

# **Woolston Lodge Surgery**

## **Patient Participation Report 2012/13**

**Produced for the Patient Participation DES  
2011/2013**

## **This report must be published on the Practice website and a copy submitted to SHIP PCT Cluster by no later than 31<sup>st</sup> March 2012**

### **Introduction**

The purpose of the Patient Participation Directed Enhanced Service (DES) commissioned by SHIP PCT Cluster (serving Southampton City, Hampshire, Isle of Wight and Portsmouth City) is to ensure that patients are involved in decisions about the range and quality of services provided and over time, commissioned by their Practice.

It aims to encourage and reward Practices for routinely asking for and acting on the views of their patients. This includes patients being involved in decisions that lead to changes to the services their Practice provides or commissions, either directly or in its capacity as a gatekeeper to other services.

The DES aims to promote the pro-active engagement of patients through the use of effective Patient Representative groups (commonly referred to as PRGs) to seek the views from Practice patients through the use of a local practice survey.

The outcomes of the engagement and the views of patients are then required to be published as a report on the Practice website.

### **This report summarises development and outcomes of Woolston Lodge Surgery's Patient Representative Group (PRG) in 2012/13. It contains:**

#### **1. Establishing a Patient Representative group (PRG)**

A summary of the recruitment process used to ensure that the PRG is of sufficient size to be as representative as possible of the Practice population.

#### **2. Method and Process for Agreeing Priorities for a Local Practice Survey**

The method the Practice adopted to seek the views of the PRG in determining the priority areas for the Practice to look at to include in a local practice survey.

#### **3. Details and Results of the Local Practice Survey**

A description of the local practice survey and how it was carried out, as well as details of the survey results.

#### **4. Discussing Survey Results with the Patient Representative group (PRG)**

Details of how the Practice consulted with the Patient Representative group (PRG).

#### **5. Agreeing an Action Plan with the Patient Representative group (PRG)**

Details of the agreed action plan setting out the proposals arising out of the local practice survey results and how they can be implemented. Details of any issues that arose in the survey that cannot be addressed in the action plan and the reasons why.

## **6. Publishing the Local Patient Participation Report**

Details of where this report has been published and also details of the Practice's opening hours and how patients can access services.

## **7. Practice Declaration**

Confirmation that the local Patient Participation Report is a true and accurate representation of the work undertaken to fulfil the requirements of the Patient Participation DES 2011/13.

## **Step 1: Establishing a Patient Representative Group**

***Develop a structure that gains the views of patients and enables the Practice to obtain feedback from the Practice population e.g. a Patient Representative Group (PRG)***

The achievement of this step is dependent on practices being able to demonstrate that they have proactively encouraged a cross-section of their registered patients to become part of the PRG (whether successful or not):

### **Recruiting to the Patient Representative group (PRG)**

#### **1.1 The Practice is required to confirm the process used in order to recruit to their PRG**

- Displayed posters in the Practice via Notice Board TV (attached – see 1a).
- Handed out leaflets/flyers to all patients attending the Practice (attached – see 1b). Flyers were available at reception. All clinicians also handed these out to their patients.
- Flyers were also given to our Community Nursing Team to hand out to our housebound patients.
- Wrote an article in the Practice newsletter (attached – see 1c).
- Added information on the Practice website ([www.woolstonlodge.co.uk](http://www.woolstonlodge.co.uk)) (attached – see 1d)
- Added an invitation message to the right hand side of repeat prescriptions. (attached – see 1e)
- Text messaged all patients inviting them to be part of our group (attached – see 1f)
- Completed a Survey for patients attending the Walk-In Service. On the bottom of the survey was the option to join the participation group (attached – see 1g)

***(please provide details in point 1.2 below)***

#### **1.2 The Practice is required to provide details of all other methods of engaging patients used:**

We decided quite early on that we were planning to set up a “virtual” patient group using our Practice website to assist us in this work.

We promoted this to our patients via posters in the waiting room, Practice newsletter and flyers/handouts at reception and in clinical rooms via the GP’s and Nurses and information and application forms on our website.

We also used the right hand side of repeat prescriptions to inform our patients about our Practice website and to invite them to join the virtual group.

The Community Nursing Team were also approached to promote the virtual group to our housebound patient population. They handed out our flyers (attached – see 1b).

We completed a Survey for all patients attending the walk-in Service to ascertain the reason why they had attended the walk-in clinic. At the bottom of the survey we included the option to join the participation group.

