

# Report on patient participation group (PPG), satisfaction survey and action plan

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March 2012

## 1. Establishing the PPG and recruitment

We have been interested in establishing a patient participation group for some time and had been trying since last year to find enough people who were interested in joining. Since September 2011 we have had a concerted effort; not only advertising the group on the notice boards in the waiting room but also putting a message on the right side of all prescriptions, on the web site and on the patient call-in screens in the waiting rooms. As well as this, we have been encouraging individual patients to join the group by personal invitation. We have been careful not to be selective in inviting people to join the group and have invited some patients to join following a discussion with them about issues that concerned them relating to the organisation of the surgery or their repeat medications. We hope that by doing this we have managed to engage as wide a range as possible of patients from different ethnic backgrounds, and both students and those working, volunteering, caring for others or unemployed.

Although we feel that we have made our best efforts to establish a representative group, we have continued to use the term patient participation group (PPG) rather than patient reference group (PRG).

We have 2 sheltered housing and one residential care home for the elderly which the practice looks after. We have asked the manager of the residential home to join the PPG in order to represent the residents who would be unable to participate themselves. She had agreed to do this but she is unfortunately not currently available to do so and they are not able to send anyone else in her place. We have not been able to find any residents from the sheltered housing who are able to come to the PPG but have asked for their feedback about the practice.

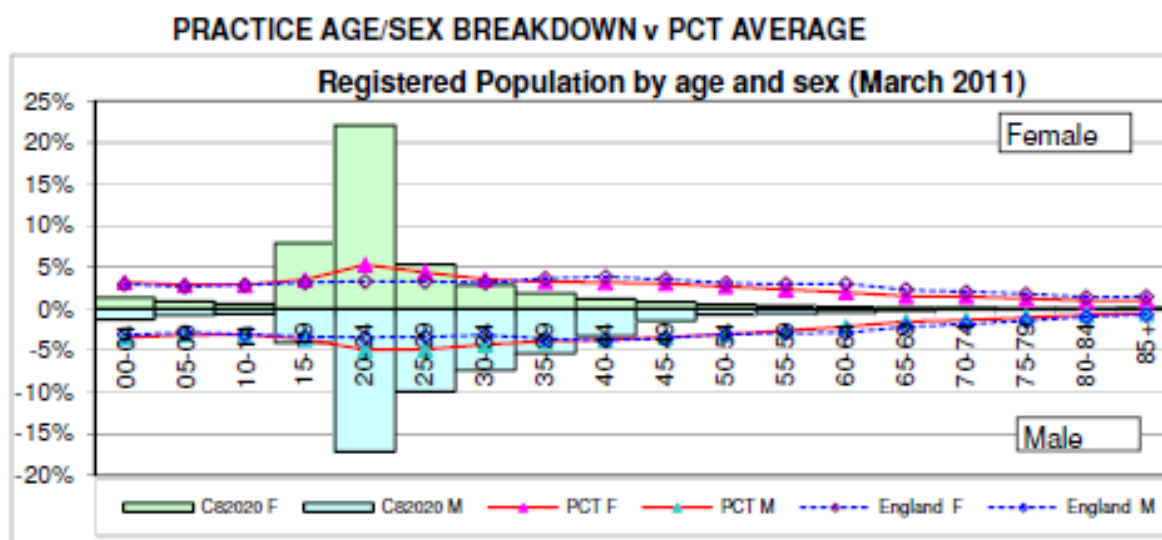
## Ensuring the PPG is representative

We have already mentioned the way in which we have tried to make the PPG as representative as possible of our practice population. The PPG and the practice were grateful to the 2 current students who attended the first meeting and to the students union for their contribution to the questionnaire, but were aware that we needed to consider how else we could encourage involvement from this group of patients.

## Practice profile

It is difficult to find reliable figures for many of the criteria by which the PPG will be judged to be representative. We have figures for practice population and deprivation for the practice area provided by Leicester primary care group practice demographic report (table 1). We have been able to do searches for ethnicity (see Appendix 1). We do not code on occupation or educational status. We do not have reliable figures for first language. Just over one third of our patients are in the age group 20-24 years old and almost half are between 15 and 29. We assume that many of these are students.

Table 1



	2010-11		2011-12	
	Practice	PCT	Practice	CCG
Deprivation	30.26	33.60	**	**
Ethnicity % 2007 estimate based on 01 Cens			30.95%	36.00%
% > 75 years	0.51%	5.57%	0.58%	6.00%

## **Patient participation group profile**

The age range of the patient participation group is early 30s to early 60s with the majority of the group being in their 30s and 40s. There were slightly more women than men who originally agreed to participate in the group but the meetings were attended predominantly by women. There was representation from the Asian, Black African and white Caucasian ethnic groups within the group in a way which was felt to reasonably reflect the practice demographics. 2 patients were encouraged to contribute to the group in order to help us to assess the surgery facilities from a disability perspective both considering mobility issues and visual impairment. We have had some useful additional feedback with regard to this.

We are aware that the biggest challenge is to try and find ways to continue to encourage student feedback and participation. We have highlighted those actions taken so far to try and address this but may consider this further in our action plan.

## **Groups not represented, and actions taken to reach them**

Despite our efforts it has been difficult to encourage many of the younger students to join the patient participation group. We feel that this is a difficult group to reach, who are unlikely to want to give up their time to come to a meeting about the surgery facilities. We hoped that this group would be more likely to use the on-line questionnaire and the web site. We have approached the student representatives at the union for their input into the questionnaire and they made some helpful comments. We were able to incorporate these along with other comments from the Patient participation group (PPG) into the finished questionnaire.

Although the 15-29 year old group are not well represented in the PPG the responses from the survey showed that 65 % of the surveys were completed by patients in this age group.

## **2. Practice survey and priorities**

The minutes of the first meeting of the PPG on 2.11.2011 are attached to this report, for information.(Appendix 3) We had a wide ranging discussion about the various issues that patient's were aware of from their own experience or from observation.

