

Local Patient Participation Report Template

**UNIVERSITY HEALTH CENTRE
12 SAND STREET
HUDDERSFIELD
HD1 3AL**

1. Profile of practice population and PRG

We are a “unique” type of practice and have struggled to find a group of patients willing to participate in the Patient Reference Group. We, therefore, took the decision not to formulate our patient reference group purely around age/ethnicity. Whilst we endeavoured to seek a representative group of patients (we had posters around the building/website notices/facebook notices stating the ethnic/gender mix we would ideally like to recruit) we took a practice decision that we would be keen to work with anyone who was willing to actively engage with us.

Our current practice ethnic split is as follows:-

British or Mixed British/Other British	68%
Other White	9%
White and Black Caribbean	1%
White and Black African	4%
White and Asian/Other Asian	4%
Other Mixed Background	1%
Indian/Pakistani/Bangladeshi/British mix	4%
Chinese	7%
Other	1%
Ethnicity not stated	1%

Age breakdown of practice population:-

0-9 years	499
10-19 years	1582
20-29 years	6586
30-39 years	1670
40-49 years	463
50-59 years	118
60-69 years	43
70-79 years	10
80-89 years	2
90-100 years	0

Total Practice Population 10,973

Females 4779 (44%) / Males 6194 (56%)

The Practice sought to engage with patients via a “virtual” patient reference group with the intention of communication being via email as it was felt that this would be the preferred option for engagement, particularly as the practice population are frequent users of IT and social media platforms such as Facebook and already access our website in high volumes

(120,000 hits in the last 12 months). Throughout the process we did, in fact, have a couple of face to face meetings with some of the members of the Group which were very useful and very much appreciated.

In addition to the posters/website/facebook promotion of the Patient Reference Group we also had flyers which were handed out by Reception and members of the clinical team, inviting patients to participate. (The recruitment process was undertaken during September/October 2013.)

We initially received 10 expressions of interest – (7 females/3 males – two were international students).

We made our initial contact with the Group on the 2nd November by email and enclosed a copy of our Terms of Reference for participation in the Group, together with an outline of what we hoped to achieve. Unfortunately we only received a handful of responses and had to once again try to recruit additional members to the Group – eventually we succeeded in working with a small but very participant group of patients made up as follows:-

5 Females

5 Males

Age Group 20-30 x 3
 31-40 x 4
 41-45 x 3

Unfortunately we did not have any international students within this Group.

(One positive to note from our actual survey is that we were provided with email addresses for 350 respondents and it is our intention to utilise these email addresses in order to try to stimulate interest/engagement with more patients going forward.)

2. Local practice survey

Building our Survey

We sent our Patient Reference Group members an email outlining the following:-

Drawing Patient Reference Group members' attention to last year's Report which was available to view on the practice website (Survey Report and Survey Result).

Step 1 – to formulate a Group who would actively engage with us

Step 2 – Agree areas of priority with the Patient Reference Group

Step 3 – Collate patient views through the use of a survey

Step 4 – Provide the Group with an opportunity to discuss the survey findings and to reach agreement with the Group on changes to services which may be required

Step 5 - To agree an action plan and move towards implementing any specific changes identified

Step 6 – to publicise actions taken and subsequent achievement on the Practice Website

We went on to give the Group members some background information such as capitation size and we took the opportunity to explain that we have seen significant growth over

recent years (list size being around 7,000 in 2005 and now sitting at around 11,000). We explained that we have seen growing numbers of students from Eastern European countries such as Bulgaria/Poland/Romania and a sizeable increase from China. We also noted that we are seeing a high number of graduates remaining on our list as they remain in the Huddersfield area upon completion of their studies.

We gave some background information around the imminent changes within the Primary Care sector with the removal of Primary Care Trusts from April 2013 and the introduction of Clinical Commissioning Groups and explained that we have two CCGs locally, Greater Huddersfield CCG and North Kirklees CCG. We informed the Group that we are a member of the Greater Huddersfield CCG and have actively embraced clinical commissioning within the Primary Care setting by developing in-house services for:-

- Sexual Health
- Minor Injuries
- Musculoskeletal services including Physio/Acupuncture/Ultrasound
- Psychotherapy services
- Allergy Testing
- Audiology Screening
- Tuberculosis Screening

We informed the Group that these services are not currently available at all local Health Centres and that we were proud of progress made to date. We took the opportunity to highlight that as the Practice list size grows we need to continue to develop/review the services provided and to try to highlight areas where improvements could be made.

