

Patient Participation Directed Enhanced Service 2011/12 Template

Practice Details

Practice Name	Shakespeare Surgery
Practice Code	P92653
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Component One – Develop a Patient Reference Group

Patient Reference Group profile		
Show how the practice demonstrates that the PRG is representative by providing information on the PRG profile		
Number of Face to Face Members	5	
Number of virtual members	3	
Age & Sex breakdown	Male	Female
Under 16 -	0	0
17 – 24 -	0	0
25 – 34 -	1	1
35 – 44 -	0	1
45 – 54 -	1	0
55 – 64 -	1	1

65 – 74 -	1	0
75 – 84 -	0	1
Over 84 -	0	0
Ethnicity		
White	3	2
Mixed	0	1
Asian or Asian British	1	0
Black or Black British	0	0
Chinese or other ethnic group	0	1
Other (e.g. no of carers/ no of unemployed/retired etc)	Male Members include: 1 x Student 2 x Employed 1 x retired/Carer	Female Members include: 1 x Carer 1 x retired 1 x employed 1 x unemployed
Differences between the practice population and members of the PRG		
<p>Please describe variations between the practice population and the PRG.</p> <p>I think the group has a good variation of patients, there is a mixture of male and female across a good age range each with their own set of life skills.</p> <p>I have ensured that our patient participation group is representative of our practice populations. The ethnicity of our patients is predominately White/British and I have made an effort and succeeded in recruiting other ethnicities to the group.</p> <p>I have also been mindful of recruiting members with different employment statuses to ensure opinions were varied not bias. We have members who are employed, unemployed, retired, full time carers and a student all who contribute differently to the group.</p>		

If there is a variation what did the practice do to ensure that every effort was made to get a representative number of patients on the group?

Every effort was made to ensure we had a representative number of patients involved with the group and we are still actively recruiting more. We used several techniques to advertise the group and contacted patients in various ways.

We initially selected 15 patients at random and wrote to them explaining what our aim was and why we think it's valuable to form a PRG. A selection of patients were keen to join immediately.

We also thought it was important to reach patients that we don't see at the surgery often to ask for their opinion, we each gave names and suggested these would be contacted and invited also. This group tends to be the "young and fit" and proved to be the most difficult patients to agree to join.

We were also mindful that housebound patients and patients based in residential care, could be classed as "out of reach" patients and decided to send leaflets to them, explaining the group and suggested we could contact them by post/telephone or email if they struggle to come to surgery.

We then advertised in reception so this would include a broader range of patient's old, young, different ethnicities, and employment statuses. We thought it was important to give every patient the opportunity to join the group if they wish.

Component Two – Validate the survey and action plan through the local patient participation report

Priorities

Please describe how the PRG agreed what the priorities were e.g. included in the local practice survey

We thought the priorities would be based on what would be the main reason a patient contacts the surgery for, and see what issues surround this. This seems to be a sensible starting point rather than addressing systems that are working fine.

We discussed this and agreed that the main reasons to contact us would be

1. Appointment/Speak to a Dr
2. Order a repeat prescription/query a prescription
3. the above lead on to issues getting through on telephone at busy times of the day

another suggestion from a member was to make it clearer "who's who" at the surgery, because we are a teaching practice there are new faces coming and going, and the group agreed it would be helpful to patients to be made aware who the trainee Drs are and how long they are with the practice for.

Component Three – Collate patient views through the use of a survey

Patient Survey

Describe how the questions were drawn up for the survey

Long discussion was had around the type of questions we felt appropriate and important to ask questions that would help determine what areas we could improve. The members spoke about their own personal issues and wondered if others may have similar views.

We went on to discuss the “Patient Journey” from calling the practice, making an appointment, seeing the Dr and so on. We thought about what issues could arise from this journey for example, cant get through to make the appointment/telephone line busy etc.

We thought it would be a good opportunity to ask patients questions that they may be afraid to mention, like did you have confidence dealing with the reception team or did you have confidence in the Dr you have seen today. From the feedback given we could look at where these kind of issues lie.

We felt that as a group we covered all aspect and patients could answer honestly because all the questionnaires where anonymous. They where also given the option to write any additional comments.

How was the survey conducted? (e.g. how many surveys were distributed, how were they distributed, how many were completed)

We agreed to aim for 20 questionnaires to be completed; this proved to be successful and received 20 responses. They were handed out to random patients who came into contact with the practice making an appointment, ordering a repeat prescription or just making a general enquiry.

What were the survey results?

Q1. When did you last see a Doctor at the Surgery?

In the past 3 months	13
Between 3 and 6 months	4
More than 6 months	3

Q2. Did you have confidence and trust in the GP you saw?

Yes, definitely	17
Yes, to some extent	2
No , not at all	0
Don't know, can't say	1

Q3. When did you last see a Nurse at the Surgery?

In the past 3 months	8
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Between 3 and 6 months	5
More than 6 months	7

Q4. Did you have confidence and trust in the Nurse you saw?

Yes, definitely	18
Yes, to some extent	1
No, not at all	0
Don't know, can't say	1

Q5. Have you ever tried to see the GP fairly quickly?

