

King Edward Street Patient Participation Group Annual Report 2012/2013

Introduction

This report summarises the continued development of Dr Gancz (King Edward Street) Practice's Patient Participation Group (PPG), now in its second year of existence having been formed in 2011/12. The report considers the:

- nature of the group's membership and its activities over this second year of its existence;
- the group's priorities for the patient survey and how they were agreed;
- method and results of the patient survey;
- the implementation of last year's action plan and the development of future actions;

The Practice has established such a group, in line with national guidance, to give patients a voice in the organisation of their care. In so doing the Practice has sought to formalise what it already tries to do – i.e. listen to patients as they come in and out, and to alter things where possible based on that feedback. The purpose of the Patient Participation Group remains to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned by their practice.

The Practice profile and population remains unchanged from last year, in that it is a city-centre practice that works closely with the University. It continues to have a list size of approximately 3,900 patients and experiences a large degree of patient 'churn' as students come and go. The practice has a number of older patients, several of whom have a range of serious health conditions, especially those frequently associated with older age, although in general the population is skewed towards the young adult age group.

The population is more deprived than the PCT average, ranked 16 within the Oxfordshire PCT, but still less deprived than the UK average, (according to IMD 2007 data 42.5% of English practice populations are more deprived). However, Dr Gancz suspects the deprivation data is skewed by undergraduates' addresses in Cowley. He does not have the impression that his list is more deprived than the average in the PCT, and the practice no longer cares for homeless patients and those with substance misuse problems (as there is now better provision at the Luther Street practice). This view is supported by the relatively low prevalence rates for all chronic diseases when compared with the PCT, SHA and England. Prevalence of asthma, cancer and smoking are slightly higher relative to PCT prevalence, which is perhaps in keeping with their practice population profile, but still below the PCT average.

Summary of the Group's membership and activities

The original members of the group were *invited* to join, as experience from elsewhere both locally and nationally suggested this was likely to be far more successful than relying on a general appeal for patients to join.¹ Members were carefully chosen to ensure a representative group covering as many of the different constituencies as possible. The age, sex, ethnicity, etc. was considered along with a host of other factors such as employment status, connection to the university (or absence thereof), medical history, and the social roles people play (such as parent or carer). The group remains broadly as it was originally constituted, although one of the original university Junior Common Room and one of the Middle Common Room members have moved on and been replaced by new members.

The group continues to offer a good mix in terms of age, gender and ethnicity. There are four women and three men on the group. Ages range from between 20 to 66 years. There are two student representatives, and four members aged under 45 years. It offers a good balance of people (four out of seven) from within the university (undergraduates, graduates and academics) and those without. Membership also comprises a good mix of people from outside the UK or whose first language is not English. We have a parent of a young child, someone with experience as a carer, students, an academic, a patient who is self-employed, a patient who is employed, and a patient retired/ not currently in paid work.

The group continues to look for new members, and is mindful that those from the oldest end of the age spectrum (an 80 year old patient was one of the initial invitees who declined to get involved) and those with a physical disability are amongst those not yet specifically represented. Recruitment information is displayed within the practice on notice board in both the upstairs and downstairs waiting rooms, and on the practice's website.

The Group has met regularly over the past two years – averaging three times per year to coincide with the university's three-term academic year (although one or two meetings have had to be postponed because of difficulties finding a suitable date that sufficient members could make). Terms of Reference were proposed and agreed at the first couple of meetings and since then a pattern has begun to emerge to the agendas of subsequent meetings. Matters arising from the previous meeting are addressed, any announcements from the practice are discussed, items such as the Patient Survey are debated along with any other areas of work that the group may like to get involved in, and the practice's Suggestion Boxes are opened and their contents considered. Meetings are chaired by the group's (s)elected Chair and secretarial support is provided by the Practice Manager. The senior GP partner of the Practice attends by invitation of the group only.

At its March meeting the Group agreed to initiate its own research project, to look into the reasons behind the Practice's low (and falling) take up rate for the National Bowel Cancer Screening programme, in the hope of increasing take up in future. In terms of Bruce Tuckman's "Forming – Storming – Norming – Performing" model of group development, the group could be characterised as emerging from the 'storming' phase and entering the 'norming' one.

¹ From: The National Association for Patient Participation (NAPP) – see www.napp.org.uk

Priorities for the survey

The group agreed that the survey worked well in the previous year and that its largely closed question format, using the recommended 5 point rating scale, ensured the survey was quick to complete and easy to analyse.² The survey was laid out in such a way as to fit onto two sides of A4, to ensure its length was not off-putting, and it was agreed that this should be retained. The group agreed that making the final question open for comment was an effective way to obtain constructive feedback to drive future surveys and to establish patients' needs and wishes.

