



KING CROSS PRACTICE PATIENT REFERENCE GROUP SUMMARY REPORT 2012 – 2013

PROFILE OF PRACTICE POPULATION & PRG

King Cross Practice Patient Reference Group (PRG) was formed in September 2011 in support of Patient Participation – Directed Enhanced Service for 2011 – 12 and 2012 - 2013; the aim being to open up dialogue with patients with a view to gathering their views to develop/improve/reinforce services at both practice and local level.

This intention was subsequently shared with the wider practice team as they would play a vital role in recruiting members and supporting the actions agreed.

Initially, patients registered their interest in the group by completing an 'application form' which was posted out to patient, or was collected from reception. This form was accompanied by a brief explanation of our intentions and an assurance that the information would be confidential and membership of the group was not dependent on the form being completed. The application form incorporated recommendations within the supporting documentation to enable us to measure how far the group was representative of the practice population. During 2012 – 13, membership has unfortunately dipped due to illness and general lack of interest in the work of the group, but new members are still welcomed – please ask at reception or complete a membership form from our website.

Our membership at start of the year was 9, plus one virtual member, by the end of the year we lost 2 members but gained one carer member. Recruitment to the group continues to be a challenge.

Practice population profile		PRG profile		Difference
Age				
under 16	18%	under 16	0%	-19
17 – 24	10%	17 – 24	0%	-10
25 – 34	11%	25 – 34	9%	-2
35 – 44	13%	35 – 44	9%	-4
45 – 54	16%	45 – 54	9%	-7
55 – 64	11%	55 – 64	27%	+16
65 – 74	10%	65 – 74	45%	+35

Practice population profile		PRG profile		Difference
75 – 84	7%	75 – 84	0%	-7
over 84	3%	over 84	0%	-3
Ethnicity				
56% of patients have ethnicity recorded so figures reflect that percentage of the registered population.				
White		White		
British Group	80%	British Group	91%	+15%
Irish	<1%	Irish		
Other White	3%			-3%
Mixed		Mixed		
White & Black Caribbean	<1%	White & Black Caribbean		
White & Black African	<1%	White & Black African		
White & Asian	<1%	White & Asian		
Asian or Asian British		Asian or Asian British		
Indian	<1%	Indian		
Pakistani	13%	Pakistani	9%	-4%
Bangladeshi	<1%	Bangladeshi		
Black or Black British		Black or Black British		
Caribbean	<1%	Caribbean		
Chinese or other ethnic group		Chinese or other ethnic group		
Chinese	<1%	Chinese		
Any other	<1%	Any other		
Gender				
Male	48%	Male	36%	-12%
Female	52%	Female	64%	+12%
Differences between the practice population and members of the PRG.		The group is aware that they are not entirely representative of the practice population, but there is expertise within the group/interested parties of disability, ethnic groups, local advocacy, carers, connection with local health groups. It is hoped that the website and links therein will at some point attract more 'virtual' members who can be involved in future developments and who can feedback on progress.		

The format of meetings, the group, agenda, minutes and communication with the wider practice population have followed the same pattern as last year, with the additional action of sending newsletters to patients who expressed their interest, direct from website.

The make up of the group does not reflect the practice population, but discussions have been held as to possible strategies to redress this. With small numbers, it is difficult to achieve representation, but we hope that this will be achieved over time via email routes and publicity.

A core or regular members however have enabled continuity and have committed a great deal of time and thought to the meetings, and have supported the process extremely well throughout the cold winter months. Two members have attended two local Patient Forums organised by Calderdale Commissioning Group to develop links with patients/service users. Although these members do not represent the group, they do feedback news and developments.

Meeting details:

- 26 June 2012
- 30 August 2012
- 31 January 2013

Meeting banners, minutes (anonymised), agenda and reports are circulated to all members, and copies displayed in the waiting room on a dedicated section of notice board and other prominent points. The meetings from this year's meetings are also posted on the practice website www.kingcrosssurgery.co.uk.

LOCAL PRACTICE SURVEY

The survey was developed over from discussions at the August meeting and the final questionnaire approved by the group members by email. It evolved from group discussion of the most recent MORI practice survey, summary of patient complaints and grumbles, and group members' interests, concerns and suggestions. The survey was built using the application within the practice website to enable on-line submission.

