

Patient Participation

Directed Enhanced Service

2012/13 Report

Year 2

Practice Details: **Leigh Family Practice**

Practice Code: Y02322

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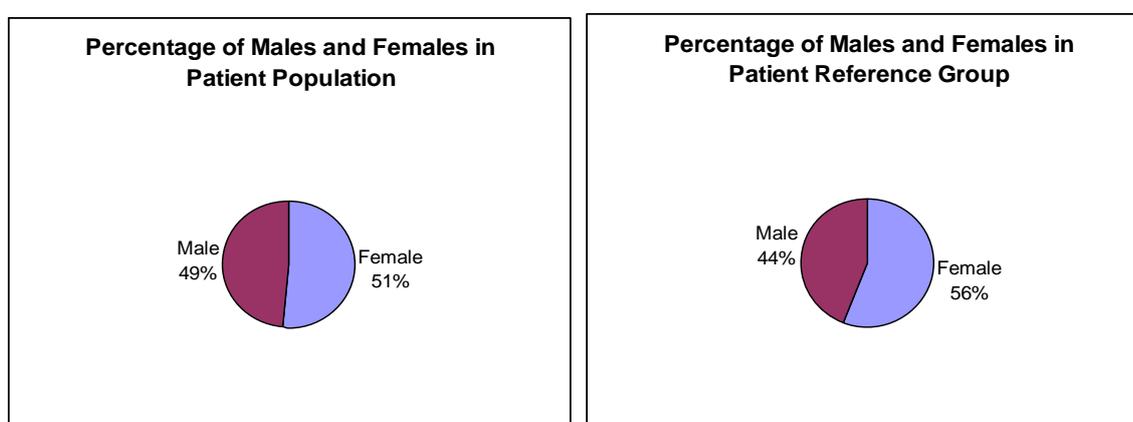
Leigh Family Practice had an established PRG and also submitted a Patient Participation Report in Year 1.

Changes to PRG Membership

Some members have left and new members have been recruited to our PRG from our Carers and Supporters' Group who hold Coffee Mornings every month. These included representatives from each end and middle of the age spectrum with the youngest being late twenties.

We also involved additional younger members through email.

Additional members consisted of patients, both male and female in the lower, middle and upper categories of the age spectrum, Carers and Supporters, patients with long-term conditions and also patients with no apparent health issues. In these ways, the Group considered that the input was as representational of the practice population as possible.



The issues agreed by the PRG to be a priority and included in a local practice survey

Priorities

Members of the PRG met face-to-face with the Practice Management on several occasions to discuss the areas of prioritisation to be included in the local Practice Survey 2013.

The discussion at the meeting was augmented by the input of several patients who gave their assistance virtually by identifying and prioritising the issues to be included in the survey. Additionally, the input of a number of other patients was gained when they gave their opinions opportunistically and informally at quiet times within the Surgery when it was convenient for these patients to engage in a conversation of this nature.

In our Patient Survey 2012 the Group identified the theme of communications as a priority and asked the patients about specific aspects of using the service that at the time they may have felt unsure of using.

In 2013 the PRG continued this discussion about communications between the Practice and patients. Firstly, the Group considered it to be a priority to ask the patients to identify the Patient Services that they felt were most important to them at the present time.

The Group then wished to follow this question by asking HOW the patients would like the Practice to disseminate Practice Information to them regarding these services and WHAT information they would like to receive.

After discussion, the Group decided that a priority would be to focus on one method of communication between the Practice and the patients that was already established and identified a

need to evaluate its effectiveness in relaying information to patients. This was the production of regular Newsletters in which the Practice Staff and the PRG had the opportunity to give their ideas and input including quotes and articles. The Newsletters have been supplemented by two specific Carers and Supporters' Newsletters since July 2012. In order to evaluate the effectiveness of the Newsletters, the Group wanted to establish if patients perceived these as useful and give the opportunity for patients to give constructive feedback that could influence future editions.

It was hoped that helpful feedback would give an insight into the patients' knowledge of the PRG and interest in Carers and Supporters and additionally on how available the Newsletters were to the Leigh Family Practice patient population and whether any changes would be required to improve accessibility.

After further discussion, the Group concluded that a further priority concerning methods of communicating would be to ascertain if there was good website usage by the patients and if they were using it effectively. This knowledge was important as it could impact on the content and method of presentation and also on the way that patients were encouraged to use the website in the future.

Furthermore, in addition to anticipating that the Group could evaluate the effectiveness of Practice communications to patients it was also thought that communications could affect HOW the patients identify and prioritise their CHOICE of Practice Services that they see as most important to them. In the future, the Group expects that the choices made by the patients about their own priorities would alter as the Practice changed its procedures to reflect the communication needs of the patients.

Additionally, in order to confirm any future changes that the Practice may need to make, the Group considered that a snap-shot of the extent that Patients would be willing to recommend the Practice to others at this present time would provide useful information. This would be with regard to what the Practice was providing well and also areas where issues need to be resolved.

Moreover, whilst the Group would hope that procedures that were working well could be retained, the data collected would give an insight into the most effective ways of achieving both short and long-term goals that would address any Practice to Patient communication issues and ultimately benefit the patients.

Finally, the PRG considered it a priority to use this opportunity to voluntarily request contact details so that the Practice records could be updated and also that the Virtual Patient Reference Group could be extended.

How the questions were drawn up for the survey

The questions were the same on both the on-line and paper copy versions.

The first three questions were demographically orientated so that the Group could confirm that the results were as representational as possible. These included gender, age category and post-code districts of the respondents.

Whilst the majority of Patients at Leigh Family Practice live in WN7, there are a smaller number residing in the surrounding areas. The Group were conscious of the need to capture data from the relatively few Patients living in these areas.

The demographic questions were multiple choice questions requiring only one answer. The choices were displayed as buttons (1 column) both on-line and on the paper copies. Question 3 choices were displayed as a drop-down box on-line and patients were asked to circle their post code district from those given on the paper copies.

Question 4 - Patients were asked to rank 1 to 5, the services that were most important to them out of Appointment Availability, Clinical Care, Customer Service, Practice Information & Updates and finally, Prescription Collection - both on-line and on the paper copies.

Question 5 – The patients were asked how they would prefer to be informed about Practice Information. Multiple choices were given and these were displayed as buttons in one column and the patients were limited to one answer on-line.

Question 6 – Patients were asked if they found our PRG Newsletters (including our Carers and Supporters' Newsletter) useful. This was a multiple choice question requiring one answer only, both on-line and when using paper copies. The choices were displayed as buttons in one column.

