



Ashton, Leigh and Wigan

Patient Participation Directed Enhanced Service

Practice Details:

Leigh Family Practice

Practice Code: **Y02322**

T. Num: **0194 248 1830**

Bridgewater Medical Centre
Henry Street, Leigh WN7 2PE
Tel: 01942 481830 Fax: 01942 481847

Wigan Road Surgery
155 Wigan Road, Leigh WN7 5DE
Tel:01942 481830 Fax: 01942 481591

Higher Folds Surgery
6 The Centre, Richmond Drive, Higher Folds, Leigh WN7 2XY
Tel: 01942 481830 Fax: 01942 481996

Leigh Health Centre
The Avenue, Leigh WN7 1HR
Tel: 01942 481830 Fax: 01942 483452

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Develop a Patient Reference Group

(Fig 1)

Patient Reference Group		
Number of Face to Face Members	13	
Number of Virtual Members		
Age and Sex Breakdown	Male	Female
Under 16	0	2
17 - 24	2	3
25 - 34	2	3
35 - 44	3	9
45 - 54	5	6
55 - 64	8	11
65 - 74	4	7
75 - 84	4	2
85+	0	1

Ethnicity		
White	9	7
British and/or Mixed British	32	30
Asian or Asian British	0	0
Black or Black British	0	1
Chinese or other ethnic group	1	3
Other	0	0

Differences between the practice population and members of the PRG

(Fig 2)

PPG Population

Male		
Under 16	0	0.00%
17-24	2	7.14%
25-34	2	7.14%
35-44	3	10.71%
45-54	5	17.86%
55-64	8	28.57%
65-74	4	14.29%
75-84	4	14.29%
Over 84	0	0.00%
Total	28	100.00%

Female		
Under 16	2	4.55%
17-24	3	6.82%
25-34	3	6.82%
35-44	9	20.45%
45-54	6	13.64%
55-64	11	25.00%
65-74	7	15.91%
75-84	2	4.55%
Over 84	1	2.27%
Total	44	100.00%

Practice Population

Male		
Under 16	794	21.77%
17-24	346	9.48%
25-34	529	14.50%
35-44	542	14.86%
45-54	539	14.78%
55-64	427	11.71%
65-74	311	8.53%
75-84	126	3.45%
Over 84	34	0.93%
Total	3648	100.00%

Female		
Under 16	800	20.73%
17-24	436	11.30%
25-34	605	15.67%
35-44	482	12.49%
45-54	518	13.42%
55-64	427	11.06%
65-74	313	8.11%
75-84	195	5.05%
Over 84	84	2.18%
Total	3860	100.00%

Yellow = Most represented patients/highest number of patients in age group
 Blue = Least represented patients/highest number of patients in age group

From this, we can see that for males, the highest amount of patients in the practice population, are between the ages of 45 to 64. This is slightly off with the PPG population, as the most represented age group for males is ages 35-54.

For females, the majority of patients are in between the ages of 25-34, and 45-54. However, it is the 35-44 and the 55-64 age brackets which are most represented in the PPG.

The average number of representatives per age group for males is 4, whilst the average for females is 5. The highest number of males in one age group is 8, whilst the lowest is 2. For females, the highest is 11, whilst the lowest is 1.

Because the practice has tried to engage every age group, the difference between the age groups isn't massive. The average number of representatives for both sexes is about 50% less than the age groups with the most members. Apart from these two age groups which are highly represented (55-64 Males and 55-64 Females) the other age groups are pretty much equal. There may be other reasons as to why this age group is more heavily represented, as the practice has tried its utmost to ensure that every group is approached and asked to participate, and still is. This is evident in the all but 1 of the age groups, mentioned above.

Validate the survey and action plan through the local patient participation report

The PPG (face to face members) had several meetings with the practice management. Both the PPG and practice management worked together to ensure that the survey was asking questions that both parties agreed were a priority. In order to achieve this, we both looked at where we thought the practice could make improvements to the services it offers. Eventually, this unearthed multiple problems under a common theme that both we and the PRG thought could be addressed. We both believed that a lack of communication from the practice to the patients was a problem – however, we could not prove this. Both the PRG and practice agreed on a survey that would ask the patients if there were any aspects of using the service that they were unsure of, such as the various ways of booking appointments. If we could identify a specific break down in communication, the practice could then set out to ensure that it focused more on educating the population on that particular aspect of the service.

