



Upton Surgery Patient Participation Report 2011/12

Introduction

Upton Surgery is located in Upton upon Severn Worcestershire, a large purpose designed healthcare facility including General Practice, Dental and Community NHS services. It opened in October 2007 and the GPs' vision was to enable them to provide care to their registered patients in high quality, purpose built premises with the opportunity to provide additional services to the patients living within the 80 square miles of the practice area. This report provides information in relation to the participation in the national Patient Participation Directed Enhanced Service (DES), a two-year DES issued in April 2011.

The purpose of the Patient Participation DES is to ensure that patients are involved in decisions about the range and quality of services provided and, in the course of time, commissioned by their practice.

There are six key steps to implementing the Patient Participation DES:

Step 1: Develop a structure that gains the views of patients and enables the practice to obtain feedback from the practice population, eg a PRG.

Step 2: Agree areas of priority with the PRG

Step 3: Collate patient views through the use of a survey

Step 4: Provide PRG with opportunity to discuss survey findings and reach agreement with the PRG on changes to services

Step 5: Agree action plan with the PRG and seek PRG agreement to implementing changes

Step 6: Publicise actions taken and subsequent achievement

Progress on step 1. Profile of practice population and PRG

Upton Surgery has a patient list size of 10642 patients. The population size remains fairly static but we do provide services to a large number of temporary residents from the various festivals and holiday parks in the area and to young people and students. The practice has a high proportion of elderly and those with long term conditions.

Upton Surgery provides high quality clinical care (see Quality & Outcome Framework - www.qof.ic.nhs.uk) and continues to achieve high ratings in national patient surveys. (GP Patient Survey, www.gp-patient.co.uk).

Data is collated by the clinical system emis LV.

PATIENT AGE/SEX REGISTER IN MARCH 2012.

Base is national population UK 1988

Age Groups	0-4	5-16	17-24	25-34	35-44	45-54	55-64	65-74	75-84	85-89	90+
Males	196	644	420	395	582	883	758	722	437	98	43
Base	356	732	786	788	741	586	542	411	212	23	9
Percent	55%	88%	53%	50%	79%	151%	140%	176%	206%	421%	462%
Females	188	637	396	386	621	852	858	754	499	163	110
Base	339	691	754	777	739	584	569	525	366	66	47
Percent	56%	92%	53%	50%	84%	146%	151%	144%	136%	248%	234%
Total Males		5178		Base	5185		Percent	100%			
Total Females		5464		Base	5457		Percent	100%			
Total Box Sexes		10642					Percent	100%			

Ethnicity of the patient population :

5741 of the patients are British or mixed British Background

17 of the patients are mixed race

30 of the patients are Asian

8 of the patients are Black African Background

7 of the patients are Chinese and other Asian Background

Refused or not stated 484

No data recorded 4355

Develop a Patient Reference Group (PRG)

The Practice established an active Patient Participation Group in 2007. The current PPG chair was approached to help the Practice develop the group and the group members put themselves forward to support the initiative following an information evening held at the previous surgery site in August 2007. Other members have joined after responding to recruitment requests or offering their support. The group meets regularly to foster good communications between the surgery and the group and to consider patients' issues, concerns and suggestions for improvements.

The group currently consists of eight members aged between 58 and 78. There are six females and two males. Members of the group represent specific patient groups in longer term conditions or carers or in other roles e.g. Elizabeth Finn Care, Expert patients Groups, mental health support groups, disability interests, and public health interests. The group had drawn up terms of reference that were reviewed to be in line with the new DES (appendix 1).

The meetings are held 3 – 4 times a year with regular email contact. The minutes are displayed on the surgery web site www.uptondoctors.co.uk where the group has its own pages.

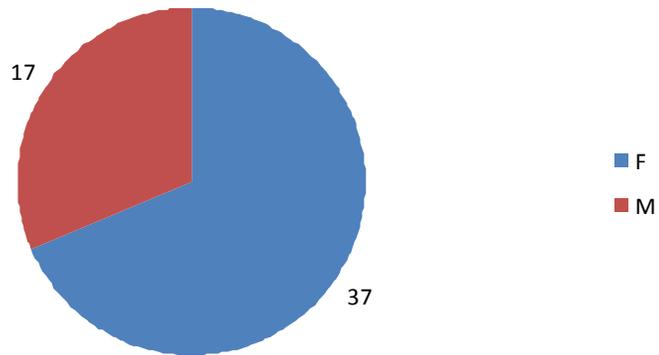
The group contributed to the Practice's response to the DES and the action plan is reviewed as reported in the minutes.

There is a suggestion box in the surgery, a 'contact us' facility on the web site and letters addressed to the chair of the group are directed to the chair if requested to obtain feedback on the practice's services and plans. The envisage plasma screen call system is used for communication from the PPG to all other patients attending the surgery.

