

## OUR ACTIVE PATIENT PARTICIPATION GROUP (PPG) and our VIRTUAL PATIENT REFERENCE GROUP (PRG) ARE PROMOTED THROUGH

- a dedicated notice board in the surgery waiting area (managed by the PPG)
  - the surgery web site which this year includes new sections independently edited by the PPG
  - PowerPoint slides on the TV screens in the surgery waiting rooms
  - wall posters advertising individual events
  - flyers advertising meetings - available in a local pharmacy and sent out by them with prescription deliveries
  - new Facebook pages for both the surgery and the PPG are in progress
- 
- RECRUITMENT OF GROUP MEMBERS IS VIA
  - a membership leaflet designed by the PPG, available in surgery and downloadable from the website
  - an optional section on the registration form used by new patients
  - PPG members may organise recruitment drives at events like flu clinics
  - Clinicians notify the surgery link worker if patients express an interest to them directly
  - Targeted community engagement and recruitment by the PPG and surgery to increase representation where necessary – See Equality and Diversity section of this report.

## OUR active PATIENT PARTICIPATION GROUP (PPG)

- Is a formally constituted group with written terms of reference.
- Has approximately 90 members with an active group of 8 committee members
- The Chair, and other committee members who provide formal functions such as Treasurer, are elected at an Annual General Meeting.
- Contact details of PPG members are shared by the surgery with the PPG and the PPG is responsible for communicating with its' members.
- The committee meets regularly (at least bi-monthly) and additional work groups are formed for specific areas including surgery survey analysis / community engagement / a quarterly newsletter/ liaison with other Patient Groups.
- This year committee members have continued to attend public meetings organised by local NHS bodies such as Brighton and Hove Clinical Commissioning Group, and have forged strong links with Healthwatch Brighton. PPG members and practice staff also attended Social Media training organised by the CCG.
- The PPG organise 4 public meetings per year with invited speakers on health topics - meetings are attended by the named surgery link worker and or the named surgery link GP.
- The surgery link worker communicates with members of the committee and subcommittee to discuss surgery news / work in hand.

## OUR virtual PATIENT REFERENCE GROUP (PRG)

- Has approximately 800 PRG members with an estimated annual turnover of 100.
- Is largely recruited from new patients via an option on the practice registration form.
- Can only be contacted by the surgery (who hold their contact details securely)
- Can choose to contact the PPG directly via the Chair's email address which is given in all PPG communications.
- Is sent regular emails and text messages by the surgery (which always give an 'opt out' option) and which this year have included:
  - links to quarterly PPG newsletters
  - links to an online poll of patient priorities
  - notices of quarterly PPG public meeting and links to relevant documents
  - links to Healthwatch newsletters and CCG Patient Groups newsletters

## LOCAL PRACTICE SURVEY 2013'14

This year the surgery obtained patient views using a paper based survey in January 2014.

## DECIDING AND AGREEING THE PRIORITIES AND ISSUES TO INCLUDE IN OUR PRACTICE SURVEY

The Practice Manager, surgery PPG link worker and the 4 members of the PPG survey sub-committee held a meeting on 17<sup>th</sup> October 2014.

At the meeting the surgery and PPG considered:

- Results from an online survey of what is most important to patients, conducted in September 2013 and sent to the PRG in November 2013.
- Charter patient responses on the national GP Patient Survey (<http://www.gp-patient.co.uk/>) compared with results from other local practices with a similar demographic profile ('Pentagon practices')
- Surgery feedback regarding patient comments, complaints and suggestions
- Staff feedback
- Existing and planned surgery changes
- Follow up questions to the 2012'13 survey and Action Plan
- Care Quality Commission standards for GPs

The surgery online poll of the PRG in September 2014 had shown that patients care most about clinical care, followed by 'access' issues (such as getting an appointment, getting through on the telephone).

### Access issues:

The surgery had made significant changes in December 2013 to address known access issues including:

- recruitment of 3 additional whole time equivalent receptionists to improve front desk queue times and telephone answering times
- opening the telephone lines over lunchtime
- increasing the number of GP/ANP appointments to reflect the growing list size (to be reviewed and adjusted regularly using an established formula)
- increasing the ratio of same day appointments to book ahead appointments
- increasing the number of appointments on known busy days
- increasing online access to appointments
- ongoing audit of the third next available routine appointment
- a redesign of the reception area was planned (commissioned February 2014)

The PPG felt that the above changes needed time to have an effect and that it would not be worthwhile to survey patient satisfaction with access issues until they had done so; it was agreed that access issues would not therefore form the basis of the 2014'15 Patient Survey in January 2014 but would be surveyed the following year.

### Clinical care:

Having noted clinical care as the top patient priority in the online poll, the PPG had compared Charter patients' satisfaction with clinical care on the GP National Survey against results for other local surgeries. The PPG felt that it would be useful to survey this area in more detail. Satisfaction surveys were already planned for individual GPs as part of their new 3 yearly GP revalidation process and it was agreed to run these surveys in January and to run similar surveys for all members of the nursing team and the Advanced Nurse Practitioners.

Outcome: for the 2013'14 Local Patient Survey it was agreed to survey patient satisfaction with clinical care.

