

SUMMERFIELD GROUP PRACTICE

PATIENT REPRESENTATIVE GROUP REPORT – MARCH 2014

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 feedback 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 was represented by the PRG officer, but due to reorganisation he 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

Demonstrating how a Patient Reference Group is Representative		
Practice Population Profile	PRG Profile	Difference
Age		
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		
White	White	
5.56% British Group	1.49% British Group	-4.44%
0.56% Irish	0% Irish	-0.56%
Mixed	Mixed	
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%
Asian or Asian British	Asian or Asian British	
3.27% Indian	0.64% Indian	-2.64%
5.08% Pakistani	0.39% Pakistani	-4.29%
1.14% Bangladeshi	0.39% Bangladeshi	-4.69%
Black or Black British	Black or Black British	
5.12% Caribbean	0.34% Caribbean	-4.73%
11.23% African	0.19% African	-11.05%
Chinese or other ethnic group	Chinese or other ethnic group	
1.81% Chinese	0% Chinese	-1.81%
37.59% & any other	0.11% & any other	-37.48%
Not Stated %	Not Stated %	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 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,Czech,Romanian) community and most of them worked long hours. Also high number of young mothers with children.

We have also advertised on the Envisage electronic display unit in the waiting area The Group has not changed since the previous year however we have sadly lost one member

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 st meeting – discussed membership, terms of reference – The DES and identify priorities
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2012	<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 2nd 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, 30.10.2012, 15.03.13</i></p>
2013/2014	<p><i>The PRG meeting in the last 12 months have taken place on the following dates, at quarterly intervals:</i></p> <p><i>02.07.2013, 28.11.2013, 06.03.2014,13.03.2013</i></p>
28.11.2014	<p><i>Final survey questionnaires agreed – survey was conducted</i></p>
06.03.2014	<p><i>Results of the survey were evaluated and action plan drawn up –discussed patient comments and actions for improvement</i></p>

25.03.2014 – Meeting with Mr Terence G, discussed final report, comments from Mr G-

1. "The PRG wishes to commend the continued efforts of the Administrative Staff, led by Mrs Khan and the Medical Staff to provide a steadily improving service to the local community. We still have a number of problems to surmount but progress is being made. I am delighted to say that the PRG now has a volunteer for the post of Secretary which will improve our efficiency.
2. The PRG will concentrate on improving its numbers and, by face to face contact and the use of leaflets, attempt to persuade other patients to make the best use of the services we provide. The other problem upon which we will concentrate is that posed by the wider spread of languages found at Summerfield as opposed to that found at other Surgeries in the CCG area." Mr Terence G
3. The PRG will continue to work for the Patients and Staff . If you have any ideas come and join us.

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 – Miss Ruth S – Mr Kamran M – Mr Bind H – Miss Natalee L
– Mr Aderito R – Mr Mitko M*

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

Non Voting practice members

Dr S Mahomed

Mrs Shabnam Khan

Eva (Interpreter)

PATIENT SURVEY

AREAS OF PRIORITY & HOW THEY WERE DECIDED

Following the meeting on 23.10.2012 and 28.11.13 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 (6th January till 17th January). 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 06.03.2014 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	40	40%
Fairly satisfied	38	38%
Neither / nor	5	5%
Fairly dissatisfied	8	8%
Very dissatisfied	7	7%
Total Responses	98	

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

Response	No. of Responses	%
Haven't tried	6	6%
Very easy	21	23%
Fairly easy	33	36%
Not very easy	31	34%
Total Responses	91	

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

Response	No. of Responses	%
Yes	45	47%
No	35	36%
Can't remember	15	15%
Total Responses	95	

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	53	58%
No	29	31%
Can't remember	9	9%
Total Responses	91	

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	40	40%
Good	27	27%
neither	19	19%
Bad	7	7%
Can't remember	5	5%
Total Responses	98	

