

# Patient Participation Group DES Report 2011-2012

By

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Holly Tree Surgery**

## *Section 1*

Holly Tree Surgery currently has 5507 patients of which approximately 95% are white British. There is a full breakdown of our patient base by age and sex at Appendix A. We have a broad range of age groups registered; however, there is a shortfall in the 17 – 34 age group. This has always been put down to young adults going off to University but due to the high house prices in the area it takes a while before they can settle back into the area.

The Patient Participation Group was set up in 2005. Its motto being ‘*Working together for best practice*’. The constitution was not drawn up until early 2011. Appendix B.

Initially, posters were displayed in the surgery asking for interested parties to contact the practice manager if they wished to be part of the Holly Tree Surgery Patient Participation Group. The board numbers have varied over the past 7 years and currently stand at 8, consisting of Chairman, Secretary, a GP, Practice Manager and 4 other members. We have always had a problem in recruiting members from the pre-retirement age group. Posters advertising for younger patients to represent their age groups have been displayed many times. For most of its seven years we have had younger members but then due to various reasons they leave after a year or two.

The committee felt that starting a virtual group would be a good way to boost the numbers of PPG members and also to attract younger members who would be more interested in airing their views via e-mail rather than turning up to meetings.

Forms for our patient to fill in asking to be registered by their e-mail address were left at the reception and dispensary. 43 new members were recruited in the initial stages (although we have now had 21 more). We asked the virtual members for their age demographic which was:

17-24	3
25 – 34	nil
35 – 44	6
45 – 54	6
55 – 64	9
65 – 74	9
75 – 84	9
85+	1

We also took 200 copies of the form to the local primary school which were given out to all the children to pass on to parents. Not one form came back.

Therefore, at present there are 64 virtual members and 8 committee members.

## *Section 2*

In previous years members of Holly Tree PPG would run their own surveys and would come in to the waiting room while different clinics such as Baby Imms, Flu clinics , Nurse clinics and also during normal GP surgery time and chat to the patients asking their views about the surgery and how things could be improved. Any comments would then be discussed at the next meeting and minutes of the meetings would be available on the website and also as a printed document for patients to read.

As this was the inaugural year of doing a survey with a virtual group a very broad spectrum survey was felt to be the way forward and it was decided that we would use the GPAQ V3 survey. This survey also has the capability of allowing patients to add their own comments and views about the surgery.

The Survey was sent to our virtual patient group by e-mail in November. Due to the numbers not being as large as we had hoped it was also decided that the survey would be handed out in surgery for visiting patients to complete. (2 posters were displayed in the reception and waiting area). Each survey was numbered. The questionnaires were offered to each patient at time of consultation over a period of 10 days.

By 12<sup>th</sup> January 200 (this number included both online surveys and ones handed out in surgery) surveys had been completed and were sent to Patient Dynamics Ltd for compilation.

### ***Section 3***

The report was sent out to all the virtual PPG members and board members for comment and then discussed at the PPG meeting on 15<sup>th</sup> March. Please see Appendix C for comments about the report made by the virtual group members. The report showed that the 200 patients who completed the survey thought Holly Tree Surgery to offer outstanding services. We exceeded all benchmarks and patients seem to be extremely happy with Holly Tree Surgery. Interestingly, when the surveys were handed out in the surgery this brought our age group profile more into line e.g.

Age	No of responses
16 – 44	43
45 – 64	62
65 – 74	27
75+	32

### ***Section 4***

Please see minutes of PPG meeting dated 15<sup>th</sup> March 2012 - Appendix D.

It was difficult for the PPG group to decide priorities as the survey proved that our patients were happy with the service they received. The overwhelming reason is because we offer walk-in surgeries. Throughout the years whenever any survey has been run at Holly Tree the main comment from our patient is “please do not change the walk-in surgeries”. There was one comment made by someone that the car park lines were not easy to see anymore and this will be rectified in early April. Other comments made were although I still want to keep the walk-in surgeries I would also like appointments. The greatest discussion at the PPG meeting was about this. It was suggested that the next survey run by the PPG should be with this in mind, i.e. to ascertain whether patients would like a mixture of both or do not want change. Some committee members did not want this, and felt that it was possible to skew the questions to get the desired result. It was agreed that the questions would be as neutral as possible and the committee members would have a final say on the survey.

### ***Section 5***

The action plan which was derived from the comments on the survey is:

1. Make patients more aware of the Out of Hours (OOH) service.
2. Demarcation of lines in the car park.
3. Receptionist to inform patients how long the wait will be for their appointment

#### 4. Late evening / Saturday surgery

1. A poster will be made regarding how to contact the OOH service and how it is run. This will be displayed around the surgery and on the website. It will also be advertised on the screen in the waiting room. It is hoped that if patients realise that their healthcare is covered 24 hrs/day, bank holidays and weekends then they may be reassured.
2. The car park will have the demarcation lines re-painted by 15<sup>th</sup> April.
3. A training session for the receptionists has taken place (Tuesday 20<sup>th</sup> March 2012) and one of the items discussed was for them to tell the patients how long they will probably have to wait before the doctor will call them through.
4. Late evening / Saturday surgery. Due to Holly Tree Surgery being a walk in surgery and patients can walk in off the street any night of the week until 6:15 it has always been difficult for us to make evening appointments as we are never sure when evening surgery will finish. At the PPG meeting we discussed asking patients how they would feel about a mix of walk-in and appointments and although the committee were not happy about this it was said that perhaps a more representative number should be given the chance to have their say on this matter. This will be asked at the next survey.

