

Patient Participation Group DES Report 2012-13

By

**Melanie Eldridge – Practice Manager
Holly Tree Surgery**

Section 1 – About our patient base and PPG

We currently have 5572 patients of which approximately 96% are white British. Please see Appendix A for a full breakdown of our patient base by age and sex. We have a broad range of registered age groups however the 0 – 4 yrs is fairly low and also 17 – 34 age group which has been the case for many years. This is put down to young adults going away to University and due to the high cost of housing, it is a while before they can settle back in the area. Historically, we have always had an above average amount of patients in the 85 – 90 age group and 90+ age group. The surgery is open Monday to Friday 8am to 6:30 pm.

The Patient Participation Group at Holly Tree Surgery had its inaugural meeting in 2005. Its motto being ‘Working together for best practice’. The constitution was not drawn up until 2011 and amended again recently in January 2013. Please see Appendix B for the latest constitution.

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

We also have a virtual group which is open to all patients. The virtual group’s age range is proportionate to the age groups registered which makes allowance for the fact that the members who are prepared to be committee members tend to belong to the 45yrs and upwards bracket. We have tried to appeal to younger patients to join the committee and from time to time do have younger committee members but not at present. However, we always court the view of the virtual members and therefore feel their age group’s views are being heard.

Section 2. Local Practice Survey

Last year a General Practitioners Assessment Questionnaire (GPAQ) was used to survey as much information as possible regarding all the services we offer as a practice.

The action plan from last year was:

1. To make patients more aware of the OOH service - the information has been loaded onto the computer screen in the waiting room and all information is in the patient leaflet and website.
2. Demarcation of the lines in the patient car park - kindly one of the committee members from last year completed this action very shortly after the report was published.
3. Receptionists to inform patients how long the wait will be for their appointment - all receptionists were re-trained to offer this information to all patients at time of booking in.

As all actions from the previous year had been complete we were able to move forward with the new survey. Please see Appendix C

Priorities for 2012-13 survey

As stated in last years report (Section 5), the committee's priority for this years survey was that it must be a much shorter, punchier survey and try and monitor how information is reaching the patients. It should also be more personal to Holly Tree.

The questions were sent out to all our virtual members and committee members by e-mail. There was a link on our website for anyone wishing to complete a survey online. There were also printed copies of the survey in the waiting room these could then be handed in anonymously by any patient wishing to take part.

This process was in operation for 2.5 months.

We know the ages of the virtual reference group who completed the questionnaire but sadly not the patients who completed the hardcopies.

Age	No of responses
16-44	41
45 – 64	65
65 – 74	23
75+	29

The last survey was complete and results were compiled on 31st October 2012. 245 surveys were completed. When the results had been compiled they were then sent out to the virtual PPG and the committee members for comment, the results were also displayed on the screen in reception and a printed copy put on the notice board. Time was given for members and patients alike to comment.

Section 3 – The findings of the Survey

At the next committee meeting 17th January 2013 the results of the survey and comments were discussed. Please see Appendix D for minutes of the meeting.

Section 4. Agreed priorities for practice to deliver

(Taken from the Minutes of the PPG meeting)

Points to note are that only a small percentage wanted appointments in the afternoons (with walk-in surgeries in the mornings); fewer than 30% knew about the online repeat prescription service (but hopefully that is now changing); we should try to make sure the next survey is of a kind that can be filled in online, as many had problems with this one. It was a good survey, which gave both us and the patients filling it in information.

Parking by the surgery is seen by some as a problem; the greatest one is parking on corners (which is illegal as well as dangerous). We should send a letter to the council asking for double yellow lines to be painted where necessary.

Melanie Eldridge assured the committee that she would put actions into place to advertise the online repeat prescription service. It has already been highlighted in the newsletter and instructions are on the website.

No change from walk-in to appointment surgeries are planned although we may well be forced with the new rules by Dept. of Health.

