

# SUMMERFIELD GROUP PRACTICE

## **PATIENT REPRESENTATIVE GROUP REPORT - MARCH 2013**

### **PATIENT REPRESENTATIVE GROUP**

#### **WHAT IS THE PATIENT REPRESENTATIVE GROUP (PRG)?**

*In 2006 a patient experience group was formed at The Foundation Practice(as it was called then) where patients were invited to attend and speak about the positive and less positive experience at the Practice – this was specially set to encourage feed back from patients who were new to the NHS. This was done through the help of interpreters on most occasions but since the move to Summerfield patients became disenchanted and the group barely existed. As a result of the DES the group has now been reformed with terms of reference and a constitution, to understand the views of patients on the services that the Practice offered. The group reviews everything from access to the services, to local health needs, to the effect of the changes in the NHS on the practice. It is an open membership group that encourages involvement and attendance from all areas of the practice community. The Chair is elected from the members and the practice is represented. The PCT is represented by the PRG officer (Mr Saidul- Haque), but due to reorganisation Mr Saeed left the position. His replacement has been invited to all the meetings but has not responded to any invites. The PRG members all have voting rights except the PCT representative and the practice representative who are present as non voting members.*

#### **PRG AND PRACTICE PROFILE**

<b>Demonstrating how a Patient Reference Group is Representative</b>		
<b>Practice Population Profile</b>	<b>PRG Profile</b>	<b>Difference</b>
<b>Age</b>		
23.39% Under 16	0% Under 16	-23.39%
15.17% 17-24	0% 17-24	-15.17%
29.17% 25-34	0.07%% 25-34	29.10%
17.33% 35-44	0.24% 35-44	34.18%
7.88% 45-54	0.53% 45-54	-7.35%

3.40% 55-64	0.01% 55-64	0.99%
1.13% 65-74	1.85% 65-74	0.73%
0.44% 75-84	4.76% 75-84	4.32%
0.17% 85 and Over	0% 85 and Over	-0.17%
Ethnicity		
<b>White</b>	<b>White</b>	
5.56% British Group	1.49% British Group	-4.44%
0.56% Irish	0% Irish	-0.56%
<b>Mixed</b>	<b>Mixed</b>	
0.72% White & Black Caribbean	0% White & Black Caribbean	-0.72%
0.58% White & Black African	0% White & Black African	-0.58%
0.20% White & Asian	0% White & Asian	-0.20%
<b>Asian or Asian British</b>	<b>Asian or Asian British</b>	
3.27% Indian	0.64% Indian	-2.64%
5.08% Pakistani	0.39% Pakistani	-4.29%
1.14% Bangladeshi	0.39% Bangladeshi	-4.69%
<b>Black or Black British</b>	<b>Black or Black British</b>	
5.12% Caribbean	0.34% Caribbean	-4.73%
11.23% African	0.19% African	-11.05%
<b>Chinese or other ethnic group</b>	<b>Chinese or other ethnic group</b>	
1.81% Chinese	0% Chinese	-1.81%
37.59% & any other	0.11% & any other	-37.48%
<b>Not Stated %</b>	<b>Not Stated %</b>	0.45%
Gender		
53.95% Male	0.15% Male	-53.81%
47.17% Female	0.17% Female	-47.01%

## STEPS TO ENSURE GROUP WAS REPRESENTATIVE/REASONS FOR DIFFERENCE IN GROUP AND PRACTICE PROFILE

*Our practice is unlike average local surgeries within Ladywood. We were created from a previous PCT led programme to establish a Surgery for newly arrived local residents (significant number were Asylum Seekers and refugees) unable to get access to primary care elsewhere. This means our patient population consists of many different BME communities not represented within the local ward statistics, providing a big challenge for translation and interpreting services.*

*This has meant*

*Since reforming the group the Practice has used various methods to engage all groups of patients. We have attended the locality Network Group meetings and invited patients to either join our group or asked them to let other patients know about our PRG. In our bimonthly practice meetings, all staff including doctors and receptionists and nurses were asked to personally invites a wide variety of patients and hand out the flyers about the group. Reception staff made available flyers at the appointment booking desk to patients making appointments, collecting prescriptions and attending for appointment. Practice Manager asked a number of patients face to face and telephone to collated a list of patients that showed interest in the early stages of the formation of the PRG and subsequently continued to display posters in reception and displayed posters externally in Pharmacies and Dentists etc.*

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

*Unfortunately despite our best efforts and the efforts of The PCT PPI officer (Mr Saidul Haque), we have only been able to engage those people who are not working. In particular we have had problems encouraging the under 30s or over 85s. This is also reflected in the ethnic mix of the PRG not being representative of the profile of the practice. Although we have offered to do the meetings in the evenings (Practice open till 8pm), there has been little interest from the younger population as they are too busy. Variations occurred even with constant inviting and advertising. Most likely this is because the Caucasian population is most likely to be employed and therefore less likely to be able to attend.*