The draft questionnaire was circulated to provide a basis for discussion. The group felt that all the relevant areas had been covered but had some suggestions. ( see minutes 2.11.11) It was agreed that we would wait for people to reflect on the survey and any additional points would be e-mailed to the practice. Once the draft survey had been agreed it would be uploaded onto the web site. Prior to the meeting we had also contacted the student welfare at the students union. They were generally pleased with the proposed draft survey, but had some additional points about the responses that should be available which they felt should include an option of “not applicable.” They also encouraged us to include a further free text box which we incorporated at the end for general comments as they felt that this might lead to some interesting insights.

### **3. Carrying out the survey**

The survey was placed on the web site and requests were put on the patient call-in screen asking people to complete the questionnaire. Paper copies were also available at the reception desk that all patients were encouraged to complete. After a couple of weeks we realised that the on line completion rate was poor despite many patients having computer access and smart phones. We then tried giving a questionnaire to all the patients who came in to the surgery and with positive encouragement reached what we felt was a reasonably representative number and provided us with a similar response rate to the previous annual surveys that the practice had undertaken. We also sent out a text reminder to all patients who had given us text consent asking if they would consider completing the questionnaire on-line or in the surgery. Several of our administrative staff and one of the patients from the patient participation group worked hard to input all the data so that the final report could be compiled.

### **Summary of Survey Results**

The results of the survey are attached. (Appendix 2) as well as the responses from the free text boxes. We have also had some further comments from wheelchair users.

Although it has been appreciated that the front doors provide easy access for those in wheel chairs or with push chairs, the doors at the entrance to the consulting room corridors are heavy and cannot be managed without assistance by anyone in a wheelchair. The reception desk has a low level section and so provides easy access for anyone in a wheelchair, the consulting rooms are large enough to allow ease of manoeuvring and the toilets are easily

accessible. However the lack of patient parking is an issue for many patients but particularly for those with limited mobility.

### **Informing the patient participation group of the findings of the survey**

It was agreed at the meeting of the PPG in January (minutes , Appendix 4) that we would circulate the basis of the draft report, apart from the agreed actions, prior to the next meeting so that the members of the group had time to consider both the draft report and the survey findings prior to the meeting in March and an agreed action plan could be created.

## **4. Discussion of the survey findings and agreement over any changes in delivery of service**

The discussion about the survey findings is covered in the minutes of the meeting (March 14<sup>th</sup> 2012) and attached to this report. (Appendix 5)

We felt that the survey results were generally good and reflected the feelings of the group about the care and service provided by the practice. The views of the group prior to the survey and the results of the survey itself were generally felt to coincide.

We felt that there were some conflicting or anomalous areas for which we were unable to develop specific strategies as the survey results did not enable us to be clear about the cause of the problem. We decided to look at these areas in more detail, by analysing the data further and using other information available to the practice. We also felt that if the situation still remained unclear that we might need to undertake further more specific surveys covering particular areas.

The PPG agreed changes in provision and manner of delivery of services as detailed in the action plan.

## **5. Agree action plan with PPG**

1. The practice would provide information available in the waiting room and on the patient call in screen about the number of DNA'd appointment's in the previous week.
2. The group would like the practice to consider the ways in which they respond to missed appointments either or by letter or by text. This will

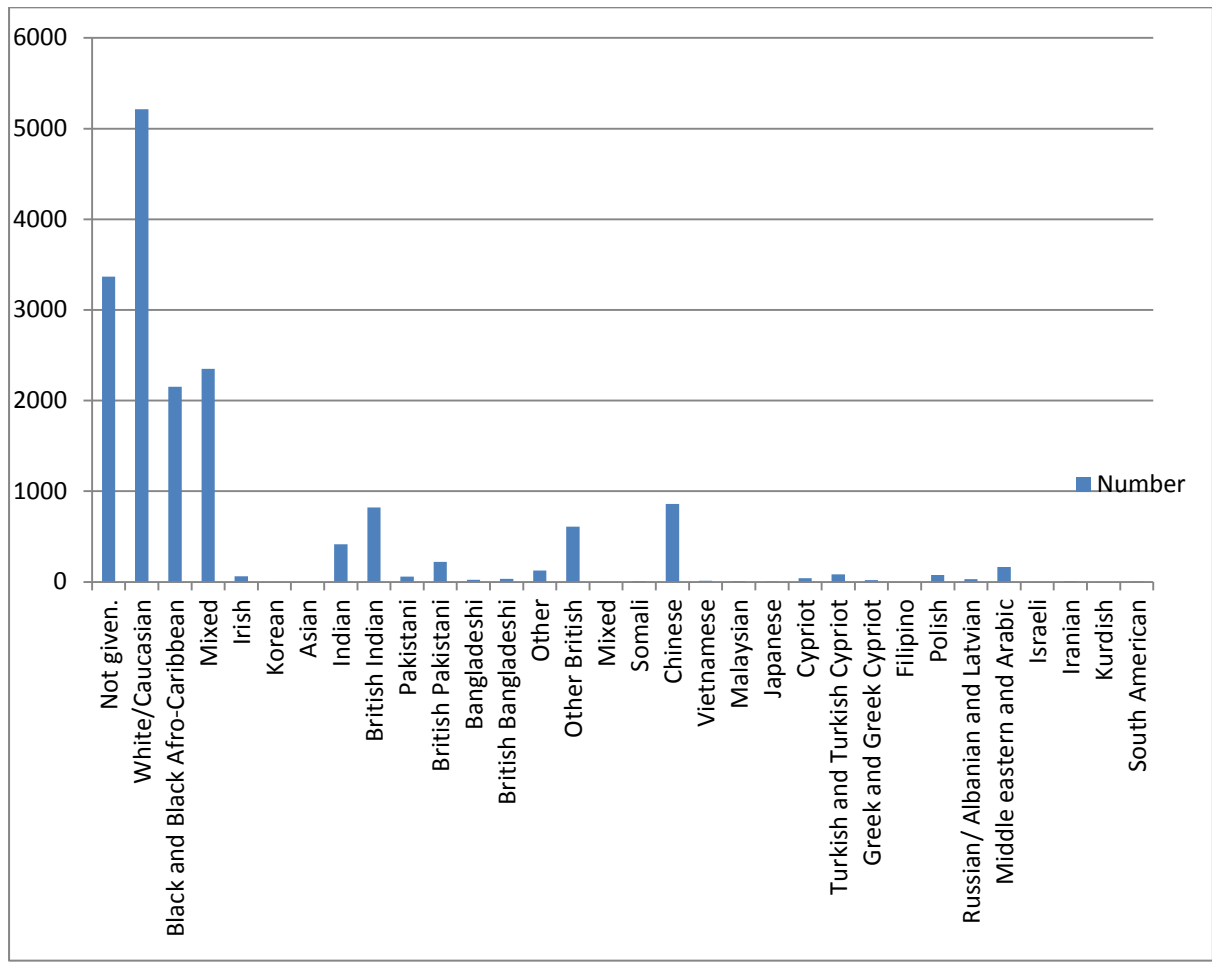
be discussed by the partners and the practice and suggestions about further action will be brought back to the next meeting.