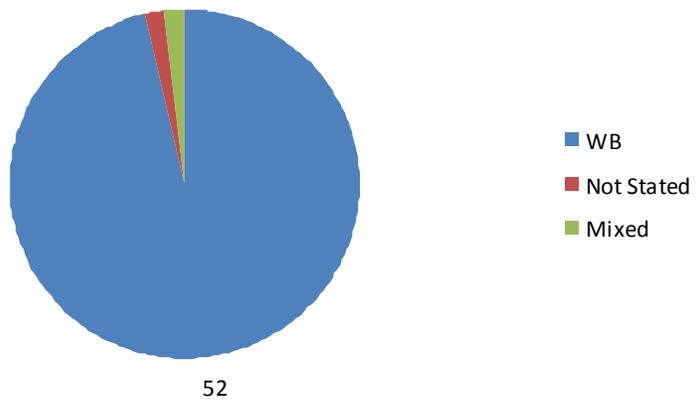
We regularly update the wider patient population and report via the Patient Newsletter and the web site.

Numerous requests for representation from younger groups has not been successful. A facility to recruit to a virtual PRG was added to the web site and support from the actual PPG using their community contacts has now been successful in recruiting 54 members. The gender age and ethnicity data follows.

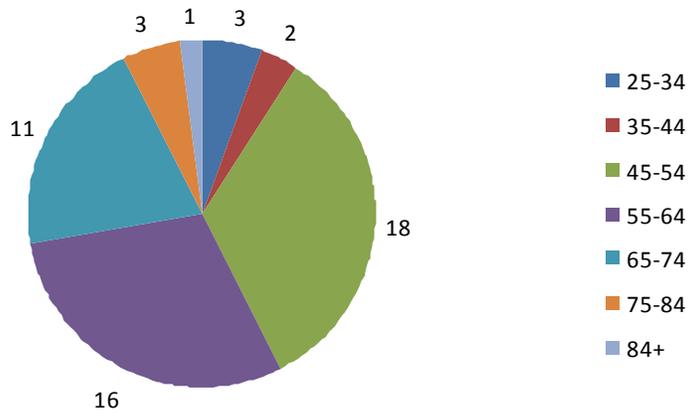
Gender Ratio vPRG



Ethnicity Ratio vPRG



Age Ratio vPRG



In addition, the PPG is planning a patient event at the surgery in June with numerous patient support groups invited and current group members have expressed interest in out reach to places where younger people or families could be accessed to seek their views e.g. the High School or Riverboats (the local sure start scheme).

Progress on Step 2: Agree areas of priority with the PRG

The practice agreed with the PPG to continue the patient satisfaction survey that was already in progress in house and to collate as one report to share.

Some issues were identified through the experience of the PPG members themselves, opinions they had gathered from other individual patients and from the responses to the national 2010 – 2011 MORI GP Patient Survey. This report was discussed in detail and some notable success areas were also identified including areas for action which were added to the action plan.

Progress on Step 3: Collate patient views through the use of a survey

During 2011 we surveyed over 400 patients on 8 measures of a quality experience in relation to consultations. (appendix 2)

Of the questionnaires submitted, the Practice received good or above in 99% of the answers overall. 76% of the replies gave the Practice overall excellent or outstanding.

Progress on Step 4: Provide PRG with an opportunity to comment

The results of the survey were reported to the PPG at the meeting in January 2012. It was decided to publish to the wider patient population via the web site and the waiting room.

Progress on Step 5: Agree action plan with the PRG

The PPG reviewed the action plan at meetings in June, October and January 2012 and the changes made. (appendix 3). The plan is now a standing agenda item.

Progress on Step 6: Publicise the local Patient Participation Report on the practice web site.

Published March 2012

Access arrangements

Access and changes and improvements to appointment systems are commonly a topic on the PPG agenda.

It was a specific topic on the PPG meeting agendas in December 2008, July 2008, March 2010, June 2010, September 2010, January 2011, April 2011, June 2011 and is next scheduled for April 2012.

All meeting minutes are posted on the web site.

Access is also included in the practice updates that form part of every PPG meeting as a standing agenda item.

The core opening hours of the surgery are 0800 to 1830 Monday to Friday . (Evening Extra schedules with the Duty Doctor may go on later than this according to demand.

Morning triage sessions for on the day requests function with a duty team of a doctor and nurse and run on Monday, Wednesday, Thursday and Friday 0800 to 0900 (after which the face to face consultations commence) On Tuesday the service is a nurse led service between 0800-0900.

During the day there is a selection of routine face to face and telephone appointment systems during the morning afternoon and early evening.

