

## Patient Reference Group

Welcome to our Patient Reference Group (PRG).

We are participating in a 2 year project to collect information and gain feedback from our patients about a range of topics concerning the Surgery and our services, in the hope that this will lead to improved effective healthcare provision for our patients.

Our group is a virtual (online) group and any of our patients are welcome to join and give their feedback via this group. Membership forms are available to download from our website and can also be collected from reception. Members of the PRG will be asked to take part in Practice surveys from time to time in order for us to obtain patient opinion on various matters.

The Practice plans to conduct 2-3 surveys in these 2 years. The results of the surveys, feedback from the PRG, and the decisions taken will be published on the Practice website and hard copies are available from Reception.

Please click on the link below to read the PRG Practice Report for Year 2011-2012.

*[PPG Practice Report for Year 2011-2012](#)*

If you would like to join the Patient Reference Group, please click [here](#) to download the membership form.

Thank you for your interest.

## Patient Reference Group Practice Report 2011-2012

The Patient Reference Group (PRG) at Brankenswood Healthcare Centre is a new initiative to get patient participation in decisions about a variety of practice services. We are a virtual group and all our members give their feedback via email.

During the autumn of 2011 a Practice Newsletter was produced with general news about the Surgery and this included information about the proposed Patient Reference Group, together with an application form for any patient to complete who was interested in joining. Patients were encouraged to take a copy of the Newsletter and to apply to join the Group by providing details of their email address. The application form also had questions relating to sex, age group, employment status, ethnic background, any long-term health issues, physical or learning difficulties and information on how regularly they usually visit the Surgery. Answering of these further questions was not essential in order to join the PRG; anyone providing an email address was added to a membership list which was put onto a spreadsheet. In the event, all applicants chose to provide details of their age group, sex, ethnic background and occupational status so this then enabled us to sort applicants using these parameters so that we could check the members of the PRG adequately reflected the demographics of the patients registered at the Surgery.

The PRG on 21<sup>st</sup> November 2011 comprised of 61 members as follows:

MALE	FEMALE
34	27

The Practice Profile shows that the male/female split between our registered patients is as follows:

MALE	FEMALE
6207	6341

This shows that the female population is very slightly under represented in the PRG, based on the fact that we have slightly more female patients registered but a majority of male PRG members.

The numbers of PRG members falling within the following age groups are as follows:

AGE 25 – 54	AGE 55 – 75	AGE 75 +
14	29	18

AGE GROUP SPLIT AS A PERCENTAGE OF TOTAL PRG MEMBERSHIP		
23%	48%	29%

The Practice Profile shows the numbers of registered patients within each age group:

AGE 25 – 54	AGE 55 – 75	AGE 75 +
5435	2393	1146

AGE GROUP SPLIT AS A PERCENTAGE OF TOTAL REGISTERED PATIENTS		
43%	19%	9%

From these figures, it was apparent that the younger age groups were less well represented, so efforts were then made for Receptionists to specifically offer application forms to these patients when they came into the Surgery for any reason. The reasons for this were felt to be that the older patients felt they had more time to be involved in the PRG, and that they also tend to visit the Surgery more frequently so have a greater interest in participating in decisions about the running of the Practice. Membership of the PRG is still being encouraged amongst our patients and it is hoped the numbers of younger patients involved in the PRG will increase.

With regard to the occupational status of members of the PRG, 16 were employed (26%). 4 were disabled or a carer (7%) and 41 are retired (67%). Again, this indicates that the retired population are more able/more willing to participate in initiatives such as the PRG.

To date (30<sup>th</sup> April 2012), there are now 68 members representing a wide cross section of our patient population although further applications are constantly welcomed (application forms are available at Reception) and members will continue to be added to the distribution list. Application forms will continue to be attached to future Practice Newsletters and all newly registering patients are given application forms along with their registration paperwork.

We asked members of the PRG on 23<sup>rd</sup> December 2011, via email, to focus on the aspects of the running of the Surgery which they felt needed to be improved and which they felt should be prioritised for the first patient survey. Several topics were offered as suggestions to the Group with the request that the members put these in priority order as they see it.

