

Daybrook Medical Practice

PATIENT PARTICIPATION REPORT 2012/13

Breakdown of practice population

Practice Population: 9350							
			Sex:	Male	4637	Female 4713	
Age:	Under 16's	1743					
	17 - 25	1030	36 - 45	1188	56 - 65	1177	
	26 - 35	1260	46 - 55	1318	66 +	1631	
Ethnicity:							
British, Mixed British	3945 or 42%	African		26	Irish		13
English	3	Mixed Black		446	Caribbean		32
Scottish	1	Chinese		25			
Welsh	0	Japanese		0			
Indian, British Indian	79	Polish		48			

The ethnicity report is taken from our clinical system, but is not fully accurate as many patients have indicated that they would prefer not to state this.

There are no specific minority groups within the practice population at present.

Establishment of Patient Representative Group

Breakdown of Patient group profile

		Practice Population profile	PRG profile	Differences between practice and PRG profiles
Age <i>List preferred age ranges and enter practice and PRG details</i>	U 16s	1743	0	Small representation from first 5 groups 81% aged over 45.
	17-25	1030	3	
	26-35	1260	1	
	36-45	1188	3	
	46-55	1318	4	
	56-65	1177	10	
	66+	1631	16	
Sex	Male	4637	20	This profile reflects that of the practice list.
	Female	4713	17	
Ethnicity <i>List relevant ethnic groups and enter practice and PRG details</i>	British/Mixed British	3945	36	97% of members from one ethnic group
	Mixed Black	446	0	
	Indian/British Indian	79	1	
	Caribbean	32	0	
	African	26	0	
	Polish	48	0	
	Irish	13	0	
	Scottish	1	0	
	Chinese	25	0	

Our patient group has been in existence since 2008 and the membership list has changed many times since then. However, we continue to publicise its existence and aim to recruit members from age and ethnicity groups who are currently under-represented in its membership.

The methods to attempt to recruit members are as follows:

- All new patients are given information about the group when registering with the practice.
- We have a message on the Jayex board in the waiting room.
- We have a message on the TV screen in the waiting room.
- We include details in the practice leaflet.
- We include a message in each edition of the practice newsletter.
- We have a section of the practice website devoted to the group.
- We have information leaflets left on the reception desk.
- There is a patient group notice board in the waiting room.
- We add messages to repeat prescription counterfoils periodically.
- Our current members often spend time in the waiting room talking to patients in an effort to identify barriers to their taking part.
- We have written to members of particular ethnic groups who are currently under represented inviting them to take part and have offered translation/interpreter services if required.

- We have asked allied health professionals (Health visitors, midwives, community psychiatric nurses and district nurses) to ask patients from various age groups if they are interested in joining.
- Our assistant manager has attended the meetings of the local neighbourhood group to explain what the group does in an attempt to generate interest.
- We have varied the time of day that the meetings take place to enable all groups to have the opportunity to attend. Meetings have taken place in the mornings, afternoons and early evenings.
- We have invited patients to register for the 'Virtual patient Group' if the prospect of attending meetings here was too much of a commitment.
- Our doctors and nurses have spoken to patients and carers when attending their annual learning disability health checks and we have telephoned local care institutions to establish whether any of their carers/clients would be interested.
- All our clinicians have opportunistically asked patients in under-represented ethnic groups whether they might be interested.
- We have liaised with local practices to ascertain whether they have any ideas and some of our members have attended their meetings and vice versa.

As well as trying to reflect the full age range and ethnicity of the patient list in the patient group, we also hoped we could perhaps include patients who suffer from long-term conditions, learning difficulties, young parents etc. Other groups we felt are not represented are disabled patients and carers. These groups could advise us of the particular difficulties they have experienced when trying to access services. We have had some success in this area, but we still have a long way to go. 2 of the current members have learning difficulties and we value their input as it offers a new perspective to us all.

We have had extreme difficulty attracting new members from the age/ethnicity groups that would fully reflect our patient list. As the group stands, 43% of our patients (aged 0-35) are not represented and this is disappointing, but not uncommon nationally.

Many patients underestimate the relevance their input can have in planning and commissioning local services. Many are already committed to full-time employment and families which leaves them with little free time to share with their GP practice. Few group members are of working age when 82.5% of our patients are 65 and under.

The group membership is almost exclusively White/British and although there are several other ethnic groups within the practice, few patients have felt they want to be part of the group.

To summarise, the membership of the patient group does not accurately reflect our patient list, but we are more than happy to maintain a patient group that is unrepresentative rather than discourage those who are keen to take part.

Our group work tirelessly to help and advise us and their enthusiasm is much appreciated by the partners and staff. The group are keen to ensure all patients' voices are heard.

Agreeing areas of priority with PRG

Our patient group was consulted in late summer to establish what they felt would be areas of priority to include in this year's patient survey. Some of the members then spent time in the waiting room on various mornings and afternoons talking to patients about which aspects of the services provided by the practice were perhaps not meeting their needs or that they considered could be improved. Suggestions and ideas were also sought.

The virtual group were also consulted by e-mail or text message.

The group got little response from patients in the waiting room and response from the virtual group was also minimal.

The patient group members felt that perhaps we could use the survey to ascertain whether patients were fully aware of local out of hours arrangements as has been reported nationally that inappropriate use of A&E is increasing. They were concerned that this might have a negative impact on health budgets locally.

Following on from last year's survey, they also felt that questions about telephone access might be useful. They also felt that there were still patients who were not fully aware of appointment booking arrangements, so thought questions about this would be useful to see if last year's publicity drive had been successful.

Some parents of young children had mentioned that they missed having the baby clinic here at Daybrook, due to local reorganisation of child health services. The clinic had provided a 'one stop' service for advice, immunisations and doctor appointments if required.

In the absence of a reasonable number of questions to include, we made suggestions based on previous survey 'hot topics' asking whether patients were happy with the care they received and whether they felt involved in their care. We also suggested questions about the premises (parking, accessibility, cleanliness etc).

To summarise, the survey questions were determined by using the views of those patients from the virtual patient group who responded to our requests, those of the patient group expressed at group meetings and those of patients approached by group members in the waiting room.

There had also been input from the practice team who were anxious to obtain patient's views on the services we provide.

All the suggestions from patients were included in the survey.

The survey questions were written into a draft survey and presented to the group at a meeting on 11 December. It was agreed that the questions reflected all the areas that the group had recommended for inclusion and the wording was finalised with the group.

It was agreed at that meeting that the survey included all the group's priorities and should go ahead.

Conducting the Patient Survey

The survey was conducted during December 2012 and January 2013.

Survey forms were distributed by patient group volunteers who came into the waiting room on several days and encouraged patients to complete forms and offered their assistance if required. A rota had been agreed between members for this purpose.

The reception team also distributed forms and offered assistance with completion. It was felt that patients should be encouraged to complete the form whilst still in the practice rather than taking it away.

Survey forms were left on the seats in the waiting room each day.

The survey was e-mailed to the virtual patient group.

The survey was posted on the practice website for completion.

In total only 154 responses were received.

The results were collated with the help of our website providers – My Surgery Website, who produced the summary report which included results in pie chart format. The full results are available at the end of this report and on our website: www.daybrookmedicalpractice.co.uk .

Survey results and agreement on key findings

The results were circulated to the patient group members prior to a meeting on 19 February, to enable analysis. Review and discussion took place at this meeting.

