

**TEMPLATE FOR INFORMATION TO BE INCLUDED IN THE PATIENT PARTICIPATION REPORT 2012/13**

**VALIDATE THAT THE PATIENT GROUP IS REPRESENTATIVE**

**PRACTICE POPULATION PROFILE**

**Show how the practice demonstrates that the PRG is representative by providing information on the practice profile:**

**Thornbury road Centre for Health** is located in Isleworth - Middlesex, an area with a predominantly middle-aged population and a diverse ethnic mix. We have a current patient population of approximately 6300.

<b>Age</b>		<b>Sex</b>	
Age Range	Percentage	Male	Female
0 - 17	19.3%	47.5%	52.5%
18 - 24	7.4%		
25 - 34	16.5%		
35 - 44	15.5%		
45 - 54	14.4%		
55 - 64	10.7%		
65 - 74	8.7%		
75 - 84	5.4%		
85+	2.1%		

**Ethnicity**

English - ethnic category 2001 census	22%
Indian or British Indian - ethnic category 2001 census	16%
Other White background - ethnic category 2001 census	8%
British or mixed British - ethnic category 2001 census	6%
White - ethnic group	4.5%
White British - ethnic category 2001 census	4%
Pakistani or British Pakistani - ethnic category 2001 census	3.8%
Polish - ethnic category 2001 census	2.7%
White Irish - ethnic category 2001 census	2.5%
African - ethnic category 2001 census	2.3%
Other Asian background - ethnic category 2001 census	2%
Irish - ethnic category 2001 census	1.4%
Indian	1.3%
White British	1.2%
White and Asian - ethnic category 2001 census	1.2%
Caribbean - ethnic category 2001 census	1.1%
Other	20%

**Working patterns of patients / Levels of unemployment:**

Of the patients with employment status recorded on their record (20%):

Retired	33%
Employed	37%
Unemployed	30%

Only 20% of registered patients had an employment status on their record. The figures above may not be accurate of the actual practice population as they are in contrast with the current figures for Brentford which show only a 2.9% unemployment rate

(<http://www.bbc.co.uk/news/10604117>).

**Carers:**

Officially we have 104 carers recorded; this is 1.6% of the practice population. It is thought that this is a gross underestimation of the actual number of carers which is estimated at about 10%.

**Care groups, e.g. Nursing Homes, Learning Disability Community, Mental Health Groups**

Other

The practice does not provide care for any nursing homes, however we do have approximately 37 housebound patients.

The practice mental health population is 1.2%

**PRG PROFILE**

**Show how the practice demonstrates that the PRG being is representative by providing information on the PRG profile**

**Age**

Under 18	0.00%
18 - 24	0.00%
25 - 34	5%
35 - 44	13%
45 - 54	19%
55 - 64	13%
65 - 74	22%
75 - 84	25%
85 or Over	0.00%
No response	3%

**Sex**

Male	41%
Female	58%

**Ethnicity**

**a. White**

English / Welsh / Scottish / Northern Irish / British	55%
Irish	13%
Gypsy or Irish Traveller	0.00%
Any other white background	13%

**b. Mixed / multiple ethnic groups**

White and Black Caribbean	0.00%
White and Black African	2%
White and Asian	0.00%
Any other mixed background	5%

**c. Asian / Asian British**

Indian	8%
Pakistani	0.00%
Bangladeshi	0.00%
Chinese	0.00%
Any other Asian background	0.00%

**d. Black / African / Caribbean / Black British**

African	0.00%
Caribbean	0.00%
Any other Black / African / Caribbean background	0.00%

**e. Other ethnic group**

Arab	0.00%
Any other ethnic group	0.00%

### **Working patterns of patients/Levels of unemployment**

Retired	41%
Employed	36%
Unemployed	13%
No response	11%

The working patterns and levels of employment of patients in the PRG do not differ greatly from that of the recorded practice population. There is a slight over-representation of the 'retired' group, but this could be the result of having more spare time than employed patients and a greater interest in the practice because they attend more frequently. There is an under-representation of the 'unemployed' group, but this figure may be more realistic, when compared with the official Brentford unemployment rate.