Options were:

- Telephone System
- Obtaining results
- Parking
- Reception issues
- Others (for future surveys)

By 19<sup>th</sup> January 2012 a total of 42 responses had been received from the PRG members. The “top priority” for each respondent is recorded on the following table:

Telephone System	Obtaining Results	Parking	Reception Issues	Other Suggestions
21	12	0	8	1

“Other” suggestions (from all replies received) for looking at in the future were:

- Timescale/availability of booking appointments
- Making blood test appointments
- Pedestrian access/exit
- Seating plan in waiting room
- Volume level of patient call system
- Possibility of communication with a GP via email

The results showed that a review of the Telephone System was top priority for the majority (34%) of the PRG who chose to participate. Therefore a Patient Survey on the subject of the telephone system was designed and circulated to the PRG for comment on 27<sup>th</sup> January 2012. A total of 23 members replied and an additional question about usefulness of the out-of-hours message was suggested and included in the main patient survey. Also there were several comments on the layout of the survey and changes were implemented accordingly. The other replies were in fact answers to the survey itself rather than questions on its format, so were included in the overall collation figures after the survey had been completed.

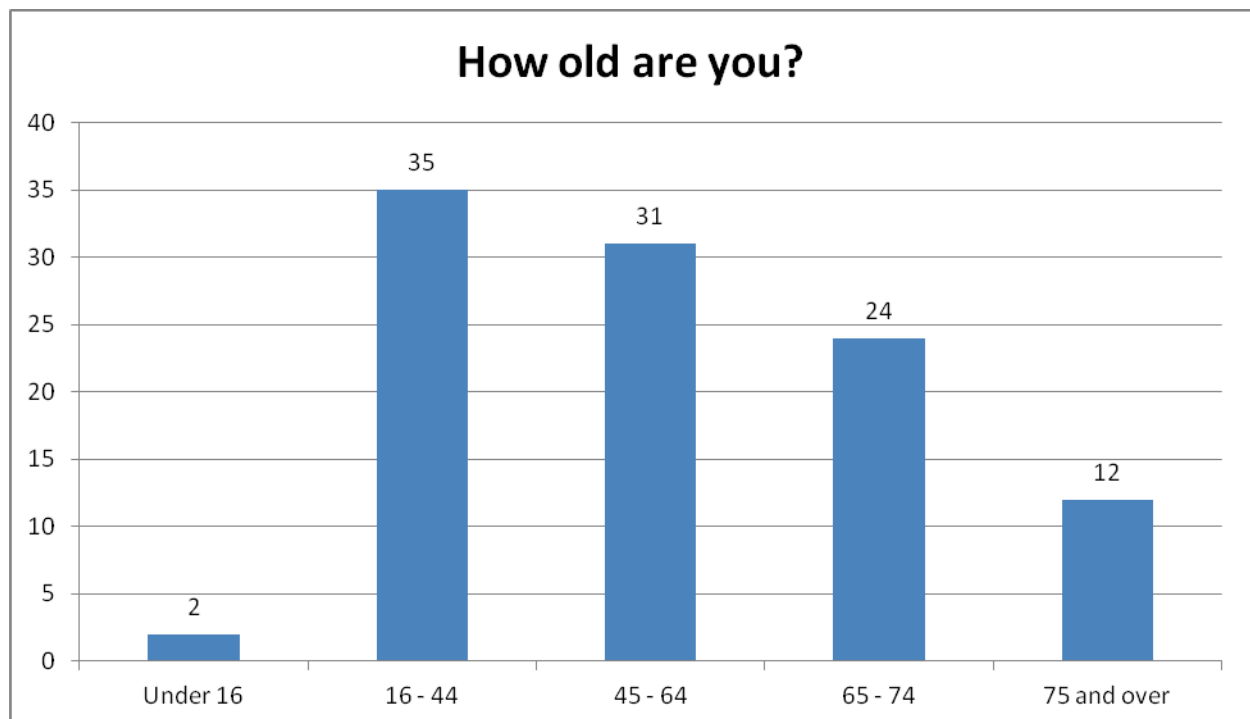
The revised Patient Survey was then distributed to patients who attended the practice between Monday 6<sup>th</sup> February and Thursday 9<sup>th</sup> February 2012. They were additionally available for any patient to complete while attending the surgery for any reason. Patients could either fill them in while in the Practice or take them home to fill in and then return. A cross section of our patients was ensured by disabling the patient computerised booking-in system for each of the GP's in turn so that these patients had to book in with the Receptionist and could be handed a Survey. Clipboards and pens were available. The Practice Nurses also had a supply of Surveys to hand out to patients attending their clinics.

