

Buckden and Little Paxton Surgeries

Patient Participation Report 2013/14

Guidance notes

This report must be published on the Practice website and a copy submitted to england.ea-des-activity@nhs.net by no later than 31st March 2014.

(This report should be used as a standard report template. It is annotated throughout to ensure the required information is documented appropriately. These guidance notes will be in grey and should be removed from the version uploaded onto your website to make the report easier for patients to read)

1. Maintaining the Patient Reference Group (PRG)

A summary of the process in place to annually review the practice profile to ensure the group is as representative as possible and, if not, the continuing recruitment process used to demonstrate every effort has been made to engage with any unrepresented groups.

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 annual practice survey.

3. Details and Results of the Local Practice Survey

A description of the local practice survey, 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) on the survey findings

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 on the practice website by the 31.03.14

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 2013/14

1. Our Patient Participation Group

1.1 If this is the first year of your PRG, has a constituted structure been developed to reflect the practice population and to obtain feedback? How were representatives sought and what work was carried out to engage with any underrepresented groups?

1.2 If this is not your PRG's first year, is the PRG still representative of the practice population? If there are underrepresented groups, how does the practice try to engage with them?

Buckden and Little Paxton surgeries can both be described as 'semi-rural' surgeries and 65% of all patients are registered at Buckden Surgery. 52% of patient population is over 45 and 22% of our entire population of 8200 patients are over 65. The majority of our answers to this year's survey came from the over 65 age bracket (39.9%), closely followed by the 61-64 age bracket. This is indicative of our patient population and we are satisfied that we had no underrepresented groups.

Guidance Notes: 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.

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

Guidance notes: 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 including the identification of:

- Patients priorities and issues
- Practice priorities and issues including themes from complaints
- Planned Practice changes
- Care Quality Commission (CQC) related issues
- National GP and/or Local Patient Survey issues

2.1 How were the views of the PRG sought to identify the priority areas for the survey questions i.e a meeting, via email, website etc?

Regular contact with the PRG meant that the practice were informed as to what inclusions the PRG preferred. On this occasion, suggested questions were emailed to the PRG members and were asked their opinion on appropriateness and advice on any preferable topics or changes to questions. Some questions were suggested to have alternative wording but in the main, the practice were aware of the PRG's priorities and the PRG were satisfied with the questions presented.

2.2 How have the priorities identified been included in the survey?

The PRG are very aware of CQC's imminent inspection and felt inclusion of an Infection Prevention and Control question was important, (CQC Outcome 8 / Question 8 in the survey). The PRG also felt it was important that the survey promoted some of the areas in which PRG money had been spent in improving this outcome.

Step 3. Details and Results of the Local Practice Survey

Guidance Notes: 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 Was a survey carried out between 01.04.13 and 31.03.14?

Yes

3.2 What method(s) were used to enable patients to take part in the survey (i.e. survey monkey, paper survey, email, website link) and why?

Survey Monkey via email sent to patients.

3.3 Was the survey credible (was the response rate sufficient to provide 'the reasonable person' with confidence that the reported outcomes are valid)?

Of the 1700 people we emailed, we received a 27% response rate to our survey therefore the reported outcomes are extremely valid. 2012-13's response rate was 218 patients. However, this year our response rate was 456, an increase of 238 respondents.

3.4 Please provide a copy of the survey and the analysis of the results of the survey.

Attached.

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

Guidance notes: 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 How were the survey results discussed with the PRG and any proposed outcomes agreed?

The senior partner of Buckden and Little Paxton Surgeries along with the Practice Manager, met with the PRG on Tuesday 4th March 2014 in which a full discussion of the survey results was had. The survey results were emailed to the PRG members the previous week for discussion, proof reading and valid amendments/comments. This is ahead of emailing the wider patient circulation with the agreed results and circulating throughout the surgery waiting rooms. The PRG were very happy with the response rate, the relevant data it produced and the presentation. The PRG felt it was entirely relevant. We talked in particular about confidentiality relating to the reception area environment and discussion will be had at the next quarterly meeting re possible options to reduce noise. This will roll into next year's patient survey. Any further proposed outcomes and indeed submissions for further surveys will be discussed throughout the year and subsequent PRG quarterly meetings.

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

Guidance Notes: Agree an action plan with the Patient Reference Group (PRG) and seek PRG/AT agreement to implement 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 What action plan was agreed and how does this relate to the survey results?