### **Carers**

31% of the PRG listed that they were a care giver. There is a major difference between this percentage and the percentage of carers recorded at the practice (1.6%). This discrepancy is likely due to a combination of:

- underestimation of carers recorded at the practice
- the reluctance of patients to identify themselves as carers officially
- the misinterpretation of the definition of the term carer.

### **Care groups, e.g. Nursing Homes, Learning Disability Community, and Mental Health Groups.**

2 housebound patients responded to the survey

The PRG mental health population is 2% which is similar to the practice population.

Other

### **DIFFERENCES BETWEEN THE PRACTICE POPULATION AND MEMBERS OF THE PRG**

#### **Please describe variations between the group and what efforts the practice has made to reach any groups not represented.**

The Practice Virtual Patient Participation Group (PPG) was formed towards the end of 2011. To attract volunteers we put details on our website (including on-line application process), put up a poster in our Waiting Room, put details on our digital patient call system and approached patients opportunistically in our waiting room over a one month period. This process was repeated in 2012 in an attempt to recruit new members.

We have in excess of 90 members of our virtual patient participation group, with a cross section of ages, sexes and ethnic backgrounds. Out of the 90 members, 36 patients responded to this year's online questionnaire.

From the results, it can be noted that the virtual patient participation group was fairly representative. It was noted that there were some groups that were under represented or not represented at all.

#### **Ethnicity:**

- No representation from the black / African / Caribbean / Black British ethnic group.
- No representation from the Arab ethnic group
- Under representation from the Indian ethnic Group
- Over representation of White [within UK]

#### **Age:**

- No representation for the under 18 age group or over 85 age group
- Over representation for the 65-74 age group and 75-84 age group

#### **Gender:**

- Over representation of females compared to males

Although there were some discrepancies, the demographics of the patient participation group did not greatly diverge from the demographics of the general patient population. In cases where there was a large discrepancy, this could be attributed to external factors, such as

discrepancies in the practice population data. The representation of demographic features did improve compared to the previous year with for example, an increase in male representation. It was concluded that the difference between the demographics was a result of patient preference rather than lack of opportunity as all groups were targeted opportunistically and indiscriminately during the initial and repeat recruitment processes. We considered other significant groups who use our service and should be represented, and decided to send paper copies of questionnaires to housebound patients. Out of the 10 sent out, 2 were returned.

## **VALIDATE THE SURVEY AND ACTION PLAN THROUGH THE PATIENT PARTICIPATION REPORT**

### **SURVEY**

#### **Please describe how the priorities for the survey were agreed with your PRG**

In July, all members of the patient participation group were e-mailed to ask for their views and opinions regarding what should be included in this year's survey. This was an open question that enabled the patient participation group to highlight any areas they felt were priority for discussion.

A second e-mail was sent out on 8<sup>th</sup> August 2012, given the group an additional opportunity to highlight any topics they felt were a priority for this year's survey. 5% of the members responded.

The topics highlighted using this technique were collated and discussed at a manager's meeting with the partners and assistant manager. The following areas prioritised by the patients:

- Telephone access
- Out of hours service
- Waiting room facilities
- Contacting the surgery
- Electronic booking

During the meeting the partners and managers discussed which areas they felt were priority to obtain patient's views. On the basis of the ideas generated at the meeting and the suggestions raised by the patient group, a set of questions were developed for the practice survey.

The patient survey therefore included suggestions agreed as priority by the PRG.

#### **Having established the priorities, please describe how the questions were developed, e.g. Survey Monkey, NAPP website, etc.**

The questions were drawn up using the same format as the national patient satisfaction survey. Based on the patient group priorities, the Practice Manager developed a set of questions which aimed to cover the key areas listed in depth, rather than multiple areas in less detail. A meeting was arranged with the manager, assistant manager and partners to discuss the questions as a group, made some amendments and added extra questions based on suggestions made by the patient group and staff.