The PPG wished to retain the survey's focus on its established priorities, which remain the same as in the previous year – flexible access, polite and friendly treatment, and excellent levels of care. It was felt that there were no issues that emerged from the previous survey that were not already addressed by the existing questions. For example, the main issues of concern from last year were around opening hours and the length of time waiting sometimes for one's consultation to begin, both of which featured in the survey design.

It was noted that a small minority of respondents failed to answer many of the questions relating to that day's consultation with the GP, and the reasons for this were discussed. It was felt that most patients start to complete the survey whilst waiting for their appointment and that some then fail to answer the remaining questions once they have finished their consultation. A number of ideas were put forward for how best to deal with this (such as changing the order or the wording of the questions), but rather than change the survey it was agreed that receptionists would be asked to make clear to patients when giving out the survey that the final three questions should be completed *after* their consultation.

Method of the patient survey

The survey was carried out in paper form over a two week period at the beginning of February. This meant it was done over the same time frame as in the previous year. All patients visiting the practice during these two weeks were invited by the receptionists to complete a survey. All surveys were anonymous to encourage more honest outcomes. The completed sheets were posted into one of two sealed post boxes (one in each waiting room) to ensure confidentiality and anonymity.

After the two weeks were up 100 surveys had been completed, representing some 2.7% of the entire practice population. This was agreed as being a sufficiently large enough number of responses to be considered representative. Answers were coded onto an Excel spreadsheet by the Practice manager for sharing with the Patient Participation Group.

² 1 = terrible
2 = poor
3 = fair
4 = good
5 = excellent

Key findings

In considering the survey results, the general assessment was that overall the Practice is performing very well, with the majority of patients very satisfied in all areas. It was noted that it is quite striking that overall people are highly satisfied. There was considerably consistency between the results of each year's survey, with the direction of travel showing a small but clear improvement from last year.

For almost all of the questions where a rating scale was used, the highest available rating was the modal (most common) answer. The only exception was the question about length of waiting time for the consultation to begin, where the *fair* rating was the most common answer. The full results are given in Annex 1 and summarised below. The results from the previous survey are provided on the left and this year's results on the right, which demonstrates the upward trend in satisfaction levels.

Q1: How do you rate the way you are treated by receptionists at your practice?

2011-12		2012-13	
Terrible or poor	0%	Terrible or poor	0%
Good or excellent	95%	Good or excellent	99%

Q2: How do you rate the hours that your practice is open for appointments?

2011-12		2012-13	
Terrible or poor	2%	Terrible or poor	1%
Good or excellent	76%	Good or excellent	82%

Q3: Thinking of times when you want to see a particular doctor, how quickly do you usually get to see this doctor?

2011-12		2012-13	
Terrible or poor	5%	Terrible or poor	3%
Good or excellent	75%	Good or excellent	69%

Q4: If you need to see a GP urgently, can you normally get seen on the same day?

2011-12		2012-13	
No	16%	No	13%
Yes	84%	Yes	87%

Q5: How would you rate the length of time you usually wait at the practice for your consultations to begin?

2011-12		2012-13	
Terrible or poor	19%	Terrible or poor	8%
Good or excellent	51%	Good or excellent	50%

Q6: Thinking of times you have phoned the practice, how do you rate the following:

a) ability to get through to the practice on the phone?

2011-12		2012-13	
Terrible or poor	0%	Terrible or poor	3%
Good or excellent	80%	Good or excellent	86%

b) ability to speak to a doctor when you have a question or need medical advice?

2011-12		2012-13	
Terrible or poor	6%	Terrible or poor	3%
Good or excellent	69%	Good or excellent	70%

Q7: Thinking about today's consultation with the doctor, how do you rate the following:

a) How well the doctor listened to what you had to say?

2011-12		2012-13	
Terrible or poor	2%	Terrible or poor	1%
Good or excellent	91%	Good or excellent	88%

b) How much the doctor involved you in decisions about your care?

2011-12		2012-13	
Terrible or poor	2%	Terrible or poor	1%
Good or excellent	87%	Good or excellent	87%

c) How well the doctor explained your problems or any treatment that you need?

2011-12		2012-13	
Terrible or poor	3%	Terrible or poor	1%
Good or excellent	86%	Good or excellent	87%

Q8: After seeing the doctor today do you feel able to understand your problem(s) or illness?