The practice provides extended hours of 68.25 additional hours per quarter. These are a mix of early appointments (0720 start), later evening (1920 last appointment) and Saturday mornings with a selection of appointments commencing at 0800 and ending at 1100.

Patients can use the traditional telephone booking system or in person at reception or the online booking systems (once they register to obtain a secure personal PIN access code).

Latest data in relation to access from the National GP survey shows

1. Able to see a doctor on the same day or the next 2 days the surgery was open. Response 'yes' was 81% (Note this is interesting as this has dropped since triage was introduced)
2. Able to get an appointment more than 2 days in advance. Response 'yes' was 83%.
3. Frequency of seeing preferred doctor. Responses 'yes' to 'some' or 'a lot' of the time were 73%.
4. Ease of getting through on the telephone. Responses 'very' or 'fairly easy' were 86%
5. Satisfaction with surgery opening hours. Responses 'very' or 'fairly' were 88%

Source DH GP Patient Survey April 2010 – March 2011.

Appendix 1: Upton Surgery Patient Participation Group 2011 Membership and Terms of Reference

Membership

The membership of the group will comprise a maximum of 10 patient representatives a maximum of 3 GPs and the Practice Manager.

Membership will comprise those members originally co-opted to the group by the Practice and other members selected by the core group.

New members will be required to be interviewed by the existing members of the group and their acceptability will be based on what relevant skills and experience they bring to the group and to what extent this complements current membership.

There will be a minimum of 4 meetings per year and members agree to attend 75% of meetings annually. If they are unable to meet this commitment they will be expected to resign. Members agree not to represent a single issue/item that would detract from the wider aims of the group.

Chairperson will be a patient representative and will be elected by the group and reviewed annually.

Members are entitled to hold their post for a period of 3 years, at which point they may choose to go for re-election which will be by vote by the rest of the group to a maximum term of 3 consecutive terms (9 years).

Terms of Reference

- to support Upton Practice in delivering the highest quality of service which meets the needs of all of its patients by providing a forum in the community for patients and carers
- to contribute to national policy debates, particularly practice based commissioning, to ensure that patients have opportunities to make themselves heard
- to offer representation of the patient population of Upton Surgery giving views on current services, proposed changes and future developments
- to be made aware of South Worcestershire GP Commissioning Consortia intentions considering the implications of these on the patients of Upton surgery and providing feedback taking the views of as wide a patient perspective as possible. The views of the group will then be incorporated into the Practice's decision making process and fed into cluster discussions by the practice GP Commissioning leads
- to develop mechanisms for seeking the views of as wide a range of relevant patient groups as possible and ensure inclusivity in representation
- to review practice complaints, suggestions and compliments and to make recommendations to the practice.

Appendix 2

Upton Surgery Patient survey 2011

Introduction

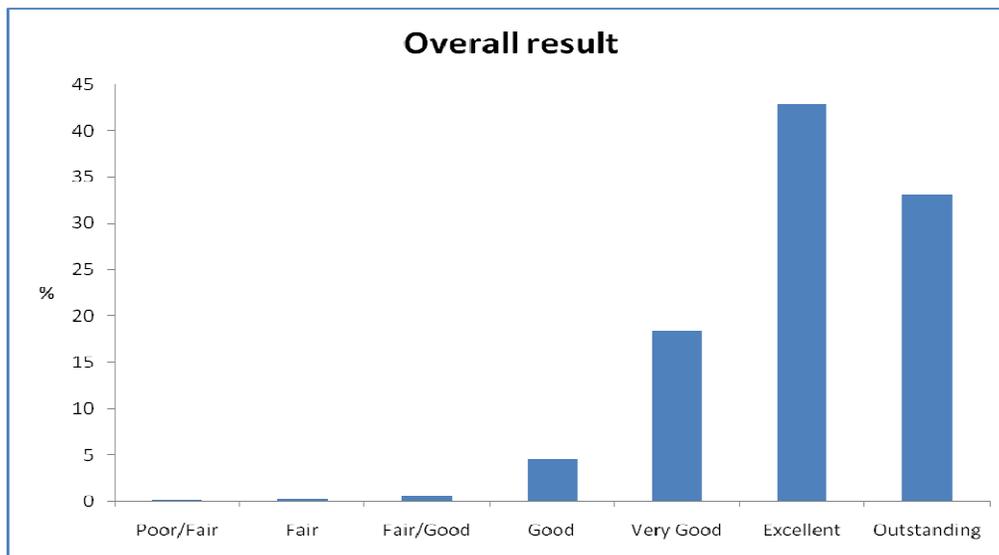
The patient satisfaction questionnaire (PSQ) is undertaken as part of the GP appraisal process. The results below show the outcomes for the GP Partners' questionnaires. The PSQ consists of 8 questions (see appendix for full list).