The survey questions covered the following areas:

- Accessing GP services
- Electronic booking system
- Waiting times
- Waiting room facilities
- Patient satisfaction
- Opening hours suitability
- Out of hours services

- Practice services

**Please describe how you carried out the survey?**

Once the survey draft had been finalised, we created an online version of the survey and published it on our practice website. On 17<sup>th</sup> August 2012 an e-mail was then sent to all patients who had signed up to the virtual patient participation group informing them that the survey was up and running, supplying the link to the survey and requesting them to complete the survey at their earliest convenience. The survey was also advertised on the patient call board in the surgery reception for all patients to see and was available on the home page of our practice website.

On 17<sup>th</sup> January 2013 a further e-mail was sent to the patient group supplying the same information and requesting any non-responders to please fill in the survey asap. We also sent 10 paper copies of the questionnaire to housebound patients.

**Please specify the dates the survey was carried out.**

17/8/12 – 14/2/13

**What were the survey results?**

The survey results were published on the practice website, and a link to the results was e-mail to all vPRG members.

<http://www.mysurgeryoffice.co.uk/psurvey.aspx?p=110855&v=E85001>



2012-13 Survey  
Results

**ACTION PLAN****Please describe how you agreed the action plan with the PRG?**

In February 2013 an internet discussion forum was set up on the 'My Health London' website. This created a platform on which the members of the virtual patient participation group could review the survey results, make suggestions for improvements to our service and enabled discussion between themselves and with the practice.

An e-mail was dispatched to all members of the vPRG on 14/2/13, informing them the survey had been closed and giving them the link to the discussion forum. The patients were also invited to e-mail the practice manager directly with suggestions, comments and feedback on the survey results.

Unfortunately, despite two e-mail reminders, none of the vPRG members wrote in the forum and only a few patients responded by e-mail.

Based on the issues identified by the survey, free text comments made by members of the PRG and the response from PRG members regarding the survey results, a draft action plan was drawn up by the Practice manager. This draft was reviewed by the partners of the practice and a copy sent via e-mail to the PRG. The members were asked to review the action plan and reply via e-mail to state if they agreed with the action plan. The members were given 1 week to respond.

Six PRG members responded and the action plan was adjusted to meet their requirements. The patients requested for the abbreviations used in the action plan to be replaced by the actual words and for the document to be transferred into another format so that it could be viewed with ease. The patients were pleased that their views had been listened to. The final action plan was published on the practice website 28.3.13.

**Please include a full copy of the agreed action plan. The main actions were:**

A copy of the agreed action plan is attached here.



Action Plan 2012-13

And can be found on the practice website here:  
<http://www.thornburymedicalpractice.co.uk/surveyreport.aspx?p=E85001>

**Please describe the areas that you could not achieve what the PRG wanted.**

Longer consultation times (>10mins) is unrealistic and unobtainable. If the practice were to lengthen consultation times from 10minutes to 15minutes, fewer patients would be seen on a daily basis.

**Are there any contractual considerations to the agreed actions?**

There were no contractual considerations to the agreed actions.