The group has been involved in discussions around the activities of Calderdale Commissioning Group this year, and the priorities of the CCG were also taken into account in designing the questionnaire. It was felt, for comparison purposes, that there should be repetition of some of the questions asked last year, particularly to gauge if patients' experiences of making appointments, standard of care, use of website and communication with the practice. Since the use of urgent care, in particular Accident & Emergency, is such a big issue in the district, we included questions about our patients' use of A&E.

Personal information was included in the questionnaire to help with assessing how representative the responses were to the practice population. Unfortunately the question to identify Male/Female was omitted on the upload to the website, so this detail is missing in the final report.

The practice website which was set up in 2011 includes an easy to use survey application with an automatic report generator for the results. Once again it was thought sensible to have the survey ready for Flu Saturday in early October as large numbers of patients would be in the building and group members were keen to be in attendance throughout that day to encourage patients to fill in the survey and assist those who needed help. Patients completed paper copies and group members uploaded these to the website on the day. Paper copies were also left in the waiting areas for patients to complete throughout October and November. Patients were also able to complete the survey on-line from the website.

SURVEY RESULTS

The agreed survey was conducted in the surgery from 6 October to 23 November 2012. 300 surveys were printed in total; this would cover 4.2% of our practice list, or 21 per 500 patients. The full results, in graph format, are available on the survey section of the practice website.

It was agreed that the surveys would be available in the waiting areas and that the reception team would draw patients' attention to these and encourage completion. Members of the PRG volunteered to be present in the surgery on Saturday 6 October during our flu vaccination session to talk to patients and encourage/assist completion. This day was chosen due to the scheduled throughput of patients (800) and the range of patients expected – various age ranges, chronic conditions, family members and carers.

In total, 302 surveys were collated in the final report – the majority from paper copies which were manually added to the online survey, the rest were completed directly via the website. This exceeds the required 25 completed questionnaires per 1000 registered patients (1880surveys). The survey application on the website automatically created the statistical report. Not all patients completed all the questions – these show on the graphs as 'no response'.

The additional comments which patients added were collated and shared with the reference group. These have fed into our 'You said/We did' list at the end of this report and have been discussed at the January meeting and within the practice. One comment had to be removed due to the bad language used.

Discussion of Patient Survey Results (PRG Meeting 31 January 2013)

The raw report of results was published on website www.kingcrosssurgery.co.uk and circulated to members for comment in January.

APPOINTMENTS

Comments around appointments do not seem to match actual scoring of satisfaction. Members keen to try and resolve this discrepancy – is the perception of the public that services fail them? Would a different audit come up with any other answers/solutions/education points? They considered whether a separate survey purely on appointments would be helpful. It was decided not to undertake that but to focus on other efficiencies under the Productive General Practice Programme during 2013 – 14. Additional locum surgeries were planned for January – March to help relieve winter pressures. 74% of responses rated their satisfaction as level 4 or 5 (5 = highest)

TEXT MESSAGING

As this method is used more frequently, patients are more comfortable with it as a means of communication and it is being used to notify when disease reviews or blood tests are due, to give normal pathology results or other messages. The system is not used for abnormal results and patients to be aware that they are still responsible for appointments that they make. 22% of responders do not use a mobile – reflective of the age breakdown of responders rather than overall practice usage.

WAITING ROOM INFORMATION

There is mixed appreciation of this information – there is certainly interest in different media and different content – hopefully we can maximise its impact with the introduction of our new display screens/system. The doctors feel strongly about the use of sound advice for self treatment of minor illnesses and use of these leaflets will be continued.

WEBSITE

The age breakdown of survey responders may account for the relative low reported use of our website, though actual site history shows an average use of 1600 visits per month. Development of further options, including booking appointments.

USE OF ACCIDENT & EMERGENCY

The survey reflected low number of frequent users, 57% had not attended at all and the stated reasons for using A&E seem appropriate.

Discussion of the National Survey results allowed for comparison with Calderdale PCT averages – King Cross perform favourably here. These results can be viewed for all practices on www.gp-patient.co.uk

ACTION PLAN

Three action points were agreed. These were deemed to be achievable and continued the progress made last year.

- Gain better understanding of patients' use of/expectations from practice appointment system.
- Commission new information system for waiting areas. Stream practice website information through the new display system to be installed in the waiting areas.
- Extend electronic communications with patients – on-line appointments and results, texting results, two-way email (not for clinical enquiries).