We sought Group members' ideas/suggestions and, in particular, requested that they give some thought as to what kind of questions they thought we should include within our practice survey this year. We informed the Group members that previously we had included questions around:-

- Access to the building
- Access on the telephone
- How do patients rate the Receptionists
- Availability of appointments
- Frequency of attendance
- Whether patients were happy with their consultation
- Length of time patients waited to be seen

We informed the Group that we had taken the opportunity to review the surveys utilised by other local practices last year and they had included questions around:-

- Test results and how patients collected their results
- Attendances at Accident and Emergency
- How aware are patients of the practice website – what would they like to see on there (we have taken onboard comments made last year re sharing information with patients as to the usual consulting days for GPs and this information is now available on the website and within the Practice)
- In general how satisfied are you with the care you get at the surgery
- Would you recommend the surgery to someone who has just moved to your local area?

We informed the Group that we are constantly trying to reduce the number of inappropriate attendances at Accident and Emergency and in order to try to do this we have sent out "minor childhood illness" booklets to the parents of all young children and we also now write to patients whom the Doctor feels may not have needed to attend Accident and Emergency perhaps highlighting that the surgery was open and that we should be their first point of call for non-life threatening conditions. In addition we informed the Group that we have a high number of young patients who are often first time users of the NHS service in their own right (i.e. without parents directing them) and we do spend a lot of time during the Fresher period sharing information with new students as to what services are available locally. We advised that we have specifically targeted newly registered patients from abroad this year and have produced our own in-house booklet for them on "how to use the NHS" in an attempt to ensure that they make the right choice as to which service to access – in addition we have held three "drop in/question and answer" sessions particularly aimed at the International Student over the Autumn/Winter Term in an attempt to educate them and ensure they are best placed to make the right choices when seeking medical assistance.

We attached a copy of the Terms of Reference and requested that they comment on the following:-

- Identify the priorities for this year's survey
- What questions they thought we should include in the survey for 2012/13
- How many responses we should seek to obtain
- How we should conduct the survey – e.g. combination of website and paper based in the surgery?

We set a deadline of the end of November and advised that we would then draft out a Patient Survey for their approval. Our intention was to run the survey throughout December and to collate the results in January and then to return to the Group to gather their views on the findings of the survey and request their assistance in putting together an action plan.

We informed the Group that we had a deadline of 31st March to publish the Practice Report/Action Plan onto the website.

A selection of comments received from the group indicated that they felt the following were important issues to cover etc:-

- Survey was too long last year to make it shorter
- Are patients aware of the services the practice offers?
- How do they find booking their appointments – getting through?
- On line booking of appointments – would patients utilise it?
- Test results – are patients happy with how they obtain results?
- How many patients utilise A&E?
- Between 5/10% of practice population would be a good response rate
- Members felt that it would be preferable if patients responded on line as this would reduce the manual inputting on practice staff for responses completed in paper format but realistically they felt both should be available
- Perhaps utilise text message/emails to promote the survey
- Would patients be willing to sign up to receiving information by email?

- Surveys tend to focus on what we can improve – there should also be the opportunity for people to say what they like about the Practice and the things that should not change
- Ease of access, i.e. getting appointments – extended hours clinics – are patients aware – are they used?
- Would patients be interested in a “drop in” session where they could sit and wait to be seen?
- What changes were made last year – have they been effective?

From the above information and following an in-house meeting we put together our draft questionnaire and emailed it to the Patient Reference Group members for their approval/comment. There were a few tweaks requested which were implemented and the Survey was then launched in December 2013

3. Local practice survey

DEVELOPING OF THE SURVEY

After gathering the above information we were in a position to create our Patient Survey and a template was devised.

We decided to utilise the toolkit on our practice website whereby we could load our personalised survey onto the website and invite patients to complete the survey both by notification on the website and promoting this within the surgery. The practice chose to utilise this method as the website had a mechanism inbuilt which would collate the actual patient survey results on our behalf and we felt this would be a valuable resource.

November 2013 - we emailed the Patient Reference Group to advise them that the survey had been loaded onto the website and invited them to complete the template. We did receive a couple of comments from Patient Reference Group members indicating that there were a couple of questions which needed “tweaking” which was extremely valuable feedback and did allow us to correct this before going forward with our wider participation.

We promoted the survey as follows:-

- Printed off cards which invited patients to complete the survey on-line and handed these out in-house to patients attending the surgery.
- We also placed posters around the surgery inviting patients to complete the survey on line.
- We had in addition placed an announcement on the website/facebook inviting patients to complete the survey.
- Messages were utilised on the back of prescriptions alerting patients to the survey
- Paper copies were available for completion in-house

Disappointingly the number of respondents on line was very small. We, therefore, started to invite patients to undertake the survey whilst on site with the drawback being that these had to be manually input by staff.

