

ST JAMES SURGERY
PATIENT REFERENCE GROUP REPORT AND
ACTION PLAN
2011 – 2012

INTRODUCTION

St James Surgery has had an active Patient Liaison Group for the past 14 years that has been involved in providing equipment and facilities for the patients. A new recent addition has been evenings run by clinical staff to discuss chronic disease management. Early in 2011 St James Surgery decided to access a much wider patient audience to gauge opinion and views in order to assist the review and consideration of future patient services. We were able to use the experience of the existing Patient Liaison Group to assist in this work.

The practice has 6704 patients which are made up of inhabitants in Devizes and the local villages within about a 7 mile radius. Our records show that our patient population is predominantly white British with less than 1% who consider themselves of an ethnic minority. Our own carers' register of 73 demonstrates the number of patients with a terminal or long term condition that requires further support. There are of course a number of other patients with these conditions who do not have carers.

The patient population at January 1st 2012 was 6704. The practice profile is as follows:

1296 patients aged 65 or over
4175 patients aged between 16 and 64 years
1233 patients under the age of 16

The practice population has grown at about 3.5% per annum.

METHOD OF ENGAGEMENT

The Practice staff were informed of the new initiative and their role in involving and informing patients wherever possible. In May 2011 the St James Surgery Patient Liaison Group (comprising 11

members) was consulted regarding how we could reach as many patients as possible with emphasis on the range of diversities in the practice population. The Patient Liaison Group historically has been made up of retired patients or those in part time work. We are aware that it is not representative of our patient population but it is an active group that would become an integral part of the initial consultation process. We were grateful for their input and enthusiasm in reaching a wider audience.

It was agreed that we would:

- contact all patients with a mobile phone, who would receive a text message inviting them to join the Patient Reference Group (PRG). This would mean that the only common denominator of the 2769 patients was they used a mobile phone. It meant we were able to the best of our ability contact all age and gender groups and ethnic backgrounds.
- notices were put in the Practice advertising the Group.
- an invitation was put on the website
- a note was added to all repeat prescriptions
- information about the PRG was outlined in the Patient Group newsletter.
- there was personal contact by all staff when patients visited the practice. Particular emphasis was put on immunisation clinics to try and attract young mothers, and patients who were attending chronic disease clinics. These groups often had more contact with the practice.
- Every patient visiting the practice was given a flyer explaining the new group and inviting their participation.
- All new patients were informed of the group and our new leaflet and patient questionnaire also had a reference to the group.

RESPONSE

A decision was taken at the outset to form a 'virtual' group so that as many people as possible could be involved incorporating the widest diversity. From our experience young parents and the elderly are often unable to attend meetings in the evenings, and working people are not available during the day, so we decided this had to be an internet exercise to gain the widest audience. From the various methods of engagement that were used 170 people showed initial interest.

These people were then contacted by email to explain the make up of the reference group, how it would operate and their involvement in any survey reports. They were asked to sign up by completing a consent form which had to be returned to the practice.

CONSULTATION PROCESS FOR THE SURVEY

After consultation within the practice and then with the Patients Group three areas were defined as important, needing immediate attention and would fit in well with the practice plan. The process had included looking at queries raised by patients, formal and informal complaints received over the last two years (4 that involved access); the last national survey and the staffing resources that would be available to provide a different service. It was agreed that two areas were particularly significant and these would be followed up this year:

- 1. Doctor consultation access outside of regular hours.**
- 2. Information regarding the Summary Care Record initiative.**

PROCESS

A number of decisions were taken:

- to keep the survey short and simple, in the hope that more patients would take part and complete it in full
- to have it available for completion for 6 weeks.
- To use an independent system which provided a computerised analysis.
- To use a questionnaire powered by Survey Monkey
- To make the survey available on the website for anyone visiting the site with a link straight through to Survey Monkey
- To make it available to patients attending the practice who were invited to complete the survey during their visit to the practice.

It was initially sent out by email to 128 patients. The questionnaires that were completed in the practice were uploaded directly on to the website bringing the total number to 209 patients who responded and completed the survey.

A further reminder was sent out in the middle of March to all members of the on line PRG.

RESULTS OF THE SURVEY

The full results of this survey can be viewed as an addendum to this report or on the practice website.

3% of our total patient numbers completed the survey and of our patients over the age of 16, 5471, 4% completed the survey. We felt this was a reasonable response.

The survey was in two parts, the first to gauge opinion on opening times outside of regular consultation times (three questions).

The second part of the survey was to gauge patient knowledge of the NHS Summary Care Record database (two questions).

Opening times of the Practice

- 1 53% of the respondents had visited the practice less than 3 times in the previous year with 11% not at all. 16.9% (35 patients) had visited more than 9 times.
- 2 60% of the respondents had used the 6:30 – 7:30 pm slots.
- 3 The preference of 139 of the respondents was for appointments to be available on Saturday morning. With 127 favouring from 6:30 – 7:30 pm. The least suitable time for appointments was between 7:30 – 8:30 am.

Summary care Records

There was almost a 50% split on awareness of the NHS SCR, but 60% of the respondents were not confident that their records would be protected on the national database.

REFERENCE GROUP

The reference group have been informed of the results of the survey by email with the survey results attached. The thoughts and opinions of the group were requested and these results collated and used in the action plan detail. A draft action plan was drawn up it circulated to the group for their consideration. As mentioned at the front of this report, it was agreed that this group would act virtually so that as many people can be involved, hence there has been no face to face consultation.

ACTION PLAN

Opening times of the Practice

This survey demonstrated to the practice that the patients' opinion had changed very little since the last survey regarding the extra appointments outside of regular hours.

The results showed that very similar numbers of patients felt divided between the current opening times and a Saturday morning opening. It was felt that the pressure was not great enough to change to Saturday morning opening. This level of change would require a full consultation process of the staff to enable altering the staffing contracts. Further consideration would have to be given to the financial implications and this is not possible for this year's budget.

Given the changes the practice has been through in the last year and the further changes that are going on in the NHS and will impact on the practice, it is felt that a year of consolidation is essential for uninterrupted high quality patient services.

For the time being the decision will be to continue with extra doctor appointments available from 6:30 – 7:30 pm two days a week. Once a week the extra session is from 6:30 – 7:45 pm.

SUMMARY CARE RECORDS

The results from this part of the survey demonstrated that not only were 49% of the respondents unaware of the SCR database but that over 60% were not confident that their records will be protected.

We are aware of the high profile publicity campaign that is to be launched in Wiltshire by the PCT to alert the general public to the SCR and its implementation in our area. We have therefore decided to resurvey in due course to make sure the patient population is as well informed as possible.

THE OPENING HOURS OF THE PRACTICE

Monday	8:00 am - 7:30 pm 8:00 am - 7:45 pm (once a week)
Tuesday	8:00 am - 6:30 pm
Wednesday	8:00 am - 7:30 pm 8:00 am - 7:45 pm (once a week)
Thursday	8:00 am - 6:30 pm
Friday	8:00 am - 6:30 pm

- To book an appointment with a member of the clinical team patients can ring the practice between the opening hours listed above.
- Appointments can also be made at reception.
- The practice offers a doctor triage system for all patients who request to be seen on the day. The doctor may well offer a telephone consultation.
- Results are available between 2:00 pm – 4:30 pm every day. This is so lines are not tied up in the mornings when the phones are at their busiest.
- We do not take repeat prescription requests over the phone but they can be requested at reception or via our website.

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