

2013/14 Patient Participation
Local Participation Report

Leigh Family Practice

Patient Reference Group (PRG) Profile

Number of face to face members	10	
Number of virtual members	108	
Age & Sex breakdown	Male	Female
Under 16 -	0	0
17 – 24 -	6	6
25 – 34 -	5	12
35 – 44 -	8	17
45 – 54 -	9	8
55 – 64 -	6	12
65 – 74 -	8	6
75 and over -	3	4
Ethnicity	Virtual Group N/K	
White	10 PPG Members	
Mixed		
Asian / Asian British		
Black / Black British		
Chinese / Chinese British		

Other ethnic group		
Employment Status		
Working	31 male and female respondents to survey	
Unemployed		
Retired	17 male and female respondents to survey	
<p><i>Other (e.g. no of carers)</i></p> <p>Carers 17 Patients with Long Term Health Conditions 60 + 10</p>		
What the practice did to ensure that the PRG is representative of the practice registered patients		
<p>The longstanding PPG is made up of both male and female patients, some have a current caring role and others have been carers. Some have one or more long-standing health conditions.</p> <p>To ensure that all age groups were represented the practice consulted and obtained the views of 108 patients virtually by completing an initial 'Priorities Questionnaire'. The Receptionists at all four sites pro-actively encouraged the patients who attended over a 3-4 week period to collect prescriptions, to make appointments, attend open surgeries and a number of clinics that included Phlebotomy, Doctor and Nurse Clinics. This pro-active approach ensured that patients at each end of the Practice age spectrum had had the opportunity to give their views and feedback about what they perceived as the priorities that the Practice / PRG should focus in order that the Practice can develop in the future. This virtual group also consisted of carers and patients with various long-term health conditions.</p> <p>Several patients of different ages were consulted by email.</p>		
Groups that are not represented on the PRG and what the practice did to attempt to engage those groups		
<p>To increase the number of patients who were willing to give their views and feedback we monitored the number of initial 'Priorities Questionnaires' and subsequent survey responses from each site and lengthened the time that the patients' responses were captured.</p> <p>There has been active discussion about the engagement of younger patients as part of the TABA initiative and we would like to pro-actively focus on this in the future.</p> <p>The Practice has a mainly white Patient population but we do have a Polish speaking Doctor to engage with the Polish patients. We see a need to further engage the ethnic minority patients that includes Polish patients and this will be included in our future planning sessions.</p>		

How we identified and agreed with the PRG priorities for 2013/14 to be included in a local practice survey

The Patients were asked to free write their own ideas on a 'Priorities Questionnaire' form about what they perceived to be the Priorities that the Practice should focus on in order to develop further. We collated these ideas and a report was written using the listed items and detail that the patients had given us and found that the majority of the Patient responses focused on appointment availability along with other areas that adversely impacted on availability to some degree.

Members of the PRG were consulted on a number of occasions and the issues were discussed at length with various solutions offered.

The Doctors were consulted at one of their GP Meetings and the priority responses were discussed. The Doctors were keen to ask the Patients what they perceived as their Long Term Health Conditions.



Priorities

Questionnaire Result:

A draft survey was drawn up and we were keen to tackle the issue of appointment availability by looking at all aspects that impact on the overarching topic of appointment availability. We agreed that this method would be a useful way of tackling individual issues that also impacted into the overarching issue of appointment availability, highlighted by the Patients.

What these priorities were

The main priority consisted of appointment availability but in addition the patients highlighted other priorities that we felt were adversely affecting the appointment availability.

These included reducing the number of DNAs, the ability to get through on the phones and information about where to go for help. The patients seemed focused on having more Doctors, Nurses and Open Surgeries but we felt that it was possible to address the overarching issue of appointment availability by dealing with other aspects that interrelate and together would have a positive impact. These are listed below.

Other priorities cited by the patients included the proposed new build at Higher Folds and car parking facilities particularly at Wigan Road Surgery.