*In total 200 leaflets were handed out .Overall, we have advertised in surgery by posters, face to face contact between doctors and patients as well as handing out flyers and writing to patients on the right hand side of their prescriptions. During this exercise it was concluded that a large number of the population is under 45 and belong to the eastern European (Polish) community and most of them worked long hours. Also high number of young mothers with children.*

### PRG FREQUENCY

*After several one to one meetings between the Practice Manager and Summerfield Patients that belonged to the local network group and other patients over the telephone and email the first meeting was set up.*

29.11.2011

1<sup>st</sup> meeting – discussed membership, terms of reference – The

	<p><i>DES and identify priorities</i></p> <p><i>First year - Discussed and agreed the patient survey- priorities were agreed. Goals and actions set to work on for the next 12 months</i></p> <p><i>In the 2<sup>nd</sup> year 2012-13, the previous year's finding were discussed again on 15.05.2012 and in subsequent meetings to address the guidance "the expectation is that the year 2 report posted by practices should build upon the year 1 report ,demonstrating how issues raised in year 1 have been addressed".</i></p> <p><i>The PRG meeting in the last 12months have taken place on the following dates at 3-4 month intervals</i></p> <p><i>15.05.2012, 24.07.2012, 23.10.2012</i></p>
15.01.2013	<i>Final survey questionnaires agreed – survey was conducted</i>
08.03.2013	<i>Results of the survey were evaluated and action plan drawn up –discussed patient comments and actions for improvement</i>

15.03.2013 – Meeting with Mr Terence G, discussed final report, comments from Mr G-

“This Final Report has proved that Mrs Khan, in collaboration with the Reception Staff and the Medical Staff has made every possible effort to remove the worries expressed in the first Survey. She has made the Committee aware of all actions by a series of detailed Quarterly Reports. I am delighted to report that the following improvements are now in place We now have an 0121 Phone Number. We have more Reception Staff at the busiest times of day and other concerns are being dealt with when possible..We have already identified a number of improvements for the coming year, including the provision of a larger Interpreter service. Watch this space.”

## **PRG MEMBERSHIP**

*The current membership consists of:*

*Mr Terence G (Chair person) - Ms Eileen C - Mr Inderpal G - Ms Winsom G –*

*Ms Maria Z – Mrs Kawser A – Mr Richard E – Miss Ruth S – Mr Kamran M – Mr Bind H – Miss Natalee L – Mr Aderito R – Mr Mitko M*

*PCT representative failed to attend any meetings (non-voting PCT member)*

*Non Voting practice members*

*Dr S Raghavan*

*Dr S Mahomed*

Mrs Shabnam Khan

Martha (Interpreter)

## **PATIENT SURVEY**

### **AREAS OF PRIORITY & HOW THEY WERE DECIDED**

*Following the meeting on 23.10.2012 the PRG looked at previous year's Mori survey results and reviewed the various issues that had been raised in the past and since the last meeting.*

*Discussed the priorities that needed to be included in the survey to seek patient views based on some traditional questions. From the PCT guidance document, the suggested*

*priorities were:*

- iv. Patient priorities and issues*
- v. Practice priorities and issues*
- vi. Planned Practice Changes*
- vii. CQC related issues*
- viii. National Patient Survey issues.*

- The PRG chose to concentrate on patient priorities and issues and national patient survey issues (which were similar).
- It was decided that the questionnaire should be no longer than 10 questions and must include satisfaction with opening hours, appointment availability and overall satisfaction with the overall care received at the practice.

### **SURVEY PROCESS**

For year 2 report the guidance says *"the expectation is that the year 2 report posted by practices should build upon the year 1 report, demonstrating how issues raised in year 1 have been addressed"*.

These priorities were discussed and additional priorities were added to the list:

#### **How did you carry out the survey? Describe the process**

- *The PRG decided to issue 100 of these questionnaires to patients attending the surgery over a period of 2 weeks (21<sup>st</sup> January till 4<sup>th</sup> February). The patients were not selected. The survey sheet was given to consecutive patients who were invited to volunteer to complete the survey form.*

- *The survey sheets were collected by staff and sealed and given to the Chair of the PRG who with the help of Practice Manager proceeded to analyse the results using a spreadsheet.*
- *For non-English reading patients there was an interpreter or receptionist available to interpret. All chose to complete the form on site and hand back to reception.*
  - *The results were summarised for the PRG and discussed at the meeting on 08.03.2013 when the PRG drew up its conclusion that "there had been an improvement".*

For year 2 report the guidance says *"the expectation is that the year 2 report posted by practices should build upon the year 1 report, demonstrating how issues raised in year 1 have been addressed"*.

