

Local Patient Participation Report

Marsh Surgery
42 Westbourne Road
Marsh Huddersfield HD1 4LE

March 2013



Background

This practice endeavours to engage with its practice population in the development and improvement of our services. This practice is open 5 days a week, 5 mornings and four afternoons with Wednesday half day closure with an on-call GP for any clinically urgent issues. We also offer extended hours one evening a week.

Patients can access our services via reception by phone or in person. We do not have any themes from complaints to include in the survey nor any GPAQ or CQC related issues at this time. Although we are not planning any service changes at the moment, we want to use the opportunity to liaise with a Patient Group to review and continually improve the services we provide and in particular anything we can do to improve our premises bearing in mind the PCT/CCG plan to provide new premises in the next few years.

One of the most obvious ways we have done this is the Patient Survey which we used to conduct in-house before the national survey came into place. We also engaged opportunistically with patients via the suggestion box and between patients and members of the team face to face, both in consultations and at the reception desk which has helped to make our service more patient-focussed.

We see the DES as a way to challenge ourselves to up the ante and engage with our patients as a virtual Patient Viewpoint Group on a more formal and organised basis to gather viewpoints and respond to the views expressed via our website, and on the noticeboard in the waiting room.

The Patient Participation DES aims to promote the proactive engagement of patients through the use of effective Patient Reference Groups (PRGs) and to seek views from practice patients through the use of a local patient survey.

The key requirements of the patient participation arrangements agreed by negotiators are that GP practices:

- develop a structure that gains the views of patients and enables the practice to obtain feedback from the practice population, e.g. PRG;
- agree areas of priority with their PRG;
- collate patient views through the use of a patient survey;
- provide the PRG with an opportunity to discuss survey findings and reach agreement with the PRG on changes to services;
- agree action plan with PRG and seek PRG agreement to implementing changes;
- publicise the actions taken and subsequent achievement.

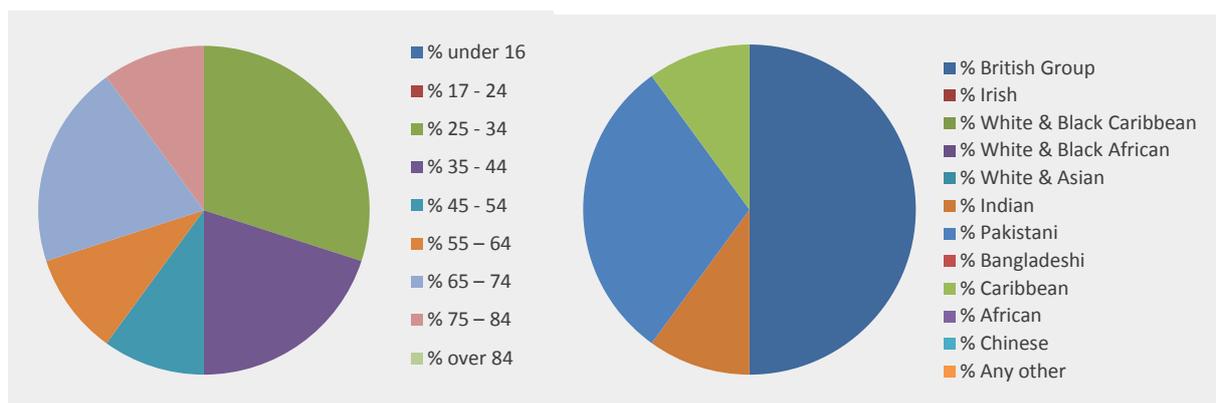
Gathering Interest

Initially, in October 2011, we advertised the group to our patients via posters in the waiting room. The poster (Appendix A) encouraged patients to leave their details if they were interested in becoming more involved in our Virtual Patient Group by giving their views. We hoped to gain the best demographic spread, representative of our patient population, by using this means.

From this campaign we received 10 expressions of interest. We repeated this process in May 2012 but did not receive any further interest than that which had already been garnered. The demographic spread of the patient group is demonstrated in the graphs and the comparison table below. The reception staff did attempt to directly invite patients who visited the surgery from the underrepresented groups, including the under 24yr olds, but those asked were not interested in being involved. Although we have not covered every demographic group we do believe this is a satisfactory spread.

We only have an ethnicity recorded for 1695 of our 2274 patients so 579/25% have no ethnicity recorded. This means our breakdown for our practice population ethnicity is not entirely accurate but the best we can do with the information we have available. It also makes our ethnicity comparison look worse than it is because we do have an ethnicity recorded for everyone on the PVG.