Parking seems to have become the biggest problem which affects both patients and staff alike. Doctors find that patients block their cars in when trying to leave to do visits or attend emergencies. The committee and doctors are looking into ways to deal with the parking problem.

Melanie accepted that the survey was quite tricky to complete on-line and promises that this will not happen again.

The above priorities were agreed by the PPG on 31st Jan 2013.

Section 5 – Prioritisation

The committee and practice felt that all four actions warrant equal prioritization although the parking problem could take the longest to solve.

Section 6 – Publication

The report has been printed off and is on the notice board. It will be highlighted in the next newsletter out in April 2013 it has also been uploaded to the website. Any patient wishing to have a hardcopy of the report is welcome to ask at reception where one can be printed off.

Appendix A

REGULAR PATIENTS IN MAR 2013. 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	131	517	253	204	369	504	335	274	189	42	22
Base	186	383	411	412	388	307	284	215	111	12	5
Percent	70%	135%	61%	49%	95%	164%	118%	127%	171%	344%	451%
Females	134	456	202	189	400	434	314	308	210	56	29
Base	177	362	395	407	387	306	298	275	192	34	25
Percent	76%	126%	51%	46%	103%	142%	105%	112%	110%	163%	118%
Total males	: 2840		Base : 2715				Percent : 105%				
Total females	: 2732		Base : 2857				Percent : 96%				
Total both sexes	: 5572		Base : 5572				Percent : 100%				

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”. This means dealing with concerns of the day-to-day running of the Holly Tree Surgery, rather than with national or political issues. Liaising with the North East Hampshire and Farnham CCG.

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. In advance of the meeting of the BGM, the secretary will email all members, requesting nominations in writing, with a closing date of at least two weeks before the BGM. This information will also be posted on the surgery notice board. 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 by an email consultation and by publication on the surgery notice board, for which proper notice will be given to all Members. Two thirds of Members at that meeting or of responses to the consultation must agree to the alteration.

Holly Tree Surgery

Patient Participation Group Survey 2012

Total number of surveys = 245

Thank you for taking the time to complete this survey. We value your opinions and will use them to guide future decision making. If you have any additional comments please feel free to add them after the relevant question.

1. Do you think the idea of the surgery offering a walk in clinic in the morning and appointments in the afternoon as an improvement to the current system?

<i>Yes, offering appointments in the afternoon is an improvement</i>	<i>11.8%</i>
<i>No, retaining all walk-in surgeries is better</i>	<i>86.2%</i>
<i>No response to this question</i>	<i>2%</i>

2. Are you aware that you can order repeat prescriptions online?

<i>Yes – 70.3%</i>	<i>No – 28.3%</i>
<i>No response to this question – 1.4%</i>	

3. Are you aware that as part of the GP contract introduced in 2003, all out of hours cover is provided by Thamesdoc (under contract to Surrey PCT). Out-of-hours are defined as 6:30 pm to 8:00 am on weekdays and the whole of weekends, bank holidays and public holidays.

<i>Yes – 78.6%</i>	<i>No- 21.4%</i>
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4. Have you ever used the out of hours service provided by Thamesdoc?

<i>Yes – 49%</i>	<i>No- 49.7%</i>
<i>No response to this question – 1.4%</i>	

5. Are you aware that Thamesdoc is serviced by a number of local doctors including our own?

<i>Yes- 42%</i>	<i>No-57%</i>
<i>No response – 1%</i>	

6. If you were feeling unwell over a holiday period would you be more inclined to call Thamesdoc or would you go to A&E?

Thamesdoc – 64.8%
Depends how ill – 15.2%

A&E – 15.9%
No response – 4.1%

Comments – Many said that now they were aware of the Thamesdoc service they would use this.

7. If you had to find one fault with the service offered at Holly Tree Surgery which category would it come under?

Reception – 2.75%, comments included that they could smile more

Building – 2%, air conditioning and uncomfortable seating in waiting room

Dispensary – 4.13 %, prescription drugs not available after visit to Dr, people who were not entitled to use the dispensary wanted to.

