

ACORN PRACTICE – PATIENT PARTICIPATION REPORT APRIL 2013

**Stage one – validate that the patient group is representative**

Demonstrates that the PRG is representative by providing information on the practice profile:

Practice population profile		PRG profile		Difference
<b>Age</b>				
% 18 – 24	8.87%	% 18 – 24	8 %	-0.87%
% 25 – 34	12.50%	% 25 – 34	12 %	-0.5%
% 35 – 44	14.80%	% 35 – 44	24%	+9.2%
% 45 – 54	14.60%	% 45 – 54	20%	+5.4%
% 55 – 64	11.11%	% 55 – 64	10%	-1.11%
%65 – 74	9.68%	%65 – 74	14%	+4.32
%75 – 84	5.36%	%75 – 84	11%	+5.64%
% Over 85	2.44%	% Over 85	1%	-1.44%
<b>Ethnicity</b>				

Practice population profile		PRG profile		Difference
<b>White</b>		<b>White</b>		
% British Group	27.5%	% British Group	93%	-72.5%
% Irish	0%	% Irish	0%	0
<b>Mixed</b>		<b>Mixed</b>		
% White & Black Caribbean	0%	% White & Black Caribbean	0%	0
% White & Black African	0%	% White & Black African	0%	0
% White & Asian	0%	% White & Asian	0%	0
<b>Asian or Asian British</b>		<b>Asian or Asian British</b>		
% Indian	0%	% Indian	0%	0
% Pakistani	0%	% Pakistani	0%	0
% Bangladeshi	0%	% Bangladeshi	0%	0
<b>Black or Black British</b>		<b>Black or Black British</b>		
% Caribbean	0%	% Caribbean	0%	0

Practice population profile	PRG profile	Difference
% African 0%	% African 0%	0
<b>Chinese or other ethnic Group</b>	<b>Chinese or other ethnic Group</b>	
% Chinese 0%	% Chinese 4%	0
& Any Other 72.3%	& Any Other 3%	-69.3%
<b>Gender</b>		
% Male 50.6%	% Male 35%	-15.6%
% Female 49.4%	% Female 65%	+15.6%

**Differences between the practice population and members of the PRG**

The practice should describe any variations between the group and the practice population and the efforts that have made to reach any groups not represented.

This practice opted out of the Ethnicity DES and as such a large proportion of patients do not have ethnicity stated- and these are included under 'Any Other' category. Figures are taken to the 2 decimal places.

Differences in PPG profile on age group to practice population is over stated in terms of percentage due to the small 4% of patients participating in the survey – We are encouraging 'virtual participation' on an ongoing basis in the future and encouragement for others to join the PPG Group has increased membership over the past 12 months. In our two annual surveys we have included the ability of patients to register their email addresses with us – and to take part in future surveys as a member of a 'virtual patient group' – so this will encourage a more representative age group for the future.

	<p>In addition we continue to advertise within the surgery for more members to join the PPG group on our PPG Noticeboard, on the ticker tape message on our electronic call system and in our May Lane Messenger Newsletter..</p>
<p><b>Was the group virtual or face-to-face?</b></p>	<p>Face to Face PPG Group established in January 2012 and it continues to grow in membership– and we continue during the practice survey to have taken email details of patients who are prepared to be involved in a ‘virtual’ group for the future and to receive future surveys. Virtual PPG group now totals 44 patients.</p>
<p><b>How many members were there on the PRG?</b></p>	<p>Agreement given by NHS Gloucestershire to have a joint May Lane Surgery PPG – Total of 15 current committee members of which 5 are Acorn Patients.</p>

