# Brook Lane Surgery

# Local Patient Participation Report

### 15th March 2014

**A description of the profile of the members of the Patient Reference Group (PRG):**

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|  | **Practice population profile (actual numbers of patients in brackets)** | **PRG Profile****(actual numbers of patients in brackets)** | **%Difference** |
|  | **Age** |
|  | % Under 16 | 17.35% (2006) | % Under 16 | 0 | 17.35% |
|  | % 17 - 24 | 7.65%(884) | % 17 - 24 | 6.67% (1) | 0.98% |
|  | % 25 - 34 | 9.78% (1131) | % 25 - 34 | 6.67% (1) | 3.11% |
|  | % 35 - 44 | 11.98% (1385) | % 35 - 44 | 6.67% (1) | 5.31% |
|  | % 45 - 54 | 14.91% (1723) | % 45 - 54 | 13.32% (2) | 1.59% |
|  | % 55 - 64 | 12.97% (1499) | % 55 - 64 | 6.67% (1) | 6.30% |
|  | % 65 - 74 | 13.01% (1504) | % 65 - 74 | 60% (9) | -46.99% |
|  | % 75 - 85 | 8.77% (1014) | % 75 - 85 | 0 | 8.77% |
|  | % Over 85 | 3.58% (413) | % Over 85 | 0 | 3.58% |
|  |  |
|  | **Ethnicity** |
|  | **White** |  | **White** |  |  |
|  | % British Group | 98.86% (11427) | % British Group | 100% (15) | -1.14% |
|  | % Irish | 0.12% (14) | % Irish | 0 | 0.12% |
|  | **Mixed** |  | **Mixed** |  |  |
|  | % White & Black Caribbean | 0 .14% (16) | % White & Black Caribbean | 0 | 0.14% |
|  | % White & Black African | 0.06% (7) | % White & Black African | 0 | 0.06% |
|  | % White & Asian | 0.06% (7) | % White & Asian | 0 | 0.06% |
|  | **Asian or Asian British** |  | **Asian or Asian British** |  |  |
|  | % Indian | 0.08% (9) | % Indian | 0 | 0.08% |
|  | % Pakistani | 0.08% (9) | % Pakistani | 0 | 0.08% |
|  | % Nepalese | 0 | % Nepalese | 0 | 0 |
|  | % Bangladeshi | 0 | % Bangladeshi | 0 | 0 |
|  | **Black or Black British** |  | **Black or Black British** |  |  |
|  | % Caribbean | 0.08% (9) | % Caribbean | 0 | 0.08% |
|  | % African | 0.23% (27) | % African | 0 | 0.23% |
|  | **Chinese or other ethnic group** |  | **Chinese or other ethnic group** |  |  |
|  | % Chinese | 0.27% (31) | % Chinese | 0 | 0.27% |
|  | % Any Other | 0.02% (3) | % Any Other | 0 | 0.02% |
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|  | **Gender** |
|  | % Male | 49.02% (5666) | % Male | 40% (6) | 9.02% |
|  | % Female | 50.98% (5893) | % Female | 60% (9) | -9.02% |
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|  | **Practice Specific Care groups** |
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|  | 80-Bedded Nursing Home | This Nursing Home is for patients with dementia and it is therefore not appropriate for any of its service users to be part of our PRG but one of the PRG members has a relative in the Nursing Home so we feel it is represented in this way |  |
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There are currently 15 members in our PRG. The current PRG membership is representative of its practice population with regard to ethnicity. 98.86% of the practice’s patients are White British and, whilst 100% of the PRG members are White British, we feel this is very representative.Our PRG is also fairly representative of our practice population with regard to gender. There is a 49/51 split in the gender of our patients and a 40/60 split in the gender of our PRG. The practice has found that the current membership of the PRG reflects the types of patients who have a certain level of confidence and free time. The practice holds evening meetings to attract patients who are either in education, have children of school age or are working. Unfortunately patients such as children/young people, carers, and parents with small children in particular, have not come forward or are unable to offer their time. 25% of the practice population are under 25 years of age and this age group is now represented within our PRG. |

**A description of what steps the Practice has taken to ensure that the PRG is representative of its registered patients and where a category of patients is not represented, the steps that have been taken by the Practice in an attempt to engage that category:**

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| Prior to April 2011 Brook Lane Surgery did not have a PRG, but has attracted members to the group by publicising its meetings through its website, newsletter, notice board, community network screen, display leaflets etc in and around the practice.The practice has tried to target specific registered patients, particularly ethnically underrepresented groups, through various means. For example, the clinical staff have specifically asked individuals in these groups, and the local large secondary school has been visited and made aware of the PRG. All new patients are invited to join the PRG as they register.We are acutely aware of the need to engage the young end of our practice population and continue to invite pupils of the local secondary school to be involved in helping our patients with surveys and understanding our on-line appointment and prescription ordering service in an attempt to draw them into the surgery setting in the hope this may encourage them to join our PRG.Engaging the upper end of our practice population (over 85 years of age) has not been easy but we were hopeful that running a campaign alongside our flu clinics this year would be productive. Our 2013/14 flu campaign did result in two patients in this age group expressing an interest in our PRG but, sadly, they have yet to attend a PRG meeting due to ill health. |

