

**HARDWICKE HOUSE GROUP PRACTICE
D83060**

Patient Participation Report 2013/14

1. Our Patient Participation Group

Our PPG was created in 2011 and developed from just a small gathering of patients to a more formal group that now has a Constitution and Terms of Reference for the Committee. ***The patients have taken ownership of the Group*** and practice staff are ex officio members; patients set the agenda and run the group themselves.

While the group is still small in numbers and does not yet represent younger patient age-groups numbers are growing slowly and the Committee has plans to address the matter of unrepresented groups of patients, e.g. by contacting local educational establishments offering courses in Health & Social Care subjects seeking young patients who might become involved for the period of their course.

The practice has a very small ethnic population, some 1.7% of patients as defined by the latest Census and NHS data coding, spread across a number of ethnicities. Numbers in any ethnic group are not statistically significant and, while everyone is welcome to join the Group, it is felt that addressing other sections of the community to be more important, e.g. young mothers, working-age men, those who are deprived (Public Health definition as per their Annual Report) and those identified from the previous practice survey. Rurality and isolation are of greater concern.

The practice uses various events and approaches to engage patients who may be isolated, such as those with Learning Disabilities and Carers, the engagement with Suffolk Family Carers and their presence in the practice on a weekly basis, promotion of engagement at our annual Influenza Campaign Walk-In Clinics, &etc.

2. Method and Process for Agreeing Priorities for the Local Practice Survey

The practice survey was developed last year by the Group and was reviewed by them in December. This year's survey was amended in light of learning from the previous survey and new questions added.

Again, it should be stressed that these are mainly the patient's questions, those added by the practice with the Groups agreement are there to measure the effectiveness of actions and processes new since the last survey, introduced largely because of that survey or because we wish to test preparedness for the requirements of new contracts, e.g. over-75's having a named GP.

It was felt by the Group that they had actually asked most of the questions they felt to be most relevant in the previous survey and that asking these again would present an opportunity to measure progress against their priorities.

The survey was discussed at two Group meetings, with suggested amendments discussed via e-mail in the interim. The survey was carried out across all five practice surgeries for a week. Some Group members attended various surgeries during this period to observe how patients were engaged by reception staff in the survey and a recommendation was made at a subsequent meeting about how this might be improved.

The practice website has been refreshed and the new version made available to patients on 8th March 2014. The survey is now available for printing or for online completion. This will gather patient feedback in real-time and may allow the Group and the Practice to be more responsive.

3. Details and Results of the Local Practice Survey

The latest annual survey was conducted during the week commencing 20th January 2014 across all five practice surgeries. This is during a month when well recognised “Winter Pressures” increase demand on services and is likely to place severe stress on access to GP services.

127 forms were returned. This compares very favourably with the 130 aggregated forms (just 50%) returned to the NHS England surveys in January to March and July to September 2013.

The survey form and quantitative analysis of the survey can be found in Appendix 1 and 2.

While results for indicators such as the Friends-and-Family Test are higher in the practice survey when compared to the (weighted) NHS England surveys this may be explained by the practice survey having been completed *only* by service users and by the NHS England surveys having been carried out during a period of GP recruitment and while the practice had two GPs on Maternity Leave.

Future surveys will be made available online on the Practice website.

4. Discussing Survey Results with the Patient Reference Group (PRG)

The Group were first informed of preliminary, quantitative results at a meeting on 7th February 2014, with a report sent out the following week, and qualitative results will be discussed at the next meeting on 4th April 2014 where the Group will start to consider changes it wishes to propose to the practice and these will be developed following agreement.

This is an evolutionary process with timescales agreed as appropriate between the Group and the practice.

5. Agreeing an Action Plan with the Patient Reference Group (PRG)

So far action plans have addressed issues for the practice and these plans are evidenced in the minutes of Committee meetings. While patient concerns for services outside of the practice or that patients wish to see provided locally do inform discussion with WSCCG and from time-to-time are raised in monthly meetings with WSCCG management these have yet to require action plans.

However, it is very clear from the initial report on this year's survey, as it was from last year's survey, that patients greatly value local provision of services. Particularly, patients feel that distance from a DGH is a major factor to them as service users and as a contributory factor in patient safety, take-up of care offered and compliance. This feeds into the Choice agenda and informs any practice involvement with the planning and commissioning of services by WSCCG.

