

**LOCAL PATIENT  
PARTICIPATION  
REPORT  
2013/14**

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<b>Author</b>	Tim Hodgson, Practice Manager
<b>Owner</b>	Dr Waqaar Shah, Chatfield Health Care
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<b>Target Audience</b>	All employees and Partners of Chatfield Health Care, NHS England, Wandsworth Clinical Commissioning Group, all registered patients of Chatfield Health Care and the general public.

### Document History

Version	Date	Title	Author	Status	Comment
1	March 2014	Local Patient Participation Report 2013/14	Tim Hodgson, Chatfield Health Care	Final	

***For note:*** This report and the subsequent action plan found at Appendix 1 has also been sent to PRG members that were unable to come to the meeting, summarised in section 7, for their agreement and any further comments. Any additions or amendments will be added to this report, which will be noted as a subsequent version of this original report.

This report can also be accessed via our practice website via the following URL:

Website address: <http://www.chatfieldhealthcare.com/index.html>

If you are a registered patient and are interested in becoming a member of our PRG then we would love to hear from you. If you would like to join the group you can simply inform a receptionist or just turn up at the next advertised meeting.

# LOCAL PATIENT PARTICIPATION REPORT 2013/14

## 1. Introduction

- 1.1. Chatfield Health Care has been engaging with a Patient Reference Group (PRG), formerly known as the Patient Liaison Group, since its inception in 2006. The purpose of the PRG was to create a forum where patients that are representative as possible of the practice population can meet regularly to discuss any issues affecting them or the practice and to influence decisions about our current direction and future. The PRG enables the practice to gain the views of our registered patients and offer them the opportunity to feedback their insights and/or concerns in a protected setting as well as how they would like the services we offer to be improved or altered.
- 1.2. The PRG meets on a quarterly basis but the aim this year has been to try and meet every 2 months if possible. At each meeting the Practice Manager and lead GP partner for Patient Liaison attend and share the chair and minute-taking of the meeting. The PRG were invited to take greater ownership of meetings this year but decided that they were happy with how the meetings were managed by the practice.
- 1.3. Unfortunately the membership of the PRG has declined in recent years and although a core number of individuals have remained the Practice has struggled to attract new members that are as representative as possible of the practice population, especially young professionals in full-time employment, the young unemployed, mothers with young children, those from African descent and minority ethnic groups, carers and patients with learning disabilities.

## 2. Current PRG Profile

- 2.1. Currently the PRG has 9 members, aged between 41-85 years old. Two thirds of the membership is male. The PRG consists of individuals from varied ethnic backgrounds including those of White British, Caribbean, Indian, Chinese and Asian descent (categories according to 2001 census), which together make up 79% of Chatfield Health Care's varied ethnic population. The PRG members come from varied accommodation, rental or owned, most are retired but a couple work part time, both paid and on a voluntary basis. Only one member of the PRG is a full time professional. In terms of health most of our PRG members have at least one long-term condition and two thirds have multiple long term conditions, the majority of whom suffer from the largest health factor that affects the Practice's population.
- 2.2. One of our members is heavily involved with "Wandsworth Link" as well as the local Clinical Commissioning Group (CCG). We also have a member who is trained as a tutor on the "Expert Patient Programme" (EPP) in Wandsworth.

### **3. Steps taken to attract new members to the PRG**

- 3.1. During 2013/14 the practice had tried to diversify the PRG and attract new members. This has been discussed directly with current PRG members and it has been agreed that a new strategy is needed to promote its existence in order to give patients a greater say in the services provided at the surgery and to be more involved in changes and decisions that affect their care.
- 3.2. The practice continues to advertise the PRG in communal areas with different posters. Senior reception staff are asked to actively invite patients from different ages and backgrounds. Clinical staff have also been asked to invite any patients that express a particular interest in airing their views via this forum. The times and dates of PRG meetings are also advertised and this year the practice produced new posters explaining the benefits of attendance in the hope of attracting more diverse members to the group. We also invite new patients to consider attending the PRG meetings on registration and via our website.
- 3.3. In previous years the practice has not gained the agreement of current PRG members to alter days and times of meetings to try and encourage different groups to attend but it was finally agreed to implement this strategy. Patients were also encouraged to leave email details to gain their views about relevant issues, with a view to starting a separate virtual PRG group. We keep those informed, that have indicated this preference, of any developments or decision that have been made or that the Practice intends to make as a consequence of PRG meetings, but so far this is a minimal group of patients. We have also introduced a comments box at reception to enable patients to make suggestions but the placing of this may need to be reconsidered as sadly this has been much underused.
- 3.4. Although the practice received some level of interest only 2 new members joined the PRG this year. Following the review of PRG membership this year the practice aims to increase its modes of inviting patients to become members to ensure that the PRG becomes more representative of the practice population again. The PRG strategy can be seen in this year's action plan (*see Improvement Area 7.of the PRG Action Plan*)

### **4. PRG Areas of Priority during 2013/14**

- 4.1. At the first meeting of the year the PRG reviews the action plan generated from the previous year's annual survey and agrees priority areas with the practice for the coming year.
- 4.2. Throughout the year the PRG also suggests what Chatfield Health Care could spend its Freed Up Resources (FURs) on, a pot of money allocated to the practice by the local CCG, e.g. for new services, equipment, changes to the premises etc. During 2013/14 the major focus was on bidding for new flooring in our communal areas as these have become old and soiled and not in keeping with the cleanliness that patients expect of their doctor's surgery, especially in terms of infection control and CQC standards. There was also

agreement on bidding for monies to develop a sound system for the main waiting room to improve confidentiality at reception, a new patient calling screen, a self-service BP monitor for patients, as well as for new clinical equipment, furniture and fittings, and backfill for educational sessions and co-mentorship amongst our doctors.

- 4.3. PRG meetings also focus on informing members about local initiatives and other external issues that will affect the practice and its patients. All were in agreement that the main priority was implementing a new telephone system and at the end of the year PRG members were directly involved in reviewing demonstrations provided by potential suppliers.
- 4.4. This year the PRG were also involved in jointly agreeing priority areas around the standard of care received by patients from the reception team, waiting times and appointment bookings, both linked to themes from patient complaints and PRG members' own experiences, and improving the practice's productivity and new ways of working.
- 4.5. The PRG also discussed plans to maximise space within the premises and possibly increase the number of consulting rooms, the introduction of the Fresh Start Clinic at the practice, Care Quality Commission (CQC) inspections, developments at the CCG, NHS 111 and the new Urgent Care Centre at St, George's Hospital.

## **5. The Role of the PRG and the Annual Patient Survey**

- 5.1. One of the roles of the PRG is to reach an agreement on the issues to prioritise for inclusion in the annual patient survey. This year the PRG were happy to reduce the number of questions in the survey (from 74 to 40) "in order to gain greater benefit from patient feedback". It was felt that the nationally recognised survey tool (GPAQ) actually contained the majority of the questions that included the main priority issues that had been identified. In particular these covered the following themes:
  - Treatment by receptionists
  - Opening Hours
  - Booking Appointments
  - Waiting Times
  - Access to urgent on the day appointments
  - Telephone system
  - Patient experience when seeing a clinician
- 5.2. As requested by the PRG seven additional questions were included on the final page of the patient survey to determine whether patients' would recommend Chatfield Health Care to someone moving into the area and to determine patients' experience of local healthcare services.

## **6. Informing the PRG of the findings of the Annual Patient Survey**

- 6.1. The results of the survey were presented at a full practice meeting on 12<sup>th</sup> March, which includes all or some representation from our GP partners, assistant GPs, registrar, practice nurses, health care assistants, management, administrators and receptionists.
- 6.2. The reception manager had collated the results on a pre-defined spreadsheet for each question, which were identified against a reference number clearly printed on each survey before they were distributed (from GPAQ1-GPAQ237). The practice manager received the data that had been input into the spreadsheet and analysed the results via pivot tables and corresponding charts. The practice manager used these charts to clearly present the outcomes of the annual patient survey to the PRG.
- 6.3. The annual patient survey was distributed to patients during the period of 3 weeks from 17<sup>th</sup> February to 7<sup>th</sup> March 2014, to those that came to see a GP or practice nurse for an appointment or who attended the reception desk for a prescription or another query. Receptionists were asked to encourage young professionals in full-time employment, mothers with young children, those from African descent and minority ethnic groups to complete the survey. A lot of patients declined to complete the survey but in total the practice received 237 responses.

## **7. Summary of findings from the Annual Patient Survey**

- 7.1. The following represents a summary of the findings during the presentation of the results of the annual patient survey to the PRG on 18<sup>th</sup> March 2014.
- 7.2. The total number of responses to the patient survey that were received equates 2.3% of the patient population, higher than 2012/13 (2%) but lower than 2011/12 (3.1%). This uptake rate was considered by the PRG and the Practice Manager suggested the practice aim for a 5% response rate in 2014/15 (521) but the PRG felt that this was an unreasonable target and agreed for at least a 3% response rate (313) next year. It was also understood that 6% of the total number of patients that had completed the survey (15) had not seen a GP or Nurse in the last 12 months (*see Improvement Area 1 of the PRG Action Plan*)
- 7.3. A disproportionate number of female patients (71%) to males completed the survey. The number of males completing this year's survey had gone down by 8% since last year. It was suggested that this was probably due to the fact that men may be less likely to come and see a GP for less urgent medical care or attend with their children than women. It has also been demonstrated by a recent internal audit that more women at the Practice suffer from a single or multiple chronic diseases. Almost half of those (46%) that completed the patient survey considered themselves to have a long term condition. It was suggested that those patients suffering with long term conditions were most likely to be those who are more heavy users of the Practice, i.e. those seen more than 5 times in the last year (44%).