The results of this survey were then collated by the Practice and forwarded to the PRG for comment on 28<sup>th</sup> February 2012.

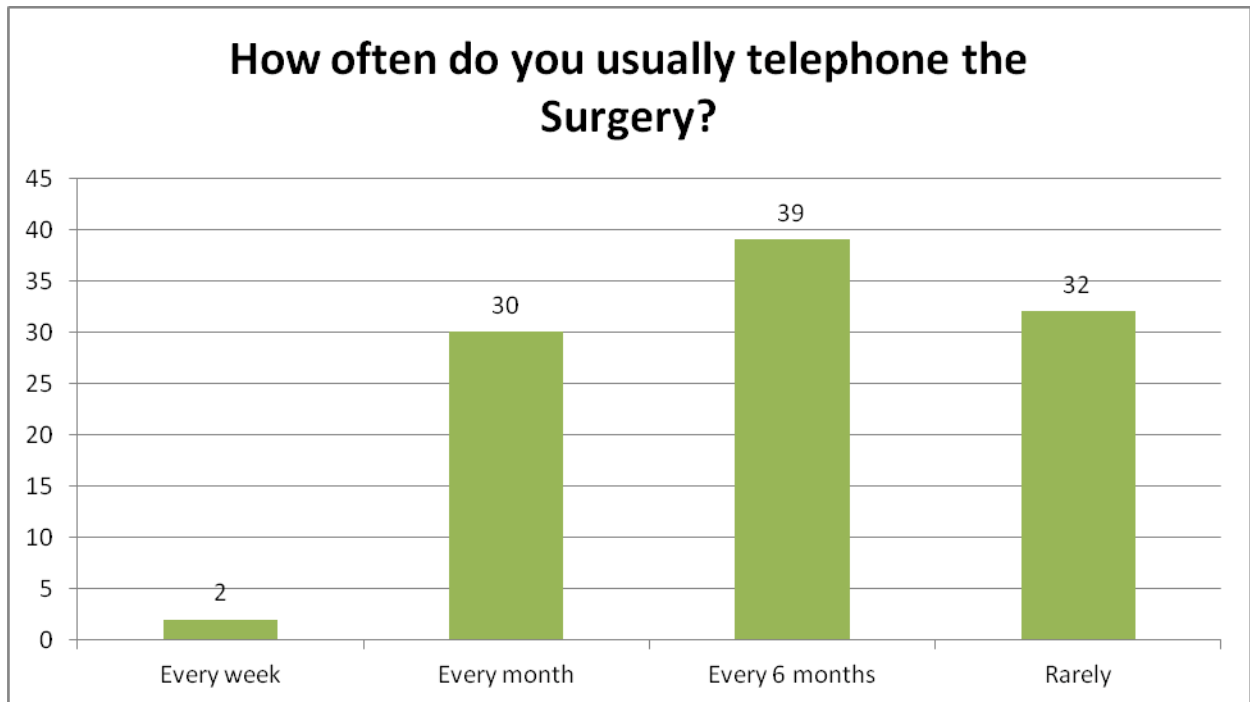
The results were as follows:

