

Royston Local Patient Participation Report

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.

Royston Group Practice is a member of NHS BARNSELY CCG, working with other Barnsley GP practices to commission services for Barnsley people, when the statutory duties of Primary Care Trust's will be passed on in April 2013

The partners are well aware that commissioning services from NHS providers is an enormous responsibility and the partners are anxious that patients in Royston have a voice in the future planning of health services locally.

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

Profile of practice population and PRG

We realise that our PRG is not reflective of the practice population profile in respect of age or ethnicity and continue to work hard to address this problem and to recruit a 'balanced' PRG. We initially approached the Barnsley LINK who were very helpful and made a number of suggestions regarding formation of a group. Barnsley LINK also offered to use their own contacts, email distribution list and newsletters to advertise our group and the monthly meeting arrangements (last Thursday of the month excluding December starting at 6pm at the surgery). 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 but we will endeavour to demonstrate through our actions the importance of our group and the strength of the patient voice. In the coming year we will continue to use the both internal and external tools to and by word of mouth promote recruitment and

that the Practice will listen to patients to continually improve the patient experience. Advertising in the local newspapers and in community centres/facilities will be undertaken throughout the coming year. The group did however recognise that it would take time to do this and would only be possible if the practice gave a firm commitment to take patients views seriously and be open to involvement in future decision, the practice agreed this was without question and would be happy to invest resources to 'make this happen'.

Age

Over 21% 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. We also plan to approach the local high schools to invite students become involved in local health services. We are changing our clinical computer system to SystmOne and have taken steps to ensure we are able to contact patients within all age groups through text messaging. We intend during the transition period to ask patients to give their consent to communicate in this manner.

Those patient in the working age group struggle in terms available time to give to the group it was felt more effort should be placed on recruiting members again to a 'Virtual Group' or to add them to the existing mail list to ensure they are aware of what is happening in respect of local health service and how any changes may impact on them.

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 thin broader then 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 continued to actively recruited patients to join the group either face to face or via email contacts however progress is slow The recruitment process included asking patients opportunistically to join and by advertising in the surgery premises, Given the lack of progress we intend to advertise again through the local newspapers and other local groups.

Collectively the PRG has 50 members via email with 7 members attending the regular meetings of the group which take place at the surgery Midland Road, Royston

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
 - 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**

The decision being to repeat the questions asked last year to establish progress made. .

Survey undertaken in February 2013

The survey was analysed internally and discussed with the group

From the discussion an action plan was drawn up. Partners will attend the April PRG to discuss with patient their intentions in respect of the actions identified and future direction of the practice.

The survey results subsequently posted via the website and the publication announced by e mail (to a virtual group) and within the practice via leaflets and posters.

Note No of questionnaires in the Survey (Questionnaires 400 given – 201 completed representing 50.25% response see appendix)

2. Profile of practice population and PRG

Fig 1.

- Description of the profile of the practice population
- Description of the profile of the PRG and if the PRG is representative of the practice population

Practice population profile		PRG profile		Difference
Age				
% under 16	19%	% under 16	0	19%
% 17 – 24	10%	% 17 – 24	0	10%
% 25 – 34	11%	% 25 – 34	2.%	9%
% 35 – 44	14%	% 35 – 44	8%	6%
% 45 – 54	15%	% 45 – 54	5 %	10%
% 55 – 64	13%	% 55 – 64	18%	-5%
% 65 – 74	11%	% 65 – 74	12%	-17%
% 75 – 84	6%	% 75 – 84	10%	-4.%
% over 84	2%	% over 84	0%	2%
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%

Practice population profile	PRG profile	Difference
% 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		
% Male 49%	% Male 38%	
% Female 51%	% Female 62%	
Differences between the practice population and members of the PRG.	<p>Differences between the practice population and members of the PRG are demonstrated in the table above.</p> <p>The practice will be responsive to the individual communication needs of patients with problems of access services by more normal means (e.g. disabled, housebound, elderly)</p> <p>To date: Steps taken by the practice to reach groups not represented and address variation within the PRG include:</p> <ul style="list-style-type: none"> • Advertising within the surgery using posters and power point presentations via the envisage patient call system situated in the patient waiting area • Direct canvassing of patients within specific cohorts i.e antenatal clinics, LTC clinics • Patient information flyers given with prescriptions. • Barnsley LINK • Local Press. Advertising Patient Group <p>The Practice intends to engage further with patients via</p> <ul style="list-style-type: none"> • SystemOne text messaging 	

3. Action Plan

- During the year practice performance in respect of the areas identified has been the focus of discussions. The group has been disappointed with the lack of progress in respect of the issues raised in respect of the telephone system in general and the move to a local number.