2011-12		2012-13	
Terrible or poor	2%	Terrible or poor	2%
Good or excellent	83%	Good or excellent	88%

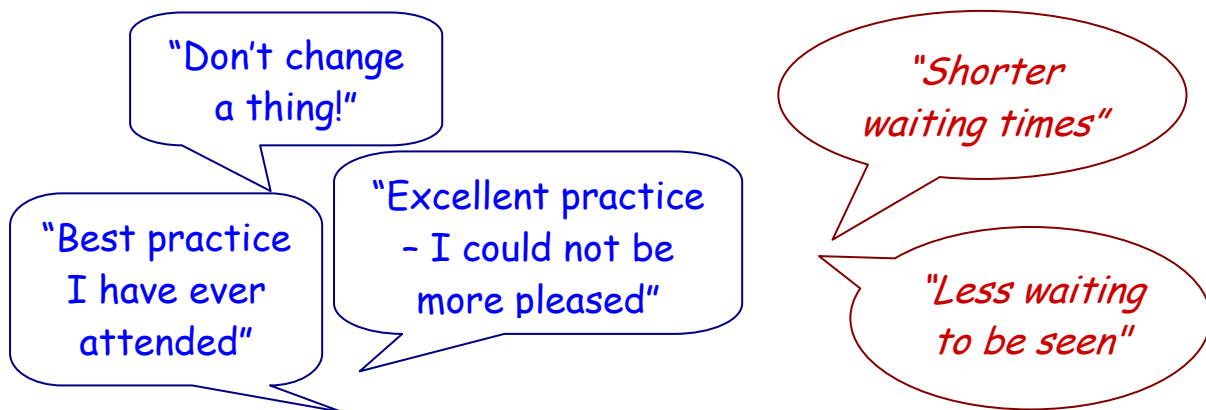
Q9: All things considered how satisfied are you with your practice – on a scale from 1 to 10

2011-12		2012-13	
Score of 1, ,2 or 3:	1%	Score of 1, ,2 or 3:	0%
Score of 8, 9 or 10:	78%	Score of 8, 9 or 10 :	91%

In short, patients rated the surgery very highly and indicated that they:

- found reception staff friendly and approachable
- were in the main seen either on time or within a reasonable time of their appointment slot (though this could be improved)
- found it easy to obtain test results over the phone
- found it easy to be seen on the same day when necessary
- were happy with their clinical consultations for all Doctors

The area in which satisfaction levels were at their lowest was that of long waiting times before being seen after arriving at the surgery. This was true of the previous year. During discussion by the group it was suggested that this, along with longer opening hours, would probably be identified as issues at most surgeries. Ideas to address this were put forward. The Practice Manager informed the group of attempts by one local surgery to resolve this problem by implementing a mandatory telephone triage system, in which patients cannot make an appointment to see a GP without first having a telephone conversation with them. Raising awareness of the ability for patients to discuss things with a GP over the phone was viewed by the group as a welcome option in addition to, but not instead of, the ability to have a face-to-face surgery consultation. It was felt that at times if patients knew they could speak to the doctor over the phone it could prevent the need for some appointments. However, the strong consensus was that this should not become 'a test to be seen'.



No new actions were identified as arising from the survey but the group requested that the lengthy waiting times experienced by some patients be discussed at the next Practice Meeting to see what response the GPs had. Any ideas for improvement would be brought back to the Patient Group.

In terms of the demographics of the survey respondents, these bore a strong correlation to the practice population as a whole. The majority of respondents were students (56%) and the majority of respondents reported their ethnicity as white (82%). There was quite an even spread amongst the other age brackets (save for children and teenagers), and of the non-white respondents 3% described themselves as black, 4% as Asian, 3% as Chinese and 3% as other.

Action plan and next steps

The results of the survey have been posted on the Practice website and are displayed on notice boards in the upstairs and downstairs waiting rooms. The PPG met on Wednesday 06 March in order to get comments from group members on the survey results and to discuss the next steps.

No clear changes emerged from the survey findings, which were overwhelmingly positive and suggest that patients are extremely satisfied with the way the Practice operates and the service they receive. The number marking the practice as 10 out of 10 increased from 38% last year to 46% this year (and the number rating as either an 8, 9 or 10 increased from 78% to 91%).

The only area of notable dissatisfaction is with regard to waiting times before a consultation begins. It is true that some patients often have to wait for their scheduled appointment because surgeries can run behind schedule, however most patients appreciate that this is because the doctors are spending sufficient time with their patients and that they benefit from this attitude when it is their turn to be seen. The patient group has not identified any solutions as yet for mitigating this problem but has asked that the matter be considered at the next Practice Meeting so that the clinical staff can seek to identify some changes that they might make to address this issue.

