



Newtown Health Centre

PATIENT REPRESENTATIVE GROUP REPORT – MARCH 2013

PATIENT REPRESENTATIVE GROUP

WHAT IS THE PATIENT REPRESENTATIVE GROUP (PRG)?

Brief history of the group – when it was formed, what is its purpose

The patient representative group at Newtown Health Centre has been running on an annual basis since QOF began in 2004. However it has been running on a more regular basis since March 2009. It was set up 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. We hold a register of patient group members' names, phone numbers and email addresses.

PRG AND PRACTICE PROFILE

Give a description of the profile and then show a breakdown of it. Details for your practice population profile should be available through your practice system. Please note if ethnicity totals do not add up to 100% then please show the remaining % in the 'not stated' box

Demonstrating how a Patient Reference Group is Representative		
Practice Population Profile	PRG Profile (15 patients)	Difference
Age		
Under 16 27.8%	Under 16 0%	-27.8%
17-24 11.5%	17-24 0%	-11.5%
25-34 16.3%	25-34 0%	-16.3%
35-44 14.7%	35-44 6.3%	- 8.4%
45-54 12.9%	45-54 6.3%	-6.6%
55-64 6.9%	55-64 12.5%	+5.6%
65-74 4.5%	65-74 43.8%	+39.3%

75-84	3.1%	75-84	31.3%	+28.2%
85 and Over	0.7%	85 and Over	0%	-0.7%
Ethnicity				
White		White		
British Group	12.4%	British Group	37.5%	+25.1%
Irish	1.3%	Irish	12.5%	+11.2%
Mixed		Mixed		
White & Black Caribbean	1.9%	White & Black Caribbean	0%	-1.9%
White & Black African	1.6%	White & Black African	0%	-1.6%
White & Asian	0.1%	White & Asian	0%	-0.1%
Asian or Asian British		Asian or Asian British		
Indian	2.8%	Indian	6.3%	+3.5%
Pakistani	5%	Pakistani	0%	-5.0%
Bangladeshi	7.3%	Bangladeshi	0%	-7.3%
Black or Black British		Black or Black British		
Caribbean	15.4%	Caribbean	37.5%	+22.1%
African	15.6%	African	0%	-15.6%
Chinese or other ethnic group		Chinese or other ethnic group		
Chinese	0.8%	Chinese	0%	-0.8%
Any other	1.3%	Any other	0%	-1.3%
Not Stated %	22.9%	Not Stated %	6.3%	-16.3%
Gender				
Male	50.7%	Male	31%	-19.7%
Female	49.3%	Female	69%	+19.7%

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

In May 2012 - All previous attendees to PPG meeting were invited in writing and by phone to attend the upcoming June 2012 PPG meeting. An internal memo was sent to all GPs and Nurses informing them for the date of the PPG, inviting them to attend and encouraging them to mention to patients they were consulting with. Reception staff were also encouraged to invite people and show them the posters advertising the upcoming PPG meeting. All staff were informed to try to encourage a broad selection of patients with gender, race, disability, mental illness not being a barrier. Clearly there are always some sections of patients that would not be able to attend a PPG group meeting (eg house bound patients or terminally ill patients).

Overall the Practice made a genuine effort to advertise in the surgery by poster and face to face contacts. Despite these efforts there is some variation between the Practice Profile and the PRG profile.

More male representation is needed and more members from the Black African, Pakistani and Bangladeshi ethnic groups and more members in the younger age groups (under 16s, 17-24, 25-34).

No new patients joined the group this year and no patients left the group.

PRG FREQUENCY

How often do you hold the meetings? Dates as evidence would be really useful

27 th March 2012	Evaluated results of survey and drew up action plan. Discussed access issues (triage, walk-in centres)
19 th July 2012	Review and progress of action plan, communication skills training,
31 st January 2013	Review and progress of action plan, discussed results of recently published IPSOS MORI Questionnaire Results for 2012, reviewed proposed in-house questionnaire sample from In-Time Data, discussed NHS Choices website and new practice website – www.raydocs.co.uk
28 th March 2013	Email sent to all PRG members to vote for their top 3 action plans out of 6 identified through the practice February in-house questionnaire and the annual complaints analysis. This will be formally ratified in the next PRG Group meeting on 18 April 2013.

PRG MEMBERSHIP

Chair - Dr Mukherjee

Vice Chairs– Dr Muralidhar, Angela Williams

Minutes – Kasim Choudhary

Practice staff always invited

Patients' names withheld for confidentiality.

