

LANGTON MEDICAL GROUP

LOCAL PATIENT PARTICIPATION REPORT 2012/13

This document aims to include all the information required by the Department of Health to meet the Direct Enhanced Service for Patient Participation for 2012/2013.

a) A description of the profile of the members of the Patient Reference Group (the Practice calls the Patient Reference Group the Patient Participation Group or PPG)

The original members of the Patient Participation Group (PPG) were invited to join it by the Partners, and since then we have publicised the PPG on Practice newsletters, on the new patient questionnaire, on the dedicated PPG notice boards in both the main and the branch surgeries, on the Practice website, on the envisage screen in the main surgery waiting room, in the PPG leaflet and by having awareness sessions when the PPG members talk to patients and carers in the waiting rooms about the Group and invite them to join the Group or access it via the PPG website.

Some of the original invited patients declined to join the Group, and since the Group began in 2010 one member has retired from it, another has passed away, one member has left the area and three have become “e-mail/virtual” members because they are unable to attend the meetings at the moment. Other members have joined the Group and we are have 19 current members.

Table showing the Age Range, Gender and Ethnic Origin of the current PPG

Patient	Age range	Gender	Ethnic Group
Patient 1	65-74 years	Male	British or Mixed British
Patient 2	25-64 years	Male	British or Mixed British
Patient 3	65-74 years	Female	British or Mixed British
Patient 4	25-64 years	Female	British or Mixed British
Patient 5	65-74 years	Female	British or Mixed British
Patient 6	65-74 years	Female	White British
Patient 7	65-74 years	Female	White British
Patient 8	25-64 years	Female	British or Mixed British
Patient 9	25-64 years	Female	British or Mixed British
Patient 10	25-64 years	Female	British or Mixed British
Patient 11	65-74 years	Female	White British

Patient 12	25-64 years	Male	Other Asian Background
Patient 13	25-64 years	Female	White British
Patient 14	25-64 years	Male	African
Patient 15	25-64 years	Female	Ethnic Category Not Stated
Patient 16	25-64 years	Male	Left blank
Patient 17	65-74 years	Female	White British
Patient 18	18- 24 years	Female	Left blank
Patient 19	25-64 years	Female	White British

Of the 19 patient members we have 5 men and 14 women, with 11 members in the age range 25-64 years, 7 members in the age range 65-74 years and 1 member in the age 18-24 years age range. 8 members have stated their ethnic category as British or Mixed British, 6 as White British, 1 as Other Asian Background, 1 as African, 1 as Ethnic Category Not Stated and 2 have left this information blank.

b) The steps taken by the Practice to ensure that the PPG is representative of its registered patients and where a category of patients is not represented, the steps taken in an attempt to engage that category

Ethnic Background of the Practice Patients

The table below shows that 91.5% of the Practice population states their ethnic background as one of the 2 categories: British or Mixed British or White British. Roughly 75% of the PPG members state their ethnicity as British or Mixed British or White British. This means that minority ethnic backgrounds in total are represented more in the PPG membership than in the Practice population. Unfortunately the members from minority ethnic groups do not attend the meetings regularly.

Table showing the Ethnicity of the Practice Population in March 2013.

States Ethnic Group	% of the Practice Population
British or mixed British	65.34
White British	26.16
Ethnic group not stated	3.05
Other White background	2.78

Indian or British Indian	0.28
English	0.25
Polish	0.24
White	0.19
Other ethnic	0.19
Irish	0.18
Other Asian background	0.16
African	0.16
Caribbean	0.14
White Irish	0.13
White and Asian	0.10
Baltic Estonian/Latvian/Lithuanian	0.09
Other Mixed Background	0.06
Bangladeshi or British Bangladeshi	0.06
White British	0.05
White and Black Caribbean	0.05
White and Black African	0.05
Other Black Background	0.04
Other Asian or Asian unspecified	0.04
Welsh	0.03
Other White or White unspecified	0.03
Nepalese	0.03

Traveller	0.01
Other mixed white	0.01
Other White European/European unspecified/Mixed European	0.01
Japanese	0.01
Italian	0.01
Greek Cypriot	0.01
Ethnic group not given	0.01
Black and White	0.01
Total	100

Feedback from the staff suggests that we have a number of patients from Eastern Europe and we should try to enlist at least one patient from Eastern Europe to be a PPG member, so that we can learn what we can do to make services accessible to people from this area.