PROGRESS MADE WITH ACTION PLAN

2011-12 update

You said...	We did...	The result is...
Over half our patients said they would use a dedicated practice website for information and online services	Set up practice website with user friendly, easy to navigate pages. Activated online ordering services for repeat medication,	Website and options active from February 2012. The site receives around 1600 visits each month. www.kingcrosssurgery.co.uk BUT relative low number of registered users
You made use of the information in the waiting areas, but did not use/ were not aware of some of our self help leaflets.	We reviewed our waiting areas, notice boards & information for patients. We have sourced a new display system.	New visual system due for installation in March/April 2013. Waiting area information points re-designed and de-cluttered.

Half of our patients had/made use of mobile phone & were happy to use this to receive communications from the practice.	Increased our use of SMS text messaging to remind patients when disease reviews, blood tests were due.	Better attendance for reviews, fewer wasted appointments & savings in postage, printing & time.
The results showed we need to review the way we talk to our patients & the language/jargon we use – the comments showed some misunderstandings of our systems & services.	We reviewed the terms, phrases, & questions we use when trying to help our patients get the best from our services following a joint training session with our PRG and staff.	More focused information on notice boards & consistency of language used within the practice.

2012 - 13

You said...	We did...	The result is...
You wanted to be able to see a GP earlier when you felt unwell.	We used local service improvement money to employ GP locums during January, February and March.	We offered 400 ADDITIONAL appointments in the first quarter of this year to improve access.
You are not happy with the charging rates made by some telephone companies to call the surgery.	We investigated the charge rates & produced an explanation of our choice of system as well as looking at alternatives.	We are installing a geographical line for patients whose suppliers charge excessively for calls to our number. This will be available from mid April 2013.
You would like to be able to book appointments using our online facility.	We are working out the ratio of appointments for online booking & developing a protocol for this.	We hope to have a degree of on-line booking available from May 2013.
You would like to see positive information on display regarding appointments.	We now display the numbers of patients who attended appointments as well as those who wasted them.	A more positive approach to patients & an acknowledgement of those who do not waste appointment slots.
You would like to see continued progress in communication with our staff.	We applied to take part in The Productive General Practice Programme aimed at improving effectiveness in service delivery.	We start this programme in May. We will work with other practices to develop our services & focus on efficiencies. The PRG will be involved in some of this work.
You said you were happy with the care you received and would like to continue using our practice.	We shared these positive comments with our staff and enjoyed a few moments of pride and satisfaction!	We aim to continue providing quality services.

CONFIRMATION OF THE OPENING TIMES

Our most recent MORI survey showed that

- 80% of patients were very or fairly satisfied with our opening hours.
- 13% were neither satisfied nor dissatisfied
- 82% found our opening hours convenient

This topic was not surveyed as the level of satisfaction was felt to be acceptable.

Surgery hours are always available on handout within practice leaflet, or separately and are regularly update on both the NHS Choices website, www.nhs.co.uk and the main practice website www.kingcrosssurgery.co.uk .Surgery opening times are on display in surgery and viewable from outside when surgery closed.

Extended access, outside core hours, is available 6.30 – 7.17 pm Monday and Wednesday for each GP and Practice Nurse on a rota system – 3 professionals each Monday, and 2 each Wednesday. This does not include Bank Holidays as these fall outside core hours.

KING CROSS SURGERY OPENING TIMES

MONDAY – FRIDAY

**8.00 am – 12.30 pm & 1.30 – 6.00 pm
(7.15 pm Monday & Wednesday)**

**Closed for lunch daily 12.30 – 1.30 pm
Closed one Thursday afternoon each month for training.**

IN EMERGENCIES TELEPHONE 0844 477 3371

AVAILABILITY OF INFORMATION

This report and supporting survey results are available

- on the practice website www.kingcrosssurgery.co.uk
- in the practice waiting areas
- by email to PRG members and those who have expressed an interest in the group
- full practice healthcare team

Consideration will be given after further discussion as to the value in sharing with:

- consortia and consortia practices
- Calderdale PM Group
- Local LINK (HealthWatch)
- CQC - at the time of inspections/registration (2013)

ISSUES SHARED WITH CCG AT LOCALITY MEETINGS

The group were in favour of having consistent information in use across Calderdale and were keen for this to be followed up with other agencies.

There was interest in connecting with the PRGs from other practices.