

Local Participation Report - School Lane Surgery, Thetford

Background

The planning to establish a viable Patient Reference Group was first started in the summer of 2011, by a steering committee formed from practice management at the surgery. The aim was to enable the PRG to be a mechanism to both collect and focus feedback, and to involve it in changes to existing processes and actions.

The initial recruitment drive was based around involving both patients in-surgery, through waiting rooms, notice boards etc, and ex-surgery through flyers being sent to local residential homes, learning support groups, schools, nurseries, local associations etc, asking for interested patients to contact the surgery.

Initially there was to be fee payable for attending meetings + expenses, but after representations from some potential members, who were against payment for the time they spent on PRG matters, the fee idea was dropped.

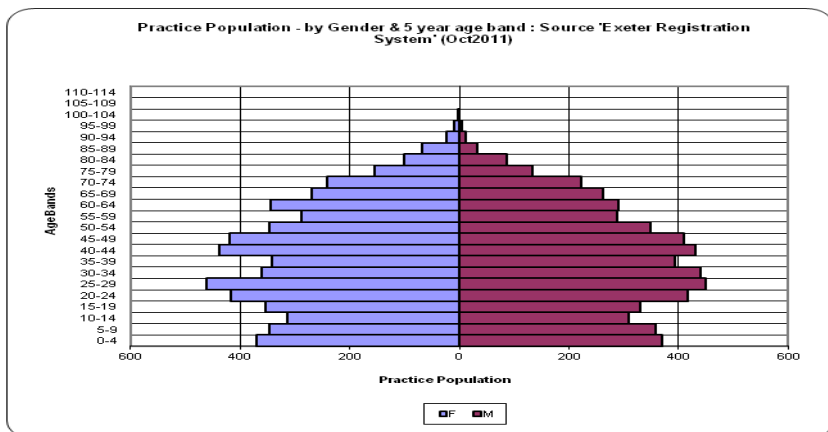
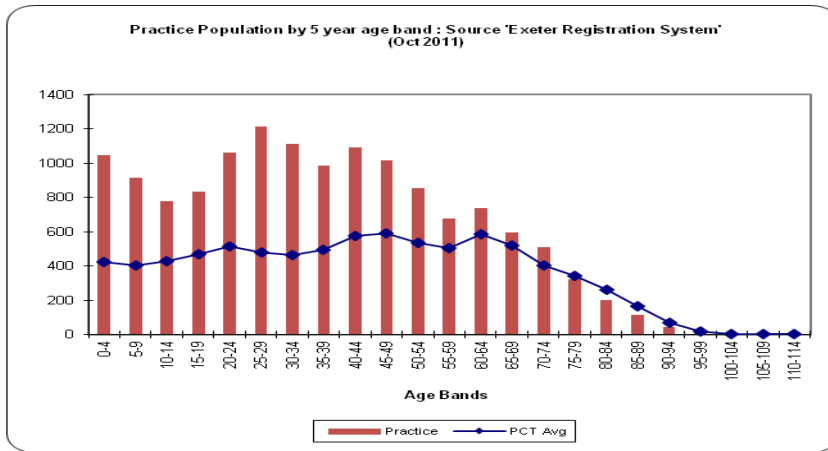
Set-Up

The steering committee met in August of 2011, to consider the initial applications to join the Reference Group from patients registered with the practice. There was a fair spread across practice demographic as shown in PCT figures, but it was felt that certain areas of the patient population were under represented, e.g. young patients (16+), young parents, younger male patients (20-34). There were strenuous efforts to specifically target recruitment in these areas, both in the waiting rooms and ex-surgery.

