

LOCAL PATIENT PARTICIPATION REPORT 2013/14

Practice Name: Upminster Bridge Surgery__ F code: 82624_____

1 Establish a Patient Reference Group (PRG) comprising only of registered patients

The table below reflects the practice population and the PRG profile by age, ethnic group and gender.

| Practice population profile | Number | % of total | PRG profile | Number | % of total |
|-----------------------------------|--------|------------|-----------------------------------|--------|------------|
| A G E | | | | | |
| % Under 16 | 527 | 16% | % Under 16 | | 1% |
| % 17-24 | 251 | 8% | % 17-24 | | 10% |
| % 25-34 | 385 | 12% | % 25-34 | | 12% |
| % 35-44 | 376 | 11% | % 35-44 | | 11% |
| % 45-54 | 406 | 12% | % 45-54 | | 18% |
| % 55-64 | 393 | 12% | % 55-64 | | 14% |
| % 65-84 | 585 | 18% | % 65-84 | | 19% |
| % Over 84 | 116 | 4% | % Over 84 | | 11% |
| ETHNICITY | | | | | |
| White | | | White | | |
| % British Group | 2813 | 85% | % British Group | | 87% |
| % Irish | 32 | 1% | % Irish | | 3% |
| Mixed | | | Mixed | 1 | 0% |
| % White & Black Caribbean | 4 | 1% | % White & Black Caribbean | | |
| % White & Black African | 1 | 1% | % White & Black African | | |
| % White & Asian | 3 | 1% | % White & Asian | | |
| Asian or Asian British | | | Asian or Asian British | 1 | 0% |
| % Indian | 37 | 1% | % Indian | | |
| % Pakistani | 6 | 1% | % Pakistani | | |
| % Bangladeshi | 2 | 1% | % Bangladeshi | | |
| Black or Black British | | | Black or Black British | 1 | 0% |
| % Caribbean | 14 | 1% | % Caribbean | | |
| % African | 24 | | % African | | |
| Chinese/other ethnic group | | | Chinese/other ethnic group | 1 | 0% |
| % Chinese | 12 | 1% | % Chinese | | |
| % Any other | 83 | 3% | No response | | 3% |
| GENDER | | | | | |
| % Male | 1583 | 48.5% | % Male | | 31% |
| % Female | 1686 | 51.5% | % Female | | 63% |

No Response to age/ethnicity

7%

a. Process used to recruit to the PRG:

We asked patients if they want to join the PRG, we explained that this would be an online group. We asked them if they would be happy to receive emails from the practice and take part in our annual survey.

We asked patients for their email addresses. We did not include under 16s as we felt this was going against taught cyber safety.

As a large proportion of our practice population does not use emails we also handed out paper copies of our survey.

b. Differences between the practice population and members of the PRG: *describe any differences between the patient population and the PRG profile, what steps the practice took to engage any missing group*

The vast difference in the under 16s was due to wanting to include them in the online survey. We did however allow this group to complete paper copies in the survey if a parent was present.

We sent emails to 57 addresses and gave out flyers in the practice inviting patients to go to our website and complete our survey. We only received 27 online responses.

Our online response was disappointing this year, despite sending reminder emails; so much of this survey was paper copies completed randomly in the practice. This counts for any other differences as you can only use the client groups that attend the practice.

Our practice email profile is varied and does provide a more even representation of the practice but already mentioned our online response was disappointing this year.

2 Agree areas of priority with the PRG

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|---|
| a. The areas of priority agreed with the PRG: |
| <ol style="list-style-type: none">1. Finding out what the patient's felt about the service they received from the clinicians.2. Booking and getting appointments in advance3. The best ways to communicate changes, and new things happen within the Practice to the Patients |
| |

| |
|---|
| b. How the priorities were decided: <i>Details of meetings, discussions, contact with patients outside the PRG</i> |
| <p>We emailed our PRG and asked for ideas. We also included some suggestions of areas we felt would be useful to ensure we were accessible and giving a good service.</p> <p>We set out the following priorities:</p> |
| <ol style="list-style-type: none">1) Accessibility- were patient's able to get emergency appointments if required? Were people able to book in advance for appointment?2) With new services being developed and added all the time, we wanted to find out the best way to communicate with our patients.3) The recent past surveys had focused on the reception and admin staffs interaction with the patients, so we felt that it would be helpful to ensure the service our clinicians were given was satisfactory as well. |
| <p>These priorities were emailed out to the PPG and patients were asked for their comments.</p> |

3 Collate patient views through the use of a survey

a. When was the survey conducted? How was the survey distributed?

The survey was emailed out to the patients on 18th February 2013.

Paper copies were distributed in the practice from 24th February 2013 for 1 week

b. Which questions in the survey relate to the priorities in (2a)?

Question 2, Thinking about the last time you had to make a routine appointment to see the Doctor, How easy was it to book an appointment in advance?

