

King Edward Street Patient Participation Group Annual Report 2011/2012

Introduction

This report summarises the development and outcomes of Dr Gancz (King Edward Street) Practice's Patient Participation Group (PPG) in 2011/12. It considers the:

- profile of both the practice population and the PPG;
- process used to recruit to our PPG and ensure its representativeness;
- priorities for the survey and how they were agreed them;
- method and results of the Patient Survey;
- action plan that was agreed and how it was agreed;
- confirmation of our opening times.

The Practice wished to establish such a group, in line with national guidance, to give patients a voice in the organisation of their care. In so doing the Practice is seeking 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 is thus to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned by their practice.

Practice profile and population

The Practice is an urban one, based in the heart of the city centre, with a list size of somewhere between 3,750 and 4,100 patients. It works closely with the University and, since Dr Gancz is College Doctor to five Colleges within Oxford University, a large proportion of the patients have connections to the University. The Practice is a teaching practice and Dr Gancz teaches the Medical School's Patient Doctor Course to years 1 and 2 and is also involved in teaching years 5 and 6. The Practice has three GPs, one of whom (the sole partner) is full time. The partner is male and the two part-time GPs are both female.

There is a very high turnover of patients due to the number of students on the list, with an average churn rate of approximately 40% per year. Being a university practice also means that the patient population is skewed towards the young adult age group (15-34, with especially high representation in 20-24 age group). There are just over 700 patients (c.19%) currently on the practice list aged 45 years and over, of whom 260 are over 65 years of age (7%).

The Practice does not support the formal collection and recording of demographic data relating to the ethnicity of its patients but it is fair to say that it is ethically and culturally diverse. Notwithstanding the ethnic mix typical of any practice covering the city of Oxford, the university population comprises a significant number of overseas students thereby adding to the diversity of languages spoken and heritages represented amongst its patients.

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.

PPG recruitment and representativeness

This section of the report offers a summary of the recruitment process used to ensure that the PRG is of sufficient size and make up to be as representative as possible of the Practice population. Based on an assessment of the experience of other GP surgeries, the Practice decided that simply advertising the intention to establish a group would be unlikely to attract sufficient members. Many other practices found few recruits this way and reported the loss of valuable time waiting for volunteers to come forward.

"There are a number of methods used to recruit patients to the group and the most successful is for the practice to invite individuals to participate. Although not democratic this ensures that the group quickly consolidates." ¹

"If your aim is to increase the diversity of your group, to represent a wider cross-section of the local population, or to gain input from individuals with a particular health issue, personal invitations could be the best option". ²

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

² From: Growing Patient Participation communications toolkit - see www.growingppgs.com

Instead of merely advertising for members (although this was done via the Practice website), written invitations were sent to a number of patients specifically requesting they consider taking part (see Annex 3). Recipients were carefully chosen with the aim of ensuring 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). Twelve invitations were sent, which resulted in seven patients joining the group. Three recipients declined and one failed to respond.

The group offers 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.

At its first meeting the group examined draft terms of reference, which were worked on by the chair and then adopted at the subsequent meeting. During the initial meeting, the patients individually and openly provided a brief background as to why they were at the meeting. In summary, this evidenced a group that had experience of a wide variety of medical conditions, covering several clinical minority groups; as well as representing carers. The group went on to discuss any key groups that are not well represented amongst its membership. This identified young people under 18 (teenagers rather than students) and 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). It was noted that people with a physical disability are not represented but there are relatively few patients in this category. The group continues to look for new members to address these points where it can, whilst being mindful of accusation of tokenism.

As a result of these processes the practice believes it has developed a properly constituted structure that both reflects and gains the views of its registered patients. For example, the fact that the two student representatives are the Welfare Reps in each of their respective colleges means that they are well placed to discuss the group's concerns with the entire student body and can act as effective instruments of two-way feedback. Similarly, one of the members holds the position of Junior Dean within her college and can thus liaise with the internal college welfare and disciplinary meetings.³ The group are confident that the many and varied constituencies covered by the members of the group enable the practice to obtain feedback from a cross-section of the practice population which is as representative as possible, and in line with the practice staffs' perception of our patient demographics. The practice is satisfied that the members have a wide range of skills between them and that they are productive and also objective and realistic.