Total No. Of People who took part: **104**

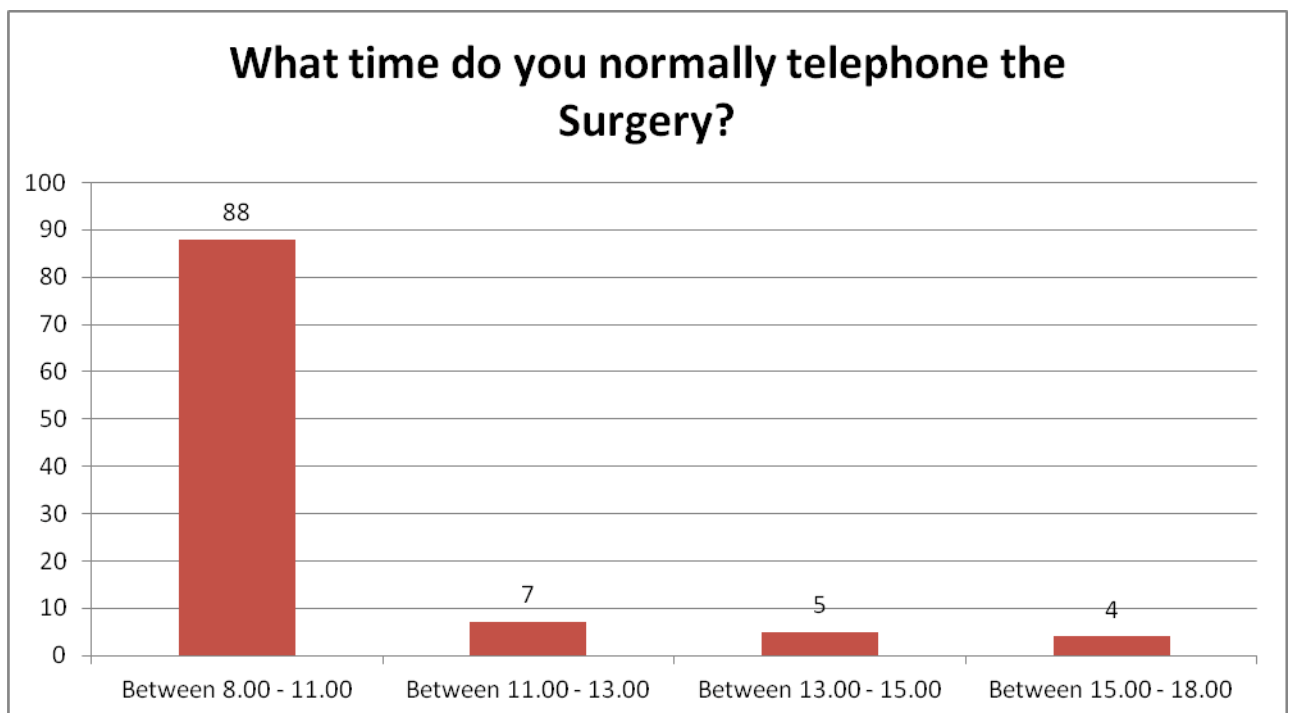
## Q1.



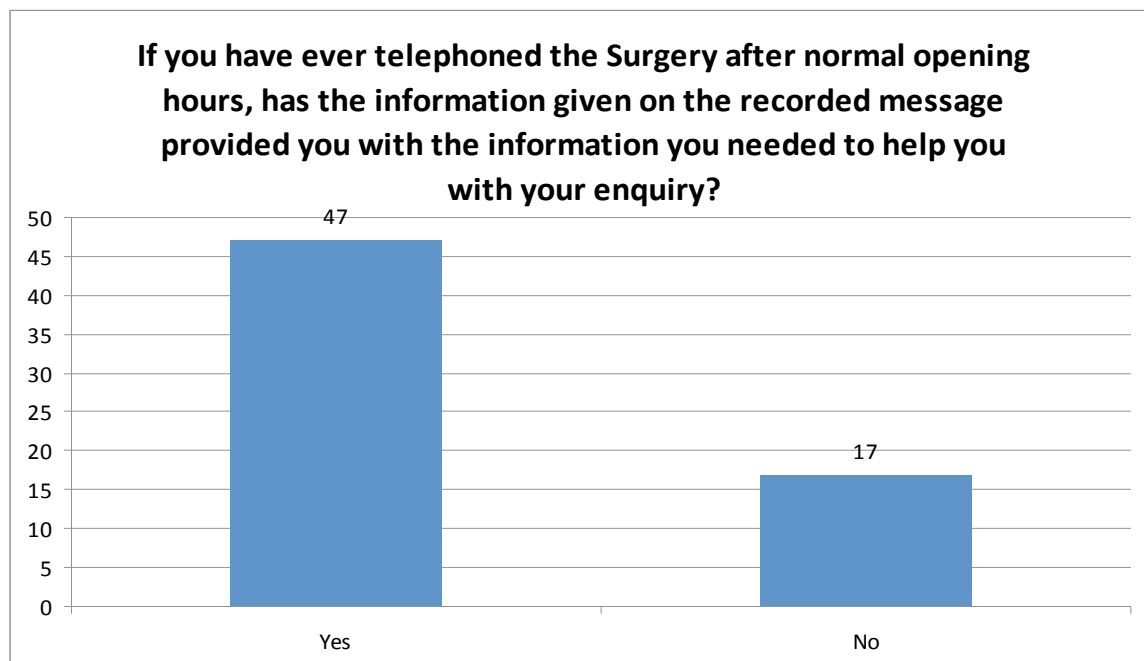
## Q2.



