

Patient Participation Group Annual Report

2013-14

Waterfront & Solent Surgery

19/03/14

WATERFRONT & SOLENT SURGERY

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This document contains the Patient Participation report for 2013-14

1) Structure of reference group

a) We are a long established practice with annual audits of our workloads based on consultation rates.

In particular in the last year I have broken down surgery contacts for any reason, to a clinician by age bands, number of patient contacts and total contacts for that group as follows

Age group	Total number in group	No of patients who made contact	Total number of contacts made by that age group	% of patients making contact v total in that age group	% of total contacts made by each age group
0-15	1007	655	2039	65%	9%
16-54	3109	1935	7974	62%	33%
55-74	1943	1540	7985	79%	34%
75+	957	881	5727	92%	24%
Total	7017		23725		

We are very aware of our retired and aging population. However we have relatively few patients in Nursing home beds as up until recently we only had one nursing home in the whole locality. We have very few specialist care facilities.

b) Patients were initially invited to join the then PPG by a letter sent to all patients initially in 2010. Subsequently we have invited patients through multiple routes. We have an e-mail group that now stands at 990 patients (up from 930 patients last year (captured from the use of our on line repeat prescribing and use of the practice website). They have all received six information newsletters this year keeping them updated with all surgery activities and changes, along with further invites to join the RPG in every correspondence. We have information screens in our surgery with invitations to join, we have newsletters out in the waiting room with invitations and all patients attending our flu clinics (2000 this year) received verbal invites. We also have a nationally recognised website with its own PPG pages specifically encouraging active participation.

We have held three open meetings in the evening this year on a variety of subjects with external speakers in the local Parish Hall. These were advertised in the local press as well as in the surgery. They attracted a good

audience, including patients from other practices. At all of these meetings patients were actively encouraged to join the PRG.

Finally as part of our survey this year several members of the PRG committee canvassed patients over a one month period in both branches – encouraging their participation in the PPG as well as carrying out the questionnaire

c) Please see attached Spreadsheet of the practice age sex profile and that of our PRG. This has only changed slightly from last year. Our patient demographics are effectively identical, with a slight change in the PRG group reflecting new and departing members. Despite the widespread advertising, along with encouraging targeted audiences (for example we have been approaching our pregnant patients to see if they are prepared to be involved) we have inevitably ended up with a bias towards those who are retired. However although that means there is a skew in our PRG relative to our actual list, it closely represents the age sex profile of those who most use the practice facilities, as outlined in the above table. In particular since it is unreasonable to expect patients to join over the age of 75 the figures very closely represent the age grouping of our patients.

There is also a distinction to be drawn between the PRG committee – whose age sex profile is shown on the table below and the PRG virtual group all 990 of them who are encouraged in the newsletters and survey to provide active feedback on issues.

Finally Dr Sherwin has also set up Twitter and Facebook accounts to try and encourage involvement with our younger patients, and he also writes a Latest News blog.

2) Areas of priority

Discussions were held in the first few months of this year with the PPG to try and establish what the priorities should be for the practice future development, based on preceding years surveys and feedback comments, along with changes that are occurring in the local community and the national pressures on General Practice.

Arising from those discussions several themes arose, namely:-

Appointments, accessibility, use of telephone consultations and use of nurse led clinics

The planned re-development of Hythe Hospital and therefore the future of Solent Surgery.

A wish list of possible surgery improvements

Meetings with our PRG have been held on 25.4.13, 23.5.13, 25.7.13, 26.9.13., 7.11.13, 30.01.14 and 20.3.14

3) Survey

On the basis of these discussions the PPG developed a questionnaire, which was sent to all subscribers of our electronic register and was actively promoted within the surgery over a 4 week period in October by individuals within the PPG canvassing patients waiting to be seen in the surgery.

A total of 952 responses were received, 562 from questionnaires handed out in surgery – the rest from our online survey. This represents a very healthy return from our total practice population at the time of 6800 or 5800 adults = 3000 households – i.e. just under 30% of the practice population. Great credit must go to all the PPG representatives who spent so much time in the surgery talking to other patients and getting their views.

Waterfront & Solent Patient Participation Group Survey

Oct-13

Section 1

We are aware that getting an appointment to see a doctor at a time to suit you can be difficult.