³ Dr Gancz helped to set up the University Counselling Service and the College Welfare system, whereby colleges have welfare teams consisting of the Welfare Officer, JCR and MCR Presidents, College Nurse, Chaplain, Senior Tutor and College Doctor to oversee the welfare of the students.

Priorities for the survey

In order to agree some priorities PPG members were invited to attend a meeting at the surgery. A Chairman was selected and contact details shared for email circulation. A brief presentation from the GP Partner started the meeting; detailing the local Primary Care structure, the development of General Practice since 2004, previous experience of consultation in the surgery, and current developments in Commissioning. From the ensuing discussion it was clear that the PPG puts strong emphasis on flexible access, polite and friendly treatment, and excellent care.

Once the priorities had been established the survey questions were developed. The group was provided with example patients questionnaires used in the past – e.g. previous GPAQ surveys, samples provided by the Family Doctors Association and the National Association for Patient Participation. These were used to stimulate debate. None were felt to be ideal and the eventual survey designed differed from all of them. It was agreed that there should be a maximum of around a dozen key questions to ensure patients did not lose interest, and that patients were able to complete them all whilst awaiting call to their appointment. The Practice Manager suggested an idea he took from a renowned and outspoken management consultant (to which almost all consultations can be distilled down) which was used as the final question.⁴

The majority of the questions were closed questions, using the recommended 5 point rating scale. This ensured that the survey was quick to complete and easy to analyse. The final question was designed to be open for comment, with a view to obtaining constructive feedback to drive future surveys and to establish patients' needs. The survey was laid out in such a way that it fitted onto two sides of A4, to ensure its length was not off-putting, and the questions were selected in accordance with the three priorities established at the previous meeting (outlined above).

Method of the patient survey

The survey was carried out in paper form over a two week period at the beginning of February. 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.

⁴ 'How would you rate the Practice on a scale of 1 to 10, and what would make it a 10?' – inspired by John Seddon from Vanguard's 'Lean Methodology' (see <http://www.systemsthinking.co.uk/home.asp>)

Key findings

The picture that clearly emerges from the survey is one of high levels of satisfaction with how things operate and the quality of care provided. For almost all of the questions where a rating scale was used, the highest available rating was the modal (most common) answer. The only exceptions were the questions about opening hours and length of waiting time to see a doctor, where the *second* highest rating was the most common answer. The full results are given in Annex 1 and summarised below.

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

Terrible or poor 2%
Good or excellent 87%

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

Terrible or poor 2%
Good or excellent 76%

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

Terrible or poor 5%
Good or excellent 75%

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

No 16%
Yes 84%

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

Terrible or poor 19%
Good or excellent 51%

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?

Terrible or poor 0%
Good or excellent 80%

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

Terrible or poor 6%
Good or excellent 69%

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?

Terrible or poor 2%
Good or excellent 91%

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

Terrible or poor 2%
Good or excellent 87%

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

Terrible or poor 3%
Good or excellent 86%

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

Terrible or poor 2%
Good or excellent 83%

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

Score of 1, ,2 or 3: 1%
Score of 8, 9 or 10: 78%

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
- found it easy to obtain test results over the 'phone
- were happy with their clinical consultations for all Doctors

The above findings were borne out by the free text responses to the final question – 'what would make the practice a 10 out of 10?' Pleasingly, although the question was intended only to solicit critical responses from people who felt the practice needed to improve, 43% of the answers to this question offered highly praising comments, along the lines of "wonderful", "exceptional" or "excellent" practice.

The two areas where satisfaction is not as high as it could be were again to do with opening hours and waiting times. However, even in these areas the majority of patients were satisfied with the current situation. Some sample comments are reproduced below (see Annex 1 for the full comments).



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 (51%) and the majority of respondents reported their ethnicity as white (81%). 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, 5% as Asian, 1% as Chinese and 1% 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. In order to get comments from the PPG on the initial survey results and to discuss the next steps we met on Wednesday 22 February.

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 Practice has experimented with Saturday opening in the past but found that since these appointments were not commonly used the additional costs involved outweighed the potential benefits. Since this time the Practice is operating on a lower revenue base and it is simply not viable to offer Saturday opening in the current economic climate. With regard to the waiting times, it is true that some patients often have to wait for their scheduled appointment because surgeries can run behind schedule, but 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.