Pie charts to show the age ranges and ethnic breakdown of Patient Viewpoint Group



Categories	Practice population profile	PRG profile	Difference
Age			
% under 16	18%	0%	-18%
% 17 – 24	10%	0%	-10%
% 25 – 34	17%	30%	+13%
% 35 – 44	15%	20%	+5%
% 45 – 54	15%	10%	-5%
% 55 – 64	11%	10%	-1%
% 65 – 74	7%	20%	+13%
% 75 – 84	5%	10%	+5%
% over 84	2%	0%	-2%
Ethnicity			
% White British	50%	50%	same
% Irish	1%	0%	-1%
% White & Black Caribbean	2%	0%	-2%
% White & Black African	1%	0%	-1%
% White & Asian	1%	0%	-1%
% Indian	3%	10%	+7%
% Pakistani	11%	30%	+19%
% Bangladeshi	1%	0%	-1%
% Caribbean	3%	10%	+7%
% African	1%	0%	-1%
% Chinese	1%	0%	-1%
Not recorded	25%	0%	-25%
Gender			
% Male	54%	50%	-4%
% Female	46%	50%	+4%

TOR & Draft Survey Approval

We initially emailed the members of our Virtual Patient Group a welcome message (Appendix B) along with the Terms of Reference (Appendix C) and a draft patient survey for approval (Appendix D) and comments.

One patient came back to us with some very helpful suggestions by email (Appendix E) He noted commented that there should be a line in the Terms of Reference to say *Patients should have some say on the content of the agenda for 'face-to-face' meetings.*

He also completed the draft survey and noted that Q10 was open to interpretation depending on the method used for ordering the script and may actually be about the service from the pharmacy rather than the surgery. We will take into consideration the results of Q10 considering the wording but we could not think of a way to express this any other way.

The terms of reference will be amended to include the comment above although it should be noted that meetings will only be convened to discuss a specific topic, for example the survey results, and are not an appropriate forum for complaints, grumbles or discussion of personal medical issues.

All of our clinicians operate holistic care and take into consideration other factors that impact on our patients health and wellbeing. We not only signpost patients onto other services through Care Planning, but also the self-care handbook and website, as well as the leaflet rack in reception which signposts patients onto other services. This isn't something that can be included in a patient survey but is addressed in consultations.

Another group member emailed to apologise for having come back to us too late but she would be happy to comment on future issues. No other responses were received. No alterations to the survey were necessitated from these comments.

We resent the email in October 2012 for further comments but we did not receive any further replies. Due to the lack of email responses the Practice Manager discussed the content of the survey with a patient from the group over the phone to ensure it had their agreement to go out. She commented that it seemed unnecessary to ask patients their gender, age and ethnicity details. The Manage was able to explain that the reason those questions are there is to tray and show that the practice have not just targeted one ethnicity or age group when performing the survey and shows that the practice have considered diversity in their distribution of questionnaires, the patient was happy with this explanation. We have taken the previous replies and this phone call as approval for the survey to be performed in its current format.

Performing the Survey

We performed the survey in February 2013. We emailed out a link to the survey on our website to the 38 patients who have given us their email addresses, along with completing some in house in paper form with large print versions available with the intention of getting a minimum of 50 completed questionnaires for our 2274 population. Assistance can then be provided to anyone who has difficulty completing the survey whether that be due to literacy or language issues.

We have commissioned a website from mysurgerywebsite and the address for this is www.marshsurgery.nhs.uk where this report will be available to view at <http://www.marshsurgery.nhs.uk/ppg.aspx> in the designated Patient Group section of the website as well as in our waiting room.

Survey Results

We received 54 completed questionnaires and the report from these is attached (Appendix F). At a practice meeting the report was reviewed and a draft action plan drawn up.

The survey report was displayed in the waiting room and sent to the PVG email group (Appendix G) along with the draft action plan for comments (Appendix H). As no replies were received via email, it was also discussed by the Practice Manager with a small patient group face to face on the 19th March and comments were made that the website is under-promoted and that any website promotional material should be in a variety of languages to ensure better uptake and more hits.

The draft action plan was amended to include these comments resulting in the final action plan (Appendix I).

Progress against the agreed action plan

So far the practice have been able to complete the actions on the clearer signage to the front of the building by investing in an NHA Blue light up sign.

They have also made enquiries regarding the ramp access, planning permission would be required which is holding up the process of getting quotations for this alteration. The PCT/CCG have also advised the practice that they are high priority for new premises and therefore any further large investment into the premises would be a waste of public funding at this point in time.

Therefore the practice will invest in the hand rails for the WC and any further adaptations that can be made at this time to ensure the best possible access while in the current premises and will provide the patient group with feedback as and when the PCT/CCG advise of progress towards the new premises.