The aim of this question was to obtain objective and constructive feedback regarding the content of our PRG and Carers & Supporters' Newsletters. Members of the PRG regularly provide quotes, articles and suggestions and in addition Practice Staff have the opportunity to highlight useful items for inclusion. The Group felt that assessing the relevance and presentation of the information to suit the needs of the patient population and to ensure having the desired effect is an important aspect to consider when planning future editions.

Furthermore, the Group thought that a comments box should be included in Question 6 so that the patients had the opportunity to give additional information and expand on their answers if they wished to do so. A comments box was provided for Question 6, both on-line and on the paper copies.

Question 7 – The patients were asked if they were aware that they may find information about the Practice by looking through the website. Patients were requested to complete the multiple choice question, displayed as buttons in one column, requiring one answer both on-line and on paper copies.

Moreover, the Group thought that a comments box should be included in Question 7 so that the patients had the opportunity to give additional information and expand on their answers if they wished to do so. A comments box was provided for Question 7, both on-line and on the paper copies.

In devising this question, the Group thought that it would be a useful exercise to monitor the extent to which patients had become familiar and at ease in accessing information on-line and the probability that they may use the Practice website on a regular basis in the future, for example to find information about events etc.

Question 8 – The patients were given the opportunity to indicate the information, including health messages, that they would like the Practice to give them. A comments box was provided for this purpose. The Group was particularly keen to find out if patients were curious enough to request information about health topics as a step to taking responsibility for their health and that of their families. The idea of patient self care with the support of Health Care Professionals is a topic that the Group considered important.

Question 9 – The patients were asked if they would recommend the Practice to Family and Friends. This was a multiple choice question requiring one answer only. The choices were displayed as buttons in one column both on-line and on the paper copies.

Again, the Group thought that a comments box should be included in Question 9 so that the patients had the opportunity to give additional information and expand on their answers if they wished to do so. A comments box was provided for Question 9, both on-line and on the paper copies.

Question 10 – This was optional so that patients could give their name, address, email address, landline & mobile numbers to enable the Practice to update their records and also contact the patient as a member of the Virtual Patient Reference Group in the future. It was emphasised that Patient contact details would not be passed on to a third party. Multiple text boxes were provided on both the on-line and paper copy versions

The patients were thanked for taking part in the Survey.

As mentioned above the questions were the same on both the on-line and paper copy versions.

The Survey was introduced to Patients on-line as a drop-down box on the Home Page when Patients entered the Leigh Family Practice website, inviting patients to take part in. Additionally, paper copies were left at Reception at each Leigh Family Practice site.

It was explained both on-line and on the paper copies that Leigh Family Practice was a Patient-Centred Practice and was keen to involve as many patients as possible in the Patient Survey 2013. This was to ensure that the completed forms were as representative of the Patient population as possible.

It was emphasised that the results of this short Patient Survey would help the Practice to improve their services to the patients and that patient help was very much appreciated.

Patients were asked to try and answer all the questions and returned paper copies to Reception on the paper copies.

The on-line survey was drawn up using Survey Monkey and was limited to 10 questions. The questions differed in presentation after taking into consideration the desired information that the Group wished the patients to give.

The questions on the paper copies replicated those on-line except that the post code districts in Question 3 were displayed in two horizontal lists as opposed to the drop-box that was used on-line.

How was the survey conducted? (e.g. how many surveys were distributed, how were they distributed, how many were completed)

The Survey was placed on the Leigh Family Practice website with a drop-down box appearing on the Home Page inviting Patients to take part. 44 (18.18%) Patients responded on-line.

Some of these patients will have been prompted to respond on-line as a result of emails sent to the VRG (151) informing them of the Survey and inviting them to respond either on-line or by completing paper copies and handing them into Reception at one of the Practice sites. However 25 emails bounced back as undeliverable.

A total of 25 (56.82%) Patients filled in their contact details on-line and 19 (43.18%) did not. It is known that some of the patients who were emailed completed the Survey as paper copies but the exact percentage is unknown as 38% of completed paper copies did not have contact details.

In addition, 224 paper copies were left at the 4 sites. These were available for registered patients to complete who attended for any reason such as, Open Surgeries, Appointments with Doctors, Practice Nurses, Trainee Assistant Practitioner, Phlebotomist etc, to order and pick up prescriptions and make appointments.

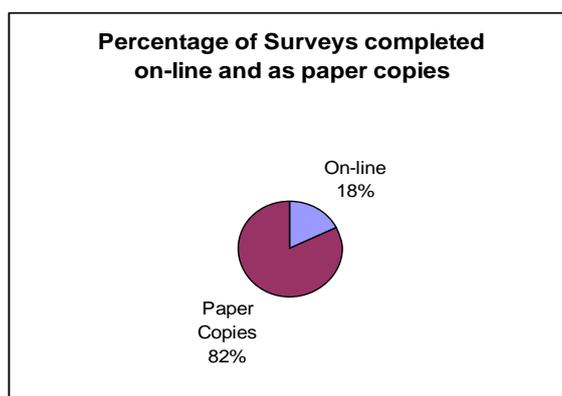
At Wigan Road 94 paper copies of the Survey were left and 83 were returned completed. At BMC 85 copies were left and 71 were returned completed.

The numbers left at Higher Folds were 26 and 25 of these were completed. At Leigh Health Centre 20 paper copies were left and 19 of these were completed. These numbers reflected the lower numbers of patients attending Higher Folds and Leigh Health Centre.

The patients who completed their surveys on-line would normally have attended any of the 4 sites.

The total number of paper copies that were completed and returned was 198 (81.82%).

The total number of completed Surveys including the 44 completed online was 242.



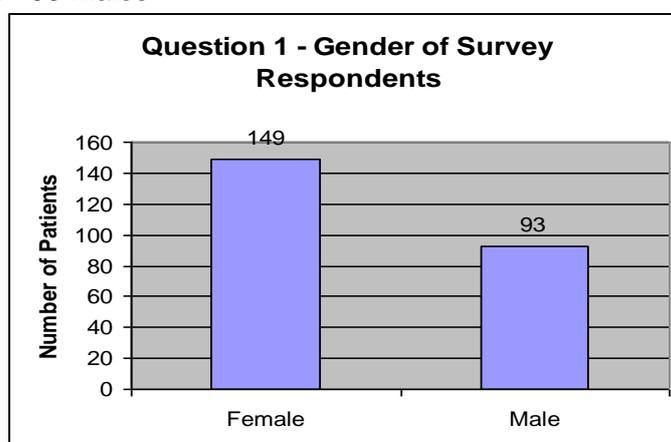
Whilst over 4/5 of surveys (82%) were completed as paper copies the results do show that there is a patient willingness to participate and contact the Practice on-line (18%) when there is an obvious benefit to the patient.