<p><b>Step 2 - Agree areas of priority with the PRG</b></p>	
<p>How were the views of the PRG sought on the priority areas for the survey questions? (E.g. face-to-face meeting or virtually)</p>	<p>YES – PPG face to face Meeting held on 9<sup>th</sup> January 2013 and 18th February 2013.</p>
<p>What were the priorities identified by the PRG?</p>	<p>As this was the second survey undertaken by the PPG the PPG wanted to retain the majority of last years questions to see if any improvements had been achieved from the action plans agreed last year. The survey questions were also historical survey questions used in the past in CFEP surveys .</p> <p>Priorities included:-</p> <ol style="list-style-type: none"> <li>1. Satisfaction with opening hours</li> <li>2. Telephone access to the practice</li> <li>3. Ability to get GP appointments within 48 hours.</li> <li>4. Ability to speak to get a nurse appointment</li> </ol>

	<ol style="list-style-type: none"> <li>5. Convenience of day and time of appointment.</li> <li>6. Ability to see GP of choice</li> <li>7. Length of time waiting to see GP in waiting room</li> <li>8. Opportunity of speaking to a nurse or GP on the telephone</li> <li>9. Information provided by practice staff</li> <li>10. Helpfulness of practice staff</li> <li>11. Overall satisfaction with the practice.</li> </ol>
What were the priorities selected by the practice?	Acorn Practice accepted all the questions selected and agreed by the PPG Group at the meeting on 9 <sup>th</sup> January 2013 and slight amendments made at the meeting 18th February 2013.
Do the priorities selected match those set out by the PRG?	Yes
If they do not match, why was this decision made?	All PPG priorities accepted by practice.
What other information was used by the practice to determine priorities?	PPG considered the results of the first PPG survey done in 2012, any issues highlighted in complaints and suggestion box ideas.

### Step 3 - Collate views of patients using survey

How was the survey conducted?	<p>The survey was advertised in the practice with questionnaires available:-</p> <ol style="list-style-type: none"> <li>1. On front reception desk.</li> <li>2. Ticker tape message on the 2 Call system LED display screens in the waiting rooms.</li> <li>3. On the tables in each waiting area.</li> <li>4. Questionnaires were sent to members of the 'virtual' PPG group by email for completion and return.</li> </ol> <p>In addition members of the PPG volunteered to come into the surgery waiting room over the 6 day survey period to speak to patients and to assist/encourage them to complete</p>
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	questionnaires. This resulted in a much higher completion rate than usually seen with random questionnaires.
How many questionnaires were sent out to patients?	250 questionnaires per practice
% of practice population?	6%
How many questionnaires were returned?	161
% of practice population?	3.9%
What method(s) has the practice used to enable patients to take part in the survey?	Voluntary completion with questionnaires freely available at practice. Encouragement from PPG members in the waiting room. Email of questionnaires to 'virtual' PPG members
How has the practice collated the results? (E.g. tables, maps, charts, bullet point list)	Yes – figures analysed for PPG by PPG Secretary using an analysis tool on google providing table analysis.
What were the results of the survey?	Please include details below. A summary of the result for each question should be given. One row per question should be used. More rows can be added if necessary.

**With a response rate of 161 questionnaires the margin of error for a 95% confidence interval is circa 8% and so there has to be a large difference in results to make any conclusions statistically valid. The PPG have taken this into account whilst using these survey results, together with the results of prior surveys, in deciding upon the actions points to be included in the action plan.**

Question	Summary of results
1. Your level of satisfaction with the practice's opening hours	Satisfaction with opening hours showed a change from survey in 2012 from 78% to 80%, which is not significant given the 7% margin of error.
2. Your ability to access the practice by telephone	Phone access – survey results changed from 71% to 65%, which indicates a slight reduction in satisfaction.