At this stage the Patient Participation Group wishes to take action on strengthening its own presence within the surgery and raising awareness of its activities amongst all patients. With this in mind it is developing a poster and leaflet to be displayed in the practice to advertise and promote the patient participation group. As well as being displayed in the practice the leaflet will also be available on the website. A number of other actions were identified around the same theme of improving communication between the Practice, the PPG and the wider patient body (see Annex 2 for more details).

Confirmation of our opening times

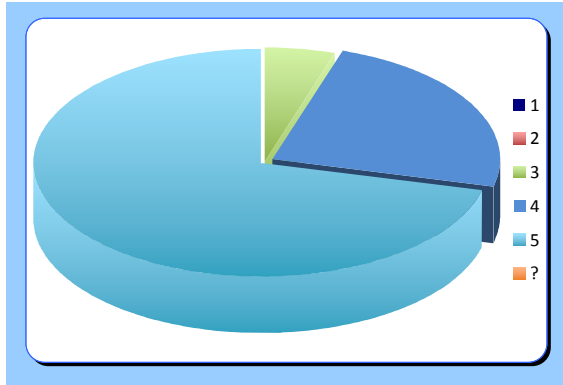
Access to services is available through fax, telephone, and in person at the reception desk. The Practice has not changed its opening times as a result of the survey.

The practice's core opening hours remain as 8am to 6pm, Monday to Friday; except bank holidays. Extended Hours Contract services are provided on Tuesday and Wednesday mornings from 7am to 8am. These sessions are for GP appointments only. Evenings, weekends and nights are covered by the PCT's Emergency Service. Out of hours patients are advised to ring the usual practice telephone number when they will automatically be diverted to the "out of hour" providers.

Patient Survey Results 2011

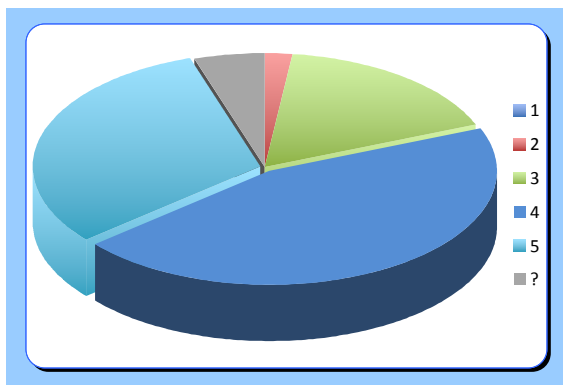
Number of Responses: **100**

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



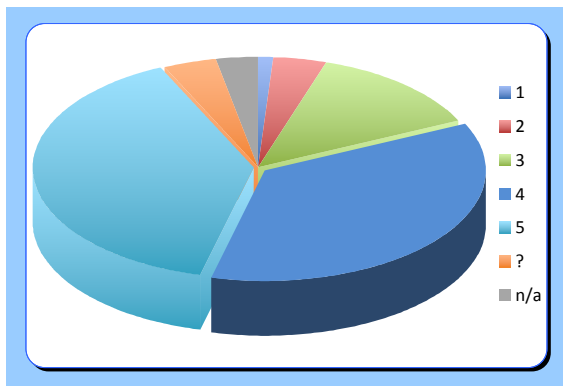
rating	%
1	0
2	0
3	5
4	24
5	71
?	0
n/a	0

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



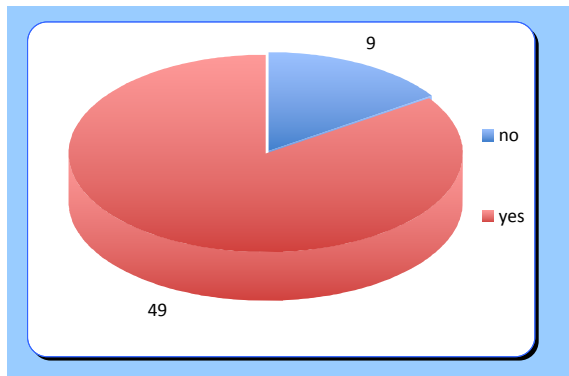
rating	%
1	0
2	2
3	17
4	45
5	31
?	5
n/a	0