Results

Of the questionnaires submitted, the practice received of good or above in 99% of the answers overall. 76% of the replies gave the practice overall excellent or outstanding.

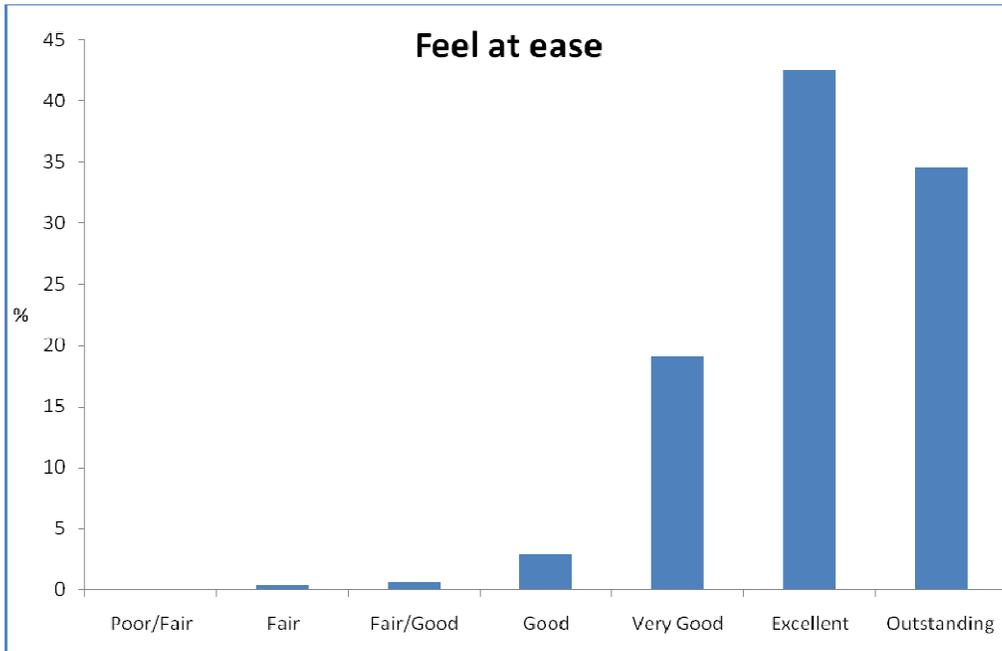
Chart 1 shows the combined results for all the partners and overall rating.

Chart 1



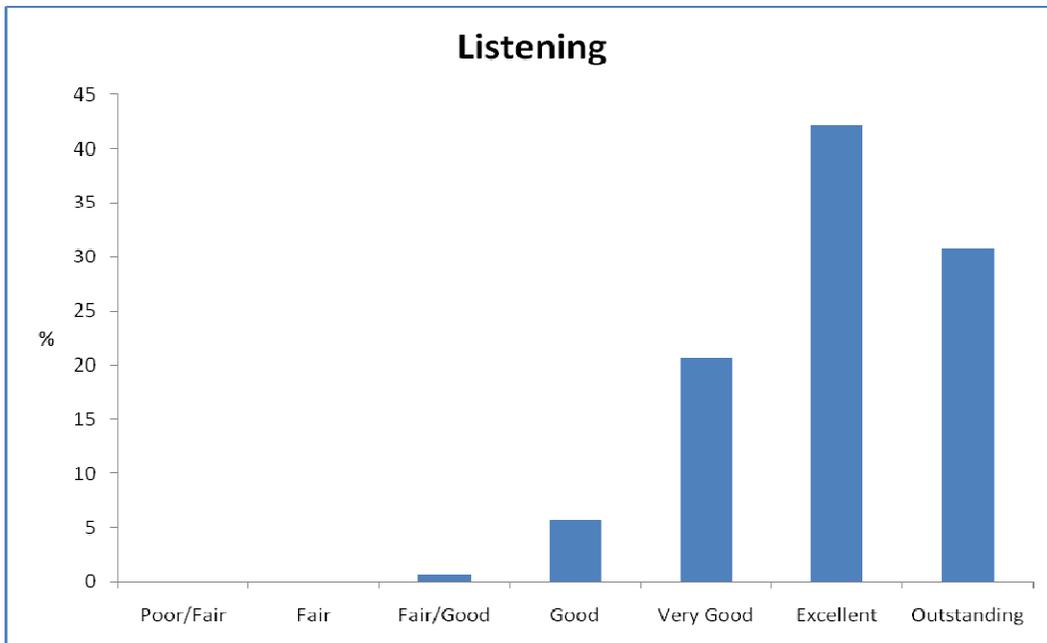
The results to the individual questions again show a high level of patient satisfaction. With regards to whether patients felt at ease, 99% felt the clinician in question was good or better at this (see chart 2 below). No patient felt this had been achieved poorly.