3. To look at ways the practice communicates with patients and provides them with information, particularly considering;
  - the website
  - use of text messaging,
  - printed information which may be more appropriate for certain groups or individuals
  - and the use of QR codes.
  
4. To evaluate in more detail the information on the questionnaire, in order to decide the most appropriate future actions for the practice. This needs to be considered in conjunction with other qualitative data available to the practice. We would like to look at the following areas:
  - the phone system,
  - the appointment system,
  - continuity of care.
  
5. Give further consideration to next year's survey in order to try and provide more useful data .
  
6. Improve the appearance of the surgery in order to make it a more welcoming environment for patients, paying particular attention to use of notice boards, availability of leaflets and the presence of art work and plants as well as books and magazines for children and adults

## **Appendix 1 Practice Ethnicity Data**

<b>Ethnicity</b>	<b>Other information</b>	<b>number</b>
Not given.	Not otherwise specified or other	3468
White/Caucasian	Including white British/English/Scottish and welsh	5213
Black and Black Afro-Caribbean	Including black/black Caribbean/ Afro-Caribbean/black African and Black British	2153
Mixed	Including British and mixed British	2353
Irish		62
Korean		1
Asian	Indian	414
	British Indian	823
	Pakistani	58
	British Pakistani	220
	Bangladeshi	23
	British Bangladeshi	35
	Other	127
	Other British	610
	Mixed	4
Somali		11
Chinese		860
Vietnamese		12
Malaysian		11
Japanese		5
Cypriot		40
	Turkish and Turkish Cypriot	82
	Greek and Greek Cypriot	21
Filipino		3
Polish		76
Russian/ Albanian and Latvian		30
Middle eastern and Arabic		164
Israeli		1
Iranian		10
Kurdish		4
South American		5

## Graph of practice ethnicity data





## Appendix 2

### De Montfort Surgery Patient Survey Results 2011

#### Q1. Have you seen a doctor or nurse at the surgery in the last 6 months?

Answer	Count	%
Yes	219	83.6
No	42	16

#### Q2. How do you usually book your appointments to see a doctor or nurse at the surgery?

Answer	Count	%
In person	58	22.1
By phone	187	71.4
Online	12	4.6
Other method	4	1.5

#### Q3. Which of the following methods would you prefer to use to book an appointment at the surgery?

Answer	Count	%
In person	42	16
By phone	98	37.4
Online	93	35.5
No preference	28	10.7

#### Q4. When you book an appointment, how often do you get the doctor you prefer?

Answer	Count	%
Always or most of the time	56	21.4
A lot of the time	43	16.4
Some of the time	57	21.8
Never or almost never	17	6.5
Don't mind who I see	86	32.8

**Q5. If you need to see a GP urgently, can you normally be seen on the same day?**

<b>Answer</b>	<b>Count</b>	<b>%</b>
Yes	116	44.3
No	36	13.7
Sometimes	62	23.7
Don't know/never needed to	43	16.4

**Q6. How easy is it for you to get an appointment with a practice nurse at your surgery?**

<b>Answer</b>	<b>Count</b>	<b>%</b>
Haven't tried	60	22.9
Very easy	71	27.1
Fairly easy	96	36.6
Not very easy	15	5.7
Don't know	16	6.1

**Q7. Thinking of the times you have phoned the surgery, how do you rate the ability to get through on the phone?**

<b>Answer</b>	<b>Count</b>	<b>%</b>
Very good	32	12.2
Good	115	43.9
Poor	61	23.3
Very poor	28	10.7
Don't know / never tried	17	6.5

**Q8. In the past 6 months, how easy have you found the following?**

**Speaking to a health professional on the phone:**

<b>Answer</b>	<b>Count</b>	<b>%</b>
Easy	102	38.9
Difficult	18	6.9
Never tried	135	51.5

Obtaining test results by phone:

<b>Answer</b>	<b>Count</b>	<b>%</b>
Easy	60	22.9
Difficult	16	6.1
Never tried	178	67.9

**Q9. How do you rate the repeat prescription service if you use it?**

<b>Answer</b>	<b>Count</b>	<b>%</b>
Very good	45	17.2
Good	50	19.1
No opinion	126	48.1
Poor	11	4.2
Very poor	2	0.8

**Q10. How satisfied are you with the hours that your GP surgery is open?**

<b>Answer</b>	<b>Count</b>	<b>%</b>
Very happy	144	55
Fairly happy	95	36.3
Fairly unhappy	7	2.7
Very unhappy	2	0.8
Don't know	7	2.7

**Q11. How do you rate the way you are treated by the receptionists at your surgery?**

<b>Answer</b>	<b>Count</b>	<b>%</b>
Very good	129	49.2
Good	112	42.7
Poor	10	3.8
Very poor	5	1.9

**Q12. In the reception area, can other patients overhear what you say to the receptionist?**

<b>Answer</b>	<b>Count</b>	<b>%</b>
Yes but I don't mind	137	52.3
Yes and I am not happy about it	61	23.3

No, other people can't hear	19	7.3
I don't know	39	14.9

**Q13. Have you used the surgery website?**

Answer	Count	%
Yes	109	41.6
No	147	56.1

**Q14. Do you find it helpful?**

Answer	Count	%
Yes	111	42.4
No	34	13

**Q15. Do you find the web site easy to use?**

Answer	Count	%
Yes	112	42.7
No	31	11.8

**Q16. In June 2011 we moved to our new building - are you happy with the new building?**

Answer	Count	%
Yes	236	90.1
No	13	5

**Q17. In general, how happy are you with the care you get at your GP surgery?**

Answer	Count	%
Very happy	134	51.1
Fairly happy	98	37.4
Fairly unhappy	11	4.2
Very unhappy	5	1.9
Don't know	7	2.7

**Q18. Would you recommend your GP surgery to someone who has just moved to your local area?**

Answer	Count	%
Yes, would definitely recommend	176	67.2

Yes, might recommend	56	21.4
Not sure	14	5.3
No, would probably not recommend	11	4.2

**Q19. The last time you saw a doctor at the surgery, how would you rate them in the following areas?**

Giving you enough time?