6 How often do you see your preferred doctor?

Response	No. of Responses	%
Always or almost always	17	16%
A lot of the time	36	36%
Some of the time	22	22%
Never or almost never	5	5%
Not tried	13	13%
I have no preference	7	7%
Total Responses	100	

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

Response	No. of Responses	%
Haven't tried	12	12%
Very easy	45	45%
Fairly easy	39	39%
Not very easy	4	4%
Total Responses	100	

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	28	28%
Good	31	31%
neither	19	19%
Bad	9	9%
Can't remember	12	12%
Total Responses	99	

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

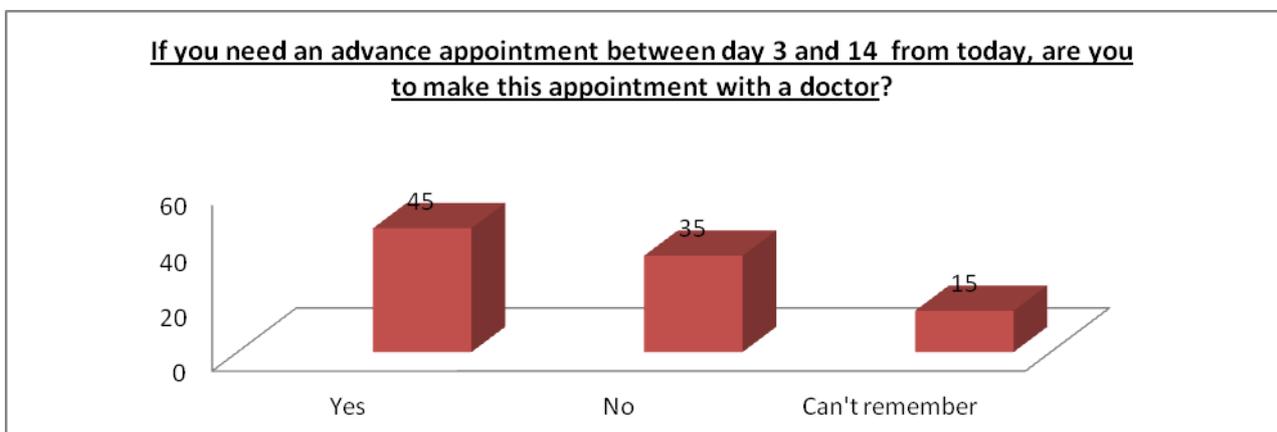
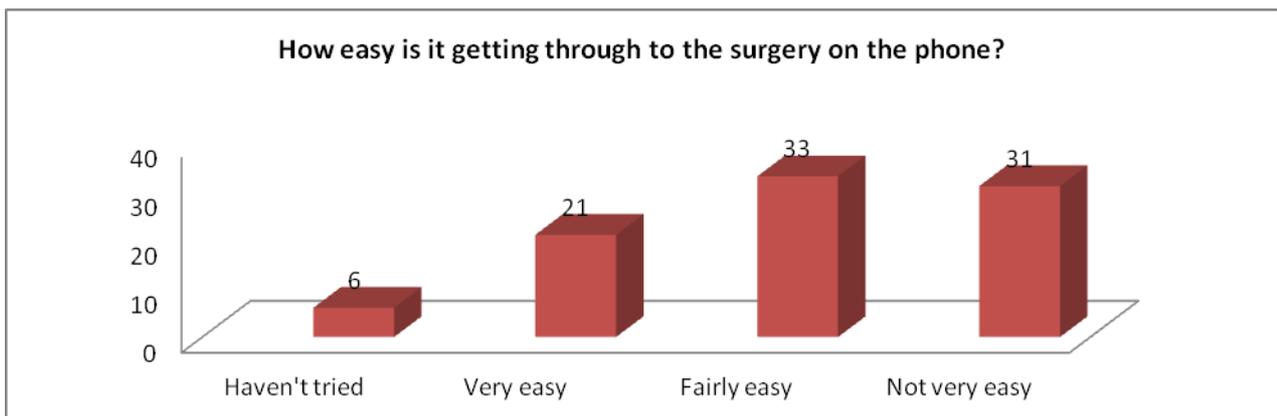
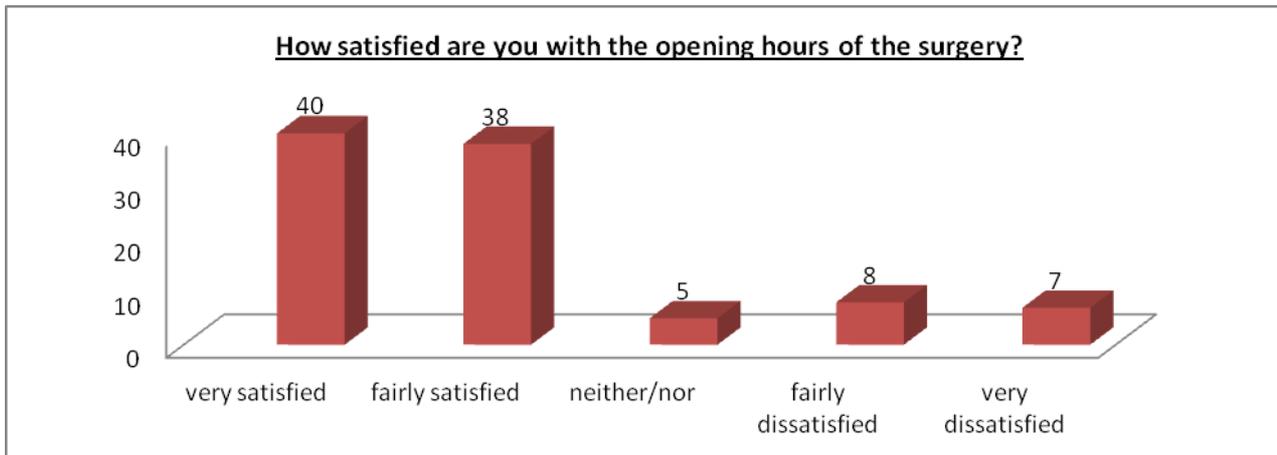
Response	No. of Responses	%
Yes	43	46%
No, I didn't want a discussion	17	18%
No, I would have had a discussion previously	18	19%
Can't remember	15	16%
Total Responses	93	