- To address the issues raised in respect of
 - The speed at which the telephone was answered
 - Training for staff
 - Prescriptions
 - Information given to patients by clinicians

Members of the team will attend meetings throughout 2013/14

Issue	ACTION	Progress
The speed at which the telephone was answered	Look at volume of calls in reception and try to make adjustment for peaks.	2 additional members of staff have been recruited both to commence employment in April 2012 Complaints have been sent to the telephone provider regarding number of patients who have been 'cut off' when calling the surgery. Notice given to the service provider of our intention to terminate the contract.
Training for staff	It was thought staff may need some customer service training	Agreed by partners in meeting 28 March 2012 that customer training is provided by the practice for all staff. Staff training took place in October 2013 Subject covered Customer Service, Dealing with difficult patients.
Prescriptions	It was felt that where a patient gave consent their prescription should be on signing sent directly to the pharmacy saving patient time in queuing to receive their script and again when picking up their medication	Local pharmacist approached regarding the suggestion by the group. Pharmacist felt this to be an excellent idea and patient are now routinely asked if they wish their prescription to go directly to the pharmacy. Feedback form patient is very good. Whilst the system continues to work, we have had a number of problems relating to the stock of medicines. We hope further progress to be made via online prescriptions post migration

		to SystmOne.
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	Agreed Clinicians should take advantage of patient information sheets available via the EMIS clinical system We have been using the options available through EMIS. On speaking to the SystmOne trainers we are able to continue to access a library of patient information leaflets.
Involvement in the patient respective care	It was felt that the clinicians should try to involve patient more in managing their health.	GP to discuss this during a clinical meeting arranged on 25 th April 2012 Discussions have taken place throughout the year and in external peer group meetings. We have had mixed response from patients whilst we have had positive comments from some patients others feel it's the 'Dr job' to manage their patients health. We have tried to put forward the 'no decision about me without me' approach but we do need to promote this further in 2013/14.

4. Progress made with the action plan

A summary of the progress as of 31 March 2013 is:

You said...	We did...	The result is...
The speed at which the telephone was answered	2 additional members of staff have been recruited both to commence employment in April 2012	To be presented to PRG in April 2012 Recruitment completed.
Training for staff	Agreed by partners in meeting 28 March 2012 that customer training be provided by the practice for all staff.	To be presented to PRG in April 2012 Training provided in October 2012.
Prescriptions look at	It was felt that where a	To be presented to PRG in

reducing queues in Surgery & Pharmacy	patient gave consent their prescription should be on signing sent directly to the pharmacy saving patient time in queuing to receive their script and again when picking up their medication	April 2012 Discussed with PRG Initiative continues and will be extended re online prescriptions when the practice migrates to SystmOne in April 2013
Information given to patients by clinicians	Agreed Clinicians should take advantage of patient information sheets available via the EMIS clinical system	To be presented to PRG in April 2012 Information sheets have been available throughout the year.

5. 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	8.30 am	1.00pm

6. 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 Karen Whitfield

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

	2011/12	2012/13
Poor	5%	17%
Fair	21%	23%
Good	32%	33%
Very Good	23%	16%
Excellent	16%	10%
N/A	3%	1%

Question 2

Length of time you had to wait for an appointment Dr

	2011/12	2012/13
Poor	6%	10%
Fair	24%	39%
Good	25%	20%
Very Good	26%	16%
Excellent	16%	15%
N/A	3%	

Question 3

Length of time you had to wait for an appointment Nurse

	2011/12	2012/13
Poor	2%	1%
Fair	14%	10%
Good	28%	29%
Very Good	28%	32%
Excellent	24%	27%
N/A	4%	1%