<b>Answer</b>	<b>Count</b>	<b>%</b>
Very Good	136	51.9
Good	90	34.4
Neither good nor poor	12	4.6
Poor	7	2.7
Very Poor	0	0
Doesn't apply	13	5

Asking about your symptoms?

<b>Answer</b>	<b>Count</b>	<b>%</b>
Very Good	127	48.5
Good	93	35.5
Neither good nor poor	14	5.3
Poor	9	3.4
Very Poor	1	0.4
Doesn't apply	10	3.8

Listening?

<b>Answer</b>	<b>Count</b>	<b>%</b>
Very Good	148	56.5
Good	80	30.5
Neither good nor poor	11	4.2
Poor	6	2.3
Very Poor	2	0.8
Doesn't apply	7	2.7

Explaining tests and treatments?

<b>Answer</b>	<b>Count</b>	<b>%</b>
Very Good	130	49.6
Good	79	30.2
Neither good nor poor	14	5.3
Poor	7	2.7
Very Poor	3	1.1
Doesn't apply	22	8.4

Involving you in decisions about your care?

<b>Answer</b>	<b>Count</b>	<b>%</b>
Very Good	121	46.2
Good	82	31.3
Neither good nor poor	21	8
Poor	7	2.7
Very Poor	2	0.8
Doesn't apply	21	8

Treating you with care and concern?

<b>Answer</b>	<b>Count</b>	<b>%</b>
Very Good	141	53.8
Good	82	31.3
Neither good nor poor	12	4.6
Poor	6	2.3
Very Poor	3	1.1
Doesn't apply	10	3.8

Taking problems seriously?

<b>Answer</b>	<b>Count</b>	<b>%</b>
Very Good	142	54.2
Good	71	27.1

Neither good nor poor	17	6.5
Poor	8	3.1
Very Poor	3	1.1
Doesn't apply	10	3.8

Helping to manage your illness after appointment?

Answer	Count	%
Very Good	39	14.9
Good	33	12.6
Neither good nor poor	16	6.1
Poor	6	2.3
Very Poor	5	1.9
Doesn't apply	17	6.5

**Q20. How long do you usually have to wait at the surgery for your consultations to begin?**

Answer	Count	%
5 minutes or less	35	13.4
6-10 minutes	81	30.9
11-20 minutes	93	35.5
21-30 minutes	19	7.3
More than 30 minutes	23	8.8

**Q21. How do you rate this?**

Answer	Count	%
Very good	47	17.9
Good	98	37.4
No opinion	47	17.9
Poor	41	15.6
Very poor	13	5

**Q22. Are you given an apology if you are kept waiting?**

<b>Answer</b>	<b>Count</b>	<b>%</b>
Yes	181	69.1
No	61	23.3

**Q23. We offer a number of specialist services that are not usually available at GP surgeries. If you have used these services please answer the following questions:**

Are you satisfied:

With the musculoskeletal/sports medicine clinic?

<b>Answer</b>	<b>Count</b>	<b>%</b>
Yes	35	13.4
No	6	2.3
Never used this	181	69.1

With the ultra sound scanning service?

<b>Answer</b>	<b>Count</b>	<b>%</b>
Yes	26	9.9
No	13	5
Never used this	181	69.1

With the contraceptive services we offer?

<b>Answer</b>	<b>Count</b>	<b>%</b>
Yes	87	33.2
No	6	2.3
Never used this	126	48.1

With the minor surgery service?

<b>Answer</b>	<b>Count</b>	<b>%</b>
Yes	30	11.5
No	10	3.8
Never used this	180	68.7



**Q24. If you are not happy with these services please let us know what we could do to improve them:**

- Its to cold in winter
- Its ok but not very personal
- The design of the building in totally wrong it does not follow the principles of light airy building design. It should have been rejected; the wall markings are not easily seen from the ground floor waiting area. The individual touch consultation rooms are claustrophobic and should have been designed with more natural light in the reception/waiting area there should have been more use of glass walls
- Seating upstairs is inadequate (waiting area) no magazines and its chilly.
- Need to sort the amount of patients equally on both floors
- Make it less clinical, add some pictures
- Seating on the first floor is inadequate for the number of patients
- Where do I start, I think it is soulless, unwelcoming. I often have to wait I long queues, last time I went upstairs there weren't enough seats, no magazines. I felt like I had been forgotten.
- Carpark
- Having the TV screen for appointments is very efficient but also very impersonal
- Problem with parking, elderly people may have difficulty
- Better phone call system in the morning, more privacy at reception, parking.
- The window in the downstairs surgery – could be more privacy.
- You can hear the patients using the toilets, not acceptable
- Its stuffy, too hot, small rooms, unwelcoming, little natural light.