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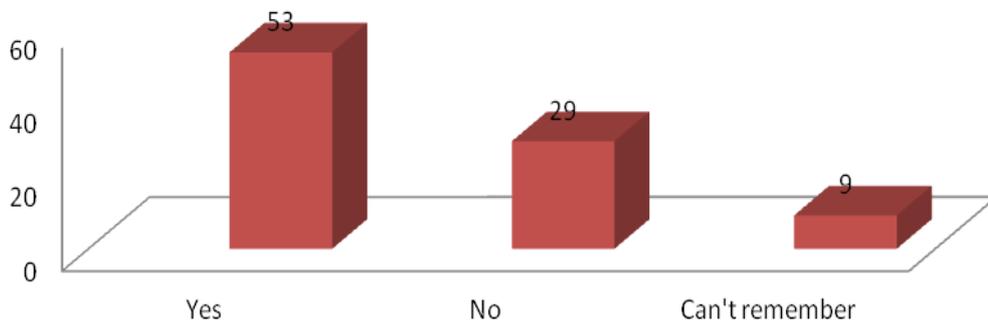
0 How satisfied are you with the overall care you have received at the surgery?

Response	No. of Responses	%
Very satisfied	29	32%
Fairly satisfied	27	30%
Neither / nor	16	17%
Fairly dissatisfied	3	3%
Very dissatisfied	6	6%
Total Responses	81	

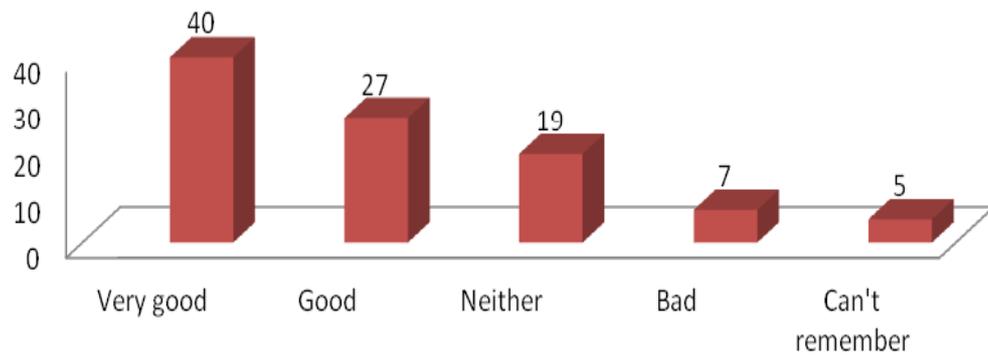
RESULTS



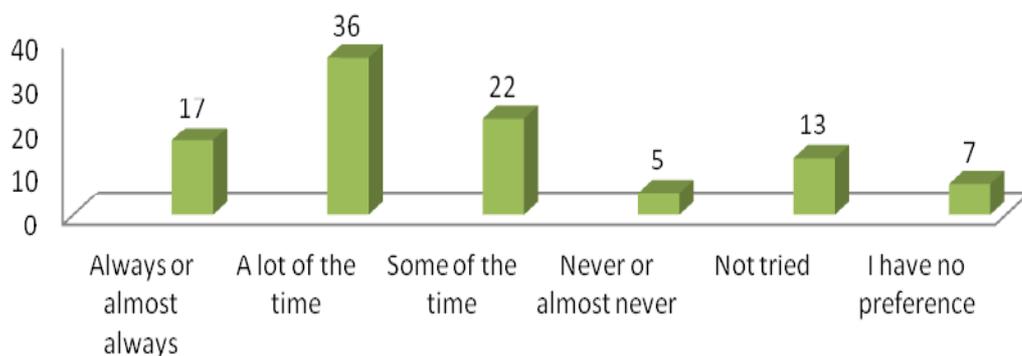
Are you able to see a doctor on the same or the next 2 days the surgery is open?



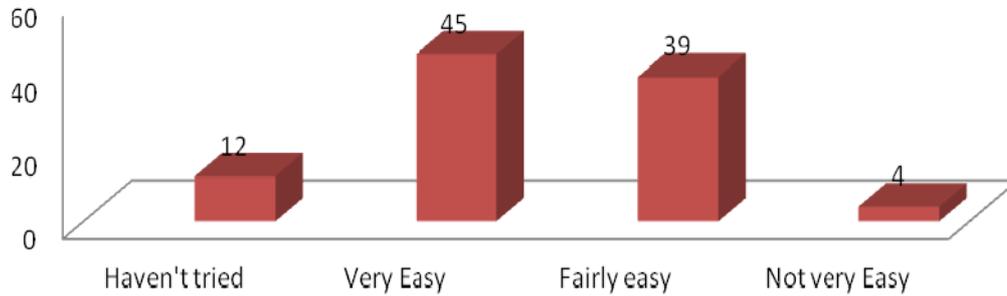
If you got an appointment, how well did the Doctor ask about your symptoms and involve you in decisions about your care?



