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| **2012-13 PATIENT PARTICIPATION REPORT** |
| **South Lewisham Group Practice** |
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| A description of the profile of the members of the PRG  | Our Patient Participation Group (PPG) was reformed in 2012 and currently has 10 members (3 men and 7 women). As a result of raising the group’s profile during this year’s patient survey, we have received another seven membership applications that are currently being processed.This PPG is an affiliated member of the NAPP (National Association for Patient Participation). Dr Jetha, a GP Partner at the Practice, takes an active interest in the group and regularly attends meetings to help feed back ideas to the other GP’s, providing the members with operational advice and guidance. |
| The steps taken to ensure that the PRG is representative of our registered patients and where a category of patients is not represented, the steps we took in an attempt to engage that category | The Practice continues to make every effort to establish a membership that reflects as closely as possible our Practice’s ethnic diversity across a broad socio-economic range. Our members are represented by patients who are employed, unemployed, working parents, older carers and the retired. Their age range is between 35 and 74. Recruitment was difficult at first, but we are steadily increasing membership and hope to achieve a 30+ strong membership by the end of 2013. **South Lewisham Patient Participation Group****current member representation of patient ethnicity**

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| **AGE GROUP** | **NUMBER OF MEMBERS** |
| 35 – 44 | 1x Black British (F)1x white British (F) |
| 45 – 54 | 1x Black African/British (F) |
| 55 – 64 | 1x White British (F) |
| 65 – 74 | 2x White British (F)2x White British (M)1x White Italian/British (F) |
| 75 – 84 | 1x White Irish (M) |

The seven new membership applications are from patients who originate from the Carribean, (2), Poland (1), Turkey (2) and white British (2) all of whom have settled in our local area. We actively recruit new members through posters in our waiting room, broadcasting adverts through our practice’s Amscreen services and Jayex information boards as well as opportunistic ‘referrals’ from GP’s who have recruited potential applicants during their consultation. Posting of leaflets in nearby roads has also proved successful in recruiting new members, however we are particularly interested in attracting younger patients aged 15-25 years to help represent who are school attenders and young carers. We have provided the local College in Conisborough Crescent with PPG application forms but have yet to receive any applications. We have also used our texting service called Mjog to target younger patients and again have had no response to date.  |
| Details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local practice survey | Issues regarding telephone access and appointment availability have been ongoing at almost every PPG meeting in the last 14 months. Since the installation of a new telephone system called Storacall, offering callers more options at the point of connection, feedback from patients and our PPG members has suggested a general improvement in telephone access. There were still some stubborn teething problems with line capacity issues but telephone engineers had already been made aware of them and there was little else we could do. It was therefore agreed that improving appointment availability on Monday mornings would be the topic of priority, in particular the provision of a viable and sustainable solution that suits the needs of our patients. The idea of a walk-in clinic had been suggested several times in recent months by one or two doctors, some patients and staff too, as a possible way of improving service provision and so the PPG agreed there was enough interest for them to fully support this idea  |
| The manner in which we sought to obtain the views of our patients | Writing to each of our 14,200 patients to gather opinion was considered carefully, but as in previous mail shots, the level of response was likely to be so low as to not warrant the considerable costs of postage. It was therefore decided that the best way to obtain the views of our patients was to conduct a survey with patients a two day period, as well as write to a small cohort of patients with specific needs.Our PPG members spent a morning in February conducting a patient survey in our waiting room to help identify whether or not patients considered a walk-in service would benefit them. Staff continued the survey into the evening (to capture commuter opinion and throughout the next day. The survey was also posted out to 50 patients; 30 with known physical or mental difficulties, and to 20 patients with carer responsibilities. The response from these groups on this occasion was disappointing, with only 9 completed surveys being returned.  |
| Details of the steps taken by the practice to provide an opportunity for the PRG to discuss the contents of the action plan  | The PPG afternoon meeting was held in the beginning of March in the Practice and refreshments were provided. Unfortunately poor weather conditions prevented the attendance of some members and the meeting was shortened to assist everyone getting home safely. That said, the results of the patient survey were discussed at length and the PPG members were able to consider a draft action plan. Because of this and the fact that both Dr Jetha and the Practice Manager were called out to an emergency situation and were unable to attend, further discussion took place via email with all members. Before the meeting ended, everyone agreed that for this ‘improvement’ to have any chance of successfully resolving appointment issues it could not and should not be rushed. It was vital to ensure the final action plan supported the new service in terms of viability and sustainability. Since this was an important issue and there was an obvious need to get things right, it was agreed that an additional PPG meeting be set for early April so that members, having been able to consider the draft action plan sent through via email in March, could meet again to review and if necessary revise where indicated, any points in the plan as well as providing an opportunity to consolidate their knowledgebase. |