Action Taken

At the flu immunisation clinics we encouraged all patients to join the PPG and we gained another female member who states her ethnic background as White British.

Age of the Practice Patients

Historically within the practice population we have had a higher than average for South Staffs PCT of 5-14 year olds and under 15 year olds and we are slightly lower for all other age groups. Our PPG has mainly adult representation of between 25-64 years and 65-74. Also we have a young adult member. We feel that it would not be appropriate to recruit patients under 15 years old to join the PPG.

Action Taken

In May 2011 the PPG members spent a day in the 2 waiting rooms, at the branch and main surgeries, talking to patients to raise awareness of the group, gaining feedback and comments about the Practice and encouraging more people to become members. We plan to have more sessions like the ones above during 2013 to encourage more patients to participate in the Group.

We need to work at gaining membership from the under 25 age group and we have given copies of our PPG leaflet to our Health Visitor colleagues to display at their baby clinics. However this group of adults is difficult to encourage to become members of the PPG because they are busy with young children, so in October 2012 a PPG member went to the health visitor well-baby clinic to ask the parents to complete the patient survey. In this way we engaged with the young parents to seek their views and raise awareness of the PPG.

The Health Visitors display the PPG leaflets to try to keep awareness of the group raised in their clinics.

We have information about the PPG in the waiting rooms and on Practice literature e.g. the new patient questionnaires and the PPG leaflet.

The PPG has a word press site with information about meetings and an invitation for patients to write comments. Efforts are being made to encourage patients to visit the word press site by information on the PPG notice boards in both surgeries and on the Practice website.

We have put leaflet racks near the PPG notice boards in both surgeries so that leaflets about the PPG and the National Association for Patient Participation can be displayed and taken away by anyone interested.

We produced a newsletter in October 2012 to update patients on what we have achieved since the action plan was agreed in following the patient survey in 2011/2012. This was useful to show to patients when they were completing the patient survey in the autumn of 2012.

In March 2013 we produced another patient newsletter to publicise the action agreed as a result of the patient survey conducted in October 2012.

c) Details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local practice survey

The PPG meets every two months. Prior to the PPG meeting on 19 June 2012 the Group members were sent a sample of a questionnaire offered by a company called CFEP. With the agreement of the PPG the practice had used the CFEP questionnaire in the first year of the Patient Participation DES.

At the PPG meeting in June 2012, the sample questionnaire was discussed in the meeting and the questions on it were considered. The PPG agreed that the questions were pertinent and feedback would be useful.

The Group agreed that in view of the Department of Health requirements it would be simplest to use an "off the shelf" questionnaire with a company that would provide the questionnaires, analyse the answers and feedback and then produce a report for a fixed sum, and that by using the company and survey we had used in the previous year it would provide a basis for useful comparison.

To view the sample questionnaire please see pages 15 and 16 of the Improving Practice Questionnaire Report to the Practice in December 2012 by CFEP.

d) The manner in which the contractor sought to obtain the views of its registered patients

It was agreed that patients at the autumn flu clinics in 2012 and a health visitor well-baby clinic would be invited to complete the patient questionnaires. The members of the PPG kindly gave their help to give out and collect the paper patient surveys, and if a patient needed help to complete the survey the PPG members gave their assistance.

As well as older people any patients who have a chronic disease e.g. asthma, are eligible for a flu immunisation and attend these sessions, so by surveying patients and cares registered with the Practice at the flu immunisation sessions and a health visitor well-baby clinic we were asking regular users of the Practice across all the age ranges.

e) Details of the action taken by the Practice to provide an opportunity for the PPG to discuss the contents of the action plan

The report written by the company following analysis of the completed questionnaires was sent to all the PPG members, Practice staff and Partners in January 2013. On the 13th February 2013 we had a large meeting of the Practice staff and Partners with the PPG members to discuss the issues raised in the report, and agree what issues needed action, what action should be taken and the timescales for that action. 5 members of the PPG attended the meeting and 2 sent in comments by e-mail.

The action plan agreed at the meeting was written up and a draft was sent to the PPG members and the Partners for comment before it was finalised.

After the action plan was finalised the Practice Manager and a member of the PPG jointly wrote a user friendly newsletter explaining the agreed action.

