

Royston Group Practice Patient Participation Report 2013/14

INTRODUCTION

Royston Group Practice is situated within the Barnsley District and serves the former mining community of Royston. The area is one of high deprivation and significant health inequalities.

In recognition of the need to place patients at the centre of decision making and response to the introduction of the Patient Participation Directed Enhanced Service (England), the Practice formed a Patient Reference Group (PRG) in November 2011. See fig 1 re PRG Profile. The Group was set up with the intention that they would provide a valuable patient perspective in respect of the development of the practice.

Terms of reference are available on request.

Promotion of the Group

We realise that our PRG is not reflective of the practice population profile in respect of age or ethnicity and although we have worked hard to address the issue. We realise that it is difficult, particularly when asking people to give up their time, to recruit a group that would reflect the profile of our patient population we will however demonstrate through our actions the importance of our group and the strength of the patient voice. Whilst we will continue to recruit to the existing group, we hope to gain more members by offering a virtual option to our group through emails and text messaging.

A substantial proportion of our population is under the age of 45 yet our PRG does not include members within this age band, given that generally speaking patient below 45years are usually computer literate and comfortable with hi-tech communication it is felt by both the practice and PRG group that we may be more successful in recruiting patients to a virtual group. Whilst we have tried to set up the virtual group previously through promotion materials displayed within the practice, we will in 2014/5 engage with patients by inviting them to join through text messaging via the practice clinical system SystemOne.

Over the age of 55 the PRG is well represented, the group felt it was their responsibility to acknowledge this when request to give their opinion regarding future suggestions and to

think broader than their own personal circumstances until we 'grow' in to a group more reflective of the practice population.

Ethnicity

In respect of the Ethnic representation of the group, the practice population is predominantly White British, whilst the ethnic origin of the PRG is 100% White British. The PRG realises that we do need to recruit from practice patients with ethnic origin and efforts will be made to do this without being tokenistic or offensive.

PRG population statistics can be found fig 1 later in this report

Progress to date

In an attempt to form a group reflective of the practice profile, the practice has throughout the year actively recruited patients to join the group either face to face or via email contacts. The recruitment process included asking patients opportunistically to join and by advertising in the surgery premises (posters and media presentations via the envisage screen see appendices) as stated previously we will use the text messaging offered within our clinical system to keep patients informed of practice developments and extend the invitation to join our patient group.

The PRG meetings are held on the Last Thursday of the month at 6pm (Surgery, Midland Road, Royston)

In forming the group the practice will:

- Encourage PRG membership and promote this opportunistically and at new patient registrations
- Consider the representation priorities for the group and promote awareness of this requirement (e.g. ethnic representation etc)
- Promote the group via posters, the website, and with handouts
- Ensure that every group member receives a regular monthly contact
- Agree the initial priorities for the practice with the PRG, and identify these under the following headings
 - Patient/Practice priorities and issues
 - Common themes from complaints

- Practice development plans, new services etc
- CQC issues
- National GP patient Survey results and matters arising

Other issues may include:

- Patient surgery facilities
- Standards of care
- Access
- Reception / administration issues
- Referral to secondary services
- Alternative pathways and treatments

The results from our initial and subsequent discussions formed the basis and content for our practice patient survey

SURVEY

1. Local practice survey

In July 2013 the partners purchased the premises, the purchase was the first phase in our development plan the second being a substantial refurbishments of the premises. It was felt by the partners that our patients should be consulted prior to and during all stages of our development and that we should establish from our patients what they considered to be the health and service priorities of the local community. We informed our PRG of the intention to buy the premises in March 2013 and in May 2013 the practice and the PRG agreed the survey content, format, and sample size, timing and delivery mechanisms. Discussion took place regarding the content of the survey itself the group felt it more important to ask patients basic questions regarding how they thought the practice was functioning in areas important to them and revisit the survey undertaken in 2012, the also group also suggested that patients be given the opportunity to add their own comments specifically in the area of service development

Issues thought important for future surveys but not to be included in the first survey of our patients.

- practice priorities and issues including themes from complaints
- planned practice changes
- Care Quality Commission (CQC) related issues

➤ National GP patient survey issues

The survey was analysed internally. The result of the survey was then presented to the group in June 2013. The results and patient comments were discussed during meeting to establish areas to be included in our action plan.

From the discussion an action plan was drawn up. The action plan to be discussed by the Partners and an appropriate response made to the group in July 2013 along with the announcement of the premises purchase and the plan of refurbishment

Note No of questionnaires in the Survey (Questionnaires 500 given – 320 completed representing 64% response see appendix 1)

2. Profile of practice population and PRG

Fig 1.

