### Patient Participation Group (PPG), the Stag and Rose Court Surgeries -

### Report on the Second GP Practice Assessment Questionnaire Survey

The Patient Participation Group (PPG) was launched at the end of 2011 following a search for patient volunteers who were willing and able to devote a little time each month to the work of the Group. The PPG represent all patients at both Stag Medical Centre and Rose Court surgery, and our aim is to give a patient perspective on the services that are provided.

### PPG member's profile

We represent all patients at both Stag Medical Centre and Rose Court surgery, and our aim is to give your perspective on the services that are provided. We have been running now for a year and held our first Annual general Meeting (AGM) in January 2013. All the officials were re-elected for a further year and we reflected on our success in helping to break down barriers and improve communication and information sharing within the Practice.

We have capitalized on the opportunity for patients to influence decisions about which services are provided, how they are provided, and how the practice is run.

Group membership has increased. Along with representatives of the practice team, we still meet monthly. We act as a "critical friend" and are an important point of contact between patients and the practice.

We completed the first GP Assessment Questionnaire for the practice between mid-January and mid-March 2012.

Our second GP Practice Survey was conducted between mid-December 2012 and mid-January 2013.

#### Steps taken to ensure the practice population is represented

Women still make up the majority of the group along with 3 men. One member of the group is a manager of one of the houses where a group of people with learning disabilities reside. She has volunteered to represent this group of people who attend the practice. We now have members on the face to face group who are willing to represent carers and are preparing to set up a Carer's Corner at the Practice. There is also someone who has an interest in representing people with dementia and links with Admiral Nurses. The PPG still acknowledge the lack of representation of those in the under 30 years of age group and some of the GPs are still willing to ask patients in that age group if they would like to become part of the group. They are referred to the practice manager for further details. An opportunity to meet patients in that age group when collecting the GP Assessment Questionnaires was also utilised to try to engage interest.

# Steps taken to determine and reach agreement on the questionnaire design and prioritisation of issues for inclusion in the practice survey

#### Pilot Study for Second GP Practice Survey

Prior to the 2nd survey, a pilot study was undertaken to firstly test out the clarity and ambiguity of the questions designed by the PPG members and secondly to assess the use of the computer hand held tablets with patients during attendance at the surgery.

The pilot was carried out at a Flu Clinic in late September 2012. This was to test out the questions agreed by the PPG and also to assess the ease of use of an electronic tablet to

collect the data. The questions that the PPG had agreed on were loaded on the computer tablets.

It was discovered during the pilot survey collection the questions were slightly different to those that had been placed on the practice website. The thought was these had been transcribed incorrectly and there had been a failure to check the content of the tablet questions before the pilot was carried out. In practice this clearly skewed the bias for the questions and also caused confusion for the patient attempting to complete the survey. This was taken back to the PPG meeting and all agreed the questions should be exactly the same as those on the website and on hard copies. The principle of carrying out a pilot study using electronic tablets was well received and we found that patients were happy to engage in using the technology as long as it was explained how to use it. This was vital in enabling much better and easier data collection and analysis. It also avoided the use of too much paper.

The agreed questions were loaded on to the tablets and checked by the PPG before a rota was drawn up after everyone who was collecting data had been instructed on the use of the tablets. Data was collected from 18<sup>th</sup> December 2012 to 7<sup>th</sup> January 2013 and continued.

### How the PPG obtained the views of the registered practice population

The second GP Assessment Questionnaire was conducted by members of the PPG in both surgeries utilising electronic tablets to collect data. Comments sheets were made available for patients to complete as there was no comments facility on the tablets. Patients used these effectively

The survey was available to complete online as a link from the practice web site, (www.stagmedicalcentre.co.uk), as a download from the site if required, on electronic tablets for patients to complete in the surgeries and paper copies made available in both surgeries. Members of the PPG were present at the surgery waiting rooms at key times to raise the profile of the survey and asked patients attending the surgery to take part by completing the questionnaire. In order to make the survey as inclusive as possible and achieve a broad cross section of views, responses were sought from different target groups' i.e. new mums attending baby clinics, specialist clinics, a residential home for people with learning difficulties and those with multiple mobility problems attending the surgeries with carers. The attendance of PPG members at the surgeries to collect the surveys was useful in as much as it helped gain views from the younger end of the age spectrum and these patients were assisted to complete the questionnaire by their parents/guardians or carers. The questionnaire comprised 16 questions providing quantative data and one field asking for comments on various aspects of the practices which provided qualitative data.