**A description of the steps taken to determine and reach agreement on the issues which have priority and should be included in the Local Practice survey:**

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| The PRG membership has changed considerably since its inaugural meeting and, therefore, the practice was keen to reiterate the roles and responsibilities of the group to ensure that, before it sought the views of its patients on the priority areas, these were understood. These having been explained, the PRG were once again very keen to look at and compare issues previously surveyed regarding their patient experience with regards to appointments, telephone access, seeing a GP of their choice. The PRG also wanted a view of what the patients at Brook Lane Surgery think about the services it receives from the GPs, Nurses and staff. To this end, at a meeting on 14th August 2013, the PRG decided to repeat the IPQ (Improving Practice Questionnaire) survey that the practice undertook in 2006, 2007, 2008, 2011 and 2012**.** Having made this decision, the specific questions to be asked were inherent in the IPQ survey and not open to amendment. Since the aim was to make a comparison with previous years, this was felt to be entirely appropriate.This decision was taken primarily because the practice had agreed to increase its list size; significantly, by taking on those patients of a local branch surgery that was closing who did not wish to transfer to the main surgery. This was the biggest change to have happened at Brook Lane Surgery for many years and so it was felt important to see if these changes have affected the experience of the patient at the practice. Using the same survey as in previous years was felt the most appropriate way to measure this. The 30th September 2013 was the last day that that patients from Locks Road Surgery, who chose not to register at Whiteley surgery, but were out of our usual catchment area, could register at Brook Lane Surgery. For this reason, it was decided to undertake the survey during October 2013.For the 2013/14 survey the patient experience at the practice was felt to be the correct basis for this year’s survey given that the majority of the complaints received by the practice were for areas covered in the IPQ survey.Furthermore, it was felt that effects of the practice changes, i.e. the expansion of the practice, would be best measured through the IPQ survey. The PRG had no CQC issues and it was felt that this area would be best addressed in the 2014/15 survey following a CQC inspection. |

**A description of the manner in which the Practice sought to obtain the views of its registered patients:**

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| Prior to the survey the practice displayed posters in and around the surgery informing patients that a survey would be undertaken. It also advised patients that the survey was supported by its PRG members at a meeting on 14th August 2013. The posters invited patients to contribute survey topics if there were any priorities or particular issues patients felt strongly about particularly given the planned practice changes of expansion of the list size due to the closure of a local surgery.No priorities or issues were received from patients other than those already addressed in complaints received during the year.National GP patient survey issues were felt to already be incorporated in the IPQ questionnaire.Since the priorities and issues addressed in complaints received were all included in the IPQ questionnaire the practice again wished to use this well established questionnaire, which is widely used in the UK, and presented it to the PRG for comment as to whether the questionnaire was suitable and met the areas/priorities to be included within the survey. The PRG unanimously supported the use of the IPQ within the practice, as they were happy in the knowledge that this particular survey had been used by over 4000 practices in the UK since 2004. The PRG acknowledged that the IPQ was a reliable and sensitive tool that accurately measured patient satisfaction. Due to difficulties obtaining a representative number of survey returns last year, the PRG wanted to personally hand out the surveys in the surgery setting. The patients attending on the days the PRG were represented were approached by the PRG member. The purpose and scope of the survey was explained to them and then the patient was invited to complete the survey. Doing this meant the patients were well informed as to the reason why they were being asked to complete the survey which, it was hoped, would mean they gave a more meaningful response. The practice looked at targeting various groups of patients and different times of the day (for example: baby clinic, extended access sessions, open access sessions and general routine appointments with GP/Nurses).The survey was conducted over a two week period during October 2013. The PRG were actively involved in ensuring that patients participated in the survey.This method of engaging our patients in the survey was so successful that it was not necessary to ‘mop up’ by asking clinicians to hand out any of the surveys as it has been in previous years.Questionnaires were completed by patients and returned, anonymously, to the practice via a survey box. A statistically relevant total of 310 questionnaires were completed and sent to CFEP UK for analysis and a report of the findings was compiled. |

**A description of the steps taken by the Practice to provide an opportunity for the PRG to discuss the contents of the action plan:**