2013/14 Local Practice Survey

How we agreed with the PRG the content of the local practice survey

We considered that it was important to obtain the patients' own ideas (allowing them to free write) about how various issues could be resolved rather than ask for their responses to all multi-choice questions.

A draft survey was drawn up and we were keen to tackle the issue of appointment availability by

looking at all aspects that impact on the overarching topic of appointment availability.

These involved:

- Reduction of the number of DNAs (an issue that had been highlighted by the patients),
- Patient education regarding knowledge and understanding about the appropriate attendance (CHOOSE WELL Campaign),
- Patients' knowledge about the OOH,
- Patients' confidence and willingness to self-care with the help of their health professionals,
- Their knowledge about Long Term Health Conditions,
- The level of support they had been given regarding LTHC
- Patients' own perceptions of what Long Term Conditions they had (a definition was given)
- Their ability and preferred ways to order prescriptions and book appointments online,
- Patients' preferred appointment times,
- Their experience of making appointments:
- Their views about Open Surgeries (that already take place)
- Their satisfaction about contacting the surgery by phone and seeing to a nurse or GP the same / next day.
- Patient ideas about how various patient groups, particularly male and younger patients could be engaged.

It became evident that not only were the above necessary to consider as part of the bigger issue of appointment availability but that the issues above were interlinked.

The Doctors were particularly interested in finding out about the patients' perceptions of long-term conditions and a definition was offered at the top of the survey.

Additionally, a definition of the term 'Carer' was given.

How we agreed with the PRG the way in which the survey would be conducted

Members of the PRG agreed that the surveys should be placed on the Practice website so that patients could print off the form, complete it and hand it back into Reception. It was decided not to use Survey Monkey (as used last year).

Additionally, paper copies were printed off and distributed to all four sites. Surveys would be available for patients to complete over a period of approximately 3-4 weeks. These would be available to patients who came to each site to collect prescriptions, make appointments, attend for any of the clinics that were on and these would include open surgeries, phlebotomy clinics, doctor and nurse clinics.

The surveys would be collected and collated by a member of staff and the results would be shown in

both graph and table form with the patients' own ideas listed. The results would then form the basis for discussion with the PRG regarding the Action Plan.

Other methods used to seek the views of registered patients

Consulting the General Practice National Profiles results available online and comments with PPG.

Practice survey results on the NHS Choices website with PPG.

2013/14 Local Practice Survey Results

An overview of the results of the local practice survey is detailed below

169 completed local practice survey forms were returned.

We were pleased with the number of constructive comments and helpful suggestions that the patients offered in response to both the 'Priorities Questionnaire' and the Local Patient Survey and we feel that by undertaking this exercise that the patients have been given the opportunity to voice their ideas and also to have an understanding of the ways that the various aspects relating to appointment availability can impact both in a positive and a negative way on each other and also directly.



LEIGHGRAPHSSurvey "LEIGH FAMILY
yResults2014.doc PRACTICE PATIENT !

How we provided the PRG with the opportunity to discuss the findings of the local practice survey

Face to face and telephone discussions were held with some PRG members and the issues were discussed at length whilst other members were contacted by email and their responses were taken into consideration.

The results were displayed on the notice boards and feedback forms were available at all four sites.

How we agreed an action plan with the PRG based on the findings of the local patient survey

The Survey Results were collated and the findings were discussed by the PRG. We had received a significant number of responses from the patients that detailed their ideas. We found that the ideas for the reduction of DNAs, for example, were quite diverse but overall were balanced as when taken together some suggestions were quite strict and others were softer in approach. It was agreed that our Action Plan should consist of an initial meeting to discuss and prioritise these Patient ideas and then progress this with a planning session to take these ideas forward in a systematic way. It was thought that the other Patient suggestions of encouraging men and younger people to engage in their health matters and hold Health Promotion events etc should follow the same format.

We hope that further uptake of the online facilities will reduce the amount of time that the receptionists spend on the telephone and maybe increase the time dealing with patients who attend the Practice.

The action plan then took into consideration the need to feedback to patients by various communication methods and the Newsletter, flat screen, website and NHS Choices were identified as useful methods.