Chart 2



In terms of patients feeling they had been listened to – 99.4% felt they had and no patients answered poor to fair or fair (see chart 3 below).

Chart 3



In terms of understanding 98.4% of replies showed that patients felt this had been achieved at a good or better standard. Only 0.3% felt this had been achieved poor to fairly.

Chart 4

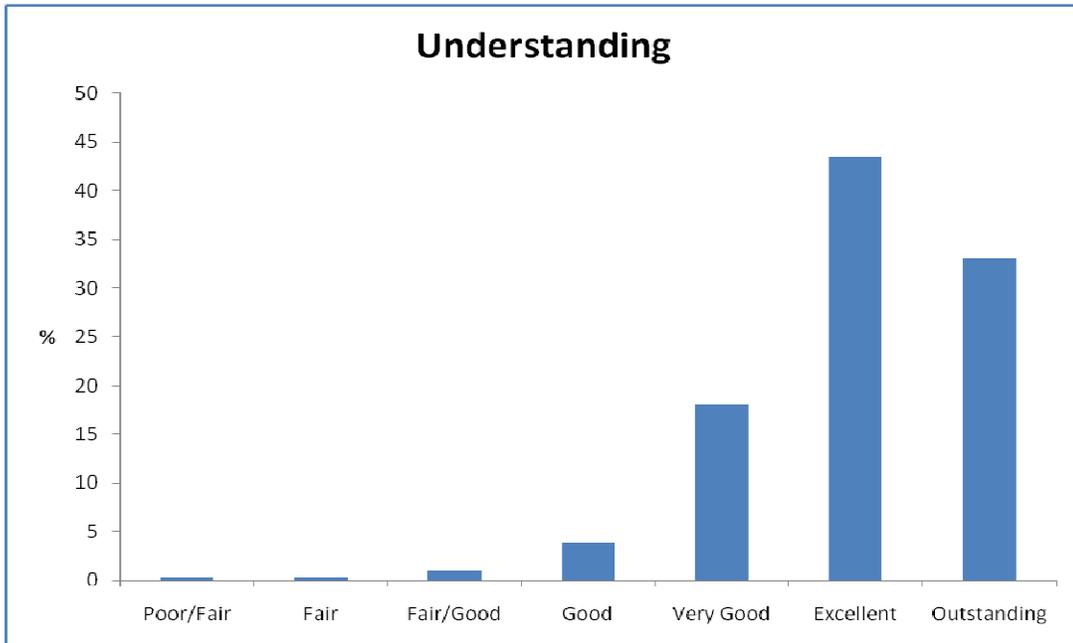
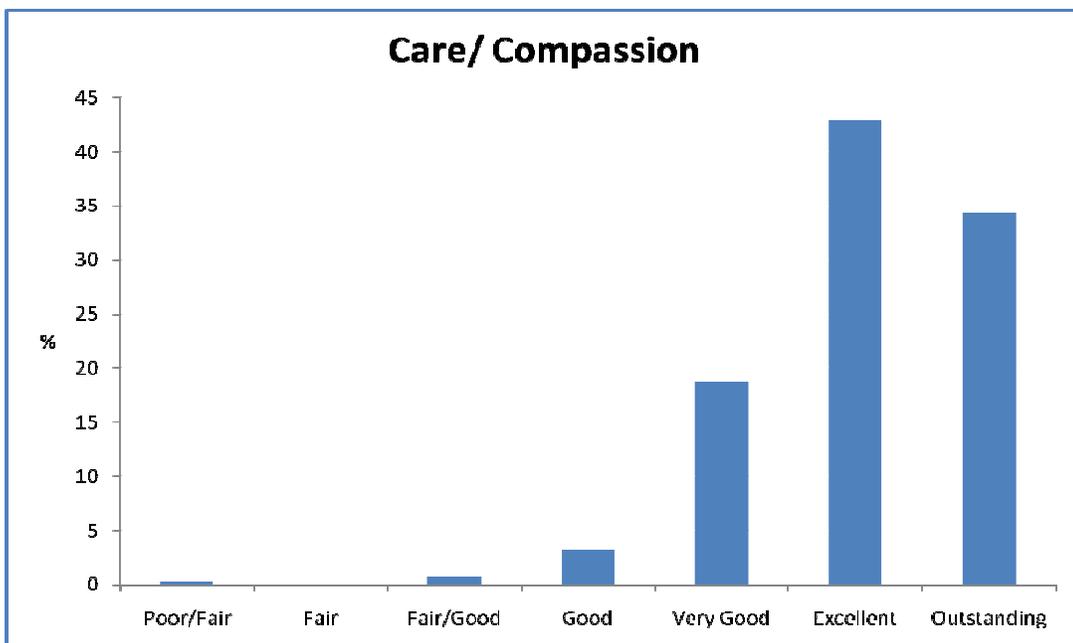


Chart 5 relates to care and compassion and 99% of patients felt this had been achieved at a good or better level. 0.3% answered poor to fair.