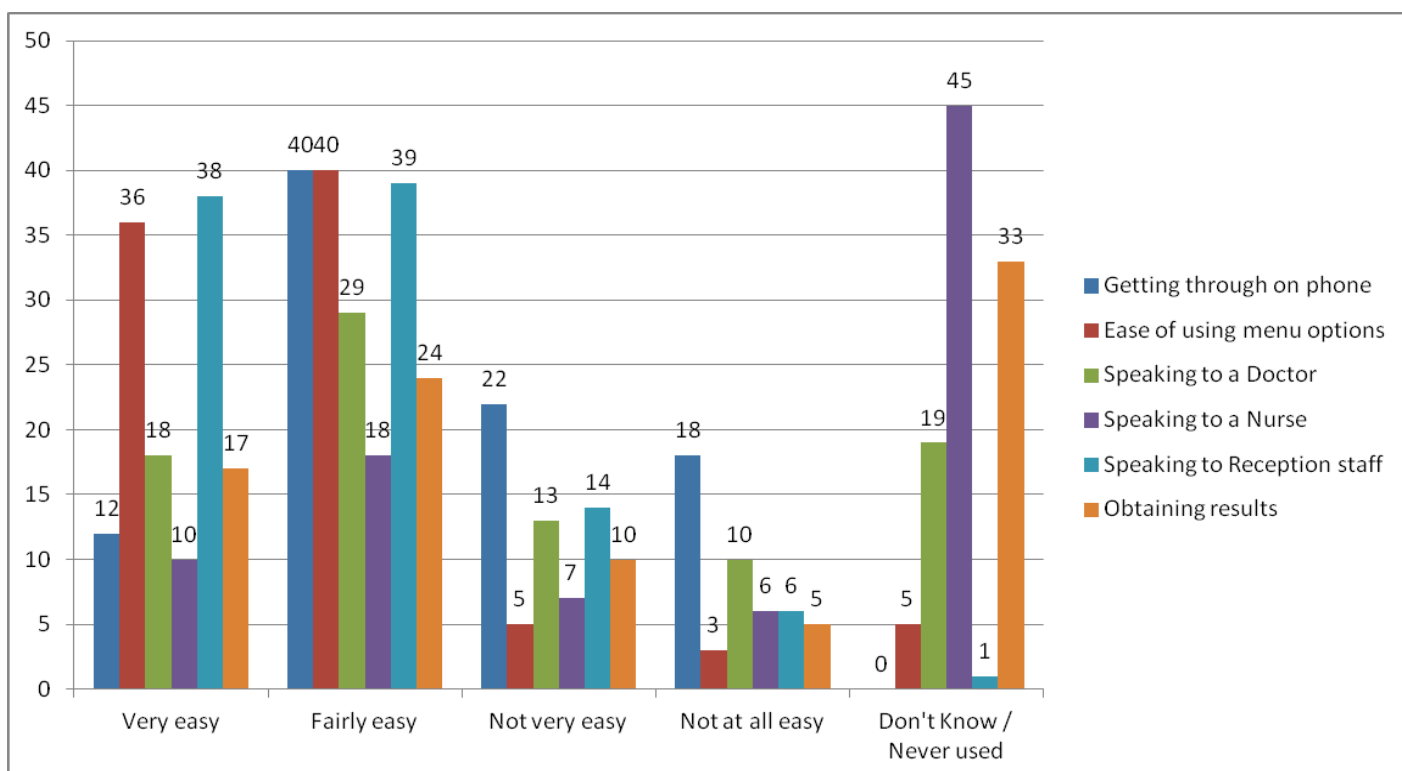
## Q3.