The results were also e-mailed to the virtual group inviting their comments but no responses were received from this group to include in the discussion.

The main results are highlighted below:

Section 1: Making appointments

72% of patients still rang the practice at 8am for appointments.

72% said they aware of the advance booking facility.

75% were aware that there was an on-line appointment booking facility.

70% of respondents suffering from a long term condition said they had no problem booking follow up appointments and 6% did not respond.

77% said they would like telephone appointments to be available.

Section 2: Access to surgery

39% said they had problems parking at the surgery.

Section 4: Reception issues

92% said they found the reception team helpful and 5% did not respond to this question.

93% found the reception area patient friendly and 94% felt the waiting room was clean and welcoming.

Only 50% knew there was a facility to discuss things privately away from reception if required and only 58% knew that chaperones were always available.

Section 5: Clinical issues

Over 90% of respondents were happy with the care they have received from both doctors and nurses and 5% did not respond to these questions.

83% felt involved in their care but 8% did not respond.

Section 6: Prescriptions

70% of respondents knew they could order prescriptions on-line and via the chemist.

Section 7: Out of Hours Medical Treatment/Advice

Over 80% of respondents were aware of the facilities for health care and advice when the surgery is closed and 78% knew of the locations of the Walk-In centres. 80% knew of both NHS Direct and 111 service.

The group's main concern was that so few forms had been completed. However, we had received more forms back than last year when only 117 were completed. It was acknowledged that any changes may not therefore accurately reflect the feelings of the majority of the practice list. However, the group felt they should proceed with the sample that had been received.

The group felt that as a large proportion of respondents had indicated that telephone appointments would suit them, this was an area that should be looked at. It was noted that telephone triage had been trialled, but had been abandoned as many patients still needed to be seen, so little benefit to either patients or doctors had been achieved by doctors speaking to patients first. However, they felt there may be other ways that patients could have telephone access to a clinician and wondered if the 'on-call' doctor could do telephone consultations or whether a nurse could be trained to triage appointment requests.

It was pleasing to note that many more patients are now aware of the appointment booking arrangements.

It was acknowledged that the questions about access to Health Visitors in Section 3 had not been worded appropriately, and as a result, there were few responses from patients who would be directly affected.

However, allocation of health visitors to practices is planned, so access to this service should improve over the coming year.

There were no concerns about the reception area and the team.

In spite of notices posted all around building, a sizeable proportion of respondents were unaware that chaperones are available and that they can ask to discuss private matters with a receptionist away from the reception area. It was felt that a Patient Group Newsletter would provide an ideal medium to

publicise this type of information. Such information should also be included on the waiting room television screen.

Similarly, although a good proportion of respondents were aware of out of hours facilities, it might be useful to re-iterate all the contact numbers and addresses in the newsletter.

The group were pleased that the majority of patients were happy with the care they were receiving and felt involved in it.

In summary, the areas that the group felt should be actioned were telephone consultations and the production of a patient group newsletter to include all relevant and useful information about the surgery as well as other points of interest. An action plan was provisionally drawn up.

It was felt that a sub-group should be appointed to discuss the provision of telephone consultations with the practice and a further sub-group should take on the production of the patient group newsletter.

At a meeting on 27 March, the patient group were advised that the practice was in full agreement with their suggestions for changes and the action plan was finalised.

The timelines for actions were agreed with the patient group and the practice at a meeting on 27 March and it was also agreed that membership of the sub-groups would be finalised at the next group meeting on 09 April to.

None of the planned changes would have an impact on the practice's current contractual arrangements with the PCT.

Action plan

Survey Action Plan

Area of Concern	Action required	By Whom	Date for review	Date for Completion
To set up a facility for the provision of telephone consultations	1 – Sub-committee of patient group to discuss with doctors	Patient group and practice representatives	End April 2013	End May 2013
	2 – Practice to formulate working model based on this discussion	Practice team	May 2013	End June 2013
	3 – Trial process.	Practice team	July 2013	September 2013
Address apparent lack of patient knowledge of practice services and facilities	Patient group to publish their own newsletter.	Sub-group of patient group	April 2013	April 2013 (first edition)

Publicising actions taken and achievements

Comments over the last year:

You said: Not enough provision of alcohol hand gel around the building.

Action: We have now provided numerous dispensers around the building that are easily accessible to all.

You said: Opening hours were confusing – different everyday.

Action: We rationalised this so we now open at the same time everyday.

You said: Appointments not available on website.

Action: When we investigated we noted that because a setting in the clinical system had slipped, appointments were not showing correctly. This was corrected immediately.

The results of the survey including this report have been publicised in the following ways:

- A copy has been displayed on the patient group notice board in the waiting room.
- Hard copies are available in the waiting room.
- Copies have been given to all patient group members.
- Report is available on the practice website: www.daybrookmedicalpractice.co.uk
- A note will be included in the next editions of the practice and patient group newsletters advising patients of the availability of the report.
- A copy of this report has been forwarded to our clinical commissioning group: NNE CCG.

Confirmation of practice opening hours:

Monday	07.30 to 19.00
Tuesday	07.30 to 18.30
Wednesday	07.30 to 18.30
Thursday	07.30 to 12.30 (reception manned until 18.30)
Friday	07.30 to 18.30

Telephone lines are open from 08.00 to 18.30 Monday, Tuesday, Wednesday & Friday and from 08.00 to 12.30 on Thursdays.

Outside these hours patients telephoning the practice will be transferred to the out of hours provider.

Patients can access all services during opening hours by visiting the practice or telephoning on 0115 9267628.

Patients can book appointments and request repeat prescriptions by using Systmonline (registration required).

Patients can submit queries and prescriptions requests via the practice website: www.daybrookmedicalpractice.co.uk

Patients can send queries or prescription requests by fax to: 0115 9670898.

Extended Hours Provision:

Extended hours are currently offered every day from 07.30 to 08.00 and on Monday evenings from 18.30 to 19.00.

GP appointments are available during all these times and nurse appointments are available during the morning sessions.

Daybrook Medical Practice Patient Survey 2012/13

Number of Responses: **154**

Daybrook Medical Practice

PATIENT SURVEY 2012/13

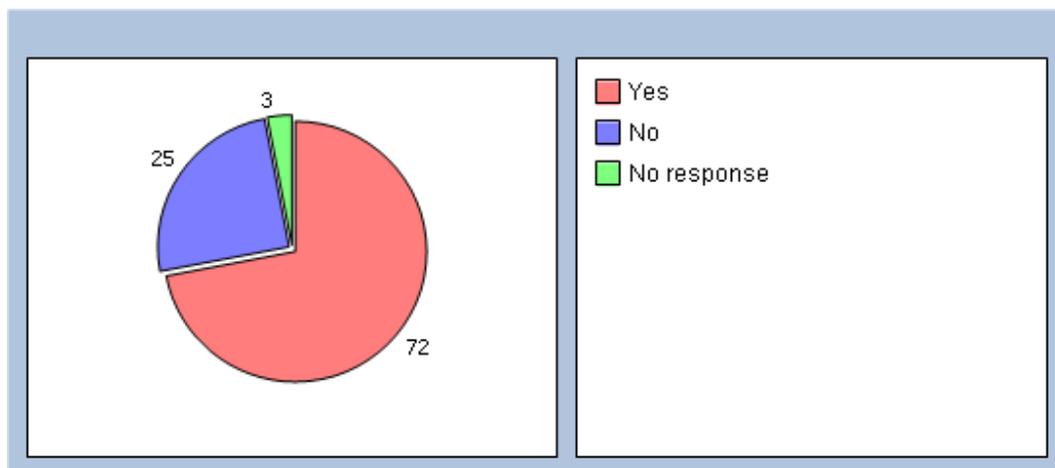
Q1. Making appointments:

If you need to see a doctor/nurse do you usually ring at 8am?