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| Details of the action plan setting out how the finding or proposals arising out of the local practice survey can be implemented and, if appropriate, reason why any such findings or proposals should not be implemented. |  **Proposed Walk-in service Action Plan stage 1.**Stage 1 of our action plan was to consider the following points:1. ***“The new walk-in service needs to be relevant and fit for purpose (not just a short term fix for a longstanding problem)”.*** (issue raised by patient survey and PPG).

We know from the patient survey results that the idea of providing a walk-in service is popular. The walk-in service would substantially increase the number of patients that could be seen on a Monday morning without the need for them to ring in and make a prior appointment that day. We also know this would help alleviate telephone access issues at peak times. The survey also suggested that some patients would prefer not to wait too long to be seen (even though the nature of a walk-in service is to turn up and wait), and that they would prefer to see their own GP (even though the walk-in service would be run by a designated GP, not necessarily their chosen GP). However, the overall scores showed that neither of these preferences would make patients decline to use the walk-in service.One or two GP’s would run the walk-in service instead of their general appointment clinics.We would start the service on one morning (Mondays, because it is our busiest day) a week. The number of GP’s providing the service and/or the number of days it is available could be increased if demand necessitated.1. ***“The solution needs to be viable”*** (issue raised by GP’s and Practice Manager).

Given it’s suggested popularity as seen in the patient survey results we need to consider how to accommodate this new walk-in service (quite literally, are there enough chairs, how would patients book for this clinic and would staffing levels need to be reviewed to cope with increased attendance when the clinic is running?Our current premises are deemed large enough to accommodate at least 40 seated patients. The walk-in service would potentially draw patients from the appointment led morning clinics, so if the other clinics started slightly later in the morning, this would limit the risk of compromising things like car parking, use of toilet facilities and seating availability.Less staff would be needed to answer morning telephones as the walk-in service would quickly reduce the number of incoming calls. Additional staff would then be available to greet walk-in patients and acknowledge their arrival on the walk-in service clinic listing. Staffing levels for evening sessions would not be affected. 1. **“*The solution must be realistically sustainable*”.** (issue raised by the PPG)**.**

A walk-in service would need to be regularly and consistently scheduled as It would be unfair and confusing to patients to cancel a new and popular service due to low GP numbers. Ensuring it runs with, if necessary, locum cover must be factored into service provision costs.Thought needs to be given to whether GP’s should realistically be expected to physically and mentally commit to providing this new service long term. There is little doubt that a walk-in clinic would enable more patients to access a GP, on a day we are currently unable to meet demand, however it would likely require a doctor to see up to 25-30 patients in a morning session, which is an undeniably heavy workload. We have a duty of care to our GP’s as well as our patients to practice safely and the distribution of workload would need very careful consideration to ensure these criteria were met in full.1. “***The new service would need to successfully complete a***

***trial period”*** (issue raised by the Practice and agreed by the PPG). If the above criteria can be met and, having considered whether the increased pressures associated with the new service are justified, the Practice should consider introducing the new service on a trial basis for a period of six weeks so that evaluation can take place.Advertising the trial service would need to be start four weeks prior to commencement, through the usual channels available to the Practice as stated above. The Practice would at that point discuss and agree:* The date of service commencement
* Service start and finish times
* How many GP’s/Nurses will be required to provide the service and the drawing up of a provision rota
* How to monitor success/failings throughout the trial period.

