

Standard Reporting Template

NHS England (Wessex)
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: St Marys Surgery,

Practice Code: J82081

Signed on behalf of practice:



Leonard Bates

Date: 20th March 2015

Signed on behalf of PPG:

Reviewed by the virtual PPG between the 25th and the 31st March 2015

1. Prerequisite of Enhanced Service – Develop/Maintain a Patient Participation Group (PPG)

Does the Practice have a PPG? YES
Method of engagement with PPG: Face to face, Email, Other (please specify): Face to Face, Email
Number of members of PPG: 106

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	10893	8195
PRG	36	70

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	2547	6144	4554	2512	944	513	288	103
PRG	9	24	33	14	7	7	6	5

Detail the ethnic background of your practice population and PRG:

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	4269	18	0	1569	235	684	124	142
PRG	65	0	0	13	1	1	2	2

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	1010	331	236	108	429	352	31	173	0	0
PRG	5	2	1	0	2	3	1	1	0	0

Describe steps taken to ensure that the PPG is representative of the practice population in terms of gender, age and ethnic background and other members of the practice population:

Sex

The practice has a high percentage of male patients 57.1% as opposed to 42.9% females.

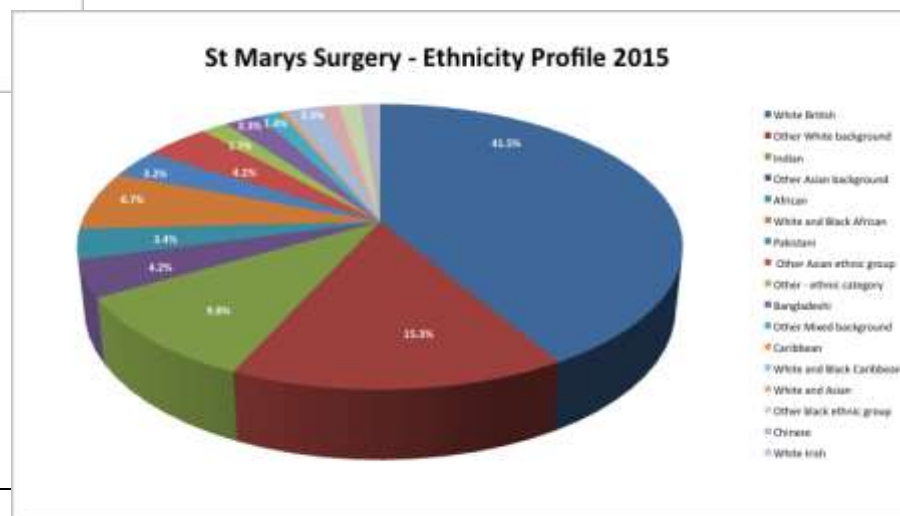
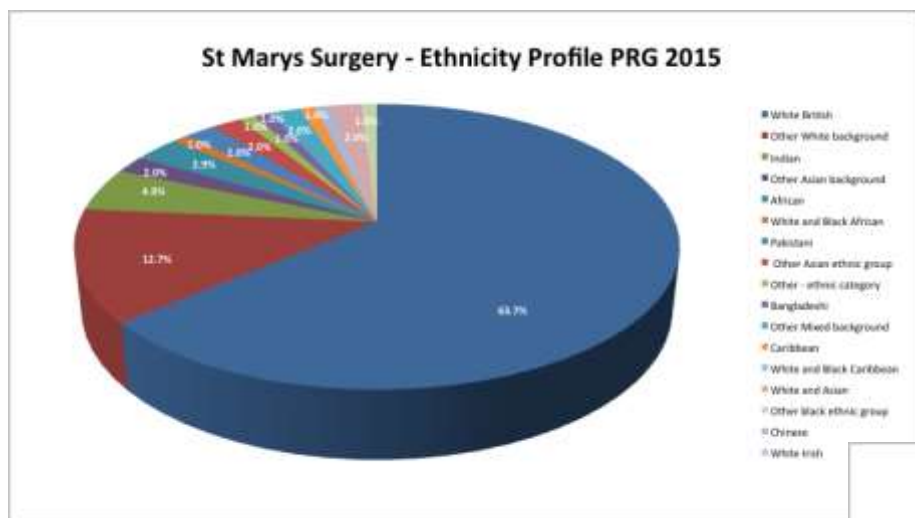
Respondents to the survey were asked to provide their sex and results shown above.