These priorities were discussed and additional priorities were added to the list:

- A&E attendances by patients of the practice to find out when they attended and why

The members decided to focus on clarifying the previous priorities on access by refining the questions so these were easier to understand:

1. Satisfaction with opening hours
2. Appointment availability and
3. Overall satisfaction with the overall care received at the

A&E attendances by patients of the practice to find out when they attended and why

## **DISCUSSION ABOUT RESULTS**

**RESULTS** *See below*

**1 How satisfied are you with the opening hours of the surgery?**

Response	No. of Responses	%
Very satisfied	53	52%
Fairly satisfied	28	23%
Neither / nor	2	2%
Fairly dissatisfied	10	10%
Very dissatisfied	8	8%
<b>Total Responses</b>	<b>101</b>	

**2 How easy is it getting through to the surgery on the phone?**

Response	No. of Responses	%
Haven't tried	9	9%
Very easy	26	26%
Fairly easy	31	31%
Not very easy	32	32%
<b>Total Responses</b>	<b>98</b>	

**3 Are you able to get an appointment with a doctor more than 2 days in advance?**

Response	No. of Responses	%
Yes	45	45%
No	34	34%
Can't remember	19	19%
<b>Total Responses</b>	<b>98</b>	

**4 Are you able to see a doctor on the same or the next 2 days the surgery is open?**

Response	No. of Responses	%
Yes	64	68%
No	21	22%
Can't remember	9	9%
<b>Total Responses</b>	<b>94</b>	

**5 If you got an appointment, how well did the Doctor ask about your symptoms and involve you in decisions about your care?**

Response	No. of Responses	%
Very good	52	53%
Good	22	22%
neither	18	18%
Bad	2	2%
Can't remember	4	4%
<b>Total Responses</b>	<b>98</b>	

**6 How often do you see your preferred doctor?**

Response	No. of Responses	%
Always or almost always	26	25%
A lot of the time	27	27%
Some of the time	28	28%
Never or almost never	3	3%
Not tried	7	7%
I have no preference	9	9%
<b>Total Responses</b>	<b>100</b>	

**7 How easy is it getting an appointment with a practice nurse?**

Response	No. of Responses	%
Haven't tried	14	14%
Very easy	39	40%
Fairly easy	31	32%
Not very easy	12	12%
<b>Total Responses</b>	<b>96</b>	



**8 If you got an appointment, how well did the Nurse ask about your symptoms and involve you in decisions about your care?**

Response	No. of Responses	%
Very good	34	35%
Good	28	28%
neither	21	21%
Bad	5	5%
Can't remember	9	9%
<b>Total Responses</b>	<b>92</b>	

**9 Have you had a discussion with a doctor or nurse about managing a long-standing health problem?**

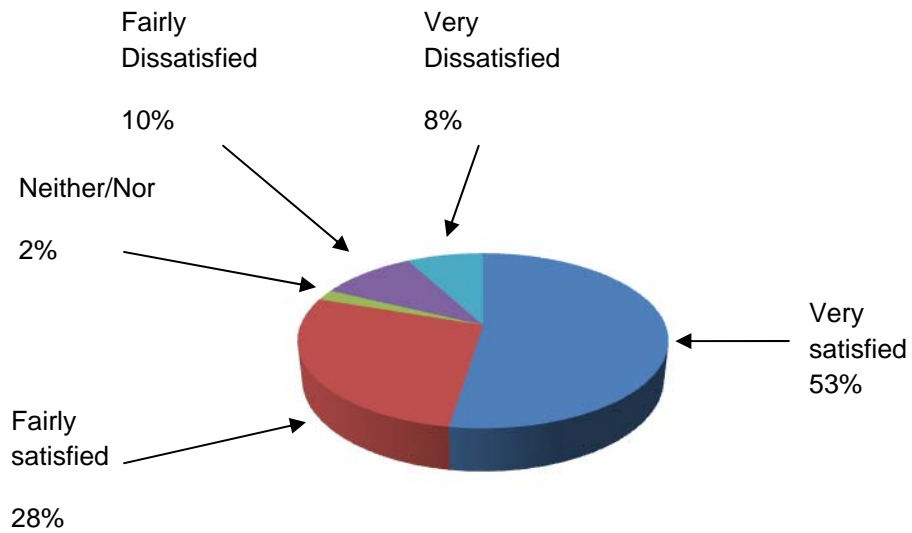
Response	No. of Responses	%
Yes	43	46%
No, I didn't want a discussion	17	18%
No, I would have had a discussion previously	18	19%
Can't remember	15	16%
<b>Total Responses</b>	<b>93</b>	