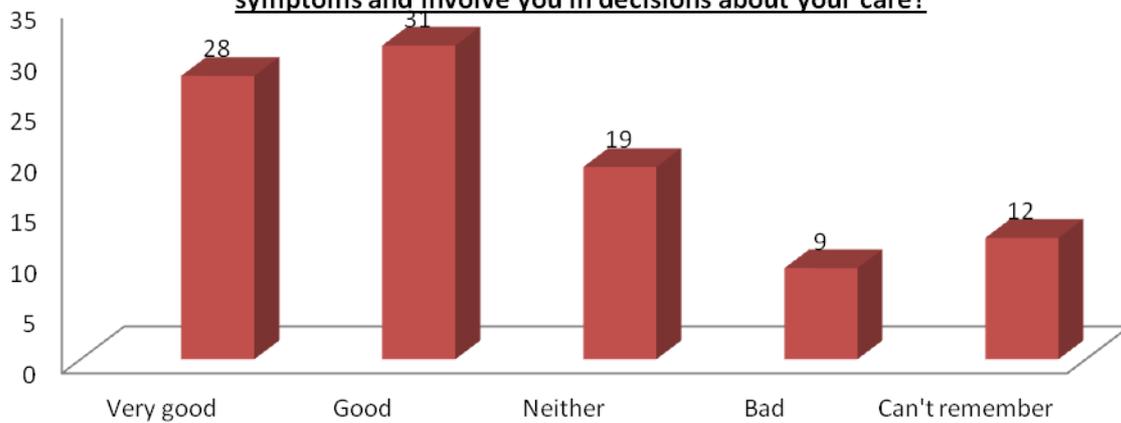
How often do you see your preferred Doctor?



