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## PATIENT PARTICIPATION REPORT 2013/14

**Practice Code:**

C81084

**Practice Name:**

Avenue House Surgery

### An introduction to our practice and our Patient Reference Group (PRG)

**Avenue House Surgery is a Chesterfield town centre practice covering a population or just under 10,000 patients. Our ethos is to provide excellent quality health care with good appointment access and continuity of care for patients.**

**Our Patient Participation Group was initially formed in 2011 and has now grown to around 15 core group members as well as some 'virtual members' who are happy to contribute via e-mail. The group welcomes patients to attend meetings to contribute to their discussions or to attend ad-hoc with a particular issue or suggestion.**

**The group meets bi-monthly on a Thursday evening and has an elected Chair and Secretary.**

### Establishing the Patient Representative Group

This shows how the practice has tried to ensure that the PRG is representative of the wider practice population. Information is provided here on the practice and PRG profile.

	Practice population profile	PRG profile	Difference
<b>Age</b>			
% under 18	16.4%	0%	16.4%
% 18 – 34	21.1%	7.1%	14%
% 35 – 54	28.4%	14.3%	14.1%
% 55 – 74	24.8%	64.3%	39.5%
% 75 and over	9.3%	14.3%	5%
<b>Gender</b>			
% Male	49.3%	71.4%	22.1%

% Female	50.7%	28.6%	22.1%
<b>Ethnicity</b>			
% White British	17.2%	57.1%	39.9%
% Mixed white/black Caribbean/African/Asian	0.10%	0%	0.10%
% Black African/Caribbean	0.16%	7.1%	6.94%
% Asian – Indian/Pakistani/Bangladeshi	0.09%	0%	0.09%
% Chinese	0.14%	0%	0.14%
% Other	15.6%	14.3%	1.3%
% Not Specified	66.7%	21.4%	45.3%

These are the reasons for any differences between the above PRG and Practice profiles:

There has been a lack of response from under 18's to join the group despite a targeted teenagers newsletter which highlighted the option of joining and contributing. 18-34 year olds also under represented due to a lack of response. The practice does not currently have ethnicity information for the full practice list but we feel that the Patient Group currently has a good mix of ethnic groups.

In addition to the above demographic factors this is how the practice has also taken account of other social factors such as working patterns of patients, levels of unemployment in the area, the number of carers:

Meetings held in the evenings,  
 Contribution welcome via telephone or e-mail  
 Messages, comments or suggestions for discussion can be left via reception/ via surgery staff/ via one of the PPG members/ via e-mail to PPG and these issues will be brought to the meeting.  
 All informal 'praise and grumbles' comments posted via the reception suggestion box are reviewed by the PPG members.

This is what we have tried to do to reach groups that are under-represented:

Teenage newsletter posted to every patient between the ages of 14-19 as part of the 'you're welcome' programme—the newsletter gave details of the group and asked for volunteers.  
 Group advertised in the ante-natal and baby immunisation clinics to target young parents.  
 Group advertised on the prescription counterfoils.  
 Group advertised in the surgery waiting area.  
 Clinicians aware of the group and can discuss with patients where necessary.  
 Group advertised during substance misuse clinics.

### **Setting the priorities for the annual patient survey**

This is how the PRG and practice agreed the key priorities for the annual patient survey

Discussions during meetings and by reviewing patient comments and feedback throughout the year.

Final decisions regarding the survey were taken during the patient group meeting in July 2013. The group decided to repeat the survey questions from the previous year in order to re-assess improvement or any lowering in standards.

### **Designing and undertaking the patient survey**

This describes how the questions for the patient survey were chosen, how the survey was conducted with our patients and includes a summary of the results of the survey (full results can be viewed as a separate document)

How the practice and the Patient Reference Group worked together to select the survey questions:

The survey questions were based around the 'patient journey' throughout the practice ie—contacting, appointment access, waiting room and waiting times, experience of consultation etc.

The survey had originally been carried out as part of the 'Productive General Practice' programme and gave a useful tool to monitor the patient experience regarding a number of aspects within the practice.

How our patient survey was undertaken:

The survey was conducted over a period of 3 weeks in the Summer 2013 and was issued (by reception staff) to patients attending the practice during that time period.

Summary of our patient survey results:

Results graph provided in a separate document.

### **Analysis of the patient survey and discussion of survey results with the PRG**

This describe how the patient survey results were analysed and discussed with PRG, how the practice and PRG agreed the improvement areas identified from the patient survey results and how the action plan was developed:

How the practice analysed the patient survey results and how these results were discussed with the PRG:

Results discussed during the patient participation group meeting in January 2014. A member of practice staff had provided results and comparisons with those from the previous year.