The Group were satisfied that all of its actions from last year had been effectively implemented; with the exception of the newsletter. The website has been given an overhaul and a new dedicated page created specifically for Patient Group news and information.

Action	By whom	Status
Produce a poster and leaflet including a pen-portrait of the current members of the PPG and explaining how people can contact the Chair or get involved	Practice Manager	complete
Send information about the PPG to each of the college nurses	Practice Manager	complete
Establish a suggestion box in both waiting rooms to collect ideas from all patients – not just those in the PPG	Practice Manager	complete
Create an on-line suggestions scheme using the Practice website	Practice Manager	complete
Consider at the next meeting how the Practice website could be improved, gather ideas from elsewhere and then implement them over the summer	PPG members and Practice Manager	complete
Ask Dr Gancz to introduce the student members of the group and to explain their role in the practice when giving the next Fresher's talk	Dr Gancz	ongoing
Produce an annual PPG newsletter in hard and soft copy	PPG Chair & Practice Manager	ongoing

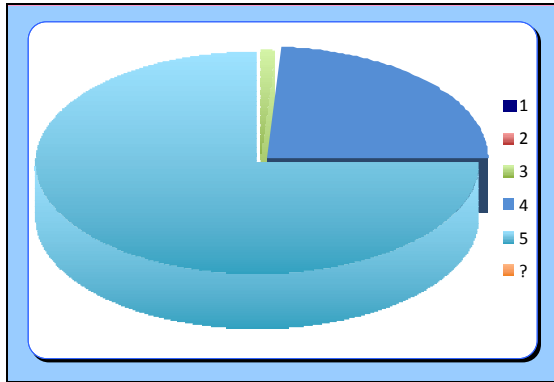
At this stage the Patient Participation Group wishes to take action on consolidating its own presence within the surgery and raising awareness of its activities amongst all patients. To help with this, Issue 1 of the newsletter is currently being finalised and will be available in the Practice and online very shortly.

Aside from the positive results of the recent surveys, which have not identified any major actions for the PPG to pursue, the group has decided that it would like to get its teeth into a real issue affecting the health and well-being of patients. With this in mind it is undertaking a research project into the low and falling take-up rates amongst King Edward Street patients in the National Bowel Cancer Screening Programme. This will involve writing to all patients who have failed to return their screening kit to establish their reasons for non-compliance. The results will be published in the Practice and online and it is hoped that in this way the Group will increase its visibility within the wider patient body.

King Edward St Patient Survey Results 2012-13

Number of Responses: **100**

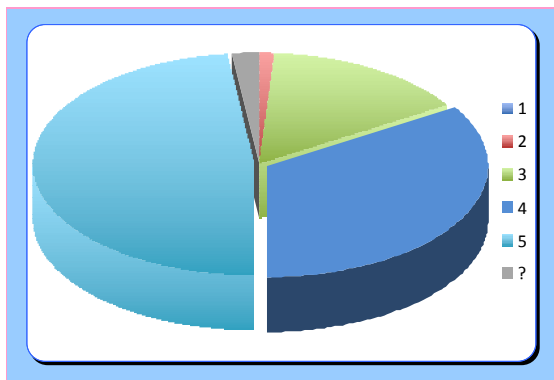
Q1. How do you rate the way you are treated by receptionists at your practice?



2012-13	
rating	%
1	0
2	0
3	1
4	24
5	75
?	0
n/a	0

2011-12	
rating	%
1	0
2	0
3	5
4	24
5	71
?	0
n/a	0

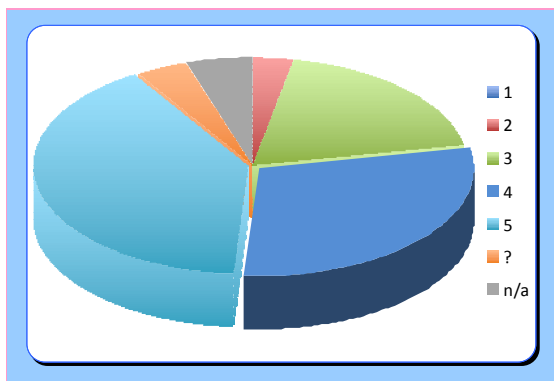
Q2. How do you rate the hours that your practice is open for appointments?