The newsletter is available on the Practice website. Copies of the newsletter are available in the PPG leaflet racks in the waiting room in both surgeries, on the reception desks and at the 2 chemists near to our main and branch surgeries.

f) Details of the action plan setting out how the finding or the proposals arising out of the local practice survey can be implemented and, if appropriate, reasons why any findings should not be implemented

The action plan agreed by the PPG and the Practice at the meeting in February 2013 is set out below.

The action will be done to meet the timescales agreed and set out in the plan. There were no points that the Practice refused to action that the PPG felt should be implemented.

ACTION SHEET AGREED BY THE PRACTICE AND THE PPG FOLLOWING THE PATIENT SURVEY REPORT FEBRUARY 2013

PROBLEM	SOLUTION	LEAD	TIMESCALE
1 At times there is a long queue at the front desk, this might be due to a variety of reasons including more patients being registered with the Practice is offering more services.	To help the staff on the front desk deal with the patients queuing we need to take the telephone calls on to the new side desk. This will depend upon receptionist availability due to covering long term sickness.	SB	As soon as the reception team is back at full complement
2 Difficult for patients to get through on the telephone	To reduce telephone calls explore making blood test appointments available through EMIS Access.	SB	April 2013
3 When a doctor tells the patient that he/she wants to see him/her again in x amount of weeks to follow up the patient it can be difficult for that patient to book an	The doctor will book the follow-up appointment for the patient to ensure the patient has an appointment in the timescale	All doctors	February 2013

appointment for the timescale that the doctor specified.	specified by the doctor.		
4 Difficulty seeing doctor of choice	To encourage patients to book with other clinicians when appropriate, and not always choose their usual doctor we could inform patients of the role and expertise of the nurse practitioners and the times that they are available.	DS	June 2013
5 Several comments from patients in the Survey Report showed that patients do not know about our early morning and late evening appointments, the services we provide, or that the Practice has a website.	Produce practice literature that updates patient of our services and availability. Put information on the envisage screen to encourage patients to look at our website.	DSSB	June 2013 April 2013

g) A summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local practice survey

Please see pages 1 to 11 of the Improving Practice Questionnaire Report to the Practice in December 2012 by CFEP for statistical evidence relating to our survey.

h) I Details of the action which the Practice, intends to take as a consequence of the discussions with the PPG in respect of the results, findings and proposals arising out of the local practice survey.

This action is included in the table titled "Action Sheet Agreed by the Practice and the PPG Following the Patient Survey Report February 2013". Please see (f) above.

H) II Details of the action where the Practice has contracted in the Scheme for the year, or any part of the year, ending 31 March 2012, has taken on issues and priorities as set out in the local patient participation report: the action sheet

A number of tasks from the action plan agreed in January 2012 have been done and are set out below.

Difficult for patients to get through on the telephone: the Partners have increased the number of reception staff so that there are three instead of two reception staff on each shift.

Lack of privacy at reception: we have bought equipment to mark a defined area and direction for queuing for reception, and to enable patients speaking at the desk to have more space for privacy.

Problems getting through to cancel appointments: we advertise the practice mobile number for patients to text to cancel appointments.

Lack of self care information: we have put a link on our Practice website to www.patient.co.uk which provides self care information.

A number of tasks from the action plan agreed in February 2013 have been progressed already:

1 The following points are included on the Practice and PPG Newsletter March 2013:

Explanation of the role of nurse practitioners.

The availability of advanced nurse practitioner appointments up to 1.00 pm and from 1.30 pm

Information about the availability of our early morning and late evening appointments

The reasons why we do not offer Saturday morning surgeries

2 Doctors have been asked to book follow-up appointments for patients that they want to see again in a specified time scale, to ensure that the patient has an appointment in the timescale specified by that doctor.

H) III the opening hours of the practice premises and the method of obtaining access to services throughout the core hours

The opening hours at our main surgery are 8.00 am to 6.30 pm Monday to Friday and at the Whittington branch surgery are 8.00 am to 12.15 pm.

Patients can telephone and visit the Practice to book appointments to see clinical staff face to face. Patients can also book appointments on line. If patients wish to book appointments on line they need to ask at reception for the information they will need to register for EMIS Access, which is the service we use for online booking.

H) IV where the contractor has entered into arrangements under an extended hours access scheme, the times at which individual healthcare professionals are accessible to registered patients.

Our extended hours appointments are 6.30 to 8pm on a Tuesday evening at the main surgery and 7.30 to 8.00 am at the Whittington branch surgery on Monday mornings.