

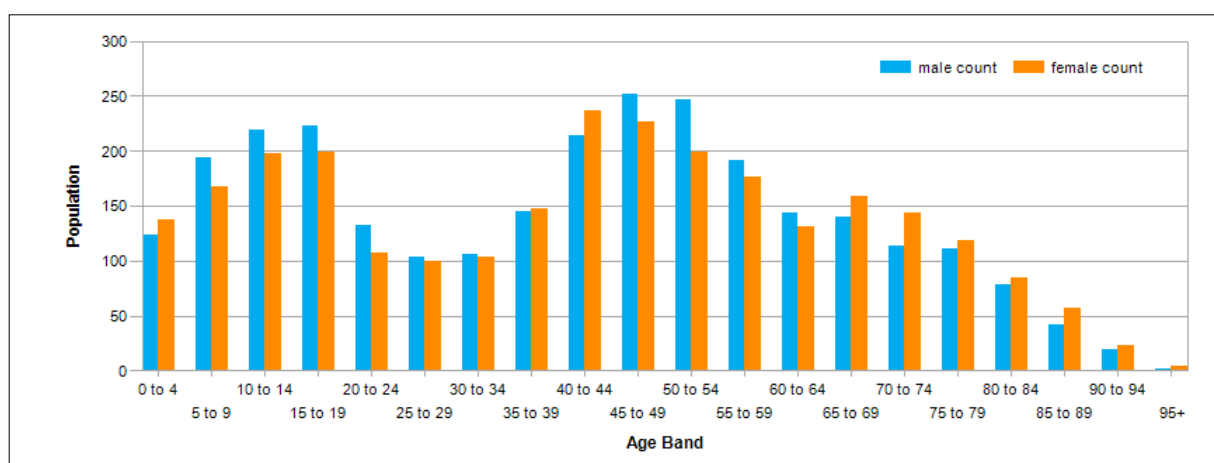
Patient Participation Group DES Report 2013-2014

Holly Tree Surgery

Section 1

1.1. Practice Population

There are 5,522 patients registered with Holly Tree Surgery of which 95% are white British. The tables below show the patient profile by age and sex on the 31/08/2013.



Age Band	Males	Male %	Females	Female %	Total	Total %
0 to 4	<u>124</u>	2.25	<u>138</u>	2.50	<u>262</u>	4.74
5 to 9	<u>194</u>	3.51	<u>168</u>	3.04	<u>362</u>	6.56
10 to 14	<u>219</u>	3.97	<u>198</u>	3.59	<u>417</u>	7.55
15 to 19	<u>223</u>	4.04	<u>199</u>	3.60	<u>422</u>	7.64
20 to 24	<u>133</u>	2.41	<u>107</u>	1.94	<u>240</u>	4.35
25 to 29	<u>104</u>	1.88	<u>100</u>	1.81	<u>204</u>	3.69
30 to 34	<u>106</u>	1.92	<u>103</u>	1.87	<u>209</u>	3.78
35 to 39	<u>145</u>	2.63	<u>147</u>	2.66	<u>292</u>	5.29
40 to 44	<u>214</u>	3.88	<u>237</u>	4.29	<u>451</u>	8.17
45 to 49	<u>252</u>	4.56	<u>226</u>	4.09	<u>478</u>	8.66
50 to 54	<u>247</u>	4.47	<u>199</u>	3.60	<u>446</u>	8.08
55 to 59	<u>191</u>	3.46	<u>177</u>	3.21	<u>368</u>	6.66
60 to 64	<u>144</u>	2.61	<u>131</u>	2.37	<u>275</u>	4.98
65 to 69	<u>140</u>	2.54	<u>159</u>	2.88	<u>299</u>	5.41
70 to 74	<u>113</u>	2.05	<u>144</u>	2.61	<u>257</u>	4.65
75 to 79	<u>111</u>	2.01	<u>119</u>	2.16	<u>230</u>	4.17
80 to 84	<u>78</u>	1.41	<u>85</u>	1.54	<u>163</u>	2.95
85 to 89	<u>42</u>	0.76	<u>57</u>	1.03	<u>99</u>	1.79
90 to 94	<u>19</u>	0.34	<u>23</u>	0.42	<u>42</u>	0.76
95+	<u>2</u>	0.04	<u>4</u>	0.07	<u>6</u>	0.11
Total	<u>2,801</u>	50.72	<u>2,721</u>	49.28	<u>5,522</u>	100.00

The distribution shows the same trend as in previous years with a dip in numbers in the 20-39 age group. This is put down to young adults leaving the area due to the high cost of housing. Historically, we have always had an above average amount of patients in the 85 – 90 age group and 90+ age group.