The remaining actions are progressing well and further updates will be provided on the website.



Something to say?
Your opinion counts!



We are looking for volunteers to share their views with us as part of a **Virtual Patient Viewpoint Group**

Please leave your email address at reception if you would like more information with no obligation.

APPENDIX B

From: Breda Rogers <Breda.Rogers@GP-B85623.nhs.uk>
To: PVG Distribution List
Sent: Monday, 01 October 2013, 10:25
Subject: Patient Survey

Thank you for your expression of interest in our Virtual Patient Viewpoint Group. We have attached two documents for your comments and approval. The first is some Terms of Reference for the Group which explain your role and that of the practice and the second is a draft patient survey we intend to conduct in the surgery at the end of February.

We'd like to know specifically;

- * Which of the questions should be included/excluded?*
- * If there are any other areas we should cover in the survey?*
- * What do you think is the maximum number of questions we should ask?*
- * Is the current layout suitable?*
- * Do you think a mixture of email and postal surveys would reap the most replies or another method?*

We really do appreciate your assistance with this. It is important to us to get as many responses as possible to the survey and I feel your comments would help us achieve that.

If you can spare us 5 minutes, please review the Terms and Survey and reply with any comments or amendments to these documents.

Kind Regards

Dr S Gujral

APPENDIX C

Patient Viewpoint Group Terms of Reference

Introduction

The key role of this group is to bring together the views of the patients, clinicians and members of the practice team to work in partnership in order to promote the wellbeing of patients and support the practice to provide a high quality of care and service delivery.

Membership

Membership of the group is open to any willing patient of the practice and will either take the form of a Virtual Member or in the case of no access to the internet surveys/ correspondence will be posted out in a paper format.

Meetings

Meetings will be 'virtual' and will take the form of surveys, or in the case of no internet access will be mailed to the participating member. Some 'face to face' meetings will be held to pursue specific pieces of work on an ad hoc basis.

The results of the surveys will be fed back in the appropriate format to participating members of the group and anonymised results will be published to a wider audience on our practice website.

Frequency of Surveys

There will be no more than 4 surveys a year.

Face to face meetings may be held following the feedback from the surveys on bespoke pieces of work.

Arrangements for the Conduct of Business

All group members must be willing to participate in 75% of surveys within a 12 month period

The group is not the correct forum to address individual issues

Some information from the group should be treated as confidential and respected as being so

All face to face meetings should be conducted with respect to all the assembled members

Role and Function

To be consulted as a planning tool on service development and provision

To provide patient feedback on needs, concerns and issues

Feedback from the community in general which may affect healthcare

Give patients a voice in the organisation of their care

Give feedback on NHS Trust consultations

Liaise with other Patients Participation Groups in the area

Will not act as a forum for discussion of personal or health related complaints against the Practice

Relationships and Reporting

The Practice Manager will feed back the survey results to the group by various methods including email, the practice website and posters in the waiting room.

The Practice Manager will convene face to face groups as deemed necessary from the results of the surveys

The Practice Manager will feed patient views back into the practice via Practice Meetings

GP Commissioning Group

It is proposed that a member of the Group will be invited to an annual meeting attended by representative of the GP Commissioning Board to discuss the progress of the practice and ways we can improve and develop our service.

February 2012

DRAFT Patient Satisfaction Survey

Arriving for your appointment

Q1. How did you travel to the surgery on your last visit?

Car Bus Taxi Bike On foot

Q2. Would you support a petition to the council for disabled parking bays close to the surgery?

Yes No

Q3. In your opinion how easy or difficult would it be for people with disabilities to move around the Surgery? Very easy Fairly easy Not very easy Not at all easy

Q4. Do you have any suggestions on how we could improve this?

Q5. How clean is the Surgery?

Very clean Fairly clean Not very clean Not at all clean

Q6. How do you find the decorating at the surgery?

Q7. Was the reading material in the waiting room of interest to you? (please tick all that apply)

- Yes
- No
- I brought my own
- I used my mobile
- I talked to someone

Q8. How helpful do you find the receptionists at the Surgery?

Very Mostly Fairly Not at all

Ordering Your Prescriptions

Q9. How do you usually order your repeat prescriptions? *If you use several please pick the one you use most*

- By phone
- Hand in the right-hand-side prescription order slip
- Through my pharmacy
- At reception without an order slip
- By post
- I get 6 months worth of medication through Repeat Dispensing Service
- I don't have any continuous medications

Q10. Thinking of your answer to the last question, how do you find this process?

Very easy Fairly easy Not very easy Not at all easy

Q11. Are there any other methods for ordering you would prefer that we do not currently offer?