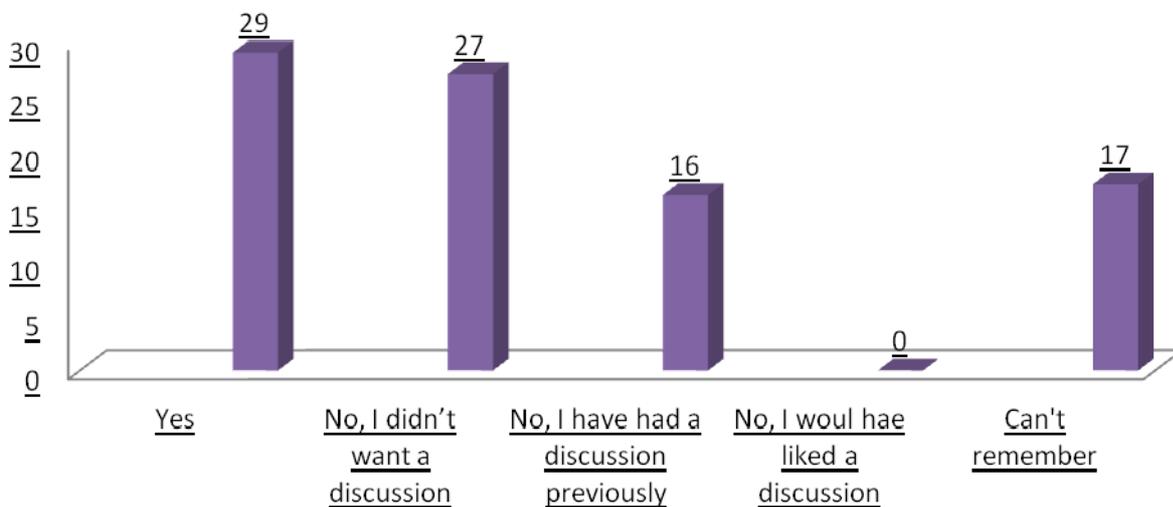
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