2012-13	
rating	%
1	0
2	1
3	15
4	34
5	48
?	2
n/a	0

2011-12	
rating	%
1	0
2	2
3	17
4	45
5	31
?	5
n/a	0

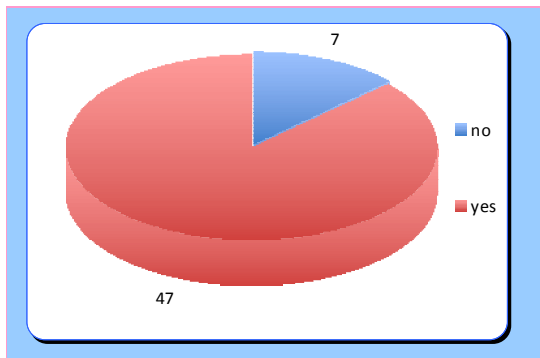
Q3. Thinking of times when you want to see a particular doctor, how quickly do you usually get to see this doctor?



2012-13	
rating	%
1	0
2	3
3	19
4	29
5	40
?	4
n/a	5

2011-12	
rating	%
1	1
2	4
3	13
4	36
5	39
?	4
n/a	3

Q4. If you need to see a GP urgently, can you normally get seen on the same day?



2012-13

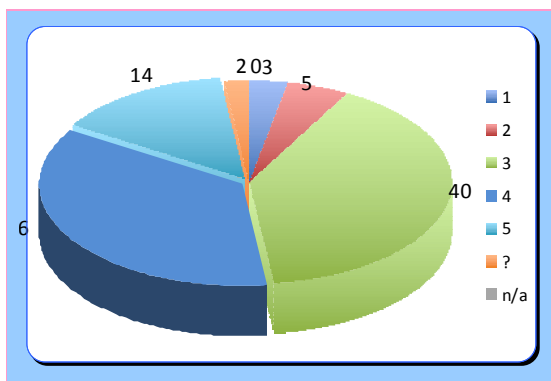
answer	%
no	7
yes	47
n/a*	46
don't know	0

2011-12

answer	%
no	9
yes	49
n/a*	42
don't know	0

*46 respondents hadn't needed to see a GP urgently (n/a) – they are excluded from this chart

Q5. How would you rate the length of time you usually wait at the practice for your consultations to begin?



2012-13

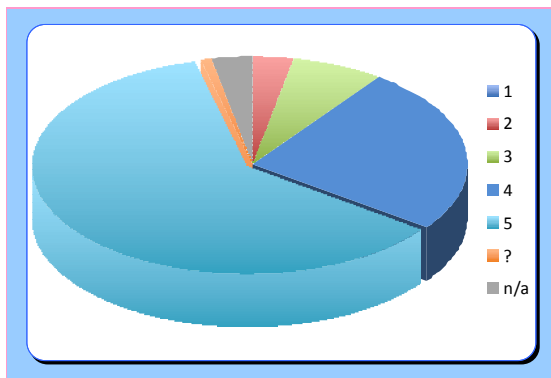
rating	%
1	3
2	5
3	40
4	36
5	14
?	2
n/a	0

2011-12

rating	%
1	3
2	16
3	26
4	34
5	17
?	2
n/a	2

Q6. Thinking of times you have phoned the practice, how do you rate the following:

a) ability to get through to the practice on the phone?



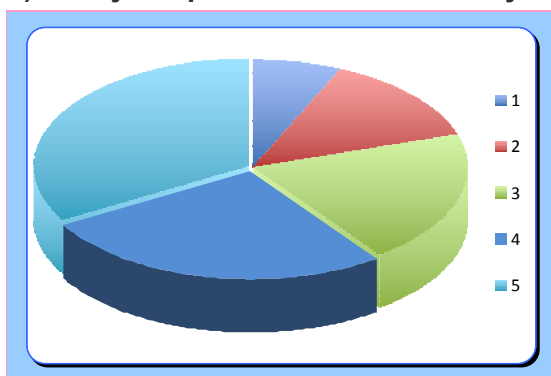
2012-13

rating	%
1	0
2	3
3	7
4	25
5	61
?	1
n/a	3

2011-12

rating	%
1	0
2	0
3	14
4	22
5	58
?	2
n/a	4

b) ability to speak to a doctor when you have a question or need medical advice?



2012-13

rating	%
1	1
2	1
3	7
4	15
5	31
?	11
n/a*	34

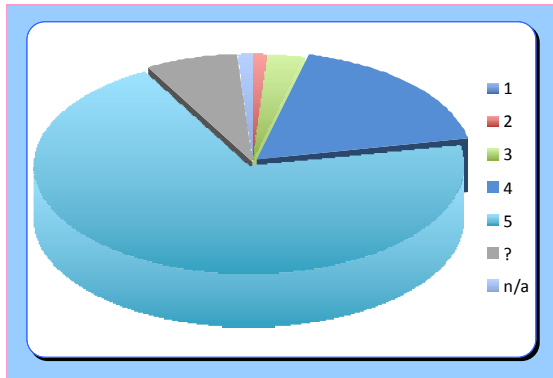
2011-12

rating	%
1	0
2	4
3	9
4	11
5	33
?	7
n/a*	36

*45 n/a respondents excluded from chart

Q7. Thinking about today's consultation with the doctor, how do you rate the following:

a) How well the doctor listened to what you had to say?