A second patient survey at the end of the trial period would also help to establish whether the walk-in service was a helpful addition to those currently being offered to patients. 1. **Confirmation of new service Stage 2.**

If the second patient survey reports a favourable response and the opinion of the GP’s is positive, the walk-in service can be advertised as a permanent edition to the services offered here.  |
| **A summary of the evidence including any statistical****evidence relating to the findings or** **basis of proposals arising out of the****local practice survey.****South Lewisham Group Practice****Patient Survey 2013**PPG members conducted a survey at SLGP on Tuesday 26th February 2013 between 9.30am and 11.00am, then again between 2.00pm and 3.30pm and staff continued the survey all day Wednesday 27th February. The survey was also posted on our website for online users to complete. Thank you to PPG members who conducted the survey: Alex Camies, George Gard, Elizabeth Wellington, Eleonora Pace and Elizabeth WellingtonSee attached example of survey taken.The survey results will be uploaded to our website before31st March 2013. Following concerns from patients that making an appointment by telephone in the mornings was sometimes difficult because the phone lines were often busy or the appointments had already been taken, the Practice are exploring ways of reducing these issues. One of the ideas is to provide a walk-in service on a Monday morning (our busiest morning and when most of the issues are experienced).The survey was kept short to improve patient uptake and patients were asked to simply tick a yes or no response to four questions regarding this potential new service. An area was also left free at the end of the survey for participants to record “any ideas of their own” that might improve the service.**During the survey…**PPG members and staff read out a statement from the Practice with each questionnaire handed out:“We have listened to your concerns and know that you often find it difficult to get an appointment on Monday mornings, our busiest time of the week. We are exploring ways of improving appointment availability at peak times and one of our ideas is to provide a walk-in service on Monday mornings. We would appreciate it if you could answer this short survey, to help us understand whether or not this new service would be useful to you”.**South Lewisham Group Practice Patient Survey 2013 RESULTS**These are the results of our Patient Survey, conducted over a two day period. 124 patients took part. Patients were asked to consider the question and select “yes” if they agreed, “No”, if they did not. Some left no response and were scored as “no answer given”. **Question1.** **Would a Monday morning walk-in clinic be useful to you?**

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| **YES****109****87.9%** | **age** | **score** | **NO****14****11.2%** | **age** | **score** | **No answer****1****0.8%** | **age** | **score** | **Lead result****YES** |
| **15-25** | **15** | **15-25** | **1** | **15-25** | **0** |
| **26-45** | **62** | **26-45** | **4** | **26-45** | **0** |
| **46-65** | **24** | **46-65** | **3** | **46-65** | **1** |
| **66+** | **8** | **66+** | **6** | **66+** | **0** |

**Question 2.****To guarantee seeing the doctor that morning, you may have to wait up to an hour. Is this reasonable?**

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| **YES****78****62.9%** | **age** | **score** | **NO****42****33.8%** | **age** | **score** | **No answer****4****3.2%** | **age** | **score** | **Lead result****YES** |
| **15-25** | **4** | **15-25** | **0** | **15-25** | **1** |
| **26-45** | **32** | **26-45** | **0** | **26-45** | **0** |
| **46-65** | **17** | **46-65** | **8** | **46-65** | **0** |
| **66+** | **53** | **66+** | **34** | **66+** | **3** |

**Question 3.****Your preferred GP may not be providing the walk-in service that day. Is it reasonable for you to see one of our other GP’s?**

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| **YES****88****70.9%** | **age** | **score** | **NO****32****25.8%** | **age** | **score** | **No answer****4****3.2%** | **age** | **score** | **Lead result****YES** |
| **15-25** | **29** | **15-25** | **0** | **15-25** | **0** |
| **26-45** | **41** | **26-45** | **2** | **26-45** | **0** |
| **46-65** | **15** | **46-65** | **4** | **46-65** | **1** |
| **66+** | **3** | **66+** | **26** | **66+** | **3** |