PATIENT SURVEY

AREAS OF PRIORITY & HOW THEY WERE DECIDED

How did you decide which questions to include in the survey?

In the PRG meeting on the 31st January 2012 we looked at the national survey results for the Practice from 2011-2012 and a sample questionnaire from the In Time Data Company. The wording of some of the questions was changed to be made more understandable to the lay patient. Other than that it was decided that the questionnaire was suitable and no patient member felt any additional questions should be added. The patient group was satisfied that there were questions regarding appointment availability and time spent waiting beyond appointment time, which were a couple of the issues that were in the Action Plan agreed from last year.

SURVEY PROCESS

How did you carry out the survey? Describe the process

The survey was carried out in the last two weeks of February 2013 and first week of March 2013. Each GP/Nurse Practitioner was instructed to obtain 50 completed surveys by distributing it to the patients they saw. For non-English reading patients there was a receptionist available to interpret. The questionnaires were sent off to the Electoral Reform Company to provide an analysis and written report of the Results.

RESULTS

Please see attached questionnaire report

DISCUSSION ABOUT RESULTS

On 28 March 2013 an email was sent to all the PPG group members with a copy of the questionnaire results and a copy of the Newtown Health Centre annual complaints audit. The patients were asked to choose their top 3 actions from the following 6 potential actions identified from these two reports:

- Improve Attitude of receptionists => organise customer care training for admin staff
- Improve Attitude and empathy of GPs => organise formal communication skills training for clinicians
- Improve access to preferred GP => have more appointments that can be booked in advanced and less book on the day
- Improve appointment availability and reduce waiting times – actions – employ an extra clinician – (Nurse Practitioner) – to use locum Nurse Practitioners in the mean time. Also Pilot triage system to reduce appointment usage thus increasing availability
- Reduce Waiting times – trial a telephone or Nurse Practitioner face to face triage system of the walk-in patients
- Increase patient education on use of services – have someone appointed by CCG in waiting rooms who can advise patients on different services available and best use of NHS services – particularly for patients who are new to the NHS.

ACTION PLAN

The following Action Plan was agreed with Patients via email feedback which was collated between 28th March 2013 and 31st March 2013. These actions and timescales will be formally ratified in the next PRG Group meeting on 18 April 2013.

<u>Action</u>	<u>Task</u>	<u>Timeline</u>
Improve staff communication skills	<p>Reception to have customer care training organised</p> <p>Clinicians (GPs, Nurse Practitioners, Practice Nurses, HCAs) to have formal communication skills training</p>	To organise by June 2013 and to consider a follow up session if Partners feel that it was beneficial
Reduce Waiting Times	Pilot triage system for walk-in patients to reduce their interference with those patients who have booked appointments thus decreasing waiting times for those with booked appointments	<p>Managing Demand and Capacity Training organised on 2 May 2013 by Dr Malcolm Thomas from Effective Professional Interactions (EPI).</p> <p>New triage system and rota to be piloted in June after training. Pilot to be run for initial 3 month period and reviewed.</p>
Increase patient education to help inform best use of the services and reduce pressure on appointments	COCOA – Empowering Communities in Need – to be asked to allocate a member of staff to promote their “Welcome to Birmingham” service – which can even encourage patients to attend Health Workshops	To organise by June 2013

ACCESS

OPENING HOURS

List your opening hours

Monday to Fridays:

8:30am to 6:30pm - Except Wednesday – 8:30am to 1:00pm

EXTENDED HOURS

List your extended hours. Useful to put if they require a different booking system or are specialised clinics

Saturday – 9am to 12pm

GP and Nurse appointments available.

By appointment only. No walk-ins allowed.

Will be suspended from 1 April 2013 – pending confirmation of whether the DES is continuing.

ACCESS TO SERVICES

Telephone number: 0345 245 0754

Address: Newtown Health Centre, Newtown, Birmingham, B19 2JA

Accessing services: Patients phone the surgery to book appointments. Advanced bookings for preferred doctor are available. Emergency walk-in patients are seen on the same day for those patients who state that it's an emergency. Extended hours appointments available on Saturday mornings. Out of hours cover available through Badger. Further details on website:

Website: <http://www.raydocs.co.uk>

PUBLICATION OF THE REPORT

This report and the results to the Practice Questionnaire are available on the practice website:

<http://www.raydocs.co.uk>

Hard copies are available at the surgery and should be requested from the Practice Performance Manager (Kasim Choudhary) – kasim.choudhary@nhs.net