- 7.4. The majority of patients completing the survey were between the ages of 35-64. It was felt that the 20-35 year olds were still under-represented even though responses from this age group were up almost 40% on last year.
- 7.5. Almost half of the respondents (48%) indicated that they were either in full or part-time employment but patients who were retired from paid work (21%) were over-proportionally represented in relation to current demographics (9%). Conversely unemployed patients (8%) were under-represented in this year's survey in relation to current population figures (19%).
- 7.6. The PRG and the Practice were encouraged to note that 94% of patients that completed the survey would recommend Chatfield Health Care to someone moving into the area, a 3% improvement on last year. It was also noted that reception staff had improved during the preceding year with a 91% high satisfaction rate compared to 69% in 2012/13. PRG members commented how much more helpful they found receptionists at the practice and that this had improved during the last year.
- 7.7. Patient confidence in the Practice's opening times had also improved during the current financial year, probably in some measure due to opening at 8am instead of 8:30am in accordance with the new PMS contract. 82% of the patients surveyed viewed the opening times as "Excellent", "Very Good" or "Good" and only 15% rated this service as "Fair", compared to the previous year's response in which 31% stated that they were only "Fairly Satisfied" with the practice opening times. Nevertheless, because 44% were still requesting additional opening hours over the weekend, evenings and lunchtimes, all of which are provided by the Practice, it was agreed that not all patients seemed to be informed fully and that the current opening hours should be more clearly publicised. One PRG member also noted that they had found the call-back service to be effective, which meant an appointment to see a GP at the practice had not been required, saving time for both them and the practice (*see Improvement Areas 2-3.of the PRG Action Plan*)
- 7.8. It was acknowledged that further results concerning patient access were not as good and suggested that a lot of patients (32%) were unable to get an appointment to see a GP or practice nurse within 5 working days of their request and only 16% managed to get a same day appointment. 42% of respondents viewed this level of service as either "Fair", "Poor" or "Very Poor". 47% of patients indicated that they did not know whether they could or stated that they definitely could not get to see a GP urgently on the same day. This had been raised at the previous PRG meeting, "that receptionists should remind patients that urgent appointments are available should the need arise without encouraging non-urgent patients to take these slots" (*see Improvement Area 4.of the PRG Action Plan*)
- 7.9. Not all patients appear to be fully satisfied with the Practice waiting times to see a doctor or nurse. 19% rated this service as "Poor" or "Very Poor" with 12% of respondents stating that they had to wait over 30 minutes to be

seen. It was noted that these results were still better than last year. It was noted that Practice systems could be improved by implementing the actions 2 & 3 of the agreed action plan. The PRG also suggested that the Practice could make more use of technology to improve the patient's experience in this area, to implement a system that would ease the strain and alleviate the stress on patient's having to wait longer than expected to see a GP or nurse at their expected appointment time, for example the use of live 'sms' messages (see *Improvement Area 5.of the PRG Action Plan*)

- 7.10. It appears that telephone standards have improved. Of those surveyed only 8% rated the phone service as poor compared to 13% last year. The PRG believe that the patient experience of telephoning the surgery will improve even more by the implementation of new system that provides a local geographic number and informs patients where they are in the queuing system.
- 7.11. It was apparent from the survey results that the health care services provided by Chatfield Health Care are probably the main reason for patients recommending the Practice to others. The majority of patients completing the survey displayed their confidence in the doctors and nurses who treated them with between 88% - 94% satisfaction rates ("Excellent", "Very Good" or "Good") relating to the professional care and treatment they received, concerning their needs and welfare, involving them in decisions, and helping them to understand and cope with their conditions.
- 7.12. The PRG requested for the inclusion of a question in next year's annual survey that relates to clinical decisions and diagnosis rather than just gaining patients' emotional responses about their experience of the practice consultation (see *Improvement Area 6.of the PRG Action Plan*)
- 7.13. In relation to patients' experiences of local services it appeared that more people were accessing NHS 111. Compared to last year a further 2% (11%) rated the service as good but 64% still signalled that this question did not apply to them. External walk-in services received slightly better responses than last year and overall satisfaction of the local Emergency Care Centre/Services had improved but it was felt by the PRG that it would be useful to also understand patients' reasons for attending these services rather than seeing their own GP at the time. The patient experiences of A&E services at our 2 main local hospitals were consistent with last year's responses (see *Improvement Area 1.*)
- 7.14. The actual results of the annual patient survey (as presented to the PRG) can be found at Appendix 1 at the end of this report.



## 8. PRG Action Plan following Annual Patient Survey

8.1. The following actions were agreed by PRG members at the same meeting on 18<sup>th</sup> March.

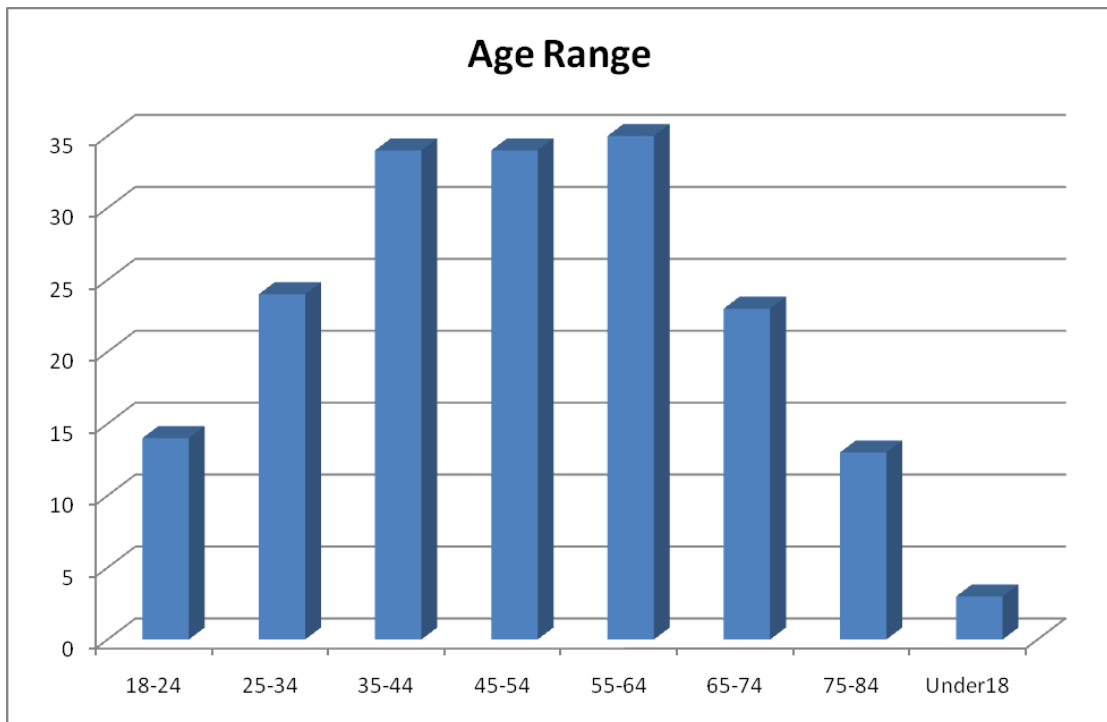
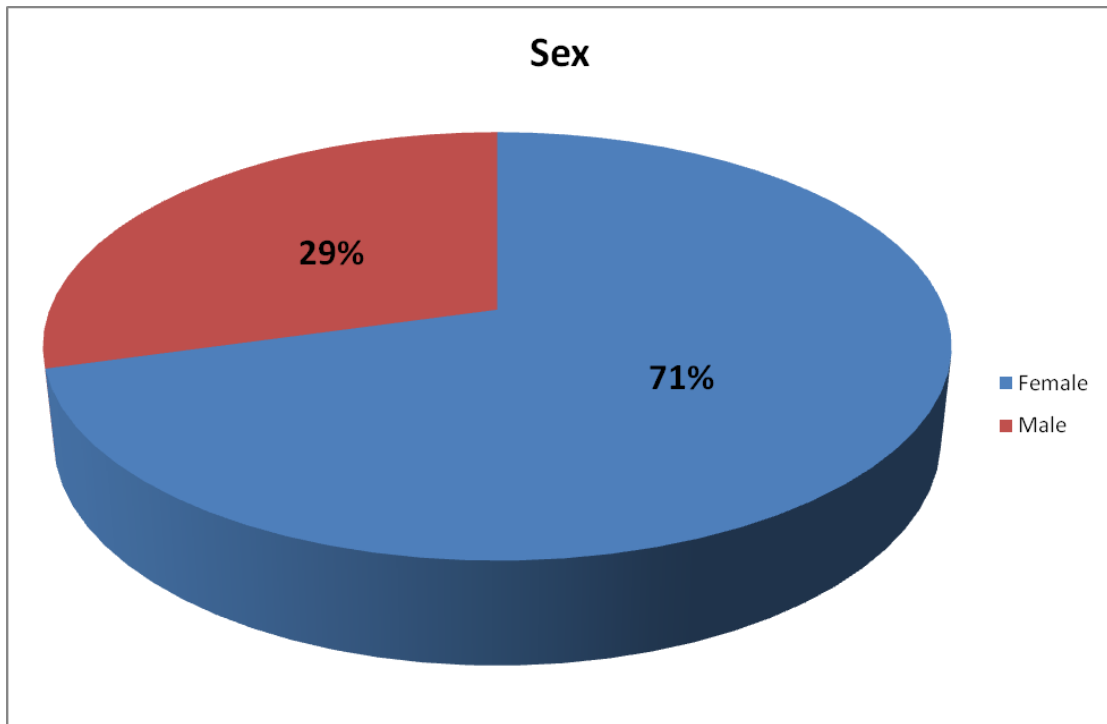
Improvement Area	Objective(s)	Tasks	Success Criteria	Time Frame	Resources
1. Annual Patient Survey	To vary the manner in which the practice distributes the annual patient survey in 2014/15 to include a combination of patients further representing the practice population	<ul style="list-style-type: none"> <li>i. Add survey (or link) to website</li> <li>ii. Consider using survey monkey</li> <li>iii. Ask clinicians to distribute at the end of appts / during baby clinics</li> <li>iv. Mailout to different groups (using random selection of pts) from computer searches</li> <li>v. Clearly advertise benefit to practice and pts of survey</li> <li>vi. Determine possibility of translating pt survey for minority groups</li> </ul>	Increased spread of responses from range of pts e.g. in terms of age, ethnicity, sex, employment status, suffering from hypertension, obesity, diabetes and/or asthma, users of NHS 111	Sept 2014 – Jan 2015	<p>Practice Manager / Clinical staff/ Receptionists / Admin</p> <p>Practice website / Survey Monkey (?)</p> <p>Email / Post / text</p> <p>In house notices / patient newsletter</p> <p>Translation &amp; Interpreting Service</p>
2. Opening Hours	To improve publicity to patients of the surgery's opening times, including the availability of early morning, evening and weekend appointments	<ul style="list-style-type: none"> <li>i. Create posters in larger font and place in strategic areas / communal areas</li> <li>ii. Review design / content of website</li> <li>iii. Ask receptionists and clinical staff to promote</li> <li>iv. Receptionists' training</li> </ul>	Less complaints & improved satisfaction responses in next year's annual survey	<p>April-May 2014</p> <p>Review Feb – Mar 2015</p>	<p>Practice Manager / Reception Manager/ Clinical staff/ Receptionists</p> <p>Practice website / leaflet / new telephone system</p> <p>In house notices / patient newsletter</p>
3. Call-back service / Telephone consultations	To improve publicity of patients' right to request a telephone consultation with a doctor or nurse	<ul style="list-style-type: none"> <li>i. Create posters in larger font and place in strategic areas / communal areas</li> </ul>	Feedback from GPs / improved availability of appts	April-July 2014	Reception Manager/ Receptionists/ GPs

