

APPENDIX A

Patient Participation DES - End of year report

Requirement 1

Provide a description of the profile of the members of the PRG

Pat No		AGE	REG STATUS	ACCEPT	Postcode	ETHNCITY	OTHER
243	F	26	Permanent	03/03/1997	CT11 9PP	WHITE BRITISH	
10124	F	45	Permanent	03/03/1997	CT11 7EJ	WHITE BRITISH	
5700	F	47	Permanent	01/05/2001	CT12 6DQ	WHITE BRITISH	
17327	M	50	Permanent	21/11/2006	CT9 4EA	WHITE BRITISH	
9294	M	50	Permanent	05/09/2001	CT12 6SD	WHITE BRITISH	
11756	F	51	Permanent	01/05/2001	CT11 8DJ	WHITE BRITISH	
2777	F	54	Permanent	12/06/1991	CT10 3QD	INDIAN	
10275	M	63	Permanent	03/03/1997	CT11 0RE	WHITE BRITISH	
17225	F	64	Permanent	10/10/2006	CT12 6TT	WHITE BRITISH	
9012	M	65	Permanent	05/09/2001	CT11 0LA	WHITE BRITISH	
826	M	67	Permanent	22/12/1993	CT11 7DD	WHITE BRITISH	DISABLED
13788	M	67	Permanent	30/10/2001	CT12 6AG	WHITE BRITISH	
10474	F	70	Permanent	08/04/1993	CT11 0PH	WHITE BRITISH	
7994	F	74	Permanent	03/03/1997	CT12 6HQ	WHITE BRITISH	
17894	F	78	Permanent	28/12/2007	CT12 6QQ	GREEK	
234	F	78	Permanent	03/03/1997	CT11 7QP	WHITE BRITISH	
9740	F	78	Permanent	05/09/2001	CT12 6QT	WHITE BRITISH	

Requirement 2

Detail the steps taken by the contractor to ensure that the PRG is representative of its registered patients and where a category of patients is not represented, the steps the contractor took in an attempt to engage that category

March 2012 Background Figures of Summerhill Surgery Patient Total Population

Patients breakdown figures of Sex and Age

Patient Population as of March 2012

	< 5	5 - 15	15 - 25	25 - 35	35 - 45	45 - 55	55 - 65	65 - 75	75 - 85	> 85	Total
Male	208	443	469	403	430	483	454	346	174	64	3474
Female	198	424	485	391	421	496	458	406	214	111	3604
Total	406	867	954	794	851	979	912	752	388	175	7074

% Break-down of patient population

	< 5	5 - 15	15 - 25	25 - 35	35 - 45	45 - 55	55 - 65	65 - 75	75 - 85	> 85	Total
Male	3	6	7	6	6	7	6	5	2	1	49
Female	3	6	7	6	6	7	6	6	3	2	51
Total	6	12	13	11	12	14	13	11	5	2	100

Break-down according to Practice Population

	1	1	2	1	1	2	2	1	1	0	12
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Suggested Patient Support Group Membership

	< 5	5 - 15	15 - 25	25 - 35	35 - 45	45 - 55	55 - 65	65 - 75	75 - 85	> 85	Total
Male	0	0	1	1	0	1	1	1	1	1	7
Female	0	0	1	0	1	1	1	1	1	1	7
Total	0	0	2	1	1	2	2	2	2	2	14

Actual Patient Support Group Membership

	< 5	5 - 15	15 - 25	25 - 35	35 - 45	45 - 55	55 - 65	65 - 75	75 - 85	> 85	Total
Male	0	0	0	0	0	2	1	3	0	0	6
Female	0	0	0	1	0	4	1	2	3	0	11
Total	0	0	0	1	0	6	2	5	3	0	17

Ethnicity**Patient Population as of March 2012**

Ethnicity	Actual	%
British	5718	81
Other *	134	2
Indian	39	1
NOS	1187	17
Total	7078	100

Actual Patient Support Group Membership

Ethnicity	Actual	%
British	15	88
Other *	1	6
Indian	1	6
Total	17	100

*Please see "Ethnicity in Detail" table on page 2 for break-down of Ethnicities'

Ethnicity in Detail

Recorded Ethnicity	Amount
Albanian - ethnic category 2001 census	1
Any other group - ethnic category 2001 census	1
Black, other, non-mixed origin	1
Greek (NMO)	1
Greek Cypriot (NMO)	1

