

Patient Reference Group Report 2013/14

The Practice population profile is mainly elderly mixed with younger families. There are a proportion of carers in the practice. There is a small degree of ethnicity and there are infants, school aged children, teenagers, workers, those not in employment and the retired. The practice deals with very few drug users. The practice does not have many university students on their records as generally when students attend university they register with their university GP. We do have some patients with learning difficulties. We have attempted to be inclusive in engaging with our practice population for the purposes of the Patient Reference Group and this has continued during 2013/14. During the current year we have attached a joining form to all our new registration forms in order that each new patient registering is informed and has the opportunity of joining if they so desire. We have also included the form in our Practice brochure and there is a notice in the waiting area of the two sites at Merley and Broadstone inviting patients to join. This has resulted in a further 21 patients being added to the group this year which now totals 135.

Whilst during 2011/12 we set our age, sex and ethnicity profile and our receptionists were asked to identify patients who fulfilled the profile, this year we have not been specific in identifying patients with regard to ethnicity etc., but have added to our virtual group through the methods identified above.

The practice registered patient profile and the patient reference profile is as shown below:

Practice population profile				PRG profile			
Age				Age			
Total Practice population number	11680			Total PRG population number	135		
Under 16	1834	% Under 16	15.7%	Under 16	1	% Under 16	0.7%
17 - 24	877	% 17 - 24	7.5%	17 - 24	5	% 17 - 24	3.7%
25 - 34	1071	% 25 - 34	9.2%	25 - 34	8	% 25 - 34	5.9%
35 - 44	1336	% 35 - 44	11.4%	35 - 44	19	% 35 - 44	14.1%
45 - 54	1690	% 45 - 54	14.5%	45 - 54	32	% 45 - 54	23.7%
55 - 64	1716	% 55 - 64	14.7%	55 - 64	22	% 55 - 64	16.3%
65 - 74	1677	% 65 - 74	14.4%	65 - 74	30	% 65 - 74	22.2%
75 - 85	1057	% 75 - 85	9.0%	75 - 85	15	% 75 - 85	11.1%
Over 85	495	% Over 85	4.2%	Over 85	3	% Over 85	2.2%
Ethnicity				Ethnicity			
Total Practice population number	11680			Total PRG population number	135		
White		White		White		White	
British Group	469	% British Group	4.0%	British Group	125	% British Group	92.6%
Irish	0	% Irish	0.0%	Irish	1	% Irish	0.7%
Mixed		Mixed		Mixed		Mixed	
White & Black Caribbean	3	% White & Black Caribbean	0.0%	White & Black Caribbean	1	% White & Black Caribbean	0.7%

White & Black African	5	% White & Black African	0.0%	White & Black African	2	% White & Black African	0.0%
White & Asian	26	% White & Asian	0.2%	White & Asian	2	% White & Asian	1.5%
Asian or Asian British		Asian or Asian British		Asian or Asian British		Asian or Asian British	
Indian	10	% Indian	0.1%	Indian	1	% Indian	0.7%
Pakistani	4	% Pakistani	0.0%	Pakistani		% Pakistani	0.0%
Nepalese	0	% Nepalese	0.0%	Nepalese		% Nepalese	0.0%
Bangladeshi	17	% Bangladeshi	0.1%	Bangladeshi	2	% Bangladeshi	1.5%
Black or Black British		Black or Black British		Black or Black British		Black or Black British	
Caribbean	2	% Caribbean	0.0%	Caribbean		% Caribbean	0.0%
African	6	% African	0.1%	African		% African	0.0%
Chinese or other ethnic group		Chinese or other ethnic group		Chinese or other ethnic group		Chinese or other ethnic group	
Chinese	22	% Chinese	0.2%	Chinese	1	% Chinese	0.7%
Any Other	31	% Any Other	0.3%	Any Other	2	% Any Other	1.5%
Gender				Gender			
Number of Males	5683	% of Males	48.7%	% Male	68	Number of Males	50.4%
Number of Females	5997	% of Females	51.3%	% Female	67	Number of Females	49.6%

The Patient Reference Group Committee has decreased by one member this year, as Mrs Ellis has had to resign. Otherwise committee members remain the same as in 2012/13.