#### ***Section 6***

The GPAQ report plus all literature contained in this report will be made available on our website. A notice will be put up in the surgery informing all patients that they can look at the results and any actions on the Holly Tree website. Anyone who does not have access to the internet can read an in-house copy which will be displayed in the waiting room. The report will be available on the website by 31<sup>st</sup> March 2012.

***Appendix B***

**Constitution of**

**Holly Tree Surgery**

**Patient Participation Group (PPG)**

**Object:**

The object of the Group is to promote co-operation between the Practice and Patients to the benefit of both – “Working together for best practice”.

**Aim:**

The aim of the Group is for discussion of issues of general interest and benefit to all patients and staff.

**Group Membership:**

Membership of the Group is open and free to all patients over the age of 16 and staff of the Practice. Any member of the Group may request a full copy of this constitution.

**Committee:**

The Committee will consist of a Chair and Secretary, (and a Treasurer if appointed) and up to five Committee Member patients nominated and elected biennially at the BGM, plus the Practice Manager and a Doctor. The Committee will meet not less than three times a year, will manage the affairs of the Group and take action on its behalf to further the aims in consultation with the Practice.

To be quorate, one Officer, three Members (who might also be Officers) and the Practice Manager should be present. The Committee may co-opt people for specific purposes; co-optees are not eligible to vote. The Committee may fill any vacancy occurring among its Members until the next BGM, and this person would have normal voting rights.

**Primary Care Organisation:**

The Group should be informed of the general practice policies relating to the PCT to which it belongs. The Group may express opinions on these policies on behalf of the patients.

**Finance and Fund Raising:**

The Group has the option to raise funds for the purposes of improving surgery equipment or for medical related charities. In this case a Treasurer must be appointed, who would become an additional Officer of the Group.

Any sums raised by the Group must be handed to the Treasurer who would hold an account in the name of the Group at a bank specified by the Committee. Cheques must be signed by any two Officers.

**Biennial General Meeting:**

A BGM will be held every other year from the autumn of 2012. Notice of the time, day and place will be given by email, the Practice website, and on notice boards in the waiting room. Any item for the BGM must be sent to the Secretary at least two weeks prior to the meeting.

As an unelected Member of the Group, the Practice Manager will Chair the BGM.

**Election of Committee:**

All Group Members may offer themselves for election biennially at the BGM. If there is more than one nomination received for any position then a vote must be taken by a show of hands. In the event of a tie, the presiding Chair of the meeting shall have a casting vote.

**Reports to BGM:**

A report of the activities of the Group for the last 2 years will be presented at each BGM, together, if appropriate, with a Statement of Accounts.

**Notices of Meetings, Minutes, Events and Information:**

All notices will be displayed on the screen in the waiting room, referring patients to the website/notice board if the documents are too detailed to be displayed in their entirety.

**Dissolution:**

If the Group is wound up or dissolved and any property remains after all debts have been paid, this will be given to the Practice's chosen charity.

**Alteration to the Constitution:**

Any of these rules may be rescinded, amended or waived at a BGM or Special Meeting, for which proper notice will be given to all Members. Two thirds of Members at that meeting must agree to the alteration.

## **Appendix C**

### **Comments made by patients on the report**

On the whole I was most impressed by the responses that the GPAQ V3 Report achieved, but was amazed so few commented on the lack of late night ,Saturday morning surgery or the length of time the surgery is closed over a holiday period. No one commented on home visits!.

I found the results of the VPPG questionnaire most interesting. They certainly in the main bear out my own views of Hollytree Surgery. I have been most satisfied with the service and the way the practice is run, particularly the no-appointments system and I hope that the results of the questionnaire do not indicate any need to change this.

I have read most of the findings. It appears that many of the respondents share my view that the practice works extremely well. However, I agree that at Bank Holidays it is a long wait to see a doctor. I have been in this position myself and managed to see a doctor at Farnham Hospital.

I am delighted that the results are mainly supportive of the current arrangements. However, I have some concern that those patients who were less satisfied with the service would be less likely to complete the survey. Consequently the results might portray a rosier picture than is actually the case. Perhaps a more valid assessment could be made by selecting at random in the waiting room.

My thoughts are that it is clear most of the replies state they want to keep a "no appointment" scheme except for various clinics.

It would be a good idea for a mid morning surgery three times a week for those people that do not work, freeing up the morning/evening surgery for the workers. It might be possible to alter the evening surgery time and start later to meet the need that way. Maybe one or two evenings or a Saturday morning would be a help on a rota basis. Personally, I can usually make the surgery times with a bit of flexi time.

It would appear the majority of patients are pleased with the care they receive at the surgery but it would be a wonderful idea if the suggestion of the night time cover could be done in house.