Question 17, We are always trying to ensure that our patient's have the up to date information about the practice, What ways would you find useful to receive information about changes to the practice?

Questions 8 to 15 relating to the treatment and care you received from the Doctor & nurse.

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

a. Describe the survey findings:

The survey results were very positive. The overall response back from the patient's who participated was that they were very pleased with the service and treatment they received from the practice. The patient's felt that no changes or improvements were needed.

We do feel that the number of participates could be higher and will look into how the numbers could be improved next year.

The patient comments we received were very complimentary and encouraging.

b. Describe how the survey findings were reported to the PRG:

The results were published onto the practice website and the link emailed to those patient's on our email list.

A hard copy was displayed in the waiting room for those patients's visiting the practice to read.

c. Changes the practice would like to make in light of the survey findings: *list each survey outcome and the changes the practice would like to make.*

We asked patients how the wanted to received communications about the practice. 57% responded by requesting email. The second choice was a newsletter. We therefore will over the next year encourage patients to log their email addresses with the practice and provide a quarterly newsletter. We will also provide paper copies for the patients to collect from the surgery, but also email it to those whose email addresses we have.

d. Recommendations from the PRG based on the survey findings:

We only received one feed back, they felt it was a good practice and no changes were necessary

e. Agreement reached with PPG on changes to be made? We didn't receive any objections to our proposals

f. Changes the practice cannot make, and the reasons why:

We didn't feel that there was anything that couldn't be changed. However the practice has concerns about maintaining the current levels of satisfaction within our patients, due to the number of additional patients we have to accept due to the recent closure of two near by practices. The level of service will need to be monitored closely, so that changes can be made and additional staff recruited if required.

g. Changes the practice will make for 2014/15

Action plan for 2014/15

Internal alterations to the practice building, to provide the practice with more clinical space, thus allowing more staff to work together. This will be ongoing during 2014. But it is hoped that phase 1 will be completed by autumn.

Continue to monitor appointment availability, to ensure the current service is maintained. This will be ongoing and is of great importance with the extra patients to the list.

Quarterly newsletter to be produced and published on the website, emailed to those patients whose email addresses we have and also to provide copies of the newsletter for patients to collect from the practice. The first newsletter will be able in June.

5 Agree an action plan with the PRG and seek PRG agreement on implementing changes

| | Action (change in practice) 2012/13 | Person responsible (to lead the change) | Completion date (when the change will be applied) | Review (what result the practice/patients saw as a result of the change) |
|---|---|---|---|--|
| 1 | To continue to explore telephone access | Kay O'Moore | On going | Improved telephone access |
| 2 | Review the appointment system to see if we can change the time the practice sees its emergency patients, without incurring problems for those patient with booked appointments' | Kay O'Moore | June 2013 | We haven't changed the times but will revisit this once conditions are lifted from April 2014 |
| 3 | Display a poster explaining the if someone wants to speak in private a more private place away from reception can be found | Kay O'Moore | May 2013 | Very positive response. Patients have asked to use this facility. |
| 4 | As patient's are very satisfied with the service and the treatment they currently received from our practice, one of our biggest challenges to maintain this standard of care and service through the future changes in Primary care and the cost managing exercises that the practice will have to meet. | All Staff | On going | Patient appear to have not been effected by these issues. The practice would appear to have maintained its standard of care, treatment and service to the patients during this time. |
| 5 | | | | |
| 6 | | | | |

Update on action plan for 2013/14: *what result the practice/patients saw as a result of the change(s)*

Display a poster explaining that if someone wants to speak in private a more private place away from reception can be found. A very positive response. Patients have asked to use this facility and found it very useful.

To continue to explore telephone access this situation is ongoing and we continue to explore different systems, but have yet to find a suitable one.

6 Additional Information

a. The opening hours of the practice premises and the method of obtaining access to services throughout the core hours:

Monday 08:30 to 13:00 (Surgery) 13:00-14:30 (PELC) 16:00-18:30 (Surgery)
Tuesday 08:30 to 13:00 (Surgery) 13:00-14:30 (PELC) 16:00-18:30 (Surgery)
Wednesday 08:30 to 13:00 (Surgery) 13:00-14:30 (PELC) 16:00-18:30 (Surgery)
Thursday 08:30 to 13:00 (Surgery) Closed (PELC cover)
Friday 08:30 to 13:00 (Surgery) 13:00-14:30 (PELC) 16:00-18:30 (Surgery)

Afternoon opening hours have been extended to meet with the new changes to PELC's out of hours cover.

b. The times individual healthcare professionals are accessible to registered patients under an extended hours access scheme:

Currently our extended hours are as follows.

Monday 18:30-20:00 GP every week

7 Publicise actions taken – and subsequent achievement

a. Where the report is published:

Practice Web site: www.upminsterbridgesurgery.nhs.uk

Signature of behalf of practice: _____ *Kay O'Moore* _____

Name of signatory: Kay O'Moore Practice Manager

Date: 22/03/2014

Kay O'Moore