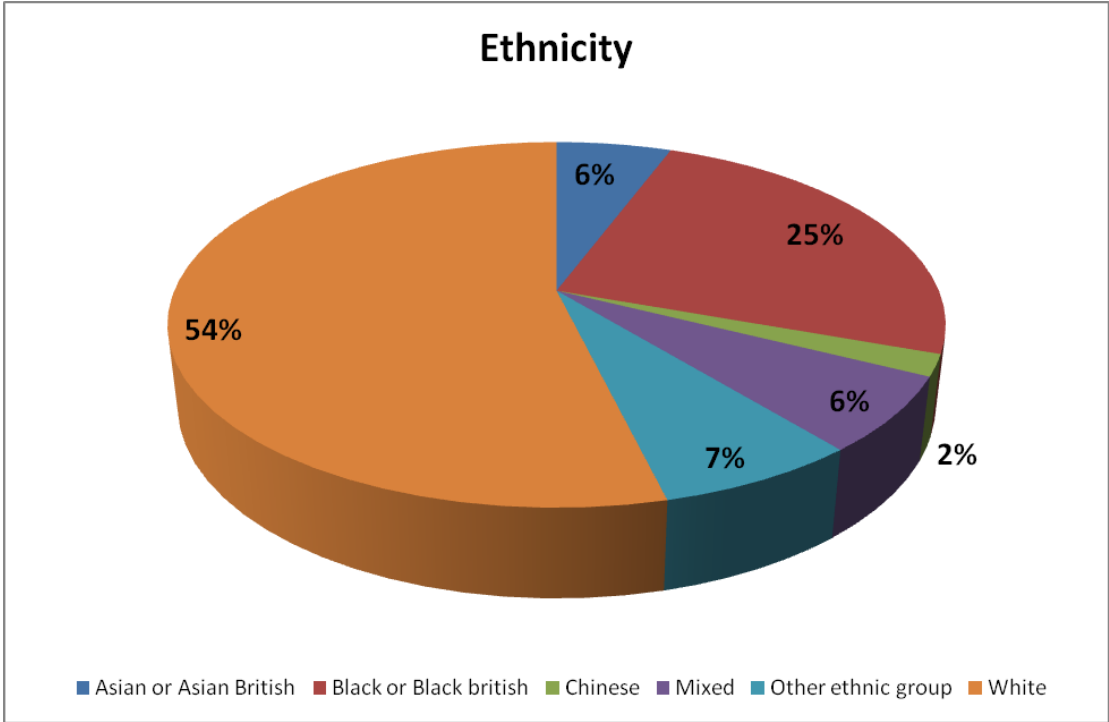
Improvement Area	Objective(s)	Tasks	Success Criteria	Time Frame	Resources
Continued.		<ul style="list-style-type: none"> <li>ii. Review design / content of website</li> <li>iii. Ask receptionists to promote</li> <li>iv. Receptionists' training to triage calls</li> </ul>	<p>Feedback from Reception re: demand</p> <p>Improved satisfaction responses in next year's annual survey</p>	Review Feb – Mar 2015	<p>Practice website / leaflet</p> <p>In house notices / patient newsletter / new telephone system</p> <p>Annual Patient Survey</p>
4. Patient Access	To confirm that urgent on the day appointments are available to those that really need them	<ul style="list-style-type: none"> <li>i. Receptionists' training</li> <li>ii. Audit number of patients requesting an urgent appointment who did not receive one</li> <li>iii. Include the following question in next year's survey "<i>If you did not get an urgent appointment within 48 hours, what did you do instead?</i>"</li> </ul>	<p>Feedback from Reception Manager / GPs – that reception staff can clearly identify patients who require urgent on the day appts</p> <p>Outcome of audit</p> <p>Improved satisfaction responses in next year's annual survey</p>	<p>April-July 2014</p> <p>Review Sept 2014 &amp; Feb – Mar 2015</p>	<p>Reception Manager/ Receptionists/ GPs</p> <p>Practice audit</p> <p>Annual Patient Survey</p> <p>In house notices / patient newsletter / new telephone system</p>
5. Waiting Times	To identify systems / new ways of working to improve patient waiting times and the overall patient experience when this is unavoidable	<ul style="list-style-type: none"> <li>i. Agree strategy in doctors' team meetings / management team meetings</li> <li>ii. Consider how the practice could use modern technology to assist</li> <li>iii. Audit waiting times</li> <li>iv. Receptionists' training</li> </ul>	<p>Feedback from staff / Patients</p> <p>Outcome of audit</p> <p>Less complaints &amp; improved satisfaction responses in next year's annual survey</p>	<p>May 2014 - June 2014</p> <p>Review Sept –Oct 2014 &amp; Feb – Mar 2015</p>	<p>Practice Manager / GP partners / Assistant GPs / Nurses / HCAs / Receptionists</p> <p>Text messages (sms)? / New pt calling screen?</p> <p>Appointments System</p>

Improvement Area	Objective(s)	Tasks	Success Criteria	Time Frame	Resources
6. Clinical Judgement	To determine success of clinical decisions and diagnosis by Chatfield GPs	i. Include the following question in next year's annual survey: <i>"After seeing the doctor how do you rate the accuracy of their diagnosis against the actual outcome of the results of your condition"</i>	High satisfaction responses in next year's annual survey	Sept 2014  Review Feb – Mar 2015	Reception Manager/GPs  GP mentoring system / CPD and shared learning  Annual Patient Survey
7. PRG membership	To improve publicity of the PRG	i. Improve info on website / in communal areas advertising benefit to practice and pts of PRG group ii. Ask clinicians / health visitors distribute during consultations & baby clinics iii. Mailout / NHS email to different groups (using random selection of pts) from computer searches, incl housing in new developments on the river & estate on south side of York Road iv. Arrange some PRG meetings to be held in the evenings v. Receptionists' training vi. Determine possibility of translating posters for minority groups	Increase in PRG membership numbers  New PRG members become further representative of the practice's diverse population  Virtual PRG group	June - Dec 2014  Review Feb – Mar 2015	Practice Manager / Lead GP partner / clinical staff/ Receptionists / Admin / Health Visitors  Email / Post / text  Practice website / leaflet / new telephone system  Amended Registration forms  Comments / Suggestions Box  Translation & Interpreting Service  <i>Facebook Page?</i> <i>Streetlife Forum?</i>

