Local Patient Participation Report 2012/2013 (DES)

Putneymead Group Medical Practice

BACKGROUND

Putneymead Group Medical Practice is a large NHS practice with 24,500 patients has come about as a result of a merger between three local practices. In 2011 the practice went through a great deal of change including moving premises and amalgamating the 3 separate sites into one primary care centre.

ENGAGEMENT

Our patient participation group was established in 2011 and has been active since then. We have struggled to engage proactively, despite our best efforts and towards the end of 2012, as a result of patient representation numbers were dropping, we undertook a social evening for patients with the objective to encourage new members, which was successful and increased new members by approximately 20. Putneymead also took an opportunity of increasing membership numbers and its profile by attending the Putney Society Members Meetings on 22nd November at St Mary's Chuch, Putney by leaving details of the group and inviting new members.

DEVELOPING THE SURVEY

The survey was discussed at the Patient participation group meeting in January 2013
(please see Appendix A minutes).

The patient group were keen to make this year's survey less complex and have fewer, but more directly focused questions on current services, problems experienced with these and development of future services. They wanted more key questions focused on 'how do you feel about discussing sensitive issues with reception' and services regarding 'the communication about investigations and obtaining results'. It was explained that this year the process of accreditation for GPs was changing and the Doctors needed to provide evidence for their appraisal that patient feedback on 4 specific questions had been undertaken. The practice felt given the timescales, that it would be helpful to combine these specific questions in conjunction with the annual survey. It was recognised it would be difficult for each of our 22 GPs to independently perform their own survey and therefore to use a nationally accredited survey which would serve both purposes would be time and financially beneficial. The group acknowledged this constraint and agreed that the GPAQ survey would suffice to facilitate the GPs and patient group this year, particularly as the main priorities identified last year would follow through as follows:

PRIORITIES IDENTIFIED 2011-12

1. Improved access on the phone
2. Continuity of patient care
3. Advance Booking
4. On-Line Booking

It was agreed the group would have more input in the design of the survey for the following year, and comments to feed into this have already started

The patient survey was carried out in February 2013.

The surveys were available in both waiting areas on each of the Clinical Floors. Patients from the group kindly volunteered to help engage with patients to promote completing the survey and to assist our busy reception staff.

COLLATING PRACTICE SURVEY AND INFORMING PRG

Our sample size consisted of 1277 completed surveys for 22 General Practitioner.
The results were analysed and reported by In Time Data.

The results were emailed out to the group (please see Appendix B email below) one week prior to the PRG meeting when we planned to discuss the results.

SURVEY RESULTS

The results of the survey were discussed at our PRG meeting in March 2013
(see Appendix C minutes). The survey was been published on our website and posters displayed in the waiting areas. The results were also emailed to those patients on the group's email distribution list.

The Clinical and Management team discussed the survey results on 18th March to feed into the PRG meeting and interestingly the action points / priorities have been similar for both the practice and the PRG. The main areas we felt we wanted to address have been identified and an action plan was drawn up following the PRG meeting.

PRIORITIES

The following issues were viewed as the most significant outcomes raised, these were compared against last year's survey to determine a change in score, and then plotted against the national average scores.

Q 13 How easy to get through to someone at your GP practice on the phone ?

Practice Score 12/13 78% GPAQ Average Score 12/13 68.8%
We discussed an increase in reception staff that was answering telephones since moving to the new premises and discussed the introduction of online booking of appointment; the two areas we felt would help improve this area and were identified as actions from last year. We were pleased to see the improvement of 10% satisfaction in this area.

Q17 How easy is it to book ahead in your practice ?

Practice Score 12/13 79% GPAQ Average Score 12/13 74%
We discussed a change to the appointment system that has increased the number of weeks which are now available to book ahead to 4 weeks following advice and methodology presented from the Dr Carsons model. This once again addressed one of the actions from last year.

Q29 How often do you see or speak to the GP you prefer

Practice Score 12/13 65% GPAQ Average Score 12/13 58.3%
We discussed the current team working system amongst our GP to help us with maintaining continuity of care, given that some of our GPs are part time. We have developed 4 clinical teams as part of the actions from last year, in terms of addressing continuity, but it was felt further work to advertise these teams to patients would be an action for this year.