Nevertheless, these results are encouraging as it is anticipated that these percentages will shift in time to reflect the national growing trend of communicating electronically as greater numbers of patients become aware of the advantages of doing so.

The survey results

Question 1 - Gender

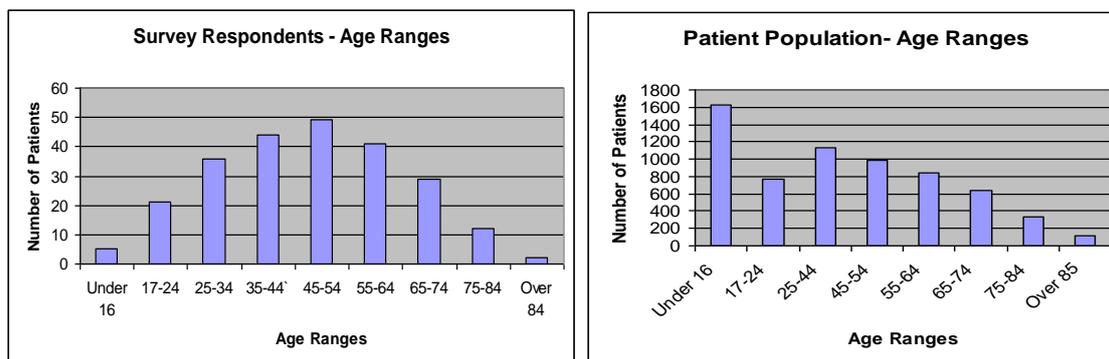
Results - 149 Females 93 Males



Fewer males (38%) than females (62%) responded to the survey although every attempt was made to encourage patients to participate and the overall response was pleasing with a good number of responses from each end of the age spectrum and also Post Code Districts. Please see below. There are slightly fewer males (49%) than females (51%) in the total Patient Population.

Question 2 - Age Ranges

Results - 7 were Under 16 , 21 were 17-24, 37 were 25-34, 45 were 35-44, 52 were 45-54, 43 were 55-64, 29 were 65-74, 12 were 75-84, 2 were over 84



The number of respondents within the various age groups was as expected, rising in the mid-age range and falling again at the top end of the age spectrum. It was especially pleasing to see survey forms completely or partly completed by under 16 year olds although the numbers understandably did not reflect the general patient population.

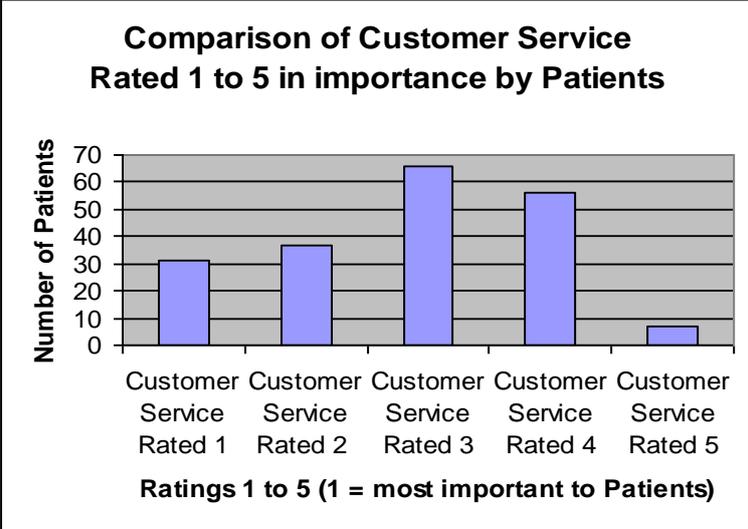
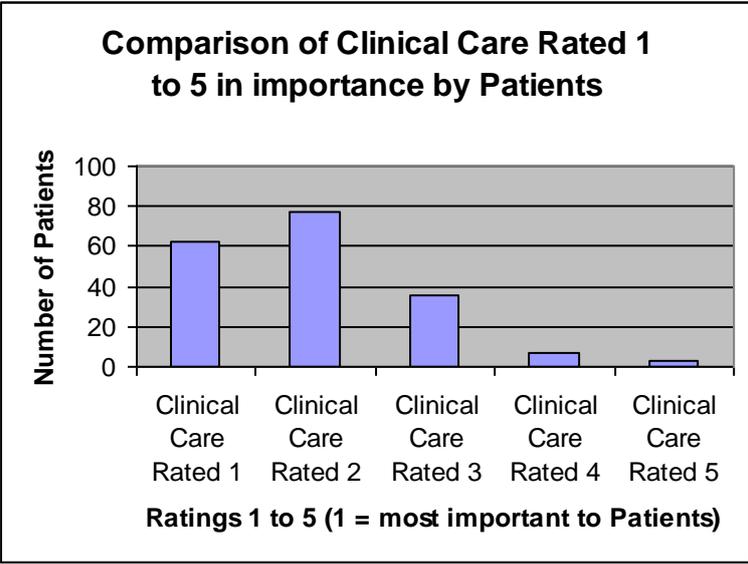
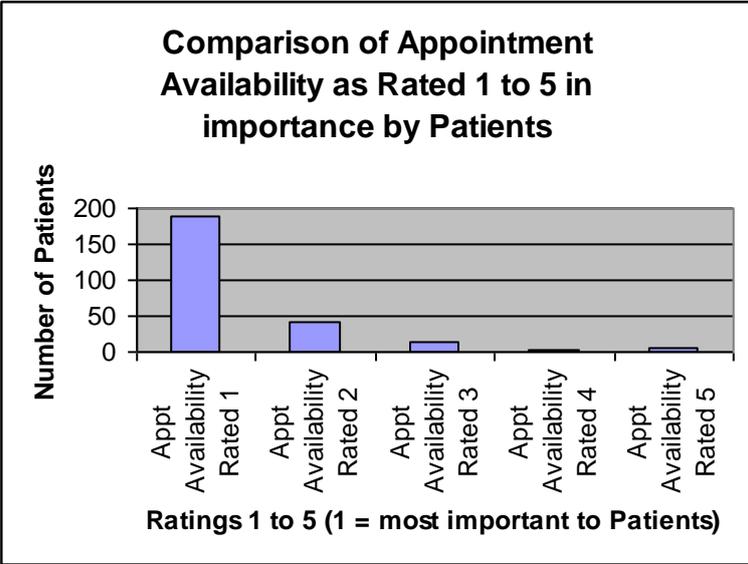
Question 3 - Post Code Districts