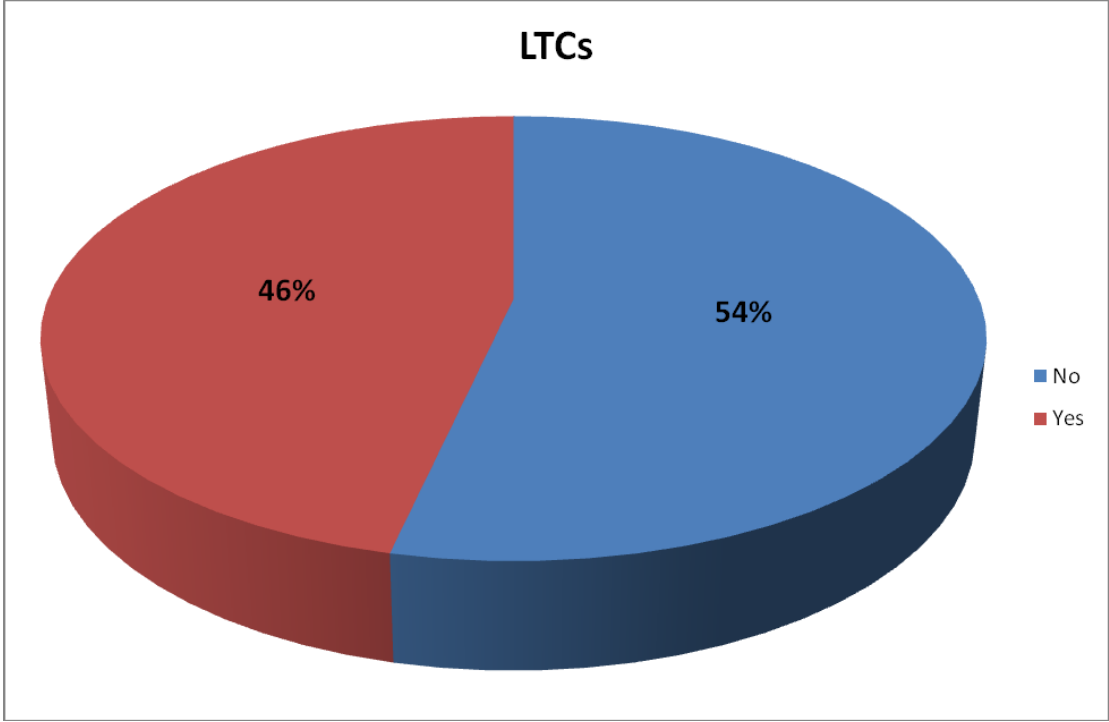
# APPENDIX 1.

*Results of the annual patient survey (as presented to the PRG)*

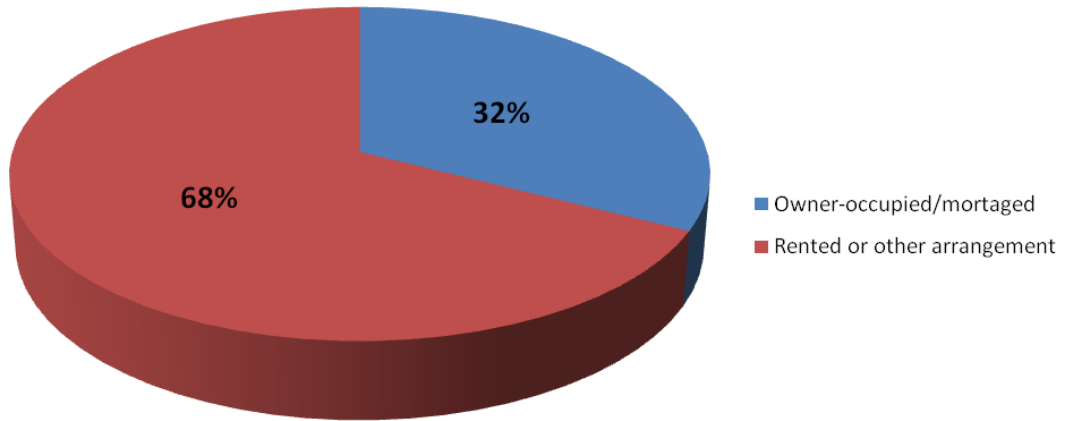




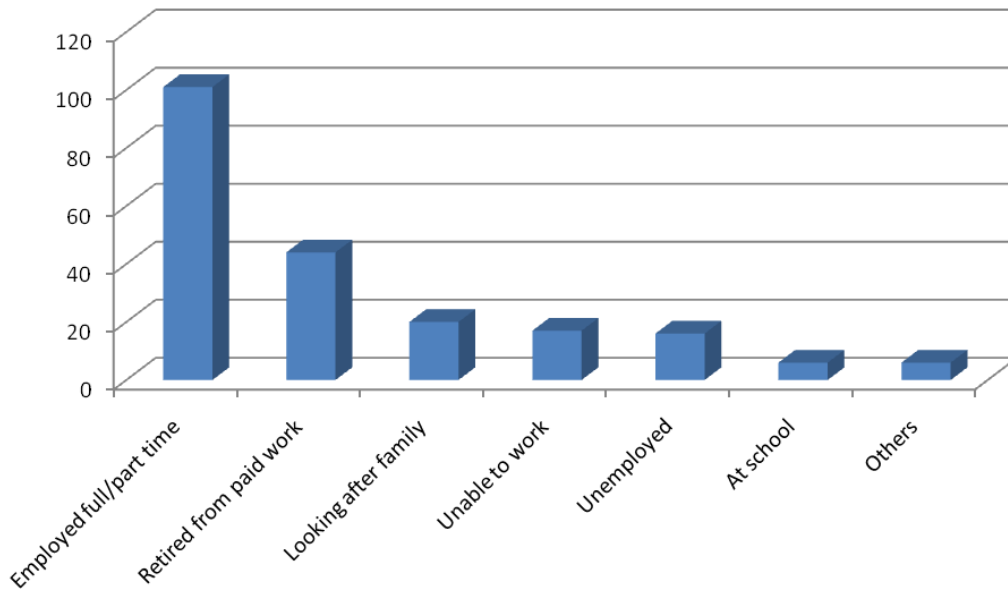
**Question: Do you have long-standing illness, disability or infirmity?**



