

BURGESS ROAD SURGERY  
PATIENT PARTICIPATION GROUP  
FEEDBACK REPORT  
MARCH 2015



**This report must be published on the practice website no later than 31<sup>st</sup> march 2015.**

**Aims & Objectives**

The aim of the Patient Participation Scheme DES is to ensure that patients are involved in decisions about the range and quality of services provided and over time, commissioned by their practice.

The objectives are:

- To encourage and reward practices for routinely asking for and acting on the views of their patients.
- Involving patients in decisions that lead to changes to the services provided or commissioned either directly or as gatekeeper to other services
- Promote the proactive engagement of patients through the use of effective Patient Reference Groups (PRGs)
- Seek views from practice patients through the use of a local practice survey
- To share outcomes of the engagement and views of patients by publishing on the practice website

Maintain excellent access to services.

**This report summarises development and outcomes of Burgess Road Surgery's Patient Reference Group (PRG) in 2014/15.**

**It contains:**

**1. Establishing a Patient Reference 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 Reference Group (PRG)**

Details of how the Practice consulted with the Patient Reference Group (PRG).

**5. Agreeing an Action Plan with the Patient Reference 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 2011/14.

## **Step 1. Establishing a Patient Reference Group (PRG)**

Develop a structure that gains the views of patients and enables the practice to obtain feedback from the practice population e.g. a Patient reference group (PRG)

The achievement of this step will be dependent on practices being able to demonstrate that they have been proactive in encouraging a cross-section of their registered patients to become part of the PRG (whether successful or not):

### **Recruiting to the Patient Reference 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 advertising and encouraging patients to join the Group
- Paper copies of registration forms displayed in the Practice.
- Added information and a registration link on the Practice website ([www.burgessroadsurgery.co.uk](http://www.burgessroadsurgery.co.uk))
- Added an invitation message to the right hand side of repeat prescriptions.  
**(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 that we were planning to set up a “virtual” patient group using our Practice website and survey monkey to help us with this. Previous attempts to set up a patient group ‘in the flesh’ had failed.

We used patient sign up sheets in the waiting room to sign patients up to the group as well as in house posters/signs and we highlighted the group on our repeat prescriptions also.

We also promoted the group in our student registration fortnight (last week in September, first week in October) as our students make up 20% of our practice population.

We also have a notice on our Jayex patient call board inviting people to join

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.**

Please see the end of this report for a breakdown of the surgery practice profile. As at 1<sup>st</sup> February 2015 we had 57 members of our virtual group and we are actively still recruiting.

The group consists of 17 males and 40 females. Unfortunately not all of our age groups are represented at present but we are working on getting more of the under 16 group to join through advertising on our patient call display board, through student registration and through contacting local under 18 community groups.

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

### ***Agree areas of priority with the Patient Reference Group (PRG)***

#### **Component 2**

As part of component 2 of the DES, practices are required to agree which issues are priorities 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 Reference Group in identifying the priority areas for the survey questions i.e. via email, website etc.**

Through the sign up sheets patients were asked to tick which areas they felt were important to them, we looked at previous GP patient national surveys to identify the areas to be considered as well as DES guidance. The patients could tick as many areas as they wanted.

These areas were;

- Appointment system
- Telephone access
- General Review
- Online services

The current PRG was also surveyed in March 2014 to ask what they felt their priorities were. Responses for this were gathered in early 2014 and are below;