Phoning the Surgery

Q12. When you last telephoned the surgery, how did you find this process?

Very easy Fairly easy Not very easy Not at all easy

Q13. If you have ever had a telephone consultation rather than an appointment or a home visit, how did you find this service?

- Very Good
- Fairly good
- Not very useful
- Still needed an appointment or home visit afterwards

Q14. If you have ever requested your basic test results over the phone from the receptionist, how did you find this service?

- Easy
- Not easy
- Needed more information than the receptionist could give me
- I prefer to get my results from the Doctor or Nurse

Other Health Services

Q15. In the last 12 months have you used any of the health services below instead of using similar services which might be available at your surgery? (please tick all that apply)

- Going to A&E at hospital
- NHS Direct (24hr telephone helpline)
- NHS Walk-in Centre
- Private Doctor
- Family Planning Clinic
- Counsellor
- Chiropractor
- Physiotherapist
- None of these

Q16. Are there any other services you would like your surgery to offer that you currently access elsewhere? (please tick all that apply)

- Blood tests
- Counsellor
- Physiotherapist
- Walk-in Sexual Health Clinic
- Condom distribution
- Echocardiogram & 24 hour Blood Pressure Testing
- Slimming Club

Some Questions About You

Q17. What gender are you?

Male Female

Q19. How old are you?

- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+

Q20. What ethnicity are you? *please note ethnicity is about your heritage not where you were born or where you live*

- White British
- Irish
- Any other white background
- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
- Chinese
- White & Black Caribbean
- White & Black African
- White & Asian
- Any other Mixed background
- Caribbean
- African
- Any other Black background
- Any other ethnic group

Thank you for completing this survey and contributing to the continued improvement of our services.

APPENDIX E

From: xxxxxxxxxxxxxx
Sent: 15 February 2012 10:19
To: Breda Rogers
Subject: Re: Patient Survey

Dear Sirs,

Please find attached my responses to your survey and terms of reference. some points:
Some questions may need modifying or clarifying.
Given that the new regime is all about Health and Well being, some thought should be attributed to the impact of other factors on health, together with an areas of signposting.
Email and/or postal contacts may not be enough, and may need to be augmented by some form of assistance with the questionnaire (**literacy problems, English as a second language, disability problems**)

xxxxxxxxxxxxxx

Fromxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Sent: 05 March 2012 10:48
To: Breda Rogers
Subject: Re: Patient Survey

Dear Breda,

My apologies for not replying sooner. I hadn't realized that the timeframe for replies was so short.

Obviously I have missed the opportunity to comment on this occasion but please feel free to keep me on your mailing and I promise that I will try to respond more promptly in the future.

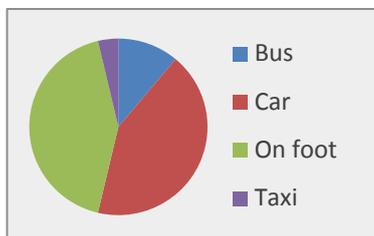
Kind regards

xxxxxxxxxxx

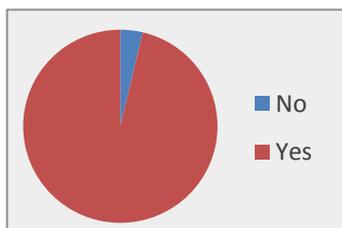
Marsh Surgery Patient Survey Report 2013

A - Arriving for your appointment

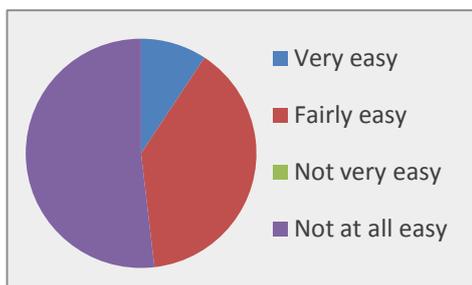
Q1. How did you travel to the surgery on your last visit?



Q2. Would you support a petition to the council for disabled parking bays close to the surgery?



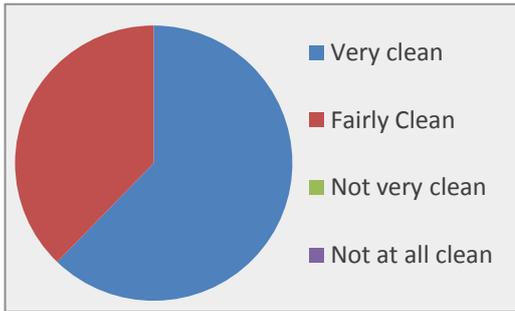
Q3. In your opinion how easy or difficult would it be for people with disabilities to move around the Surgery?