1.2. Patient Participation Group (PPG)

The PPG was set up in 2005 and initially advertised for committee members via posters in the surgery. The committee is currently made up of 6 registered patients who meet at least three times a year with a GP and the Practice Manager. These members are nominated and elected at the Biennial General Meeting. The constitution was updated in January 2013 and is shown in Appendix A.

A virtual PPG was set up in 2011 to include the views of people who did not want to attend meetings but were still interested in having their input into how the surgery was run. It was hoped that this may recruit younger members of the practice population to join the PPG. This has worked to some degree and there is a wider distribution of ages in the virtual group. The group now boasts 150 virtual members and the surgery continues to advertise for new members on our website in the section “Get Involved with the PPG” and in our newsletter. People interested in joining may fill in an on-line form or download one to bring into the surgery. The minutes of all PPG meetings are also available to view in this section, <http://www.hollytreesurgery.com/ppg.aspx>.

An attempt was made in 2012 to recruit parents of primary school children by handing out a flyer about the PPG to all parents. Not one form was returned from the school.

The 2013-2014 PPG survey was completed by a broad range of ages as shown in the table below. We are therefore confident that the results express the opinion of the entire age spectrum.

Age Distribution	Percentage of All Forms	Percentage distribution of forms filled in at Surgery	Percentage distribution of forms filled in on Line
16 to 24	3%	5%	0%
25 to 40	13%	16%	3%
41 to 60	23%	20%	30%
61 to 75	37%	34%	47%
76 or older	24%	26%	20%

Section 2

2.1. Priority Areas for the PPG

The priority areas for the 2013-2014 PPG Survey were agreed in the meeting of the **Thursday 16th May 2013** and were considered to be: how patients felt about the change in surgery times, whether they were happy with the waiting time to see a doctor and whether they approved that the surgery was a training practice. The minutes of this meeting can be found on our website. Some wording was changed after consultation with the doctors but all questions the PPG wanted were included in the survey.

As noted in the PPG DES report for 2012/2013 the PPG wanted a much shorter punchier survey which was easier to fill in on line.

2.2. The Survey

The survey was created using SurveyMonkey and the link was sent to all committee members and virtual PPG members on the 26th September 2013. The survey was then published on the practice website and a printed version was handed out to patients attending surgery and at maternity clinics, flu clinics etc. to try and ensure it was given to a range of age groups. Initially the on line survey was set up to only allow one response per ip address. The PPG raised this as an issue as more than one member of the family may wish to respond to the survey. This restriction was therefore removed. The survey was closed on the 4th November 2013 and the results collated.

The survey questions and results can be found in Appendix B. There was a good response to the survey, with 231 forms completed, 28% online, 72% at the surgery. The change in afternoon surgery hours from 3:30 – 5:15 (instead of 4:30 – 6:15) on the 3rd June 2013 was considered a key question to put to our patients and the surgery had received 10 written comments/complaints on this subject. However the results showed that only 17% of the patient population disagreed with the change. These were predominantly working people who preferred to attend the surgery in the afternoon. 45% of our patients preferred the new surgery times as they felt that they had reduced waiting times and were better for the elderly and mothers with young children. 37% neither agreed nor disagreed with the changes.

The survey showed that in line with historical patient surveys, 94% find the waiting time to see the doctor "excellent", "good" or "acceptable". Approximately 84%, mostly women, believe that patients of other surgeries are "extremely dissatisfied" or "dissatisfied" with their appointments systems.

94% also approved of training future doctors in the practice.