The latter were allocated to the following themes to better inform an action plan for future improvements:

- 1. Inner door difficult to open.
- 2. Reception staff
- 3. Blood tests/Hygiene
- 4. Raised chairs with arms for treatment/consulting rooms
- 5. Parking for disabled
- 6. Appointment system
- 7. Dr of choice
- 8. Door opening at Rose Court (for 8:30 appts)
- 9. Updating check-in screen to reflect current staffing
- 10. Repeat prescriptions
- 11. Hand sanitisers

This approach helped to focus on the key issues that both identify the strengths of the practice and also on areas where improvement can be achieved. This information led to the

development of an action plan that addressed the patient's concerns. A list of short term and longer term plans was identified in order to initiate the process of action planning.

### How the PPG members discussed and agreed the contents of the action plan.

The first draft of the results of the second GP Assessment Questionnaire was presented to the PPG for agreement and prioritising of the issues arising from the survey. Agreement was reached with the PPG members along with the practice manager. A request from the PPG for the GP partners to commit to the findings and agree to exploring ways of implementing the changes was made to the practice manager. He agreed to take this to the GP partners at their next meeting. It was presented to the GP Partners who agreed to support the findings and the short term and long term action plans. As in 2012 the practice newsletter would contain a brief summary of the results of the second GP Assessment Questionnaire both online and hard copy in the Spring and Summer edition 2013.

### Details of the action plan and how the findings will be implemented

### Action Plan

### Short Term Plans

### 1. Feasibility of placing notice on touch screens re use of hand sanitisers Action

The touch screen has a notice requesting patients cleanse their hands before proceeding to check in for their appointment.

### 2. Re-position hand sanitisers for wheelchair access Action

This will be done at Rose Court surgery only as the one at the Stag surgery is correctly positioned for wheelchair access.

### 3. Obtain chair raisers for use in treatment & consulting rooms Action

The request for raised chairs in the consulting rooms had been investigated. The result was that the cheapest option, the raised block ones have been withdrawn from circulation for health and safety reasons. The ones with cross bars and a central screw locking mechanism are considered safe but are more expensive. Further investigations re costs and availability are on-going.

#### Longer Term Plans

# 4. Resolve Surgeries inner door opening for wheelchair users/elderly infirm etc. Action

The Practice manager is to enquire about the changes and costs required to do this at both surgeries and feedback to the PPG.

5. Staff training (Reception staff & clinical staff) Action

A supervisor for the receptionists has been appointed and training events will continue to be held.

6. Increase number of disabled parking spaces Action

This is under review.

# 7. Prescription ordering when patients need medication in advance for holiday purposes

#### Action

This will be discussed and actioned by the administration staff dealing with handling of prescriptions.

# Summary of the evidence from the GP Assessment Questionnaire survey relating to the findings and the basis for the action plan

A total of 340 questionnaires were completed which, given the practice population of 11300, demonstrates that the results are 95% reliable, accepting a 5.2% error level.

When asked: "how good did you find the Nurse at each of the following?" (Questions 2 to 8), Relating to the last time you saw a Nurse at the surgery; An average of 83% responded either Very Good or Good with an average of 16.3% responding that it didn't apply therefore less than <sup>3</sup>/<sub>4</sub>% rating their experience as poor. However, there were two negative comments relating to the clinical practice of some of the nursing/health care assistant staff.

Over 90% of respondents would recommend the surgeries to others.

In common with the first survey respondents have reported negative comments relating to the communication skills and performance of some of the reception staff, which still highlight the need to assess staff development in customer service issues.