**10 How satisfied are you with the overall care you have received at the surgery?**

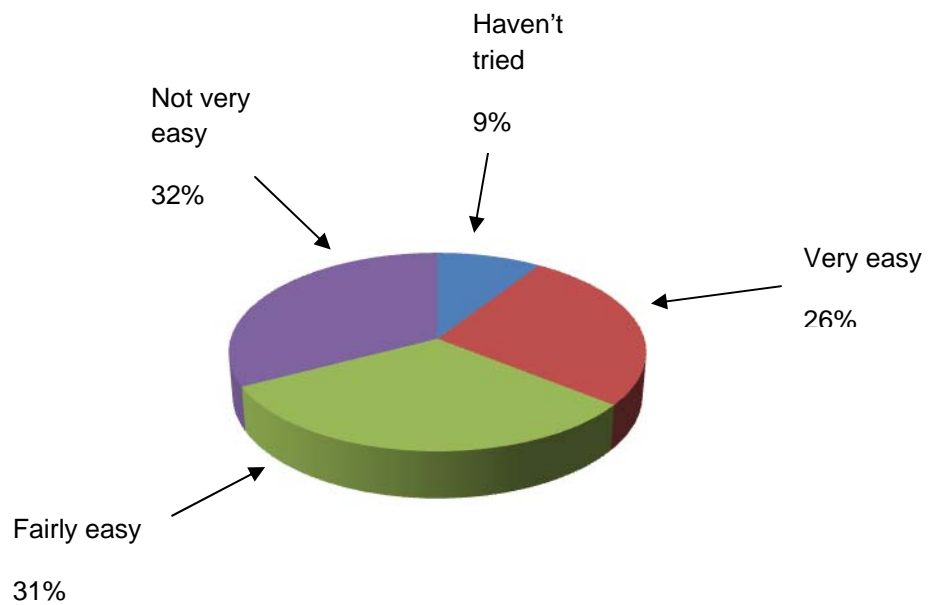
Response	No. of Responses	%
Very satisfied	49	50%
Fairly satisfied	34	34%
Neither / nor	4	4%
Fairly dissatisfied	9	9%
Very dissatisfied	2	2%
<b>Total Responses</b>	<b>98</b>	

# RESULTS

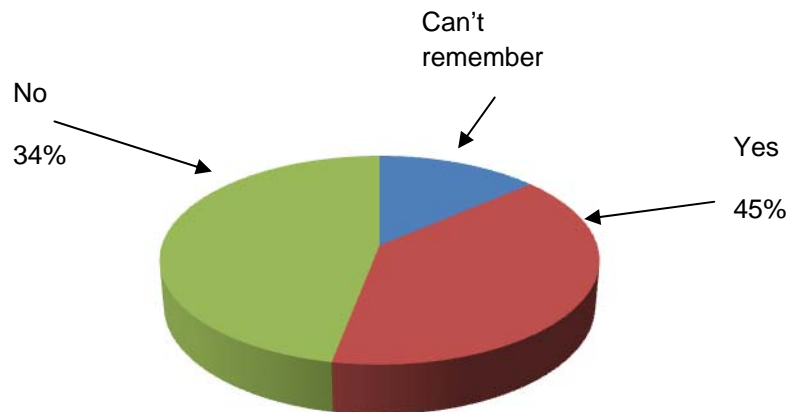
## How satisfied are you with the opening hours of the Surgery?



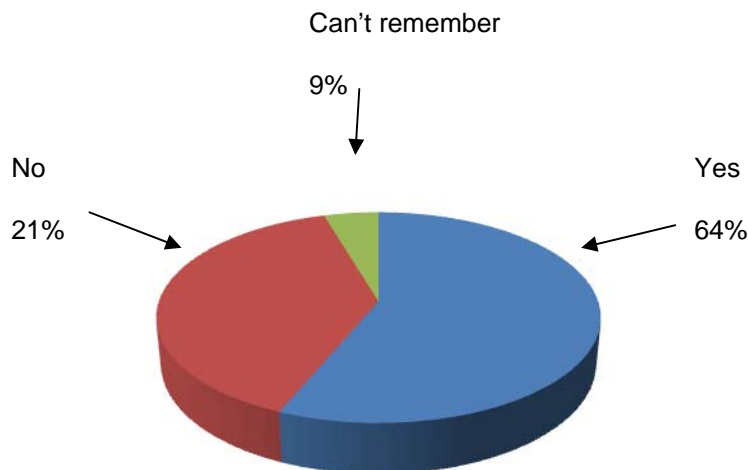
## How easy is it getting through to the Surgery on the phone?