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



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

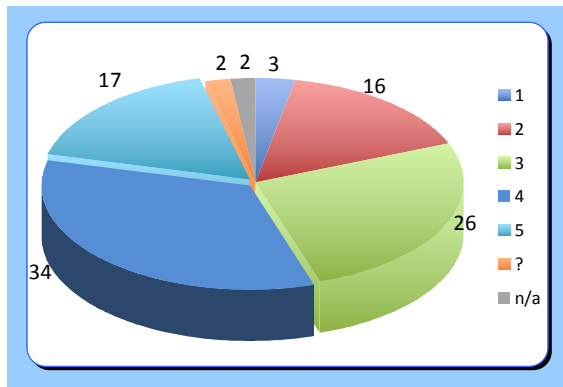
Q4. If you need to see a GP urgently, can you normally get seen on the same day?



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

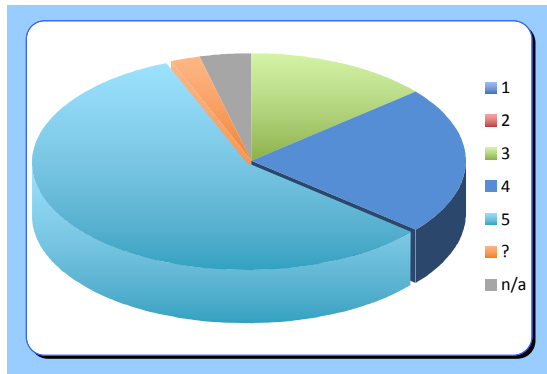
*42 respondents hadn't needed to see a GP urgently (n/a) – they are excluded from this chart

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



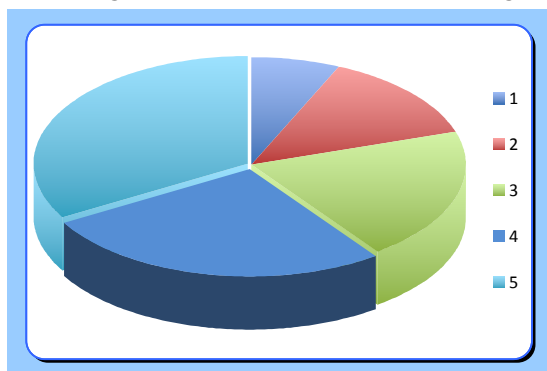
rating	%
1	3
2	16
3	26
4	34
5	17
?	2
n/a	2

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?



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?

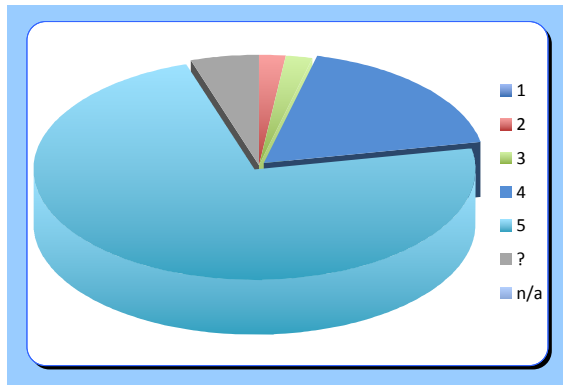


rating	%
1	0
2	4
3	9
4	11
5	33
?	7
n/a*	36

*36 n/a respondents excluded from chart

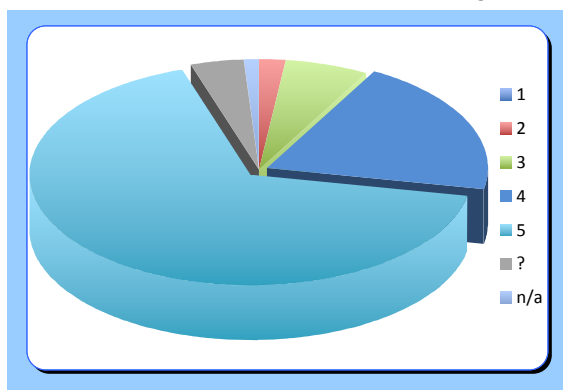
Q7. Thinking about today's consultation with the doctor, how do you rate the following:

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



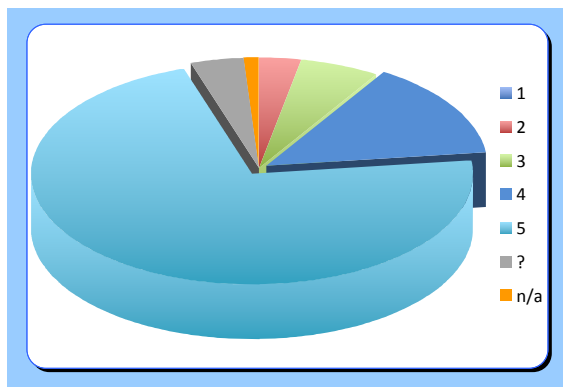
rating	%
1	0
2	2
3	2
4	18
5	73
?	5
n/a	0

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



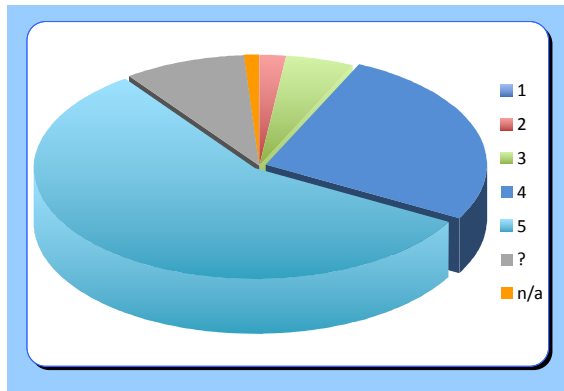
rating	%
1	0
2	2
3	6
4	20
5	67
?	4
n/a	1

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



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

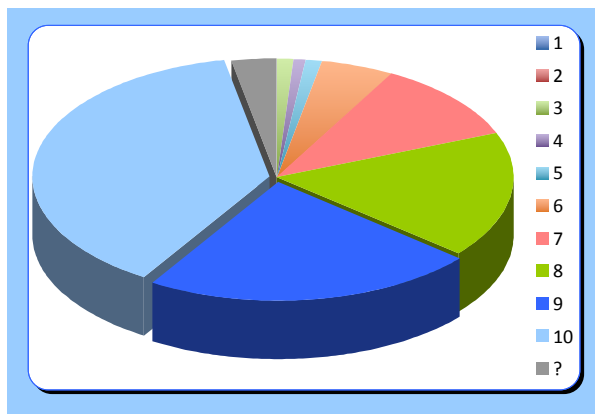
Q8. After seeing the doctor today do you feel able to understand your problem(s) or illness?



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)?



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 67 comments were made by 58 patients. The space was left blank by 42 patients.

The most common critical answers were requests for longer opening times (16%) or shorter waiting times (15%). Interestingly, although the question was intended only to solicit critical responses from people who felt the practice needed to improve, 43% of the answers to this question offered highly praising comments, along the lines of wonderful, exceptional or excellent practice.

All of the comments are included overleaf.

Wonderful practice
Very happy - will stay here as long as I can
V satisfied w.
The most helpful in Oxford!
No improvement needed
No improvement needed
No improvement needed
No improvement needed
No improvement needed
Magic!
Not having to come
Nothing can be perfect
Exceptional care - 1st class
Excellent GP Practice
Excellent GP Practice
Excellent GP Practice
Excellent GP Practice
Everyone is very helpful - I always get right treatment
Couldn't wish for better
Couldn't wish for better
Already a 10
Already a 10
Already a 10

23

Shorter waiting times
Shorter waiting times
Shorter waiting times - GP can run 30-45 mins late
Shorter waiting times
Shorter waiting times
Shorter waiting times
Shorter waiting times
Shorter waiting times
Shorter waiting times
GP perfect but long wait

10

Longer consultations (15 min)

1

Improve phys environ
Modernise phys environ
Waiting room very hot

3

GP can't be blamed for wait
GP can't be blamed for wait
Don't feel rushed by GPs

3

Sat opening
Sat opening was nice but when urgent an appt can mostly be found Mon-Fri
Sat opening
Sat opening
Sat opening
Sat opening
Sat opening
Revert to weekend emergency treatment
Open 7 days & longer hours
Longer opening times at least once per week
Longer opening times
Evening opening

11

Greater availability to see specific GP
More available appointments
More appt availability (sometimes can't be seen for 1½ weeks)
Being able to book afternoon appt's easier (I have morning lectures)

4

Marked difference between how GPs respond to my needs - all are warm/ friendly but I feel some care a lot more about me and not just the bottom line
ND/ JS but GG bit dismissive & quick to make assumptions
There is only one GP here I am comfortable seeing as I have trouble with the other two
GP taking more active interest in my problem