Chart 5



Charts 6 and 7 relate to the GPs ability to explain and help the patient take control of their own car. Both questions received a similar result in terms of patients satisfaction – 98.7% good or above. No patients thought explanation or planning had been achieved poorly.

Chart 6

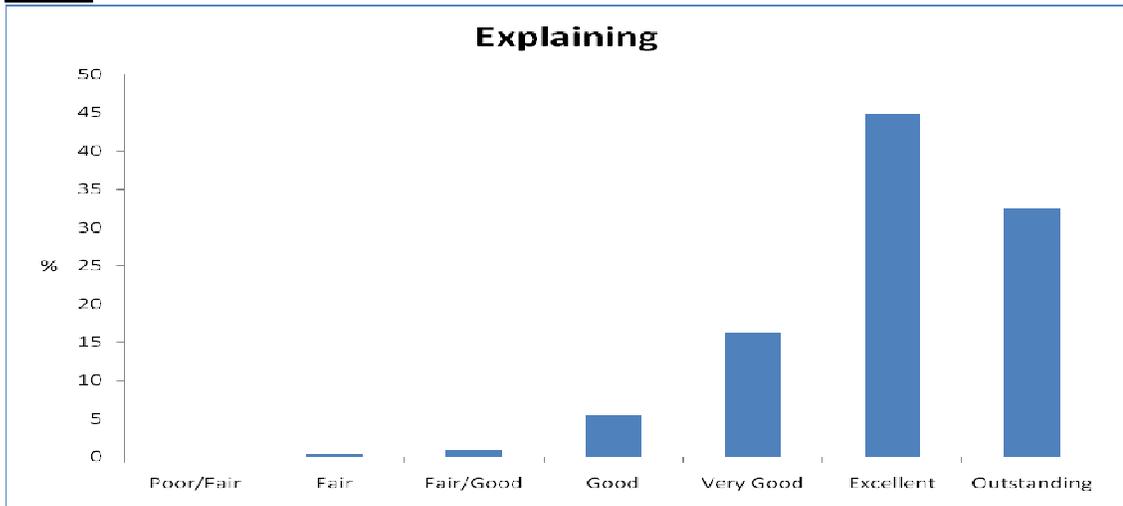
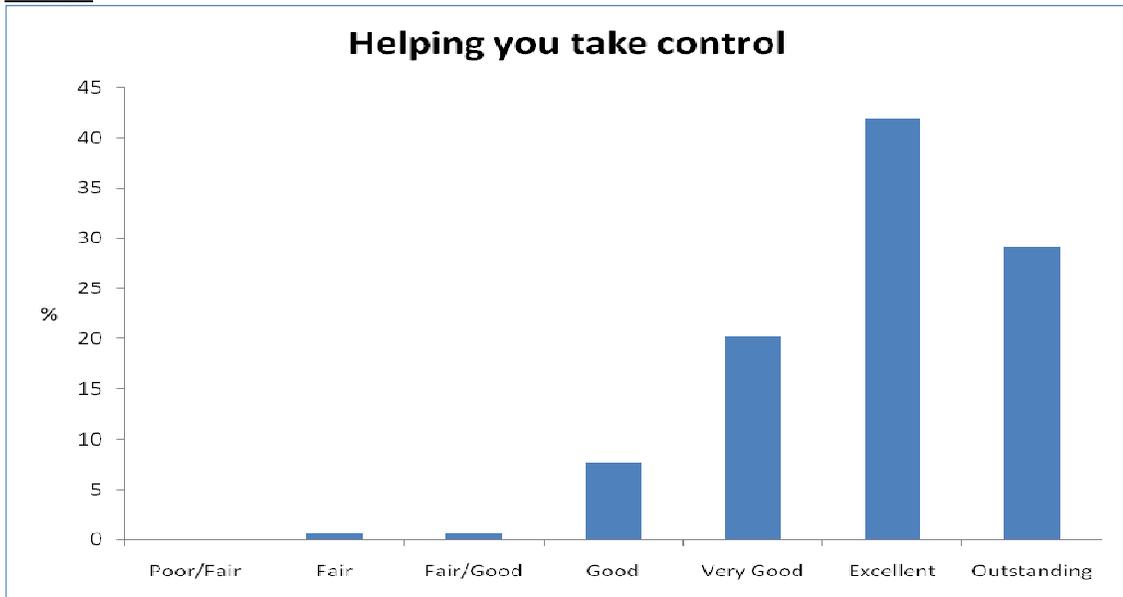