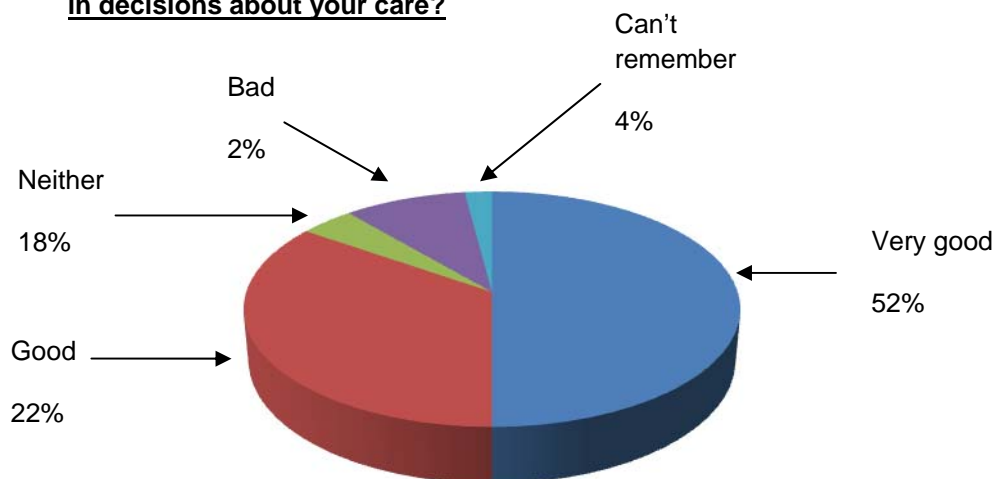
**If you need an appointment more than 2days in advance with a doctor. Are you able to make this appointment more than 2days (between day 3and 14) in advance?**



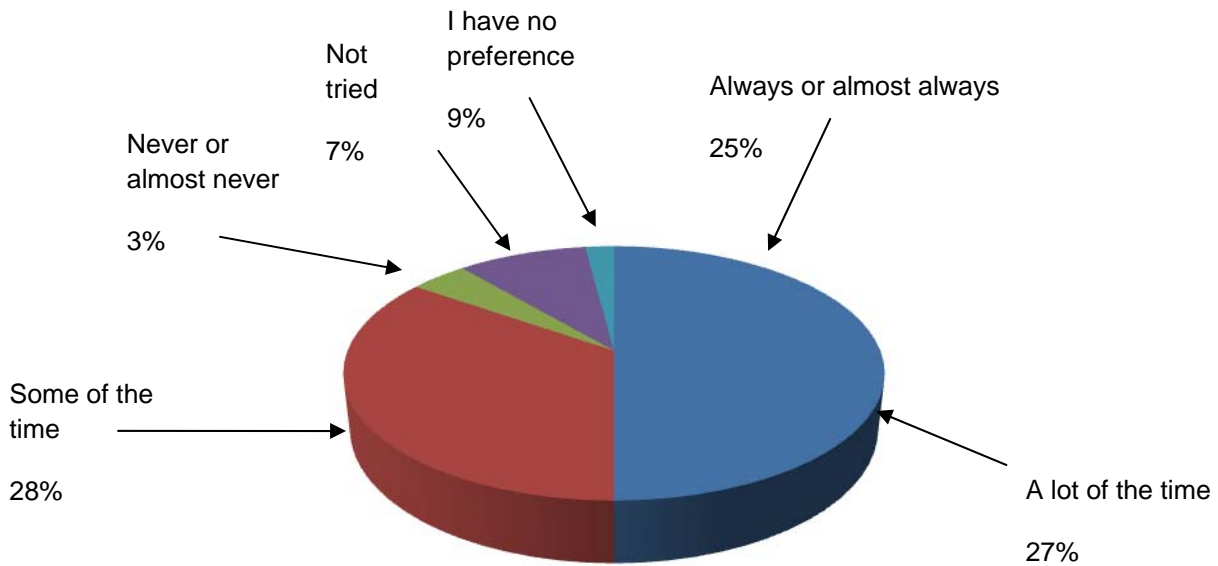
**Are you able to see a doctor on the same or the next 2 days the surgery is open?**