Q4. Do you have any suggestions on how we could improve this?

- A ramp and no steps
- A ramp rather than step located outside
- Bigger surgery
- Disabled parking bays
- Easier to enter and to access nurse
- Just a little more room
- Level access, nurse downstairs
- Make the parking bay at the front of surgery a disabled bay
- More parking for patients
- Need ramps at entrance + exit
- None, I am satisfied
- Ramp Access
- Ramp and wider aisle
- Ramp for access, more spacious corridors
- Ramp instead of stairs
- The stairs are very steep
- Wheel chair access & more space

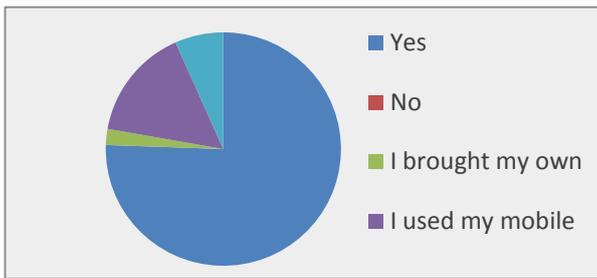
Q5. How clean is the Surgery?



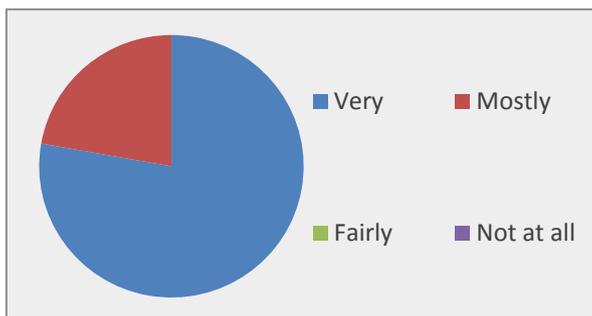
Q6. How do you find the decorating at the surgery?

- A little dated
- Alright
- Appropriate
- Basic
- Bit bland
- Bit old now needs some colour
- Bright, clean + neutral
- Clean
- Clean + Bright
- Confusing
- Could do with revamp
- Dated
- Fairly basic
- Fine
- Good
- Good
- Good
- In need of revamp
- It looks modern and the decoratry looks fresh
- Needs updating
- Nice
- Nice + bright
- Ok. Could be improved
- Okay, could do with changing carpet + chairs
- Okay, looks nice
- Plain + simplistic
- Presentable, nice + relaxing
- Suitable for purpose
- Very good
- Very good
- Very good
- Very old fashioned

Q7. Was the reading material in the waiting room of interest to you?

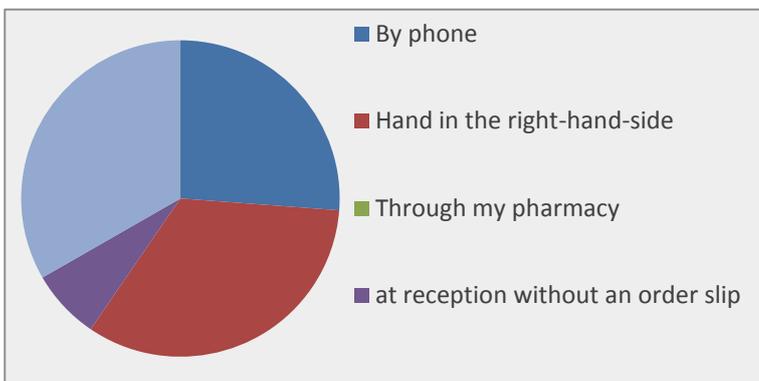


Q8. How helpful do you find the receptionists at the Surgery?

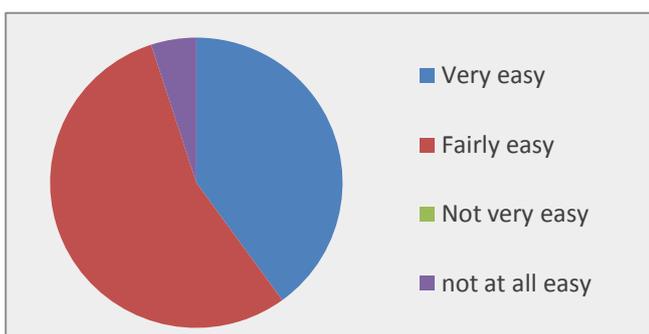


B - Ordering Your Prescriptions

Q9. How do you usually order your repeat prescriptions? *If you use several please pick the one you use most*



Q10. Thinking of your answer to the last question, how do you find this process?