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| The practice received an analysis of the local patient survey which pinpointed the areas where the practice had scored well and also those areas where improvements might be needed. The analysis detailed a page by page guide to interpretation of the practice report to aid the practice and PRG in understanding the results.This analysis was sent to the PRG members via email, or personally delivered to the PRG members without email, when it was received in order to give ample time for the members to read and digest its contents before the results were discussed. The results were discussed in detail at a meeting on 12th February 2014, which enabled the PRG to compile an action plan based on the findings/results. It is recognised by the practice that the actions thought necessary were limited. This was due to the sombre mood under which the PRG meeting of 12th February 2014 took place. Dr Graham Newman, senior partner, had unexpectedly passed away on 3rd February 2014 and his funeral was to be held the day after the meeting at which the action plan was discussed. In addition, one of the Health Care Assistants at Brook Lane Surgery, Maura Easterbrook, had unexpectedly passed away two day before Dr Newman and her funeral was to be held 5 days after the meeting. Two partners from Brook Lane Surgery were present at the meeting which, under the circumstances, was greatly appreciated by the PRG.The minutes of this meeting were circulated to those unable to be present at the meeting in February 2014 to enable these members of the PRG to contribute towards the action plan. A time limit was given for any such contribution.Having taken into account the points raised at the meeting and those raised by members of the PRG unable to be present at the meeting, the action plan was produced and the practice was able to agree the action plan.The final action plan was shared with all members of the PRG. |

**A description of the findings or proposals that arose from the local Practice survey:**

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| Patients were asked a total of 28 questions with regards to the practice; the practitioner; the staff and areas around complaints, illness prevention and reminder systems.The practice received positive comments regarding the care and attention the patients received. There was a high level of satisfaction with consultations with all the clinical staff. In addition, there was a level of empathy expressed regarding the difficult situation the practice found itself in with regard to the sudden increase in its list size.The practice received negative comments regarding the inability to get through to the practice on the telephone in a ‘reasonable’ time, the long queues at the reception desk, the fact that the reception desk is closed at lunchtime and the fact the practice is not open at the weekends.Of the 28 questions, the practice’s mean percentage scores fell in the middle 50% of all means for 13 questions and the lowest 25% of all means for 15 questions. In reviewing the order of performance with benchmark means scores, respect shown and confidence in ability showed the highest mean scores, followed by warmth of greeting and ability to listen. The lowest mean score was with regards to seeing a practitioner within 48 hours, seeing a practitioner of choice and telephone access.Our overall score was 8 marks lower than the national mean score and significantly lower than the score achieved last year.In summary, 74% of all patient ratings about Brook lane Surgery were good, very good or excellent.The PRG recognised that, at the time of this survey, Brook Lane Surgery was, as in 2012, facing exceptionally mitigating circumstances. The closure of a local surgery led to a 22% increase in the list size at Brook Lane Surgery in less than a year. The list size continues to grow, albeit it at a slower rate post September 2013. The PRG recognised that the practice had recruited 2 GP partners who started on 1st May 2013.**Sample of responses found to be most positive** No improvement necessary, Very happy with the practice. I moved here a few months ago and must say very impressed with how quickly I can get an appointment compared to my previous practice.There has been a great improvement in the reception staff. Much friendlier, helpful and interested.I think the check in system is great, saves queuingI had the best treatment from all the doctors and nurses at this practice especially from one doctor whom I am grateful to for giving me all the time they gave me and for referring me for a second opinion.Personal contact of doctors and nurses is very goodCan think of no way to improve this practiceVery good overallThe doctor is a fantastic doctor. I fail to see any areas for improvementSimply excellentI accept that a surgery cannot always run to time but it was lovely that the patients were informed why when there was an excessive delay.**Sample of responses found to be least positive**Please make the car park biggerVery difficult to get through on the telephoneThis surgery needs to open at weekendsOpen at lunchtime and Saturday mornings. This would help those, like me, with frequent urine infectionsThe temperature in the waiting room is often too highThe practice needs more appointments. It is impossible to get an appointment within a weekSee patients on timeRemove all old magazinesVery busy, unable to get through on phone. Online booking should show more dates.Be more informative about the likely waiting time.Phone often engaged for long periods particularly first thing in the morning. |

**A summary of the evidence including statistical evidence relating to the findings or basis of proposals arising out of the local Practice survey:**

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**Description of the action which the Practice intend to take as a consequence of discussions with the PRG in respect of the results, findings and proposals arising out of the local Practice survey.**

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| The PRG have identified the following priorities:* Telephone Access
* To investigate if the Fareham Community Hospital could be more available
* To enable the appointments at the Fareham Community hospital to be available online
* Make the online booking system more informative
* To raise patient awareness of the effect of them not cancelling, in advance, an unwanted appointment

An appended action plan details the recommendations/priorities identified by the PRG/Practice for the 2013/14 survey and, in addition, outlines the actions taken with regard to the recommendations/priorities identified by the PRG/practice for the 2012/13 survey. |

**A description of the opening hours of the Practice premises and the method of obtaining access to services through the core hours:**