Yes	19
No	0
Can't remember	1

Q6. Were you able to see a GP on the same day or within the next 2 working days?

Yes	18
No	0
Can't remember	1

Q7. How easy do you find the following?

	Not tried	Very Easy	Fairly Easy	Not very easy	Not at all easy	Don't know
Speaking to a GP on the phone	8	6	4	1		1
Speaking to a Nurse on the phone	14	3	1			2
Obtaining test results on the phone	11	6				3

Q8. Are you aware you can book an appointment more than 2 days in advance?

Yes	10
No	10

Q9. How helpful do you find the receptionists at the surgery?

Very helpful	20
Fairly helpful	0
Not very helpful	0
Not at all helpful	0

Q10. How satisfied are you with the opening hours at the surgery?

Very	17
Fairly	2
Neither satisfied or dissatisfied	0
Quite Dissatisfied	0
Very Dissatisfied	0
Don't know the opening hours	1

Q11. As far as you know is the surgery open...

At Lunchtime	17
After 6.30pm	3

Q12. Did you know the surgery has its own Website where you can order repeat prescriptions?

Yes	11
No	9

Q12. Did you know the practice has a Patient participation Group

Yes	2
No	18

Additional Comments from patients:

- I have been registered with Shakespeare Surgery for 3 years along with both of my daughters. I have always found the Drs very helpful and never feel intimidated speaking to them about any issues I have.
- The staff are great
- I can always see a Dr When I need too.

Describe any other methods in which the views of registered patients were sought.

- Feedback forms available in reception
- Practice manager available to discuss issues with patients also to discuss things that patients are pleased with
- There is a feedback form on the website/also for general comments/issues etc

Component Four - Provide the PRG with an opportunity to discuss the survey findings and reach agreement with the PRG on changes to services

Agreed Actions

How did you provide the PRG with the opportunity to comment and discuss the findings of the local practice survey?

A meeting was arranged for the members to come along and discuss the results of the recent survey, for members that could not attend all discussions are documented and emailed or sent in the post for comment/discussion.

All members of the group were pleased because the results of the survey confirmed what the group initially thought was important areas to address, and proves that looking at the patient journey from start to finish helps to establish what the issues are and where we can improve.

Were there any disagreements?

None

How were any disagreements resolved?

N/A

Component Five – Agree an action plan with the PRG and seek PRG agreement to implementing changes

Action plan	
How did you agree the action plan with the PRG?	
<p>We wanted to be sensible about how we implement changes and always keep them realistic. We decided to concentrate on 3 main areas.</p> <ol style="list-style-type: none"> 1. Getting thought on the telephone, which impacted on number 2 2. Changing procedure for ordering repeat prescriptions (we feel this takes up a lot of time on the telephone, so we decided to accept written requests, via post, email, website ordering facility, pharmacy or fax. 3. To have a staff board in reception to give patients information about “who’s who” and what their role is within the practice. <p>All members, including my self and the staff at the surgery thought this was a good way forward and would address issues that came back from the survey and general patient feedback.</p>	
What did you disagree about?	
Nothing	
Are there any contractual considerations to the agreed actions?	
No	
Please include a copy of the agreed action plan including a summary of any further action to be taken.	
SHAKESPEARE SURGERY – Action Plan	
Objective	<p>From the results of the questionnaire the following actions will be implemented starting 5/3/2012</p> <ol style="list-style-type: none"> 1. make it easier to speak to reception on the telephone 2. change prescription ordering procedure 3. set up staff board explain who everyone is at the surgery as confusion has been caused because we are a teaching practice and Drs tend to come and go.
Partners in Project	Patients face to face, virtual members, practice manager, GP’s and reception team.
Timescale	To be implemented by the 5/3/2012 reviewed after 4

		weeks.	
Milestones		Target Date	Actual Date
1	To monitor calls coming into the surgery and the reason for the call for a week.	27/1/2012 - 2/2/2012	Achieved date
2	To look at the results and establish what majority of calls are for	3/2/2012	Achieved date
3	Report and feedback to the group/team at the surgery	W/C 6/2/2012	Achieved date
4	To advertise new prescription ordering system via reception staff, posters, leaflets attached to prescriptions, speaking to patients when they call the surgery.	W/C 6/2/2012 - 5/3/2012	Ongoing
5	New system implemented/freeing up the telephones for patients to make appointments/general enquiries	5/3/2012	
6	Review new system address any issues 4 weeks later	5/3/2012 onwards	

Component Six – Publicise actions taken and subsequent achievements

Local patient participation report
Please describe how the report was advertised and circulated.
This was advertised in reception on the various notice boards, circulated between the group and many of them have family members registered with the practice. Also this will be uploaded on the practice website.
Please provide your website address and a link to where the report is located on the practice website

www.shakespearesurgery.co.uk

Opening Hours

Confirm opening times of the practice premises and method of obtaining access during core hours. This should include arrangements under extended hours where applicable.

	AM		PM	
Monday	08:15			18:30
Tuesday	08:15			18:30
Wednesday	08:15	13:00	closed	
Thursday	08:15			18:30
Friday	08:15			18:30

Staff both administrative and clinical is available between these times.