- Only just got here, seems fine
- Reception area could do with some privacy
- Don't like the waiting area, especially the screens
- The overall environment is empty and lifeless. Some information on the walls would help. Multitude of leaflets about different issues could be kept in various corners and walls. It's cold downstairs, especially when doors open so some more heat.
- Parking provisions
- Cushions in baby feeding/change room or a more baby head friendly chair (the arms are very hard)
- Parking made available
- Took a while after the move in the summer but now seems good. Some of the signage is still confusing eg over the door of the upstairs waiting area.
- Waiting area, especially first floor chairs are very uncomfortable
- Disabled parking is a real issue
- Make reception a little more private
- Only thing I can suggest is to put some (lots) fresh leafy green plants into the areas where patients are (including the consulting rooms). It would bring lightness into the building.
- The smaller surgery had that personal feel to it. Then surgery is confusing and the seating area resembles a bus stop and is not welcoming at all. Your voice4 carries much further in this surgery.
- My Doctor is Dr X I am very happy with her service. I had unpleasant visit with Doctor Y his advice were useless and I felt like I was ignored at all visit
- Great Service
- Would like to add all the receptionists are great. Young girls are always helpful and smiling

- I think it is a great surgery
- I love reading these articles because they're short but informative.
- I am happy with these services
- Brilliant
- Currently on wait list for minor surgery. How long are the waiting lists?
- Just the receptionist area when I talk I am conscious people can hear what I say
- would like to have more information about the musculoskeletal service you provide
- I think this is a magnificent practice; as good as it gets doctor wise. Admin could be improved. Phone contact is difficult.
- I think the midwifery care needs improving. Many of the things listed in my hospital notes that should have been discussed with me weren't. The care i received by the surgery was substandard at best.
- Minor surgery system seemed confusing but that was just after the summer premises move.
- the doctors attitude is very dismissive and often upsetting
- waiting time is very poor and informing patients of cancellations
- Most of the GP's work on the assumption that it is what they think it is.....rather than making sure and taking the necessary precautions to be able to cure it.....
- I do not know for certain, but are there specific rooms just for the IAPT service?

**Q25. Please also indicate other services you would like to see provided at the surgery or any other comments that you would like to make about areas that you feel have not been covered by the questionnaire:**

- I feel that it is important that some one is qualified to give results because the reception/admin staff do not understand the jargon and therefore can make patients very anxious waiting a few days to get hold of a doctor.

- I called 72 times this morning for an appointment between 8 and 8:30 to no avail. This is unacceptable.
- More time for booking vaccine jabs for children (out of school hours)
- Well managed clinic
- I love De Montfort surgery, kind and caring
- With mental health care it is important to be able to have continuity - recently this has been hard due to staff sickness, CBT, Counselling. I have had different locums recently but generally see Dr Morton Jones Dr Cross and Dr Basu. Question last 3- 4 month
- would like to see a decrease in waiting time but understand reasons for delays
- I am very happy with the service from the surgery. There are always areas where things can be improved but comparing the service and support from your surgery with those attended by friends and colleagues
- I miss counselling sessions
- I never understood I will be assigned to one doctor which will be really good as s/he can follow the story.
- I would like to know about the areas in which each doctor specialises in advance.
- I didn't know about the musculoskeletal service
- I have not needed an appointment since the move to the new surgery so I cannot answer Q16
- There used to be a patient counselling service, I can't find it on the website & it isn't covered by the survey. Advice seminars e.g. how to manage the menopause, men's health, exercise in older age and other key points in life when health changes
- I feel appointments are very difficult to arrange and perhaps receptionists/nurses should be trained to answer doc as no one had a clue if i could have an xray/ultrasound whilst menstruating.
- Diabetes retinal screening
- Podiatry

- It's not clear that there is an upstairs waiting room, which wastes time when a patient is trying to search where to go.
- When I was having repeated miscarriages I was referred to the infirmary - this took months. I then had simple blood tests at the hospital which other people I knew in my situation - had had at their surgery so had saved them months of waiting.
- Very happy with the services that are provided
- Make sure your voicemail is correct - it wasn't over Christmas
- Ability to get through on Phones = poor because i tried ringing I was on hold and my credit ran out before I could get through
- Waiting time varies from time to time - sometimes 5 minutes and other times up to an hour
- All areas covered
- Counselling service i once used at the service many years ago and found it very helpful.
- Want to say I have always been very happy with the surgery and almost all the doctors in it - when i compare with what friends and relatives say about their own gp.
- my doctor has been on the sick for a long time, I have seen several different doctors which concerns me as I have depression and feel that no one is really keeping track of it.
- I had a specific problem, which meant my ratings weren't as high, but it was very serious so it has affected my views, even though this surgery is normally very good. A lot of the doctors & receptionists here are very, very nice - thank you
- When booking an appt get dr wanted by waiting much longer for it.
- I would like to see larger range of booking options for annual/regular checks to manage appts around work
- Repeat prescription service - quite a few errors over the past 2 years
- Mental health/counselling sessions extended to more patients
- Complimentary therapies

- Appointment by email?
- Only 1 person available on reception all the time
- The nurse didn't give me enough time
- Better phone line systems - better appointments - it is a poor service that to pre-book you have to wait over a week
- Ability to get through on the phone is ok
- Always have to wait for appts
- Pregnancy scans
- Waiting time unpredictable, only sometimes given apology
- Appointments need to be more readily available to book in advance too
- Gps can only be seen in an emergency on call on the same day
- Student A&E
- Student dentist
- A support group for students and others living with mental health issues.
- Groups supporting and educating people with weight problems.
- Psychotherapy
- I think apart from a couple of "not so helpful staff ", i think most aspects of the surgery are outstanding. Keep up the good work :-)
- Coffee machine? In a perfect holistic world dentistry would link in to GP services. Causes me problems at present.
- This is the best surgery + amongst my friends I know I have the best. Thank You all – doctors, nurses, reception, physios.