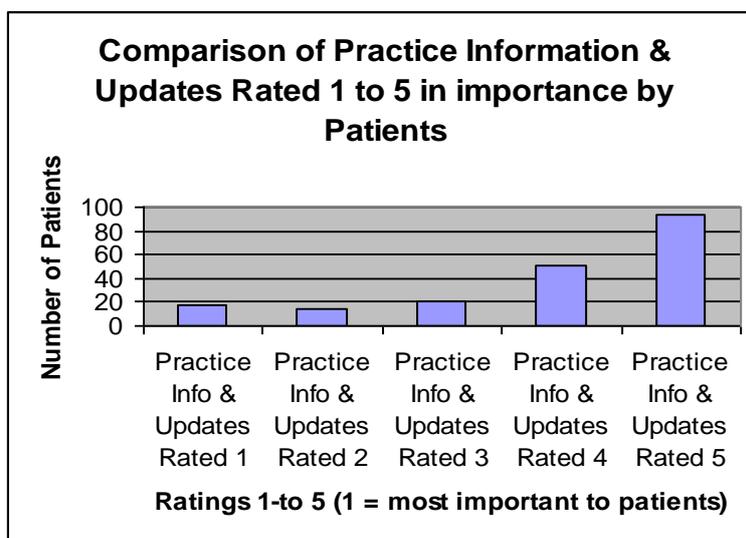
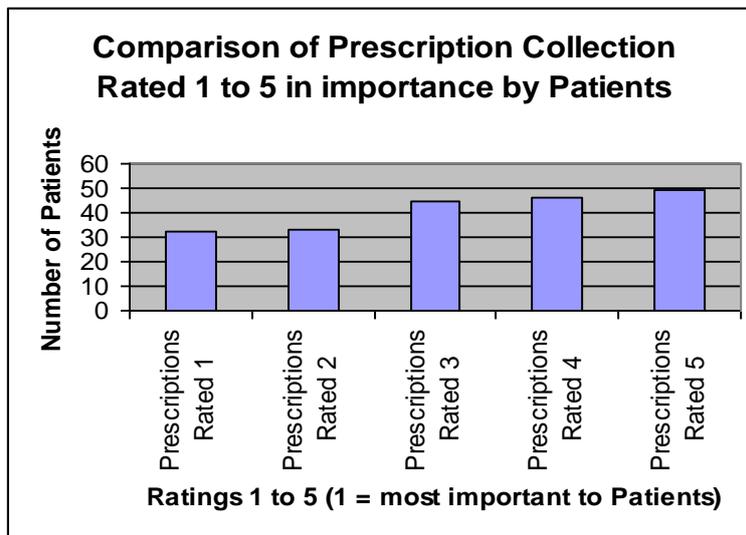
Results - 0=L35, 0=L39, 0=M3, 0=M21, 0=M28, 2=M29, 1=M46, 0=WN1, 9=WN2, 3=WN3, 4=WN4, 6=WN5, 2=WN6, 210=WN7, 0=BL3, 1=BL5, 4=WA3

Post Code District	Survey 2013 Respondents	Survey 2013 Respondents %	Patient Population	Patient Population %
L35	0	0	1	0.01
L39	0	0	1	0.01
M3	0	0	1	0.01
M21	0	0	1	0.01
M28	0	0	5	0.66
M29	2	0.83	84	1.11
M46	4	1.65	163	2.15
WN1	0	0	2	0.03
WN2	9	3.72	263	3.46
WN3	3	1.24	5	0.66
WN4	4	1.65	4	0.05
WN5	2	0.83	2	0.03
WN6	1	0.41	1	0.01
WN7	210	86.78	6841	90.02
BL3	0	0	2	0.03
BL5	1	0.41	12	0.16
WA3	6	2.48	217	2.86
Total	242	100%	7599	100%

Whilst most respondents were from Post Code District WN7 a significant number resided in the outlying districts and this reflects to some degree the areas of residence in the patient population.

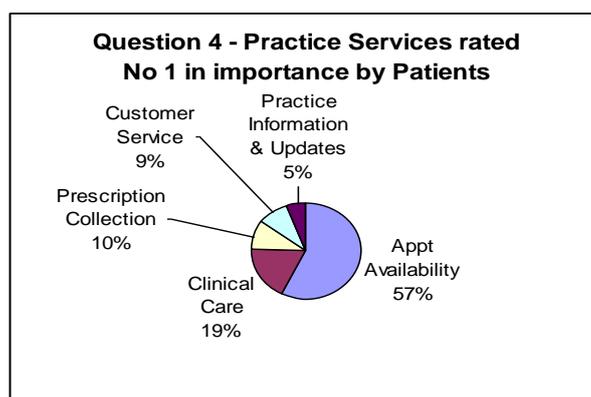
Question 4 - Practice Services identified by patients as most important to them





Results - Please note that the numbers **below** add up in excess of 242 as a small number of patients who completed paper copies rated all 5 services equally as No 1. Others rated more than one service as No 1 and the rest as No 2, whilst others rated some services and left the rest blank.

- Rated No 1** Appointment Availability = 189
 Clinical Care = 62
 Customer Service = 31
 Prescription Collect = 32
 Practice Information & Updates = 18
 (No answer at all for Question 4 = 2)



Although the questions were the same on both the paper and on-line surveys, the Group thought that with hindsight it would have been useful to make it clear that No 1 was the most important and No 5 the least important although the majority of patients actually completed it this way and in most cases it was obvious from the comments that this was so. However, a small number of patients completing the survey on paper rated all 5 services as equal and this is reflected in the results. Some patients only rated one or two services, leaving the rest blank and other patients rated some as No 1 and all the others on the list as No 2.

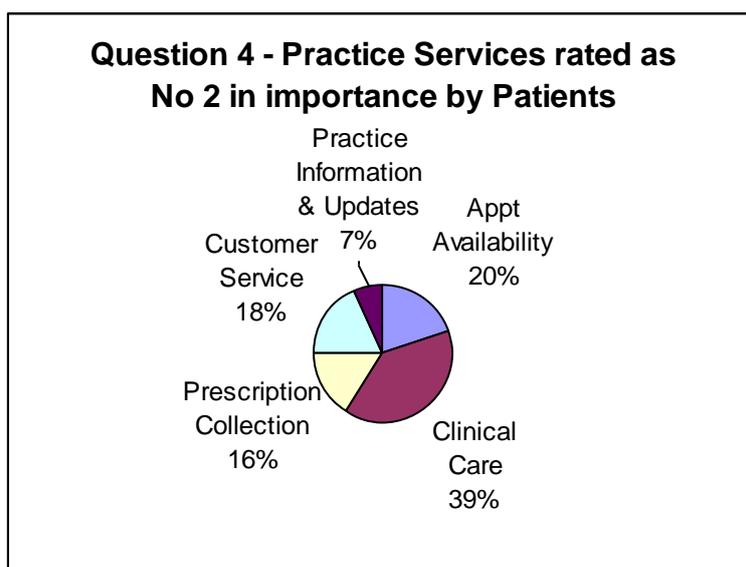
The patients who completed the survey on-line were limited to choosing one rating for each service. Again, the Group thought that with hindsight it would have been useful to stipulate this to the patients who completed paper copies so that there was consistency in the results.