4

Friendly receptionists

1

Friendliest & most helpful

1

Receptionists not friendly - bit officious
NB: One receptionist much less helpful than the rest

2

Better help from hospitals

1

More detailed information about the implications on daily life

1

Earlier referral of serious illness

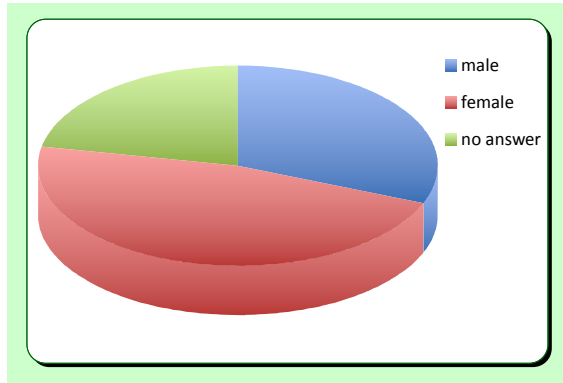
1

Easy to get quick appt's

1

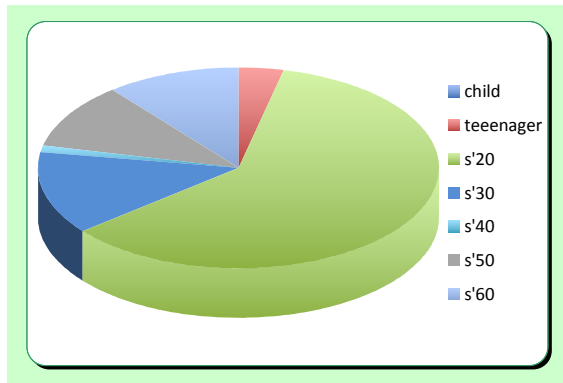
Demographic breakdown of survey respondents

Gender



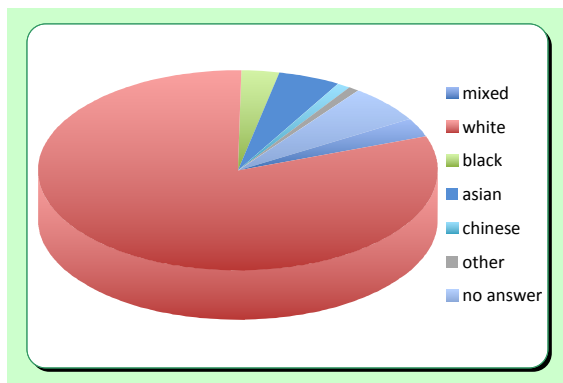
gender	%
male	31
female	47
no answer	22

Age



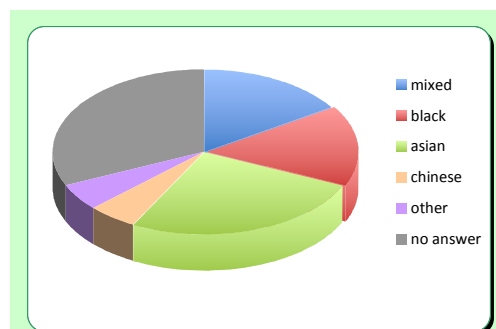
age range	%
child	0
teenager	3
20's	51
30's	11
40's	1
50's	9
60's	9
70's	8
80's	5
no answer	3