The process for this year was to contact the virtual patient reference group with an email asking them for their priorities with regard to the surgery. An email was sent to the virtual group asking for their priorities for the current year. From the 120+ emails and the letters sent to patients, only 12 replies were received. Using the lessons learned from the previous year and the Practice's meeting with Louise Bates of the Local Involvement Network during 2012/13 it was determined from the responses that these patients had raised the issue of confidentiality at the reception desk at both sites and also about the comfort of the surgery. A questionnaire was designed around these priorities. At each step in the process the committee was asked for its opinion and so it was with the committee's knowledge and approval that the questionnaire was adopted. The questionnaire was then sent to the patient reference group.

In total 135 questionnaires were sent to the patient reference group members. However, as it was felt that this was insufficient to gain valid opinion it was decided that an additional 50 questionnaires were carried out at each of our sites (100 in total). These patients were not selected

but were consequential. It was felt that this point was imperative in order that a full range of patient perspectives could be gathered. This then gave a grand total of 235 questionnaires that were issued. However, only 108 were returned. Please bear in mind when reading the results of the questionnaire as detailed below that the responses do not always add up to 100%. This is because some patients chose not to answer some of the questions posed.

An analysis for both sites was carried out of the results and these were reviewed at the committee meeting held on the 24th February, 2014. Both the questionnaire results and the minutes of the committee meeting are shown below. Please note that patient comments were also recorded and a variety of these are also shown

Patient Questionnaire and results

Confidentiality at the desk	Yes	%	No	%
Do you consider that confidentiality at the reception desk?	72	67	31	29
Have you noticed that we have a notice at reception asking you to give the patient in front a little space for privacy whilst they are at the desk?	85	79	21	19
Have you noticed that at the reception desk there is a notice indicating that if you require to talk to the receptionist in private	57	53	49	45
Have you noticed that our receptionists are trained to take telephone calls in such a way that patients in the waiting room cannot identify who is on the other end of the telephone?	77	71	27	25
When waiting to be attended to at the desk, have you overheard a patient's conversation with the receptionist?	69	64	35	32
Reception Area	Always	%	Sometimes	Never
Are our receptionists welcoming and friendly?	90	83	18	17
Are our receptionists polite and helpful?	92	85	16	15
Are our receptionists informative and prompt?	85	79	21	19
Do our receptionists understand your requests/questions?	87	81	20	19
When you arrive for your appointment is your check in prompt?	67	62	38	35

	Immediately	1-3 minutes	4+minutes			
	%	%	%			
When you arrive at the practice for any other business are you dealt with	19	18	71	66	8	7
	Most Important	Somewhat Important	Not Important			
	%	%	%			
Privacy	43	40	45	42	19	18
Comfort	33	31	58	54	14	13
Reception Cleanliness and Comfort	Yes	%	No	%		
Do our waiting rooms help you to feel relaxed before your appointment?	99	92	8	7		
Do you consider our reception areas to be of a high standard of cleanliness?	106	98	0	0		
Do you consider our seating areas of good quality and comfort?	105	97	2	2		
Do you consider the décor in the reception area pleasant?	100	93	3	3		
Do you find the leaflets and posters in the waiting area useful?	92	85	7	6		

Patient Comments

- **The television if you feel ill is annoying. I do not see the point of it really. Response: The television is on in reception to provide sound to assist confidentiality. Also the health messages are relevant.**
- **Door closing is loud (Merley)**
- **The seating area is adequate and serves its purpose (Broadstone)**
- **Need more chairs for those who cannot sit on the booth benches (Broadstone)**
- **Seats may be too low for some (Merley)**
- **Good enough for the job (Merley)**
- **Dull and drab (Merley)**
- **It is adequate – it's a reception not a lounge (Merley)**
- **Receptionists are respectful and thoughtful in the handling of patients (Broadstone)**
- **Have a more enclosed reception area (Broadstone)**
- **Receptionists are as discreet as they can be (Broadstone)**
- **The positioning on the desk is too close to the seating area (Broadstone)**
- **Often there is a queue to check in at the desk because both receptionists are on calls taking appointments. It would be better only if they took emergency calls to be left free to deal with patients at the reception desk. All appointments and query calls to be taken in private upstairs (Broadstone).**

- *Most times it does not matter. (Confidentiality) I think people get too sensitive about such matters (Merley)*
- *The desk is too near the door where patients come in and out. There is very little space to wait at the reception desk. If you wait at the reception people coming in get behind the person at the desk and you lose your place. Perhaps the desk should be in a more practical and appropriate place (Merley)*
- *Personally I can do nothing but recommend the practice(Broadstone)*
- *We are dealt with as soon as a receptionist is available (Broadstone)*
- *A pleasant room to wait for your appointment (Broadstone)*
- *A higher chair as at 32 weeks pregnant is hard getting out of low chairs (Merley)*
- *Sometimes they are busy (reception), that's the way it is, they work to understand that is great*
- *Your receptionists also have to carry out admin work and so cannot always be patient facing (Merley)*
- *Your receptionists generally work hard in relation to the patient interactions(Merley)*

Following analysis of the results of the questionnaire the committee met to discuss the action plan for last year and the action plan for the coming year. The minutes of this meeting and the action plan for 2013/14 are shown below.

