

Littledown Surgery

The surgery has recently formed a Patient Participation Group (PPG) and would therefore like to share with our patients how the group was formed and the outcomes of our first discussions.

Report

1.	Practice profile:											
	• <i>Age</i>											
	Age Range	0-4	5-16	17-24	25-34	35-44	45-54	55-64	65-74	75-84	85-89	90+
	Male	118	304	181	240	298	341	244	186	120	33	15
	Female	112	254	166	218	288	329	278	185	144	45	21
	Total	230	558	347	458	586	670	522	371	264	78	36
	• <i>Sex</i>											
	Males: 2080 Females: 2040 Total: 4120											
	• <i>Ethnicity</i>											
	99%+ are of white ethnic origin											

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- *Carers*

The practice has 107 registered carers (2.59%)

- *Working Status*

The patients enjoy a high level of employed status (62% of the practice population are aged between 17 and 65 years although many patients carry on working due to new employment law with regards to retirement age).

- *Marginalised/Vulnerable Group*

The practice maintains a list of patients classed as vulnerable. These patients are usually cared for by a registered carer. The list will be checked annually for attendance at surgery for both the vulnerable patient and carer. Any patients not been seen within a six month period will be contacted by the surgery. The vulnerable patient list currently stands at 99 patients (2.4% practice population)

- *Patients with learning disabilities*

The practice has three registered adult patients with Learning disabilities who are invited for a health check with their GP annually.

- *Nursing/Care home residents*

The practice has 9 registered patients who live in residential/nursing care homes. The practice enjoys a good working relationship, and patients are closely monitored by the district nursing team and GPs. These patients do not attend the surgery.

- *University students*

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	The practice has a small number of students who tend to remain at home. Littledown does not have affordable student housing.											
2.	Profile of the members of our PPG:											
	Age Range	0-4	5-16	17-24	25-34	35-44	45-54	55-64	65-74	75-84	85-89	90+
	PRG			1	2			3	2			
	<p>Females: 6 Males: 2 Total: 8</p> <p>Ethnicity: 100% are of white ethnic origin</p> <p><i>The PPG membership has representation from the following groups:</i></p> <ul style="list-style-type: none"> • Patients who work : 5 • Retired:2 • Students:1 <p>Members represent variations of employment i.e. Part and full time also marital status and family group settings. One member is also a carer.</p> <p><i>It was not possible to get representation from the following groups:</i></p> <ul style="list-style-type: none"> • Unemployed • Drug users • Age ranges 35-54 and 75+. These populations were targeted by the reception staff but the practice can only deduce there was no uptake due to time restraints i.e. the high employment status of the practice population coupled with child care for the 35-54 age group. The 75+ patients showed no interest in joining commenting they were extremely happy with the surgery as it stands. 											

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	<p>The practice considers the PPG is reasonably representative and understands some groups will always be difficult to represent i.e. the very elderly or patients unable to use a PC as the group are virtual.</p>
3.	<p>Steps taken to ensure that the PPG is representative of the practice registered patients:</p> <p>We have tried to match the practice profile by advertising in the waiting room with a poster next to the reception hatch and on the practice website (littledownsurgery.co.uk). Some members were recommended by their GP and others approached the practice direct. A designated, informed receptionist spent one day a week for three weeks targeting specific groups of patients by age, sex, disability and ethnicity to ask if they would like to join the group. New patients were also asked if they would like to join when given their registration packs. The practice had 9 enquires of which 8 patients were asked to join.</p>
4.	<p>Where a category of patients is not represented, please find the steps we took to attempt to engage with that group(s):</p> <p>The main categories the practice was unable to engage with were patients from ethnic minorities, this practice population is extremely small and although patients were asked the invitation was always declined. Suitable registered drug users and patients with learning disabilities also declined when asked by their GP. Patients who are unemployed are extremely difficult to target as they are not required to divulge this information to the surgery.</p>
5.	<p>Steps taken to determine and reach agreement on the issues which had priority and were subsequently included in the local practice survey:</p> <p>The PPG were invited to submit a list of 8 issues they considered the practice needed to address. The lists were collated then returned to the group who were asked to indicate which 4 topics were the most important and therefore would be the basis of the local practice survey. The topics chosen mainly focused on buildings and appointments</p> <p>The group decided the following topics would be included:-</p> <ul style="list-style-type: none"> • Access and facilities for people with disabilities. • Practice nurse availability and appointment suitability.

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- Services available at the surgery.
- Telephone consultations.

6. **Having set the priorities with the PPG, see below how the questions were drawn up and how the survey was carried out in order to obtain the views of our registered patients:**

The PPG were invited to submit two questions for each topic. The questions were then collated and circulated to the group, once again asking them to prioritise the questions in each topic. The survey was drawn up and circulated to the PPG who in turn approved the survey.

The system used to discuss topics, reach agreement on questions and the format of the survey was clearly explained and agreed.



The PPG decided to target 100 patients over a two week period. The surveys were split into male/female, ethnicity and age ranges. These groups of people were targeted as far as possible in order for the practice to achieve a good representation of the population.