- Description of the profile of the practice population

Age	Male	Female	Total	%
0 -16	791	748	1539	19.13
17- 24	406	377	783	9.73
25- 34	466	456	922	11.46
35 - 44	483	508	991	12.32
45 - 54	620	613	1233	15.33
55 - 64	505	495	1000	12.43
65 - 74	423	503	926	11.51
75+	271	379	650	8.08
	3965	4079	8044	100

- Description of the profile of the PRG

	Male	Female
65 -74		4
74+		2

Information available on request re email group

Ethnicity

White		White	
% British Group	96%	% British Group	100%
			-4%
% Irish	0.05%	% Irish	0.05%
Mixed		Mixed	
% White & Black Caribbean	0.06%	% White & Black Caribbean	0.06%
% White & Black African	0.05%	% White & Black African	0.05%
% White & Asian	0.02%	% White & Asian	0.02%
Asian or Asian British		Asian or Asian British	
% Indian	0.08%	% Indian	0.08%
% Pakistani	0.07%	% Pakistani	0.07%
% Bangladeshi	0	% Bangladeshi	0

Black or Black British	Black or Black British	
% Caribbean 0.05%	% Caribbean	0.05%
% African 0.10%	% African	0.10%
Chinese or other ethnic group	Chinese or other ethnic group	
% Chinese 0.20%	% Chinese	0.20
% Any other 4%	% Any other	4%
Gender		
Practice Population % Male 49.29	Practice Population % Female 50.71	100% PRG Group Female

3. Action Plan

- An analysis of the results of the survey were presented to and discussed with the PRG in June 2013. The group went through each of the comments made by patient and grouped them in to themes to be addressed in the action plan.
- The group felt that generally the survey results were good, were pleased with most areas of the practices performance and wished to pass on their comments to the Partners.

A number of areas were thought to be an issue (using survey results and comments)

- The speed at which the telephone was answered was still found to be problematic
- Training for staff
- Prescriptions this was still found to be a major issue

The group also raised the issue of the profile of the group and the need to recruit to a membership more reflective of the practice profile.

Issue	ACTION	Progress
The speed at which the telephone was answered	We discussed the changes to the premises and the proposal to split the reception area. The front desk to be used for face to face contacts, the back desk to be used for telephone contacts it was felt that this would control the noise in reception and improve confidentiality. Thought was given	Changes to the Reception completed in October 2013. Changes to staff rota's implemented in the same month.

	to 'hot spot' times and to target staff resources to meet demand.	
Training for staff	It was thought staff may need some customer service training	On line training for customer service and conflict handling were included within mandatory training for staff. Non clinical staff are able to complete training during BEST Events – specific protected time for staff training
Prescriptions	Building on previous initiatives designed to improve prescription handling the Practice is able to offer on-line prescription requests and is working towards electronic prescriptions	A number of patients have chosen to have their prescriptions sent directly to the pharmacy. This is working well. Additionally we have a number of patients who have been given passwords and can request their prescriptions on-line.
Information given to patients by clinicians	It was felt more information should be available to be given to patients to take home read and understand their condition	In line with CQC requirements the practice has a broad range of patient information leaflets. Leaflets are available from the clinicians directly and on display stands within the waiting area.

4. Confirmation of the opening times

When meeting the group felt that access was not a problem within the practice the hours of opening were reasonable with patients being able to access services as follows

Royston Group Practice opening times

Monday to Friday	8.00 am	6.00pm
Saturday	8.20 am	4.00 pm

5. Availability of information

- <http://www.roystongrouppractice.co.uk/>
- The Practice will ensure that the following are made aware that the report is available via the Website.
 - the PRG
 - those who answered the survey
 - the wider practice population
 - CCG
 - Barnsley LINK (HealthWatch)
 - CQC - at the time of inspections/registration

Patient reference group liaison (Clinical)	Dr S Sakhamuri
Patient reference group liaison (non-clinical / administrative / communication). Practice surveys	Mrs K Finn

Appendices

Survey Result

Answers

1.Poor 2.Fair 3.Good 4 Very Good 5 Excellent 6 Not applicable

Question 1

Speed at which the telephone was answered

Poor	Fair	Good	Very Good	Excellent	N/a
11%	27%	26%	20%	16%	

Question 2

Length of time you had to wait for an appointment DR

Poor	Fair	Good	Very Good	Excellent	N/a
10%	25%	19%	25%	21%	

Question 3

Length of time you had to wait for an appointment Nurse

Poor	Fair	Good	Very Good	Excellent	N/a
3%	7%	50%	15%	25%	

Question 4

Seeing the doctor of your choice

Poor	Fair	Good	Very Good	Excellent	N/a
9%	19%	25%	26%	21%	

Question 5

How do you rate access to out of hour's services?