The gender of respondents was approximately 60% females and 40% males, while the cross section of age ranges was well represented.

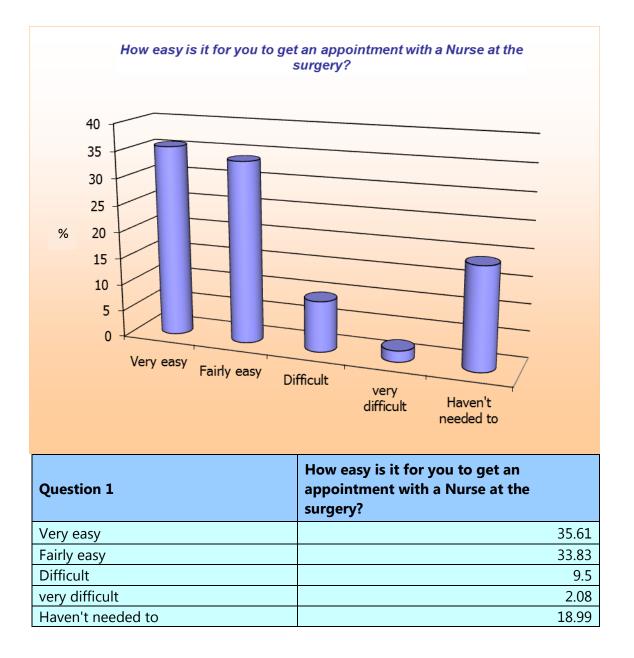
For full details of all the questions see Appendix 1.

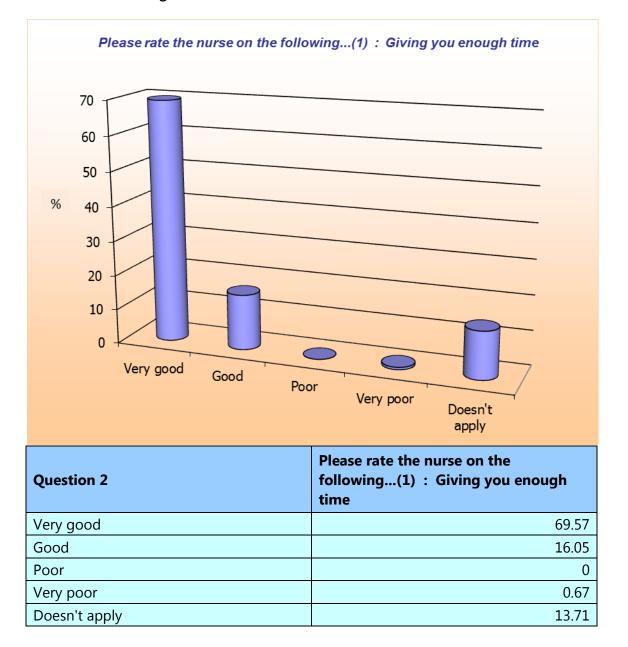
The action plan produced has been agreed and supported by the PPG members, the practice manager and GPs. When all the actions are put in place the PPG can be assured that all patients' needs are being met with the cooperation of all the staff at the Stag and Rose Court surgeries.