- A doctor requested to keep a document for reference then disposed of it without attempting to return it.
- The way flu vaccine was deployed this year was deplanned. Both myself and my partner asthmatic and diabetic tried to get appointments numerous times but couldn't.
- This is a great caring surgery. Maybe more attentive doctors. Acupuncture ect.
- Make the late surgery for anyone who's ill as it's only available at the minute for emergencies. Improve your ability when someone registers if you get their medical record quicker, it took the best part of a year to get mine.
- I think that you should be able to book appointments in advanced. As when you ring up at 8 there is a long queue and your not always guaranteed an appointment. I also found the receptionist quite rude when I rang up for an appointment
- More complementary therapies?
- Maybe some form of patient support group for people coping with ongoing chronic conditions? Based on an integrated multi-disciplinary CBT / occupational health model such as the pain management course at the LGH.
- Dietician

**We collect and monitor the following information to ensure that we are treating all people fairly and to help us identify any barriers that may need to be addressed.**

**Q1. Are you male or female?**

Answer	Count	%
Male	71	27.1
Female	172	65.6

**Q2. How old are you?**

Answer	Count	%
18-24	112	42.7
25-34	57	21.8
35-44	33	12.6

45-54	25	9.5
55-64	11	4.2
65-74	7	2.7
75-84	1	0.4
85 or over	0	0

**Q3. Which of these best describes what you are doing at present?**

<b>Answer</b>	<b>Count</b>	<b>%</b>
Full-time work	81	30.9
Part-time work	22	8.4
Full-time education	96	36.6
Unemployed	15	5.7
Permanently sick or disabled	13	5
Fully retired from work	10	3.8
Looking after the home	5	1.9

**Q4. In general, how would you describe your health?**

<b>Answer</b>	<b>Count</b>	<b>%</b>
Excellent	23	8.8
Very good	84	32.1
Good	78	29.8
Fair	41	15.6
Poor	15	5.7

**Q5. Which ethnic group do you belong to?**

A. White

<b>Answer</b>	<b>Count</b>	<b>%</b>
British	158	60.3
Irish	2	0.8



Any other White background	17	6.5
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B. Mixed

<b>Answer</b>	<b>Count</b>	<b>%</b>
White & Black Caribbean	3	1.1
White & Black African	2	0.8
White & Asian	5	1.9
Any other Mixed background	3	1.1

C. Asian or Asian British

<b>Answer</b>	<b>Count</b>	<b>%</b>
Indian	16	6.1
Pakistani	4	1.5
Bangladeshi	2	0.8
Any other Asian background	3	1.1

D. Black or Black British

<b>Answer</b>	<b>Count</b>	<b>%</b>
Caribbean	7	2.7
African	15	5.7
Somali	1	0.4
Any other Black background	2	0.8

E. Chinese or other ethnic group

<b>Answer</b>	<b>Count</b>	<b>%</b>
Chinese	5	1.9

## **Appendix 3 Patient Participation Group**

**2<sup>nd</sup> November 2011**

### **Initial meeting**

The first meeting was attended by 13 members of the patient participation group, out of a total of 21 people who expressed an interest in being part of the group.

Everyone was welcomed by Fran Duggan (one of the GPs) and Deborah Brunger (practice manager).

Following an introduction, there was a general discussion about the role of a patient participation groups (PPGs) and what were felt to be the issues for this particular PPG.

Fran Duggan explained about the current expectations that practices would set up PPGs. Amongst a variety of other possible activities it was hoped that they would help guide the surveys performed by the practice. These surveys have been performed annually for several years and look at accessibility, patient satisfaction, and the services offered by the practice.

Questions were asked about how the results of this survey would be used. It was clarified that a report had to be written on the basis of the collated information from the survey. This would be discussed with the patient participation group, forwarded to the PCT and published on the practice's website.

Towards the end of the meeting, the draft survey which had been prepared by the practice was discussed. Some general issues were raised about formatting and about the length of the survey. There were also some specific issues about particular questions namely;

- question “considering specialist services ...” should have a box that also says “not applicable” as well as the yes/no option.
- the statement that says “please state the option that applies”, should go after the question and not at the end of the choices,
- at the end there should be a box for general comments.
- the question about occupation should have the possibility to include a box saying “please specify”, as well as being able to tick a box saying ‘doing something else’.
- the questions relating to the building only consider cleanliness and décor.

It might be better to ask a more general question such as, “are you happy with the new building? Yes/no” and “if you are not happy please suggest ways in which we could improve.”

A few members of the group have offered to email us further comments and help with the formatting ,which we appreciate.

Other issues that were discussed in our brain storming session included;

- how to generate student interest and involvement in the PPG. We were very appreciative of the 2 students who were able to attend, however, it was felt that if half of the patients of the practice are students then we need to look at other ways of canvassing student views .
- People valued the option of receiving texts messages about appointments.

This is something the practice are also keen on making more widely available.

It was explained that currently we were only able to send text messages to patients from whom we have obtained consent,( this applies to nearly all new registrations.) We have been trying to get consent from established patients, but realise we need to do further work on this.

- There was a discussion about the facilities available online in terms of booking appointments and requesting repeat prescriptions. These were felt to be helpful for some people, although we needed to continue to be mindful of the fact that many people are not able to access online services

- The website was discussed and it was agreed that it would be useful to be able to view this during the meeting next time.

There was some discussion about the use of the website and IT in general. It was appreciated that this might be helpful for patients for whom English was a second language as there are some search engines and programmes available to translate material.

- Consistency of being able to see a particular GP as your main GP was discussed. Some patients felt that this had been a problem. There was a discussion about whether it would be possible to have a 'primary and secondary GP' so that if your usual GP isn't available, it would be possible to see another GP who knows about and understands your care.
- A number of issues were raised regarding communication about services we offer and information that we provide. Despite the fact that the group included patients who had been registered here for many years, many people were unaware of the fact that physiotherapy was available through the sports clinic at the surgery.  
It was felt that maybe we could improve on the way that we advertise the services that we offer.
- A concern was raised that although we try quite hard to accommodate requests, patients in the group had personally experienced, or overheard other patients being told that they had mistaken the date or time of their appointment and were not able to be seen. There was a concern that this may cause difficulty to particular patients who may have made considerable effort to get here. Deborah informed the group that it is always possible for patients to speak to one of three managers if they, or anyone else, is not happy about a situation and they would do their best to resolve it.
- It seems that some patients have been informed that you cannot request to see a particular doctor.

Deborah will forward this to the reception manager so that all reception staff are clear that it is important for patient continuity that patients are

be able to request an appointment with a particular GP whenever possible.

