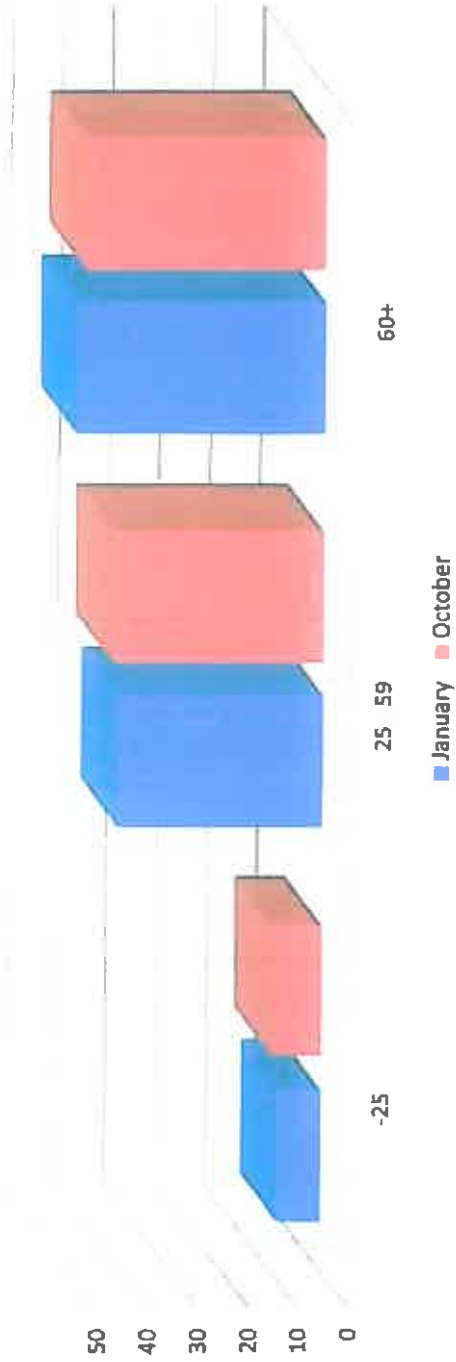
### Availability of convenient appointments



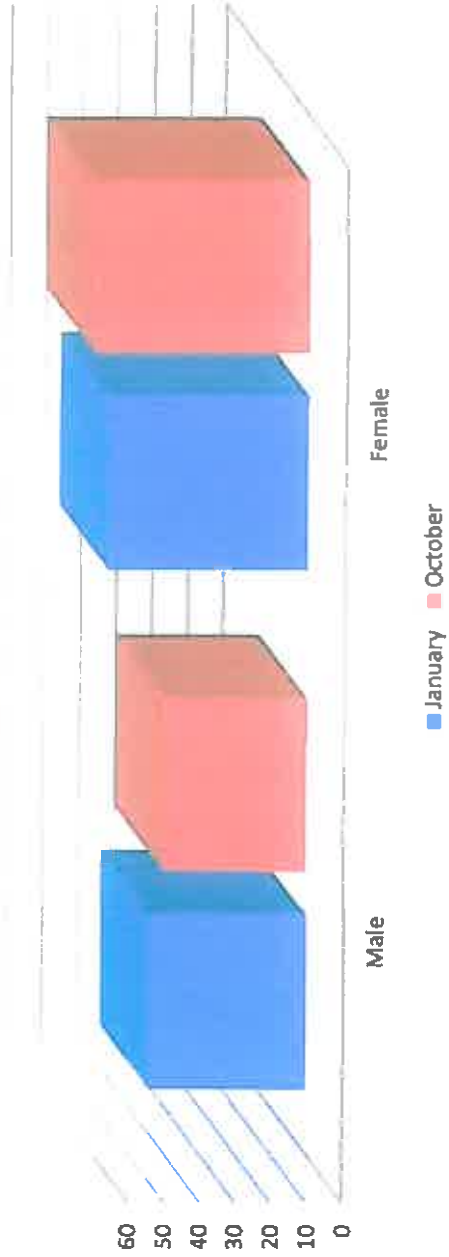
# Recommendation to friends



### Age Breakdown



### Gender Split



### Some Comments

#### Good

Excellent having chemist on site  
Probably best practice in teesside  
Very good service  
Good having chemist and bloods on site  
very good service from counter to doctor  
excellent service  
good  
very good  
staff very forthcoming and helpful  
surgery is a great improvement on before  
good that surgery wasn't disrupted whilst work was being carried out  
best practice in stockton  
surgery building an improvement  
best managed practice I have ever used  
best organised practice in stockton  
cant speak highly enough of the practice  
big improvement on phones  
excellent service  
no problems  
everything fine

#### Not so good

Queue for service  
long time between GP/Nurse appointments  
phone soso  
phone sometimes a bit hit and miss  
difficult wheelchair access to phlebotomy  
parking not good  
good bloods in building  
car park problems  
phone sometimes a bit hit and miss  
poor phones in the morning  
phones bad in morning  
phones always engaged  
difficulty using self check in ans has to queue  
poor disabled access  
two hours on phone to mae appt  
difficult getting appointments due to doctors maternity leave  
moving to another practice  
extra call screens needed in waiting area  
staff not as respectful as they were  
not enough reception staff