Areas which were highlighted from the findings of the local practice survey where we were unable to take any action and why

There were some areas that were highlighted from the 'Priorities Questionnaire' that we could not take any action and these were:

- An increase in the number of Doctors, however it is not possible to do this because of the lack of available and suitable doctors (the Practice has advertised previously) and financial constraints.
- The building of the new Surgery at Higher Folds that is currently being addressed.
- The car parking facilities at Wigan Road Surgery that cannot be changed.

2013/14 Action Plan

2013/14 Action Plan (and how this relates to the findings of the local practice survey)



"LEIGH FAMILY PRACTICE ACTION PLAN" "LeighFamilyPractice Main points and Action Plan"

We devised two versions of the Action Plan. Both include the topics in the Patient Survey and how the issue will be addressed with one being a working document that provides detail that can be added to and highlighted on completion as a working document. This provides a simple structure of giving a time scale, how and what we realistically hope to achieve and the need for evaluation – SMART – as an evolving document. The other document is a simple Action Plan.

Significant changes we have made / plan to make to the services the practice provides

Our objective is to aim to increase appointment availability without the need for additional opening times or increasing the number of clinical staff as far as possible. We hope that as a result of DNA reductions, increased awareness of the CHOOSE WELL Campaign, patient awareness of self-caring and patient education of long-term conditions that these will have a positive impact.

How we publicised the local patient survey results and action plan to our registered patients

Survey results and the Action Plan as a working document (SMART) and a simplified Action Plan were placed on the website and on the notice boards at all four sites.

The Survey Results and the Action Plan were also emailed out to several patients.

Our next Newsletter and also the flat screen at Wigan Road will include the above. We are planning that the patients will decide on the content to reflect the Survey Results and Action Plan.

Link to practice website where this report and related information can be found

www.leighfamilypractice.co.uk

2012/13 Action Plan – overview of progress against last year’s action plan

Production and distribution of Newsletter and we have started to work on the next one.

Health Improvement Team Men’s Health at Carers’ Coffee Morning, Alzheimer’s Society

Attempts made for a second cohort of patients to attend the RSPH Level 2 Accredited Award in Health Improvement, one day Healthy Lifestyle Course that unfortunately had to be cancelled.

Working with Active Living over 12 weeks to lead 50 minute ambles around Higher Folds. There was one patient and several members of staff who were interested and were involved potential leaders but who unfortunately could not complete the required training due to work and other commitments. This activity has had to be postponed until training has been undertaken.

Completion of the new surgery at Wigan Road that has facilities for Health Promotion events. A number of representatives from Health Professionals attended the opening ceremony with their literature and stalls. These included Active Living, Smoking Cessation Service, Age UK, Alzheimer’s Society etc

Use of the flat screen at Wigan Road and working on future content.

Active Living, Age UK, the Smoking Cessation Service, Health Trainers and the Drug and Alcohol Team are involved with the Practice.

Availability of Nurse Led Minor Illness Clinic Information Booklets and Choose Well literature.

Asking for patients’ opinions and suggestions to show that these are valued and used.

We have one patient who has undergone training in Smoking Cessation Education by the Smoking Cessation Service and who is involved with patients and is supported by the Service.

Patient Access

Practice Opening Hours

Leigh Family Practice

Bridgewater Medical Centre	8am-8pm Monday to Friday	8am-12 Noon Saturday
Wigan Road Surgery	8am-8pm Monday to Friday	8am-12 Noon Saturday
Higher Folds Surgery	8am-6.30pm Monday to Friday	CLOSED Saturday
Leigh Health Centre	8am-6.30pm Monday to Friday	CLOSED Saturday

How to access services throughout core hours i.e 8.00am – 6.30pm Monday to Friday

In person, Telephone, Fax, Online ordering prescriptions and Online appointment booking (24 hours)

Extended Hours

6.30pm-8pm Monday-Friday at Bridgewater Medical Centre and Wigan Road Surgery
8am-12 Noon Saturday at Bridgewater Medical Centre and Wigan Road Surgery