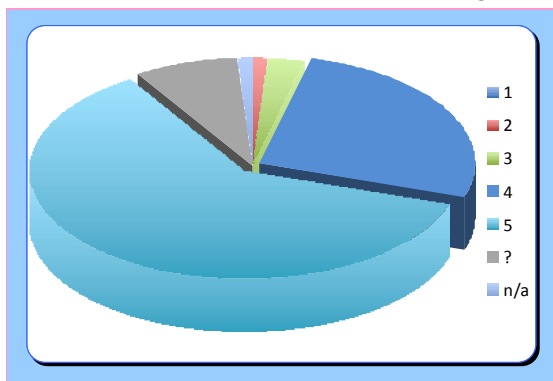
2012-13

rating	%
1	0
2	1
3	3
4	18
5	70
?	7
n/a	1

2011-12

rating	%
1	0
2	2
3	2
4	18
5	73
?	5
n/a	0

b) How much the doctor involved you in decisions about your care?



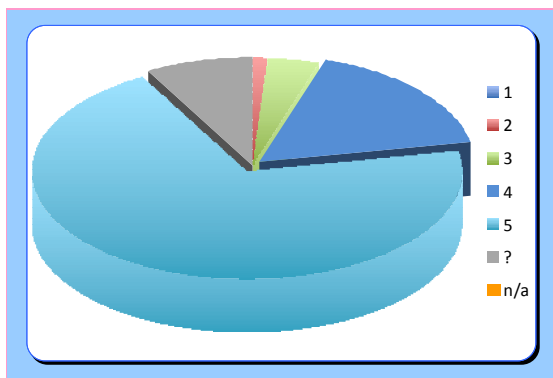
2012-13

rating	%
1	0
2	1
3	3
4	26
5	61
?	8
n/a	1

2011-12

rating	%
1	0
2	2
3	6
4	20
5	67
?	4
n/a	1

c) How well the doctor explained your problems or any treatment that you need?



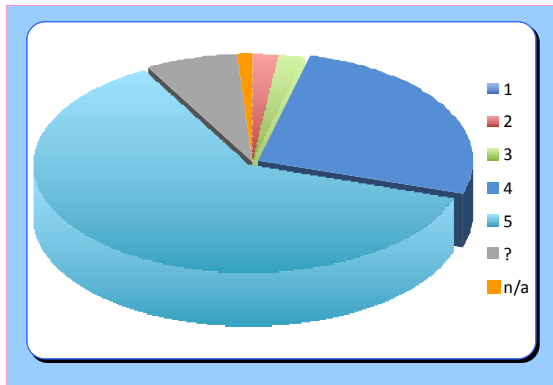
2012-13

rating	%
1	0
2	1
3	4
4	17
5	70
?	8
n/a	0

2011-12

rating	%
1	0
2	3
3	6
4	14
5	72
?	4
n/a	1

Q8. After seeing the doctor today do you feel able to understand your problem(s) or illness?



2012-13

rating	%
1	0
2	2
3	2
4	26
5	62
?	7
n/a	1

2011-12

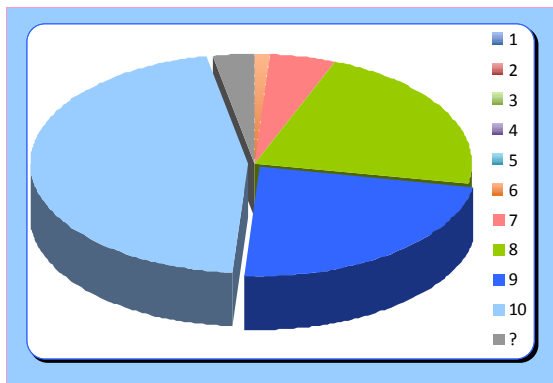
rating	%
1	0
2	2
3	5
4	26
5	57
?	9
n/a	1

Q9. All things considered:

a) How satisfied are you with your practice – on a scale from 1 to 10 (where 1 is the least satisfied and 10 is the most satisfied)?