70 respondents were female (66%) as opposed to 36 male (34%). Although this is not in keeping with the practice population this is indicative of the patients who use the services at the surgery. During this period 3275 females (56%) had appointments at the surgery compared with 2524 males (43%).

Ethnicity

The ethnicity profile of the practice is very diverse and whilst these figures reflect this there are 90 ethnicity codes used on the clinical system for patients who have indicated their ethnicity to the practice.

Main differences between the two populations are the slightly lower percentage of Indian patients 4.9 to 9.8%.



The Patient Survey for 2013/ 2014 showed a similar result in a lower percentage of Indian patients responded to the survey. In an attempt to increase the interaction with the Indian community and some of the other white ethnic populations we had discussions with Unity 101FM Radio. These discussions were facilitated by the SureStart team at Southampton South

Unity 101 is a community radio station based in St Mary's, a voluntary organisation catering to the Asian and ethnic minority communities in the area. The show's weekday lineup consists predominantly of Indian music in Hindi, Gujarati, Punjabi and English, with a 'Community Hour' of discussion from 3pm to 4pm. On the weekends the station hosts music and other forms of culture from a greater variety of ethnicities, currently including Chinese, Afghani, Polish and music of black origin.

In October 2014 we started a discussion with Herjinder Kaur Chahal, Children & Family Centre Coordinator (South Cluster). Herjinder works for the Safeguarding Children (Division) within the People Directorate at Southampton City Council and is based at the SureStart Centre at Clovelly, 60-68 Clovelly Road, Southampton SO14 0AU.

Herjinder put us in touch with Ram Kalyan "Kelly", Station Manager at Unity 101.

We were invited to take part in one of the Community Hour discussion programs which was broadcast on Tuesday 27th January 2015. Given the audience we were trying to attract we were assisted by Mina Davarzarei, Afghan Community Worker at SureStart, who translated for us into Farsi & Dari and Joanna Grajdek, Polish Community Worker at SureStart who translated for us into Polish. Len Bates & Kim Toyn, Practice Nurse were interviewed live and discussed issues such as access to appointment, the importance of flu vaccination and particularly the benefits of the influenza nasal spray for the under 5s and childhood immunisation generally.

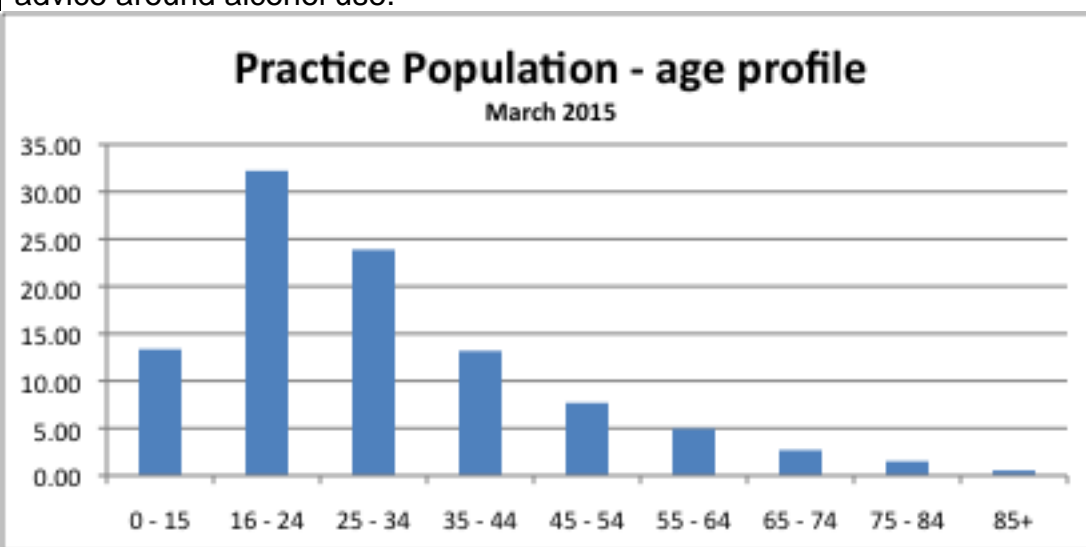
Following on from this we have been invited to further Afghan community workshops to talk about access to the surgery, women's health e.g. cervical screening and childhood immunisations. The first community workshop we are due to attend is scheduled for April 1st 2015.