- There was also a discussion about the upstairs waiting area. Several of the doctors work in upstairs consulting rooms and despite information on the reception desk, above the touch screen and on the calling screen, patients can be unaware that there is an upstairs waiting room which provides better access for these consulting rooms
- A number of people have also had the experience of being able to book in on the touch screen for an appointment with a doctor who was off sick. Fran and Deborah apologised on behalf of the practice for this, which shouldn't have been able to happen. They will look at how this has come about. Usually, once somebody phones in sick, the appointment list is printed out and then the surgery is cancelled. This should mean that people shouldn't be able to book in for these appointments.
- There was some discussion about other activities that the patient participation group might wish to be involved in. It was suggested that there might be a need for a De Montfort surgery based group for students and non students, offering support, welfare advice, health education around particular conditions, and advice about completing forms and accessing benefits. It might also be possible for the PPG to help the surgery with particular campaigns or education sessions on selected health topics. We are not clear at the moment about how these ideas would be taken forward, but would like to consider this again at a future meeting.
- The new building was discussed. It was agreed that it is spacious and offers more facilities than the old building, but the general feeling was that the current building doesn't really demonstrate either the practice or the individual doctors' personalities and feels a bit soul-less. Deborah explained about the restrictions that we have due to the fact we rent the building, rather than owning it, and therefore have to seek permission from both the PTC and the owners of the building in order to make any changes, even in terms of putting up posters, notice boards or pictures. We had intended to arrange a tour of the building but it was decided to delay this until next time .

Wednesday evening was generally felt to be a good evening to hold the meetings and it was suggested that we should meet bi- monthly.

We will try and arrange the next meeting for early January when we hope we will have some information available from the questionnaires to discuss.

We will also circulate an agenda prior to the meeting.

The suggested topics were:

1. results of the survey,
2. practice website,
3. tour of the building. It was hoped that this might facilitate a more detailed discussion about suggested improvements that the PPG might wish to support the practice in requesting.

**Thank you to everyone who attended.**

## **Appendix 4**

### **Patient Participation Group 18<sup>th</sup> January**

11 people had confirmed that they would be able to attend of whom 7 were able to be present at the meeting.

Members of staff present were:

Deborah Brunger, Practice Manager

Fran Duggan, GP

Thomas Smart, IT support clerk.

After a general introduction it was agreed that we would start by looking at the website. Various people had asked if we could do this, based on some of the discussion from the last meeting and Tom had come along to demonstrate this.

### **Website**

Many people were surprised about the extent of information available on the website. A number of people had used it both to book appointments and to request repeat prescriptions. Unfortunately at the moment we have no idea how many "hits" we get on the website itself. We know that 700 patients out of a total of over 16,000 have requested a log in, so that they can book appointments or request repeat medication. Consequently we felt that it would be useful to raise further awareness of the breadth of information and advice available on the website.

**Action:** The practice staff will consider how to advertise the web site to our patients. We suggest that this is then discussed again at a future meeting.

### **Patient satisfaction questionnaire**

There was some discussion about how the final report, based on the survey results, might be used by the PCT in the future. Fran Duggan has had some contact with a member of the PCT, who said he was willing to email members of the group about this and could include the PowerPoint presentation that he used when he spoke to the patient forum about this.

**Action:** Fran or Deb to contact PCT about the power point presentation and arrange for this to be sent out to the PPG members.

It was explained again that the formation of the patient participation group and undertaking the survey, was not compulsory but something that the practice had chosen to do as part of its enhanced services.

To date we have very few questionnaires that have been completed online, despite a reminder on the patient call-in screen and encouragement for patients to do so. We have had quite a number of paper copies completed, which will need to be entered online during the next 2 weeks. We will continue to encourage as many patients as possible to complete the questionnaire and have also sent out a recent text to all patients who have given us text consent, asking them to consider filling in the patient satisfaction survey online.

**Action:** Deb and Fran agreed that they would try and have the results available by the next meeting and we would also have started to write a draft report, enabling this to be discussed in the next meeting in March. The draft report and findings will be circulated the week before the meeting in March to allow members of the group to have the opportunity to study the material before the meeting.

### **Surgery Tour**

The group then undertook a tour of the surgery, looking at the consulting and therapy rooms available, and particularly looking at the waiting areas. It was generally agreed that the facilities in the new surgery are good, the building is pristine and there is plenty of space.

A number of issues however were noted; it was felt that the surgery looked quite bland and that although the previous surgery had started to look quite shabby, it had a more personal and more welcoming feel.

- There were some suggestions that art work, particularly from students at the university, could be displayed on the walls in the waiting room and the stair wells.
- It was felt there were insufficient notice boards in the waiting room;
- there were no facilities for leaflets to be made available in either of the waiting rooms.
- Sound proofing from the toilets in the first floor waiting room was felt to be poor
- the seating area on the first floor was felt to be inadequate, both in term of the numbers of seats available and the general feel of the waiting area, which felt impersonal and as though you were waiting in a corridor. Again there were no notice boards
- The only other comment that was made during the meeting was that the call-in screen should not state that the patient is seeing a psychiatrist, this breeches patient confidentiality.

**Action:** Tom agreed to look at this and we will hopefully change this tomorrow.

It was agreed that the next meeting would be on **14<sup>th</sup> March at 6 o'clock** and that the draft report along with the agenda would be circulated the week before.

The minutes of the previous patient participation group meeting and the minutes from this meeting will be circulated to everybody by email and to those we do not have access to email by post.

Once they have been approved they will be posted on the patient participation group part of the website.

Many thanks to all who attended and made some helpful observations and suggestions.



## Appendix 5

# *Patient Participation group meeting March 14th 2012*

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This meeting was attended by 8 members of the group, there were 3 apologies and Deborah Brunger and Fran Duggan attended on behalf of the practice.

## **Role of the Patient Participation Group**

We felt that we had had to focus our attention on compiling the survey, reviewing the results and thinking about the report, so we have not been able to spend as much time as we would have liked thinking about the role of the patient participation group itself.

Prior to the meeting some useful information was circulated about the role of patient participation groups. We had a valuable discussion about how we would like to see the group working and the sort of areas on which we thought we might focus. Everyone felt that the PPG provided a valuable, ongoing dialogue between the staff at the practice and patients. It was felt that as “representatives” of patients the PPG could act as a conduit for patient views. As such they might need to explore the views of particular patient groups in the future, or organise smaller surveys looking at particular areas in order to have a better understanding of the issues and possible solutions. Everyone agreed that it would be helpful to have some simple terms of reference which could be added to at a future date.