Yes **72%**

No **25%**

No response **3%**

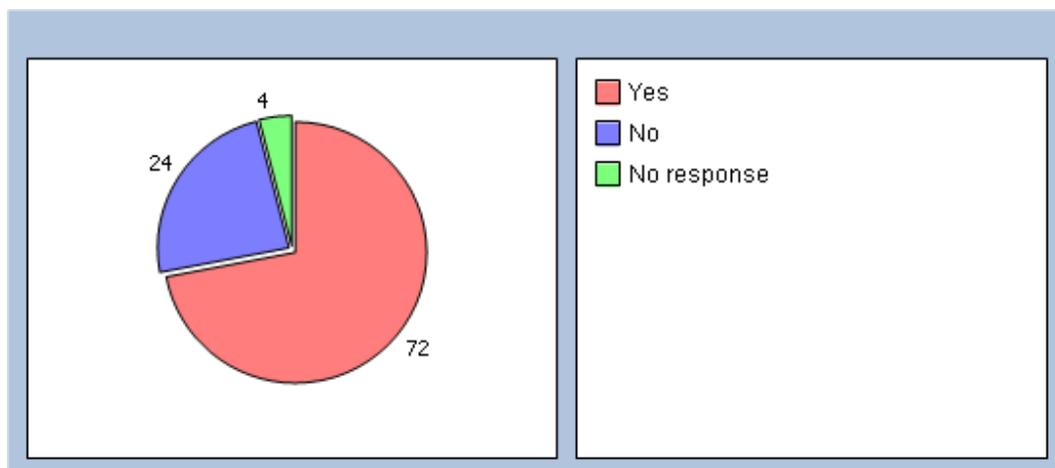


Did you know appointments can be booked up to 4 weeks in advance?

Yes **72%**

No **24%**

No response **4%**



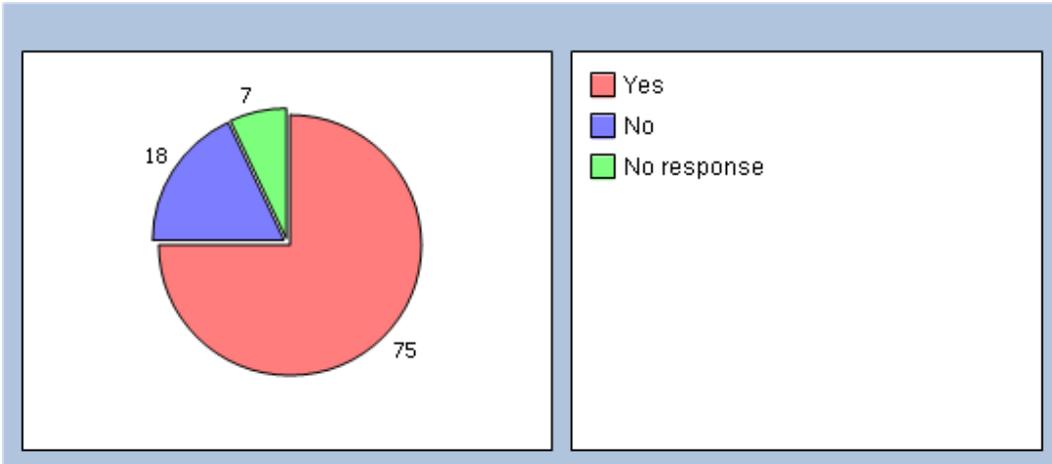
If you have access to the internet - did you know you could book your appointments on-

line?

Yes **75%**

No **18%**

No response **7%**

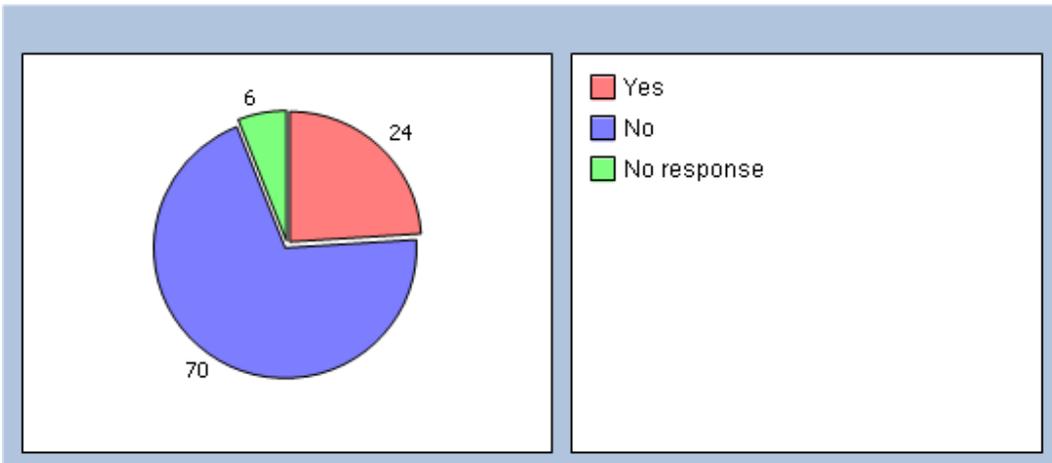


If you have an ongoing condition do you have any problems booking follow up appointments?

Yes **24%**

No **70%**

No response **6%**

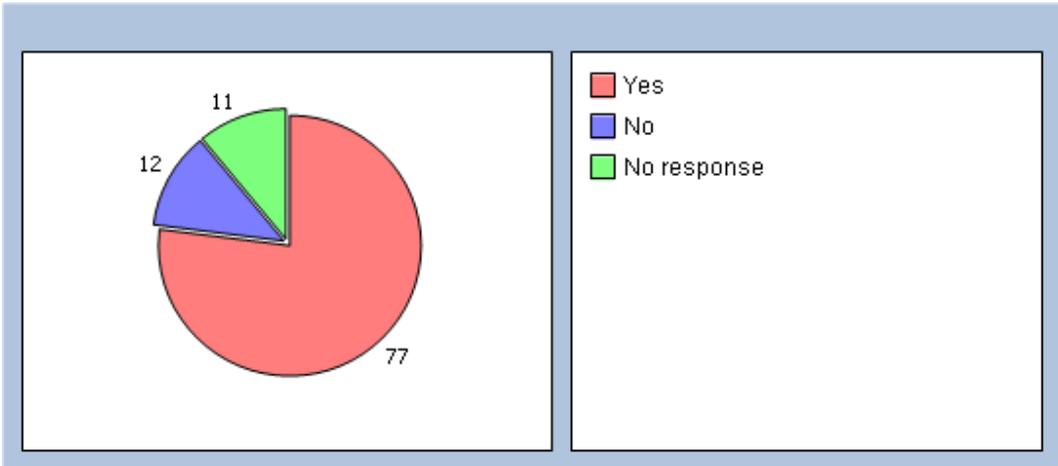


Would you like telephone appointment to be available with the doctor/nurse?