A concern raised, which is unaddressed in the survey was 'how do you know this is true reflection of patients views' given the survey was representative of those people to physically came to the practice during the survey collection. This led to a discussion about obtaining feedback more diversely next year – i.e. by email, web site completion for a better reflection of our patient population. This will be looked at in the June 2013 survey planning meeting.

ACTION PLAN

Priority Area	Survey result	Action	Review date	Progress
Q13 How easy is it to get through to someone at your GP practice on the phone ?	Easy Us 78% GPAC 68% 10% above national average	Increased marketing of our online booking system	May 2013	Sent a recent mail shot to increase on-line booking which will free up the reception resource further to improve telephone access
Q17 How easy is it to book ahead in your practice ?	Easy Us 79% GPAC 74% 5% above	Ensure a minimum of 4 weeks booking ahead availability of appointments is available to patients	May 2013	During the year we increased the advanced booking from 2 weeks to 4 weeks as recommended by Dr Carson's model of improved access
Q29 How often do you see or speak to the GP you prefer	Often Us 65% GPAC 58% 7% above	Practice credit card size designed for patients to understand the doctors in their clinical teams for continuity of care	Design End of April Review June 2013	

The next meetings will be:

Patient Group Meeting 23/4/2013 @ 15:00
Putneymead Group Medical Practice

RELEVANT EVIDENCE IN RED

Appendix A

PUTNEYMEAD GROUP MEDICAL PRACTICE

PATIENT GROUP
STEERING GROUP MEETING NOTES TUESDAY 8TH JANUARY 2013

Attendees from Practice
BT Beverly Toney
JL Jak Linsell
Steering Group Attendees
BQ Bibi Qureshi
JD Judith Dyson
SR Sue Rolfe
TH Tony Howells
RC Richard Carter
Apologies
VD Vicky Diamond
SB Sharon Baker(new Reception Manager)

Agenda for Year 2013

- TH to withdraw from Chairmanship; SR volunteering to step in. Accepted by all members present.
- BT: Meetings in 2013 – Tuesday mornings have become difficult for BT and Doug Kershaw (Operations Manager) as they also have management meetings on the same mornings.
- SR: Putney Society executive meetings take place on Tuesday evenings but afternoons would be okay.
- JL: Cannot always attend at 3pm, but SB may be able to participate as the new Reception Manager.

2013 Provisional Meeting Dates: 26/02, 26/03, 23/04, 28/05, 25/06, 23/07, 27/08, 24/09, 22/10 and 26/11.
These meetings fall on the 4th Tuesday of every month but are subject to change due to bank holidays etc.

- SR: The PPI (Public Patient Involvement) Website suggests the aims of varying practice groups are indeed very different so it will be important to clarify our objectives for this year early on.
- BT: The LES (Enhanced Services whereby the Practice signs up to certain initiatives, services and funding) for Patient Involvement runs out in April, although there will likely be commissioning group drives for its continuation.
- BT: However, whether this group is funded or not, it is a valuable management tool to discuss first hand with patients their problems and possible solutions to these.
- SR: We could use patient diaries to ascertain what patients want and need, and then create focus groups such as ‘Looking after the Elderly’ or ‘Mothers and Babies’.
- TH: This would help achieve an objective of Borough and Locality PPI which needs to identify patient volunteers from Practices with special interests to engage in Clinical Reference Groups and Pathways redesign for specific clinical conditions. Using ‘expert’ patients as previously mentioned in these meetings to help with the discussion/focus.

- BT: We tried these ideas in 2012 to no success but the use of patient diaries, led by GPs, could help increase participation at such events. Utilising our link with the Putney Society can also improve numbers.
- BT: There is a need for the Patient Group to discuss both internal practice discussions and external NHS issues so may be wise to plan meetings in relation to what will be discussed. Both BT and Doug Kershaw are able to provide information on internal operations but Karen Harris (Managing Partner) and Zoe Rose (Partner GP) will be able to participate more effectively in discussion on the wider health service issues.
- RC: Rather cynical about what input we as a group can provide. How are we representative?
- SR: That is why we are here, like other groups within Wandsworth – to provide input.
- BT: Although we are a large practice, we are indeed small in comparison to the government and we do have to join with other practices to be more forceful when challenging governmental ideas and changes.
- SR: And we are continually trying to make the group more representative. Doug Kershaw did the mass text out to provide information and to attract more people.
- BT: However, although we will always discuss practice issues, we have to try and move on from repeating these. Management are well aware 0f the issues as they deal with feedback on a daily basis.
- SR: We're trying to raise the level of discussion…
- BT:… because General Practice must now be taking a look at the wider, national scale as payments and commissioning are taking a larger place within the NHS. The Partners are even more directly accountable for both delivering quality care and managing service provision within the budget available through their participation in the Clinical Commissioning Group processes.

