



NHS Cambridgeshire and NHS Peterborough
working in partnership

Buckden and Little Paxton Surgeries

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 enhancedservices@cambridgeshire.nhs.uk by no later than 31st March 2013
Introduction

The purpose of the Patient Participation Directed Enhanced Service (DES) commissioned by NHS Cambridgeshire 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 Reference 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 Buckden and Little Paxton Patient Reference Group (PRG) in 2012/13.

It contains :

1. Maintaining the Patient Reference Group (PRG)

A summary of the continuing recruitment process used to ensure that the PRG is of sufficient size and is 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 Practices 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 2012/13

1. Maintaining the Patient Participation Group

Maintain the structure that gains the views of patients and enables the Practice to obtain feedback from the Practice population via the Patient Reference Group (PRG)

DES Component 1

As part of component 1 of the DES Practices are required to establish a Patient Reference Group comprising only of Registered Patients and use best endeavours to ensure their PRG is representative.

Recruiting to the Patient Reference Group (PRG)

1.1 The Practice is required to confirm the on going process used in order to continue to recruit to their PRG (tick all applicable and provide samples if appropriate)

- | | |
|--|--|
| <input type="checkbox"/> Wrote to patients (attach letter) | <input checked="" type="checkbox"/> Put up Posters in Practice |
| <input checked="" type="checkbox"/> Offered leaflets to all patients attending practice (attach leaflet) | <input type="checkbox"/> Emailed patients |
| <input type="checkbox"/> Put information on the practice website (attach web link) | <input checked="" type="checkbox"/> Other |
- below)* *(please provide details in point 1.2*

1.2 The Practice is required to provide details of all other methods of engaging patients and how they are ensuring continued engagement with the PRG established in 2011-12.

Response to the recruitment of patients to the PRG last year was highly successful and those whose details were given last year were also invited to take part in the survey this year. Nevertheless, posters and leaflets are displayed in the waiting rooms of both Buckden and Little Paxton Surgeries throughout the year inviting patients to take part in the PRG and leaflets asking for their details are displayed and handed to patients via the receptionist if an interest is shown. We had an intense recruitment drive on our annual 'flu day' in which patients were asked proactively by the receptionists if they would like to join the PRG and signed consent forms to be contacted.

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 any changes to their own demographics in order to ensure the PRG is a representative sample of the population.

| | | |
|--------------|---|-------|
| 30 and under | - | 4.1% |
| 31-50 | - | 19.3% |
| 51-64 | - | 33.9% |
| 65 and over | - | 43.6% |

Buckden and Little Paxton Surgeries can both be described as 'semi-rural' surgeries. 67% of all patients are registered with Buckden. The remaining 33% are registered with Little Paxton. 52% of our patients are over 45 years of age. The percentage figures pulled directly from the patient survey is indicative of a predominately older patient list. Looking back over last year's survey results, the 65 and over bracket gave us approximately 10% lower responses and this year's responses is indicative of an ageing population with access to the internet who wish to actively engage with our PRG. A full list of demographics of the patients that responded is attached at question 10.

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 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 and **building on the 2011-12 survey and results**, 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.

In the first instance, the Buckden Surgery Patients Association (BSPA) was consulted on the merits of a PRG. The BSPA supported the practice in agreeing that a virtual patient group should be formed and that this would help to advertise and enhance their own good work. The BSPA felt that a virtual group would better transcend the wide spread of the area over which our patients live and after discussion, an agenda was raised on the basis of which to form our patient survey. There have been many changes over the last year in respect to cleanliness, our telephone system, the tidying up of our waiting room at Buckden surgery and other aspects and we felt that it was important to understand whether the PRG had an opinion on such changes. We also felt it important to revisit areas where changes have occurred in direct response to last year's patient survey.

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

Telephone Access (to assess whether improvements had been made since the last questionnaire)
- We have had a brand new telephone system installed since our last survey giving options that were not available to the caller before the upgrade. The BSPA and the Practice felt it was important to know if the upgrade has been successful. We are pleased to say that over 45% felt the system had improved.

Cleanliness and Infection Control

– removing the children's playhouse from our Buckden surgery due to cleanliness and infection control issues, led us to creating a new play area for children though we were aware that there might be some protest as to its removal from those with small children. The results from the free type box showed that some were pleased it had been removed as it had 'promoted noisy play' and the alternatives provided seem to be well received.