Yes **77%**

No **12%**

No response **11%**



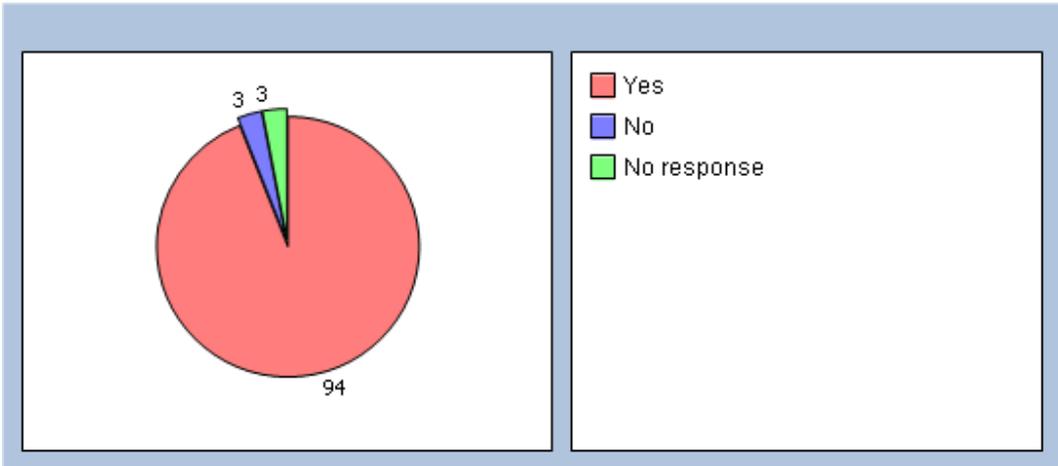
Q2. Access to the surgery:

Do you find the surgery easily accessible?

Yes **94%**

No **3%**

No response **3%**

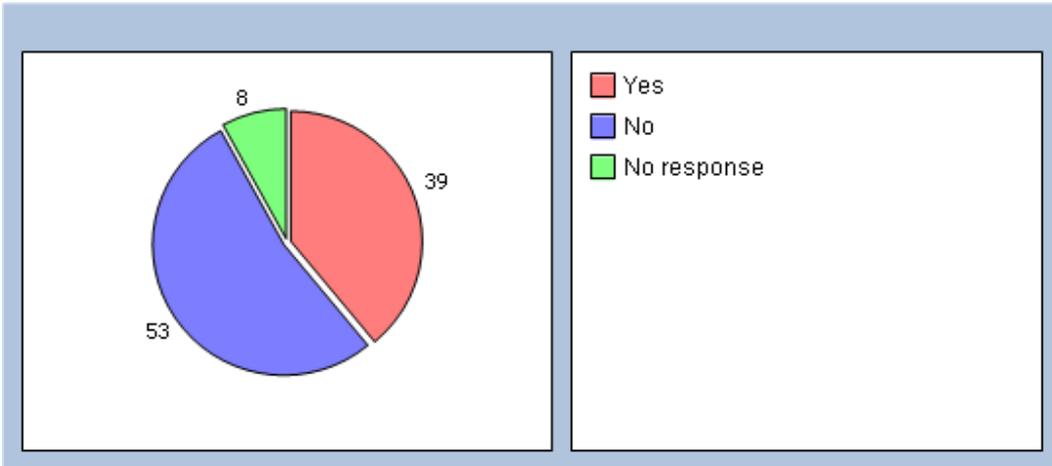


Do you have problems parking at the surgery?

Yes **39%**

No **53%**

No response **8%**



Q3. If you are a parent/carer of a young child:

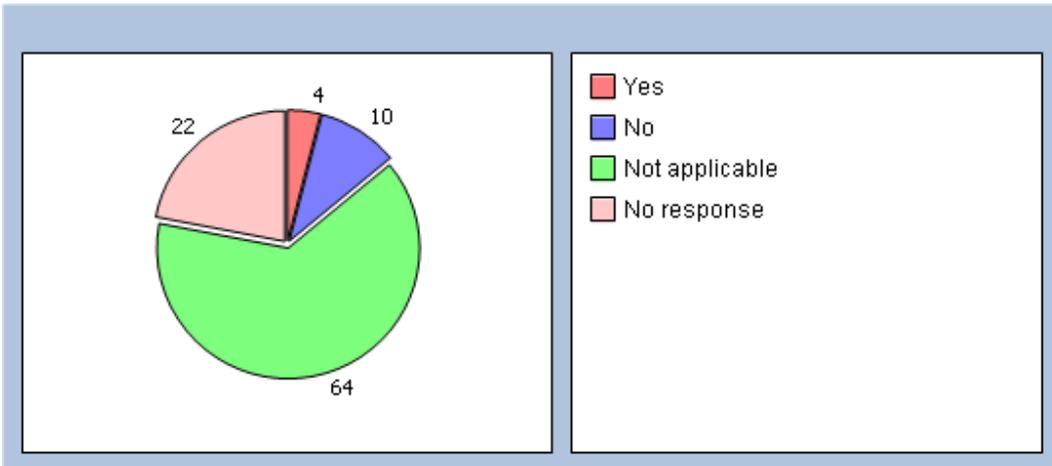
Do you have regular access to your midwife/health visitor?

Yes **4%**

No **10%**

Not applicable **64%**

No response **22%**



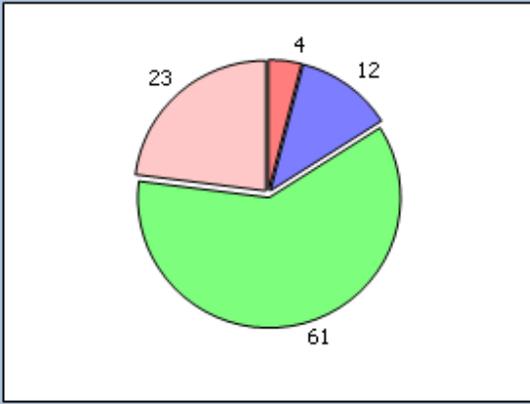
Have you experienced problems accessing child health clinics?

Yes **4%**

No **12%**

Not applicable **61%**

No response **23%**



- Yes
- No
- Not applicable
- No response

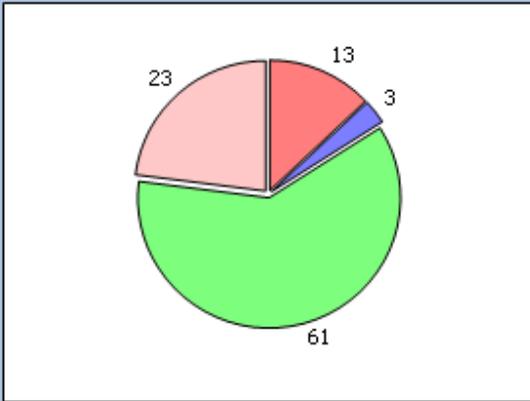
Would you prefer to have the child health clinics back within the practice when there are nurses/doctors on hand should you need to see them (eg for baby imms)?