By the beginning of January we were still a long way off the hoped for 5-10% response rate and we sought the assistance of the University who very kindly placed a direct link to our website/patient survey on the front page of the student computer log on page and combined with a real push in-house we did manage to achieve 780 responses by the end of January 2013 when we closed the survey (7% response rate).

We utilised the practice website toolkit which collated the results of the survey for us and we published the results to members of the Patient Reference Group and to members of staff and sought feedback on the results.

RESULTS OF SURVEY

We held a meeting in-house on 19th February 2013 to discuss the results of the survey together with comments received from the Patient Reference Group Members who were provided with the survey results by email on the 5th February 2013. (Minutes were produced from the in-house meeting held on the 19th February and subsequently shared with Members of the Patient Reference Group.)

The Practice was pleased with the survey results as the majority of patients indicated that they were very satisfied with the overall level of service provided.

The difficulties in forming a participant group were acknowledged and it was disappointing to note the low number of on-line respondents, particularly with such a young population.

Although the Patient Reference Group was not truly reflective of the demographics of the Practice they were excellent participants who had been through the University system and were very familiar with student life and the requirements of the Practice and their help was very much appreciated throughout this process.

A synopsis of the comments received from Patient Reference Group members in relation to the survey results are detailed below:-

- Think the Practice delivers an excellent service
- Message on the phone was a good idea but could be shorter
- Not had problems getting through on the phone
- Agree from responses way forward looks to be on line booking of appointments
- Use website to market ourselves
- Surprise at the number of A&E attendances – suggest we promote how much inappropriate attendances cost and what those funds could be utilised to provide
- Impressed with the number of respondents and overall positive feedback
- Wanted to stress that they think we are getting it right
- Promote the website more
- Don't think sit and wait clinics look a good idea
- Awareness of clinics in-house – think the main ones are well promoted
- Although problems with phone getting through think this is general at most practices
- Current opening times are great
- Extended hours – although utilised - not surprised that 66% have not utilised them think it is reflective of the community we serve
- You will never please everyone all of the time – think what the Practice is doing is great

- Current service provision appears to be meeting needs of high majority of patients and resources are best used to improve and promote existing facilities
- Results appear to indicate patients are unaware of basic hours and availability of GPs – says from a personal point of view you can walk up the stairs and into the Practice without being presented with these facts
- Could we improve display of basic information
- Whilst frustration with booking of appointments – many respondents noted to be sympathetic to the cause
- Says the point of keeping a patient informed is a valid one
- Self check in tool is no longer “quick” – can it be improved
- Think a well implemented internet booking system could benefit patients
- Practice should be proud of the results

Comments from the in-house practice meeting are detailed below:-

Practice pleased with the results

Majority of patients indicated that they were highly satisfied with the overall level of service with some 91% of respondents being happy with the opening hours.

Communication was highlighted last year as an area to work upon – i.e. raising the profile of the practice on campus. We have tried to do this over the last year and approximately one quarter of respondents have seen our information bulletins on plasma screens around the University Campus. It was interesting to note that 26% of respondents indicated that they were not students which we thought was perhaps a little higher than we would have expected.

Comments were made that patients were still unaware of basic information including:-

- Opening times
- How to book an appointment
- Types of appointment available
- Which days doctors are working

This was noted to be somewhat disappointing as we are continually trying to communicate this message and this information is handed to all new patients at the point of registration, we have notices around the building and it is detailed on the website etc.

However, the practice feels that as this is such an important part of the practice/patient relationship investment will be made into purchasing plasma screens for both waiting room areas onto which we will be able to promote this type of information.

Telephones – concern was expressed within the survey re the difficulty often encountered in getting through to book an appointment first thing in the morning. Following the survey results last year investment was made to upgrade the telephone system but patients inform us that they still find it difficult to get through at 8.15 a.m. We have tried to make more pre-bookable appointments available thereby encouraging patients to only ring for Book on the Days for more urgent things and, again, we will utilise the plasma screens to communicate this message. We have also introduced a request that patients telephoning for repeat medication or to collect test results do so at a less busy time, e.g. after 9.00 a.m. and whilst this has possibly reduced some of the early morning volume it has not solved the problem. We enquired if patients would utilise an on-line booking system and 92% informed us that they would do so. We are, therefore, going to introduce an on line

booking system which will be available to patients with effect from 15th April 2013. Initially appointments for CASH and Doctors will be made available to book on line. Patients will also be able to request repeat prescriptions on line (tracking them to see when they have been issued). Patients will be able to book and cancel appointments and also update their record with change of address etc. This is not a system which will “fly” from the start as patients will need to register in order to utilise the on line system but we are already promoting this service in-house/on line etc and encouraging patients to register for on line access now. Although patients have been able to order repeat prescriptions via our website previously this is a more enhanced service which will link in directly to the patient’s medical record and the patient will be able to add a note for the Doctor with the request. The patient will be able to log onto the system to see if the prescription has been issued by the Doctor, i.e. knowing if it is ready for collection. Hopefully this service, if it is utilised well, will again reduce the number of telephone calls coming into the practice.