Jenny Drew Chair PPG Stag Medical Centre & Rose Court Surgeries

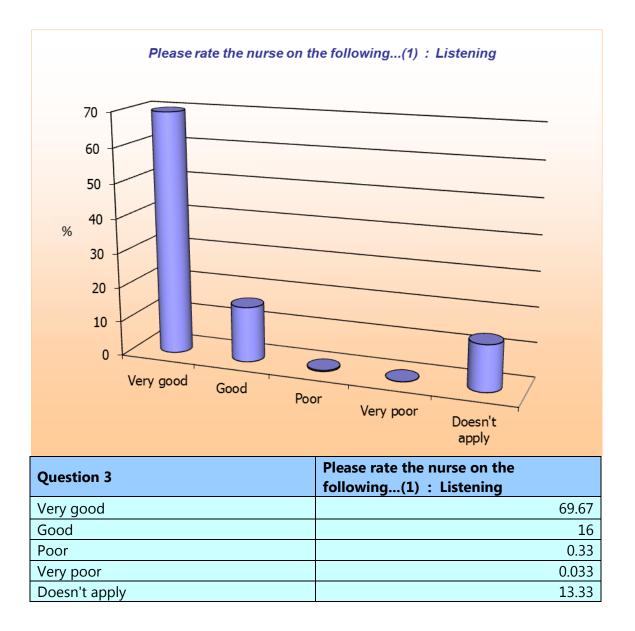
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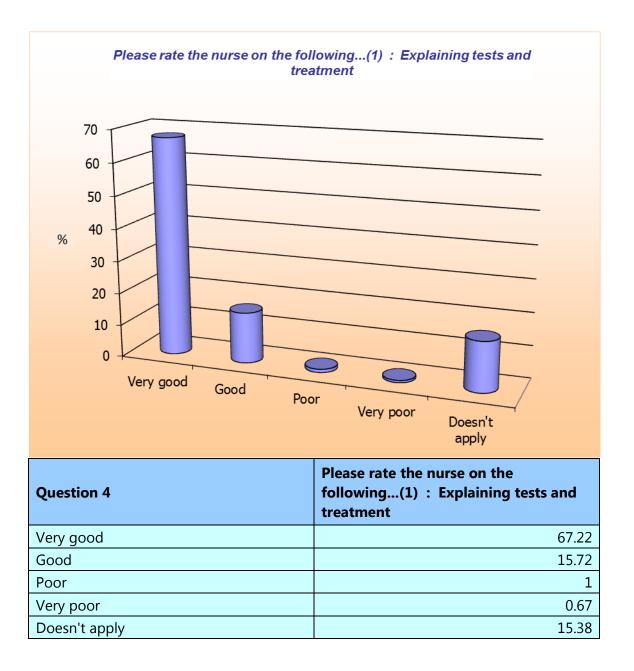
# Appendix 1



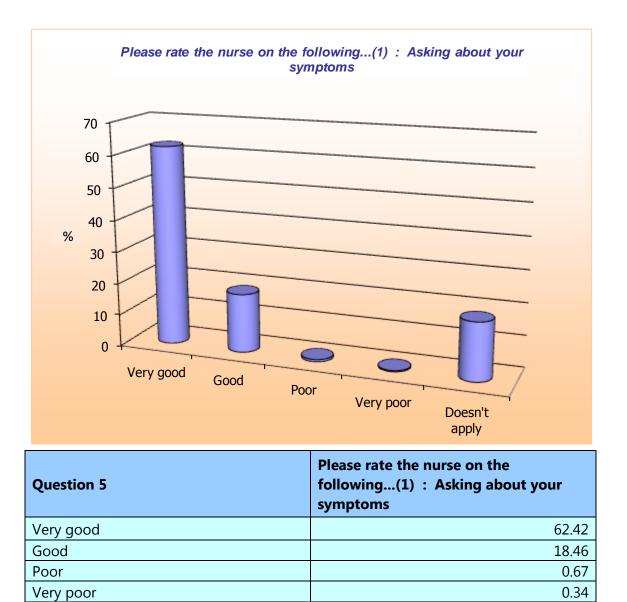


Questions 2 – 8:- Last time you saw a Nurse at the Surgery, how did you find the Nurse at each of the following?