Are there any specific characteristics of your practice population which means that other groups should be included in the PPG? e.g. a large student population, significant number of jobseekers, large numbers of nursing homes, or a LGBT community? YES/NO

If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:

The Practice has a predominantly young population because of its links with Southampton Solent University. Every year members of the Practice team attend Freshers' Week at the University so as to highlight the surgery to prospective new patients and to ensure that the students are aware of the services offered and how to access those services.

Students are provided with copies of the Practice leaflet, information on the online booking service and this year, assisted by Research nurses from University Hospitals Southampton specific information and advice around alcohol use.



In the academic year 2012 – 2013 there were 11,317 full time equivalent students at Southampton Solent University.

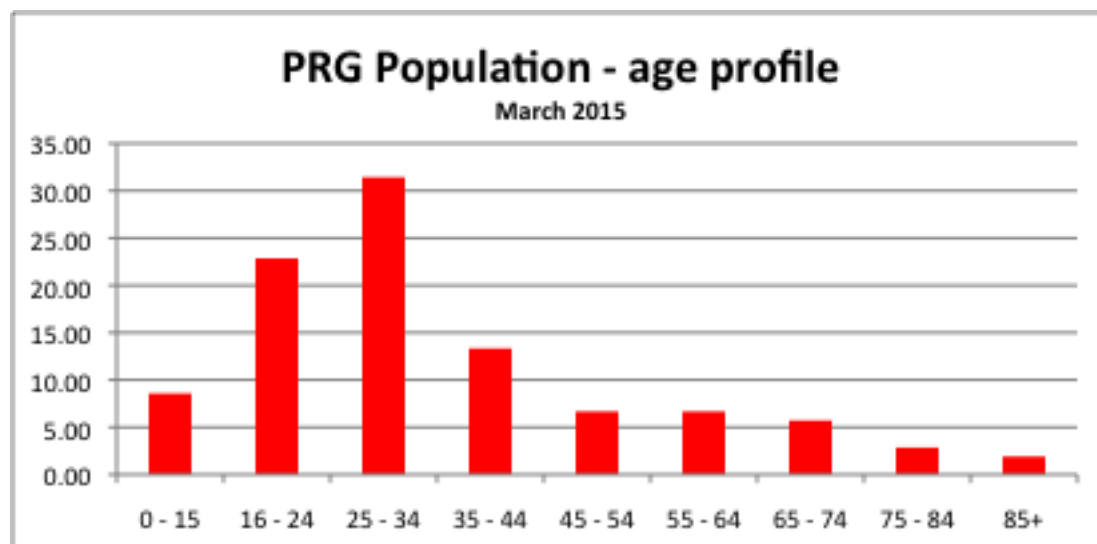
Given that the majority of these students are aged under 21 years and that the student population is predominantly male goes a long way to explain why St Mary's has a spike in age bands between 16 – 24 years and 25 – 34 years and a higher male population than suggested by Public Health statistics.

The nature of the surveys undertaken in practice during December 2014, January and February 2015 was designed so as to elicit responses from patients who actually use the services at the surgery.

69% of the practice population are aged under 35 years.

63% of respondents to the survey were aged under 35 years.

This clears a clear indication that the responses are valid and representative of the whole population.