The key improvement areas which we agreed with the PRG for inclusion in our action plan were:

The survey results were generally good and the group felt that generally there were no significantly urgent action points. The key improvement areas were agreed as patient information and looking at ways to

Improvement areas agreed as follows:-

- Explore the full potential for better patient information and education about how to access appropriate care.
- Continued support for the idea of 'integrated providers' delivering co-ordinated care
- The practice to look at ways to provide effective 'real time' information to patients regarding waiting times for their appointments when the GPs/clinical staff are running late.
- Look at ways to improve patient awareness and understanding of practical issues within the surgery—for example why clinicians run late.
- Maintain and improve current high standards as demonstrated by the patient survey results.

We agreed/disagreed about:

No disagreements.

## ACTION PLAN

How the practice worked with the PRG to agree the action plan:

Discussion during the March 2014 meeting and also feedback requested via e-mail.

We identified that there were the following contractual considerations to the agreed actions:

None

Copy of agreed action plan is as follows:

Priority improvement area Eg: Appointments, car park, waiting room, opening hours	Proposed action	Responsible person	Timescale	Date completed (for future use)
Explore potential for better patient information and education on a variety of practical issues. Better understanding of how	Group and practice to consider raising this as one of three suggestions for the CCG Locality Plan.  Also, use of in-house	Clive Archer (PPG Chair) Janette Moran (Practice Manager)	Review in 6 months— July 2014	

Primary Care works.	resources eg-TV screen..			
Patient information and education about how to access appropriate care.	Group and practice to consider raising this as one of three suggestions for the CCG Locality Plan. Information via the surgery resources available.	Clive Archer (PPG Chair) Janette Moran (Practice Manager)	Review in 6 months— July 2014	
Continued support for the idea of 'integrated providers' delivering co-ordinated care	Continued PPG involvement and feedback during the 'roll out' of the integrated care model.	PPG Group	Review in 6 months— July 2014	
'Real Time' information for patients in the waiting room when their appointments are running late.	Further discussions within the Primary Health Care Team to look at an effective way to deliver this.	Janette Moran (Practice Manager)	Review in 6 months— July 2014	

### Review of previous year's actions and achievement

We have summarised below the actions that were agreed following the patient survey 2012/13 and whether these were successfully completed or are still on-going and (if appropriate) how any have fed into the current year's survey and action plan:

**"You said ..... We did ..... The outcome was ....."**

***"Look to try and combine more appointments for annual reviews and health checks to avoid repeated visits to the surgery"***

The practice has looked at the systems and revised the way patients are re-called for routine monitoring. There are still some unavoidable repeated appointments in some instances due to the need to see a clinician with a different specialism.

***"Try to reduce waiting times"***

Changes have been made to the rotas of specific clinicians, poster in waiting room advising patients of the reasons why clinicians sometimes run late.

***"Provide a bicycle rack in the car park"***

Bicycle rack now provided.

***"Improve access into the surgery"***

Automatic doors now installed

***"Spoken tannoy for calling patients not always clear"***

Clinicians advised to speak loudly and call patient name twice. Practice looking at alternative system—ie visible name calling screen—now installed (march 2013)

***"Reception privacy"***

New reception desk with some glass screening—still not ideal but patients to be taken to a private room where necessary (sign provided advising this is available).

***“Information about the future of general practice and political developments”***

In house leaflet produced, information in waiting area, look at social networking/ virtual groups. Virtual group started and patients can comment via the surgery website either to the PPG or to NHS choices. Educational TV screen now installed in the waiting area. Representative members of the PPG are involved in locality events and networking.

***“Inform people about wasted appointments”***

A display was provided within the waiting area.

***“Use repeat prescription counterfoil to inform patients regarding wasted or over-ordered meds.and to advise of the practice website address”***

Website now advertised on prescription counterfoil. The practice is looking at how best to increase awareness re wasted medications.

***“Consider ways to demonstrate the way the practice is influenced by patient comments”***

You said...we did--- display in waiting room. This is in position but will be updated

***“Improve Car Parking”***

The practice explored various potential solutions but unfortunately to no avail.

***“Provide hand gel next to the self check in machine”***

Antiseptic hand gel machine provided.

Where there were any disagreements between the practice and the PRG on changes implemented or not implemented from last year’s action plan these are detailed below:

None to date

**Publication of this report and our opening hours**

This is how this report and our practice opening hours have been advertised and circulated:

Practice website.  
Practice waiting areas  
Practice leaflet

**Opening times**

These are the practice’s current opening times (including details of our extended hours arrangements)

**Monday:** 8.00am to 6.30pm (plus extended hours 6.30pm to 8.30pm)  
**Tuesday:** 8.00am to 6.30pm (plus extended hours 7.00am to 8.00am)  
**Wednesday:** 8.00am to 6.30pm (plus extended hours 7.00am to 8.00am)  
**Thursday:** 8.00am to 6.30pm (plus extended hours 7.00am to 8.00am)  
**Friday:** 8.00am to 6.30pm