Taking into consideration the above differences in the way that patients completed Question 4, the percentage of total answers rated as Number 1 in importance, out of the 5 services allocated to 'Appointment Availability' was 57%. The Group felt that this is an area where short and long term changes regarding the increased availability of appointments could have a significant impact on patient satisfaction.

The area that was considered least important as No 1 in the survey was Practice Information & Updates but in the long term this is an important aspect to increasing Patient Health and Wellbeing. Patient knowledge about the help and assistance that is available, for example, in the form of Support Groups and Information Sessions can have a considerable impact on how patients can become responsible, self care and manage their conditions to good effect.

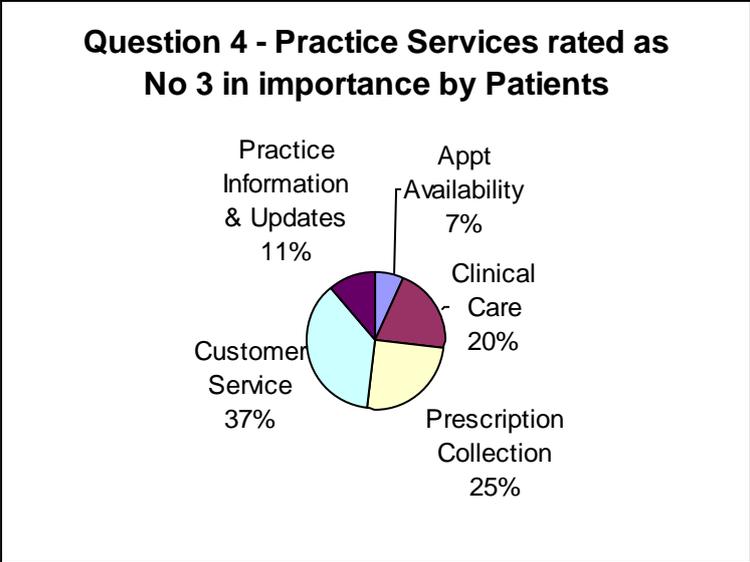
The Group considered that in the long term and in this way, patients can begin to think how they can manage their health in partnership with their Health Care Professionals if they have a condition already and also becoming more aware about their health before they become ill if at present they are in good health.

Rated No 2 Appointment Availability = 41
 Clinical Care = 77
 Customer Service = 37
 Prescription Collection = 33
 Practice Information & Updates = 14
 (No answer at all for Question 4 = 2)



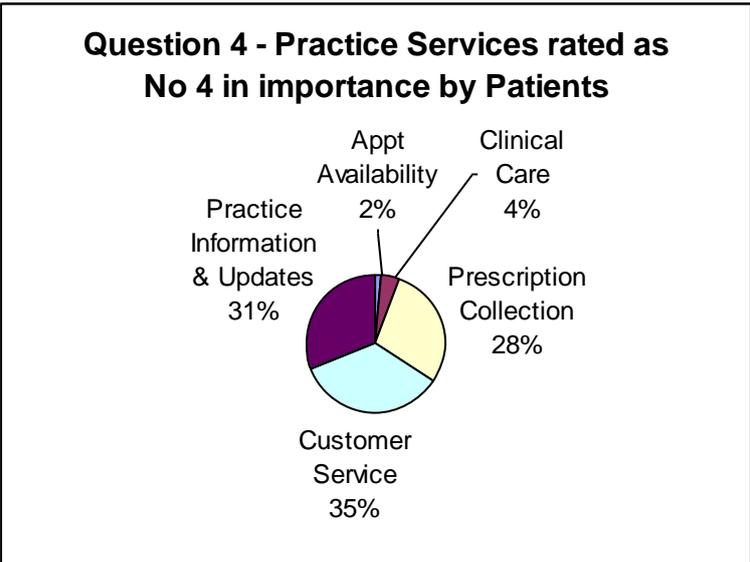
The above chart shows the shift in the way that patients perceive the 5 services when they rate services as No 2 - with greater emphasis on Clinical Care.

Rated No 3 Appointment Availability = 13
 Clinical Care = 36
 Customer Service = 68
 Prescription Collection = 45
 Practice Information & Updates = 21
 (No answer at all for Question 4 = 2)



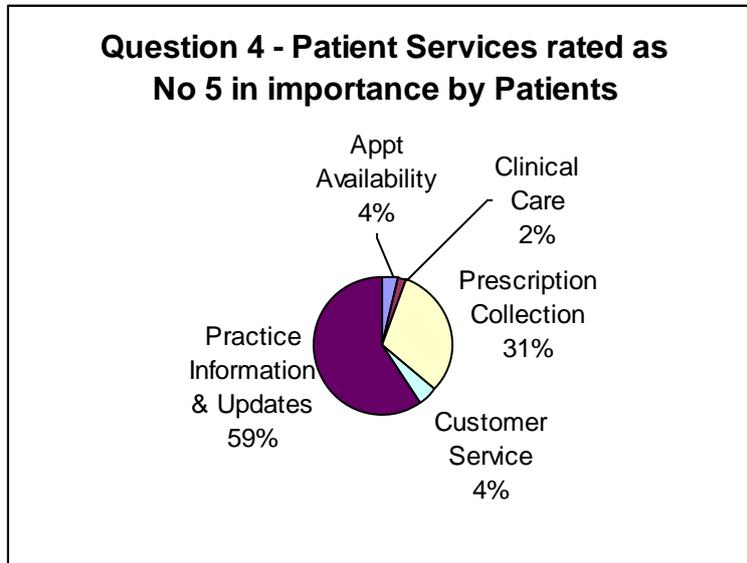
Again, there is a shift in the way that patients regard the service that is important to them when they rate services as No 3. Customer Service becomes the most important.