Irish Traveller - ethnic category 2001 census	1
Mid East (excl Israeli, Iranian & Arab) - eth cat 2001 cens	1
Mixed Black - ethnic category 2001 census	1
Other Black background - ethnic category 2001 census	1
Other Black or Black unspecified ethnic category 2001 census	1
Other republics former Yugoslavia - ethnic categ 2001 census	1
Sinhalese - ethnic category 2001 census	1
South and Central American - ethnic category 2001 census	1
Turkish - ethnic category 2001 census	1
Vietnamese - ethnic category 2001 census	1
Welsh - ethnic category 2001 census	1
White Irish - ethnic category 2001 census	1
Bangladeshi	2
Black - other, mixed	2
Cypriot (part not stated) - ethnic category 2001 census	2
Ethnic group not given - patient refused	2
Greek - ethnic category 2001 census	2
Iranian - ethnic category 2001 census	2
Italian - ethnic category 2001 census	2
Other - ethnic category 2001 census	2
Other ethnic, mixed origin	2
Other European (NMO)	2
Other Mixed background - ethnic category 2001 census	2
White and Asian - ethnic category 2001 census	2
White and Black Caribbean - ethnic category 2001 census	2
African - ethnic category 2001 census	3
Black Caribbean	3
Latin American - ethnic category 2001 census	3
Other Asian or Asian unspecified ethnic category 2001 census	3
Pakistani	3
White Scottish	3
Black British	4
Black African	5
Japanese - ethnic category 2001 census	5
Sri Lankan - ethnic category 2001 census	5
White and Black African - ethnic category 2001 census	5
White Irish	5
Asian and Chinese - ethnic category 2001 census	6
Bangladeshi or British Bangladeshi - ethn categ 2001 census	6
Chinese	6
Chinese - ethnic category 2001 census	6
Irish - ethnic category 2001 census	6
Scottish - ethnic category 2001 census	6
Polish - ethnic category 2001 census	8
	134
Other White European/European unsp/Mixed European 2001 census	12
Other white British ethnic group	12
Other ethnic group	13
Ethnic category not stated - 2001 census	16

Ethnic groups (census)	18
Other white ethnic group	19
Other White background - ethnic category 2001 census	26
Ethnic category - 2001 census	84
White	143
English - ethnic category 2001 census	156
White British - ethnic category 2001 census	173
White British	1809
British or mixed British - ethnic category 2001 census	3237
	5718
Indian or British Indian - ethnic category 2001 census	29
Indian	10
	39
Ethnicity NOS	1187
Total Population Ethnicity	7078

Structure

It was decided at Practice level that, as our surgery did not have a Patient Group the most appropriate way to establish one would be a physical group which would hold three monthly meetings. The Practice agreed that having virtual members would help to increase patient engagement and ensure that the group was as representative as possible. However it was agreed that in the first instance the virtual members would only have a supporting role i.e. they could request subjects to discuss and put their opinions across but they would not be able to vote. The intention being that the group could vote on a particular issue, agree a plan of action with a definitive time-scale and the Practice staff would then be able to report back at the next meeting on progress. It was agreed that no more than between 20 and 25 patients should be members at any one time to ensure that the meetings are manageable. If patient demand increased the surgery would reconsider membership and the role of the virtual group supporters.

Representation

In the first instance we advertised the Patient Group on our website and on the television screen in our waiting room. (Please see Figure 1 (below) 'HOW DID WE DO TODA? And Figure 2 website screen shots). The next step involved analysing the patient population, looking at sex, age and ethnicity. (Please see detail from above 'Patient Population – Age, Sex, Ethnicity 2012') The membership forms were then given to patients who were interested in joining the group and we cross-referenced their demographics with the Practice's. Where the Practice felt there were any major gaps in the representativeness the practice staff were asked if they were aware of any patient who had previously registered an interest in a Patient Group and/or felt they would be a valuable assets to the group. Those patients were contacted directly and only patient declined membership. The surgery staff are fully aware of the group and it's ongoing development, they actively promote membership to those patients who discuss infrastructure of the surgery and the services we offer. The practice has been pro-active

in promoting the group in the surgery and on the website. Patients who make contact with the surgery regarding comments or complaints are advised regarding the group.