How do you think the following suggestions would help improve the situation?

	not at all		not much		a little		a lot		responses
GP Home visits in the mornings and evenings as well as the current times	144	17%	179	21%	279	33%	245	29%	847
Emergency appointments available all day at the surgery	26	3%	27	3%	184	20%	672	74%	909
Bookable 'call back' telephone appointments at specific times	46	5%	85	9%	274	29%	548	58%	953
Follow up appointment for ongoing diagnosis bookable in advance	22	3%	31	4%	143	18%	611	76%	807
Stop accepting new patients for up to 1 year	144	17%	170	20%	214	26%	308	37%	836

Section 2

Are you aware that your routine monitoring and checks are done by a specialist nursing team at the surgery?

	yes		no		n/a		
Hypertension (Blood Pressure)	452	51%	222	25%	221	25%	895
Heart Disease	340	38%	268	30%	280	32%	888
Asthma	372	43%	204	23%	294	34%	870
Repeat Prescriptions	561	62%	294	32%	56	6%	911
Travel Vaccinations	499	57%	196	22%	181	21%	876

Section 3

The future development of Hythe Hospital in a few years' time could mean there may not be room for Solent Surgery on the current site. How do you think this would affect you?

Responses

I would not be affected at all	583	63%
I would be affected but would be able to use the facilities at the Waterfront branch	314	34%
I prefer to use Solent Surgery and find the facilities at the Waterfront branch difficult to access	25	3%
I rely totally on Solent Surgery and would not be able to use the facilities at the Waterfront branch	6	1%
Total	928	

This has been published on our web site

As well as the above factual survey a lot of hand-written comments have been added by patients attending the surgery.

These were analysed for any trends and a summary is shown below

There was a large number of very positive comments about the surgery which outweighed any critical comments by a factor of five to one. They included statements such as “how can you improve on perfection” “simply brilliant” to “very good service” these were both directed at the surgery, the doctors and nurses and the administration staff.

On the critical side there were some areas that we clearly need to work on. Difficulty in getting routine appointments was by far the biggest concern but there were also requests for more out of routine hours appointments, Saturday surgeries, shorter waiting times in surgery or some way of letting patients know if a doctor was running late. There was also concern about the privacy glass in the waiting room and sometimes the attitude of staff members.

4) Action Plan

The initial review of the data collected was discussed at the patient forum meeting of the 7th November, having been discussed by all the partners in the previous week.

As can be seen from the survey results, there were some very clear guides on how we could improve our service, along with acceptance that change was inevitable.

The initial work plan from this was to a) completely change our appointment system, starting in January with a review after 3 months and b) make an application to close our lists,. The later idea was to try and preserve the quality of our service and the character of the practice (we had always prided ourselves as a “Small Practice”). We also felt that closing the lists would give us time to “catch our breath” and try and plan for the future. Whilst the survey did not show overwhelming support for this option, we felt it would be one of the least disruptive options to the local community.

The practice then went ahead and overhauled the appointment system. The new system involves one doctor per day triaging all telephone calls requesting an urgent appointment or one before a routine appointment was available, throughout the whole day. This then freed up the other partners to have more routine appointments available to them on non duty days. It also meant that the duty doctor had no fixed surgery timetable for the day so could visit in the morning if needed. This effectively answered all four of the “wish list” questions in our survey.

Sadly despite the work the practice and PPG put into conducting this work, the request for list closure was declined by NHS England.

We therefore have had to contemplate the third aspect of the survey which was extensively discussed at the PPG meeting of the 30.1.14, namely the future of the Solent Surgery.

The particular points raised were

- 1) The Solent surgery site is due for demolition in the next two years as part of the Hythe Hospital site re-development
- 2) At best, if we went ahead with the plans, the surgery would consist of two rooms in a shared outpatient block with a shared waiting area and the possibility (but not certainty) that we would have our own reception desk.
- 3) That at present the Solent surgery can no longer be regarded as fit for purpose. The disabled access is appalling down long corridors and ramps, with very poor car parking and poor access from the car park
- 4) The cost of running the surgery is totally disproportionate to its usage.
- 5) The survey has clearly shown that only 1% of those surveyed rely totally on Solent and a further 3% prefer to use it as they find it difficult to get down to the Waterfront Surgery in Hythe Village. This survey was carried out at both the main surgery and at Solent. It is noteworthy that when the Waterfront and Solent surgeries merged some 20% of the merged population came from the Solent surgery. Clearly an acceptance of the facilities at the Waterfront has developed over the last five years.