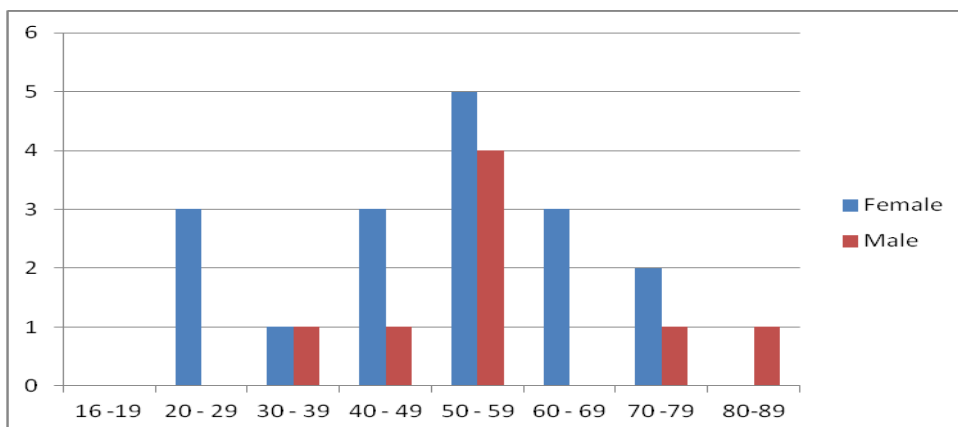
The single most common objection cited in discussions with those in the lower age ranges was lack of time to dedicate to PRG business. The Virtual Patient Reference Group channel was therefore conceived, and it was agreed that there be a dual communication, with both Virtual and 'Actual' Patient Reference Group channels. Membership would be of the PRG, but input need not be based solely on attending the meetings.

The minutes of the steering committee meetings are attached for reference, showing both a local school and local factories were identified as possible sources of patients in the missing demographics. Unfortunately, approaches to both these sources failed to bring in the desired applicants, although the membership was widened by recruitment in the waiting rooms from registered patients. Nurseries and schools parents groups were approached to see if eligible patients would be interested in joining the Group, but no applications were forthcoming.

The demographic profile of the PRG, as compared to the surgery demographic is shown in the charts below, using October figures as the most relevant to the establishment of the Group.



Against the practice demographics shown above, the eventual VPRG demographic is as below.



Whilst the Group was still lacking in certain age ranges, this was not through lack of extensive targeting of the patients. In the future, closer ties with the schools are desired, but it was interesting to note the lack of relevance felt by younger patients when in discussions about the benefits of joining.

Meeting Of PRG – September 2011

The first meeting of the 'actual' PRG took place 15th September 2011. There was an explanation of the aim of the PRG, to give a greater say to patients in their healthcare at local level, and an outline of the PRG DES itself.

The practice outlined suggested Terms of Reference and Ground Rules and these were debated during the meeting, and some amendments made. Officers were elected, and future meeting structure was discussed. CCG issues were discussed, before matters turned to the Patient Survey.

At this meeting, initial thoughts from the PRG as to the likely areas of survey were discussed, as were the actual mechanics of the response gathering. It was confirmed that this should be both an on-line survey, and that hardcopies to complete in the waiting rooms be available. PRG members volunteered to assist in the completion of the hard copies, by being in the waiting room as representatives of the PRG.

Follow Up And Agreement Of Areas For Question

Follow up to the 'actual' meeting was by way of an e-mail sent on the 29th September which picked up on the 7 areas of questioning that came out from the meeting of the 15th September.

The 7 areas were under the headings:

- Appointments & Access
- Customer Service Issues
- Quality Of Care
- Surgery Premises
- Flexibility
- Perception of Approachability
- Healthy Living Centre, And Services Offered

This e-mail also sought suggested amendments from the VPRG, members of which had not been present at the actual meeting on the 15th. No such amendments were suggested.

The practice also used data from complaints, and trending data for access levels when deciding which areas were of interest to question in the survey. This dovetailed with the first area listed above, and backed up the discussion at the PRG meeting.

Agreement to the areas was forthcoming by e-mails into the surgery from the VPRG, before the deadline given of 6th October, and the survey was commissioned from the website providers, who were engaged to design/promote the survey. The priority areas were those which were highlighted by the PRG; the questionnaire had been built around those 7 areas.

The Patient Survey

The number of questions had been referenced by the PRG meeting of 15th September, where 30 were felt to be too many. The number was settled on at 20, and exact wording was from that suggested by the surgery, with input from PRG members, and finally moderated by the website provider. Answers were from a range of three or four options, again with the wording moderated.