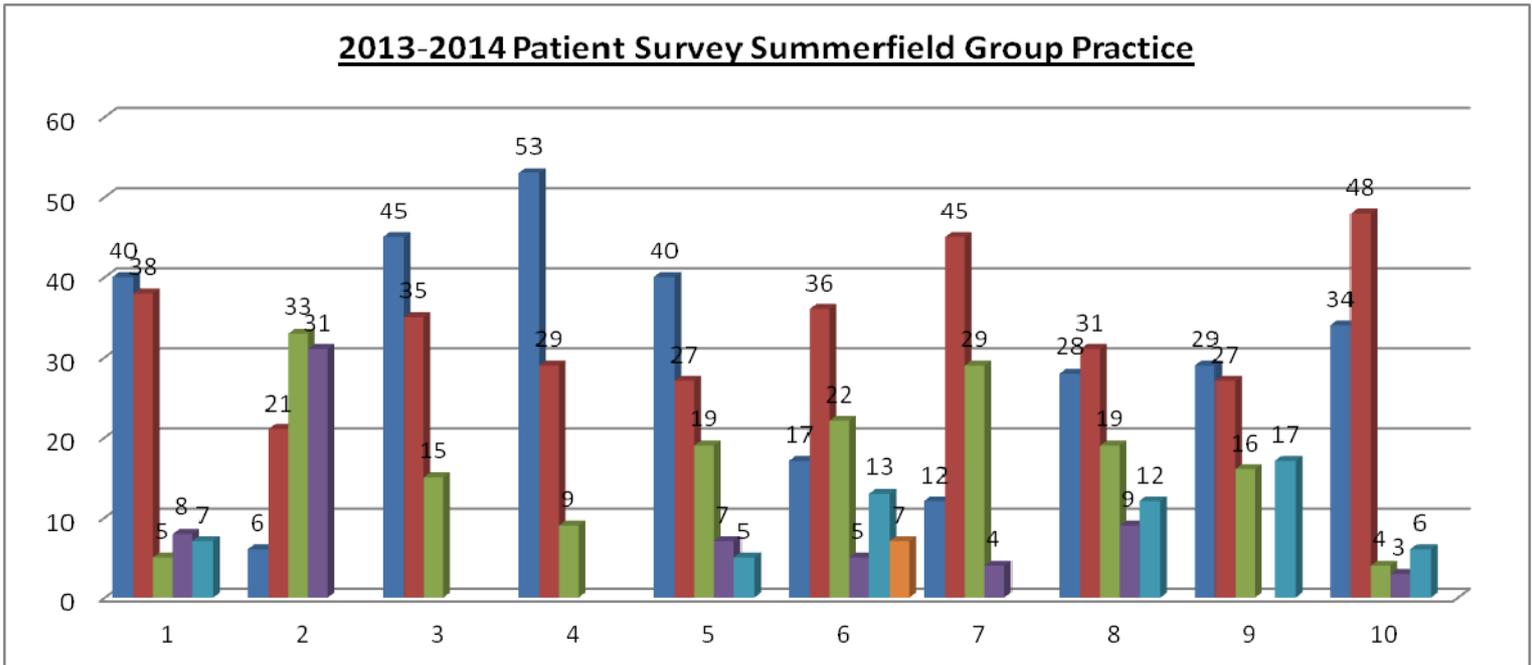
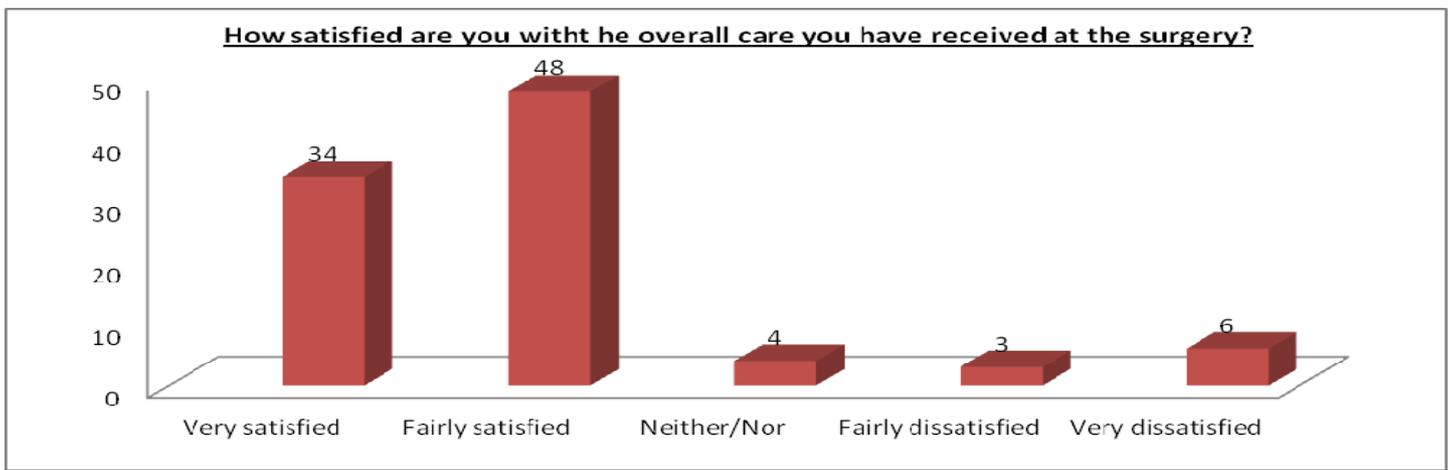