Chart 7



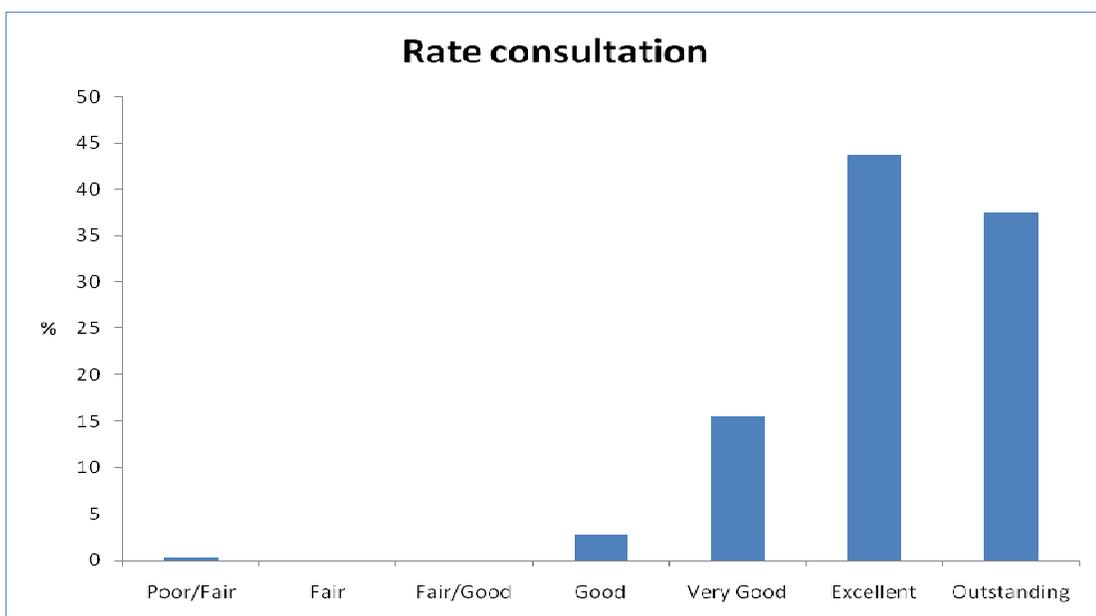
The survey also asked patients to rate how the plan of action was discussed and 100% felt this had been fair/good or better.

Chart 8



Finally patients were asked to rate the overall consultation and 99.7% found that this had been good or better and over 80% felt that it had been excellent or outstanding.

Chart 9



Summary

Overall the Upton Surgery PSQ has shown that patients have a high level of satisfaction with the GP Partners. This has been demonstrated particularly well with 99.7% of all questionnaires rating their consultation as good or better. Also, when looking at all the responses overall, 99% were rated as good or above.

Appendix

PSQ questions are detailed below. The patient is asked to choose one of the following answers: poor to fair, fair, fair to good, good, very good, excellent and outstanding.

- Making you feel at ease (being friendly and warm towards you, treating you with respect, not cold or abrupt)
- Really listening (paying close attention to what you are saying, not looking at the notes or the computer as you were talking)
- Fully understanding your concerns (communicating that he/ she had accurately understood your concerns; not overlooking or dismissing anything)
- Showing care and compassion (seemingly genuinely concerned, connecting with you on a human level; not being indifferent or “detached”)
- Explaining things clearly (fully answering your questions, explaining clearly, giving you adequate information; not being vague)
- Helping you take control (exploring with you what you can do to improve your health yourself; encouraging rather than lecturing you)
- Making a plan of action with you (discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views)
- How would you rate your consultation with this doctor today?

APPENDIX 3

UPTON SURGERY LOCAL PPG ACTION PLAN

Patient Experience/Issue	Aim	Actions	Led by	To achieve by	Progress report PPG
ACCESS					
Availability of appointments	To ensure adequate access for patients	1. Review national data and benchmarks 2. Identify and apply minimum sessions per week	PW/JU	Achieved ongoing review 2011/12	<p>April 2011: Discussed at PPG meeting. Latest 48 hour access surgery result is 81% (national benchmark is 79%) for booking ahead surgery is 83% (national benchmark is 71%)</p> <p>July 2011: Data to PCT surgery shows we are delivering on 7.7 against national average of 5.5 appointments per patient per year.</p> <p>Minimum is 47 sessions per week</p>
Access for on the day advice or appointments to ensure on the day requests are dealt with appropriately.	Introduce daily triage duty team approach	1. Triage for on the day requests GP and nurse between 0800 – 0900 introduced. 2. Duty nurse sessions introduced 3. Telephone consultation slots scheduled 4. Block 'Triage doctor to open' slots to stream patients to usual doctor when possible 5. Receive training in Productive general Practice scheme for all day triage systems SME/JU	Clinical staff	Achieved Ongoing 2011	<p>1,2,3. Positive feedback received from patients and PPG. No complaints received</p> <p>4. Process works well until high pressure volume demand and GP Partner's slots tend to be released or forward booking demands cannot be met.</p> <p>5. Training arranged 22.11.11 Data collection and analysis feedback completed</p>