Some 350 patients provided us with email addresses and indicated that they would be willing to receive electronic updates/newsletters etc. It was felt that the emails could form the basis of our search for Patient Reference Group members next year.

There was a question within the survey enquiring if patients would be willing to utilise a “sit and wait” clinic – 42% of respondents indicated that they would consider using such a service and a variety of conditions were put forward as being appropriate for such a clinic. The practice does not intend introducing this service as yet but will bear this in mind for the future.

The Practice was pleased to note that there was a high level of awareness for the majority of additional in-house services offered by the surgery – with 60% of respondents indicating that they were aware/had used the CASH clinics and 50% were aware/had used the early morning clinics.

We enquired if patients were informed how they would collect their blood test results – 64% indicated that they were. All clinicians present at the meeting advised that they did inform patients how to collect their results and we wondered whether the phlebotomist did this – the phlebotomist who runs the Wednesday morning clinic is not directly employed by the Practice and we will, therefore, put together a small flyer which we will ask her to hand out to patients informing them how to collect their test results. It was also noted that some results come back more quickly than others and that care should be taken when giving results to ensure that all results were back – Reception are not able to give results until the Doctor has seen the result and annotated them.

It was interesting to note that 15% of respondents indicated that they had attended Accident and Emergency during surgery opening hours with 13% of them not having contacted the Practice in the first instance. In the majority of cases minor injury treatment can be provided in-house and we will again utilise the plasma screens to inform patients of this. Also at the request of the Local Commissioning Group we have been writing to patients who have attended Accident and Emergency during practice opening hours for items which the Doctor feels could have been dealt with by ourselves. One member of the Patient Reference Group felt that we should be putting information up as to how much these types of attendance cost the Practice, together with costs incurred through failure to attend Outpatient Appointments at the hospital and perhaps give a comparison as to how better those funds could have been spent, such as additional clinical time within the Practice – something to consider for the future perhaps? We would perhaps err caution on this point as ultimately we are not financially driven but patient focussed, however, the

NHS is a valuable resource available to all of us and it is in everyone's interest that its resources are utilised wisely and if we can help to raise that awareness then perhaps the opportunity should not be missed.

Overall the Practice was very pleased with the results of this Patient Survey and summarised the action points as follows:-

SUGGESTED ACTION PLAN

Plasma screens to be purchased and located in both waiting rooms – these will be utilised as tools for communication/education – sharing of information such as:-

- Appointment types available
- Opening times
- Working days of Doctors
- Forthcoming closures such as Bank Holidays/Practice Protected Training Sessions
- How to contact a Doctor when the practice is closed
- Appropriate reasons to attend Accident and Emergency
- Services delivered in-house
- How to order repeat prescriptions
- How to utilise the on line services for booking of appointments/cancelling of appointments/changing personal details/requesting prescriptions
- Importance of keeping address and telephone numbers up to date
- Health promotion re immunisation programmes/holiday travel/alcohol awareness etc

Self Check – in – comment from Patient Reference Group member that it is too slow – we will adjust the programming in order to try and speed it up – also a request for it to display if there is a delay anticipated at the point of check in – again we will endeavour to have this feature included.

Introduction of on line booking of appointments in an attempt to ease pressure on the telephones first thing in the morning

Adjust the message on the phone – some respondents felt it was too long – to utilise it more succinctly which may be easier to do in conjunction with the promotional material we will be able to display on the plasma screens in-house

To continue to **utilise the screens around campus** as a quarter of respondents had noticed these displays

Patients have commented that **car parking** is difficult and whilst we cannot guarantee car parking we will try to ensure it is retained for the use of genuine patients by employing the services of a car park attendant.

The Minutes from the in-house practice meeting held on 19th February 2013 detailing the above action plan were shared with the members of the Patient Reference Group who indicated that they were very pleased with the proposals.

We took the opportunity to thank the Patient Reference Group members once again as without their time and commitment it would not have been possible to move forward with this process.