Poor	Fair	Good	Very Good	Excellent	N/a
10%	25%	15%	7%	6%	37%

Question 6

Was your prescription correctly issued?

Poor	Fair	Good	Very Good	Excellent	N/a
2%	17%	28%	25%	28%	

Question 7

Was your prescription ready after 72 hours notice?

Poor	Fair	Good	Very Good	Excellent	N/a
7%	21%	20%	25%	20%	7%

Question 8

Level of satisfaction with prescription queries

Poor	Fair	Good	Very Good	Excellent	N/a
14%	7%	29%	35%	10%	5%

Question 9

Level of satisfaction with the amount of information provided

Poor	Fair	Good	Very Good	Excellent	N/a
6%	20%	27%	24%	23%	

Question 10

How do you rate the helpfulness of reception staff?

Poor	Fair	Good	Very Good	Excellent	N/a
5%	7%	35%	40%	13%	

Question 11

Do you have confidence in the medical staff treating you?

Poor	Fair	Good	Very Good	Excellent	N/a
2%	4%	38%	41%	15%	

Question 12

How do you rate your ability to be as involved as much as you wanted to be in decisions about your care?

Poor	Fair	Good	Very Good	Excellent	N/a
5%	9%	42%	25%	19%	

Question 13

How do you rate the privacy you were given during treatment or consultation?

Poor	Fair	Good	Very Good	Excellent	N/a
2%	22%	65%	5%	6%	

Question 14

How do you rate the surgery's approach to dignity & respect?

Poor	Fair	Good	Very Good	Excellent	N/a
2%	10%	48%	25%	15%	

Question 15

How do you rate the information given in respect of your condition?

Poor	Fair	Good	Very Good	Excellent	N/a
4%	6%	39%	35%	16%	

Question 16

Overall how do you rate the care you receive from the surgery?

Poor	Fair	Good	Very Good	Excellent	N/a
3%	8%	38%	35%	16%	

Question 17

How do you rate the range of services offered by the surgery?

Poor	Fair	Good	Very Good	Excellent	N/a
4%	6%	35%	42%	13%	

PATIENT REFERENCE GROUP CONSTITUTION

1) NAME:

The name of the group shall be Royston Group Practice Patient Reference Group

2) Objectives:

The objectives of the Group shall be to represent the patients of the Practice, to gather and collate opinion from patients via a range of sources, and to comment and offer opinion on these views to representatives of the practice, to encourage development and quality of health promotion and health care services; to achieve this aim by liaising with the doctors and staff, other community health workers, Health Authorities and other persons or organisations concerned with health care.

The Group shall be non-party in politics and non-sectarian in religion, and shall be formed using the best principles of equality and diversity. The Group and the practice will make every effort to ensure that the constituent elements of the Group are representative of the practice patient demographic, with a range of patient interests represented.

The Group shall have power to affiliate to the National Association of Patient Participation Groups and to other organisations with similar objectives.

Meetings will take place on a monthly basis, meeting on the last working Thursday of the Month excluding December.

3) Membership:

This shall be open to any patient of the Practice. Any patient may nominate themselves for election to the Committee at the Annual General Meeting. Removal of a patient from the practice list, for whatever reason, will disqualify continuing membership of the group. The practice and the Group may approach individual patients for potential membership.

4) Annual General Meeting:

Once in each year, in the month of November, an Annual General Meeting shall be held at which any patient of the Practice shall be entitled to attend. The date of this meeting shall be advertised in the Practice not less than 14 days prior to the meeting. The meeting shall be for the purpose of receiving the annual report from the Committee and the audited statement of accounts; of appointing Committee members; of making recommendations to the Committee and when necessary voting on proposals to amend this constitution in accordance with clause 11; of appointing an auditor for the accounts. The venue will be dependent on the number of potential attendees.

5) Special General Meeting:

A Special General Meeting shall be held if not less than one third of the voting members of the current Committee request it in writing, stating the reasons, to the Chairperson or Secretary. The date of the meeting shall be advertised in the Practice for at least 14 days in advance and must be held within 21 days of receipt of a written request. The meeting

shall be for the purpose of altering the constitution in accordance with clause 11 or of considering any matter referred to it by the Committee or for any other purpose.

6) The Committee and Executive:

The Annual General Meeting shall elect 9 members who must be patients of the Practice. Any patient can nominate themselves. At its first meeting after the Annual General Meeting in each year the Committee shall appoint an Executive consisting of a Chairperson, Secretary and Treasurer to which it may delegate any or all of its powers as it from time to time decide.

The Committee shall have the power to co-opt members from time to time provided that the total number of co-opted members does not exceed one half of the total of elected members. Co-opted members who are patients of the Practice shall have an equal vote on Committee with the elected members. Other co-opted members shall not have any vote.