Collate patient views through the use of a survey

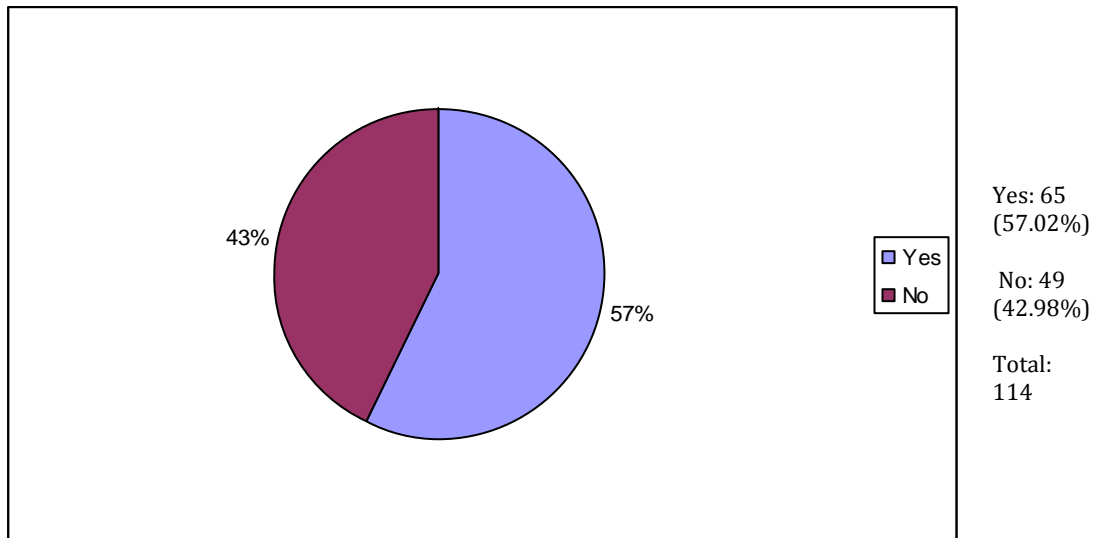
When we identified that a lack of communication between the practice and service users was a problem, we had to look at what specifically was the most important service that may not be being used, and which ones were most beneficial to the patients. From using past patient feedback, and feedback from the PRG, we felt that we had to ensure that the patients knew of the various methods they could book an appointment from. Both parties agreed that if service users were using the multiple methods in place to book appointments, then it would make the experience a lot more streamlined and painless for the patient. To better understand what the patients did and didn't understand, we drew up questions that would identify which methods were least understood/used.

To ensure each surgery was represented, we supplied at least 20 paper surveys to each of them. We sent out over 100 online surveys via email to the virtual group.

Survey results

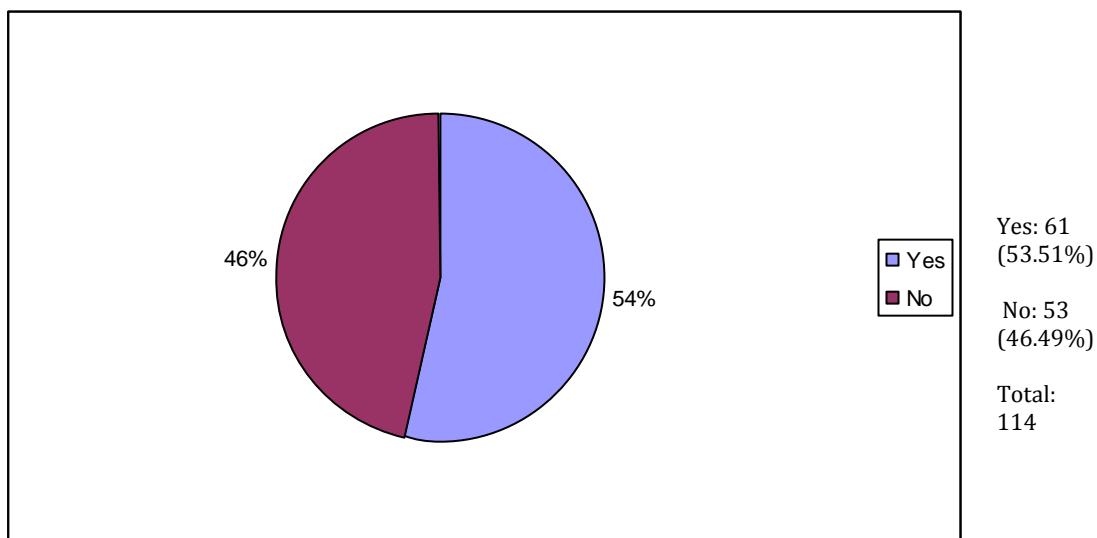
Question 1

Would you consider using the online booking facility?