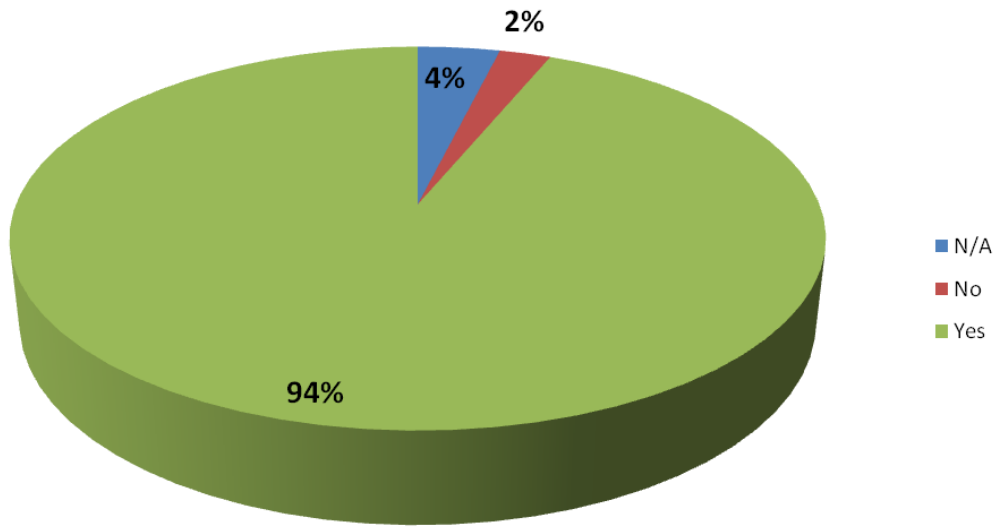
### Accommodation



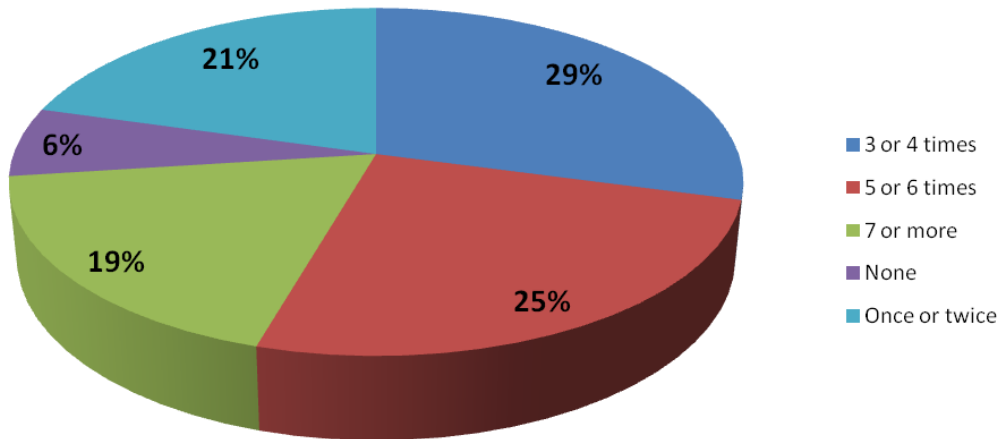
### Employment

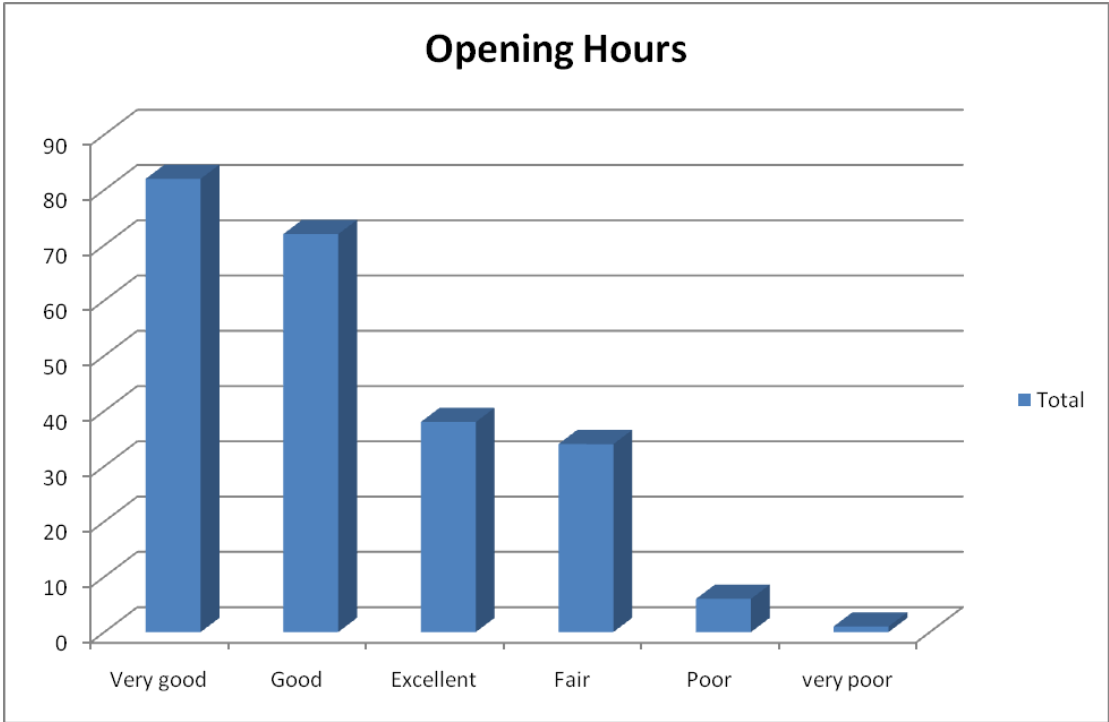
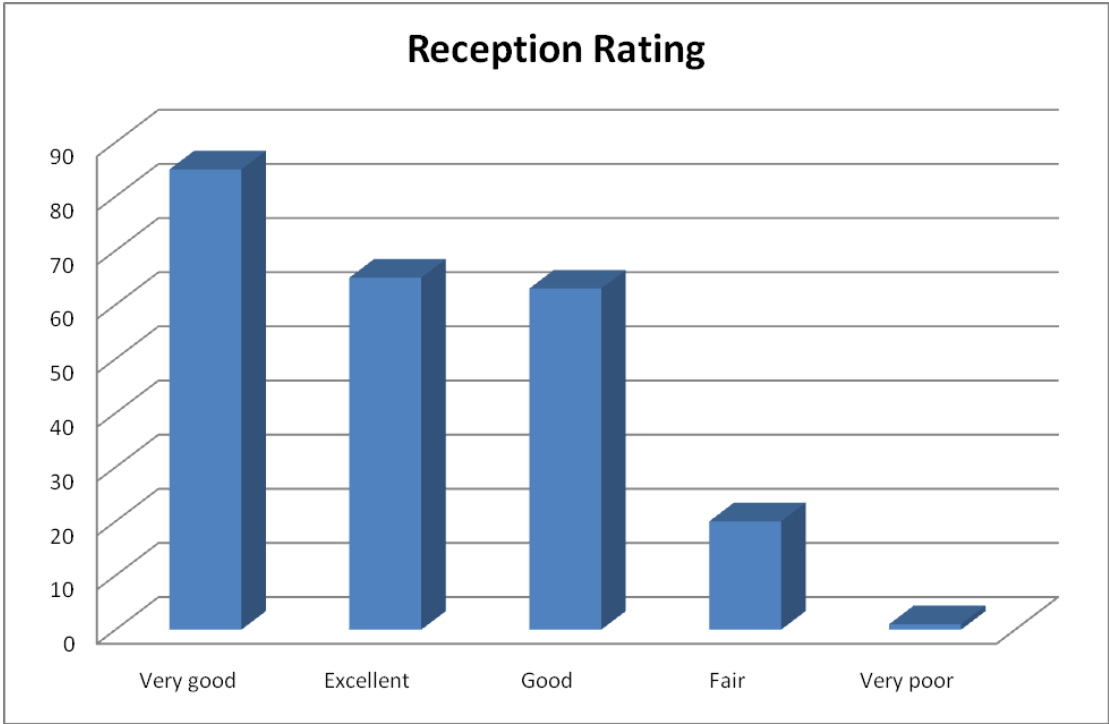


### Recommend Chatfield?

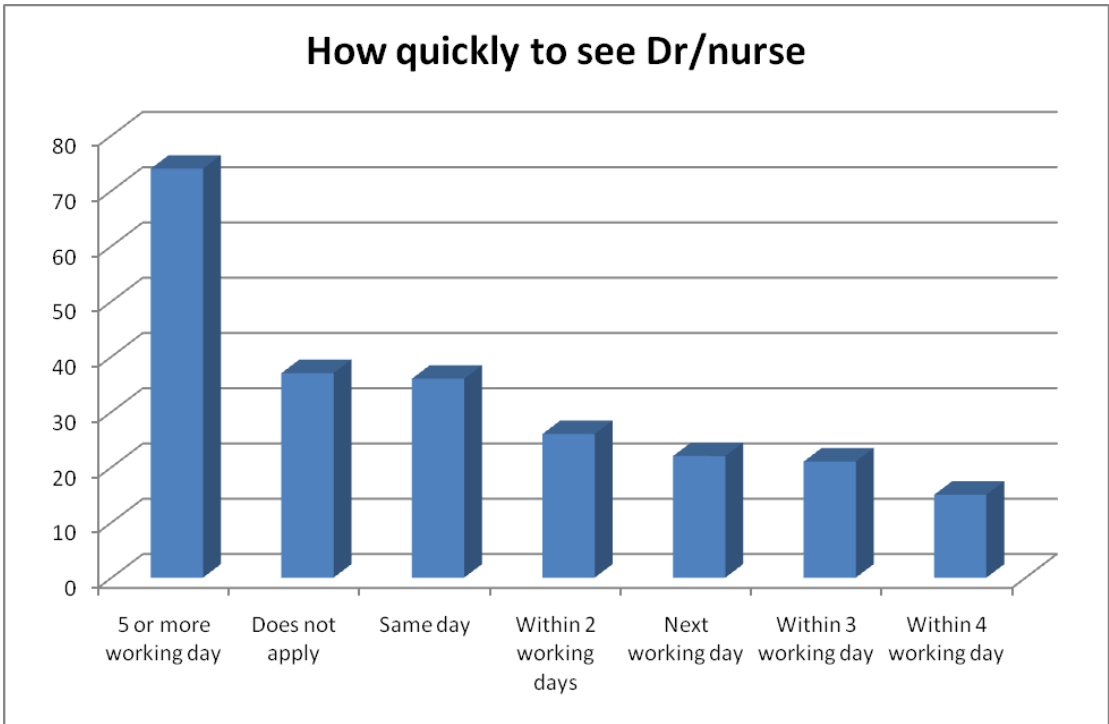
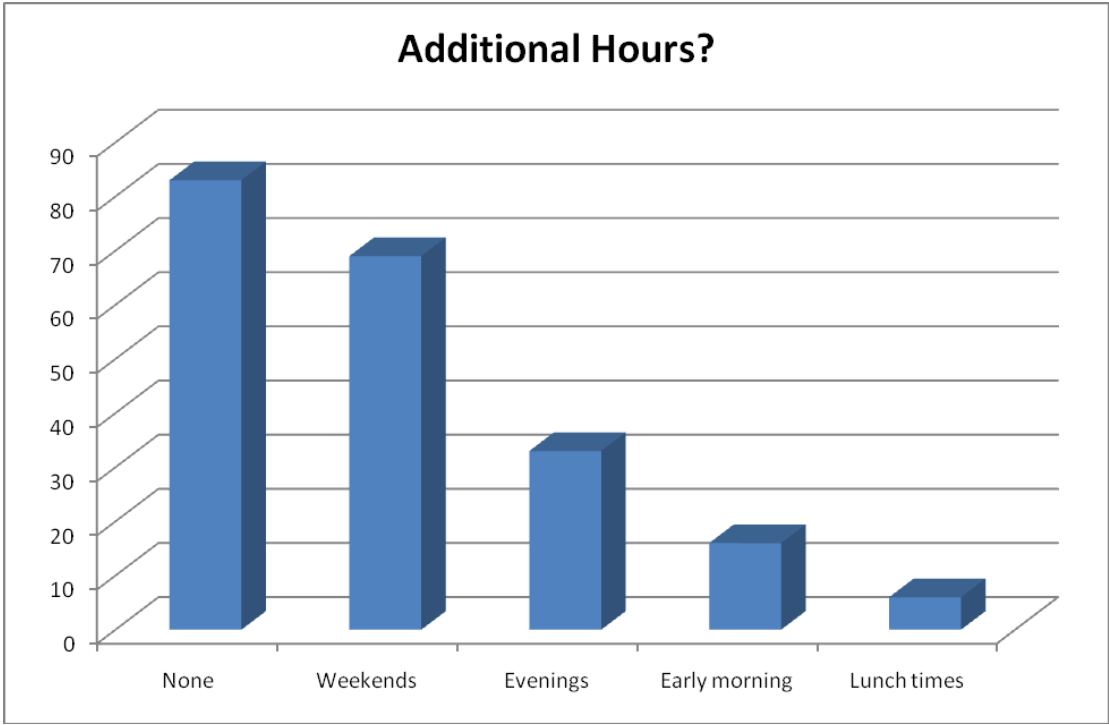