Yes **13%**

No **3%**

Not applicable **61%**

No response **23%**



- Yes
- No
- Not applicable
- No response

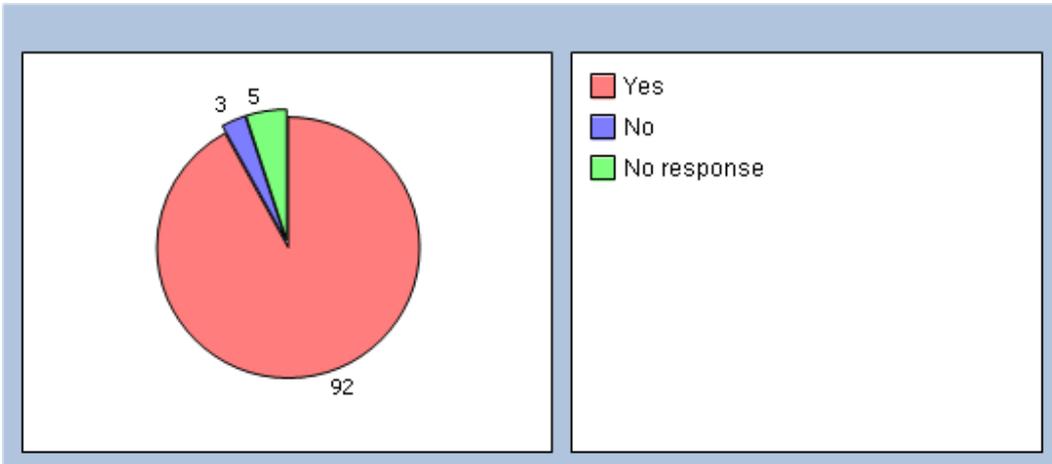
Q4. Reception issues:

Do you find the receptionists helpful?

Yes **92%**

No **3%**

No response **5%**

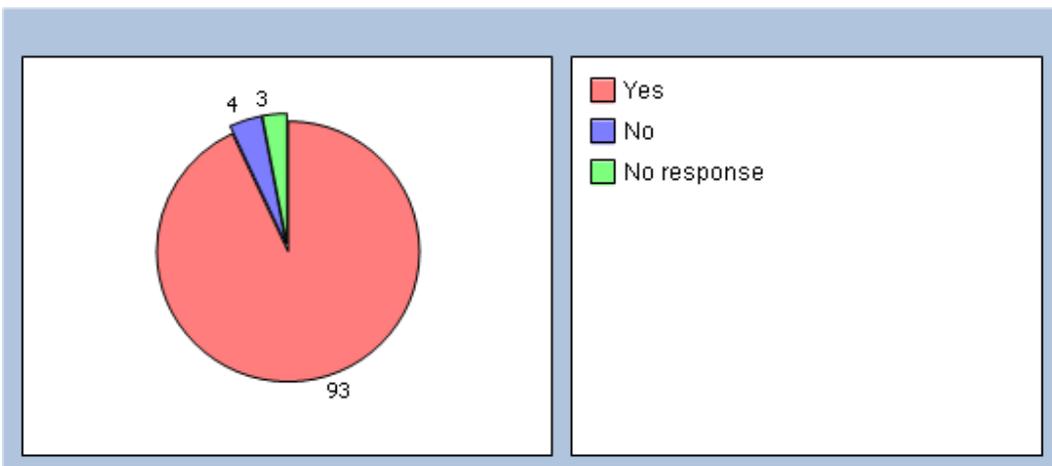


Is the reception area patient friendly?

Yes **93%**

No **4%**

No response **3%**

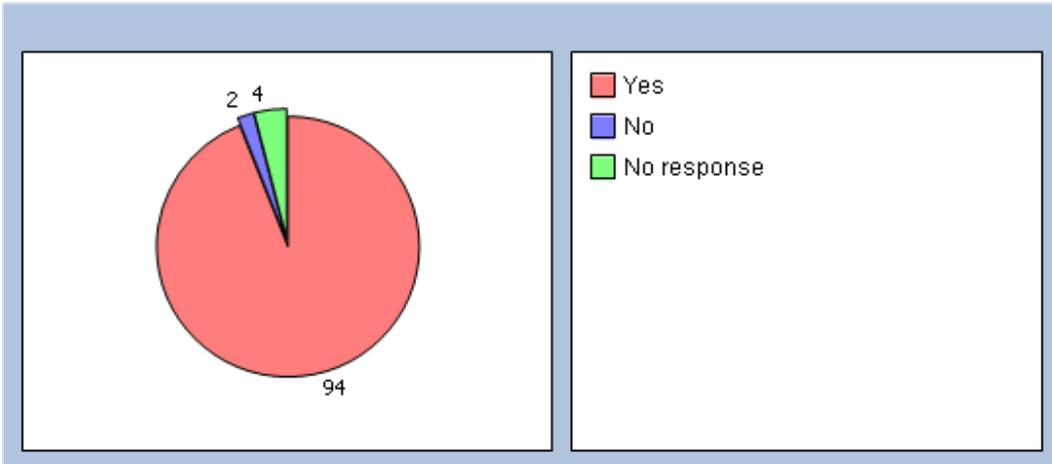


Is the waiting room clean and welcoming?

Yes **94%**

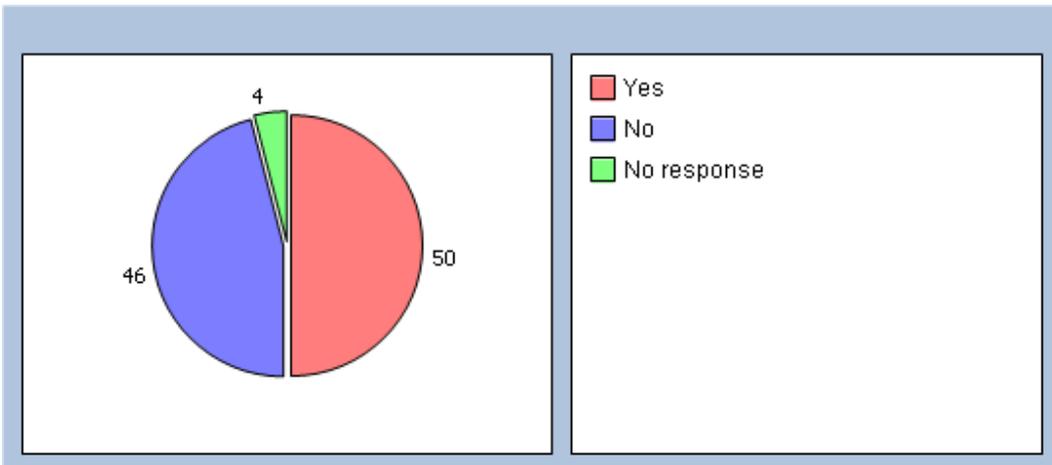
No **2%**

No response **4%**



Are you aware if you wish to discuss something in private with a member of staff we always have a room available?

Yes **50%**
 No **46%**
 No response **4%**



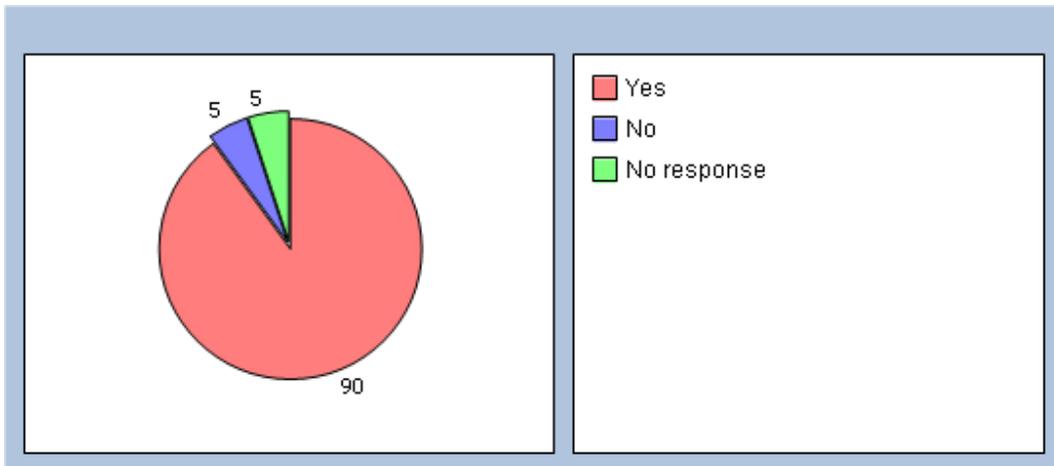
Q5. Clinical issues:

Are you satisfied with the care you receive from the doctors?

