

# LOCAL PATIENT PARTICIPATION REPORT

## Milborne Port Surgery

### 1. A description of the profile of the members of the PRG

\* For example the age, sex and ethnicity profile of the Provider's population and the PRG.

(Component 1)

Since 2011 Milborne Port Surgery has participated in the Patient Participation DES. The number of patient participants has increased by more than 450%. Now 33 patients make up the Patient Representative Group. During the 2013/14 year a face to face participating group consisting of 5 members was also evolved, admittedly it is in its infancy; however, we are confident that as time goes on this group will increase in numbers.

Patient representation has been made across the patient list spectrum of representation, this year including more members of the under16 age group. The male representation of the 17-33 age group and the 45 -55 age group were not forthcoming but we will continue in our endeavours to encourage these age groups to join.

Practice List Size - 5330	Per Practice List size %			Age of VPRG in 2014		
	Male	Female	Total	% Male	% Female	Total
Under 16	9%	8.5%	18.5%	3%	9%	12%
17-24	4%	4%	8%		3%	3%
25-33	4.5%	5%	9.5%		9%	9%
34-44	5%	7%	12%	3%	6%	9%
45-54	7%	7%	14%	6%	6%	12%
55-64	7%	7.5%	14.5%	6%	19%	25%
65-74	7%	8%	15%	6%	6%	12%
75-84	2.5%	4%	6.5%	12%	3%	15%
Over 84	1%	2%	3%	3%		3%

### Frequency of Visits to Practice for 2013/14

	Male	Female
Regular	6	14
Occasional	5	2
Very Rarely	2	4

The ratio of men to women is 48% men and 52% women within the registered patient list size with representation being 40% men and 60% women within the Patient Representative Group. This is not fully representative of the larger patient list size.

100% of the members of the group have identified themselves as White British or British mixed.

<b>Ethnicity Patient Profile</b>			
	*Somerset Census 2011 %	Patient List %	On VPRG
<b>White Total</b>	<b>98.0%</b>	98.28%	100%
White: English/Welsh/Scottish/ Northern Irish/British	94.6%		100%
White: Irish	0.4%	0.13%	
White: Gypsy or Irish Traveller	0.1%		
White: Other White	2.8%	0.6%	
<b>Black and Minority Ethnic Total</b>	<b>2.0%</b>		
Mixed: White and Black Caribbean	0.2%	0.01%	
Mixed: White and Black African	0.1%		
Mixed: White and Asian	0.3%	0.03	
Mixed: Other Mixed	0.2%	0.03%	
Asian/Asian British: Indian	0.2%		
Asian/Asian British: Pakistani	<0.05%		
Asian/Asian British: Bangladeshi	0.1%	0.03%	
Asian/Asian British: Chinese	0.2%		
Asian/Asian British: Other Asian	0.4%	0.03%	
Black/Black British: African	0.1%	0.03%	
Black/Black British: Caribbean	0.1%	0.01%	
Black/Black British: Other Black	<0.05%		
Other ethnic group: Arab	<0.05%	0.82%	
Other ethnic group: Other	0.1%		

\* Source: SINE.org.uk

We remain not to have collected information about the employment status of our patients.

The practice sought to encourage patients from ethnic minority groups to join the PRG by writing to them in 2012 but since the number of patients in this group is so small, we have failed to successfully recruit. We will continue in our attempts. Discussion on how best we could was put to the face to face members at their first meeting in December 2013 with one of the doctors. It was felt that it would be more advantageous for possible membership encouragement to be carried out at an appointment session when face to face with a doctor. As mentioned above we will maintain our efforts.

A translation facility has been added to the website to enable patients for whom English is not their first language to access the Participation Group and the website as a whole.

**2. Steps taken by the Provider to ensure that the PRG is representative of its registered patients and where a category of patients is not represented, the steps the Provider took in an attempt to engage that category**

- \* The variations between Provider population and PRG members
- \* How has the Provider tried to reach those groups not represented?

(Component 1)

**Steps taken to establish as much representation of registered patients were as follows:**

- Handed out leaflets to patients attending the Practice.
- All clinicians also handed these out to their patients.
- Flyers were also given to our Community Nursing Team to hand out to our Housebound patients.
- Paper copies of registration/Sign Up forms displayed in the Practice.
- An article in the Practice newsletter.
- Added information and a registration link on the Practice new website ([www.milborneportsurgery.nhs.uk](http://www.milborneportsurgery.nhs.uk)) then to the new website.
- Added an invitation message with the repeat prescriptions.
- Hand-outs in clinical rooms via the GP's and Nurses.
- Practice Nurses further promoted our virtual group to the teenagers during their sexual health clinics with the view of reaching the young patients.
- The Community Nursing Team were also approached to promote the virtual group to our housebound patient population.
- Displayed posters in the Practice advertising and encouraging patients to join the Group in local Post Offices.
- Via our Carers Champion.
- GPs to encourage the ethnic minority at time of consultation as suggested by the group members.