Section 3

3.1. Inform PPG of survey results

The results of the survey were sent to the virtual PPG for comments as soon as they were collated on the 4th November 2013. The findings were discussed at a meeting on the 16th January 2014 (see Appendix C).

Section 4

4.1. PPG priorities for the upcoming year

The PPG were pleased with the response to the survey and that overall patient views showed a high level of satisfaction with the service provided at Holly Tree surgery. The survey question about the time change to the walk-in afternoon clinic allowed space for comments. People who both agreed and disagreed with the changes stated that they liked the walk-in clinics held at Holly Tree Surgery and did not want to go to an appointment system. This is now the main priority of the PPG as the Department of Health will be financially rewarding surgeries who provide on-line appointments. The surgery has set up an on-line appointment system to visit our health care assistant but as yet not one of these slots have been booked on line.

The following excerpt is taken from the PPG minutes of the 16th January 2014:

“A number of patients have written to Jeremy Hunt regretting the pressure put on HTS to change the walk-in system. His responses have emphasised that there is no requirement on surgeries to change, nor is the government proposing to enforce a 'one size fits all' policy. However, he

neglects to say that if online appointments are not offered, HTS will be financially penalised. The PPG will draft a follow up letter emphasising the inappropriateness of this penalty given:-

- a) the patient group is overwhelmingly in favour of the walk-in system
- b) HTS is a small surgery and can ill afford to lose funding; this financial pressure is significant
- c) HTS patients are one of the lowest A&E attenders in the CCG. There are three possible explanations for this

- 1) We have a fairly forward thinking patient base who knows the appropriate channels.
- 2) We are a walk-in surgery therefore anyone needing to see a doctor can choose to attend either in the morning or afternoon.
- 3) Our proximity to FPH and RSCH A&E dept's, but as our numbers are significantly lower than the rest of the Farnham practices, this seems unlikely.

We feel it is mainly due to the walk-in system, as patients are able to see their doctor on the day they need to without having to wait for an appointment to become available.”

The surgery will support the endeavours of the PPG to maintain our walk-in clinics without being penalised financially.

Shortage of parking and inconsiderate parking by patients was raised as an issue in the 2012-2013 survey and still continues to be a problem. The council was contacted about 12 months ago regarding the possibility of getting double yellow lines at the junction of Boundstone Road and Jubilee Lane to make the existing car park more accessible and prevent patients blocking the doctor's cars when they need to leave the surgery on urgent calls. A neighbour of the surgery who is not a patient has also contacted the council regarding the on street parking. The PPG decided to write to the council to determine if there had been any decisions made about how the problem could be resolved.

Section 5

5.1. Action Plan

See section 4.1.

A response has already been received from Councillor David Munroe regarding the parking. His reply is shown below:

“Highways officers looked at the site but it has not been included in the programme that is being worked up for formal consultation this spring. I hope you can appreciate that there is a limit that can be done – officer resource, budget constraints - at any one time and I am afraid that this one did not get through this time.

However, that is not the end of the matter. There will be regular reviews of parking restrictions in the future and the surgery can be put on subsequent ones.

I have to be frank and say that I am uneasy about any proposal that involves yellow lines. I know from experience that parking issues are very controversial. I see some problems here:

1. It will be the only formal restriction in the area and some residents in the neighbourhood could well object on the grounds that it detracts from the semi-rural nature of Boundstone.
2. The fact that there are problems at the moment shows that there is a need for on-street parking. If you put down yellow lines near to the surgery, then some visitors will park elsewhere on the street

and cause obstructions there.

3. Difficult to enforce I think. By the time any wardens/police arrived, then the car would very often be gone. And I don't think they would be keen to go up there anyway.

You may well have an answer to all these points and have good counterarguments in addition. I think a meeting between yourselves, me and the parking team would be fruitful, with the aim of understanding the problem in more depth, and perhaps suggesting other ways of dealing with the problem - which may lead to the conclusion that yellow lines are the only way.

It would help if you could start gathering statistics of the extent of the on-street parking. How many cars per day? At what times? Duration? No of actual complaints? All that sort of thing, so that any restrictions can be based on some firm evidence."

This letter will also form part of the Action Plan.