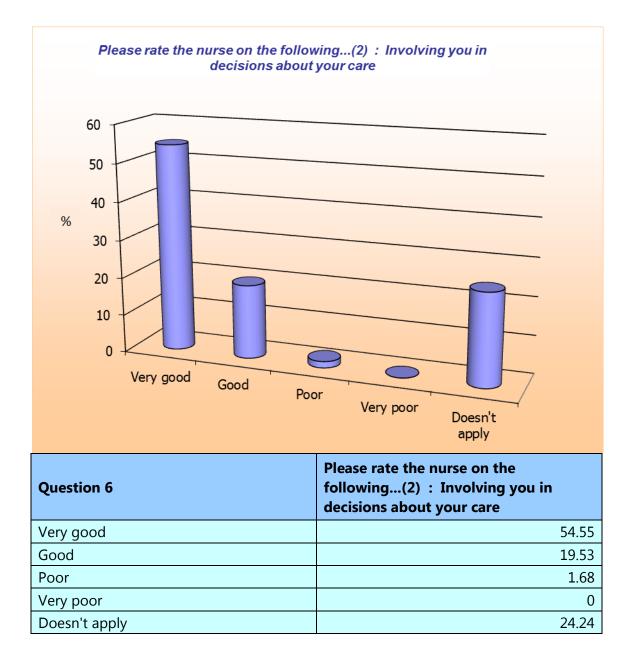
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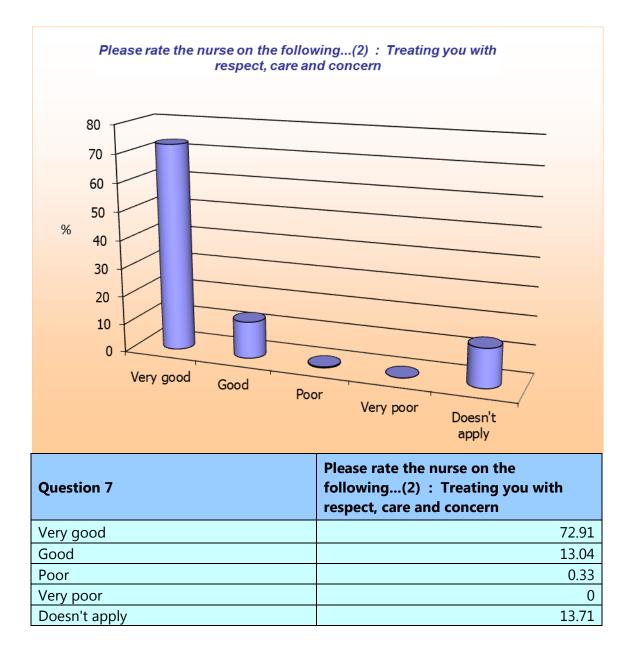