2012-13

2011-12



rating	%
1	0
2	0
3	0
4	0
5	0
6	1
7	5
8	22
9	23
10	46
?	3

rating	%
1	0
2	0
3	1
4	1
5	1
6	5
7	11
8	17
9	23
10	38
?	3

b) What would make it a 10?

Patients were asked this open question and encouraged to free text whatever they wished to express to make the practice better suit their needs. A total of 50 comments were made by 41 patients. The space was left blank by 59 patients.

The most common critical answers were requests for shorter waiting times (20%) or quicker access to appointments/ more same day appointments (12%). Interestingly, although the question was intended only to solicit critical responses from people who felt the practice needed to improve, 24% of the answers to this question offered highly praising comments, along the lines of wonderful, exceptional or excellent practice.

- Very happy here - that is why I moved from Botley 20 yrs ago
- Don't change a thing
- Excellent practice - I could not be more pleased
- No improvement needed - perfectly satisfied
- I cannot think of many things that can be improved. Dr Drury is an excellent doctor and the practice is very good. Thank you
- Best practice I have ever attended
- Please don't change a thing
- Very happy overall
- I have seen all of the doctors and always received the highest standard of care and attention
- Always able to see Dr Gancz quickly and he's a fantastic GP
- Just keep doing what you are doing. I have been here 15yrs, had my child through this practice and care for my whole family has been excellent
- Generally Very satisfied

12

Shorter waiting times
Shorter waiting times
Shorter waiting times
Shorter waiting times
Shorter waiting times
Shorter waiting times
Shorter waiting times
Shorter waiting times
Shorter waiting times
Shorter waiting times
Shorter waiting times
Shorter waiting times
Shorter waiting times

10

Often engaged - 2nd phone line needed
Often engaged - 2nd phone line needed
Often engaged - 2nd phone line needed

4

Refreshments - at least coffee

1

- Being able to see a specialist when needed with less time involved

1

Library of medical books in waiting room

1

Cleaner appointment rooms

1

Put a nice picture in waiting room

1

There's always room for improvement - nothing can ever be a 10!

1

Sat opening
Weekend opening
Weekend and evening opening

3

GP can't be blamed for wait
GP can't be blamed for wait

2

Slightly shorter wait between phoning for appt and receiving one
Appointments that could be made on the same day
Perhaps put aside 30 mins per day for urgent cases?
Efficiency in the allocation of appointment times (quicker perhaps)
Same day appointment in non-emergencies
Increase the timings of the GP and see if appointments can be obtained quickly

6

Links to alternative (complimentary) practioners

1

I feel that two of the doctors are very competent & give excellent advice. When I had to see a new GP, I felt I was not treated with sound knowledge. They were a very nice person but smiling and sympathising isn't going to make me get better

1

I am often kept waiting - and for long periods - by the nurse

1

Friendlier receptionists
Some receptionists not the best at PR
Occasionally abrupt receptionists

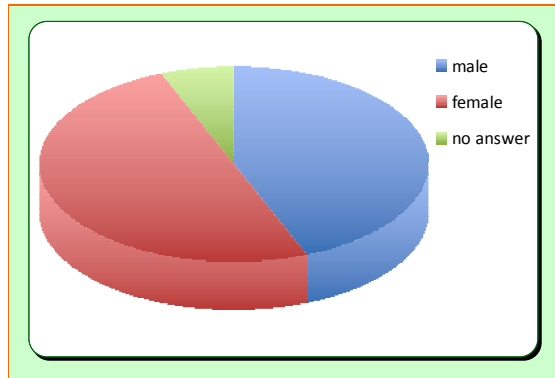
3

All the receptionists are super, so friendly and helpful.

1

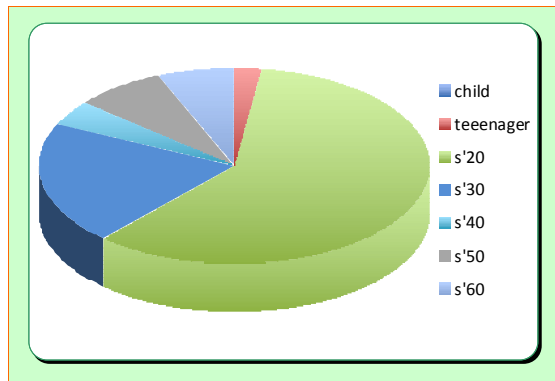
Demographic breakdown of survey respondents