Figure 1 - double click to see slide show

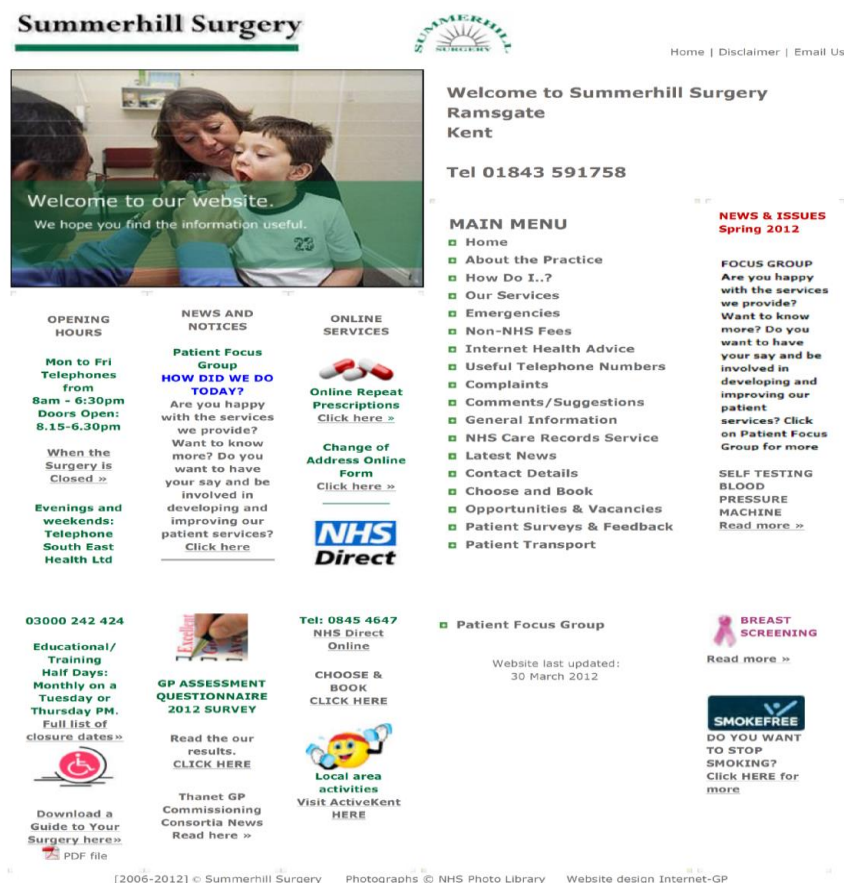


Figure 2 – website screen shots

Requirement 3

Provide details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local practice survey

- Discussion regarding 2011.12 action plan and ongoing initiatives and improvements following the survey 2011.12.

- Refer to:

1. Practice Survey 2011.12



Survey 2012.pdf



Survey Summary.pdf

2. Practice Action Plan 2011.12



Action Plan 2012.doc

3. Minutes from Meetings



Summerhill Surgery
PFG Minutes 3.doc



Summerhill Surgery
PFG Minutes 4.doc



Summerhill Surgery
PFG Minutes 5.doc



Summerhill Surgery
PFG Minutes 6.doc

MINUTES NUMBER 3:

AGREED PURCHASED – as per the ACTION PLAN

- 1. Additional TV screen for the waiting room. (£268)**
- 2. 20 chairs for the consulting rooms (£932)**
- 3. 24hr BP Machine (£1095)**
- 4. 24hr ECG Machine + software (£2994)**
- 5. Call Queuing (£2950)**
- 6. Text Messaging (£199)**
- 7. Door stopper.**

NEXT MEETING - Tuesday 25th September 2012 at 11am

AGENDA

- Chairperson and Vice chairperson election
- GP and Nurse Practitioner Update
- Purchase update (as above)
- Appointment System Review**
- Survey – the surgery will need to repeat a patient survey as per last year. The group will need to agree which survey to use and agree any additional questions as well as how it should be canvassed. This will form the basis of the next action plan, which will need to be implemented by March 2013. Enclosed is a sample of the survey used for 2011/12.**
- Other surgery improvement and developments
- Any other business.