## SURVEY DESIGN

GP revalidation uses anonymous paper questionnaires validated for use by the General Medical Council (GMC) and administered by independent companies; the GPs chose to use two different companies which each produce a slightly different questionnaires based on a version of the GMC questionnaire. One company provided printed surveys including large font versions. The other company provided a template for the surgery to print out. No alterations (such as the addition of demographic data) could be made.

For non-GP clinicians the survey compiled a questionnaire using relevant questions from the standard GPAQ surgery survey and some demographic questions were included.

## METHODOLOGY

As per revalidation instructions, clinicians were told to ask consecutive patients who they saw in an appointment to complete a survey. Clinicians were told to hand each patient a questionnaire and an envelope, and to direct them to post their response in the boxes in the waiting areas.

## PUBLICISING THE SURVEY

Clipboards, pens and large posting boxes were available in prominent areas of the waiting rooms with posters asking patients whether they had been handed a questionnaire and telling them what to do. Staff tried to be on hand to help patients fill out the survey if they wished. Individual response rates were also monitored by the surgery to some extent.

## SURVEY RESPONSE RATES

For GP validation purposes the questionnaires were posted to and the results collated by the administering companies who each required slightly different minimum numbers of questionnaires to be completed per GP. For Local Patient Survey purposes each clinician was asked to aim to achieve 50 responses.

## SURVEY RESULTS (published on surgery website)

In total over 730 questionnaires were completed.

The results for each clinician were manually entered by surgery staff onto a web based survey tool. It was assumed that slightly differently worded questions on the different GP surveys could be treated as equivalent.

Each clinician received their own results in spreadsheet form

Anonymised individual results were supplied to the PPG in spreadsheet form

Anonymised responses to open questions were supplied to the PPG (inappropriate or identifying comments removed by the surgery and indicated)

The results published on the surgery website are presented in a table and graph form with a mean % result for each group of clinicians obtained by summing the % score of each clinician in the group and dividing by the number of clinicians in the group. Highest and lowest individual % scores are given and the mode was also supplied.

## DISCUSSION and ANALYSIS OF SURVEY RESULTS

The Practice Manager, surgery PPG link worker and 3 members of the PPG survey sub-committee held a meeting on 4<sup>th</sup> March 2014.

The surgery thought the results were excellent overall.

The surgery explained that one clinician had a significantly lower response rate than the 50 requested by survey end and this because personal circumstances had meant that she was absent for much of the survey period. To avoid weighting of results towards any one individual caused by differences in response rates, the final analysis gave a mean % response for each group of clinicians.

It was noted that the satisfaction scores were higher than for comparable 'benchmarking' questions on the GP National Survey which is a random postal survey. In addition, of 321 free comments

only 4 were less than positive and none criticized clinical care. (these comments had been seen by the PPG after removal of any identifying information).

The results available to the PPG before the meeting had included high / low scores and the CCG felt that there may be one or two outlying responses. The Practice Manager confirmed that if any significant differences between clinicians were found the issue would be raised with the clinician concerned. The surgery agreed to provide some more analysis of the results to the PPG to identify potential outliers.

Further analysis was emailed to the PPG with a note of caution as to the significance of very small numbers of responses.

100% of respondents had said that they would be completely happy to see their practice nurse again. Further analysis showed that there might be significant differences between the practice nurses on the rating of satisfaction with waiting times, on the rating of 'putting you at ease', and on the rating of 'helping you to understand your health problems'.

Analysis of responses to GP/ANP questionnaires showed that one clinician had scored a lower proportion of 'very good' responses across the seven questions 'how good was your GP/ANP at.....'. This clinician has seen a much higher proportion of children over the survey period than other clinicians; cross tabulation had shown that, for the survey as a whole, patients attending on behalf of a child had tended to give lower rates of satisfaction than patients attending for themselves. Another clinician had scored a lower proportion of 'very good' responses across four 'how good was your GP/ANP at.....' questions. This clinician had seen the highest proportion of women, the highest proportion of 20 to 41 year olds, and the highest proportion of patients who described their ethnicity as 'white other'. Cross tabulation had shown that, for the survey as a whole, women tended to be less satisfied than men, the 20 to 41 year old age group tended to be less satisfied than other age groups, and patients who described their ethnicity as 'white other' tended to be less satisfied than those who described themselves as 'white British'.

The Practice Manager confirmed that this analysis had been submitted to team leaders / clinical mentors for discussion and learning.

#### ACTION PLANS (published on surgery website)

The meeting on 4<sup>th</sup> March considered a draft plan for 2014'15 drawn up by the surgery and circulated to the PPG prior to the meeting.

The meeting also reviewed the previous year's 2013'14 Action Plan and agreed on items to be carried forward.

Amendments and carried forward items were suggested by the PPG and agreed by the surgery. The PPG subcommittee were sent the final plan by email and agreed the plan.

#### OPENING TIMES

- The practice reception desk is open from 8.00 to 18.30 Monday to Friday, with extended opening on Tuesday and Thursday evenings until 20.00
- Telephones are open from 8.00 to 18.30 Monday to Friday (urgent calls only after 18.00)
- Appointments are offered from 8.00 to 18.30 Monday, Wednesday, Friday with extended hours on Tuesday and Thursday evenings until 19.40

When the practice is closed an answer phone gives patients the telephone number for NHS 111

END