Section 6

6.1. Publication of Survey Results

The survey results are now available on our website and a hard copy is available on the notice board in the waiting room.

6.2. Publication of this report

This report has been uploaded on the surgery website under "Survey Reports", <http://www.hollytreesurgery.com/surveyreport.aspx?p=H81110>. A hard copy is available on the notice board in the waiting room. The next surgery newsletter will include a synopsis of the survey results and actions to be taken.

APPENDIX A

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.

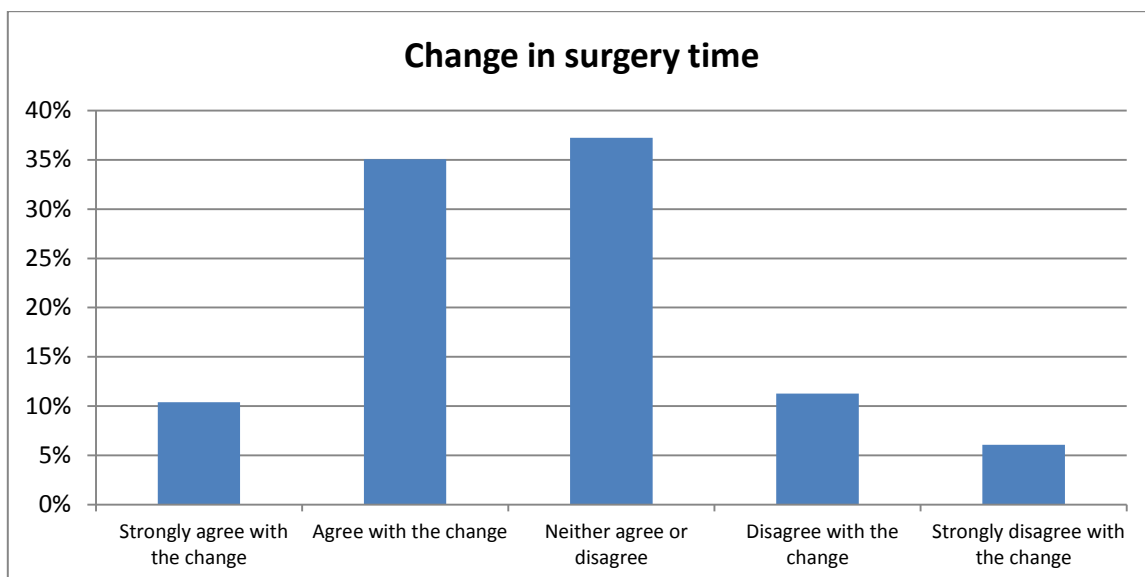
RESULTS of the PPG Survey 2013/2014

The survey was completed by 231 people.

28% completed the survey on line with the remaining 72% completing a survey at the surgery.

- Holly Tree Surgery changed the afternoon surgery hours on 3rd June this year. The change will hopefully be of significant benefit to the majority of our patients who regularly attend i.e. the elderly who will now be able to attend in daylight during the winter months and mums with young children. We are aware that for some patients, particularly those who work some distance from Rowledge, our hours may not be as convenient but we continue to look at options for optimising services to all our patients.**

How do you feel about this change?