**Meeting of the Patient Reference Group Committee
for The Harvey Practice
which took place on Monday, 24th February, 2014 at
18 Kirkway, Broadstone, Dorset at 1.00 p.m.**

Present: Dr L. Cartwright, Mrs C. Ward, Mr P. Jeffery, Mr B. Muspratt and Mrs D. Hunter (Practice Manager).

Apologies for absence: Ms G. Cardy, Mrs L. Ellis, Mr S. Archer, Mr P. Field.

1. The meeting commenced with a statement from Mrs Hunter indicating that Mrs Ellis had resigned from the group due to other commitments. There then followed a review of the action plan for the year 12/13 and it was agreed that the actions had been carried out. Some further discussion took place with regard to confidentiality at both sites, but this was revisited further in the ensuing meeting.

Discussion also took place with regard to the review date on the right hand side of the prescription (a point from last year's action plan). Mrs Hunter explained why it was necessary to have this date showing. She was asked to consider having "FOR OFFICE USE ONLY" added next to this date.

Post meeting note: This has been investigated and it is not possible to add "FOR OFFICE USE ONLY" to the prescription as it is not included in headers and footers which are the only part of the prescription that can be "customised" by the Practice.

2. Mrs Hunter advised the group that they had been formally registered by Dorset Clinical Commissioning Group as members of the National Association of Patient Participation Groups.
3. Having agreed that last year's action plan had been completed successfully, Mrs Hunter gave a short update of the current cycle. During the current year 13/14 the Practice had endeavoured to recruit further patients to the reference group. There was a notice in the waiting room and all new registrations had the invite attached to them. The form is also included in the Practice brochure. The reference group had been asked for their priorities which were to be considered in a questionnaire. From these a questionnaire was designed and sent to the virtual group and also 50 patients at each of the two sites (Merley and Broadstone) were asked to complete the questionnaire. These patients were chosen consecutively in order to give a balanced view of the service.
4. The results of the questionnaire for 2013/14 were discussed in detail and the following action plan for 2014/15 was agreed.

Action Required	Action to be taken by:	Date to be completed
Waiting room provision for parking of patients in wheelchairs	Practice Manager	31.3.15
Notice at Broadstone site on outside front door indicating to patients that on request the doors can be widened (as far as possible) to enable wheelchair/double buggy access	Practice Manager	Immediately
Above notice to include mention of patients being able to use the bell for the disabled to call for attention	Practice Manager	Immediately
Doors at Broadstone are heavy – investigate bi-fold concertina doors - automatic	Practice Manager	31.3.15
Consider purchase of booster seats for Merley surgery to make banquette seating of a more suitable height for those patients requiring this facility	Practice Manager	Immediately
To assist confidentiality at Merley as sliding glass partitions have been reinstated at reception desk consider a "Position Closed" sign to improve queuing and enabling patients to queue further into the building and away from the door from the vestibule	Practice Manager	Immediately
Consider acoustic hood for Broadstone reception area and	Practice Manager	Immediately

also “noise deadening” ceiling tiles/surround in order to offer a more confidential space for patients to discuss their requirements with reception.		
District Nursing and chronic disease management of the housebound to be further discussed and a way forward found for the imminent future and for the longer term	Dr Cartwright and Practice Manager	31.3.15

The meeting then continued with Dr Cartwright asking the group their views on patients being asked to attend the surgery only once a year for a review of their multiple morbidities e.g. a patient with Asthma, Diabetes and Heart Disease. The Practice is considering offering such appointments to patients and these could take up to 60 minutes with the necessary blood tests being taken before so that the 60 minute consultation could take this into consideration.

After debate it was considered that it was probably suitable for some patients, particularly workers. However, it was not a model that would suit all patients and a system which encompassed the requirements of the patients should try to be adopted for the future.

The Committee were thanked by Dr Cartwright and Mrs Hunter for giving up their time to assist with this action plan and for assisting with the development of the Practice overall.