Wider introduction to the possibilities of consultation with our newly appointed Nurse Practitioner.

- Free type boxes revealed that we need to promote this aspect of our services more readily as 58% said they didn't feel they knew enough about the Nurse Practitioner's role.

Privacy and Respect

- An open plan office is not always conducive to telephone calls of a confidential nature and free type boxes on our patient survey gave us to understand that patients still feel that they are overhearing conversations of a private or confidential nature. We are running a continuous improvement training programme for front line staff and improvements and adjustments have been implemented but we feel this might take some time before patients appreciate the positive differences already being made.

Step 3. Details and Results of the Local Practice Survey

Collate patient views through the use of a survey

Component 3

As part of component 3 of the DES Practices are required to collate patients' views through a local practice survey and inform the Patient Reference Group (PRG) of the findings.

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 The Practice is required to confirm how it determined the questions to be used in the survey?

The questions were devised in line with the priorities set out in the discussions referred to at step 2.1 and 2.2 above.

3.2 The Practice is required to confirm what method(s) it used to enable patients to take part in the survey? i.e survey monkey, Paper survey, email, website link.

The practice circulated the questionnaire using the online tool 'Survey Monkey'. The questionnaire was sent via 'blind copy' email to each virtual patient group member and given a two week period in which recipients were able to respond.

3.3 The Practice is required to confirm how it collated the results

The responses were collated using Survey Monkey. From this statistical data, the Practice were able to analyse and build a report for circulation to the virtual patient group and the BSPA

3.4 The Practice is required to confirm the dates of when the survey was carried out and provide a copy of the survey to demonstrate how the Practice has reflected the priority areas in the questions used.

The Practice undertook the Patient Survey by questionnaire in the last two weeks of January 2013. The questions asked as shown in the survey report were developed from discussions within the practice and with the BSPA

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

Provide the Patient Reference Group (PRG) with the opportunity to discuss survey findings and reach agreement with the PRG of changes to services.

Component 4

As part of component 4 of the DES Practices are required to provide the Patient Reference Group (PRG) with the opportunity to comment and discuss findings of the local practice survey and reach agreement with the PRG of changes in provision and manner of delivery of services. Where the PRG does not agree significant changes, agree these with the PRG.

4.1 The Practice is required to describe how it sought the views of the PRG on the findings of the survey and any proposed changes highlighted from it.

The survey report and a draft action plan were circulated to members of the Buckden Surgery Patients Association (BSPA) committee at the BSPA committee meeting on March 6th. The report was reviewed/discussed and the action plan was finalised in line with the committee's views. The completed survey report was sent by email to all members of the virtual patient group for their information and to give them a further opportunity to comment. The survey results were placed on the website.

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

Agree and Action Plan with the Patient Reference Group (PRG) and seek PRG/PCT agreement to implementing changes.

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 Practice is required to produce a clear Action Plan that relates to the survey results and attach a copy of the agreed Action Plan for 2012/13.

The draft action plan was discussed, revised and finalised at the BSPA Committee meeting held on 6th March 2013 and is attached.

5.2 The Practice is required to confirm how it consulted with the PRG to agree the Action Plan and how it sought agreement from the PRG to implement any changes.

The survey report and the agreed action plan will be circulated to all members of the virtual patient group defining the process by which the action plan is based. Any comments from the virtual group will be used as a basis of further practice debate, or indeed our next annual survey.

5.3 The Practice is required to advise whether there are any elements that were raised through the Survey that have not been agreed as part of the Action Plan and if so should outline the reasons why.

It was agreed that not all areas of the survey should be included in the action plan so that the plan could be wholly focused.

Positive feedback from this year's survey proved that implementations of the plan from last year's survey were already benefiting the patients and therefore did not need inclusion in the action plan for 2012/13.

5.4 The Practice is required to confirm whether there are any contractual changes being considered if so please give details, as these will need to be agreed by the PCT.

No such changes are being considered.

Step 6. Publishing the Local Patient Participation Report

Publicise actions taken and subsequent achievement

Component 6

As part of component 6 of the DES the practices is required to publicise the Local Patient Participation Report on the Practice website and update the report on subsequent achievement.