### Attendance in last year

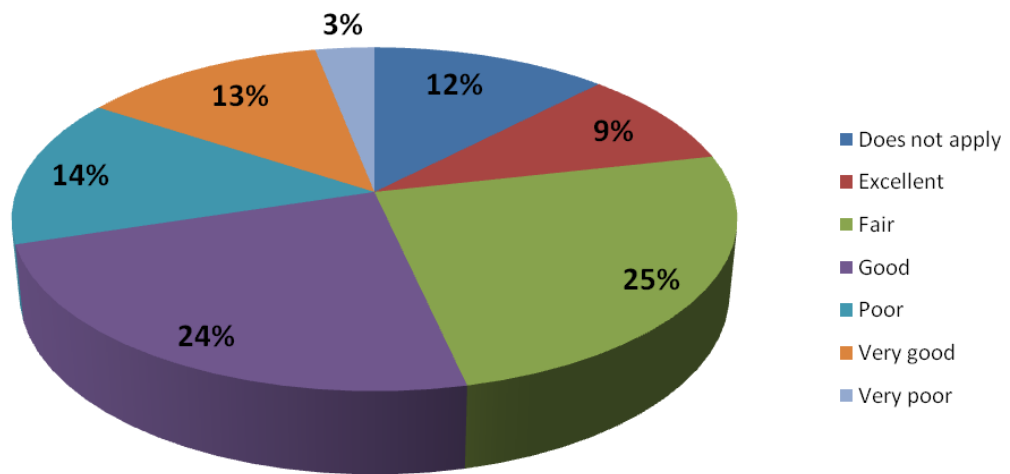




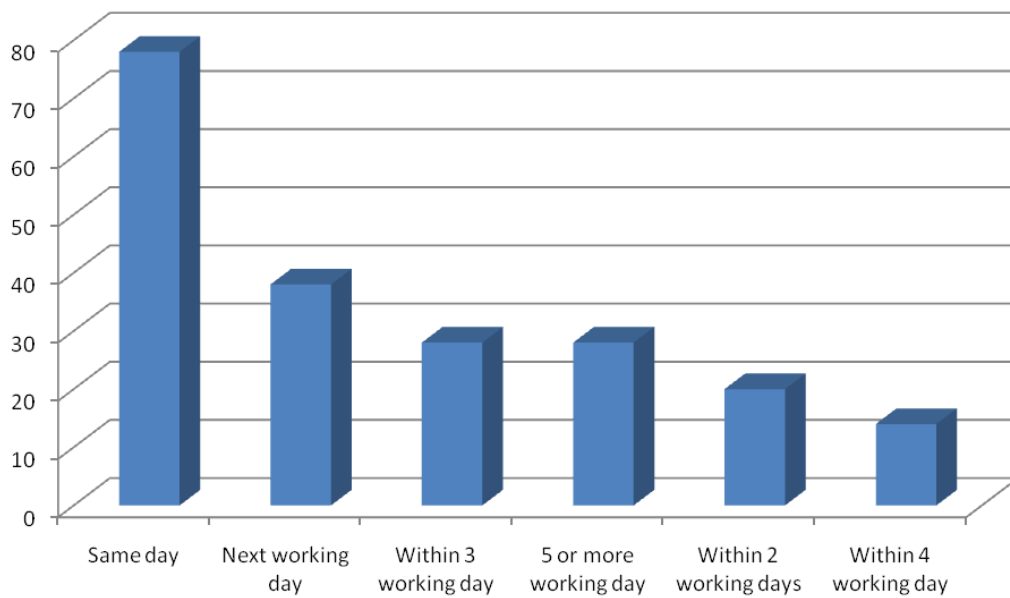




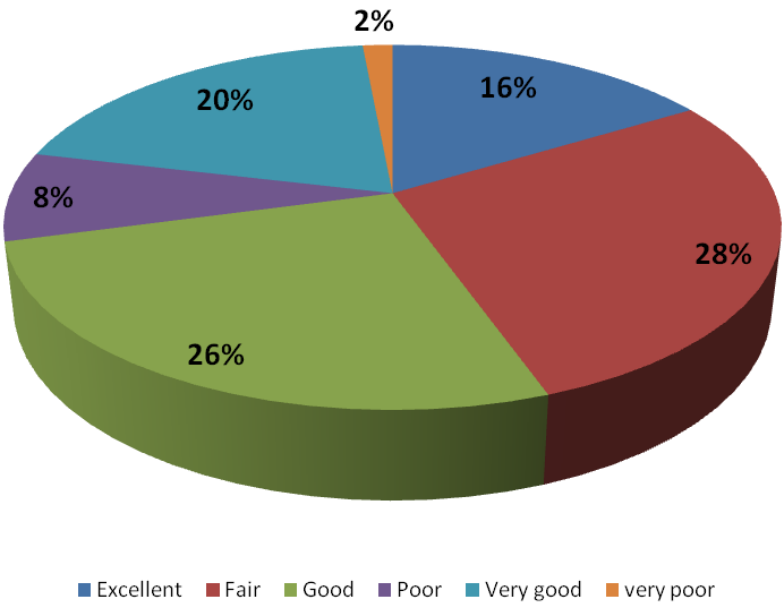
### How quickly to see Dr/nurse



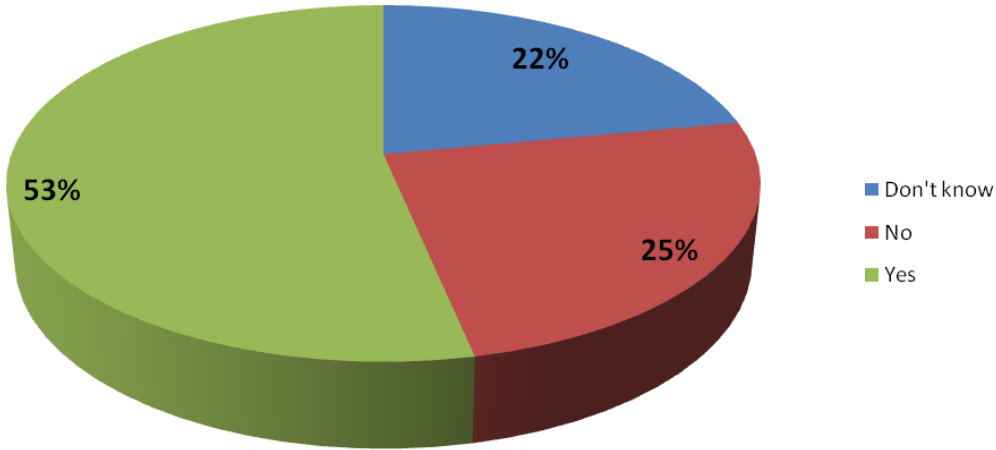