Survey:



Littledown Patient
Survey Questions

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7.	<p>Please see below the chosen survey method and the criteria for assessing its credibility in order to provide a valid report:</p> <p>Originally the practice thought of conducting the survey electronically through survey monkey. Therefore the reception staff were asked to collate e-mail addresses of patients interested in completing the survey. This proved to be a rather laborious task and not a good use of reception time. The patients insisted asking the receptionist why their e-mail was required which was clearly stated on the invite. We decided to abandon this approach as only 11 e-mail addresses were collated over a two week period. Therefore we considered the best method would be to hand out the surveys, then once completed in-house patients handing them straight back to reception.</p> <p>A member of the reception team had conducted a survey in a similar way in her previous employment and therefore co-ordinated the distribution, collated the answers and populated the results table.</p>
8.	<p>Steps taken to provide an opportunity for the PPG to discuss the survey findings:</p> <p><u>e-mail to PPG:</u></p> <p>Please find the results of our patient survey. Included are also some ideas for an action plan, please let me know your thoughts/comments. If I don't hear from you in the next week or so I'll assume you agree with the plan.</p> <div data-bbox="347 1045 526 1204"><p>Littledown Patient Hand Out</p></div> <div data-bbox="638 1045 840 1204"><p>Littledown Practice Survey Results</p></div>

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Action plan:

- **Access and facilities for people with disabilities:**
 - Rearrange surgery seating
 - The surgery will obtain three quotes for re vamping the whole of the reception area, although a receptionist will go into the waiting room to speak to a person who is hard of hearing or in a wheelchair the surgery understands the reception desk is too high. Patients also have commented they can hear the receptionists on the phone therefore the main phone will be removed from the front desk.
 - NB comments relating to access for wheelchairs, doors and disabled toilets have been addressed with a risk assessment from the Medical Defence Union.
- **Practice nurse availability and appointment suitability**
 - Overall the patients are extremely pleased with our nurse's and the services they offer. Feedback from two members of the group when reviewing this topic stated they have mentioned to reception staff they 'don't need double appointments for some procedures'. Therefore a review of our nurse's appointment system came about. After the survey was distributed our asthma/COPD nurse who was due to retire in 18 months decided to leave early. Therefore we wish to trial our remaining lead nurse who is a diabetic specialist taking on extra hours and to receive training on asthma and COPD. By not recruiting another member of staff and not covering all the previous nurse hours the surgery will make saving with staff costs.
- **Services available at the surgery**
 - The surgery needs to educate patients thus preventing patients attending A&E instead of the surgery as some patients are not aware of the services we offer at the practice. Therefore specific patients will be targeted and invited to attend the Expert patient's programme which will educate the patients and offer 'self help' techniques. The surgery has used this service before and will target a different group of patients in the next few months.

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- **Telephone consultations**

- The results from the survey indicate the GP telephone triage system works well and feedback from the GP suggests unnecessary appointments have been reduced therefore a second GP will begin triage next month.

The PPG were asked to approve or make further comments on the action plan. No further comments were made therefore the official Action Plan is set out below.

9. **Details of the action plan with recommendations:**

Survey finding /proposal	Recommendation
<ul style="list-style-type: none"> • Access and facilities for people with disabilities. 	Obtain three building quotes for the upgrading of the reception area to include a hearing 'loop' and taking into consideration requirements from the Care Quality Commission. In the interim signs need to be made clear in the reception area to ask the receptionist if matters need to be discussed in private.
<ul style="list-style-type: none"> • Practice nurse availability and appointment suitability. 	Review appointment time slots for various procedures and trial existing nurse increase of hours and training for asthma and COPD management.
<ul style="list-style-type: none"> • Services available at the surgery. 	Expert patient programme and GPs to approach multi A&E attendants if appropriate
<ul style="list-style-type: none"> • Telephone consultations. 	Second GP to trial telephone triage, calling the patient to surgery only if necessary.

- There are no recommendations not to be implemented.

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10.	<p>Below is a summary of the evidence which includes statistics relating to the findings arising out of the local practice survey.</p> <p>The practice surveyed 100 patients and received 100% returns.</p> <ul style="list-style-type: none">• Access and facilities for people with disabilities: Action plan has been based on survey comments.• Practice nurse availability and appointment suitability: Action plan has been based on a practice nurse leaving and comments/ideas from the PPG.• Services available at the surgery: Action plan has been based on results of Q.6 where patients are attending A&E instead of the GP.• Telephone consultations: Action plan has been based on comments relating to one GP triaging patients. <p>The survey indicates all of the patient ratings about each practice where applicable were favourable. No area surveyed scored low.</p>
11.	<p>Please see the actions the practice intends to take as a consequence of discussions with the PPG in respect of the results, findings and proposals arising out of the local practice survey.</p> <p><u>See Action Plan table</u></p>
12.	<p>None of the changes will have contractual implications therefore discussions with the Primary Care Trust are not necessary.</p>
13.	<p>Please find the opening hours of the practice premises and how patients can access services throughout the core hours.</p> <p>Morning: Monday – Friday 8.30am – 1.00pm</p> <p>The surgery is closed from 1.00pm – 2.00pm (Monday-Friday). Patients can telephone the surgery and listen to a pre recorded message detailing the Out Of Hours cover provided by South West Ambulance Service.</p> <p>Afternoon: 2.00pm - 6.30pm</p> <p>Services are accessed via telephone, e-mail or face to face</p>

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14.	<p>Please find details of our Extended Hours, at which individual healthcare professionals are accessible to registered patients.</p> <p>Monday 6.30pm – 8.30pm (Wednesday if bank holiday week)</p>
15.	<p>The Patient Participation Report including the survey summary results and the Practice action plan were published on the practice website March 2012.</p>