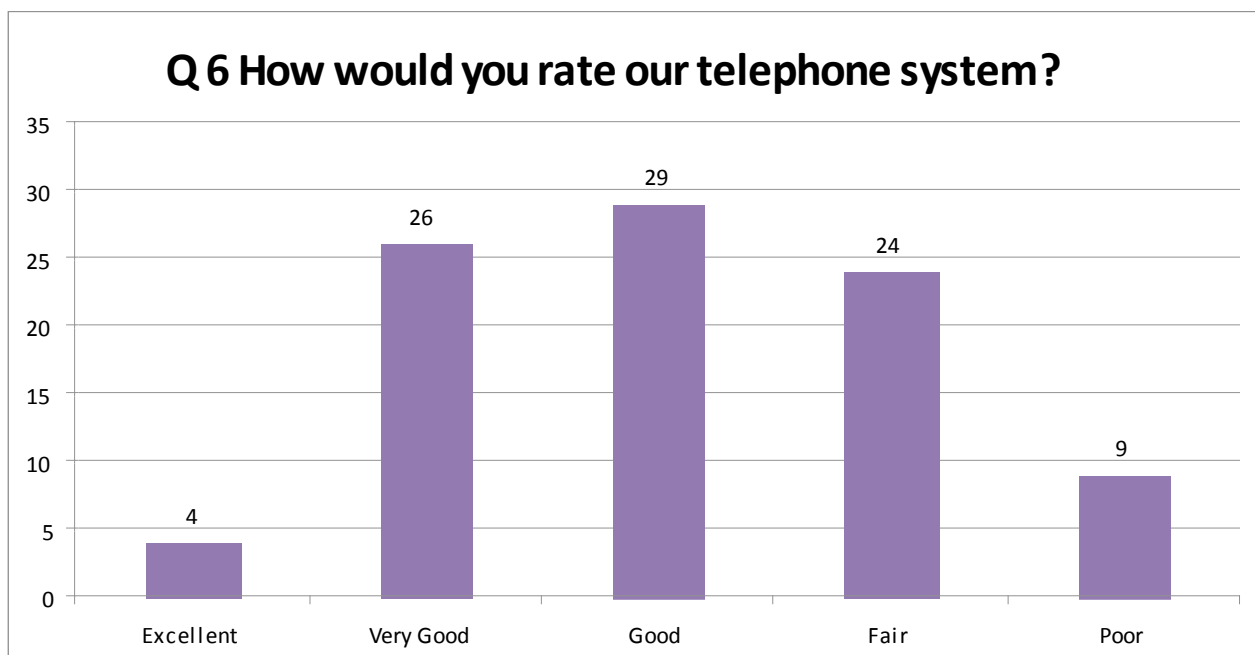


#### Q4.



#### Q5. How easy have you found the following with the system?





### Q7. Suggestions/Comments

1. Top request was to have more lines/staff available to answer the phone (especially at 8am)
2. Second most popular reply was for a *'you are held in a queue; you are 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> etc to be answered'* system
3. Online appointment booking system
4. Three replies asking if we could have the phones on at lunchtime when we are closed
5. Doctor or Nurse should decide who needs to talk to a doctor, not a receptionist. Receptionist should not be asking the patient what is wrong as people know if they need to see a doctor
6. Definite time for a telephone appointment with a doctor
7. There should be urgent or routine options on the phone system
8. Calm 'on hold' music, and/or healthy living information while waiting to be answered.
9. One person said the message should not start with 'this is not an emergency service' as it is confusing



## Summary

1. 37% of patients phoned the Surgery every 6 months. (39/103)
2. 84% of patients phone the Surgery between 8.00 and 11.00. (88/104)
3. 73% of patients found the recorded messages useful. (47/64)
4. The majority of patients found the whole telephone system fairly easy to use.
5. 32% of patients rated our system as good. (29/92)

(Not all questions were answered by all respondents)

Following this, the results were discussed at the Practice Meeting and an action plan was drawn up and circulated to the members of the PRG on 13<sup>th</sup> March 2012 for their approval.

The Action Plan, as agreed by the Practice, was as follows:

**a. Greater availability of telephone lines/ reception staff at 0800hrs.**

The Practice Manager will discuss the possibility of increasing the availability of phone lines with the Telecoms company and manage accordingly. A meeting was arranged for the following week.