Practice Newsletter

- SR: Can the patient group have greater input into the practice newsletter, such as a separate text box.
- BT: Dr Allen, who was head of the project, is on maternity leave. The practice needs to find out who wants to take over for the spring edition and then achieve patient group involvement in time for publication by 31 March. **ACTION POINT.**

Practice Questionnaire

- The patient group were keen to make this year's survey less complex and have fewer, but more directly focused questions on current services, problems experienced with these, and development of future services. They wanted more key questions focused on 'how do you feel about discussing sensitive issues with reception' and services regarding 'the communication about investigations and obtaining results'. It was explained that this year the process of accreditation for GPs was changing and the Doctors needed to provide evidence for their appraisal that patient feedback on 4 specific questions had been undertaken. The practice felt given the timescales, that it would be helpful to combine these specific questions in conjunction with the annual survey. It was recognised it would be difficult for each of our 22 GPs to independently perform their own survey and therefore to use a nationally accredited survey which would serve both purposes would be time and financially beneficial. The group acknowledged this constraint and agreed that the GPAQ survey would suffice to facilitate the GPs and patient group this year.
- TH: We struggled to get many questionnaires back last year, so now it will be GP led; we will be more likely to have them returned.
- SR: The surveys were handed out prior to seeing the doctor last year. Reception should encourage patients to take the surveys into the clinical rooms and complete once they have been seen. This should help achieve more accurate feedback. **ACTION POINT.**

- SR: As patients are unlikely to want to stick around after their appointment to complete a questionnaire, we should provide an incentive such as a book token for every completed survey handed in. **ACTION POINT.**

Action Points

- Practice to determine who will take over Spring edition of newsletter and encourage patient group involvement (BT, Doug Kershaw). Progress check 19 Feb; complete 19 March.
- Practice to consider methods of both distributing and retrieving questionnaires (BT, Doug Kershaw).
- JL to chase BT, Doug Kershaw and Julie Pomeroy (Assistant Practice Manager) for a number of how many email addresses have been obtained since MJOG text survey. As well as how many email addresses has the practice obtained overall.
- Doug Kershaw to be asked to resume sending out MJOG text surveys to complete coverage of the Practice demographic – Summary note for Patient Group by 19 March to support discussion of appropriate actions at the next, subsequent meeting.
- JL to chase Shahid (IT) to put previous meeting notes on to practice website.
- BT to speak with Dr Helm regarding whether GPs could help with SR's idea of patient diaries.
- Group to consider how to identify the level of opportunity for interested members willing and able to help other patients with transport issues etc. etc. (as asked on the Patient Group Contact/Registration form). Can charities, such as AgeUK, offer any advice on what we could do? – Discuss on 26 February.

RELEVANT EVIDENCE IN RED

Appendix B

From: Toney Beverly (WANDSWORTH PCT)
Sent: 17 March 2013 15:41
To: PPI group
Subject: Agenda, Draft Minutes and Practice survey results

Hello everyone,

We look forward to seeing you at the next meeting of the Putneymead Patient Group on Tuesday, 26 March 2013 at 15:00 to 16:00 on 2nd floor @ Putneymead Surgery (in the library)

We hope to build on the energy displayed in our meeting on 26th February 2013

Please "RSVP" to putneymeadpatientforum@nhs.net by close of business on Monday, 25th March 2013 so that we can ensure appropriate accommodation and refreshments.

To help with your preparation for a constructive and efficient meeting, you will see attached: (in two formats .docX and pdf for the members who expressed difficulty in opening a .docx file)

a) Draft Minutes of the last meeting, including updates about subsequent action taken

b) The Agenda for this meeting

c) The raw output from our Patient Satisfaction Survey.