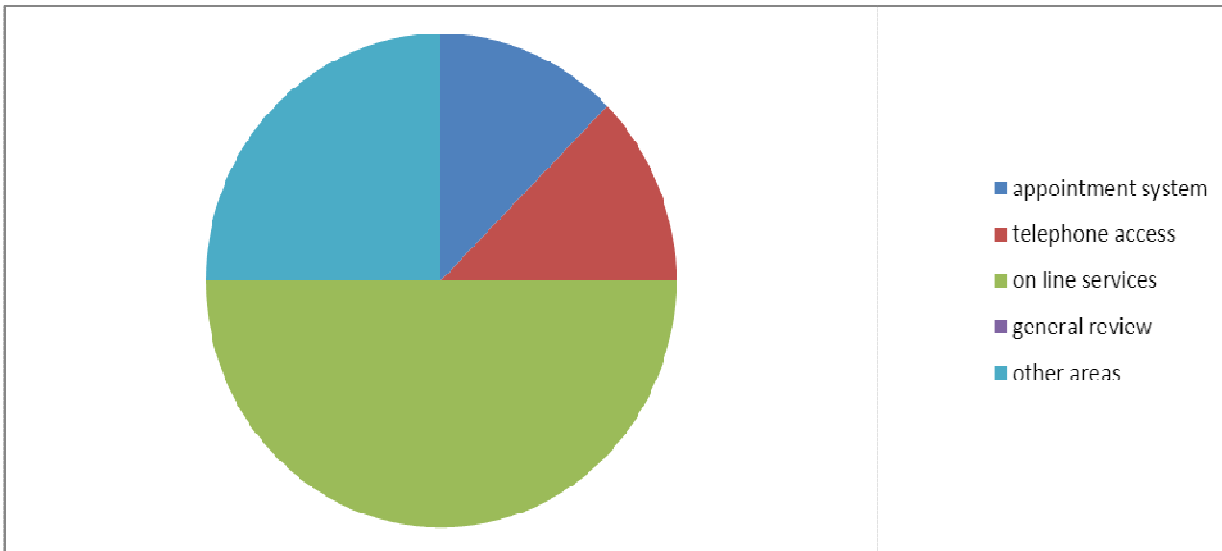


Adobe Acrobat  
Document

The overwhelming response was for further discussion on online access. The full survey which included additional questions on online access was emailed out to the group on 29<sup>th</sup> May 2015. We decided to ask the group which 3 areas they would like us to work on or change this year.

#### **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 on the patient sign up sheets and from the current PRG, the survey priorities were highlighted as follows;



### 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**

See previous section. We used survey monkey to conduct our survey as per previous years. The full survey on online access was emailed to all patients with a verified email address on 29<sup>th</sup> May 2014 and again on 19<sup>th</sup> November 2014.

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

Survey monkey has this tool built with in it. The practice purchased the enhanced package to enable it to analyse the survey responses in a clear and concise manner, one that could easily be understood by the PRG. All patients with an email address were surveyed; the survey was also put onto the surgery website so anyone visiting could respond also.

An email to our virtual patient reference group (57 members) was sent with a link attached to the full patient survey regarding on line access on 29<sup>th</sup> May 2014 We received 25 responses. Please see end of report for full survey results. The results were analysed in February 2015

### Step 4: Discussing Survey Results with the Patient Reference 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.*

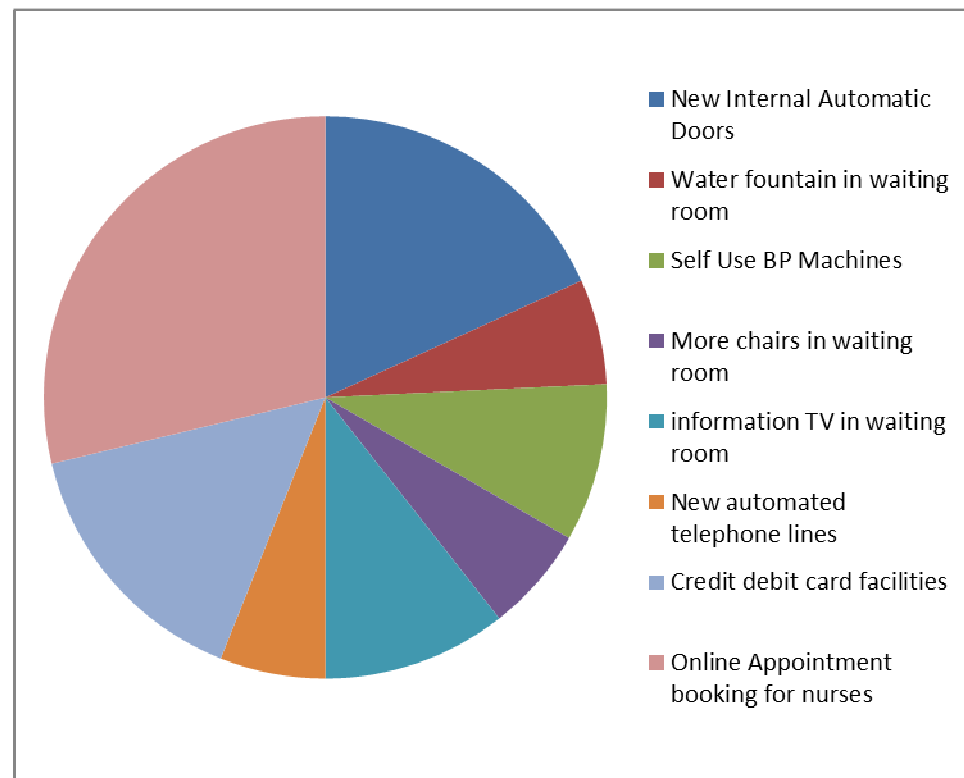
#### 4.1 The method used for those discussions and the date that discussions took place

PRG contacted via email on 23<sup>rd</sup> February 2015 with a copy of the survey results (emailed direct from survey monkey)

We invited our virtual members to give feedback on the results.