**Within the 3<sup>rd</sup> Year:** The practice maintained the above activities as well as carrying out a small survey in August/September to establish whether the existing Virtual Patient Participating Group was willing to meet face to face.

A face to face meeting was held on the 3<sup>rd</sup> December 2013. 36% of the PRG attended.

**3. Details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local patient survey**

- \* How were the priorities identified and agreed?

(Component 2)

**Within the Third Year:**

From this successful evening meeting proposed topics were suggested and then put to the virtual group members to seek their agreement/comments and for all to prioritise which of the suggested topics should be included in this year's open survey and were there any further suggested topics, none were proposed. Notes of the meeting held were forwarded to the remaining group.

The results of this further mini survey carried out in January of which 25% responded were as follows - based on the calculation of averages – where out of a score of 1-6 (1 being the highest priority)

Topic of 2014 Survey	Priority
1. Efficiency of Dispensary – use of on line facility	2.6
2. Access to services: Times of afternoon GP sessions	3
3. Website e-mail triaged appointments	3.6
4. Training: Half day closing for staff training days	3.6
5. Efficiencies of appointments	4
6. Drop Off Box location at MP	4.6

- Efficiency of Dispensary** – Was the online ordering of repeat medication being marketed well enough and was the 48 hour turnaround processing period being made known to online requesting patients. Staff had identified that not all on line users, were possibly aware of the 48 hr. period of processing: as patients expected items to be ready for collection on the Monday morning following a weekend on line request being made. Providing a greater awareness would possibly be helpful for both patients and staff provided that they had access to the internet and computer. Not all patients have this facility it was perceived. The survey would highlight if this was correct.
- Access to services:** The question was asked as to whether the practice was providing a fair provision of GP appointments throughout the day. Did patients find the existing times convenient or could appointment sessions be held at other times of the day.
- Website e-mail triaged appointments:** One of the attendees mentioned that a local surgery used e-consultations. This was patients sending via e-mail to our reception e-mail address where a receptionist would pick up their request - to have a consultation giving brief details as to what it concerned.
- Training for staff:** Half day closing for staff training: These could be held quarterly with the surgery closing for a set period in the afternoon with clinics opening at 5pm

- **Efficiencies of appointments:** Did patients mind being asked what their appointments were for in order to direct patient accordingly to the right healthcare professional - this was an area commented on in the previous year's survey. Was it worth returning to.
- **Drop Off Repeat prescription boxes:** Discussion took place regarding the positioning of the present box at the main surgery and introducing a new box within the narrow corridor of the reception area within the branch surgery with the view of minimising the confidentiality risk for patients waiting in a queue at the desk waiting just to hand in their repeats. Following this discussion a box was purchased and located now reducing the time waiting to be attended and the reduction of breaches in confidentiality.

#### 4. The manner in which the Provider sought to obtain the views of its registered patients

- \* What methodology was used to agree the questions, the frequency, the sample size, distribution methods to ensure the views of all patient are represented and undertake the survey?

(Component 3)

300 questionnaires were issued, throughout February, with a response rate of 25%.

It was decided that the survey should not be greater than 2 sides of A4. The panel thought that if the surveys were longer than this then they would not be completed as mostly being completed whilst waiting within the waiting rooms and would also lead to a lower number returned.

##### Sampling methodology:

Population size at April 2013.	5330
Margin of error	10%
Confidence Level	90%
Required sample size	67
Actual sample size	75

The practice is 90% certain that the views of the sample patients represent the views of our broader, practice population.

A survey was drawn up following the outcomes of the initial sample survey. A draft questionnaire was put to the group and was agreed/tweaked prior to being distributed to the remaining patients via:

- Our reception desks at main surgery and branch site.
- the community nurses
- At the local post offices
- the local pharmacy
- Via the website
- Clinical staff

- Waiting rooms

**5. Details of the steps taken by the Provider to provide an opportunity for the PRG to discuss the contents of the action plan in Section 7 (of this template)**

- \* How was the PRG involved in agreeing the action plan?
- \* Were there any areas of disagreement, and if so how were these resolved?

(Component 4)

The results were e-mailed to the whole group due to the short timescales involved and they were in turn asked for their opinions and suggestions for action to take.

100% of responders agreed with the contents of both action plan and report. No further suggestions were made.

**6. A summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local patient survey**

(Component 4)

See Appendix 1.