Practices must strive to engage and encourage feedback from patients that extend beyond a mix of just age/sex and ethnic origin. These could include patients from marginalised or vulnerable groups such as elderly patients, patients with a learning

disability or other disability and those with various social factors such as working patterns, employment status and carers etc.

**1.3 The Practice is required to provide a brief summary of the patient groups represented in the Practices PRG and describe what steps they have taken to understand their own demographics in order to construct a PRG using a representative sample of the population.**

As of 17<sup>th</sup> December 2012, we had a total of 89 patients in our virtual patient representative group with the breakdown attached (see 1h). The group includes 25 males/64 females. All age groups are represented however statistics for our 17-24, 25-34 and 45-54 age groups could be higher. We discussed age profile of our Patient representative group at a Practice meeting. GP's agreed to focus on recruiting patients in these particular age groups. We also plan to continue to promote this to all our patients via the methods stated in 1.1.

## **Step 2: Method and Process for Agreeing Priorities for the Local Practice Survey**

### ***Agree areas of priority with the Patient Representative group (PRG)***

#### **Component 2**

As part of component 2 of the DES, practices are required to agree which issues are a priority and include these in a local Practice Survey.

The PRG and the Practice will shape the areas covered by the local practice survey. The areas covered in the local practice survey will, therefore, need to be agreed jointly based on key inputs including the identification of:

- Patients priorities and issues
- Practice priorities and issues including themes from complaints
- Planned Practice changes
- National GP and/or Local Patient Survey issues

#### **2.1 The Practice is required to describe the process it used to seek the views of the Patient Representative group in identifying the priority areas for the survey questions i.e. via email, website etc.**

We sent a 'What Next?' survey using SurveyMonkey to all patients asking them which areas they consider to be the priority areas that need discussion (attached – see 2a)

#### **2.2 The Practice is required to list the priority areas and confirm how these match those set out by the PRG**

Using the responses received (attached – see 2b), we quickly identified the topics to be raised (with some ideas for future surveys).

## **Step 3: Details and Results of the Local Practice Survey**

### ***Collate patient views through the use of a survey***

#### **Component 3**

The achievement of this step is dependent on practices being able to demonstrate that a local survey has taken place at least once a year and that the priorities were agreed with the PRG.

The Practice must undertake a local practice survey at least once per year. The number of questions asked in the local practice survey will be a matter for the Practice and the PRG to agree. Questions should be based on the priorities identified by the PRG and the Practice.

### **3.1 & 3.2 The method used for the survey, the date the survey was issued and the period in which feedback took place**

Our first priority identified was repeat prescriptions and walk-in service, therefore a survey was designed in July 2012 and emailed to the members of our Patient Representative group. (attached – see 3a) We also sent a survey in the post to patients who had requested to be part of our Representative group but whom did not have an email address. (attached – see 3b) Feedback was received from the middle of July 2012 to the end of August 2012.

### **3.3 An analysis of the number of patients surveyed and the number of responses together with the themes emerging from patient feedback**

An email was sent to our virtual patient representative group with a link attached to the Repeat Prescription and Walk-in Service survey (26 patients) and also mailed out to patients who are members of the group but whom do not have an email address (4 patients). A total of 30 patients were contacted and 12 responses were received. (attached – see 3c). We appreciated that as a percentage of our overall practice population this is low, therefore we decided to issue the survey to patients in our waiting room to enable us to achieve a better view representation (see 3d).

This then gave us a total of 100 survey results (see 3e & 3f).

#### **Repeat Prescribing**

The survey showed that 89% of patients surveyed have medication on repeat, 53% request their medication by using computer slip delivered by hand, 5% use the computer slip delivered by Royal Mail, 16% request their medication online, 3% fax their request, 15% have a Pharmacy arrange their repeat prescriptions and 7% use another method.

When asked how they would prefer to request their medication, 23% would prefer to request their medication by using computer slip delivered by hand, 5% by using the computer slip delivered by Royal Mail, 32% would prefer to request their medication online, 3% would prefer to fax their request, 17% would prefer to request their prescription over the telephone, 9% would prefer to request their medication by email, 12% would prefer to have a Pharmacy arrange their repeat prescriptions and 1% would prefer another method.

88% of patients felt that their repeat prescriptions are processed within 48 hours, 1% felt that their prescription is not processed within 48 hours, 7% felt that sometimes their repeat prescriptions are processed within 48 hours and 5% didn't know.