As such it was decided and agreed by all members present at the meeting, to apply to close the Solent surgery and not apply for a presence in the new building program.

The advantages of this plan include

- 1) Allowing a re-development of the Waterfront surgery, by re-allocating available staff. This will mean we can, at long last, get rid of the glass screens in the reception, as the receptionist will only be dealing with patient contact within the surgery. The previous “back desk” functions – in particular answering the phones, which generated most of the concerns about lack of privacy, can be moved upstairs. The need for the sound proofing measures in reception will therefore be decreased.
- 2) The simple act of moving the surgeries to Waterfront will mean at least 2 extra appointments per surgery that were lost in travel time between the surgeries.
- 3) Better disabled access and with the change in the reception desk a much more user friendly approach to the practice
- 4) The possibility of having surgeries throughout the day, to try and avoid the peak pressure times in the waiting area and also offers patients more choice of appointment times.
- 5) Removing the difficulties of trying to maintain accurate computer links across two sites.
- 6) The patient list size should hopefully be stabilised, with those patients that rely on the Solent surgery being able to re-register with Red and Green practice which is situated on the same geographic site as the present Solent Surgery.

We strongly believe that this option will provide the best possible outcome for the vast majority of our patients and is entirely consistent with the outcome of the survey.

The final aspect of the survey concerned patient awareness of the facilities and clinics available to them through our nursing team. Across the board there was only a 50% awareness of all the jobs they do and we are therefore

going to work on further notices in the surgeries and reviewing our correspondence to make sure they are fully utilised.

5) Public information

a) This report is published on our Practice Website. This website has been recognised nationally for its clarity, relevance and up to date material. The author – Dr Simon Sherwin -has presented his work annually at national LMC conferences. Not only do we maintain a very active web site we also have a Twitter and Facebook representation – again actively managed by Dr Sherwin

b) Our PRG has made strenuous efforts to be involved in our work this year and we are extremely grateful for their input. They are of an appropriate profile to represent the users of our services, even if demographically they are not profiled to the overall practice population.

c) The PRG has met with a formal constitution every 2 months on average with at least one member of the senior practice team present at all meetings. All meeting have been minuted .

This forum has been the main conduit for information exchange. However an active dialogue has also been maintained through e-mail and telephone conversations.

e) The practice opening hours are published on our web site, but for completion they are 8.00am to 7.45 pm Monday, 8.00 am to 6.30 pm Tuesday to Friday and 9am to 12pm one Saturday per month (last in calendar month). The Solent surgery is open from 8am to 1pm Monday to Friday. The extended opening hours are on Monday from 6.30 to 7.45.

Show how the practice demonstrates that the PRG is representative by providing information on the practice profile:

Practice population profile		PRG profile		Difference
Age				
% Under 16	14	% Under 16	0	
% 17 - 24	9	% 17 - 24	0	Please note whilst
% 25 - 34	11	% 25 - 34	0	these figures represent the
% 35 - 44	11	% 35 - 44	0	profile of the PRG committee
% 45 - 54	14	% 45 - 54	0	We have nearly 1000 patients
% 55 - 64	14	% 55 - 64	25	on our online PRG who are regularly
% 65 - 74	14	% 65 - 74	75	emailed with all updates and surveys
% 75 - 85	9	% 75 - 85	0	We can't extract their Age sex profile
% Over 85	5	% Over 85	0	However – please see section one.
Ethnicity				
White		White		
% British Group	99	% British Group		
% Irish		% Irish		
Mixed		Mixed		
% White & Black Caribbean		% White & Black Caribbean		
% White & Black African		% White & Black African		
% White & Asian		% White & Asian		
Asian or Asian British		Asian or Asian British		
% Indian	<1%	% Indian		

% Pakistani		% Pakistani		
% Nepalese		% Nepalese		
% Bangladeshi		% Bangladeshi		
Black or Black British		Black or Black British		
% Caribbean	<1%	% Caribbean		
% African		% African		
Chinese or other ethnic group		Chinese or other ethnic group		
% Chinese	<1%	% Chinese		
% Any Other		% Any Other		
Gender				
% Male	49	% Male		
% Female	51	% Female		
Practice Specific Care groups				
<i>e.g. learning disabilities, substance misuse, nursing homes, travelling community, Faith groups, specialist units etc.</i>				
We have very few patients in specialist sub groups				