**Please provide a summary of the progress made with your 2011/12 action plan**

<b>You said .....</b>	<b>We did ....</b>	<b>The result is ....</b>
It was difficult to arrange an appointment	<ul style="list-style-type: none"> <li>• Advertise appointment system in better detail on website</li> <li>• Produce appointment system leaflets for reception</li> <li>• Advertise that appointments on the day are not only for emergencies</li> </ul>	<ul style="list-style-type: none"> <li>• Appointment system leaflet produced and distributed to all new patients and copies available at reception desk for registered patients</li> </ul>
You were unaware of the online booking facility	<ul style="list-style-type: none"> <li>• Include information in appointment system leaflet</li> <li>• Promote on JX board</li> <li>• Opportunistically inform patients who attend the surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Online booking facility promoted</li> <li>• 710 patients have registered to use the online services between 31.3.12 and 13.3.13</li> </ul>
You would like us to open at 7.30am (we already do 3 days per week)	<ul style="list-style-type: none"> <li>• Put posters in reception advertising opening hours</li> <li>• Highlight on website early morning clinics for working people</li> <li>• Include in appointment system leaflet</li> </ul>	<ul style="list-style-type: none"> <li>• Opening hours advertised and added to appointment system leaflet</li> </ul>
It was difficult to get through on the telephone	<ul style="list-style-type: none"> <li>• Inquire with service provider regarding pre-recorded message for people on hold</li> <li>• Inquire with service provider regarding increasing the number of queue places and associated costs</li> <li>• Extra member of reception staff in the mornings for two hours 9-11 to improve telephone access</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone provider unable to accommodate a pre-recorded message. Number of queue places increased in April 2012 but decreased again in Dec 2013 due to patient dissatisfaction. Patients indicating they had been on hold for too long.</li> <li>• Extra staff member in the mornings now permanent</li> </ul>
You were unaware of the available out of hours care pathways	<ul style="list-style-type: none"> <li>• Advertise OOH care pathway on JX Board, repeat prescriptions and practice website.</li> <li>• If possible advertise on pre-recorded message for people on hold</li> <li>• Promote verbally at reception</li> <li>• Clinicians to promote opportunistically during consultations</li> </ul>	<ul style="list-style-type: none"> <li>• Out of hours care pathway added</li> <li>• Telephone provider unable to accommodate pre-recorded message</li> <li>• Clinicians continue to promote verbally</li> </ul>
You were unaware of the practice website	<ul style="list-style-type: none"> <li>• Promote health centre website via JX board</li> <li>• Put up posters in reception</li> <li>• Add details to practice leaflet.</li> </ul>	<ul style="list-style-type: none"> <li>• Website continues to be promoted.</li> <li>• The practice website current gets around 1100 unique views per month</li> </ul>
There is a general lack of appointments	<ul style="list-style-type: none"> <li>• Increased number of available nurse appointments with advanced nurse practitioner skills</li> </ul>	The nurse practitioner continues to see patients with minor illnesses increasing the number of doctor's appointments available.

## LOCAL PATIENT PARTICIPATION REPORT

### **Please describe how the 2012/13 local Patient Participation Report was advertised and circulated**

The patient participation report was published on the practice website 28<sup>th</sup> March 2013. A poster was put up in reception and a notice displayed on the Jx board to advertise the report.

### **Please include a copy of the report and link to your report on the practice website.**

A copy of the report can be found on the practice website here:

<http://www.thornburymedicalpractice.co.uk/surveyreport.aspx?p=E85001>

## CONFIRMATION OF YOUR OPENING TIMES

### **Please include opening hours and out of hours arrangements in the report**

The surgery is open:

Mon 8.30am - 6.30pm  
Tues 7.30am – 12.30pm and 2.30 – 6.30pm  
Wed 8.30am – 12.30pm and 2.30pm – 6.30pm  
Thurs 7.30am – 6.30pm  
Fri 7.30am – 12.30pm and 2.30pm – 6.30pm

The Doctors and Nurses are available for consultation during their surgery/ clinic hours which range from 7.30am to 6pm every day. Patients may see any doctor they choose, subject to availability. Patients can book appointments six weeks in advance either by phone or online via our website. We also have an on the day service for appointments. Patients can phone reception on 020 8630 1036 from 8.30am-12.30pm and 2.30pm-6pm Monday to Friday.

The Practice also offers extended surgery appointments between 7.30 and 8.30am Tuesdays, Thursdays and Fridays.

When the surgery is closed calls are handled by Care UK Out-of-Hours service. Patients can access Care UK by calling the practice telephone number out of hours, which gives them the Care UK contact information.