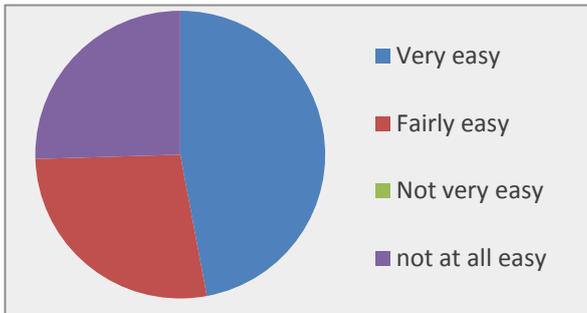


Q11. Are there any other methods for ordering you would prefer that we do not currently offer?

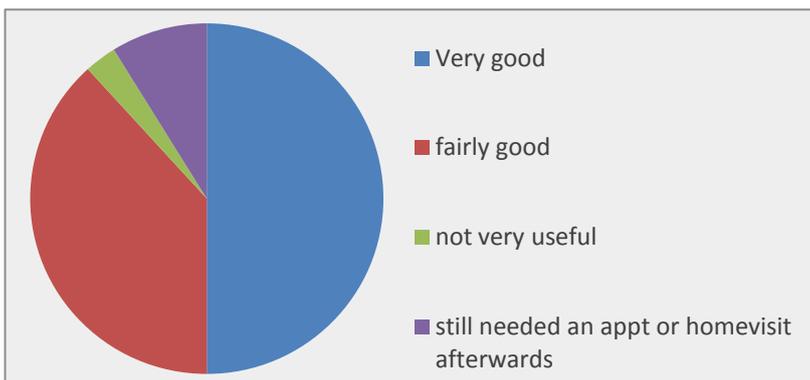
No answers

C - Phoning the Surgery

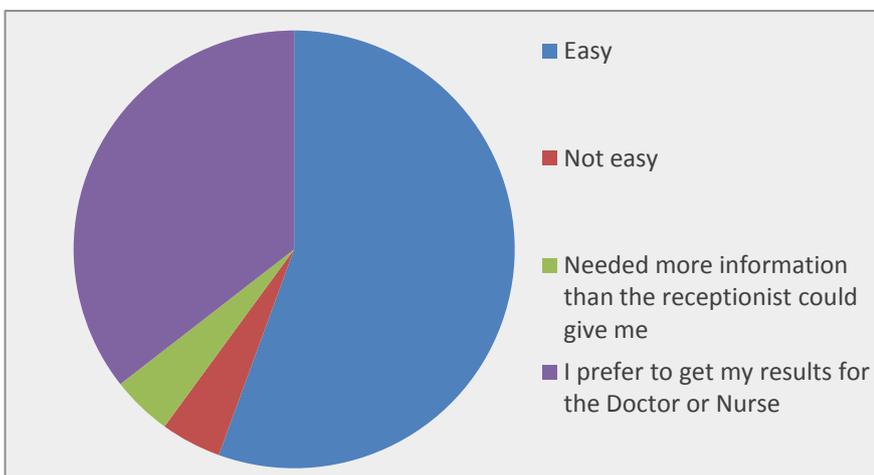
Q12. When you last telephoned the surgery, how did you find this process?



Q13. If you have ever had a telephone consultation rather than an appointment or a home visit, how did you find this service?

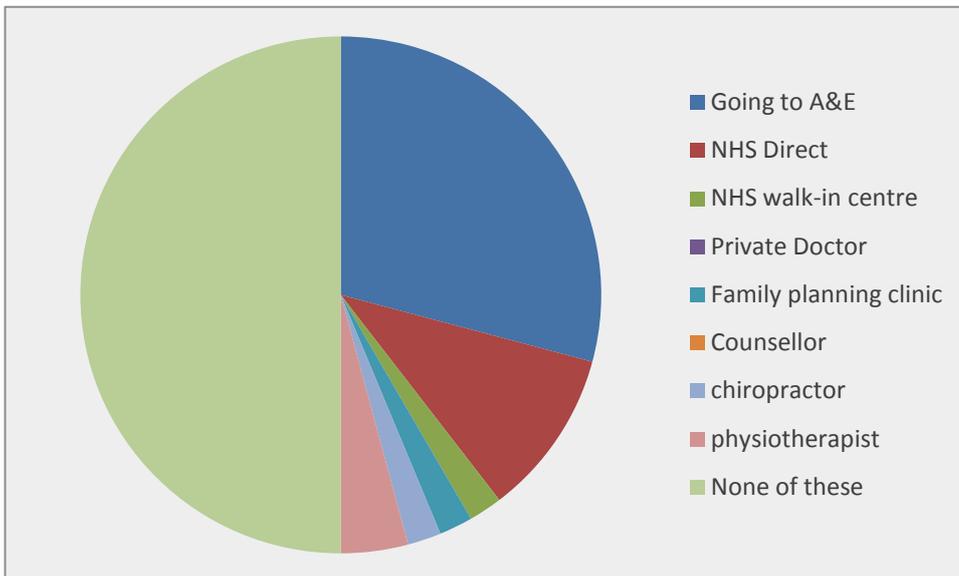


Q14. If you have ever requested your basic test results over the phone from the receptionist, how did you find this service?