If you got an appointment, how well did the practice nurse ask about your symptoms and involve you in decisions about your care?



If you suffer from diabetes, COPD, asthma, high blood pressure, heart disease or stroke. have you had a discussion with a doctor or nurse about managing a long standing health problem?





1. How satisfied are you with the opening hours of the surgery?
2. How easy is it getting through to the surgery on the phone?
3. Are you able to get an appointment with a doctor more than 2 days in advance?
4. Are you able to see a doctor on the same or the next 2 days the surgery is open?
5. If you got an appointment, how well did the doctor ask about your symptoms and involve you in decisions about your care?
6. How often do you see your preferred doctor?
7. How easy is it getting an appointment with a practice nurse?
8. If you got an appointment, how well did the practice nurse ask about your symptoms and involve you in decisions about your care?
9. Have you had a discussion with a doctor or nurse about managing a long-standing health problem?
10. How satisfied are you with the overall care you have received at the surgery?

2013-2014

Patient survey for Summerfield Group Practice

COMMENTS:

- 1) I am very dissatisfied with the service (waiting time). Last week I waited over an hour to see the nurse, yesterday I waited 55mins to see the doctor. Now I had an appointment, I'm here again its now running 55mins behind time. Now if I'm late I would not be seen
- 2) Very satisfied with the service at Summerfield Group Practice
- 3) Keep the good work up
- 4) Good
- 5) Only thing missing is make appointment is advance with the doctor you want to see
- 6) I don't need to see the A&E because if I want to see the doctor it's easy to see him. The reception and doctors are very good to me and I like this surgery
- 7) Thank you
- 8) It could be much convenient for patients if phoned 8:00am or 1:00om and had a possibility to register or see a doctor some day. At present most of the time it is possible within next or after tomorrow. Always receptionists are very nice, helpful and giving good advice. I heard nice comments about the service from my friends
- 9) Just the phone call issue, needs looking at.
- 10)I haven't seen a doctor before I completed the survey
- 11)Getting an appointment is really hard, system has been down for over last 4 months and to call is impossible I get through
- 12)I went to A&E because site couldn't charge my medicine. But when I went to A&E they did charge my medicine
- 13)I just like to say Summerfield Group Practice is very good and I happy for this surgery
- 14)It' very hard to book and appointment and some of the reception, they aren't helpful at all, and you can't get through to the phone and if you manage to get through you didn't get the appointment. Sometime you wait in reception and the receptionists are doing 2 or 3 different jobs!!
- 15)I am very happy with my treatment at practice and staff
- 16)I am sorry that Dr O'Malley has left
- 17)Friendly staff and most helpful
- 18)I have found the receptionists especially Saima to be very helpful and she will do her best to arrange for me to see the doctor as soon as possible. She has a kind and caring attitude to the patients. In fact all the receptionists are very good. I have also found the nurse Michelle to be very good, very caring and have a friendly but professional attitude
- 19)Very good
- 20)Everything is good, I like Summerfield Group Practice
- 21)I think it my GP very good

DISCUSSION ABOUT RESULTS

The PRG reviewed the results of the survey on 06.03.2014 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 it has remained the same from the survey in January 2013 **(91.% vs 91%)**

- Ease of getting through to the surgery on the telephone.