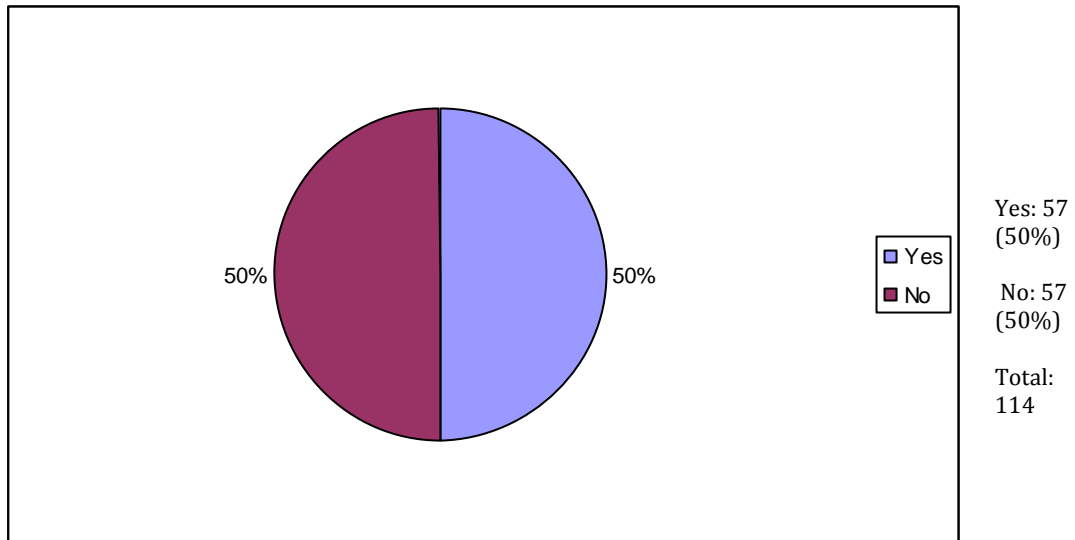
Question 2

Are you aware that the practice can provide telephone consultations for patients?



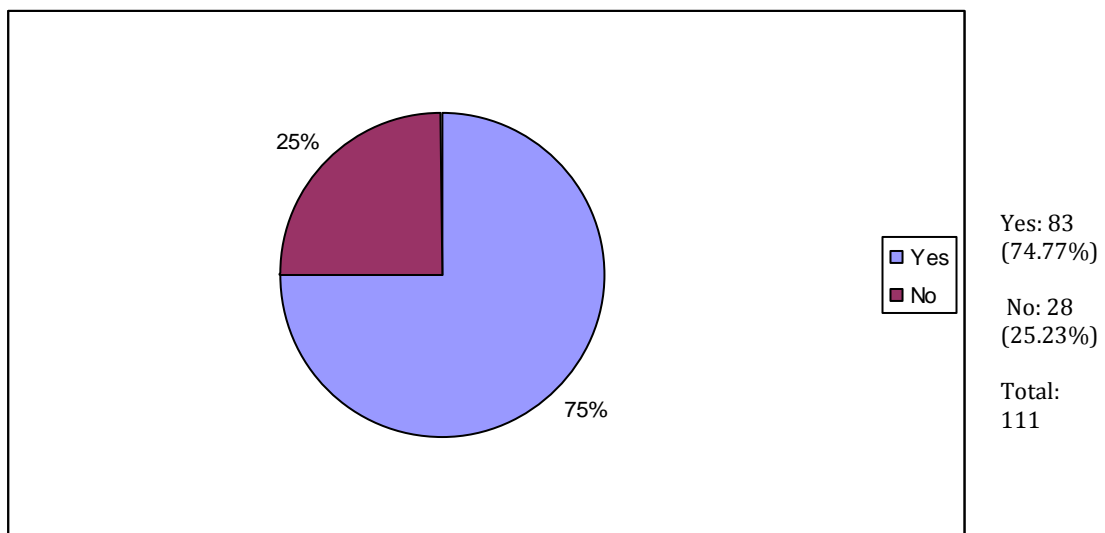
Question 3

Are you aware that there is a Nurse-Led 'fast track' service for Patients with minor illness? (Mon-Fri)