From this survey we determined that the majority of patients request their medication using their computer slip delivered by hand, however this was the preferred method for only 23% of patients surveyed. 16% currently request their medication online, however 32% would prefer to request their medication online. 17% said that they would prefer to request their prescription over the telephone. We were delighted to hear that 88% of patients felt that we achieved our aim of providing prescriptions within 48 hours, however we would like to increase this

figure to 100%. From this survey we determined that we needed to focus our attention on advertising the ways in which patients can request their medication, particularly the online services, that we needed to look into patients being able to request their medication over the telephone and that we needed to look into systems to ensure that all prescriptions are available after 48 hours.

### **Walk-in Service**

The survey showed that 85% of patients surveyed had used our walk-in service, 11% hadn't used the service and 4% weren't sure.

When asked how long they had had to wait 5% said that they had waited 10 – 20 minutes, 7% said they had waited 20-30 minutes, 10% said they had waited 30-40 minutes, 9% said they had waited 40-50 minutes, 18% said they had waited 50-60 minutes, 26% said they had waited 1 hour to 1½ hours, 17% said they had waited 1½ - 2 hours and 9% said they had waited over 2 hours.

11% of patients had arrived before 8am, 32% of patients had arrived between 8.00am and 8.30am, 20% had arrived between 8.30am and 9.00am, 9% had arrived between 9.00am and 9.30am, 14% had arrived between 9.30am and 10am, 6% had arrived between 10.00am and 10.30am, 4% had arrived between 10.30am and 11.am and 4% didn't know what time they arrived.

67% of patients surveyed said that they would prefer it if they were given an estimated time slot so that they could leave the surgery and come back, 25% said they would not prefer to be given an estimated time slot and 8% didn't know.

From this survey we determined that we needed to focus our attention on being able to give the patients an estimated time slot to enable them to leave the surgery and come back.

## **Step 4: Discussing Survey Results with the Patient Representative Group (PRG)**

*The achievement of this step is dependent on practices being able to demonstrate that the PRG has been given the opportunity to discuss the findings and the Practice has been able to reach agreement with the PRG on changes to service.*

### **4.1 The method used for those discussions and the date that discussions took place**

The results of our Repeat Prescription and Walk-In Service survey were emailed to our PRG on 28<sup>th</sup> January 2013 along with proposed changes to our pre-bookable appointments (attached – see 4a). We also mailed out to patients who are members of the group but whom do not have an email address (attached – see 4b). We attached a survey asking the patients whether they were for or against the changes and for any comments on the changes suggested.

#### **4.2 The suggested areas for change (if appropriate). The rationale for agreeing areas where a change is appropriate and/or not appropriate**

Repeat Prescribing – We propose to advertise the online services further by using our waiting room display board, adding additional stickers to prescriptions and by displaying information on the Prescription box in Reception and Lobby.

We have discussed the option of requesting medication over the telephone at a Practice meeting and following a full review we have decided that this option is not appropriate for the following reasons:

Taking prescriptions over the telephone increases the potential risk of error.

Concerns were raised that the increased number of potentially lengthy telephone calls will decrease our capacity to deal with genuine emergency calls.

It was therefore agreed that there are far more robust systems in place such as online services and the now wide spread services available to patients from pharmacies for ordering and collecting prescriptions. We therefore feel we should be encouraging the use of these services rather than telephone requests.

We propose to agree processes between Doctors and Reception staff to ensure prescriptions are signed promptly to reduce delays in prescriptions being ready for collection.

Walk-In Service – We propose that from 4<sup>th</sup> March 2013 all patients attending the Walk-In service will not be expected to wait. Everyone will be given an estimated appointment time for that morning and will have the option to leave the surgery and come back, should they so wish. Patients will still be able to sit in the surgery until their estimated appointment if they choose to.

#### **4.3 The changes that have been agreed with the PRG**

Following the 'for or against' survey sent out to patients the following results were received:

Repeat Prescribing - 92% agreed with the changes suggested, 3% disagreed and 5% were unsure (see 4c)

Walk-In Service - 89% agreed with the changes suggested, 0% disagreed and 11% were unsure (see 4d)

#### **4.4 The areas of significant service change that will impact on the contractual arrangements and whether the change has been agreed with NHSH (if appropriate)**

Not applicable.

## **Step 5: Agree action plan with PRG and seek PRG agreement to make changes**

*Following the discussion in Step 4 the achievement of Step 5 is dependent on practices being able to demonstrate:*

### **Component 5**

As part of component 5 of the DES the Practice is required to agree with the PRG an action plan setting out the priorities and proposals arising out of the local patient survey. They are also required to seek agreement from the PRG to implement any changes and where necessary inform the PCT.

