# Brook Lane Surgery

# Local Patient Participation Report

### 14th March 2012

**A description of the profile of the members of the Patient Reference Group (PRG):**

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|  | **Practice population profile** | **PRG profile** | **Difference** |
|  | **Age** |
|  | % Under 16 |  18.32 | % Under 16 |  0  |  18.32% |
|  | % 17 - 24 |  7.99 | % 17 - 24 |  0 |  7.99% |
|  | % 25 - 34 |  9.39 | % 25 - 34 |  9.09 |  0.3% |
|  | % 35 - 44 |  13.82 | % 35 - 44 |  9.09 |  4.73% |
|  | % 45 - 54 |  15.23 | % 45 - 54 |  18.19 |  -2.96% |
|  | % 55 - 64 |  13.1 | % 55 - 64 |  27.27 |  -14.17% |
|  | % 65 - 74 |  11.32 | % 65 - 74 |  27.27 |  -15.95% |
|  | % 75 - 85 |  7.77 | % 75 - 85 |  9.09 |  -1.32% |
|  | % Over 85 |  3.06 | % Over 85 |  0 |  3.06% |
|  |   |
|  | **Ethnicity** |
|  | **White** |   | **White** |   |   |
|  | % British Group |  99.26 | % British Group |  100 |  -0.74% |
|  | % Irish |  0.1 | % Irish |  0 |  0.1% |
|  | **Mixed** |   | **Mixed** |   |   |
|  | % White & Black Caribbean | 0 .08 | % White & Black Caribbean |  0 |  0.08% |
|  | % White & Black African |  0.04 | % White & Black African |  0 |  0.04% |
|  | % White & Asian |  0.04 | % White & Asian |  0 |  0.04% |
|  | **Asian or Asian British** |   | **Asian or Asian British** |   |   |
|  | % Indian |  0.03 | % Indian |  0 | 0.03%  |
|  | % Pakistani |  0.02 | % Pakistani |  0 |  0.02% |
|  | % Nepalese |  0 | % Nepalese |  0 |  0 |
|  | % Bangladeshi |  0 | % Bangladeshi |  0 | 0  |
|  | **Black or Black British** |   | **Black or Black British** |   |   |
|  | % Caribbean |  0.04 | % Caribbean |  0 |  0.04% |
|  | % African |  0.17 | % African |  0 |  0.17% |
|  | **Chinese or other ethnic group** |   | **Chinese or other ethnic group** |   |   |
|  | % Chinese |  0.2 | % Chinese |  0 | 0.2%  |
|  | % Any Other |  0.02 | % Any Other |  0 |  0.02% |
|  |   |
|  | **Gender** |
|  | % Male |  49.7 | % Male |  36.36 |  13.34% |
|  | % Female |  50.3 | % Female |  63.64 |  -13.34% |
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|  | **Practice Specific Care groups** |
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|  |   |   |   |
|  | 80-Bedded Nursing Home | This Nursing Home is for patients with dementia and it is therefore not appropriate for any of its service users to be part of our PRG but one of the PRG members has a relative in the Nursing Home so we feel it is represented in this way |   |
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There are currently 11 members in our PRG. The current PRG membership is representative of its practice population with regard to ethnicity. 99.26% of the practice’s patients are White British and, whilst 100% of the PRG members are White British, we feel this is very representative. The practice has found that the current membership reflects the types of patients who have a certain level of confidence and free time. The practice holds evening meetings to attract patients who are either in education, have children of school age or are working. Unfortunately patients such as children/young people, carers, and parents with small children in particular have not come forward or are able to offer their time. 26.31% of the practice population are under 25 years of age and this age group is not represented within our PRG. |

**A description of what steps the Practice has taken to ensure that the PRG is representative of its registered patients and where a category of patients is not represented, the steps that have been taken by the Practice in an attempt to engage that category:**

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| Brook Lane Surgery did not have a pre-existing PRG but has attracted members to the group by publicising its meetings through its website, newsletter, notice board, community network screen, display leaflets etc in and around the practice. The practice has tried to target specific registered patients, particularly ethnically underrepresented groups, through various means. For example, the clinical staff has specifically asked individuals in these groups, the local large secondary school has been visited and made aware of the PRG and we plan to have a presence at the local summer fete to advertise the PRG. All new patients are invited to join the PRG as they register.We are acutely aware of the need to engage the young end of our practice population and have now invited pupils of the local secondary school to be involved in helping our patients understand our on-line appointment and prescription ordering service in an attempt to draw them into the surgery setting in the hope this may encourage them to join our PRG.Engaging the upper end of our practice population (over 85 years of age) has not been easy but we hope that running a campaign alongside our flu campaign this year will be productive. |