### Ideal access to see Dr/nurse



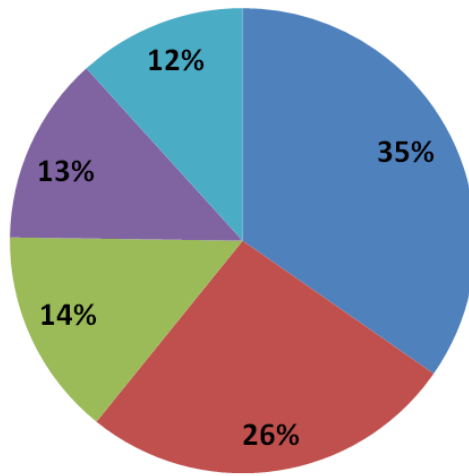
### Rate Availability of Dr/Nurses



### Same day urgent appointments

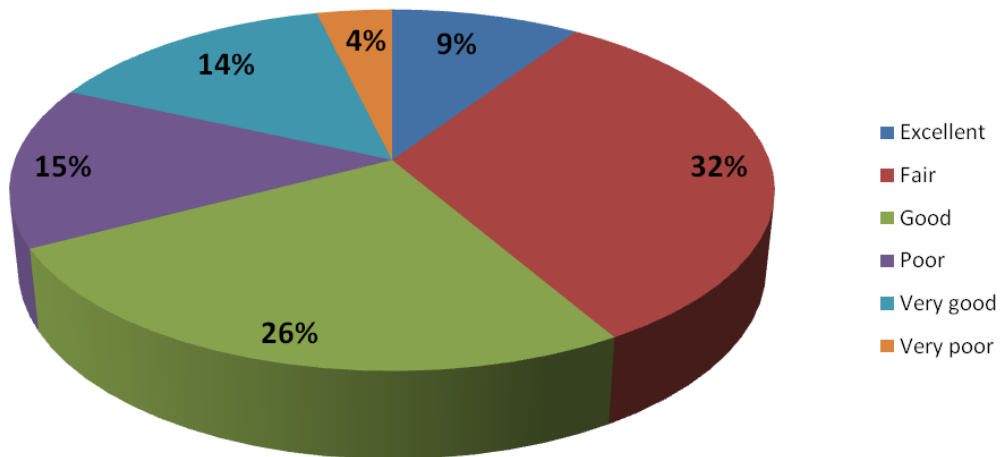


### Waiting Times

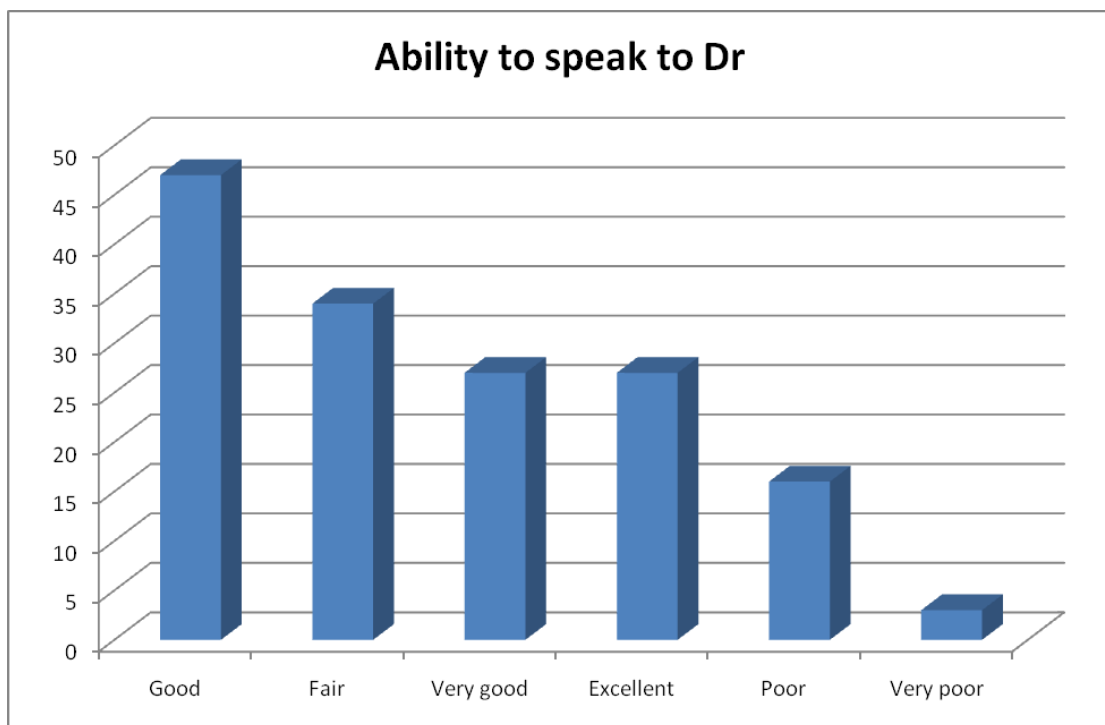
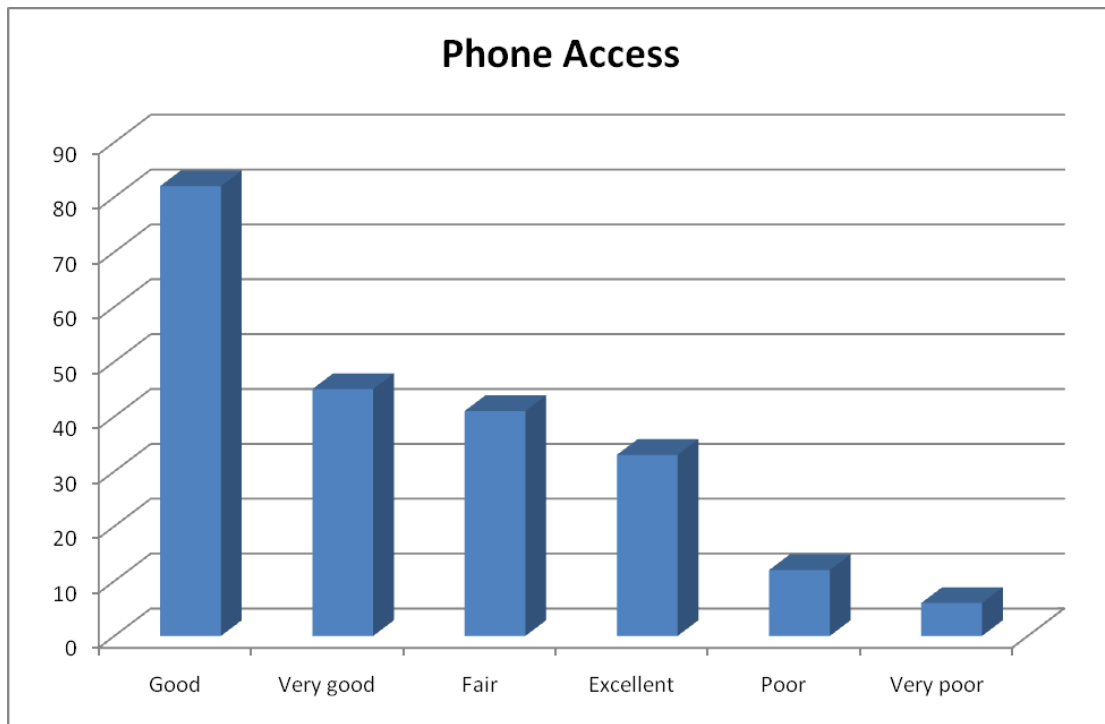