Ethnicity

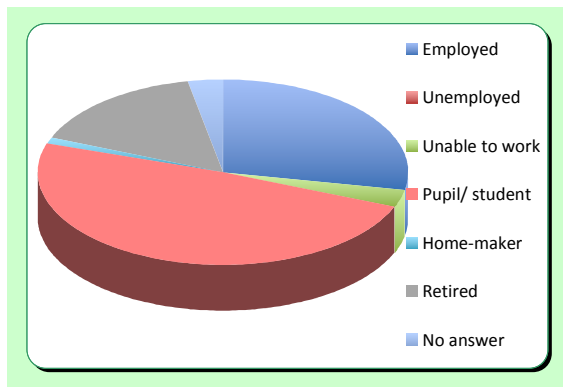


ethnicity	%
mixed	3
white	81
black	3
asian	5
chinese	1
other	1
no answer	6

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

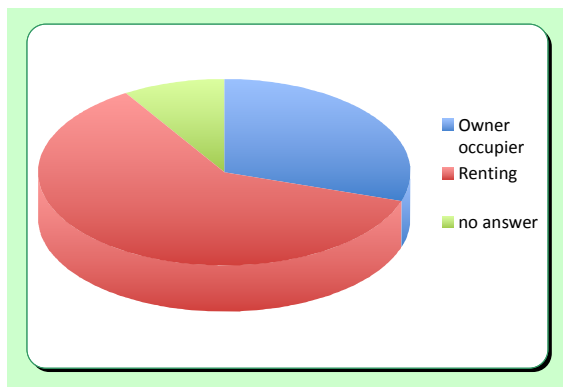


Employment



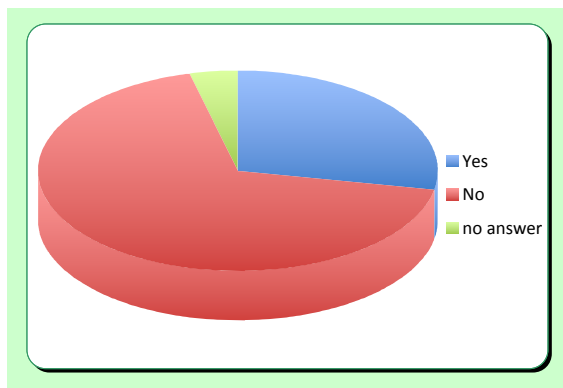
employment	%
Employed	28
Unemployed	0
Unable to work	3
Pupil/ student	49
Home-maker	1
Retired	16
No answer	3

Housing status



housing	%
Owner occupier	30
Renting	61
no answer	9

Disability/ Long term health condition



health	%
Yes	28
No	68
no answer	4

Action Points

At its meeting on 22 February the Patient Participation Group identified the following Action Points.

Action	By whom	By when
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	30 May '12
Send information about the PPG to each of the college nurses	Practice Manager	30 May '12
Establish a suggestion box in both waiting rooms to collect ideas from all patients – not just those in the PPG	Practice Manager	30 May '12
Create an on-line suggestions scheme using the Practice website	Practice Manager	30 May '12
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	01 Oct '12
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	10 Oct '12
Produce an annual PPG newsletter in hard and soft copy	PPG Chair & Practice Manager	01 Dec '12

Invitation letter

DR GORDON GANCZ
DR NAOMI DRURY
DR JENNIFER SHUTE

9 KING EDWARD STREET
OXFORD OX1 4JA

Tel: 01865 242657

Fax: 01865 200983

Email: edwardst.manager@nhs.net

Dear

You may or may not have already seen the flyer (overleaf) informing our patients that we are keen to establish a Patient Participation Group. The rationale behind the setting up of this group is to give us a mechanism for involving patients and hearing from them routinely on how they would like to see the practice run. In essence, we want to ensure patients are involved in decisions about the range and quality of the services we provide.

We would like to invite *you* to join this group.

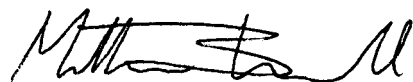
As a long-standing patient of this practice we feel you would be very well placed to provide us with your views and would value the experience and wisdom that you could offer.

Please let me know if you would be willing to help us in this way. We do not anticipate this being an especially onerous task. There will probably only be a maximum of three meetings a year, with perhaps some electronic communication (or telephone calls) in between.

If you are willing to consider becoming a member of this group, could you also indicate if morning, afternoon or evening would be a suitable meeting time for you?

If you have any questions do please contact me to discuss them.

Yours sincerely,



Matthew Bramall

Flyer

Dr Gancz Practice Patient Participation Group

Would you like to influence the development of your primary health services?

Are you interested in finding out more about the
King Edward Street surgery?

The surgery is keen to set up a Patient Participation Group, and we would like to invite you to come along to discuss your ideas and hear about planned changes.

The meeting will take place at: **9 King Edward Street**

A time and date will be agreed once a number of people have expressed an interest but we anticipate holding it close to **Wed 25 January**.

If you would like to come along to the meeting, or if you have any queries about the Patient Participation Group, then please contact:

Matthew Bramall (Practice Manager) on 242657 or
edwardst.manager@nhs.net