Patient Experience/Issue	Aim	Actions	Led by	To achieve by	Progress report PPG
ACCESS (cont)					
Difficulty in attending for appointments	To extend hours of opening	1. To provide some appointments on pre bookable schedules of week day evenings and early mornings and Saturday mornings to increase hours by 274 per year.	PAB	Achieved	April 2011: 88% of patients are happy with opening times (national benchmark 80%)
Able to get through to the surgery on the telephone	Maintain responsive access by telephone	1. Review to be undertaken and staffing arranged according to high demand times identified 2. Use system to provide reports to monitor performance	JU	Achieved	May 2011: 86% of patient's state it is easy to get through to the surgery by telephone (national benchmark is 69%)
CONTINUITY OF CARE					
Ability to provide continuity of care	To improve continuity of care by preferred doctor	1. Block 'Triage Dr 2 open' slots to stream patients to usual doctor	PW/GPs	Ongoing 2011	April 2011: surgery scores 73% in line with national average for able to see preferred doctor October 2011: Process works well until high pressure volume demand and partners slots tend to be released or forward booking demands cannot be met.
Access to specialist clinics closer to home	To improve continuity of care in specialist areas	1. Use of choose and book facility 2. Arrange consultant clinics on site 3. Use in house specialism for inter GP referrals for minor surgery, dermatology, cardiology, diabetes and contraceptive services	PW/Clinicians	Ongoing 2011	2011: In year Consultant clinics held for Urology, Dermatology, Older age Psychiatry, Older age Medicine and Rheumatology
Access to specialist nurse or other professionals services closer to		1. Ensure nursing team are trained and updates	PW/AW	Ongoing 2011	October 2011: 24 ECG and D Dimer testing added to portfolio of services, Troponin on

home		to deliver specialist on site clinics in INR, COPD, Asthma, Diabetes, Minor Injury and specialist tests 2. Provide access to other specialist community nurse services on site.			site testing commenced Maintaining Specialist community or secondary services active are Heart failure, young gateway, adult gateway, aneurysm screening, counselling, substance misuse, audiology, CPN, rheumatology. n
COMMUNICATION					
Informing patient about appropriate access and use of the service	To increase appointment availability overall and manage patient expectations	1. Newsletter rebranding and produce minimum 6 per year and post on web site 2. Use of NHS material to inform patients of appropriate NHS use of services	PW	Ongoing 2011	Newsletter rebranded Sept 2011 NHS local material in waiting room (all taken (limited stocks available) Link on web site added.
Patients not informed of appointment timing delays	To improve patient waiting experience	1. Reception staff to routinely advise patients if a doctor or nurse is running late. 2. Advisory notice to be on envisage system	JU	Achieved Ongoing 2011	No complaints in Q1 or Q2
Ensuring that patient views are sought	To provide user feedback to inform service provision	1. PPG established, terms of reference reviewed for PRG compatibility. 2. Establish wider virtual groups using email	PW/PPG	PPG	1. Achieved new male member to join January 2011 2. Contact made with Hanley Castle to arrange meeting with head of student council to progress e group idea for young people Over 50 recruited to

		3. Establish contact with harder to reach groups with PPG support			<p>Virtual PRG via web site and with PPG support</p> <p>3. Surgery staff work to identify and increase carer database, RCGP Caring for Carers Award won 2011</p> <p>Agreed with WAC facilitate meeting with Upton Carers group and PPG representatives.</p> <p>Other work needs to be progressed to arrange community Carer day in 2012.</p>
OTHER ISSUES					
Improving patient privacy when talking to a receptionist	To improve patient experience and confidentiality	<p>1. Position privacy signs at reception and dispensary desks</p> <p>2. Use patient volunteer to support and encourage self check in service</p> <p>3. Registration to be offered in side room when staff allow</p> <p>4. Use of Confidential hatch</p>	LB	Achieved	<p>1. May 2011: In situ</p> <p>2. May 2011: Patient representative MA supported surgery which was well received by patients attending in the period.</p> <p>3. Available when staff numbers allow</p> <p>4. This idea is not achievable, the confidential hatch was not designed well, found to be in full view of appointment screen in non patient area and users can hear confidential telephone calls.</p>