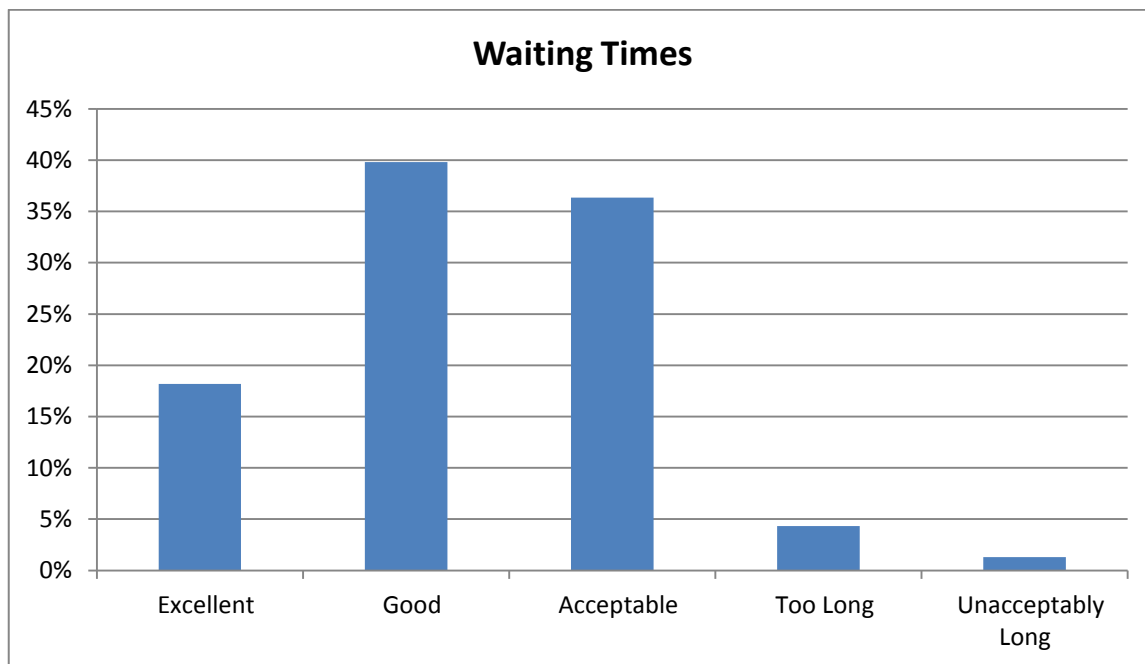
Not surprisingly most people who disagreed or strongly disagreed with the change were of working age and generally attended surgery in the afternoon.

Most comments against the change stated how it was now impossible to get to the doctors if you worked normal hours and that time would need to be taken off work. Concern was raised that appointments would be put off and may lead to conditions getting worse before diagnosis. A number of patients asked for one late evening surgery and/or Saturday morning. Some people who agreed with the change commented that although it worked for them it may not be good for working people.

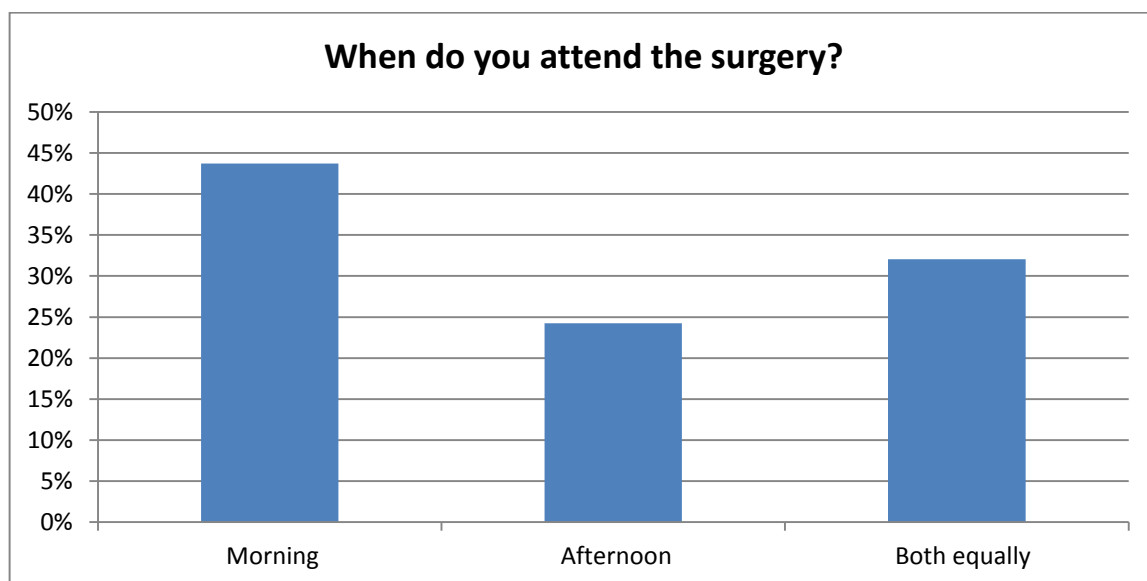
On the positive side people felt that it had reduced the waiting times and was better for the elderly and mothers with young children.