**A description of the steps taken to determine and reach agreement on the issues which have priority and should be included in the Local Practice survey:**

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| The practice was keen to ensure that before it sought the views of its patients on the priority areas, that the PRG understood its roles and responsibilities. These having been explained, the PRG were keen to ‘go back to basics’ and look at and compare issues previously surveyed regarding their patient experience with regards to appointments, telephone access, seeing a GP of their choice. The PRG also wanted a view of what the patients at Brook Lane Surgery think about the services it receives from the GPs, Nurses and staff. To this end, at a meeting on 14th September 2011, the PRG decided to repeat the IPQ survey that the practice undertook in 2006, 2007 and 2008**.** Having made this decision, the specific questions to be asked were inherent in the IPQ survey and not open to amendment. Since the aim was to make a comparison with previous years, this was felt to be entirely appropriate. |

**A description of the manner in which the Practice sought to obtain the views of its registered patients:**

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| The practice used a well established questionnaire (Improving Practice Questionnaire) which is widely used in the UK and presented it to the PRG for comment as to whether the questionnaire was suitable and met the areas/priorities to be included within the survey. The PRG unanimously supported the use of the IPQ within the practice, as they were happy in the knowledge that this particular survey had been used by over 4000 practices in the UK since 2004. The PRG acknowledged that the IPQ was a reliable and sensitive tool that accurately measured patient satisfaction. Prior to the survey the practice displayed posters in and around the surgery informing patients that a survey would be undertaken. It also advised patients that the survey was supported by its PRG members at a meeting on 19th October 2012. Patients were asked within the consultation setting if they would be happy to participate in the local survey. The practice looked at targeting various groups of patients and different times of the day (baby clinic, extended access sessions, and general routine appointments with GP/Nurses).The survey was conducted during October-December 2011. The PRG were not actively involved in ensuring that patients participated in the survey but having struggled, this year, to achieve the minimum number of surveys required, the PRG will be actively involved in the next survey by handing out questionnaires to patients before and after their appointment at the practice.Questionnaires were completed by patients and returned to the practice via a survey box. A total of 250 questionnaires were completed and sent to CFEP UK for analysis and a report of the findings was compiled. |

**A description of the steps taken by the Practice to provide an opportunity for the PRG to discuss the contents of the action plan:**

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| The practice received an analysis of the local patient survey which pinpointed the areas where the practice had scored well and also those areas where improvements might be needed. The analysis detailed a page by page guide to interpretation of the practice report to aid the practice and PRG in understanding the results.The results were discussed in detail at a meeting in February 2012, which enabled the PRG to compile an action plan based on the findings/results. The practice was able to agree this action plan. |

**A description of the findings or proposals that arose from the local Practice survey:**

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| Patients were asked a total of 28 questions with regards to the practice; the practitioner; the staff and areas around complaints, illness prevention and reminder systems.The practice received many comments regarding its ‘dismal’ waiting room, the speed at which telephone calls are answered and better execution of the available telephone appointments.Of the 28 questions, the practice’s mean percentage scores fell in the highest 25% of all means for 14 questions, the middle 50% of all means for 13 questions and the lowest 25% of all means for just 1 question. In reviewing the order of performance with benchmark means scores, respect shown and ability to listen showed the highest mean scores, followed by warmth of greeting by practitioner, ability to explain, confidence in ability and recommendation of practitioner. The lowest mean score was with regards to speaking to a practitioner on the telephone.Our overall score is higher than the national mean score and is the highest we have ever achieved using this survey.**Sample of responses found to be positive**As a relatively new patient I am very impressed with all services to dateVery satisfied, please do not lose the personal atmosphere of the practiceNow offer late and early appointments 2 days a week, a great improvementNo improvements necessary!Best ever had!Best doctorsAbsolutely perfectIn my experience the doctors/nurses have always been of a high quality giving confidence in their diagnosis and remedies**Sample of responses found to be least positive**Reception should be manned for all working hoursWaiting room quite dark – several similar commentsTelephones - Several comments regarding the difficulties in getting through to the practice first thing in the morning and suggestions that there is a need for more telephone lines. Patients find the appointment system frustrating (i.e. time it takes to get through to find that same day appointments have gone or doctor of choice is not available) |