3. Ability to get a GP appointment within 48 hours	Access to a GP within 48 hours – survey results moved from 67% in 2012 to 65%, effectively unchanged.
4. Ability to get an appointment with a nurse	Satisfaction rate moved from 81% to 59%- statistically significant but difficult to see why there is such a difference between the 2 GP practices at May Lane when they share nurse appointments?
5. Convenience of day and time of appointment	Satisfaction rate was moved from 75% to 78%, effectively unchanged.
6. Ability to see GP of choice	Ability to see GP of choice – survey results moved significantly from 52% to 73%.
7. Length of time waiting to see a GP in the waiting room	Length of time in waiting for GP appt – survey results moved from 37% to 58% being a significant improvement.
8. Opportunity of speaking to a GP or nurse at the telephone when necessary	Satisfaction rate moved from 46% to 36%, indicating a slight weakening in satisfaction with this service.
9. Information provided by practice staff	Satisfaction rate moved from 83% to 45%, a significant drop in satisfaction.
10. The helpfulness of practice staff	Satisfaction rate moved from 88% to 78%, being just about significant.
11. My overall satisfaction with the practice	Satisfaction rate moved from 88% to 81%, suggesting a slight weakening overall.

<b>Steps 4 and 5 - Agree an action plan with the PRG and PCT where appropriate</b>	
How has the practice sought the PRG's views on the findings of the survey? (E.g. face-to-face meeting or virtually)	Face to face discussion on results of the survey at meeting held on 20 <sup>th</sup> March 2013
Has the practice produced a clear action plan that relates to the survey results? (Please include a summary below)	YES -Action Plan was discussed and agreed with the PPG at the meeting on 20 <sup>th</sup> March 2013
How did the practice consult with the PRG to agree the plan? (E.g. face-to-face meeting or virtually)	Face to face meeting on 20 <sup>th</sup> March 2013

Are there any aspects that were not agreed?	No
Are there any elements that were raised through the survey that have not been agreed as part of the action plan? If so, what were the reasons for this?	Yes – the ability to get an appointment with a nurse is statistically significant at -22%. It is difficult to see why there was a difference between this practice and the other practice at the surgery where there was no significant difference in satisfaction from last year – especially as nurse appointments are a shared resource between both practices. There has been no change in numbers of nurse appointments available and no other reason we can establish to explain the differential.
Are there any contractual considerations to proposed changes? If so, have these been agreed with the PCT?	No

<b>Actions planned as a result of the survey</b> (Please put each action on a separate row. More rows can be added if required)
1. Q9 & Q10- A number of experienced receptionists have retired over the past 12 months and a new clinical computer system has been installed – thus our existing team is less experienced and may take longer to find details which are now under different headings. Practice agreed to undertake telephone training for new receptionists and encourage more ‘openness’ to patients advising where they do not know the answer to a question and confirming they will find out and advise the patient.
2. Q3 – It was agreed that the practice would advertise the ‘Extended hours’ appointments on a Monday evening more widely in the May Lane Messenger Newsletter to encourage more patients to use the service when they cannot take time off work.
3. Q2 – Practice has just implemented the installation of a new telephone system 16/2/13 which has the ability for additional staff to ‘log’ into taking calls during busy periods 8.30am-9.00am. Practice to make effort for additional staff to answer phones in busy periods and to answer phones within 3 rings.

<b>Step 6 - Publicise the results and agreed action plan</b>	
The local patient participation report must be publicised on a website. Please confirm that the report contains:	
A description of the profile of PRG members	Yes
Steps taken to recruit patients and ensure group is representative	Yes
Explanations of why it differs from the practice profile	Yes
How the practice sought the PRG's views of priority areas	Yes
Description of the survey and how it was carried out	Yes
Details of the survey results	Yes
An action plan setting out the proposals arising out of the local practice survey and how they can be implemented, including issues that arose in the survey that cannot be addressed and why	Yes
Description of how the practice consulted with the PRG on the action plan	Yes
Practice opening hours and how patients can access services throughout core hours	Yes – can be viewed on NHS Choices website or the Practice website.
Where the practice offers extended opening, the times at which patients can see individual health care professionals.	Yes – can be viewed on NHS Choices website or the practice website
What is the URL of the website where the report was published?	<a href="http://www.acornpractice.co.uk">www.acornpractice.co.uk</a>
How else has the report been advertised and circulated?	The report will be available in the waiting room of May Lane Surgery and an article is to be included in the next May Lane Messenger Newsletter issued.