■ 11-20 min ■ 6-10 min ■ 21-30 min ■ 5 min or less ■ More than 30 min

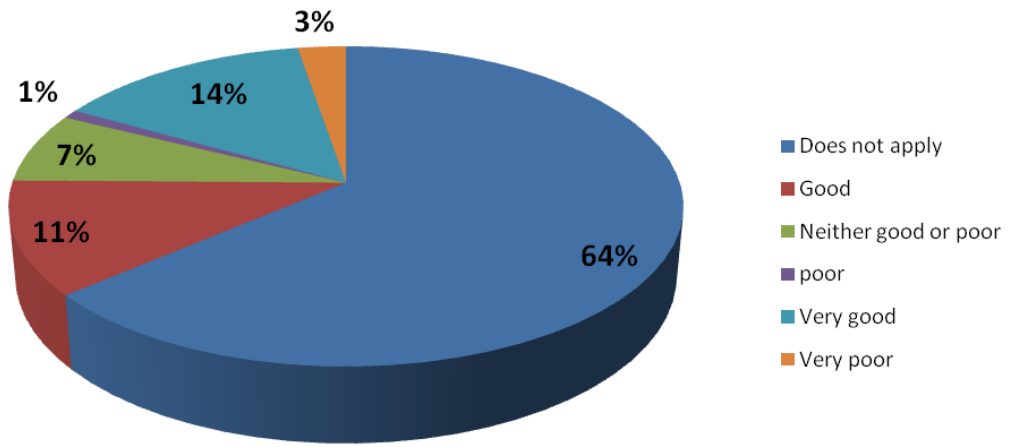
### Rate Waiting Times



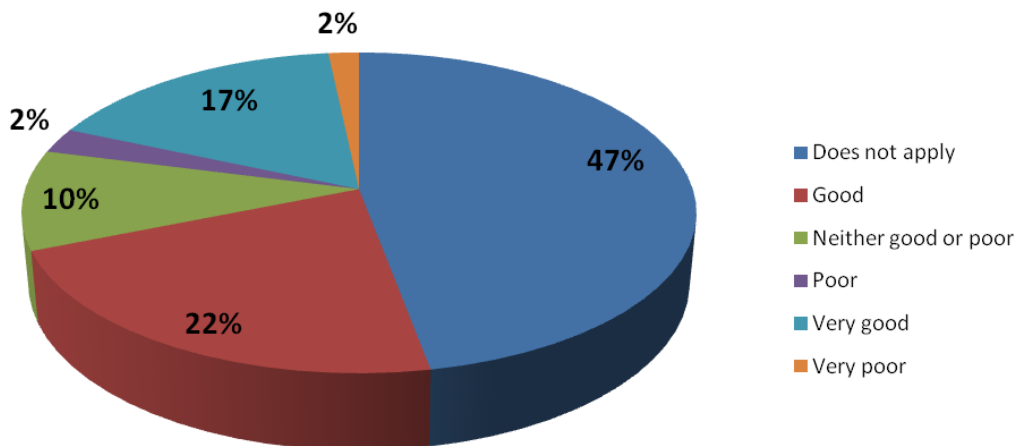
■ Excellent  
■ Fair  
■ Good  
■ Poor  
■ Very good  
■ Very poor



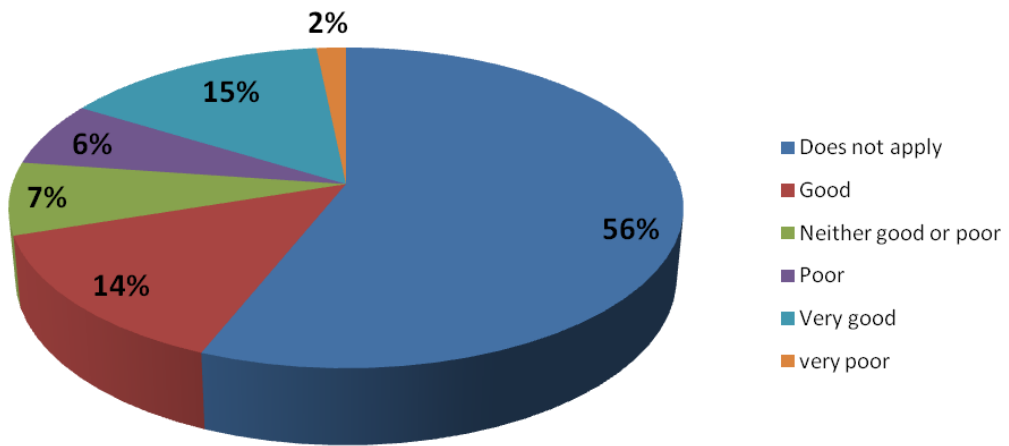
### Rate OOH - NHS111



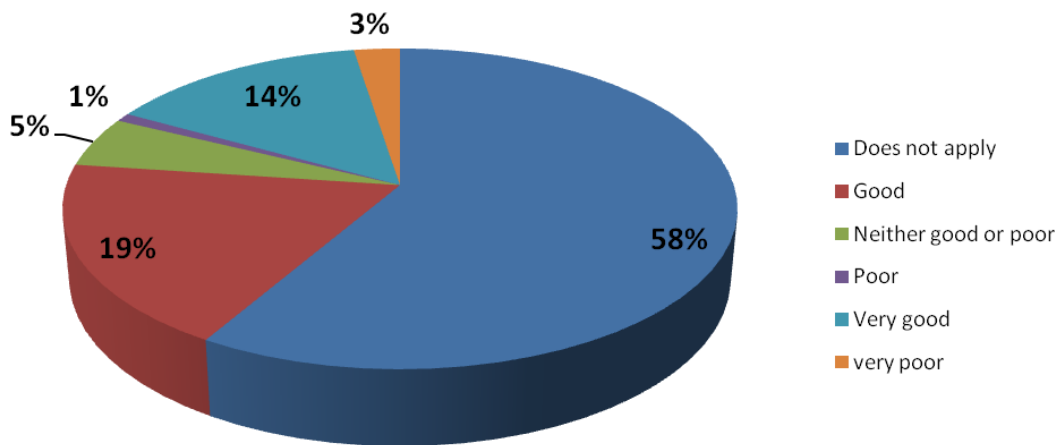
### Walk-In Service



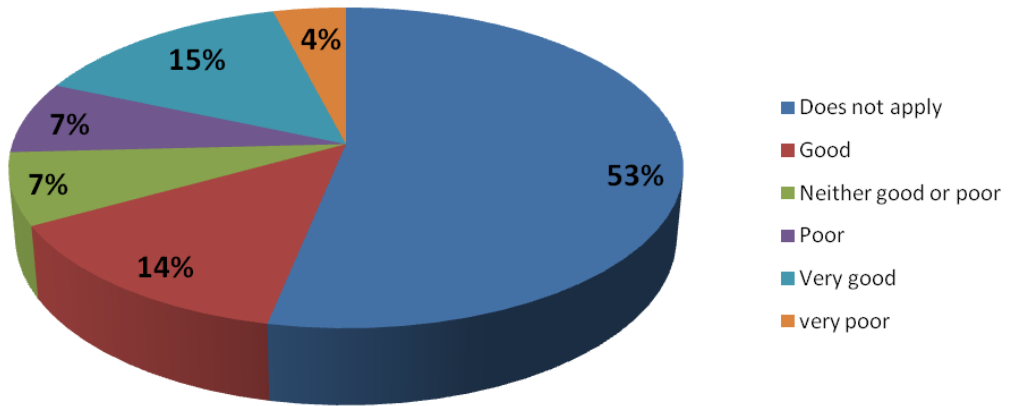
### Emergency Care Centre & SGH



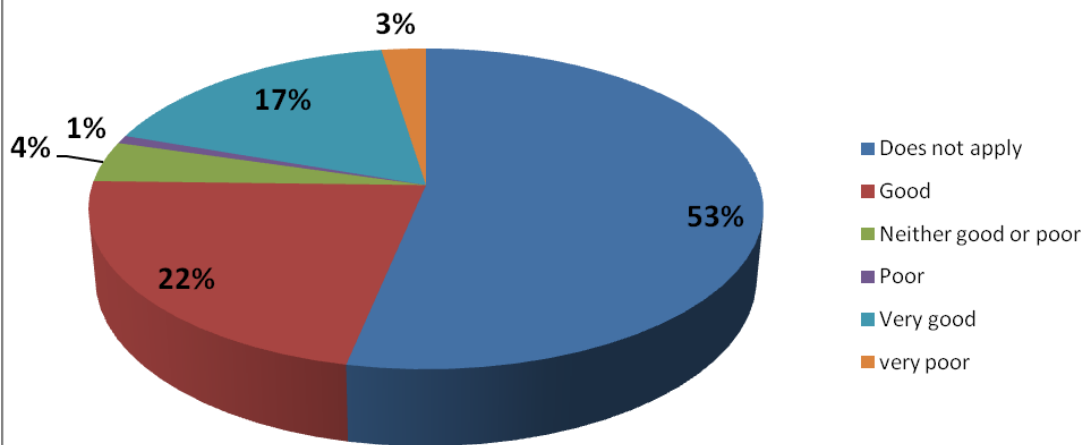
### Emergency Care Service & C+W



### SGH A&E



### C&W A+E





## APPENDIX 2.

### *Chatfield Health Care's Opening Hours and Access to Services*

Day	Core Hours	Extended Hours Clinics (by appointment only)
Monday	8am – 6:30pm	6:30pm – 8pm
Tuesday	8am – 6:30pm	6:30pm – 8pm
Wednesday	8am – 6:30pm	
Thursday	8am – 6:30pm	6:30pm – 8pm
Friday	8am – 6:30pm	
Saturday		9am – 12pm

New and registered patients can access Chatfield Health Care throughout core hours via the main reception desk on the 1<sup>st</sup> Floor of the practice premises or via telephone. Access to our clinics are generally by appointment only. Clinical appointments can be booked on the day or up to six weeks in advance by calling the surgery at any time during core hours, which will be answered by a member of the reception team. Urgent on the day appointments are available.

There is a doctor on call Monday to Friday during core hours, for triaging and to give telephone advice. If the doctor on call is not immediately available, a receptionist will take the patient's details and ask the doctor to call back.

Only advance appointments (up to six weeks) are available to book online using *Patient Access*. Repeat prescriptions can also be requested via this service but on the day and nurse appointments are not available. Patients must be registered with the surgery in order to use this service and can do so via reception.

Patients can access a doctor via our extended hour's clinics on Monday, Tuesday and Thursday evenings and Saturday mornings. Practice nurses are only available on Monday or Thursday evenings and Saturday mornings. Health care assistants are also available on Monday, Tuesday and Thursday evenings and alternate Saturday mornings.