4. Action Plan

“YOU SAID”

Communication/Telephones

- Improve communication for practice information such as opening hours/GP working days
- Check in system was slow
- Difficulty getting through on the telephone to book appointments in the morning
- Auto-message on the telephone was too long
- Patients had difficulty parking

“WE DID”

- Practice is in the process of purchasing two plasma screens (one for each waiting room area) which will be utilised to promote in-house services and basic information/health promotion material
- The self check-in has been modified and now includes details of anticipated waiting time. Unfortunately although we thought we had improved the speed of the system by removing one of the patient identifiable fields, this has subsequently had to be reintroduced as it was causing problems with the clinical system and was not recognising patients who had more than one appointment booked. Over the coming year we will work with our software supplier to see if there is anything better available.
- In response to the comments re difficulty getting through on the telephone we are introducing on-line access with immediate effect for change of address/ordering of repeat prescriptions and with effect from 15th April 2013 for both booking and cancelling of appointments.
- We have amended the auto-message on the telephone in recognition of patient feedback that it was too long. Hopefully we will be able to utilise the plasma screens (once in situ) for communication purposes rather than the telephone.
- We have employed the services of a car parking company – however, we must stress the importance of patients putting the details of their vehicle onto the list which is located on the Reception desk in order to ensure they do not receive a parking ticket.

5. Progress made with the action plan

A summary of the progress as of 20 March 2013 is:

You said...	We did...	The result is...
(insert survey findings)	(insert actions or agreements not to act)	(insert achievements to date)
Improve communication of practice information such as opening times/doctors working etc	We have ordered two plasma screens for location in each of the waiting rooms on which we will publicise such information	In hand – equipment on order – to be installed within 6 weeks
Self check in was too slow and did not inform patients if there was a delay	This has been rectified – system now informs patient if there is a delay “at the point of check-in”. We have not been able to speed up the system as yet but are in discussion with the software provider	Partially resolved – our software supplier advise us that the “spec” we are using is currently the most up to date – we will further explore this over the coming months.
Patients have difficulty getting through on the telephone	With the introduction of on line access for patients we are hopeful that this situation will improve as the volume of calls will reduce	We are promoting the on line access to all patients via the website/posters/facebook/back of prescriptions etc and are actively encouraging patients to register to utilise this service when it “goes live” on 15 th April 2013
Patients complained that the auto-message on the telephone was too long although they appreciated the importance of the message content	We have reduced the length of the call and will utilise the plasma screens for communication purposes once in situ	Once screens are available the message will be brief on the telephone
Patients complained in the comments attached to the survey that car parking was a problem	Whilst we cannot guarantee car parking for patients we will do our utmost to protect the spaces for the benefit of our patients by employing the services of a car parking patrol company	This service is now in place w.e.f. 4 th March – patients are reminded of the need to put their car registration details onto the log held on the main Reception desk please in order to avoid receiving a car parking ticket
91% of respondents were happy with the opening times for the Practice	Practice was pleased with this and does not intend to change its current opening times, however, we will endeavour to promote the extended hours and different types of clinic available more prominently	By use of the plasma screens and ensuring website/facebook etc are kept up to date

6. Confirmation of the opening times

We did ask questions around the area of opening times in line with the comments contained earlier in this report – we do not propose any changes at this point in time as in excess of 90% of respondents were happy with these times

Current Opening Times:-

Monday	7.00 a.m. – 6.00 p.m.
Tuesday	8.15 a.m. – 6.00 p.m.
Wednesday	8.15 a.m. – 6.00 p.m.
Thursday	8.15 a.m. – 8.30 p.m.
Friday	8.15 a.m. – 6.00 p.m.

Appointments may be booked over the telephone or in person at the practice (on line with effect from 15th April 2013) and we provide a variety of “book on the day appointments” together with pre-bookable appointments – a selection of which are available every day. We encourage patients to return to see the same clinician if they have an ongoing problem for the sake of continuity and in the best interests of the patient.

Out of hours patients are advised to ring 111 (which is a free of charge call).

7. Availability of information

CONCLUSION

Following our in-house meeting to discuss the Survey Results we sent a further email to members of the Patient Reference Group giving an outline as to things discussed at the meeting and once again seeking further comment from them. Members of the Group were happy with the outcome and it is now our intention to go ahead with the final phase of the programme by publishing the Final Report as follows:-

We will send circulate this report as follows:-

- To the Patient Reference Group via email
- To the Practice Population via booklets in Reception and Posters
- We will place a copy on the Website
- We will send a copy to the University of Huddersfield
- We will provide the Greater Huddersfield Commissioning Group with a copy
- We will ensure all staff have a copy of the Report

The Practice website URL is www.universityhealthhuddersfield.co.uk and the Results of the Practice Survey were published on the website in February 2013 and we will now publish this final report