The Practice needs to demonstrate to Wandsworth NHS's (outgoing) Primary Care Trust / (incoming) Clinical Commissioning Group by 31st March that we have discussed and agreed an action plan responding to the results of the patient survey.

One expects a significant proportion of the meeting time available to be given over to this topic.

We hope to be able to keep to the time allocated while covering all the agenda items provided participants have formed their ideas in advance as far as possible. It will be particularly helpful to have prior notice of any questions or burning issues arising.

You might notice that the Agenda document already includes reference to topics that we intend to deal with at some point but cannot realistically include in the schedule this time.

Thank you for your engagement and co-operation. We do look forward to seeing you next week.

Please do not hesitate to contact Tony or Beverly for any clarification required on previous minutes.

Best regards

Beverly Toney
Practice Manager
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Appendix C

PATIENT REFERENCE GROUP (PRG) AGENDA

Tuesday 26th March 2013

Present from staff

KH - Karen Harris
BT - Beverly Toney
SB - Sharon Baker

Attendees

SR - Sue Rolfe
TH - Tony Howells
BQ - Bibi Qureshi
RH - Rachel Hetherington
PH - Paul Hetherington
JC - Jane Carter
EA - Em Amory
CE - Christine Eldridge
JD - Judith Dyson
LMcD - Leslie McDonnell
VD – Vicky Diamond
StBo – Stephen Boley
ER = Ellie Ruddock

Apologies

Susan Reiman
Gary Carr
Susan Curtis Bennett
Christina Milne
Trevor Phillip
Richard Carter
Godfrey Shocket

	Content	Minutes	Action
1	Apologies for absence	As listed above	None
2	Introductions to any new participants	There were a number of new members at this meeting. They introduced themselves to the group. This group has a new format that incorporates what the practice is doing.	
3	Patient Satisfaction Questionnaire Review and agree actions arising from the 2013 survey	Document distributed for review… Comments Agree priorities for change(s) Agree an Action Plan The overall satisfaction of 79.6 % was better than last year. The survey this year included GP personal feedback in questions 1 – 4 and will be used for the appraisal accreditation. An explanation of how the scores were calculated and weighted depending on answer selected. The practice were delighted to see the personal feedback was above 94% for each of the 22 GP's at Putneymead Although patient survey showed that patients were unhappy with the waiting time to see a GP they were pleased with the time that the GP spent with the patients. KH felt that she would rather patients had enough time with GP. The following Questions were focused upon as the most significant feedback either +/- measurement against the national average. Q13 How easy is it to get through to someone at your GP practice on the phone? Since moving to 266 we have increased reception staff by 50%. One of our problems is having 4 people permanently in the call centre and receptions to have 6 people answering the phone between 8.00 – 18.30 daily. We struggle during period of sickness / annual leave, but feel we are doing better now. We have recently introduced online booking in an attempt to free up the phone network, which is attractive to our younger population. This seems to be working well, but uptake is still quite low so more aggressive advertising discussed. Agreed online booking is really attractive to people who work and are able to book ahead.	Increased marketing of the online booking service to take place in the upcoming months.

		Q17 How easy is it to book ahead in your practice ? The improvements we have made to the appointment system to include booking ahead up to 4 weeks have improved our score in this target. Q29 How often do you see or speak to the GP you prefer Patients who have a preferred or usual GP are not always aware of their doctors work pattern and how best to get an appointment with them personally. We discussed our strategy to deal with was in terms of booking patients within their GP teams. In order to ensure continuity of care our GPs work in clinical teams on each floor. Clinical Teams are 2 on each Floor 1 (A and B) and on Floor 3 (C and D). We plan capacity to be as equal as possible on each of the clinical floors and match resources to this. Provide patient education about their clinical teams, add to the website and perhaps on the newsletter It was requested that a note of doctors and their specialties would also be useful. We discussed how this could potentially have a negative effect on deskilling if GPs only saw patient within a limited speciality, and it was felt within teams and as a whole team we were able to offer enough expertise to support patient care. We will design a card which will enable patients to be aware of the session times for their preferred GP Concern was noted regarding the cost of printing cards with clinical team names which would become redundant if GPs subsequently leave the practice. The patient group felt the positives outweighed the negative	We will continue to ensure 4 weeks advance booking Info about teams to be placed on website . Card to be designed at the end of April Similar to a business card with contact numbers, email address, GP in teams, Patient EMIS number