**A summary of the evidence including statistical evidence relating to the findings or basis of proposals arising out of the local Practice survey:**

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**Description of the action which the Practice intend to take as a consequence of discussions with the PRG in respect of the results, findings and proposals arising out of the local Practice survey.**

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| The PRG have identified the following priorities:* Telephone Access
* Telephone Appointments
* On-line Appointment Booking Awareness
* Waiting Room
* Publicising the Excellent Results

An appended action plan details the recommendations/priorities identified by the PRG/Practice. |

**A description of the opening hours of the Practice premises and the method of obtaining access to services through the core hours:**

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| Brook Lane Surgery is open Monday, Tuesday and Friday 08.00 – 18.30 and on Wednesday and Thursday 07:00 – 20:00. The practice provides extended access on Wednesdays and Thursdays from 07:00 – 08:00 and from 18:30 – 20:00 which enables patients (particularly those in education/working) to access appointments at an earlier/later time.Patients can make appointments by telephoning or calling in to the practice to make an appointment at anytime the surgery is open with the exception of 13:00 – 14:00 when the telephone lines are diverted to an answer phone. The practice also offers online facilities, to enable patients to request repeat prescriptions and to book appointments via its secure website 24/7.  |

**A description of any extended opening hours that the Practice has entered into and which health care professional are accessible to registered patients.**

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| The practice provides extended opening hours on Wednesday and Thursday early mornings from 07:00 – 08:00 and on Wednesday and Thursday late evenings from 18:30 – 20:00.These are pre-bookable appointments. The healthcare professionals available during these sessions are GP’s and nurses for the early mornings and GP’s for the late evenings. |

**Brook Lane Surgery**

**Improving Patient Satisfaction**

**Practice Action Plan**

| **Area for Improvement** | **Recommendation**  | **Action required** | **Practice Lead** | **Timeframe for changes** | **Comments /Achievements** |
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| 1 | Ability to get through to the Practice by Telephone | Review the telephone system as it is now 9 years old. | * Define options to be provided
* Research and identify the options and solutions that are available to help with current set-up to improve patients’ experience
* Allocate responsibilities to staff
* Consider auto attendant features that could provide information to patients when on hold
* Monitor telephone usage
 | Carolyn Hill | December 2012 |  |
| Trial a wireless headset for reception staff to enable staff to carry out range of other duties without missing incoming calls | * Ensure this is a cost effective solution for the practice
* Monitor and evaluate whether equipment has enabled staff to take more incoming calls whilst also covering reception desk
 | Carolyn Hill | December 2012 |  |
| Improve awareness of online appointment booking system for patients in order to reduce the number of incoming calls | * PRG to investigate feasibility of local pupils, within the surgery setting, showing patients how easy the system is to use for appointments and ordering repeat prescriptions.
 | Michele Sharpe/Carolyn Hill | June 2012 | Brookfield School has been contacted and visited. So far 3 pupils have demonstrated a willingness to assist us with this action  |
| 2. | Telephone Appointments | Audit the number of consultations that could have been dealt with via a telephone appointment rather than a face to face consultation with a view to increasing the number of available telephone appointments. In addition, audit the telephone appointments to see how many were inappropriate and should have been a face to face consultation | * GP’s/Nurses to conduct audits as described over a two week period
 | Carolyn Hill/GP’s | September 2012 |  |
| Alter the telephone appointment system so that the GP calls the patient rather than the patient telephoning in | * Trial this change with the GP’s and assess effectiveness in the next survey
 | Carolyn Hill | June 2012 |  |
| 3 | Waiting Room  | Price up plastering the brickwork and painting it white as we have in the treatment room in order to lighten and brighten the waiting room | * Reduce patient anxiety and increase satisfaction by creating a welcoming and supportive environment
 | Carolyn Hill | December 2012 |  |
|  |  |   |   |   |
| 4 | Publicise results | The PRG felt the results were excellent and that local MP’s and Councillors should be made aware of this | * MP’s and Councillors to be contacted
 | Michele Sharpe | June 2012 |  |
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Prepared by: Carolyn Hill – Practice Manager, Brook Lane Surgery – March 2012