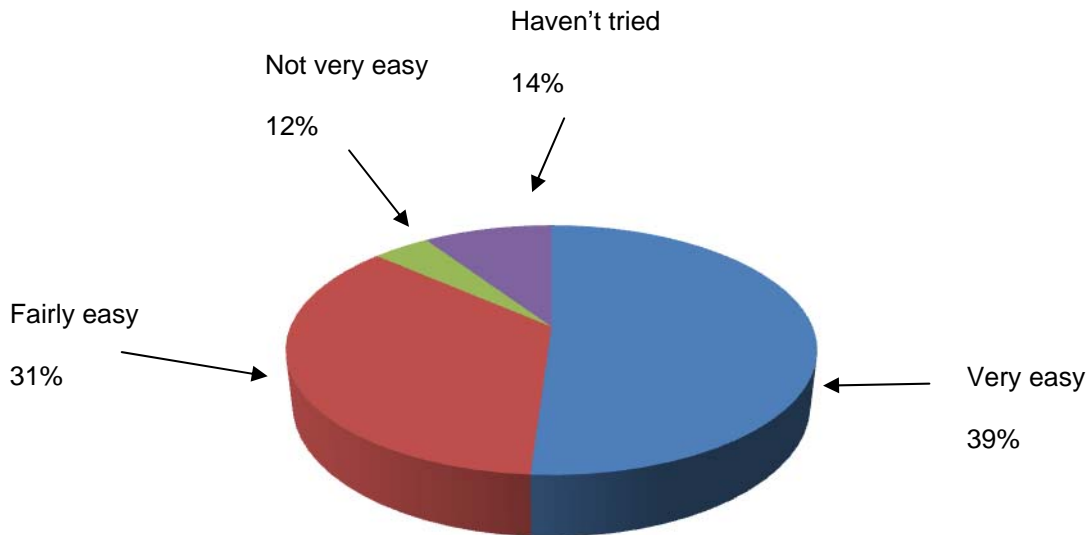
**If you got an appointment, how well did the Doctor ask about your symptoms and involve you in decisions about your care?**



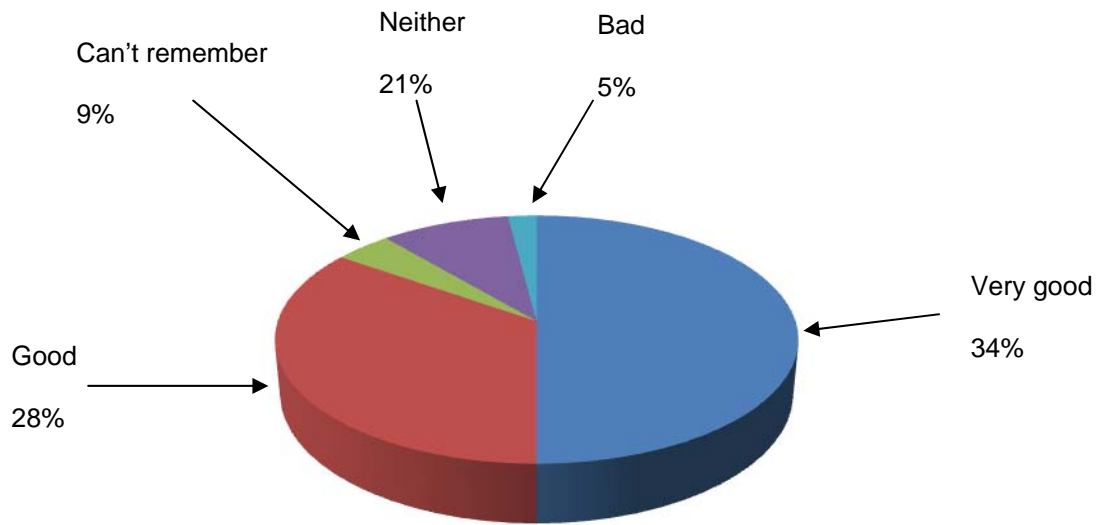
**How often do you see your preferred doctor?**



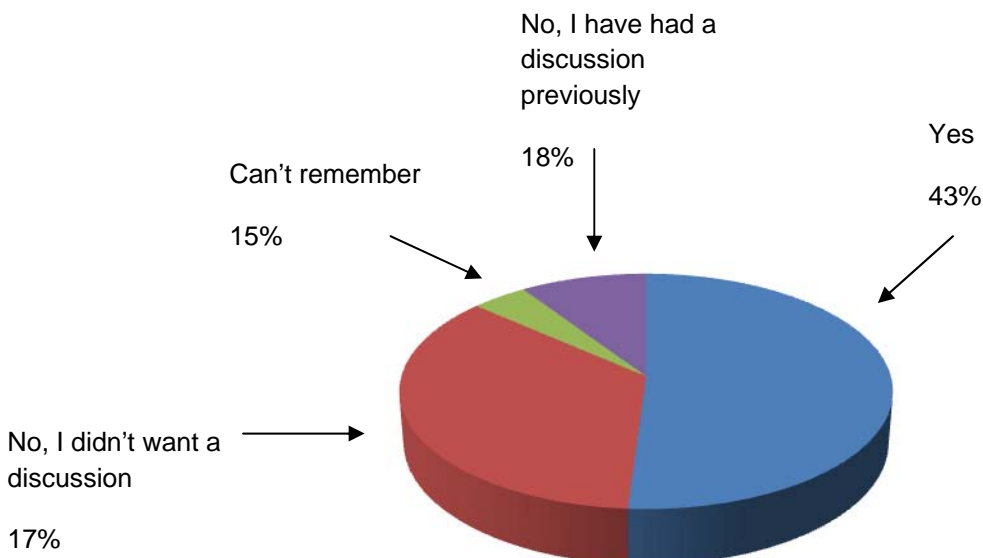
**How easy is it getting an appointment with a practice nurse?**