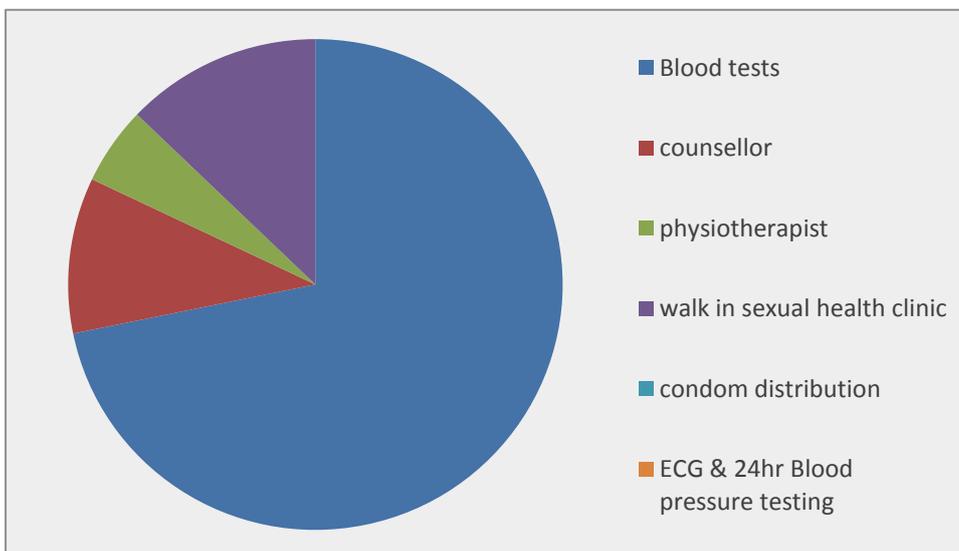


Other Services – In order to help the practice commission future services tailored to their practice population, patients were asked;

Q15. In the last 12 months have you used any of the health services below instead of using similar services which might be available at your surgery?



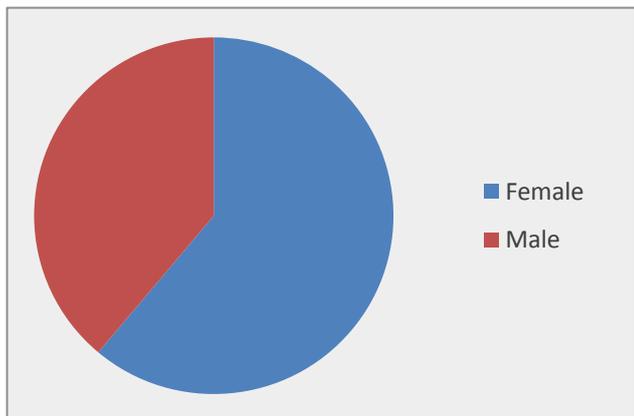
Q16. Are there any other services you would like your surgery to offer that you currently access elsewhere?



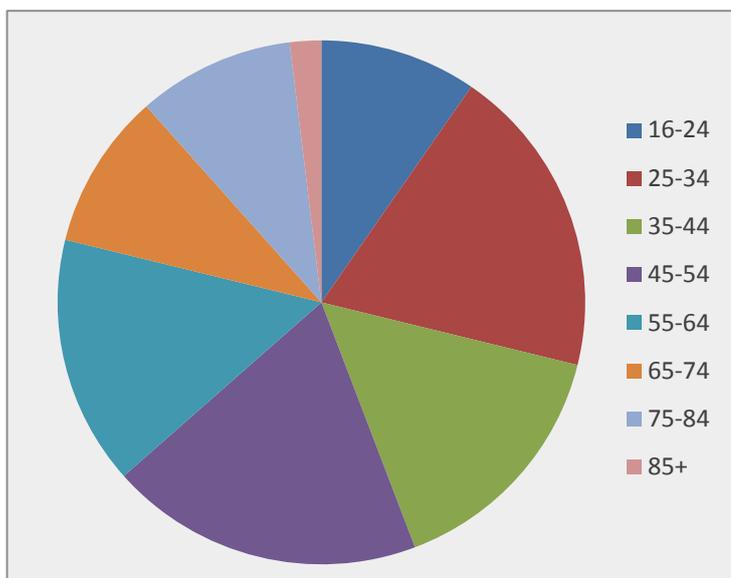
To ensure survey participants were gathered from various demographics