7. Details of the action plan setting out how the finding or proposals arising out of the local patient survey can be implemented and, if appropriate, reasons why any such findings or proposals should not be implemented. Include details of the action which the Provider,

- and, if relevant, the PCT, intend to take as a consequence of discussions with the PRG in respect of the results, findings and proposals arising out of the local patient survey
- where it has participated in the Scheme for the year, or any part thereof, ending 31 March 2012, has taken on issues and priorities as set out in the Local Patient Participation Report

(Component 5)

### Actions carried out based on 2012/13 Survey and action plan

Findings / Proposals or PRG Priority Areas  <i>'You said...'</i>	Action to be taken (if no action is to be taken provide appropriate reason)  <i>'We did...'</i>	Lead	Timescale	Progress  <i>'The outcome was...'</i>
You wished for a suggestion box. The following the suggestions were made:	We installed clocks in the waiting rooms, produced newsletters more frequently, Name badges for staff, wheelchair availability.	Practice Manager	Within 12 months	All suggestions acted upon by July 2013. The suggestion boxes remain in situ.
From Report 2012/13	Introduced a more user friendly informative website to include up to date topics and newsletters.	Practice Manager	Within 12 months	Introduced March 2013. The website continues to be updated regularly.

From Report 2012/13	Receptions more frequently ask reasons for appointment in order to direct patients accordingly to the most appropriate clinician i.e. nurse or GP	Lead Receptionists	Within 12 months	This is ongoing has been in place since April 2013 and receptionists have found it useful in directing patients to the appropriate healthcare professional.
From Report 2012/13	Introduced a specialist Diabetics clinic	Senior Practice Nurse	Within 12 months	Introduced in May 2013 and is well attended and continues to develop.
Wished greater awareness of on line facilities i.e. appointment and repeat prescription ordering	This was advertised in the website as well as via patient leaflet and notices. Information issued with repeat prescriptions.	Practice Manager/Dispensary team.	Within 12 months	Was reviewed in 2014.
<b>Actions Proposed following Report/Survey 2013/14</b>				
You would like more guidance on how to access the on-line services.	A leaflet will be drawn up with detailed guidance on how to access and instructions on how to use the repeat prescriptions and booking appointment on-line facilities. The leaflet will be issued at time of on-line registration. The leaflet will also be available within the waiting rooms.	Lead Receptionist and Dispenser.	Within three months if not less.	
Increase awareness of on-line facilities	Continue promoting via: flu clinics/production of larger posters for waiting rooms/continue via website and newsletters/new patient literature.	Practice Manager	Immediate	

<p>You would like to see other GP appointment sessions available that may be more suitable.</p>	<p>Review current appointment sessions.</p>	<p>Discussion will take place amongst the partners.</p>	<p>Within three months if not less.</p>	
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**8. The opening hours of the practice premises and the method of obtaining access to services throughout the core hours.**

- \* Please provide details of the Practice opening hours and how patients are able to make appointments/access services or provide a link to the relevant page(s) of the Practice website where this information can be found

Patients can access our services between our core hours which are every weekday from 8.00am to 6.30pm. Our out of hours service commences from 6.30pm to 8.00am each weekday. Also from 6.30pm on a Friday till 8.00am on a Monday morning. Cover is also provided over Bank Holidays.

On line appointment books and repeat prescription ordering can be made via our website: [www.milborneportsurgery.nhs.uk](http://www.milborneportsurgery.nhs.uk) within the "Appointment" tab and "Prescription" tabs respectively.

Our patient leaflet also provides information and both media provide information on where to get assistance when the surgery is closed.

**9. Where the Provider has entered into arrangements under an extended hours access scheme, the times at which individual healthcare professionals are accessible to registered patients.**

- \* If providing, please confirm details of the extended opening hours provided by the Practice or provide a link to the relevant page(s) of the Practice website where this information can be found

We operate our extended hours sessions every Saturday morning from 9.00am till 11.30am. Appointments for the extended hour sessions are made via the receptionist or GP either in person or via telephone. These GP only sessions are for patients who are unable to attend the surgery within normal core hours during the week.

This information is also provided within our website: [www.milborneportsurgery.nhs.uk](http://www.milborneportsurgery.nhs.uk)

**Date Report Published: 31<sup>st</sup> March 2014**

**Web Address of Published Report: [www.milborneportsurgery.nhs.uk](http://www.milborneportsurgery.nhs.uk)**

Please publish your Practice Participation Report (plus any appendixes) on your practice website by no later than 31 March 2014 and ensure that a copy is also emailed to the Area Team to [england.bnsssg-gmspms@nhs.net](mailto:england.bnsssg-gmspms@nhs.net) by the same date.