**If you got an appointment, how well did the practice nurse ask about your symptoms and involve you in decisions about your care?**



**Have you had a discussion with a doctor or nurse about managing a long-standing health problem?**





## Patient survey for Summerfield Group Practice

2012/2013

### COMMENTS:

- 1) Need more appointments
- 2) Doctor I've seen in the past has always been in a rush only offering little time to explain symptoms and finish 2-4mins
- 3) Even though my GP is very good at caring patients, the surgery doesn't have enough facility in case of an emergency (eg: I V lines, stitches..)
- 4) Will help with more time, easy system of appointments
- 5) The care is very good. The problem is the availability of appointments and restriction on when you can get one. The system is not user friendly
- 6) Very good doctors surgery. Very helpful staff especially Nasser the receptionist. Overall good experience
- 7) You need more Dr's + Staffs + Appointments
- 8) The surgery could do with more staff on In the morning and evening
- 9) Other than the telephone line. I am fairly satisfied with the surgery
- 10) Dawn is very helpful and very good receptionist. Practice manager is outstanding
- 11) A very good surgery
- 12) Very good services and careful as well
- 13) I find staff very helpful + respect me, easy to come in and make apt, costly on the phone
- 14) Would prefer a 0121 number as sometimes we have to hold on too long. Also we should be able to book an apt beforehand rather than call on the day
- 15) Excellent staff especially Dr Mahomed and Nasser. Also very well managed by the practice manager Shabnam. Thanks, Dawn Reeves excellent
- 16) Not a bad comment to make. All members of staff are very welcoming and professional. Needs to be a 0121 number to call for appointments, more doctor time needed!!! More frontline staff and appointment availability
- 17) Today I had my appointment attain to immediately with the assistance of a very courteous receptionist Saima. She is very patient with me when the misunderstanding occurred. She is truly asset of the organisation
- 18) Nurse in this practice really is helpful-big complement
- 19) I was sent home after seeing Dr Chillala but got home and fainted
- 20) Bring back the older set of Doctors who listen and explain things to you properly. Otherwise no problems
- 21) An excellent service
- 22) I am very satisfied with everyone In the surgery
- 23) I am satisfied with the surgery and happy
- 24) Doctors are very good caring their patients, but the manager should have more rooms for Doctors, increase the Doctors too. Very difficult to get an appointment due to more patient is the surgery and the telephone line also busy in the mornings

## DISCUSSION ABOUT RESULTS

**The PRG reviewed the results of the survey on 08.03.2013 comparison was made to last year's survey.**

1. The results were summarised for the PRG and discussed at the meeting.
2. The PRG also reviewed the comments made by respondents.
3. The PRG had access to the following documents during the review process.

- Original survey questionnaire.
- Original survey responses
- A list of comments from patients as summarised (see separate list).
- An excel spreadsheet showing a summary of the results

The patient related priorities identified by the PRG were divided into **measureable objective responses** and **subjective responses**.

**The measureable objective response were:**

- Satisfaction with opening hours of the surgery.
- This showed a slight drop from the survey in January 2012 **(82.% vs 91%)**
- Ease of getting through to the surgery on the telephone.
- This showed almost same from the survey in January 2012. **(73% vs 66.8%)**
- Ease of making an appointment with a doctor more than 2 days in advance.
- This showed almost the same from the survey in January 2012. **(77.78% vs 64%)**
- Ease of making an appointment with a doctor on same day or in the next 48hours.
- This showed almost the same from the survey in January 2012. **(73.4% vs 73%)**

**The measureable Subjective response were:**

- Satisfaction with the overall care received at the surgery.
- This showed almost the same from the survey in January 2012 **(88.12% vs 87%)**

Overall the results showed marked improvement

**Access has been improved by a combination of the following:**

- Opening from 8.00am to 8.00pm
- Extended hours opening on 3 nights from 6:30-8pm.

**Overall satisfaction has been improved by a combination of the following:**

- New GP has joined the team to provide more consulting hours and for continuity of care.
- New female to address issue of availability female doctor for those who have this preference.
- ❖ New services are being setup in house:
  - Diabetes care including insulin start clinic
  - Respiratory care/ cardiovascular care via using the community clinics setup via ICOF.
  - Family Planning clinic in house for implants and IUCDs
  - Co-ordinated care via the Referral Advice Centre (RAC) and using Choose



and Book.