An example of an action plan from the previous survey is a refresh of the practice website. A PRG Committee member was recruited to work with the practice in designing the website and its content. This work progressed between September and December 2013 and the practice website provider was tasked in January 2014. The final version of the new website is due to be made available to us on 24 February 2014, after which it will be populated with additional material by the practice. After consultation with the Committee member who worked with the practice on the design, the website will be presented to the Committee at our next meeting on 4 April 2014 and made available for public use thereafter.

As functionality becomes available we will improve online access to prescription ordering and make available the ability to register with the practice and amend registration details, e.g. address and telephone number.

One issue raised in our previous survey and that has been raised during the year, which is a contractual matter, is opening from 8 a.m. to 8 p.m. seven days a week. The practical implications were explored by the Committee and the practice and it was agreed that a consequent reduction in availability during core hours did not warrant changing surgery times. We openly discussed the recruitment situation prevailing in General Practice, at practice level, county level and within East Anglia

6. Publishing the Local Patient Participation Report

This report, minutes of the last PRG Committee meeting and analysis of the practice survey will be uploaded to our existing website by the end of February 2014 and to our new website as soon as this is available. This will complete all actions from previous plans arising from annual surveys.

The practice core opening hours are 8.00 a.m. to 6.30 p.m. Monday to Friday and extended hours are provided from 9 a.m. to 12.45 p.m. Saturdays. No distinction is made between accessing services in core or extended hours other than that appointments during extended hours are pre-booked, emergency access being contracted to an out-of-hours provider.

These hours are published in our practice booklet, at each of our five surgeries, on our website, on the NHS Choices website and on the Primary Care Web Tool.

Patients may access services by attending in person, by telephone or online via the practice website. Patients do from-time-to-time access services by letter and e-mail too and we accommodate patients who contact us by these means.

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 2013/14 .

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

Name: David Cripps Signed:

Surgery code: D83060 Date: 7 March 2014

Website: <http://www.hardwickehousesurgery.co.uk/>

FOR AT USE ONLY

Date Report Received by the AT: _____ Receipt Acknowledged by: _____

Report published and evidenced on Practice website by required deadline: _____

APPENDIX 1

In conjunction with our Patient Representation Group the Practice would like your views on the following questions so we can address areas of concern for both the Practice and patients. Your response will be completely anonymous.

1 a) Are you aware that we offer booked appointments on Saturday mornings? Yes / No

The Practice is open 08:00 to 18:30 Monday to Friday and Saturday mornings.

b) Are you happy with surgery times? Yes / No

c) Given that any increase in surgery hours beyond those already provided would reduce access mid-week and during the daytime, and if it was possible to change surgery opening times what, would be helpful to you and why?

2 Have you used the practice website? Yes / No

3 What would you like to have added to the practice website? e.g. links to other services, patient information, &etc.

4 Did you know that you can order repeat medication by e-mail? Yes / No

5 Did you know that you can book appointments online? Yes / No

6 We welcome the opportunity to learn and to improve services:

a) Would you register a concern about your treatment if you had one? Yes / No

b) Would you know how to register your concern? Yes / No

c) Are you aware that if you felt unable to register your concern with us that there is a service (PALS) who would help you? Yes / No

7 Are you are a carer? Yes / No

A Carer is a person who looks after a relative, partner or friend who could not manage without help because of illness, frailty, or disability.

If you are a carer,

a) Have you told us? Yes / No

The practice maintains a Carers register for a number of good reasons, e.g. carers often neglect their own health needs and it is helpful when making arrangements for carers if we know there is someone else whose care we should consider.

b) Are you aware of Suffolk Family Carers? Yes / No

8 Are you aware that you have a choice in deciding your place of treatment when you are referred to hospital and other services? Yes / No

9 If you have been referred for investigation or treatment, were you offered a choice by your doctor? Yes / No

10 What services not currently provided locally would you like to be commissioned in Sudbury?

11 Would you recommend us to other people? Yes / No

12 Are you aware that we have a Patients Representation Group? Yes / No

The group need more members to better represent the opinions of our patients. If you are Interested in joining our Group please contact our Practice Manager at Hardwicke House or by e-mail at david.cripps@nhs.net)

14 Are you aware of the Primary Care Cancer Nurse service available at the Practice ? Yes / No

15 If you are over-75, do you know who your named GP is? Yes / No

Thank you

APPENDIX 2



Microsoft Excel
Worksheet