Rated No 4 Appointment Availability = 3
 Clinical Care = 7
 Customer Care = 56
 Prescription Collection = 46
 Practice Information & Updates = 51
 (No answer at all for Question 4 = 2)



Customer Service is again rated highly as No 4, with Practice Information & Updates and Prescription Collection following. Appointment Availability is no longer considered a priority by most patients.

Rated No 5 Appointment Availability = 6
 Clinical Care = 3
 Customer Service = 7
 Prescription Collection = 49
 Practice Information & Updates = 94
 (No answer at all for Question 4 = 2)



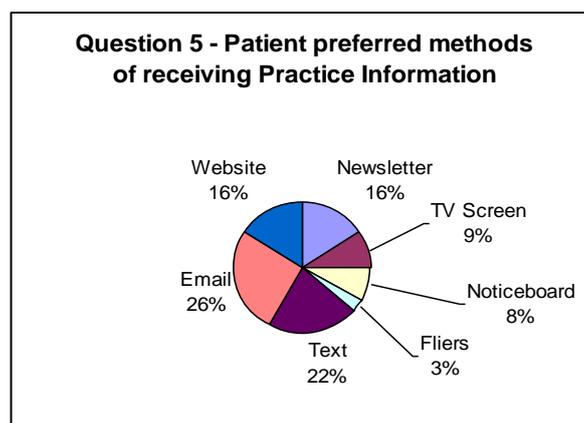
There is a total reversal when patients are asked to rate the importance of services to them as No 5. Practice Information & Updates is the highest when rated as No 5 in importance and the percentages for appointment availability & clinical care are very low.

Question 5 – Ways patients would like to be informed about Practice Information

Results - Newsletter =52, TV Screen=31, Notice board =27, Fliers = 10, Text = 71, Email = 87, Website = 52, No answer to Question 5 = 4

After discussion the Group thought that in order for the overall results to have been consistent it would have been useful to either limit the answers to one or indicate that multiple answers were allowed both on-line and when using paper copies.

Please note that as explained above some of the patients who completed Question 5 highlighted more than one preference as opposed to the patients who completed the survey on-line who were limited to just one preference. Therefore, the total number of responses is in excess of the number of patients who completed the Practice Survey.

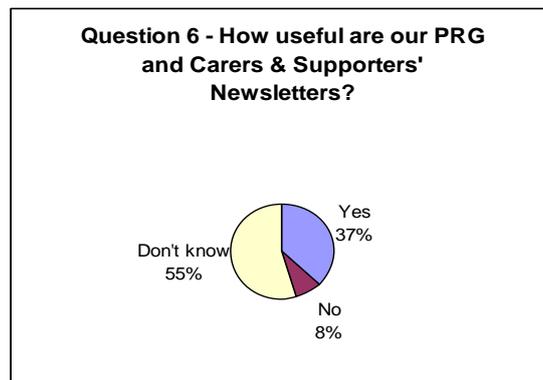


Question 6 - How useful are our PRG Newsletters (including our Carers and Supporters' Newsletters)?

Results - Yes = 88 No =20 Don't know = 129

The Group thought that on reflection it may have been more productive to have re-phrased this question, first of all ensuring that all respondents were aware of the meaning of 'PRG' and had sufficient interest in both the Patient Representative Group and the Carers and Supporters' Newsletters to give meaningful answers that could assist in indicating improvements to future editions.

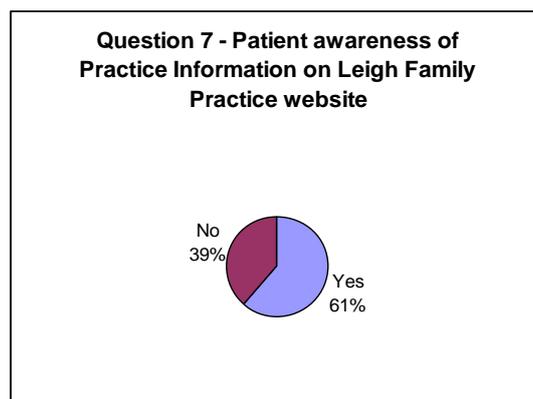
However, the question did reveal the extent to which Patients had had access to these publications and used this facility to gain Practice Information and this gave a useful insight into how this issue could be resolved.



Comments: Whilst there were some very positive comments, including how informative the patients found the Newsletters, a significant number of the patients commented that they had never seen one.

Question 7 – Patient awareness of finding information on the Practice website.

Results - Yes = 141 No = 90



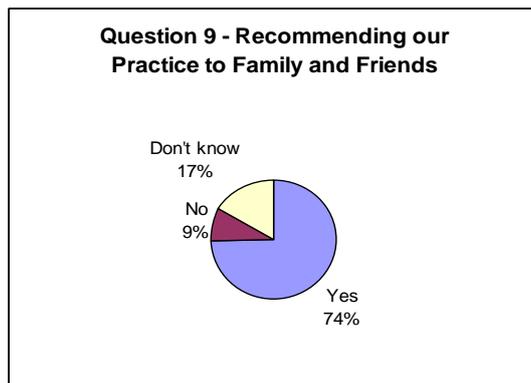
Comments: Most of the patients who answered 'no' to this question commented that they did not have access to the internet.

Question 8 - The patients were asked to identify what information they would like the Practice to give them.

Results: Comments: A considerable number of patients used this box with constructive comments such as requesting information about a variety of health topics – especially for those patients who did not have internet access. A few requested information about the times of Open Surgeries. However, the majority of the comments related to the difficulty that patients were experiencing in obtaining appointments.

Question 9 – Patients were asked if they would recommend the Practice to Family and Friends

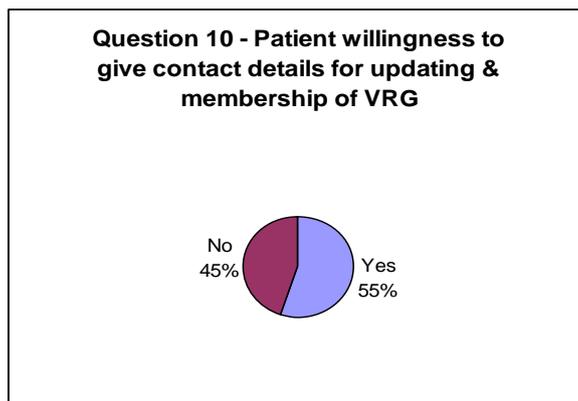
Results - Yes = 169 No = 21 Don't know = 38



Comments - There were some very positive comments especially about the Clinical and Reception Staff but most of the comments focused on access and the difficulty in obtaining appointments that the patients were experiencing.