Yes **90%**

No **5%**

No response **5%**

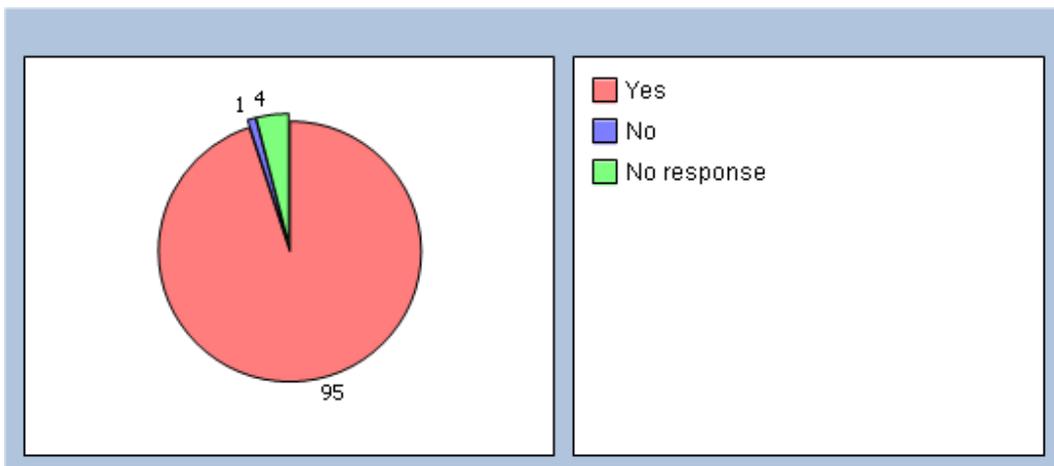


Are you satisfied with the care you receive from the nurses?

Yes **95%**

No **1%**

No response **4%**

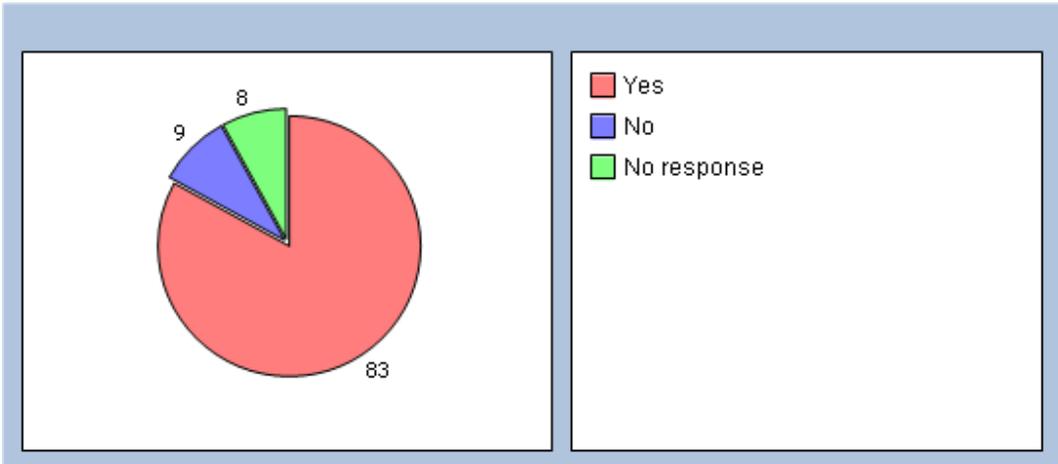


Do you feel involved in your care?

Yes **83%**

No **9%**

No response **8%**

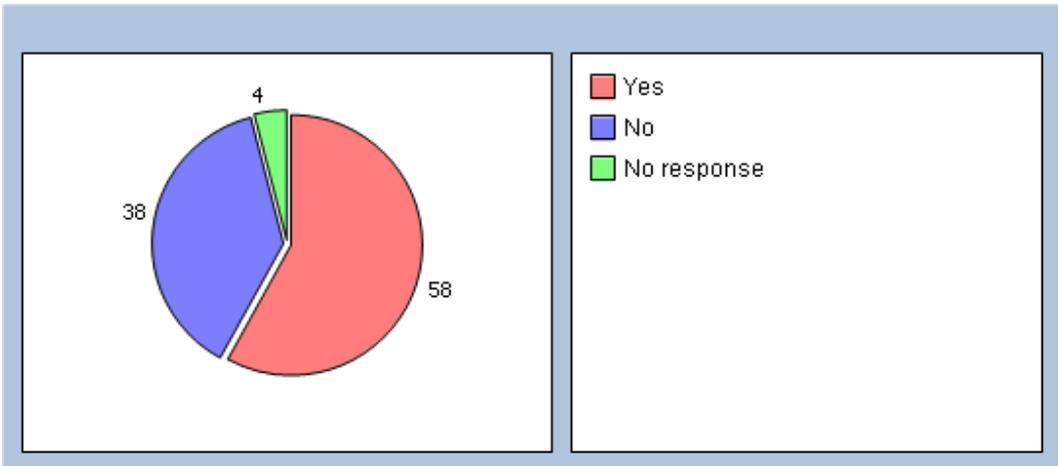


Did you know chaperones are available to sit in on consultations if required?

Yes **58%**

No **38%**

No response **4%**



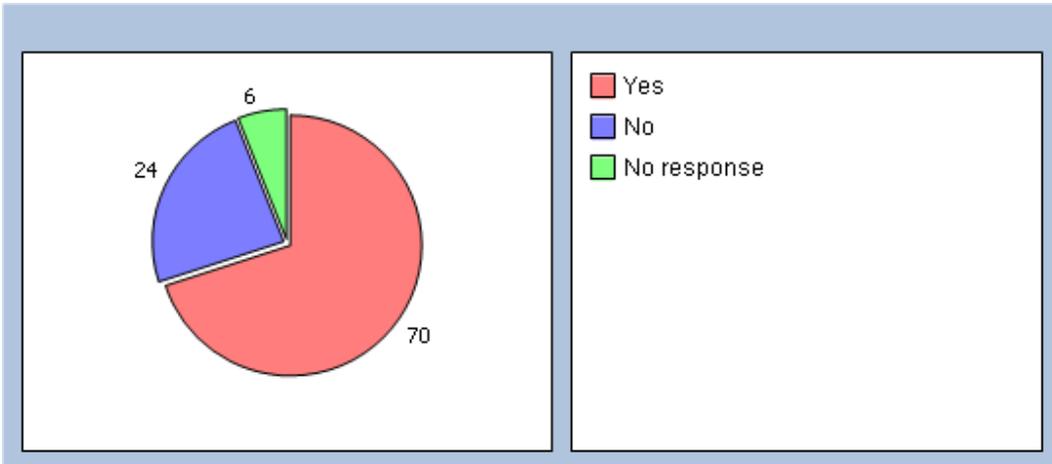
Q6. Prescriptions:

Did you know prescriptions can be ordered on-line and via the chemist?