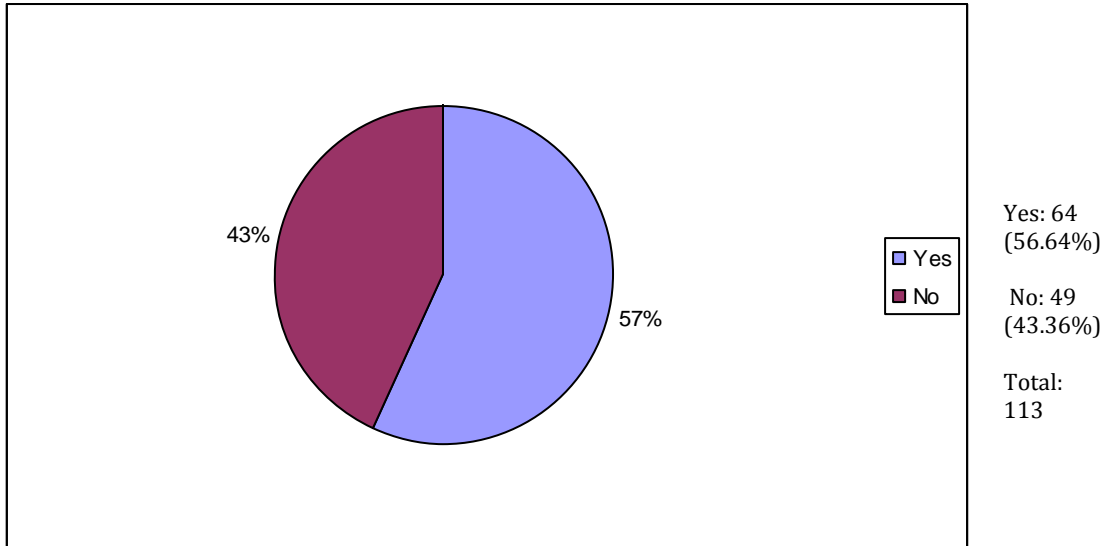
Question 4

Would you attend an 'Open Surgery' for health problems on the same day?



Question 5

Are you aware that there is a Leigh Family Practice Patient Participation Group (PPG)?



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

Once the surveys were completed and the totals tallied, we invited members of the PRG for a meeting in the practice. We left enough time free in order to discuss all aspects of the survey and allow time for questions, queries and general thoughts about the results. The PRG, like us, were particularly pleased with the number of respondents, as well as the number of people who commented. A lot of the comments asked for more information on the PPG and what it does, which is encouraging.

Once the PRG had looked at the survey and its results, we engaged in talks as to what the PRG felt was best to address the issues the results had raised. The PRG gave ideas about what could be done to address the lack of patient knowledge in regards to some of our more untraditional methods of service, such as telephone consultations and the nurse-led fast track service.

Both parties then agreed that it was in the benefit of the patient if they have more choice of service, but this could only be exploited if the patients knew what was being offered. Therefore, we agreed that the current channels the practice uses to give patients information should be tailored around the survey results. The objective would be to improve patient knowledge of the services on offer, as well as demonstrate that we are listening to the patients and want to adapt to their feedback.

Action Plan

After meeting with the PPG and listening to their ideas for what action should be taken to address issues found from the survey results, the following measures have been thought about:

Q1:

Almost **3/5's** of our patient's would consider using the online booking service. This means, just under **2/5's** wouldn't, or don't know about the online booking service.

We believe that patients should be reassured about the safety of online booking, as well as educating patients that it is simple and easy to use. Because it's relatively simple to use the service, the instructions should be the same. This can be done through notice boards at each practice, through the practice newsletters, as well as leaflets dedicated to demonstrating the online booking service.

Q2:

Almost **½** of our patients don't know about the telephone consultations that the practice provides.