Gender



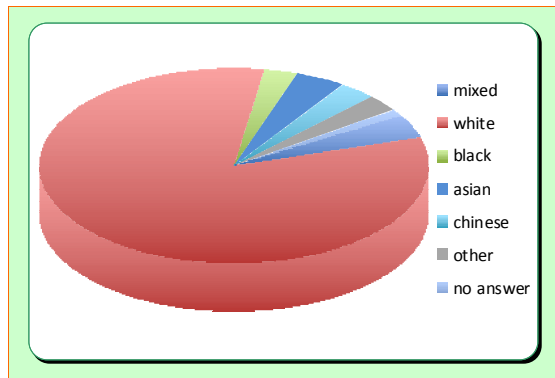
gender	%
male	44
female	50
no answer	6

Age



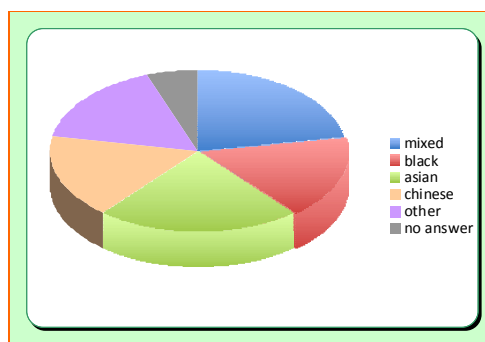
age range	%
child	0
teenager	2
20's	56
30's	19
40's	4
50's	7
60's	6
70's	5
80's	1
no answer	0

Ethnicity

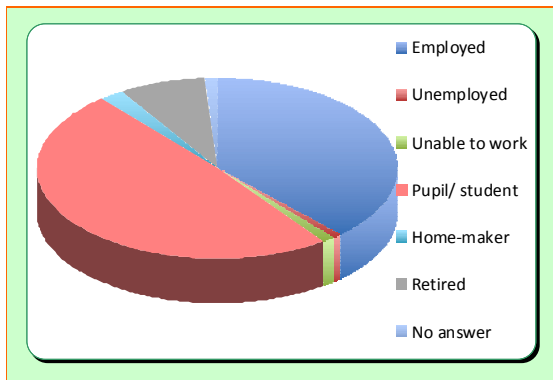


ethnicity	%
mixed	4
white	82
black	3
asian	4
chinese	3
other	3
no answer	1

The breakdown of the 19% non- white respondents is given in this pie-chart.

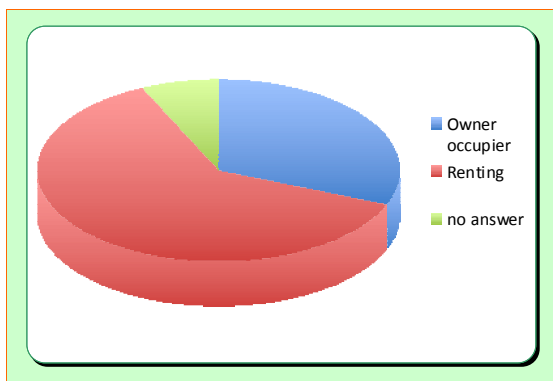


Employment



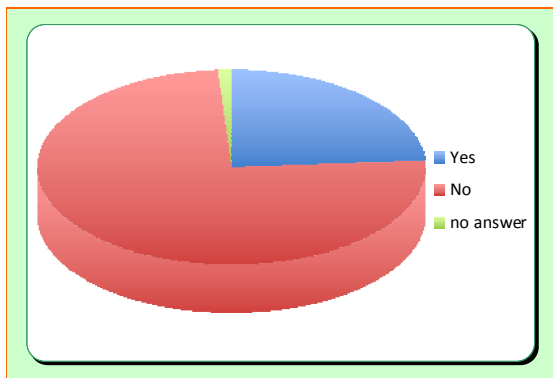
employment	%
Employed	38
Unemployed	1
Unable to work	1
Pupil/ student	49
Home-maker	2
Retired	8
No answer	1

Housing status



housing	%
Owner occupier	31
Renting	62
no answer	7

Disability/ Long term health condition



health	%
Yes	24
No	75
no answer	1

Action Points

At its meeting on 06 March the Patient Participation Group identified the following Action Points.

Action	By whom	By when
Review the contents of the Suggestions Box (and the on-line virtual suggestions box) to collect and act upon the views of all patients – not just those in the PPG	Practice Manager	At each meeting
Maintain the PPG area of the website by posting details of each meeting, along with the annual report and survey results	Practice Manager	Ongoing
Produce an annual PPG newsletter in hard and soft copy	PPG Chair & Practice Manager	By each May
Undertake a research project to establish the reasons for low take-up of the National Bowel Cancer Screening programme and make some recommendations to increase compliance	PPG members and Practice Manager	01 Oct 2013