There were comments from both people that agreed and those who did not agree that they did not want an appointment system brought in.

2. Do you feel that (in general) the time in the waiting room between booking in at reception and seeing a doctor is:

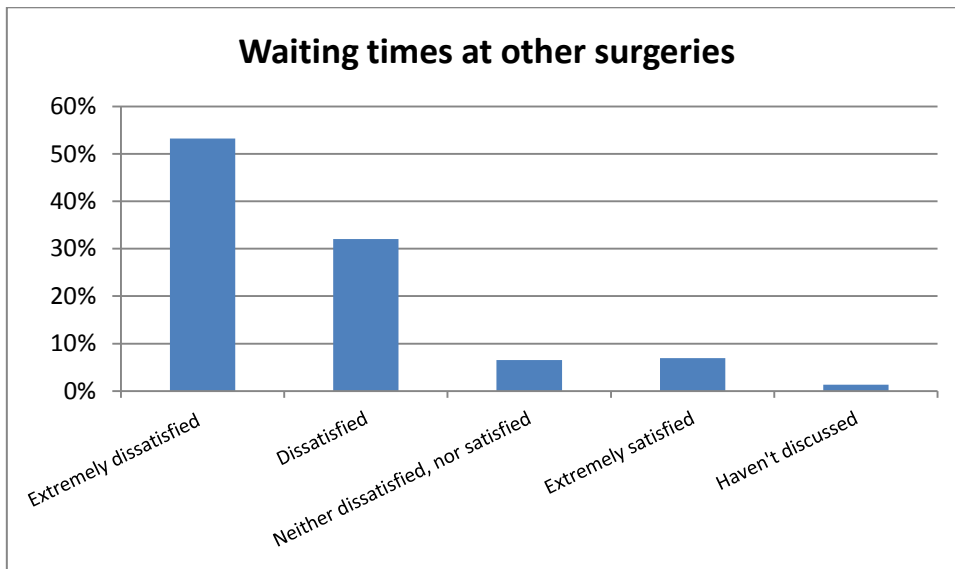


3. In general do you use the morning or afternoon surgery?

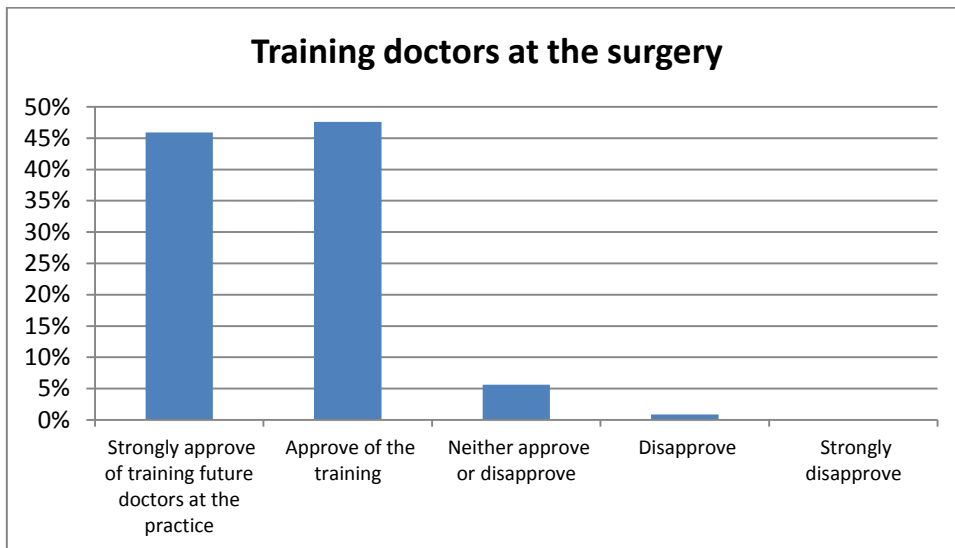


4. When you speak with friends and relations about their experiences in doctors' surgeries where they are required to make appointments in advance, do they generally seem:

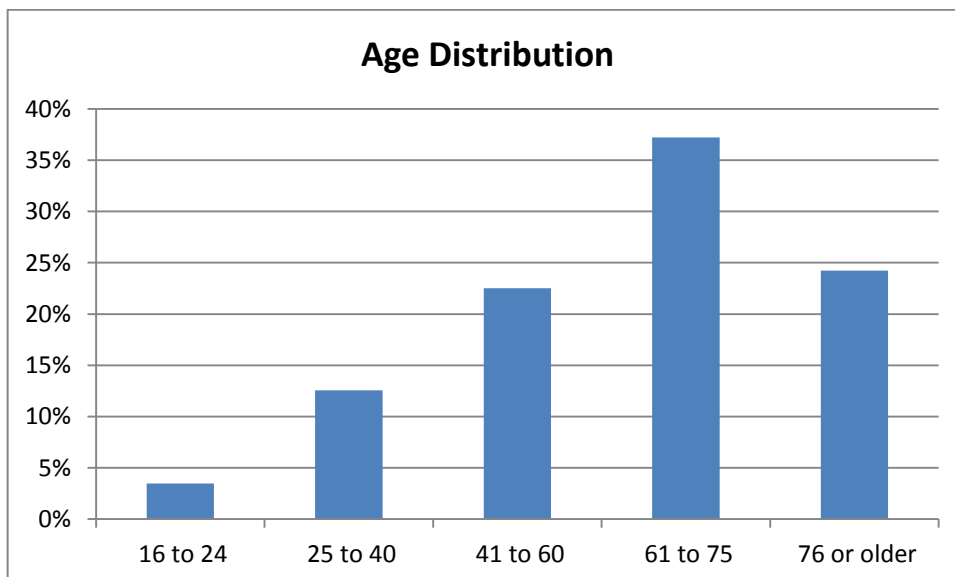
This question should really have been provided with an alternative answer, "I don't know". There were a number of comments that they had never asked their friends. Interestingly men tended to think their friends were completely satisfied whereas women thought the opposite.



5. The practice has junior doctors including GP registrars (i.e. GPs in training) working at the practice seeing patients themselves or observing consultations. Do you:

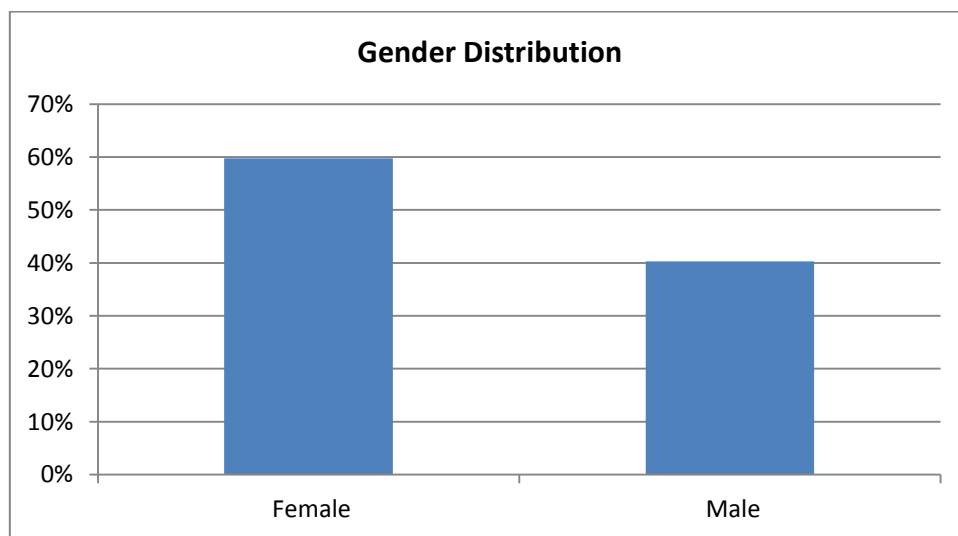


6. What is your age?



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76 or older	24%	26%	20%

7. What is your gender?



APPENDIX C

Holly Tree Surgery (HTS)

Patient Participation Group

"Working together for best practice"

Thursday 16th January 2014

1. Introductions and apologies

Present: Anne Blackman, Mayonne Coldicott (who stood in as Secretary), Melanie Eldridge, Dr Jane Elliott (part), Dr Ellie Flatman, Bob Jones, David Kirk (Chair), Christine Pointer

Apologies were received from My Spence.