Other – 13.1 %, mostly about lack of parking

Doctors – 3.4%

Nurses – 2%, not enough appointments available

None – 64%

No response – 8.2%

8. Do you know that all information held about you is strictly confidential and that we need your implied consent to pass this on to other health professionals? For example, if your doctor wants to refer you to a specialist/consultant and you agree to this then you are implying that we can pass on any relevant medical history to the health professional.

Yes – 95%
No response – 2.2%

No- 2.8%

9. Did you know that from August this year an electronic “Summary Care Record” will be created from your GP medical notes. This will contain very basic information about you such as which medication you are on and whether you have any allergies. This information will be accessible by all NHS staff and may be useful in an emergency. You can ask your doctor to add other information to your “Summary Care Record” such as that you have a living will. You can also ask that a “Summary Care Record” is not created from your notes.

Yes – 55.9%

No – 41.3%

No response - 2.75%

10. Did you know that you have the right to access your health records?
(This may incur a cost. Please see our website for details)

Yes – 76.6 %

No – 19.3%

No response – 4.1%

11. A number of questions in this survey ask whether you are aware of changes happening in the NHS. We put this information on the screen in the waiting room, the website and in our newsletter but need to find out whether you are receiving the information. Do you feel that you are given sufficient information by the surgery and that it is effectively communicated?

Yes – 69.7%

No- 20.6%

No response – 8.3%

- Unaware of website and newsletter
- Would like newsletter e-mailed
- 3 respondents suggested putting an article in the local newspaper when big changes occur such as the summary care record.
- Noticeboard in the wrong place to read
- More information for teenagers
- On-line survey tricky to fill in

Appendix D

Holly Tree Surgery (HTS) Patient Participation Group *“Working together for best practice”* **Thursday 17th January 2013**

1. Introductions and apologies

Present: Anne Blackman, Mayonne Coldicott, Melanie Eldridge, Dr Jane Elliott, Bob Jones, David Kirk (chair), My Spence (secretary)

Apologies were received from Christine Pointer.

2. Minutes of meeting held on 4th October 2012

The minutes were gone through and accepted.

3. Matters arising

All dealt with.

4. PPG Constitution

The suggested additions to the constitution were passed. The new version will be sent out to the committee and to the Virtual PPG, as well as posted on the website. (MS, ME)

5. Patient Survey 2012

Points to note are that only a small percentage wanted appointments in the afternoons (with walk-in surgeries in the mornings); fewer than 30% knew about the online repeat prescription service (but hopefully that is now changing); we should try to make sure the next survey is of a kind that can be filled in online, as many had problems with this one. It was a good survey, which gave both us and the patients filling it in information.

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6. Farnham, Hart & Rushmoor PPG meeting 16th Jan 2013

Bob reported on proceedings at the larger area PPG. Some concerns about Frimley Park Hospital were closing of wards; waste of resources – a lounge was refurbished and is now closed; patients being discharged in the morning having to wait hours to get meds and be able to actually leave the hospital. There is a new lay member of the CCG, who will also attend the FH&R PPG: Chandra McGowan. The funding of Community Nursing is under question – who finances this service? Referrals from one consultant to another has to go via the GP – can be seen as time-wasting, but was introduced to counter problems with the old system.

7. Any Other Business

Mayonne brought up the need to de-clutter the notice board in the waiting room, in order to tempt more patients to read what is posted there. Also, the surgery is creating its own email list of those wishing to receive newsletters via email. Currently, you can sign up on the website, but there appears to be quite a few problems with this system, which is run by the website creators. It is hoped that the surgery list will solve this.

8. Date of next PPG meeting

Thursday 16th May 2013 at 14.15 at HTS in the upstairs meeting room. Any apologies should go to My, please. (All)

9. Meeting closed