Yes **70%**

No **24%**

No response **6%**

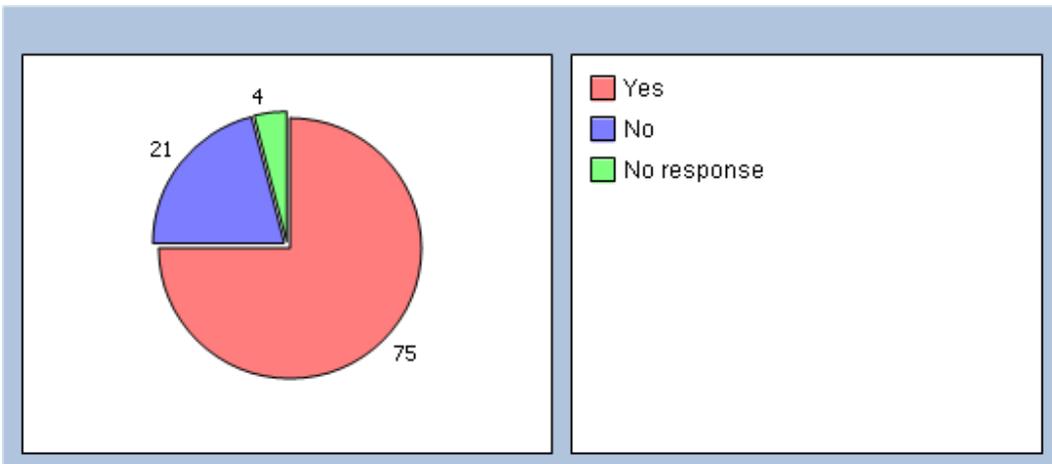


Are you aware prescriptions cannot be ordered over the phone?

Yes **75%**

No **21%**

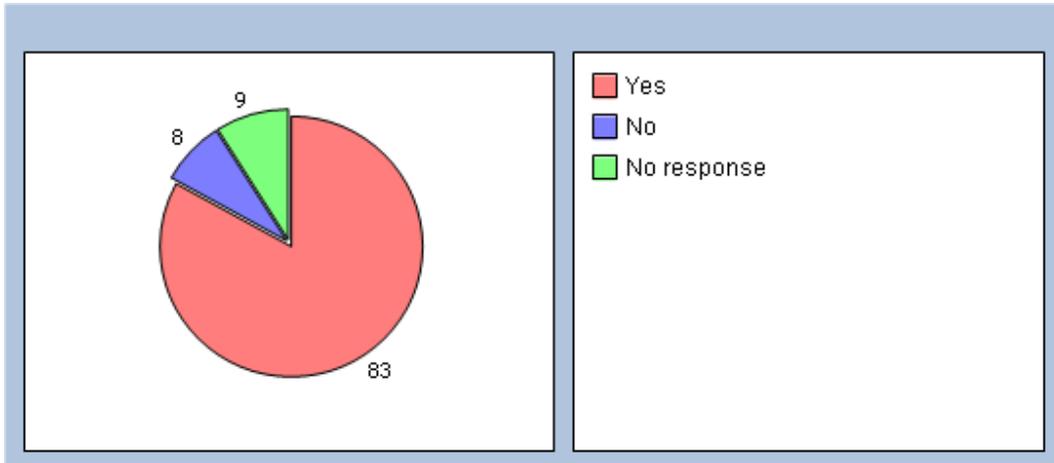
No response **4%**



Q7. Out of hours medical advice/treatment:

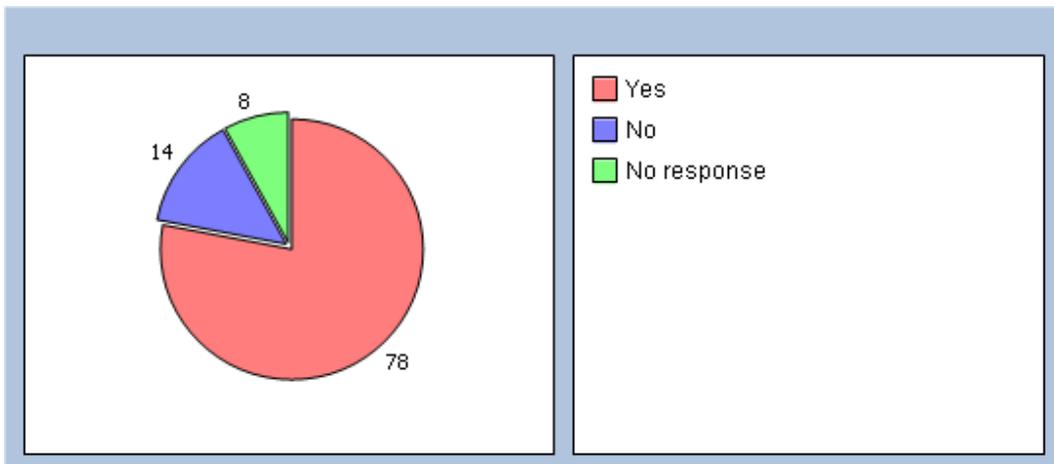
Are you aware that if you ring the surgery phone number when we are closed you will be automatically transferred to the out of hour's service?

Yes **83%**
No **8%**
No response **9%**



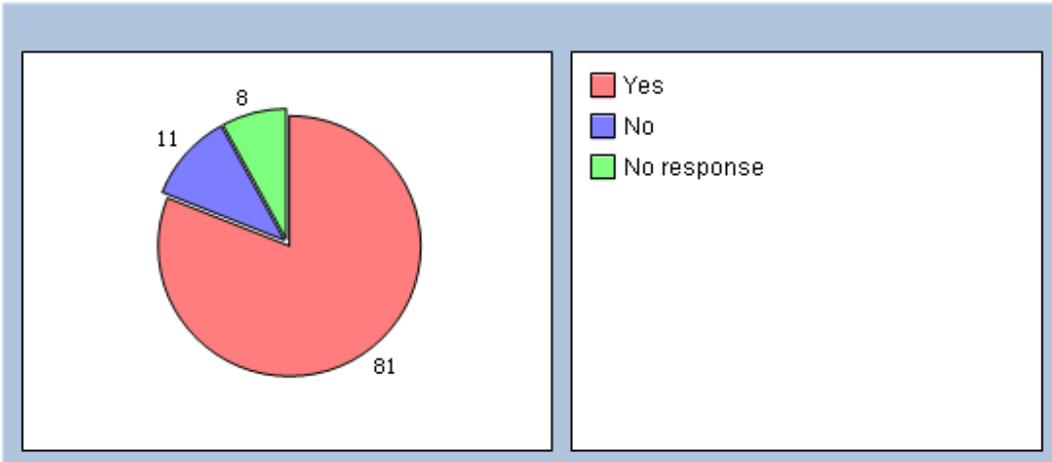
Did you know there are 2 walk in centres in Nottingham? One on Upper Parliament Street and the other on London Road? (These centres deal with both minor ailments and medical advice)

Yes **78%**
No **14%**
No response **8%**



Did you know you can also ring NHS Direct on 0845 46 47 or 111 to access medical advice anytime?