Question 4

Seeing the doctor of your choice

	2011/12	2012/13
Poor	7%	10%
Fair	21%	20%
Good	24%	23%
Very Good	21%	20
Excellent	20	19
N/A	7%	8%

Question 5

Length of time waiting for your appointment with either the doctor or practice nurse

	2011/12	2012/13
Poor	4%	9%
Fair	16%	21%
Good	26%	27%
Very Good	19%	18%
Excellent	13%	10%
N/A	22%	15%

Question 6

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

	2011/12	2012/13
Poor	4%	6%
Fair	16%	20%
Good	26%	27%
Very Good	19%	12 %
Excellent	13%	10 %
N/A	22%	25%

Question 7

Was your prescription correctly issued?

	2011/12	2012/13
Poor	4%	10%
Fair	3%	13%
Good	21%	20%
Very Good	24%	26%
Excellent	40%	21%
N/A	8%	10%

Question 8

Was your prescription ready after 48 hours notice?

	2011/12	2012/13
Poor	5%	10%
Fair	3%	13%
Good	19%	20%
Very Good	21%	26%
Excellent	42%	21%
N/A	10%	10%

Question 9

Level of satisfaction with prescription queries

	2011/12	2012/13
Poor	3%	5%
Fair	4%	6%
Good	21%	35%
Very Good	24%	29%
Excellent	33%	15%
N/A	15%	10%

Question 10

Level of satisfaction with the amount of information provided

	2011/12	2012/13
Poor	3%	2%
Fair	9%	10%
Good	25%	35%
Very Good	26%	25%
Excellent	22%	13%
N/A	13%	15%

Question 11

Level of satisfaction with the manner in which the result was given

	2011/12	2012/13
Poor	3%	2%
Fair	9%	10%
Good	25%	30%
Very Good	25%	27%
Excellent	24%	11%
N/A	14%	20%

Question 12

How do you rate the helpfulness of reception staff?

	2011/12	2012/13
Poor	3%	2%
Fair	7%	8%
Good	23%	25%
Very Good	25%	28%
Excellent	42%	37%
N/A		

Question 13

Do you have confidence in the medical staff treating you?

	2011/12	2012/13
Poor	3%	5%
Fair	9%	17%
Good	23%	30%
Very Good	27%	25%
Excellent	37%	18%
N/A	1%	5%

Question 14

How do you rate your ability to be as involved as much as you wanted to be in decisions about your care? How do you rate the attitude of medical staff towards you?

	2011/12	2012/13
Poor	2%	2%
Fair	10%	20%
Good	28%	18%
Very Good	29%	30%
Excellent	25%	25%
N/A	6%	5%

Question 15

How do you rate the attitude of medical staff towards you?

	2011/12	2012/13
Poor	3%	6%
Fair	9%	17%
Good	26%	35%
Very Good	25%	15%
Excellent	36%	25%
N/A	1%	2%

Question 16

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

	2011/12	2012/13
Poor	3%	2%
Fair	3%	5%
Good	18%	35%
Very Good	28%	14%
Excellent	45%	40%
N/A	3%	4%

Question 17

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

	2011/12	2012/13
Poor	3%	1%
Fair	6%	8%
Good	22%	35%
Very Good	27%	25%
Excellent	39%	18%
N/A	3%	13%

Question 18

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

	2011/12	2012/13
Poor	1%	2%
Fair	12%	15%
Good	19%	25%
Very Good	29%	35%
Excellent	34%	20%
N/A	5%	3%

Question 19

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

	2011/12	2012/13
Poor	1%	6%
Fair	10%	25%
Good	21%	35%
Very Good	31%	20%
Excellent	36%	12%
N/A	1%	2%

Question 20

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

	2011/12	2012/13
Poor	1%	
Fair	7%	
Good	26%	
Very Good	31%	
Excellent	32%	
N/A	3%	

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.

STANDARD AGENDA

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

AGENDA

26 1 2012

Survey Questions

Verbal Update

Practice development plans

Date Next Meeting(s) 23 February 2012

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 (Jan 12)

Members looked at sample questions from various sources and agreed on the ones felt to be more important (See Survey results). All agreed this was our first survey and we should concentrate on simple basic issues to gain insight to how the practice is performing. All members were complementary regarding the access and broad range of services.

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!