There may be a number of reasons why patients don't use the telephone consultation service, such as some patients commenting that they prefer face-to-face. However, because almost **½** of those surveyed do not know about the service, we believe that educating patients about this service is a priority. This can be achieved by the methods described in **Q1s** action plan, such as newsletters and notice boards. However, Doctors and Nurses at the practice should reassure and educate patients on telephone consultations.

Q3:

½ of our patients don't know about the nurse-led fast track service. There may be a number of reasons for this, but again, a lack of communication from the practice in the form of education is the challenge.

The practice needs to explain the benefits of this service. Although the practice already does this, regular information in newsletters and on the notice boards should be used as well as the posters the practice currently has. Reassurance may also be needed to help explain what the nurses can do for minor illness, as opposed to seeing a doctor.

Q4:

¾ of our patients would like to attend an 'Open Surgery'. However, from the comments we can see that some people do not understand what an 'Open Surgery' is, and some have commented that this would be inconvenient due to work commitments.

The practice has already starting trialling 'Open Surgeries' at a number of sites, which have been popular. However, the balance of appointment vs. open surgeries needs to be ensured in order to offer more choice to the patients, as well as making sure there are appointments in place for people who have time commitments, such as full-time work.

Q5:

Just over 2/5's don't know about the PPG, and what it does. It is encouraging that over half of those surveyed understand to some extent what the PPG does, and demonstrates that the PPG and practice's attempts at providing information to patients about this is being listened to.

The practice and PPG should continue its efforts at educating patients about the PPG and what it does. As well as the methods listed in the previous questions, the PPG believe that telling patients what they do would be an effective means of communicating to patients what they do.

Misc:

From all the questions, we both agreed that the practice will provide a special newsletter and leaflets publicising the survey to patients. This will include the information we need to emphasise from the survey results, as well improving the quality of the newsletter, in terms of appearance etc.

We also had a low response rate from our virtual members, as opposed to people who filled out paper surveys. The PPG and practice believe that more emphasis on acquiring patient's emails will help with the communication of more patient choices, such as online booking.

Advertising and Publicising the Report

The practice will be providing newsletters to patients at each practice publicising the survey and its results, as well as what actions will be taken.

As well as this, the report will be available on the practice website:

<http://www.leighfamilypractice.co.uk/>

It will also be advertised on notice boards at each practice.

Practice Open hours: 8am – 8pm Mon – Fri. 8am – 12noon – Sat.

Appendix

Age and sex of patients who completed surveys

Age	Male	Female	Unknown/No Details
<16	0	2	
17-24	2	3	
25-34	2	3	
35-44	3	9	
45-54	5	6	
55-64	8	11	
65-74	4	7	
74-84	4	2	
85+	0	1	
Total	28	44	41

Postcodes and Member status of patients who completed surveys

Postcode	Num. of Patients Registered	% of Patients Registered	Num. of PPG Registered	% of PPG Members	Number of VRPG Members	% of VPRG Members	Num. of Patients Completing Survey	% of Patients Completing Survey
L35	1	0.01%	0	0.00%	0	0.00%	0	0.00%
L39	1	0.01%	0	0.00%	0	0.00%	0	0.00%
M21	1	0.01%	0	0.00%	0	0.00%	0	0.00%
M3	1	0.01%	0	0.00%	0	0.00%	0	0.00%
M28	2	0.03%	0	0.00%	0	0.00%	0	0.00%
WN1	2	0.03%	0	0.00%	0	0.00%	0	0.00%
BL3	3	0.04%	0	0.00%	0	0.00%	0	0.00%
WN3	3	0.04%	0	0.00%	0	0.00%	0	0.00%
WN4	3	0.04%	0	0.00%	0	0.00%	0	0.00%
WN5	3	0.04%	0	0.00%	0	0.00%	0	0.00%
BL5	8	0.11%	0	0.00%	0	0.00%	0	0.00%
M29	77	1.03%	0	0.00%	0	0.00%	2	1.75%
M46	137	1.83%	0	0.00%	3	2.94%	2	1.75%
WA3	234	3.13%	0	0.00%	3	2.94%	1	0.88%
WN2	246	3.29%	2	20.00%	4	3.92%	3	2.63%
WN7	6748	90.33%	8	80.00%	92	90.20%	66	57.89%
Unknown							40	35.09%
Total	7470	100.00%	10	100.00%	102	100.00%	114	100.00%