I so agree with the comments about the benefit of open surgeries – i.e. no need to book. I can see that for those with a long working day an evening or Saturday clinics would be very useful. All the best

A very good report, not at all unexpected. Anyone of the customers could have told you the result but it is nice to have confirmed that we are fortunate to be in the care of a very good practice.

Do not make any changes.

My only criticism is that the reading matter is not very good. I have tried to rectify this by delivering some fresh magazines this morning.

The very positive feedback in the personal comments echo my own feelings; that this is a superb facility which does not need to change in any way. Long may it continue. Relatives, friends and neighbours registered in other practices in Farnham and elsewhere have much less positive experiences. Keep up the good work!

Thank you for the report. The practice must be pleased with the result . The answers were mostly in agreement and positive. Too good to be true!? The consensus was clear. I've now further comments to make. regards,

Overall, I agree with most comments. Our practice does offer a magnificent service.

It would be helpful, to have Saturday morning surgeries and the out of hours cover was patchy at best. I last used Thames Doc 4 years ago so service might have improved.

Overall, fascinating reading, especially the free-form comments. The overwhelming reaction is "don't introduce appointments". For those few who really don't like the Holly Tree arrangements, alternatives exist! Where benchmarks exist against this new GPAQ, Holly Tree exceeds them easily. As always, a number of the questions relating to appointments are answered in extraordinary ways as patients attempt to relate the question to the reality! The stats in some areas are positively screwball. eg. Q11. 147 people said they could see a doctor the same day or next day, but only 116 said this was excellent - what do they expect?!!! (The benchmark is c58%; HTS is more like 96%)

Comment 2 on page 25 is interesting. Would there be any possibility of running a later surgery eg mid to late morning to cater for those who don't work?

We always knew we were fortunate in attending HTS. Yet again, lots of other patients, selected randomly, concur!

Congratulations to all who work there; keep up the good work!

## **Holly Tree Surgery**

Meeting 15<sup>th</sup> March 2012

### **Patient Participation Group**

“Working together for best practice”

#### **Action Points**

##### **1. Introduction, and apologies**

Present: Anne Blackman, Melanie Eldridge, Dr. Rob Price, Frank Wilkes (Chair), Tom Dawson, Ian Ambrose

Apologies: Mayonne Coldicott, My Spence

##### **2. Minutes of the meeting on 28<sup>th</sup> September 2011**

Minutes accepted.

##### **3. Matters arising**

A separate sub-account for the virtual PPG members has been set up for privacy.

##### **4. Patient Survey**

The survey has been completed by 200 patients and the report reviewed by our committee members and virtual members. It was agreed that our patients are more than happy with the service offered by Holly Tree Surgery and performed well above the national benchmarks. As the report was so good, it was decided that our action plan should be taken from the comments made by the participants of the survey.

It was noted that although everyone was really happy with the walk-in service some people would like to have appointments as well. The chairman read out a comment from one patient regarding this issue. Most of the meeting was taken up with this discussion as the only contra-complimentary comments made were because patients were asking for appointments for certain complaints (mental health, etc) or for late nights or weekends. It was eventually agreed that next years survey should contain questions as to whether patients would like to have some surgeries as pre-booked appointments rather than walk-in. Some committee members were not particularly happy with this as they felt we would have to be very careful regarding the wording or the results could be skewed. It will be up to the committee how the next survey will be worded. (All members)

Another issue was that some patients wanted our doctors to be on-call at weekends, evenings and bank holidays. It was stated that some of our doctors and other local GP's actually did work for Thamesdoc and that we should instil more confidence to our patents with regard to this service. A newsletter will be written with all details about Thamesdoc – what they do, when and how to contact them. This information will be advertised in the surgery and on the website. (ME)

The demarcation lines have also been mentioned to one of our committee members and they have kindly offered to rectify this by the middle of April. (IA)

It was also commented on that reception should inform patients how long the wait to see a GP will be. This is a reception training issue and will be dealt with immediately. (ME)

To sum up this year's survey the members felt the GPAQ was too long and cumbersome and next year it should be more applicable to our surgery and much shorter.

## **5. AOB**

There was no other business

## **5. Date of next meeting**

Thursday, 14<sup>th</sup> June 2012 at 2.15pm

**Appendix A**

REGULAR PATIENTS IN MAR 2012. BASE IS NATIONAL POPULATION UK 1988

Age groups	0-4	5-16	17-24	25-34	35-44	45-54	55-64	65-74	75-84	85-89	90+
Males	124	529	243	178	388	512	316	275	184	47	19
Base	184	379	407	408	383	303	280	213	110	12	5
Percent	67%	140%	60%	44%	101%	169%	113%	129%	168%	390%	394%
Females	135	447	191	188	402	419	327	302	199	50	32
Base	175	358	390	402	382	302	295	272	190	34	24
Percent	77%	125%	49%	47%	105%	139%	111%	111%	105%	147%	132%
Total males	: 2815		Base : 2683				Percent : 105%				
Total females	: 2692		Base : 2824				Percent : 95%				
Total both sexes	: 5507		Base : 5507				Percent : 100%				