Question 10 – Optional: Contact details for updating & VRG

Results - Yes = 132 No = 110



It was encouraging that over half of the patients who responded to the survey felt confident and interested enough to give their contact details (both on-line and on paper copies) so that their details could be updated and that they could join in the VRG.

Describe any other methods in which the views of registered patients were sought

A number of younger patients and Carers were contacted by email.

Furthermore, the views of several registered patients were sought opportunistically at times when patients were in the waiting room and it was convenient for the patients to engage in a general conversation of this nature.

**Provide the PRG with an opportunity to discuss the survey findings
and reach agreement with the PRG on changes to services**

Agreed Actions

The results were collated in house and copies were handed to the members of the PRG to peruse. Then, Members of the PRG discussed the Survey, results and action plan at length during a PRG Meeting.

An additional meeting was called following one of our monthly Carers and Supporters' Meetings at which additional members from the Practice had volunteered to attend. A number of Carers also attended. The findings and action plan were discussed further.

PRG comments and discussion points and agreed changes and actions

Question 1

The PRG noted that the gender of the survey respondents (38% males and 62% females) was slightly different to the patient population (49% males and 51% females).

The reasoning behind this was felt to be that generally males were less interested in health than females and consequently they were less inclined to complete questionnaires of this nature.

The Group highlighted the need to encourage a greater percentage of males to become interested in health and respond to surveys in the future. This could be achieved through education, campaigns and encouragement to include males in activities. As a step towards correcting this imbalance, the Carers and Supporters' Coffee Morning (that a number of males attend already) is scheduled to have the Health Improvement Team talk about Men's Health, Cancer and Health Champions on 11 June 2013.

Question 2

The PRG felt that it was important to continue to raise awareness at the lower end of the age spectrum and to encourage these patients to become involved in their healthcare even if they have no apparent current problems by taking increased responsibility and enhancing their wellbeing.

Question 3

The PRG would continue to encourage patients from all areas of Leigh to become active in patient participation and come forward with their views on how the Practice can evolve.

Question 4

The PRG noted that there had been a very significant proportion of patients who had highlighted difficulties in obtaining appointments. The Group felt that this issue should be tackled by identifying both short and long term goals. Short term goals could involve changes to the rotas and the appointment of an additional GP to maintain staffing levels.

In addition, there was an immediate need to look at the number of patients who were not attending for their appointments and subsequently stopping other patients from taking their place. This issue had already been addressed in the latest Newsletter but the message needed to be reinforced continually.

In the short term, it would be necessary to continue to encourage patients to attend the Surgery appropriately ie encourage attendance at the Nurse-Led Minor Illness Clinics and also emphasise the need to attend A & E, the Walk-In Centre and request pharmacy advice when appropriate.

The patients who had responded to the survey focused on appointment availability as their number 1 priority but the PRG felt that once issues concerning appointments had been resolved that patients should be encouraged to consider other aspects that would positively impact on their wellbeing. The impact on the Clinical Care and the Customer Service are obvious ways that patient well being can be enhanced but in addition the whole practice team benefits when the wider team which includes patients and staff is working together and everyone is valued for their contribution.

In the longer term, the PRG felt that patients, including younger patients, should be encouraged to view health as an important aspect of their lives and to take active responsibility to enhance their wellbeing rather than only taking action when they have become ill. This could be achieved by encouraging patients to lead a healthy lifestyle to avoid illness wherever possible and also by encouraging an understanding of health. Following the recent attendance of 5 patients on the Royal Society of Public Health Level 2 Accredited Award Understanding Health Improvement Course and additionally 5 patients who achieved Stop Smoking Brief Intervention - Level 1 Training, it was felt that further cohorts of patients should attain these foundation qualifications so that they could champion healthy lifestyles.

Moreover, the PRG were keen in the long term reduce the need for appointments and to promote practical measures that maintain patient wellbeing. One way of achieving this would be to encourage patient physical activity and enhance their mental wellbeing by raising awareness of the problems associated with, for example, obesity. Patients could be encouraged, for example to join in or be referred into the 'Get Walking Programme' due to start in May 2013, initially led by Active Living that the Practice has initiated as a Patient-Led activity. A further practical measure would be the continuation of the Carers and Supporters' Coffee Mornings that aim to give practical support to this group of patients and so aid their wellbeing.

In the above ways, the Group felt that in the future the current patient emphasis on appointments should be encouraged to shift towards patient responsibility and working in partnership with the Practice. The above Practice Services of Clinical Care, Customer Service, the availability of appointments when needed and issuing of prescriptions along with relevant and useful Practice Information and good communications all play their part in achieving this.

Question 5

The Group were keen to establish the most effective methods of reaching patients to inform them of Practice and health information along with developments. The survey respondents indicated that many would like to receive information by Newsletter, email and through the website. A smaller group would like a TV Screen although there may be restrictions in some buildings on their use and a number of patients preferred the traditional methods of relaying information through a notice board and fliers. A large number of patients would like to be informed by text although the amount of information would be restricted using this method.

From the results of the survey the Group deduced that use of the Newsletter is the most effective method because this can be distributed 3 ways ie via email to the Virtual Reference Group (provided individual Patients are happy to receive them), via the website and as paper copies in each of the 4 sites for the patient who do not have internet access. The survey had highlighted that some patients do not attend the Surgery often and so distribution of the Newsletters by email could be very useful together with encouraging Patients to access the Practice website regularly.

Question 6

The Group had anticipated that many patients would be willing to give constructive feedback regarding the Newsletters that had been available during the past year so that this information could be used in the future. However, although a number found them to be both interesting and informative it was disappointing to find that a significant number of patients responded to the survey by indicating that they 'didn't know' and had never seen one. This was despite these being available as paper copies at Reception at each site, with a number having been colour printed, laminated and left on the seats for patients to read, emailed to patients and in addition, being available on the Practice website.

The Group felt that the action plan should include ways in which the patients could be encouraged to take an interest in the PRG and the Carers and Supporters (possibly up to 10% of the patient population) and their Newsletters. The Practice already supports Staff, PRG and Carer input and it may be useful to actively involve patients too. In their discussion the Group felt that both the production and the distribution of Newsletters should be a team activity.

Question 7

The Group decided that the numbers aware of finding information on the website are encouraging and hoped that this would increase in the future.

Question 8

The number of patients giving ideas regarding information including health messages that they would like the Practice to give out was relatively small but encouraging as it was a step in the right direction for patients to take responsibility and learn about health topics.