All members of the Committee and Executive shall retire annually at the Annual General Meeting but shall be eligible to be elected or co-opted again. Membership of the Committee shall be terminated immediately in the case of any person who ceases to be a patient of the Practice.

7) Voting:

Subject to clause 11 all questions arising at any meeting shall be decided by a simple majority of those present and entitled to vote thereat. No member shall exercise more than one vote. In case of equality of votes the person chairing the meeting shall have a second or casting vote.

8) Quorum:

One third of members shall form a quorum at meetings of the Committee. Eight members shall form a quorum at Annual General Meetings.

9) Minutes:

Minutes shall be kept and the Secretary shall enter a record of all proceedings and resolutions.

10) Finance:

All monies raised by or on behalf of the Group shall be applied to further the objects of the Group and for no other purpose. The Treasurer shall keep proper accounts of the finances of the Group. The accounts shall be audited once a year by a qualified auditor who shall be appointed by the Annual General Meeting. An audited statement of accounts for the last financial year shall be submitted by the Committee to the Annual General Meeting.

11) Dissolution:

If the Committee decides at any time that on any grounds it is necessary to dissolve the Group it shall call a Special General Meeting. If such a decision is confirmed by the simple majority of those present and voting at the meeting the Committee shall have the power

to dispose of any assets held by the Group. Any assets remaining after satisfaction of any proper debts and liabilities shall be applied towards charitable purposes for the patients of the Practice as the Committee may decide and as may be approved by the Charity Commissioners for England and Wales.

12) Alterations to the Constitution:

Any proposal to alter this constitution must be delivered in writing to the Secretary not less than 14 days before the date of the meeting at which it is first to be considered and shall be advertised together with the date of the meeting. An alteration will require the approval of a two thirds majority of Committee members or a simple majority of those voting at the Annual general Meeting. Notice of such meeting must be given in accordance with normal procedures.

No alteration to clause 2 shall be made without the consent of the Charity Commissioners for England and Wales.

This constitution was adopted as the Constitution of Royston Group Practice Patient Reference Group at a meeting of the founding Committee held on 23 November 2011

ROYSTON GROUP PRACTICE PATIENT REFERENCE GROUP MEMBERSHIP FORM

Version 1.0

Date published: January 2012

NAME	ADDRESS	E MAIL / TELEPHONE NUMBER (INDICATE PREFERRED METHOD)

We would like to make sure our patient group represents the range of patients in our practice. It would help if you would answer the questions below which are designed to do this. Just leave any blank if you do not wish to answer these. Delete or ring as appropriate

Gender	Male / Female
Marital status	Married / Single
Age	Under 16 17 – 24 25 – 34 35 – 44 45 – 54 55 – 64 65 – 74 Over 74

How often are you in the practice?	
Do you use other health services outside the practice (e.g. hospitals, clinics or emergency doctors? Please list.	

Thanks you for expressing your interest. All applications / enquiries will be acknowledged and you will hear from us again soon.

1st AGENDA

Constitution

Membership

Survey

Verbal Update

Patient priorities and issues

Practice priorities and issues

Common themes from complaints

Practice development plans

CQC issues

National GP patient Survey results and matters arising

Patient surgery facilities

Standards of care

Access

Reception / administration issues

Referral to secondary services

Date Next Meeting

The PRG Group felt that at this stage formal minutes would not be needed, and just to capture the main points/issues/action

Feedback from the Group

Agenda long but informative,

Constitution adopted

Rather than minutes the group should agree an Action Sheet

Action Sheet

DATE	Discussion/Action	Responsible Person
April 2013	Proposals for premises discussed, group asked about additional services	
May 2013	As above along with patient feedback.	
June 2013	Actions (plans) discussed regarding improvements, group advised of changes to staffing and room structures	
July 2013	Refurbishment discussed	
September 2013	Refurbishment discussed	
October 2013	Refurbishment discussed	
November 2013	Refurbishment discussed feed back re the overall result very positive	
January 2014	General discussions regarding prescriptions and issues with 72 hours.	
February 2014	Additional services discussed (Health Trainers)	
March 2014	Changes to staffing were discussed with the group. Further discussions took place regarding the structure of the group agreed to increase efforts by recruiting via text messaging	Kate Finn

Royston Group Practice

PATIENT REFERENCE GROUP INVATATION

Please speak to reception re details



We are especially keen to make sure that the group is fully representative of our patients and therefore invite anyone with an interest to attend.

We anticipate that the group will meet about 10 times a year, but arrangements will also be made for members of the group who are not able to attend in person, but feel that they would like to contribute.

THANK YOU!