Appointment Audit
Jan 12.13.xls

MINUTES NUMBER 4:

SURVEY

Survey from 2011/12 was sent through to the group members to read at home and bring any comment/concerns to the group for discussion. Group decided on survey last year, re-read the surgery 2011/12 survey and it was agreed that we will run the same survey so that direct comparisons can be made. Many of the issues are still the same as telephones, appointments, as well as continuity of care etc...JH commented that the majority of comments and complaints from patients over the recent months have been either telephones or lack of appointments. Therefore, it was agreed that this would be the most useful way forward and in order to ensure the integrity of the survey the group agreed to distribute in the same way as last year – given out by hand on a given week to anyone who attended the surgery. This was random and would reflect the broadest needs of those who needed medical attention and give a snapshot of opinion/surgery life. JH to arrange survey and ensure results are available for next meeting. Results to be discussed and an action plan to be developed for approval.

Requirement 4

Describe the manner in which the contractor sought to obtain the views of its registered Patients

Extract from above:

Therefore, it was agreed that this would be the most useful way forward and in order to ensure the integrity of the survey the group agreed to distribute in the same way as last year – given out by hand on a given week to anyone who attended the surgery. This was random and would reflect the broadest needs of those who needed medical attention and give a snapshot of opinion/surgery life.

The practice selected the last two weeks in January 2013 to run the survey, any patient who attended the surgery was asked to fill in the form to give a cross-section of opinion. The survey was also added to the website to allow patients who did not attend the surgery to participate. The first two hundred surveys were then recorded on an excel spreadsheet and sent to an external publishers to be compiled and formatted. The same publisher was used as last year to for ease of comparison.

Extract from Summerhill Surgery Website:

GP ASSESSMENT QUESTIONNAIRE 2012/13 SURVEY

We would be grateful if you would complete our GP Assessment Questionnaire 2012/13 survey
[CLICK HERE TO DOWNLOAD](#)

Requirement 5

Detail the steps taken by the contractor to provide an opportunity for the PRG to discuss the contents of the action plan



Summerhill Surgery
PFG Minutes 7.doc

Requirement 6

Provide details of the action plan setting out how the findings or proposals arising out of the local practice survey can be implemented and, if appropriate, reasons why any such findings or proposals should not be implemented



Patient Focus Group
Action Plan 2013.doc

Requirement 7

Provide a summary of the evidence, including any statistical evidence, relating to the findings or basis of proposals arising out of the local practice survey

Please refer to survey results and action plan.

Requirement 8

Confirm details of the action which the contractor,

i. 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 practice survey

ii. where it has participated in the Scheme for the year, or any part thereof, ending 31 March 2013, has taken on issues and priorities as set out in the Local Patient Participation Report

Please refer to action plan.

Requirement 9

Detail the opening hours of the practice premises and the method of obtaining access to services throughout the core hours

CORE HOURS:

Reception and waiting room open:

Monday – 8am – 6.30pm

Tuesday – 8am – 6.30pm

Wednesday – 8am – 6.30pm

Thursday - 8am – 6.30pm

Friday – 8am – 6.30pm

Saturday – CLOSED

Sunday – CLOSED

Telephones lines are open from 8am – 6.30pm – Weekdays.

Patients can contact the surgery through our generic email addresses for prescriptions,

administrative queries and to request appointments.

There are a few patients who have hearing difficulties who fax information to the surgery.

As part of the action plan for 2013 the surgery is in the process of engaging with 'VOS' Vision Online Services which will enable patients to order prescriptions and book appointments online. In addition there will be e-forms to update basic health information and personal details.

Recent changes to the appointment system have been summarised in the Appointment Audit below, appointments are available throughout the day with the majority of 'core' clinics running between 8.30am and 5.30pm, for GPs, Nurse Practitioner, Nurses and HCAs. Our additional services such as smoking, counselling, physiotherapy and midwifery all have clinics within these hours.



Appointment Audit
Jan 12.13.xls

Requirement 10

Clarify where the contractor has entered into arrangements under an extended hours access scheme, the times at which individual healthcare professionals are accessible to registered patients

EXTENDED HOURS:

Monday 7am- 8am
Monday 6.30pm – 8pm
Thursday 7am – 8am

GP Appointments only + access to administrative services.

Extended Hours have been re-established from November 2012, as agreed with PCT. Monthly appointment audits have been submitted to the PCT via the Enhanced Service Claim.