Question 9

Although the majority of respondents would recommend the Practice to Family and Friends, the Group discussed this matter and concluded that it was necessary to resolve any issues with appointment availability at the earliest opportunity.

Question 10

The Group were encouraged by the number of patients in this survey (over half of the respondents) who were willing to allow their contact details to be updated and engage in the Virtual Reference Group. This shows a positive and healthy wish to become involved in the Practice developments.

Were there any disagreements?

No, the Group were in complete agreement.

Agree an action plan with the PRG and seek PRG agreement to implementing changes

Action Plan

How did you agree the action plan with the PRG?

The PRG met with the Practice Management on two lengthy occasions to discuss the results of the Survey and to draw up and agree on an action plan. There was also communication with members of the PRG via email and telephone regarding the action plan.

What did you disagree about?

There were no items that were disagreed about.

Are there any contractual considerations to the agreed actions? No

Agreed action plan including a summary of any further action to be taken

ACTION PLAN

	Summary of Discussion	Solution & Action	Timescale & Action by:
1.	To maintain and ensure as far as possible that the overall aim of completed surveys in the future is to continue to ensure that all patients are represented demographically.	Continue to encourage patients at the lower and upper ends of the age spectrum to take part. Also, to emphasise the need and benefits for men to be involved in their Health and that completing a survey can help the monitoring process. Action: Through education sessions eg Men's Health at the Carers & Supporters' Coffee Mornings supported by the Health Improvement Team.	Ongoing Men's Health – 11 June 2013. Carers' Coffee Morning involving the Health Improvement Team.
2.	To educate the patients that their opinions regarding Patient services are valued and that they have the opportunity to have a positive impact on improving the services offered by the Practice through the PRG.	To continue to work on obtaining an open & constructive dialogue with patients. Action: Through a variety of Communication channels – detailed below.	Throughout the year whenever the opportunity arises but also through planned communication channels.
2. (1)	To encourage a greater percentage of patients to use the on-line facility for completing surveys (if available) in the future.	Action: Feedback to patients from the results of this survey emphasising the benefits of dialogue using the on-line facility.	Feedback to patients on-line – regular reminders and particularly prior to future surveys.
2. (2)	To emphasise to patients without internet access that their survey results are valued and that paper copies will be available for them to complete.	Action: Dialogue to patients using non-electronic methods eg paper copies of newsletters, notice boards, posters etc.	Regular feedback but particularly prior to future surveys.
2. (3)	To engage patients by highlighting the practical ways that the Practice can communicate with Patients and conversely that the patients can communicate effectively with the Practice to enhance the level of trust.	Action: By creating an ethos whereby patients are pro-actively encouraged to continue to share their concerns (non-personal) with the Practice through the PRG and vice versa and by informing the patients of the ways that this is possible.	By regularly sharing a dialogue through Newsletters etc emphasising the 'You said', 'We did' aspects.
3.	To emphasise that there is a need for all patients to understand that taking an interest in health issues and that by rising to the challenge of improving their wellbeing, even if there are no apparent health problems, rather than waiting until there is a crisis, is beneficial to themselves and their families.	Action: By educating the patients that this is possible ie increasing the number of patients (5 of each to date) who have attended the RSPH , Level 2 Accredited Award in Health Improvement & Stop Smoking Brief Intervention - Level 1 Training Also understanding by the Practice of how patients perceive health – voluntary attendance at above training.	Encouraging the next cohort of patients to attend the Health Improvement Training scheduled for May 2013 .

3. (1)	To encourage behaviour change so that patients take appropriate responsibility for their health by working collaboratively with their Health Professionals.	Action: As above in 5, using all relevant communication channels detailed below. Encouraging patients to contribute to Newsletters etc and 'tell their stories'.	At every opportunity
4.	To alleviate the present patient focus on appointment availability by resolving these issues as far as possible and encouraging patients to consider other aspects that have positive patient outcomes.		Ongoing
4. (1)	Short term changes: To identify ways that changes in the Staff Rotas can have a positive impact on the availability of appointments		Ongoing
4. (2)	The appointment of new Clinical Staff to maintain staffing levels.		At present
4. (3)	Patient understanding of the significant adverse effect of Patients who do not attend for their appointments can have on appointment availability for those who do need to see a Doctor or Nurse.	Action: Continue to emphasise this in Newsletters, on-line and in each waiting room.	Ongoing
4. (4)	Encourage patients to attend in-house Nurse-Led Minor Illness Clinics and also A&E, Walk-In Centre & obtain appropriate pharmacy advice appropriately.	Action: Distribution of Nurse-Led Minor Illness Clinic Information Booklets & availability of 'Choose Well' etc literature.	Ongoing
4. (5)	Long term changes Encourage patients to lead healthy lifestyles and focus on information relating to this and take responsibility and self-care.	Action: Information available in Newsletters & Patient courses as above. Participation in 'Get Walking Programme'. Look after Carers.	Ongoing
5.	Methods. See below		
6. (1)	Whole team production & distribution of Newsletters	Action: Available to patients at every opportunity. Encourage patients to access them on website. Encourage them to receive newsletters via email Colour & laminated paper copies in waiting room. Sample paper copies in all Clinician's rooms	Ongoing throughout the year Whole Team
7.	Encourage patients to use website	Action: Through newsletters, posters etc	Ongoing
8.	Encourage patients to suggest health topics that would be of interest to all patients through the PRG.	Action: Build up a climate where patients feel easy about making suggestions and that they are valued and respected for doing so.	Ongoing but publicise that patients can make suggestions prior to PRG Meetings.
9.	Reduce the Patient emphasis on appointments	Action: Encourage patients to think of health in its wider sense.	Ongoing

10.	Continue to encourage patients to give their contact details to update the Practice records and engage in the VRG.	Action: Make it known through posters and newsletters that it is important to keep contact details records for Patient / Practice liaison & communication.	Ongoing
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Publicise actions taken and subsequent achievements

Local patient participation report

The report was publicised and circulated to patients

Publicised on the Practice website, paper copies on display at each site on notice boards and an 'easy reading' Newsletter version will be available later for patients to take and read at their leisure. These will publicise the Survey and its results as well as what actions will be taken.

Practice website address and a link to where the report is located on the practice website

www.leighfamilypractice.co.uk Home page

Opening Hours

Confirm opening times of the practice premises and method of obtaining access during core hours. This should include arrangements under extended hours where applicable.

Practice Opening Hours:

8am-8pm Monday – Friday

8am – 12noon - Saturday

Method of obtaining access during core hours:

Access is available at Bridgewater Medical Centre, Wigan Road Surgery, Higher Folds Surgery and Leigh Health Centre during the above hours.