		Any other comments re survey? The group looked at who completed the survey and that this was only representing the GP team and not nursing / HCA's Only the patients that saw a doctor in those three weeks filled out the survey. There was a question as to whether the demographics of our patient population was adequately represented	Ensure that next time survey represents the demographics of the practice encompassing Nurses and HCAs. Look at how we reach patients we did not reach this time
4	Items for newsletter?	Patient group perspectives? Suggestion of 'Tell me a good birth story'. It was agreed the PGR should be allocated ½ an A4 page	Redraft patient survey and results. Still awaiting Premi Allen to return from maternity leave. In the meantime send new items to Beverly Copy deadline date 20th April.
5	Understanding the extent of available communication channels to patients	Commissioning Les planning all care together. Looking at falls, mental health, working with hospital providers, social services, community workers.	Keep group informed. Involve group in mailouts, distribution of leaflets. Arrange forum for any patients that would like to come. Invite someone from Wandsworth Carers to next meeting
6	Agree a plan to continue MJOG text surveys to complete coverage of the Practice demographic	MJog For those of the group not understanding the term, this is a message sent to patients via their mobiles to remind them of appointments etc. It was recognised this was dependent upon having a mobile phone number and we needed to actively increase the quality of mobile phone number activity	Doug will respomdto changes at the beginning of May
7	Reduction of services available at Charing Cross Hospital – Concern raised by RC. Progress report	Update: Discussed at the Locality Commissioning Group and Management Team. Pending specific escalation at CCG.	

8	Commissioning concern raised by RC. Progress report	Update; Escalated to Graham Mackenzie, Chief Officer of Wandsworth CCG following discussion at Locality level and with the Lay Member of the CCG for PPI, Jeremy Ambache. Response received undertakes that an appropriate schedule of contracts is being prepared and will be posted on the CCG website in mid April. Action proposed – Monitor the website; follow up if not evident before 30 April; review the content once published with other interested members to confirm that it provides reasonable detail – follow up as appropriate.	
9	Concern about 111 service for non-critical care raised by RC	Update: 2 March, Contact established with the patient representative on the Clinical Reference Group ("CRG") of Wandsworth CCG responsible for the 111 service. This is effectively 'in formation'. We are promised a briefing "in due course" Action proposed: Follow up if nothing heard before 19 April to obtain a forecast at least. It was suggested we could ask patients for feedback on their experience by sending an Mjog message to users of the service when this is faxed through to us	Give feedback from patient experience when using the III service. Put leaflets in reception re III. Report findings in newsletter.
10	Cost of patient access to useful medical and surgical aids. Update on progress	Vicky would be taking this forward. Boots has shown an interest . The practice would support by displaying any adverts.	
11	Collating suggestions and concerns raised by patients. Progress report	This has not happened yet, for a combination of reasons . Will be arranged after the Easter period.	
12	Waiting Room Seating for less agile patients. Confirm action taken	Chairs are on floors one and three. No room for any other seating on ground floor.	
13	Process for patients to obtain blood test results Discussion of data and recommendation	This is 2/3rd manned by HCA's but the practice needs to use non clinical people for the latter 1/3 of the session and for sickness or annual leave cover.	Will do some work with GP's that they annotate investigations more concisely so that non clinical staff can pass on the Doctors view..

14	Feedback from Locality meetings? Minor injury unit part of urgent care service.	Meeting at QMH. Brainstorm and brief discussion to see what else could be provided at QMH. Not being used to capacity. Only 20 patients attended. St Georges may put a rehabilitation centre there. Group said they would appreciate an information service where they could locate services in the community. The times of this service will change from July 2013. There is only a budget for one GP. CCG have been consulted as to who will have to resource it. Harmoni will be providing service managed by St Georges and will therefore not be able to access patient records as no reciprocal data sharing agreement is in place. Group felt it a huge risk.	Ask group to feedback ideas. Group would like to feed comments back to CCG. Group to take up and complain. Get people on board
	Next meeting	Tuesday 23rd April at 3pm	