- This showed a slight drop from the survey in January 2013.

(66.8% vs 60%)

- Ease of making an appointment with a doctor more than 2 days in advance.

- This showed almost the same from the survey in January 2013. **(64% vs 60%)**

- Ease of making an appointment with a doctor on same day or in the next 48hours.

- This showed a slight drop from the survey in January 2013. **(73% vs 62%)**

The measureable Subjective response were:

- Satisfaction with the overall care received at the surgery.

- This showed a slight drop from the survey in January 2013 **(87% vs 76%)**

Overall the results showed marked improvement and patients have given positive written feed back

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 Health care assistant appointed for routine health checks/phlebotomy
 - 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
 - Ambulatory BP machine available now to make more diagnostics in house
 - Nurse now working 1 evening session to accommodate patients who cannot attend morning appointments

- *Staff training on going internal and external basis as needed*

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 for Doctors*
- 2. Busy telephone line is a problem and practice to explore to improve this further*
- 3. Appoint reception staff if possible who can speak a European language which will support the practice in promoting policies and procedures.*

- 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>
<i>Concentrate of educating patients around attending A&E as the Practice is 2nd Highest user of A&E within the SWBCCG</i>	<i>TG/KM to meet and discuss and plan questions then spend time and collect data from patients by asking questions then devise plan to improve Summerfield's A&E attendance</i>	<i>By December 2014</i>
<i>Educate patients from Eastern Europe on appropriate use of A&E and how to access healthcare better suited to their needs</i>	<i>MZ to translate questions into different languages and sit with patients and collect details and report to PPG- Then conclude and devise a strategy to educate and improve outcome</i>	<i>By May 2014 and on going</i>
<i>Appoint a secretary for the PPG</i>	<i>Discuss at next meeting and elect and appoint</i>	<i>By July 2014</i>
<i>Recruit younger members for the PPG</i>	<i>Chairman to lead on this and actively speak to patients in the waiting area</i>	<i>By July2014</i>
<i>Chairperson currently attending the patient participation Development Programme meetings</i>	<i>Chairperson to relay all the information back to the group to form a more solid PPG</i>	<i>July 2014</i>

Action Points from Survey 2012-2013

1. More clinicians needed – Access and demand capacity training was undertaken and it was identified that there was a need for extra GP's after advertising we managed to appoint one part time female GP and the rest of the time locums are being used so that there is always two GP's working alongside generating enough appointments.
2. Interpreters to be available on certain days so that patients know and can attend on those days – PM had discussions with BILCS and it was decided we would have interpreters in different languages for 2 hours at a time on different days, this is working fine for both staff and patients
3. Need more nursing hours in the evenings – Advert was placed for an additional nurse without any success, the present nurse then agreed to work one evening session per week and HCA has been appointed for 3 sessions per week.

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 and year 3 (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.

This year three members of the PPG are working hard to collect data from patients by conducting another face to face survey as this is an ongoing problem for the practice, members of the PPG who speak different languages will do this in other languages as it is felt that language barrier is the main cause and patients are confused where to attend when the Practice is closed.

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 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.summerfieldgrouppractice.co.uk/index.htm>

- *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.

Key to Abbreviations:

PCT – Primary care trust, now superseded by CCG and NHSE

CCG – Clinical Commissioning Group

NHSE – NHS England

LCG – local commissioning Group, ICOF is one such group

ICOF – Intelligent Commissioning Federation