2. Minutes of meeting held on 27th September 2013

The minutes were gone through and accepted.

3. Matters arising

a) Christine had missed the deadline for getting a piece written for the HTS newsletter about her very positive experience of the 111 service, but will send it to Melanie for the next issue. (CP)

b) An HTS neighbour from Birch Close, who is not an HTS patient, has contacted the council and the police regarding the parking issue. The police will do some sweeps to enforce the law if people are parking too close to the corners etc.

It was agreed that a follow-up letter to David Munro would be sent to learn about progress. (MC, DK)

4. Survey

There was a good response to the survey, with 231 forms completed, 28% online, 72% at the surgery. Overall the satisfaction ratings are high, and should be particularly heartening to the team at the surgery.

Specific points to note were that while 18% of respondents were less than happy about the changed afternoon surgery hours, the enrolled patient numbers have increased (now c5,700). From the doctor's perspective the system is working well.

In line with historical patient surveys, c92% find the waiting time to see the doctor "excellent", "good" or "acceptable".

Approximately 84%, mostly women, believe that patients of other surgeries are "extremely dissatisfied" or "dissatisfied" with their appointments systems.

We should pick up some questions for the 2014 survey from the CCG's survey.

5. Parking

Discussed under Matters Arising, above.

6. Appointments system: letter from Jeremy Hunt

A number of patients have written to Jeremy Hunt regretting the pressure put on HTS to change the walk-in system. His responses have emphasised that there is no requirement on surgeries to change, nor is the government proposing to enforce a 'one size fits all' policy.

However, he neglects to say that if online appointments are not offered, HTS will be financially penalised. The PPG will draft a follow up letter emphasising the inappropriateness of this penalty given:-

- a) the patient group is overwhelmingly in favour of the walk-in system
- b) HTS is a small surgery and can ill afford to lose funding; this financial pressure is significant
- c) HTS patients are one of the lowest A&E attenders in the CCG. There are three possible explanations for this. 1) We have a fairly forward thinking patient base who know the appropriate channels. 2) We are a walk-in surgery therefore anyone needing to see a doctor can choose to attend either in the morning or afternoon. 3) Our proximity to FPH and RSCH A&E dept's, but as our numbers are significantly lower than the rest of the Farnham practices, this seems unlikely. We feel it is mainly due to the walk-in system, as patients are able to see their doctor on the day they need to without having to wait for an appointment to become available. (DK)

Failing a satisfactory response, members of the PPG could visit JH at his surgery at Hindhead to discuss it further.

Christine outlined how, at elections, voters are not spoiling their papers if they mark their X clearly and also write a comment. Such comments are always shown to agents. Comments from 10 HTS constituents would have an effect; 200 would not be ignored!

7. Any Other Business

Queries from patients:-

- a) Typhoid vaccine has been difficult to get hold of. When oral vaccine is prescribed as an alternative, because of the nature of the medicine, a nurse appointment is necessary for advice to be given.
- b) Repeat prescriptions - when in doubt, speak with the dispensary staff (in person or by phone) who can give advice. It is not possible to communicate via the electronic form. There is further advice on the website, or in the booklet given to those who don't use computers.
- c) "Reviews" are written on the prescription for the doctors' information; patients can ignore this, as the surgery will call patients in if the doctors wish to see them.
- d) The shingles vaccine is currently administered, under a government directive, only to patients who were 70 or 79 years of age last 1st September. HTS is not allowed to give it to anyone else, but if wished, it is possible to have it through any private provider. Of 73 patients eligible, 50 received it before stocks ran low nationally. Of the remaining 23, not all want it, and those who do are being invited in.

8. Date of next PPG meeting

Thursday 8th May 2013 at 1.45pm at HTS.

Any apologies should go to My, please. (All)