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| Brook Lane Surgery is open Monday, Tuesday and Friday 08.00 – 18.30 and on Wednesday and Thursday 07:00 – 20:00. The practice provides extended access on Wednesdays and Thursdays from 07:00 – 08:00 and from 18:30 – 20:00 which enables patients (particularly those in education/working) to access appointments at an earlier/later time.Patients can make appointments by telephoning or calling in to the practice to make an appointment at anytime the surgery is open with the exception of 13:00 – 14:00 when the telephone lines are diverted to an answer phone. The practice also offers online facilities, to enable patients to request repeat prescriptions and to book appointments via its secure website 24/7.  |

**A description of any extended opening hours that the Practice has entered into and which health care professional are accessible to registered patients.**

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| The practice provides extended opening hours on Wednesday and Thursday early mornings from 07:00 – 08:00 and on Wednesday and Thursday late evenings from 18:30 – 20:00.These are pre-bookable appointments. The healthcare professionals available during these sessions are GP’s and nurses for the early mornings and GP’s for the late evenings. |

**Brook Lane Surgery**

**Improving Patient Satisfaction**

**Practice Action Plan 2012/2013 – summary of actions taken**

| **Area for Improvement** | **Recommendation**  | **Action required** | **Practice Lead** | **Timeframe for changes** | **Comments /Achievements** |
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| 1 | Ability to get through to the Practice by Telephone | Increase the number of incoming lines or the number of staff or both. | * Consider a queuing system on the telephone rather than the patient getting the engaged tone when the two incoming lines are in use.
* Consider increasing staff numbers
* Consider auto attendant features that could provide information to patients when on hold
* Monitor telephone usage
* Consider increasing the percentage of appointments available online thus avoiding the need for the patient to telephone the surgery
 | Carolyn Hill | June 2013 | The receptionist team has been increased by 5 new receptionists who are now fully trained.The appointments available via the telephone or in person are now the same as those available online with the exception of the appointments at the Fareham Community Hospital.A new telephone system is, currently not being considered due to cost. |
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| 2. | Seeing a GP within 48 hours | Look at the number of appointment offered compared to other local practices allowing for list size. | * Telephone other local surgeries to ascertain their appointment/list size ratio’s and compare to that at Brook Lane.
 | Carolyn Hill | June 2013 | Our ratio of appointments offered compared to list size is exceptionally favourable in comparison with other local surgeries. |
| Consider increasing the number of appointments offered along with additional Open Access clinics. | * Increase the number of appointments offered to match those at other local surgeries if the ratio of appointments offered per 1000 patients is lower
 | Carolyn Hill | June 2013 | We have,therefore, not increased the number of appointments. However, looking at the number of appointments that patients simply don’t attend, we would have plenty of appointments to offer if these were cancelled in advance. |
| 3 | Patient Calling System  | Consider a visual announcement system | * Price up a visual patient announcement system and request that the practice purchase one.
 | Carolyn Hill | December 2013 | This is still being looked at but is, currently, not considered cost effective by the partners. |
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**Improving Patient Satisfaction**

**Practice Action Plan 2013/2014**

| **Area for Improvement** | **Recommendation**  | **Action required** | **Practice Lead** | **Timeframe for changes** | **Comments /Achievements** |
| --- | --- | --- | --- | --- | --- |
| 1 | Ability to get through to the Practice by Telephone | To improve the online system to include the Appointments available at the Fareham Community Hospital.To raise awareness of the importance of cancelling an appointment in advance if it is no longer needed. | * Investigate the possibility of having two sites clearly identifiable on the online access screens.
* Publish, in the waiting room the staggering number of appointments wasted simply because they are not cancelled.
* To make patients aware that, if all unwanted appointments were cancelled, they would not be a problem with patients obtaining an appointment. The knock on effect of this would be that the telephone calls receptionists handle would be shorter and therefore all calls would be answered in a timelier manner.
 | Carolyn Hill/Kim Auger | June 2014 |  |
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| 2. | Investigate the possibility of holding more clinics at the Fareham Community Hospital | To investigate the possibility of holding clinics outside of the current opening times of the Community Hospital. Currently afternoon clinics cannot be run at the hospital as they close at 17:00 which is far too early for us to utilise the hospital in the afternoons. | * To meet with the buildings personnel at the Fareham Community Hospital to discuss this.
 | Carolyn Hill | December 2014 |  |
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| 3 | To make the online booking system more informative  | To explain on the online system why nurses appointments are not available online.To allow Fareham Community Hospital appointments to be booked online. | * Investigate the possibility of adding information embedded in the online system to inform patients of additional useful information.
* Investigate the possibility of having two sites clearly identifiable on the online access screens.
 | Carolyn Hill/Kim Auger | June 2014 |  |
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Prepared by: Carolyn Hill – Practice Manager, Brook Lane Surgery – March 2014