- Staff training as part of ICOF front of house training Pilot.

The main actions to come out of the survey were mainly from the comments which the PRG agree should be the action points:

1. More appointments needed
2. Polish speaking staff member
3. Need Practice nurse to deliver health promotion in the evenings for patients that work and cannot get time off

- Display the results of survey in waiting room.

## **ACTION PLAN**

The PRG wanted to congratulate staff and continue the same good work. This will be conveyed to the staff at the next practice meeting on the good work they are doing.

<u>Action</u>	<u>Task</u>	<u>Timeline</u>
More clinicians appointments needed	Practice leaders to consider appointing GP for further few extra sessions – However one GP presently on maternity leave due to return soon – also under take managing access and demand capacity training	By October 2013
Polish speaking staff member available to patients rather than waiting 2 days for interpreter through BILCS	PM to explore and meet with BILCS to have staff member made available in different languages on different occasions several set times a week	By June 2013
Need Practice nurse to work in the evenings to promote health promotion to patients who work and cannot attend in the mornings	PM to give feed back to the lead GP's and negotiate for more nursing time mainly for the evenings	By June 2013

**Actions Points from survey 2011-2012**

1. Practice to review its 0845 use of telephone line – number now changed to 0121 255 0419
2. Improving clinical staffs engagement of patients during consultations - We now have a good clinical team who are trained and very popular with patients who always have very positive feedback to give about all the clinicians
3. Patients education  
 Helping patients to make better use of Practice and wider NHS services  
 Improving health literacy by helping patients better understand managing long term conditions – Literature printed in different languages and displayed has helped the practice achieve this and holding group education sessions

The PRG would like to congratulate the committee and all the Summerfield Group Practice staff members on achieving the above

**Furthermore, for the last outcome for the year 2 (A & E attendance was appropriate or not):**

The Practice conducted an exercise to review all A&E attendance slips and ask the patients when they next attended what the reason was that they attended A&E for. Majority of the patients attended inappropriately and needed further education around OOH and walk in centre. The practice has now printed separate information besides the Practice leaflet with just information on how to contact the surgery and what to do when the surgery is closed and the surgery opening hours. This is also displayed in different languages in the waiting area. During the coming months PRG members have agreed to carry out educational sessions by talking to the patients in the waiting area.

## **ACCESS**

### **OPENING HOURS**

*The practice opening hours as below:*

Monday	08:00 – 20.00
Tuesday	08:00 – 20.00
Wednesday	08:00 – 20.00
Thursday	08:00 – 20.00
Friday	08:00 – 20.00
Saturday	Closed
Sunday	Closed

Bank Holidays Closed

### **EXTENDED HOURS**

Monday: 18.30 - 20.00

Wednesday: 18.30 - 20.00

Friday: 18.30 - 20.00

### **ACCESS TO SERVICES**

***Telephone number, address, how to access services (e.g. appointment booking, emergency appointments, out-of-hours)***

*This practice advertises one telephone number for patients to contact the practice, a message is played giving instructions and which number to press, this number has two lines. The same number will automatically transfer the patient to out-of-hours. We also advertise our fax number. At the present we do not provide email advice to patients for medico-legal reasons.*

**Summerfield Group Practice**  
Summerfield Primary Care Centre  
134 Heath Street  
Winson Green  
Birmingham B18 7AL

**Phone line: 0121 255 0419**

**Fax: 0121 687 1450**

*Poster in waiting area informing patients how to contact the Doctor in out-of-hours*

*Envisage system in waiting area displays instructions on how to book emergency appointment*

*All the above is included in the Practice leaflet*

## **PUBLICATION OF THE REPORT**

**Say where the report can be found. Details of website. Hard copies available in Surgery. Copies sent to other organisations (dental/opticians/pharmacy/voluntary organisations**

*This report shall be forwarded to the PCT [Merleen.frank@nhs.net](mailto:Merleen.frank@nhs.net) and Mr Chris Vaughan (Chair of the Ladywood PPG Network).*

*The practice will share the report with the PRG (during the meetings), wider practice population via displays in reception and survey respondents, consortia, Health watch and the CQC via the website address*

*<http://www.icofgpc.org.uk/> and <http://sites.google.com/site/summerfieldgrouppractice/>  
<http://www.summerfieldgrouppractice.co.uk>*

- *The practice shall inform its patients via the following methods:*
  - i. *Copy of the summary results to be displayed in reception on notice board*
  - ii. *Copy of the comments to be displayed in reception.*
  - iii. *Copy of the summary results to be published on ICOF website as a subpage of the practice listing on the ICOF site and googlesites— see link above.*

*We shall display the report in reception and all those not represented in the above list will be able to view a copy.*