E - Some Questions About You

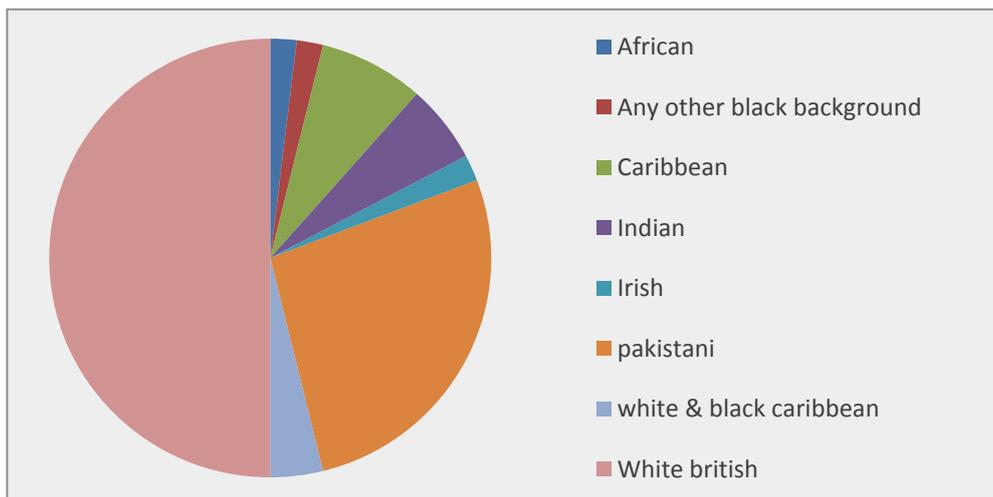
Q17. What gender are you?



Q18. How old are you?



Q19. What ethnicity are you? *please note ethnicity is about your heritage not where you were born or where you live*



APPENDIX G

Undisclosed recipients
05.03.13

Dear all,

I wonder if you could take a few minutes to have a quick look at our patient survey report on our website [LINK](#)

We would like to come up with a few actions from this so your suggestions are invaluable.

We thought we might suggest a few actions for your comments or please feel free to come up with some of your own.

- Decorating programme
- Investigate options for ramp access/disabled hand rails
- Clearer signage to front of building

Your comments or approval of these suggestions would be appreciated.

APPENDIX H

Draft Action Plan

Suggested Action	Reason for inclusion	By When	Responsible Party
Continue rolling programme of decorating already initiated	Ongoing works to improve patient experience, see freetext comments to Q6	Ongoing	GP/Practice Manager
Investigate options for ramp access to front or rear surgery entrance	Q3. Asked about disabled access to the surgery and patients mentioned steps, stairs and ramps in freetext answers	Within 3 months	GP/Practice Manager
Invest in hand rails for WC facilities	Q3. Asked about disabled access to the surgery and patients mentioned steps, stairs and ramps in freetext answers	Within 3 months	GP/Practice Manager
Replacement flooring for aging carpets	As per freetext comment answer to Q6	Within 6 months	GP/Practice Manager

APPENDIX I

Action Plan Agreed 19.03.13

Suggested Action	Reason for inclusion	By When	Responsible Party
Continue rolling programme of decorating already initiated	Ongoing works to improve patient experience, see freetext comments to Q6	Ongoing	GP/Practice Manager
Investigate options for ramp access to front or rear surgery entrance	Q3. Asked about disabled access to the surgery and patients mentioned steps, stairs and ramps in freetext answers	Within 3 months	GP/Practice Manager
Invest in hand rails for WC facilities	Q3. Asked about disabled access to the surgery and patients mentioned steps, stairs and ramps in freetext answers	Within 3 months	GP/Practice Manager
Invest in clear signage for practice to ensure it is easy to find for people who have not been before and new patients	Patients comments re ease of finding the surgery	Completed 31.03.13	GP/Practice Manager
Flyers, posters and labels to advertise the website facility for online prescription ordering	Answers to Q9 shows many patients still attend the surgery to order prescriptions and may find it easier to use the website	Within 3 months	Practice Manager
Replacement flooring for aging carpets	As per freetext comment answer to Q6	Within 6 months	GP/Practice Manager