#### **5.1 The actions agreed with the PRG and/or NHSH**

Repeat Prescribing – The following actions were agreed by 92% of our patient representative group.

To advertise the online services further by using our waiting room display board, adding additional stickers to prescriptions and by displaying information on the Prescription box in Reception and Lobby.

Agree processes between Doctors and Reception staff to ensure prescriptions are signed promptly to reduce delays in prescriptions being ready for collection.

Walk-In Service – The following actions were agreed by 89% of our patient representative group.

From 4<sup>th</sup> March 2013 all patients attending the Walk-In service will not be expected to wait. Everyone will be given an estimated appointment time for that morning and will have the option to leave the surgery and come back, should they so wish. Patients will still be able to sit in the surgery until their estimated appointment if they choose to.

#### **5.2 An indication of the priorities (if appropriate)**

Not appropriate

#### **5.3 The timeframe for implementing the changes**

Changes will be made from 4<sup>th</sup> March 2013

## **Step 6: Publicise actions taken and subsequent achievement**

### **Component 6**

The achievement of this step will be dependent on practices being able to demonstrate that they have publicised actions taken and subsequent achievement. The report should be posted on the practice website, NHS Choices and hard copies made available for patients in the waiting room. NHSH will require a copy of the Practice Report which should contain supporting information outlining the requirements of the DES for each step undertaken. The report should include:

- *A description of the profile of the PRG*
- *Steps taken to ensure the PRG is representative of the practice's patients and where this has not been possible evidence of action taken to engage with patients*
- *Steps taken to agree which areas were included in the practice survey*
- *Manner in which the practice sought views from their patients and the PRG*
- *Action plan outlining how the proposals will be implemented, or if appropriate, why the proposals can not be implemented*
- *Statistical evidence and summary of findings*
- *Details of actions, including those of the PCT intend to take (in accordance with contractual arrangement) in the second year*
- *The opening hours of the practice, methods of access service in core hours*
- *Where the practice participates in the Extended Hours Scheme DES, time and days of the weekly sessions provided*
- *In the event of a disagreement with the PRG, details and rationale of the disagreement and why the practice has had to deviate from the action plan*

#### **6.1 A description of the profile of the PRG**

Please refer 1h for the profile of our Patient Representative group.

#### **6.2 Steps taken to ensure the PRG is representative of the practice's patients and where this has not been possible evidence of action to engage with patients**

Please refer to section 1.2 of this report.

#### **6.3 Steps taken to agree which areas were included in the practice survey**

Please refer to section 2 of this report.

#### **6.4 Manner in which the practice sought views from their patients and the PRG**

Please refer to section 4 of this report.

#### **6.5 Action plan outlining how the proposals will be implemented, or if appropriate, why the proposals cannot be implemented**

Please refer to section 5 of this report.

#### **6.6 Statistical evidence and summary of findings**

Please refer to our Practice website for results of our first survey: ([www.woolstonlodge.co.uk](http://www.woolstonlodge.co.uk)) (attached see 6a). Details of our results have also be published in our Spring Newsletter (March 2013) (see 6b). All results are also displayed on our patient information board in the waiting room (see 6c)

Please also refer to section 4 of this report.

**6.7 Details of actions, including those of the PCT intend to take (in accordance with contractual arrangement) in the second year**

N/A

**6.8 The opening hours of the practice, methods of access service in core hours**

Patients can access our services between our core hours which are every weekday from 8.00am to 6.30pm. Our out of hours service commences from 6.30pm to 8.00am each evening.

**6.9 Where the practice participates in the Extended Hours Scheme DES, time and days of the weekly sessions provided**

We operate our extended hours sessions every Monday evening from 6.30pm till 8.30pm, one Saturday morning a month from 8.30am till 11.30pm and a Tuesday, Wednesday and Thursday morning 7.30 – 8.00am.

**6.10 In the event of a disagreement with the PRG, details and rationale of the disagreement and why the practice has had to deviate from the action plan**

N/A

## **7. Practice Declaration**

The Practice confirms that the above report is a true and accurate reflection of the work undertaken as part of the Participation DES 2011/13.

Signed and submitted to the PCT and published on the Practice website on behalf of the Practice by:

Name: Nigel Edwards  
Practice Manager

Signed:  
Date:

### **FOR PCT USE ONLY**

Date Report Received by the PCT: \_\_\_\_\_ Receipt

Acknowledged by: \_\_\_\_\_

Report published and evidenced on Practice website by required deadline:

\_\_\_\_\_