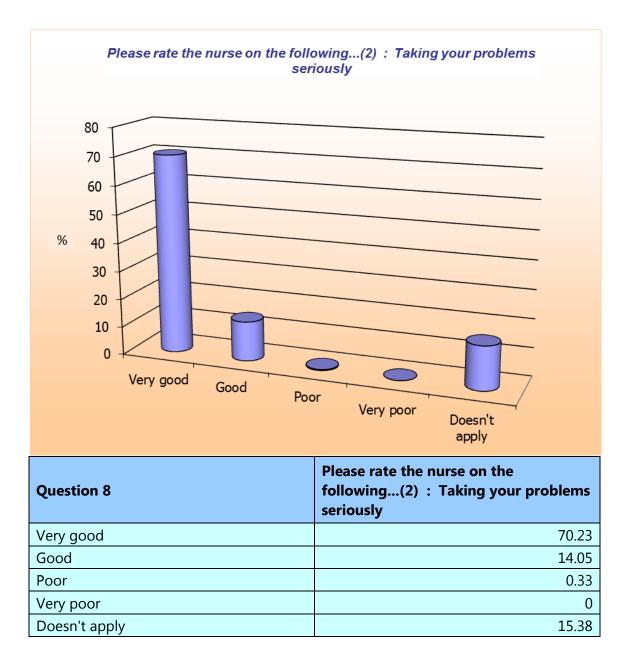
Doesn't apply

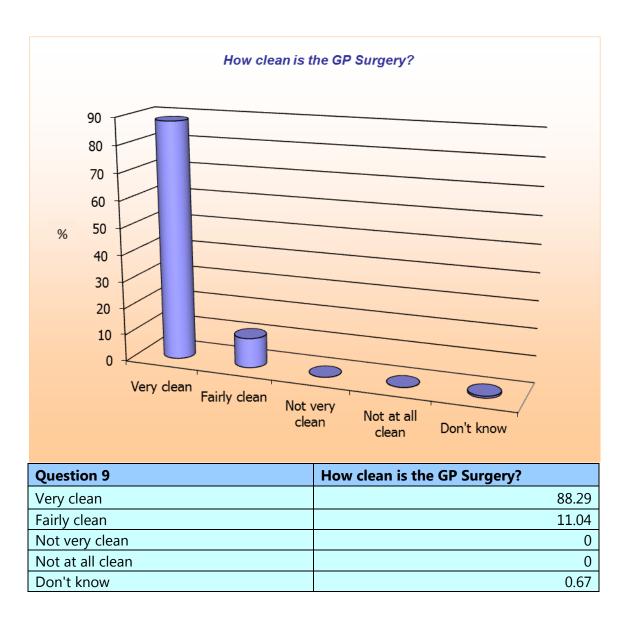
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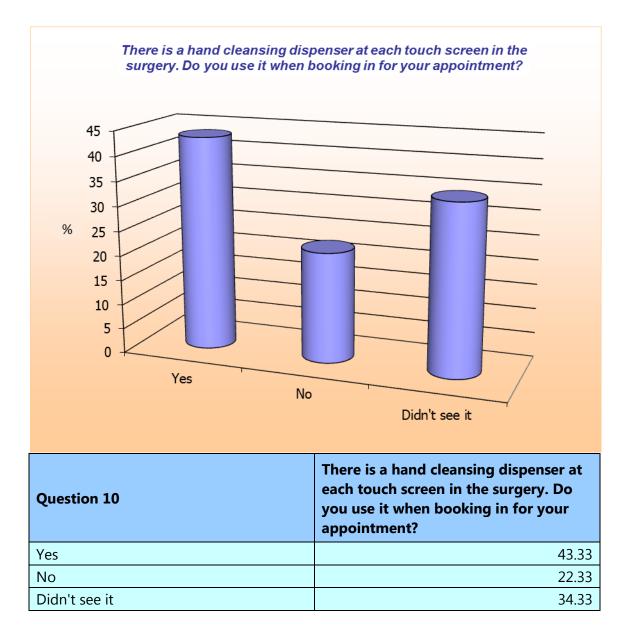
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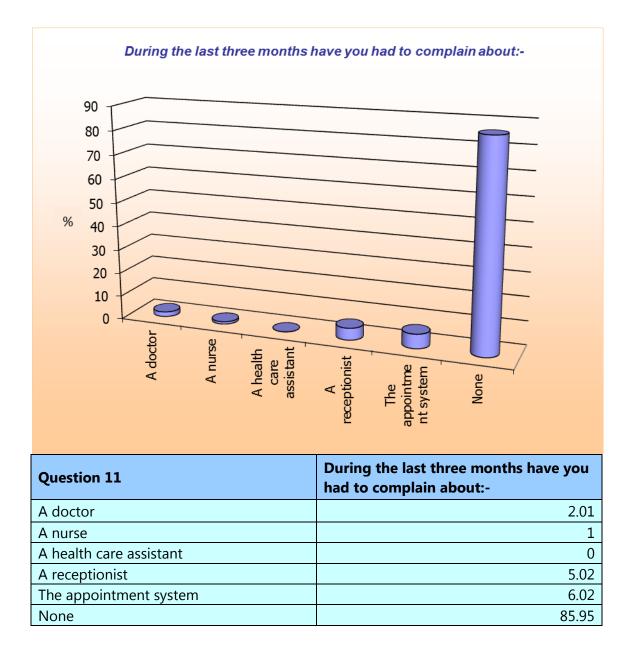








This clearly identified a need to reinforce the use of the hand sanitiser. A couple of patients suggested a message be put on the touch screen when checking in to remind patients to do this.



The issues highlighted were reinforced by the comments received and included problems with clinical preparation for procedures, receptionist communication and the appointment scheme. However the appointment scheme referred to was the previous triage system which the patient had not appreciated had changed