Yes **81%**
No **11%**
No response **8%**

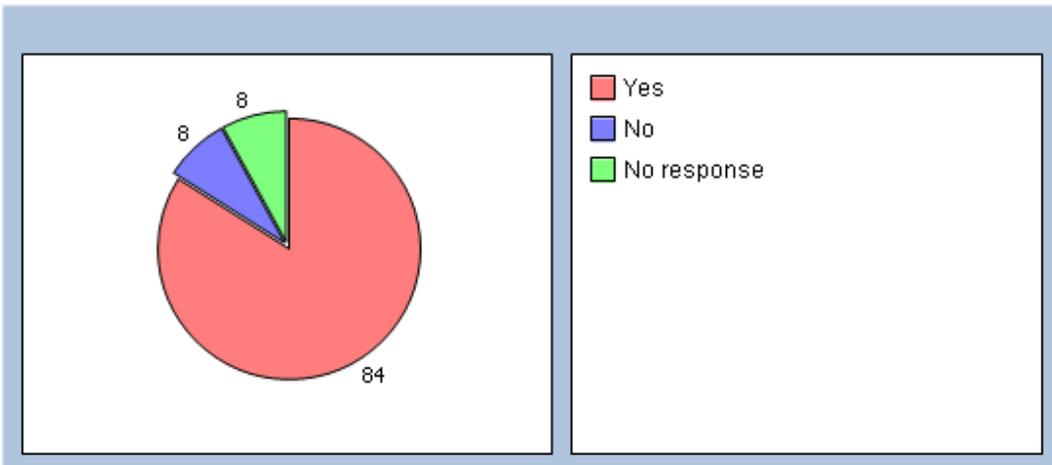


Were you aware that you can contact any of the above services for treatment or minor illness and/or advice rather than going to A&E?

Yes **84%**

No **8%**

No response **8%**

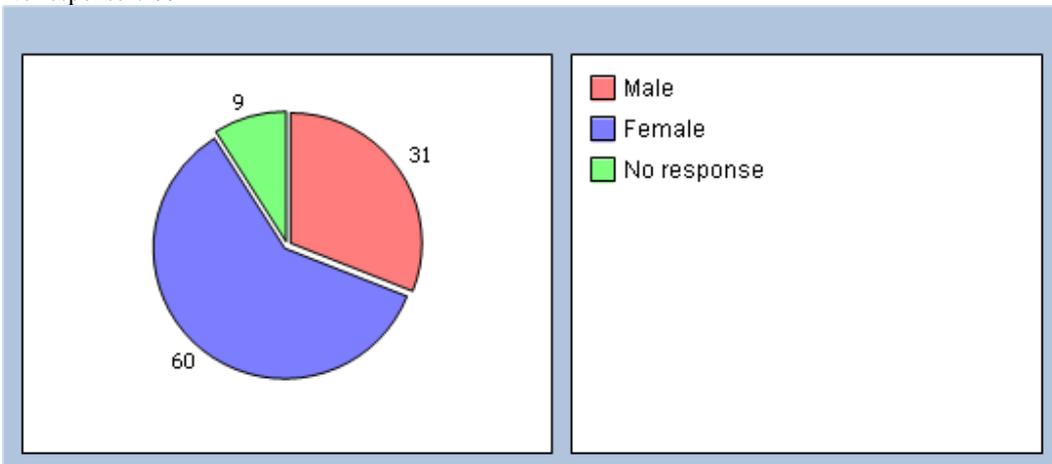


Q8. Are you?

Male **31%**

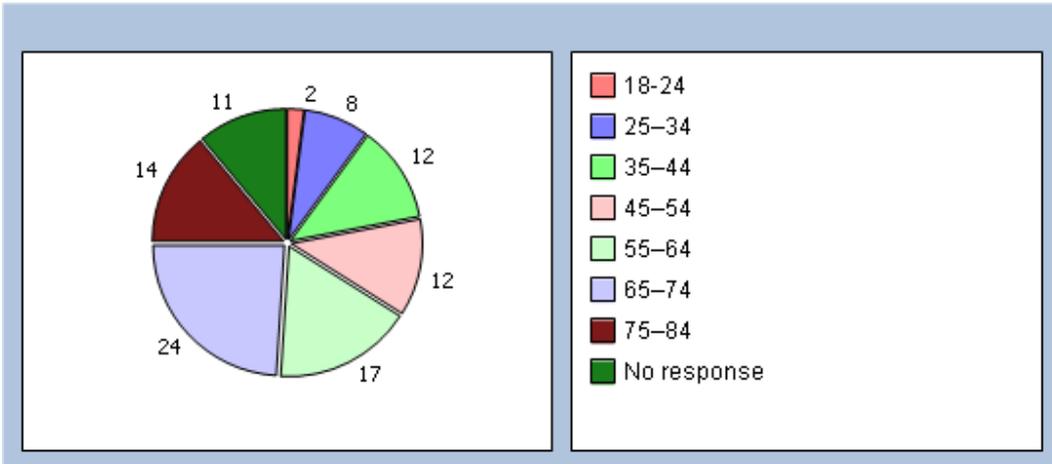
Female **60%**

No response **9%**



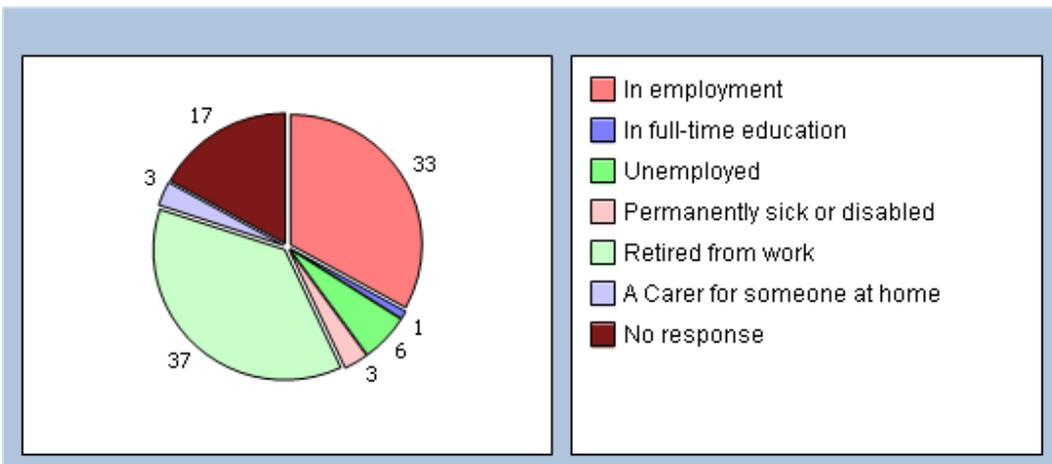
Q9. Are you:

- Under18 **0%**
- 18-24 **2%**
- 25-34 **8%**
- 35-44 **12%**
- 45-54 **12%**
- 55-64 **17%**
- 65-74 **24%**
- 75-84 **14%**
- 85and over **0%**
- No response **11%**



Q10. Are you?

- In employment **33%**
- In full-time education **1%**
- Unemployed **6%**
- Permanently sick or disabled **3%**
- Retired from work **37%**
- A Carer for someone at home **3%**
- No response **17%**



Q11. Please add any other comments you may have about Daybrook Medical Practice:

If you are interested in joining our Patient Group or Virtual Patient Group please leave your contact details below.

Name:

Email Address:

Telephone Number:

Many thanks for taking the time to complete this patient survey.