**Question 4.****Would you find a walk-in clinic useful every day of the week?**

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| **YES****99****79.8%** | **age** | **score** | **NO****23****18.5%** | **age** | **score** | **No answer****2****1.6%** | **age** | **score** | **Lead result****YES** |
| **15-25** | **4** | **15-25** | **0** | **15-25** | **0** |
| **26-45** | **49** | **26-45** | **4** | **26-45** | **0** |
| **46-65** | **31** | **46-65** | **2** | **46-65** | **1** |
| **66+** | **15** | 66+ | **29** | 66+ | **1** |

The results clearly indicate support for a walk-in service and our plan is to now to consider whether we can provide this effectively. 28 patient recorded comments in the “have you any ideas of your own?” space provided at the end of each questionnaire. Many were expressing thanks and appreciation and two were rather unhelpful, however 15 comments reported frustration with a lack of appointments throughout the week, not only on Mondays. This problem occurs despite the Practice providing many more appointments than our contract requires and having expanded the ways patients can access our primary care services in the last two years. Demand is outstripping capacity on a regular basis and this is a worry to us. Here are some examples:*“I want an all day walk-in clinic because I can never book an appointment when I ring up”* This is something the Practice would consider if a morning only walk-in service was piloted and found to be beneficial to the majority of patients.*“- would prefer the walk-in service to be in the afternoons”.*We would consider the walk-in clinic to be most effective during our peak period, which is always Monday morning, not afternoon. Whilst this option may benefit one or two patients, it would not support the wishes of the majority.“*I have a small baby and the walk-in service would be very useful to me, but the telephone system is still poor and it’s very frustrating to try and get through in the morning to make an appointment as the lines are so busy. I get an engaged tone all the time and when you do get through, all the appointments have already been taken”.*This is a typical problem experienced by many patients because on Mondays, despite having all but one GP on duty and providing more appointments than we are contractually required to, our capacity is often outstripped by patient demand.  |
| **Action Plan** |
| Changes we intend to take as a consequence of discussions with the Patient Representative Group is respect of the results, findings and proposals arising out of the local practice survey | Patients regularly report difficulty in securing a same day appointment on Mondays, our busiest day. The resolving of this issue was identified as a priority by the Practice, its patients and our patient participation group. In light of the strong patient support for a walk-in clinic, the Practice would have considered implementing this new service in April/May, However, with the recent introduction by the PCT of an Urgent Care Clinic pilot on Monday evenings, our Practice is already fully committed to supporting this new service until the pilot ends in April. Therefore, our Monday morning walk-in service is likely to be trialled in July 2013. Provision of services and developments will continue to be discussed at our patient participation group meeting in April and it is likely that our Monday morning walk-in clinic will be trialled in July/August 2013. |
| ii. where it has participated in the Scheme for the year, or any part thereof, ending 31 March 2012, has taken on issues and priorities as set out in the Local Patient Participation Report |  Prior to this current issue concerning appointment availability on Monday mornings, the Practice and its PPG successfully secured funding and subsequent installation of a new phone system for the premises. This has improved telephone access and reduced complaints.The PPG felt that signage to consulting rooms was poor and too small for some patients to easily read. In support of this, the PPG raised funds towards new directional signage and for larger door numbers. We are looking forward to fixing the new signs as soon as the current redecoration programme has been completed. The Practice would like to thank our PPG for this very generous donation.  |
| The opening hours of the practice premises and the method of obtaining access to services throughout the core hours and extended hours arrangements (the times at which individual healthcare professionals are accessible to registered patients. | **Monday and Thursday 8am-8pm (6.30pm-8.00pm extended hours)****Tuesday, Wednesday & Friday 8am-6.30pm****Every 4th Saturday 9am-12noon (all extended hours)****Core hours contact pathways**: telephone, face to face, email, online via our website and by fax.**Extended hours contact pathways**: email, online website, face to face and fax. There is no telephone access during extended hours. These are appointment only sessions. The clinic times of each clinician vary but in general, **Morning clinics** start at 8.00am or 8.30am through to 11.00am or 11,30am.**Afternoon sessions** start any time from 1.00pm for some doctors, but generally 2,00pm or 3,00pm through to 6.00pm and on extended hours days through to 8.00pm. |