Completion of the survey was possible via the online hot key on the surgery website, or in the waiting rooms. Some of these hard copies were completed after being promoted by members of the Group, who gave up time to assist in increasing numbers of completed surveys. The hot key had homepage prominence on the surgery website, which took users straight through to complete the survey.

Results of the survey were collated using the website results page, into which the data from the hardcopies was added by practice input. The Analysis of Survey 2, which is appended at the back of this paper, shows the breakdown of all twenty questions.

Follow Up Meeting And Action Plan

The survey results were cascaded to the Group in early January, for their thoughts. A meeting of the PRG was held on 19th January to discuss the survey results, and start the process of action planning.

There was a full discussion of the results, and analysis of possible reasons behind those results at the meeting, together with PRG thoughts and aspirations for future surveys. The level of responses was discussed, together with ways of raising the profile of the survey amongst both waiting rooms, and the wider patient population.

The meeting gave some very clear steers as to what the action plan should contain, and the surgery staff took clear guidance from the meeting as to what the PRG was looking for.

The Draft Action Plan was created on the back of the thoughts contributed, and was e-mailed out to members of the Group in late February. Views were sought from the VPRG by 5th March 2012, and a meeting of the PRG was timetabled for the 1st March. Together these actions would allow for the Action Plan to be agreed by Group members to enable it to be displayed on the website as required, by 31st March 2012.

Agreement Of Action Plan

Agreement was formally obtained to the Action Plan at the meeting of the PRG on the 1st March, and when the deadline for thoughts from the VPRG ran out on 5th March.

The reaction to the Action Plan was extremely positive, with the PRG feeling that the surgery had moved areas which were highlighted in the survey forward in a positive manner.

The agreed Action Plan is appended to this report for information purposes. The only area which is not being driven forward is the change to waiting room seating. This was identified as a fairly strong response level anyway, and with the unknown specifications of CQC with regard to any replacement seating being considered, this has been placed 'on hold' at the present time.

Access Arrangements

		<u>Opening Times:</u>	
<u>School Lane Surgery</u>		<u>Healthy Living Centre</u>	
Monday	8:30am – 5:00pm	8:30am – 6:30pm	(closed 1-2pm)
Tuesday	8:30am - 5:00pm	8:30am – 8:30pm	(closed 1-2:30pm)
Wednesday	8:30am – 5:00pm	8:30am – 6:30pm	(closed 1-2pm)
Thursday	8:30am – 5:00pm	8:30am – 6:30pm	(closed 1-2pm)
Friday	8:30am – 5:00pm	8:30am – 6:30pm	(closed 1-2pm)
Tuesday Closed	1 – 2:30pm	Tuesday Closed	1 – 2:30pm
Saturday:	By Appointment Only		

At the moment the above surgery times can be accessed by means of telephone or face to face booking of appointments. The PRG debated the use of the extended hours access scheme, covering weekly Tuesday evenings 6:30-8:30pm, and 1st Saturday of the month surgery available by request, between the hours of 8:30am-11:30am. It was confirmed that the surgery has had good feedback to the convenience of these extended hours.

The PRG members felt that School Lane Surgery was offering good access to those who work Monday-Friday 9am-5pm; with some spare capacity at the time of debate in January with take-up of appointments running at 87% of those available.

However, the PRG felt that the surgery should look to increase this take up by advertising the extended hours more fully, for example in the 'About Thetford' magazine. This was one of the action points in the Action Plan following the survey. They also asked that the receptionists confirm that the appointment is on a Saturday, as there have been examples of appointments being accepted, without the realisation that this was on a Saturday, which could lead to patient confusion.

In addition, for both core and extended hours opening, the PRG agreed with the Action Plan item proposed that the surgery look into the facility for online booking of appointments through the website provider.

Conclusion

The formation and use of the PRG to provide the surgery with a vehicle to sound out ideas has been a very valuable addition. The PRG is so much more involved than the old Patient Group, which tended to dwell on personal issues. The PRG has given real direction to the surgery drive to become more patient centric, and the second year of the group promises to deliver more feedback and direction to ensure patient involvement is at the heart of change.

Ian Wilson 21st March 2012.