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

The survey revealed the following responses;



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

- To enhance the current online appointment booking to include nursing appointments and phlebotomy appointments. (This is being actioned from April 2015 for certain typed of routine nursing appointments dressings/NPHC etc... But not for chronic disease management appointments)

- To look at installing internal automatic doors making all entrance doors fully automated. (Funding has been applied for in the form of a premises grant for this to be installed, decision on funding is pending. If successful we will receive 66% of the funds needed)

- to install credit/debit card facilities for all non-NHS work (this has proved to be non-cost effective due to bank charges that would have to carry over to the patient but we are looking at alternatives currently)

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

Following the survey results and email discussion with our virtual patient group, it was suggested that we

- Enhance the current online appointment booking to include nursing appointments and phlebotomy appointments. (This is being actioned from April 2015 for certain typed of routine nursing appointments dressings/NPHC etc... But not for chronic disease management appointments)
- To look at installing internal automatic doors making all entrance doors fully automated. (Funding has been applied for in the form of a premises grant for this to be installed, decision on funding is pending. If successful we will receive 66% of the funds needed)
- to install credit/debit card facilities for all non-NHS work (this has proved to be non-cost effective due to bank charges that would have to carry over to the patient but we are looking at alternatives currently)

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

As above.

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

April 2015

## **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. NESH 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*
- *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 to the profile of our Virtual Patient Reference Group at the end of this report.

#### **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**

##### Additional Info

In order to ensure we had complete engagement of the community, emails were sent to the following organisations notifying them of the existence of the PRG and asking them to share with its members;

Age concern

EU Welcome

Southampton City Council communities division

St Andrews Church community group

Southampton University students union

Evidence of responses from these groups is available.

#### **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 full survey on online access:

[www.Burgessroadsurgery.co.uk](http://www.Burgessroadsurgery.co.uk)

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

Not applicable

#### **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 extended hour's service commences from 7.30am – 8am Monday – Thursday and every Saturday from 8am – 10.20am



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

As above

**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 Patient Participation DES 2014/2015**

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

**Name:** Miss Tamzen Hogben

**Designation:** Practice Manager

**Date:** 9<sup>th</sup> March 2015

Report published and evidenced on Practice website by required deadline

## **Practice profile**

Show how the practice demonstrates that the PRG is representative by providing information on the practice profile:				
Practice population profile		PRG profile		Difference
<b>Age</b>				
% Under 16	19.3	% Under 16	6	-68.9
% 17 - 24	22.5	% 17 - 24	20.5	-8.8
% 25 - 34	19.8	% 25 - 34	22.4	13.3
% 35 - 44	12.7	% 35 - 44	22.5	77.1
% 45 - 54	9.8	% 45 - 54	9.8	0
% 55 - 64	7.1	% 55 - 64	8.3	16.9
% 65 - 74	4.7	% 65 - 74	6	27.6
% 75 - 85	2.9	% 75 - 85	4	37.9
% Over 85	1.2	% Over 85	0.5	-58
<b>Ethnicity</b>				
White		White		
% British Group	54	% British Group	77.5	43.5
% Irish	0.5	% Irish	0	-100
Mixed		Mixed		
% White & Black Caribbean	0.2	% White & Black Caribbean	2.5	1150
% White & Black African	0.2	% White & Black African	0	-100
% White & Asian	0.4	% White & Asian	0	-100
Asian or Asian British		Asian or Asian British		
% Indian	8.8	% Indian	7.5	-14.7
% Pakistani	4.3	% Pakistani	2.5	-41.8
% Nepalese	0.1	% Nepalese	0	-100
% Bangladeshi	1.1	% Bangladeshi	0	-100
Black or Black British		Black or Black British		
% Caribbean	0.2	% Caribbean	2.5	1150
% African	3.9	% African	6.5	66
Chinese or other ethnic group		Chinese or other ethnic group		
% Chinese	4.3	% Chinese	1	-76.7
% Any Other	22	% Any Other	0	-100
THERE ARE PEOPLE REGISTERED WHO CURRENTLY HAVE NO ETHNICITY RECORDED ON THEIR RECORD				
<b>Gender</b>				
% Male	52.8	% Male	29	-45
% Female	47.2	% Female	71	50.4