At this meeting the following terms of reference were agreed:

1. To facilitate the improvement in service for patients by working in partnership with the health care staff and De Montfort surgery.
2. Increase the knowledge and expertise of the patient participation group about the impact of any changes within the NHS particularly in relation to the new health bill.
3. Meet bi-monthly (once every 2 months)
4. To take on any particular areas of interest/work as needed, working within our personal areas of knowledge and expertise.

We hoped that by that setting these terms of reference we would be able to work together to help maintain and enhance practice service and provision.

## Discussion of survey results

There was a long discussion about the survey results. The patient participation group felt that overall the results were positive, although there were some anomalies between some of the qualitative and quantitative data. We felt that we needed to appreciate areas in which we had achieved good/very good, but to look more closely at areas in which we felt we might have a higher than expected level of poor responses. Although many of the survey responses confirmed some of the issues already raised by the groups in terms of booking appointments and continuity of care, even within the group there was some discussion about the preferred way of booking appointments and the advantages and disadvantages of the new phone system.

We felt that the survey re-enforced our impression both as staff and patients that although there was good provisions within the building in terms of space and facilities, the building felt cold and impersonal. There were still some issues in term of disabled access, particularly to the corridors of the consulting rooms. We felt that given the time restrictions to develop our action plan, we needed to look more closely at some of the areas in order to try and suggest appropriate changes or improvements.

The group were informed that the practice have been aware of some of the issues to do with the phone system and that we are continuing to try and improve on this.

**Action** Debbie and Fran will try and see if they can bring any more useful data about this to the next meeting.

The group were unhappy that some doctors were mentioned individually in the qualitative comments on the survey and asked that these comments were anonymised as they felt it breached the data protection for the doctors concerned.

There was some discussion about the ways we communicated with patients. We considered what might be the most appropriate methods given our practice population which includes about 50% students. There were also concern about the impact on the practice in terms of administration costs and expense of sending out letters.

The website had been reviewed and discussed at the last meeting. It was felt that there was a lot of useful information available on the website and again given the practice population that we might be able to make better use of this. It was frustrating that some of the comments made in the survey were requesting services that we already provide and it was holed that we could raise awareness of the facilities available by using the website, including the ability to order repeat prescriptions and book appointments online. It was suggested that we look at having QR code available so people with smart phones would be able to access the website quickly and easily. We also discussed the possibility of putting information on the right side of the prescription, although we are aware that there is limited space to do this. The possible messages that were discussed were;

- to put reminders about missed appointments,
- information about log-ins available for the website
- how to communicate with the patient participation group if you had any suggestions.

The patient participation group was aware that the composition of the group does not represent the student population but also felt that it was difficult to see how we could encourage this. We have approached the student union and although they gave us good comments about the questionnaire they are not able to provide anyone who can attend the meetings. It was suggested that we approached student services to see if they wished to provide a representative to attend the meetings. We felt that we needed to continue to be aware of this concern and to look at other ways to canvass the views of students about particular issues. We are also aware that we have no representatives from the sheltered housing and residential homes covered by the practice and again felt that we might need to canvass their views on particular occasions.

**Action** Debbie will contact student services and see whether anyone from there would be willing to attend the next meeting.

It was considered whether it would be possible to raise the profile of the patient participation group by having information available on one of the notice boards in the waiting rooms as well as on the website. There was some discussion as to whether we should provide a link to facilitate other patients forwarding comments and suggestions to the group. However there was some concern within the group that this might lead to some inappropriate comments, complaints or personal information being forwarded to the group. It was suggested instead that we had a box available in reception to allow comments to be forwarded to the group but that could be monitored by the managers so that any issues that were felt to be more appropriately dealt with in another way could be actioned more swiftly.

There was also a discussion about what action the practice takes when patients miss appointments and the group was surprised that the practice does not routinely take any action about this. It was felt that missed appointments inevitably affect appointment availability and that it would be appropriate to remind people about wasted appointments and the individual's responsibility in trying to minimize this.

## **Action plan**

The following points were agreed:

1. The practice would provide information available in the waiting room and on the patient call in screen about the number of DNA'd appointment's in the previous week
2. The group would like the practice to consider the ways in which they respond to missed appointments either or by letter or by text. This will be discussed by the partners and the practice and suggestions about further action will be brought back to the next meeting.
3. To look at ways the practice communicates with patients and provides them with information, particularly considering;
  - the website
  - use of text messaging,

- printed information which may be more appropriate for certain groups or individuals
- and the use of QR codes.

**Action** Debbie and Fran agreed to look at these areas and liaise with members of the group who have particular expertise in these areas and this will be discussed again at future meetings.

4. To evaluate in more detail the information on the questionnaire, in order to decide the most appropriate future actions for the practice. This needs to be considered in conjunction with other qualitative data available to the practice. We would like to look at the following areas:
  - the phone system,
  - the appointment system,
  - continuity of care.

**Action** Debbie and Fran will look at these areas and bring back some further information for the group to consider at the next meeting so that we can decide what, if any action needs to be taken in these areas.

5. Give further consideration to next year's survey in order to try and provide more useful data.
6. Improve the appearance of the surgery in order to make it a more welcoming environment for patients, paying particular attention to use of notice boards, availability of leaflets and the presence of art work and plants as well as books and magazines for children and adults.

It was agreed that as the action plan had been drafted during the meeting everyone was happy for this to be added to the report and published without further discussion.

## **Any other business**

It was suggested that in order to facilitate the meetings, particularly to make sure any new members feel that they have the opportunity to share their views, it would be useful to have someone chairing the meeting. At the moment it was suggested that this role was taken on by Fran Duggan.

There was a request from the group that the views of the staff about working in the surgery, and particular issues that affected them were collected.

**Action** Debbie and Fran agreed to look at this for the next meeting.

There was a question about whether the practice would facilitate the use of consulting rooms for alternative therapies. It was explained that as the building is not owned by De Montfort surgery we have a problem with subletting the rooms. However if this was felt to be a particular concern for the

group they could contact the PCT themselves in order to request this. One member of the group agreed to try and draft a letter about this and bring it to the next meeting.

**Next meeting agreed Wednesday 16<sup>th</sup> May 2012**