The Practice should publicise the report as extensively as possible and ensure it appears on the Practice website **by no later 31/03/2013**.

6.1 The Practice is required to provide details of where the Local Participation Report has been published (include the link to the Practice website)

It will or already has been published to all members of the virtual patient group. Copies will be placed in the waiting room and staff rooms at both surgeries. The report and action plan will be published on the practice website. The report and action plan will be reviewed at our Primary Care Health Team Meeting.

http://www.bandlp.co.uk/ppg/Patient_Participation_Report-Feb_2013.doc

6.2 The Practice is required to provide any updates on progress against:

2011/12 Action Plan

Telephone Access – 2011/12 comments made by the virtual group brought to our attention a concern in which we needed to improve access to emergency appointments.

Repeat Medication – 2011/12 action plan called for better awareness of the repeat medication service available on the internet via the website.

2012/13 Action Plan

Posing the question as to telephone access threw up no issues with trying to allocate an emergency appointment which was on the action plan of the 2011/12. This is most likely due to an increase in emergency appointments allocated on a daily basis, longer evening surgery hours on a Monday night and an improved telephone system allowing patients to get through to the surgery more readily.

Repeat Medication – This service is being used readily via our patients and some of the virtual group free-typed how useful this service has become to them. We have updated our practice literature to reflect this service and added notices adjacent to the dispensary hatch in to remind service users of this facility. Dispensary staff have been well versed at verbally pushing this service over the past year and has resulted in an uptake over the past year.

Internet access overall will increase further as we intend to seek consent to send certain routine documentation via email to our patients.

In addition the Practice required to provide details of Practice opening hours and how Patients can access services through core hours

6.3 The Practice is required to confirm Practice opening hours and give details on how Patients can access services during core hours (8am-6.30pm)

| | | | | | |
|------------------|----------------------------|----------------------------|-------------------------------------|---------------------|---------------------|
| Buckden | 8.00am - 8.30pm | 8.00am - 6.00pm | 8.00am - 6.00pm | 8.00am - 2.00pm | 8.00am - 5.00pm |
| | Dr Irwin | Dr Brinkhurst | Dr Irwin | Dr Irwin | Dr Goodwin |
| | Dr Fagnoli | Dr Fagnoli | Dr Goodwin | Dr Goodwin | Dr Fagnoli |
| | Dr Leonard | Jackie Baker | Dr Brinkhurst Jackie Baker | Dr Brinkhurst | Jackie Baker |
| | Dr Irwin | Dr Irwin | Dr Irwin | CLOSED | Dr Goodwin |
| | Dr Fagnoli | Dr Brinkhurst | Dr Goodwin | 2.00pm | Dr Fagnoli |
| | Dr Leonard | Dr Fagnoli Jackie Baker | Dr Brinkhurst | | Jackie Baker |
| Little Paxton | 8.00am - 6.00pm | 8.00am - 12.30pm | 8.00am - 6.00pm Closed for lunch | 8.00am - 12.30pm | 8.00am - 5.00pm |
| | Closed for lunch | | | | Closed for lunch |
| | Dr Goodwin Jackie Baker | Dr Irwin | Dr Leonard | Dr Fagnoli | Dr Brinkhurst |
| | Dr Goodwin Jackie Baker | CLOSED 12.30pm | Dr Leonard | CLOSED 12.30pm | Dr Brinkhurst |

At lunch periods and on a Tuesday afternoon, the Little Paxton telephone is redirected so that any calls will be received at Buckden Surgery. On Thursday afternoons, the telephone system has an automatic message allowing the patient to be put through to NHS Direct, or the on call doctor (1pm – 6pm). Likewise on a Friday afternoon, the telephone system provides an automatic message allowing the patient to be transferred to NHS Direct, or the on call doctor (5pm – 6pm).

Where a Practice is commissioned to provide Extended Hours the Practice is required to confirm the times at which patients can see individual health care professionals

6.4 The Practice is required to provide details of any extended hours provided and details of access to Health care Professionals during this period.

The practice provides GP led and Nurse led clinics on a Monday evening between the hours of 18:30 and 20:30.

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:

Signed:

Designation

Date:

FOR PCT USE ONLY

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

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