The action plan is entirely based on the results of the patient survey and can be found in Annex B of the survey report.

5.2 How was the PRG consulted to agree the action plan and any changes?

The action plan was emailed to the PRG at the same time as the completed draft patient survey and asked for specific feedback on both before the meeting of 4th March and before being circulated to our patients in the wider community.

5.3 If there are any elements that were raised through the Survey that have not been agreed as part of the action plan what was the reason for this?

None. All valid elements raised through the survey have been entered into the action plan.

5.4 Are any contractual changes being considered? If so please give details and confirmation that these have been discussed with the AT.

No such changes are being considered.

Step 6. Publishing the Local Patient Participation Report

Guidance Notes: Publicise actions taken and subsequent achievement

Component 6

As part of component 6 of the DES the practices is required to publicise this Local Patient Participation Report on the Practice website and update the report on subsequent achievement **by no later than 31/03/2014**. A copy must also be sent to the AT by then.

6.1 Are there any further actions that have occurred from the:

2011/12 Action Plan

Action plan details were included in last year's report for 11/12 and no further action points have been raised.

2012/13 Action Plan

- ❖ Flu day advertising – we worked hard on ensuring emails went out to those who were eligible for flu jabs to attend our flu day after comments that there had not been enough advertising during 2012's flu day and indeed, we had a record attendance on the day. However, despite a rise in attendance, and a healthy take-up, there were a few comments which means we feel we need to advertise even more extensively.
- ❖ Confidentiality at the reception desk remains high on the agenda. All staff has undergone confidentiality training during this last financial year and are encouraged to use unidentifiable means of communicating with each other when discussing a patient. However, the layout of both Buckden and Little Paxton Surgeries means that telephone conversations can sometimes be overheard and we remain reliant on continual staff training to overcome any breaches in confidentiality. More confidentiality training is planned for Clinical Governance Closure in June 2014.
- ❖ Understanding of a nurse practitioner's role. We made reference to our NP's role during a newsletter after the 2012/13 survey, and it appears that there is a vast improvement in our patients' knowledge. Last year 58.3% of respondents said they did not know enough about the NP's role. This year, this has dropped to 37.1%. Judging by comments however, it appears that there is still some confusion as to what a NP is capable of bringing to the practice and patient care. We have produced another newsletter since the survey was closed which details again the NP's role and this was circulated at the early part of February 2014.



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

6.3 What are the practices opening hours and how can patients access services during core hours (8am-6.30pm)

	Monday	Tuesday	Wednesday	Thursday	Friday
Buckden	8.00am - 8.30pm	8.00am - 6.00pm	8.00am - 6.00pm	8.00am - 2.00pm	8.00am - 5.00pm
AM	Dr Irwin Dr Fagnoli Dr Leonard	Dr Brinkhurst Dr Fagnoli Jackie Baker	Dr Irwin Dr Goodwin Dr Brinkhurst Jackie Baker	Dr Irwin Dr Goodwin Dr Brinkhurst	Dr Goodwin Dr Fagnoli Jackie Baker
PM	Dr Irwin Dr Fagnoli Dr Leonard	Dr Irwin Dr Brinkhurst Dr Fagnoli Jackie Baker	Dr Irwin Dr Goodwin Dr Brinkhurst	CLOSED 2.00pm	Dr Goodwin Dr Fagnoli Jackie Baker
Little Paxton	8.00am - 6.00pm Closed for lunch	8.00am - 12.30pm	8.00am - 6.00pm Closed for lunch	8.00am - 12.30pm	8.00am - 5.00pm Closed for lunch
AM	Dr Goodwin Jackie Baker	Dr Irwin	Dr Leonard	Dr Fagnoli	Dr Brinkhurst
PM	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 111 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 11, or the on call doctor between 5pm and 6pm. Thereafter, patients are redirected to Urgent Care Cambridge over the weekend or until 8am on a week day when the phones reopen.

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 Do you provide extended hours? If so, what are the timings 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 – *this is only required as part of the report submitted to the AT*

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 Area Team and published on the Practice website on behalf of the Practice by:

Name:Adele Slaney.....
Surgery code:D81045.....
Website:

Signed:Adele Slaney.....
Date:05.03.14.....

FOR AT USE ONLY

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

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