The meeting has now taken place. It was discussed at the meeting that there are four incoming telephone lines, however if a doctor needed to dial out then previously one of these lines was then tied up with this call. There are, however, two additional lines available in the current telephone system and GP's have now been made aware of this and shown how to use these alternative lines so that the four main lines remain available for incoming calls. Quotations were received for a new telephone system to provide additional lines but this was felt to be unaffordable and unless extra staff were also recruited to answer the extra telephone lines there would be no benefit to patients. We currently have 3-4 members of staff answering the telephone at 8am and employing extra staff between 8am and 9am is probably not cost effective and would not result in more appointments being available. The number of telephone lines currently available at other times of the day was not indicated to be a problem by patients completing the Survey.

**b. Instigation of a call queuing system to inform patients what position they are in the line.** The Practice Manager will discuss the feasibility with the Telecoms company at the aforesaid meeting and feedback the response.

At the meeting, the Telecoms company stated that this would involve a complete system upgrade. This would cost in the region of £10,000 and is currently unfeasible unless replacement becomes essential for other reasons.

**c. Telephone availability for lunch time calls.** This facility has been available for some years and will continue.

**d. Consider Online Appointment Facility.** This will be investigated and scoped to see whether it is feasible with the current booking process and what if any adaptations can be made to facilitate the process. Liaison with another local Practice that is trialling this idea is ongoing.

With regard to some of the Suggestions/Comments, the message telephone callers get when they telephone the Surgery is under review to see if it can be condensed and simplified. It is hoped this will be rectified within the next three months.

The “on hold” music had very recently been changed prior to the Survey, and the Surgery has not been closed at lunchtimes for several years.

It is therefore apparent that some patients are not aware of our current opening times and these are given below:

Monday :                    8am – 8pm  
Tuesday – Friday :    8am – 6.30pm  
Saturday:                 8.30am – 11.30am

(1 in 4 – next Saturday surgery date is advertised at Reception)

Appointments with our Doctors and Nursing Staff can be booked between these hours by telephone or in person, although (as mentioned above) as a result of the survey we will also be looking into whether operating an online method of booking appointments is feasible. The late evening surgery and Saturday surgery’s offer appointments with either a doctor or a nurse with different clinics being run to aid access for various patient groups – for example, diabetic clinic, well woman, asthma all available on rotation during Saturday surgery. The doctor available for the extended hours clinics is not the patient’s own registered GP.

District Nurses and Health Visitors are no longer based at the Surgery and their new contact telephone numbers are as follows:

**District Nurses: 0845 582 1252**

(via Single Point of Access – opening hours 7am - 11pm)

**Health Visitors: 01252 813842**

**Out of Hours Doctor: 01189 365 649**

We received 12 replies from PRG members in response to the Action Plan. The majority were in favour, although there were some concerns that our largely elderly population might not have access to the internet for booking appointments online. It is not envisaged that in any event more than a percentage of appointments would be available in this way, but this point will be borne in mind. The queuing system was a popular idea, and it is also likely that an online appointment booking system would cut down on the number of telephone calls to the Surgery therefore improving waiting time to be answered, ability to get through, etc. There were also concerns raised about the cost of any such improvements.

All the members of the PPG will be kept updated as the plans are implemented.

THIS ONLINE REPORT IS ALSO AVAILABLE IN HARD COPY FROM RECEPTION AT THE SURGERY AND ON NHS CHOICES WEBSITE.

# Branksomewood Healthcare Centre

## Patient Reference Group Membership Form

Name: ..... Email address:.....

Please answer all the questions and ring the answer that relates to you

Are you? Male or Female

Which age group are you?	Under 16	16-24	25-34	35-44
	45-54	55-64	65-74	Over 75

Which occupational status are you?

A carer	Employed Full-time/part-time	Retired
Unemployed	Full-time student	Disabled/unable to work

With which of the following ethnic backgrounds do you most closely identify with?

White	Irish	Mixed	Black	Asian	Other.....
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Approximately how often do you visit the Practice for medical treatment?

Monthly or more	Quarterly or more	Annually or less
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Do you have a physical or learning disability? Yes No

If you are happy to do so, please let us know what this is:.....

Do you have a long-term health condition? Yes No

If you are happy to do so, please let us know what this is:.....

**By completing this form, you are allowing us to contact you via email when required on the subject of the PRG.**

The information that you supply to us will be used lawfully, in accordance with the Data Protection Act 1998. The Data Protection Act 1998 gives you the right to know what information is held about you, and sets out rules to make sure the information is handled properly.