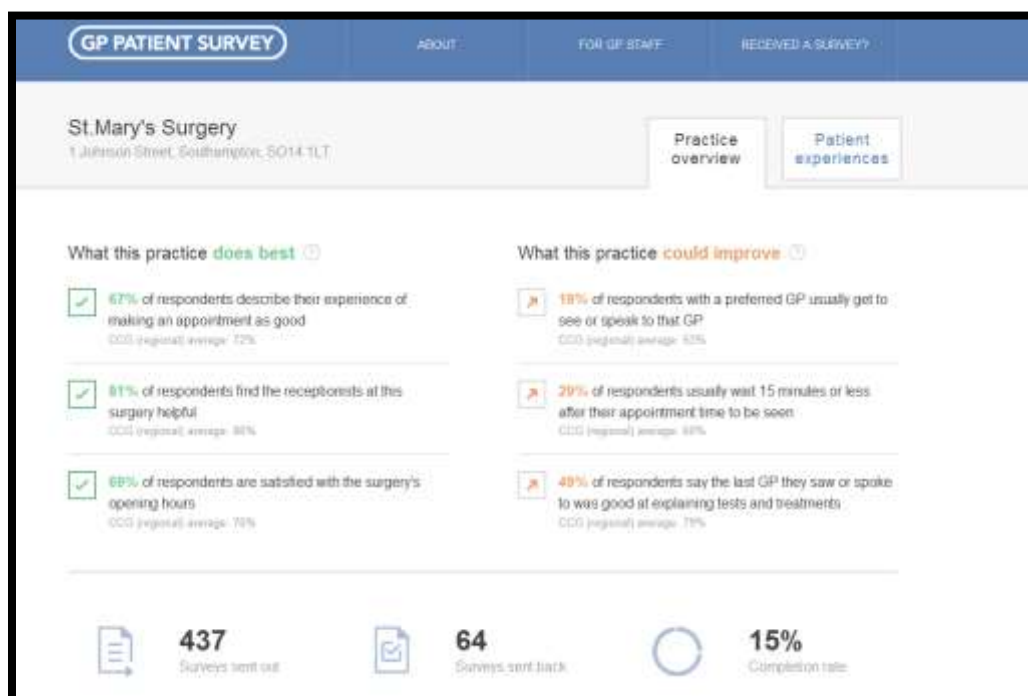


2. Review of patient feedback

Outline the sources of feedback that were reviewed during the year:

During the year the following sources of feedback were reviewed.

National GP Patient Survey undertaken between July 2013 and March 2014
 CQC Intelligent Monitoring Data published in November 2014



In November the **Care Quality Commission (CQC)** published ratings for all GP practices despite warnings they were misleading. 1200 GP practices were included in the highest risk category, based on data about prescribing, referrals and diagnosis rates.

We were inspected by CQC in December 2013 and found to meet the requirements of all of standards examined. In September 2013 we had provided all the evidence that is required for the deanery Trainers Inspection. This is very extensive and more complicated in many respects than a CQC inspection as it is highly focused on clinical performance. We were recognised as providing an outstanding learning environment with trainers who are passionate about training.

We have had no concerns expressed to us by our local Clinical Commissioning Group (CCG) with whom we have an excellent relationship.

Despite this we have been scored by CQC as being in the higher level of risk. We have very considerable concerns about the way the data CQC used have been interpreted. In particular the response rate to an **Ipsos Mori survey** used to create the data was very low indeed.

In March 2014 we published the results from the 2013 2014 survey of 264 patients in the surgery. 85% of respondents stated that they were very satisfied or fairly satisfied with the care received at the surgery.

This is in contrast to the data presented by CQC based on responses from just 64 patients over the same period, half of whom had not visited the surgery for over a year when then completed the questionnaire.

We conducted our own survey running alongside the Friends and Family Test From December 2014 to February 2015. This was in the form of an exit survey so as to elicit response from patients who actually use the services at the surgery.

The **Friends and Family test** requires us to ask the question: How likely are you to recommend our GP practice to friends and family if they need similar care or treatment.

Of those respondents 91.8% indicated that they were likely (30.6%) or extremely likely (61.2%) to recommend our practice to their friends and family.

Full results below:

How likely are you to recommend our GP practice to friends and family if they need similar care or treatment?

Extremely Likely	61.2%
Likely	30.6%
Neither Likely nor unlikely	7.1%
Unlikely	0%
Extremely unlikely	1%
Don't Know	0%

With regards to patient satisfaction patients were asked to consider:

How Satisfied were you with the care you received TODAY at the surgery?

Very Satisfied	89.5%
Fairly Satisfied	8.6%
Neither satisfied nor dissatisfied	0%
Quite dissatisfied	0.95%
Very dissatisfied	0%
No response	0.95%

Patient satisfaction with the services provided remains consistently high and if anything has improved. Compared with data from March 2014 were 84.4% of respondents stated that they were very satisfied (39.4%) or fairly satisfied (45%) with the care they received at the surgery.

How frequently were these reviewed with the PRG?

Previous surveys and the National GP Patient Survey asked for respondents to think about their last visit to the surgery and to indicate their satisfaction. Data from the Ipsos Mori (National GP Patient Survey) showed a very low response given the number of patients contacts during the timescale of the survey and that half of those responding had not visited the surgery for over a year when then completed the questionnaire.

Surveys undertaken in December 2014, January and February 2015 were in the form of an exit poll similar to those used in hospital when discharged as an inpatient. These represent a more accurate indication of the satisfaction of the patient with the service provided and was the basis on which these surveys were carried out.

As part of the survey patients identified those areas of priority relevant to them at that moment and these are summarised and discussed below.

The full report will be made available to all patients via the practice website and available for collection from the practice. The report is to be shared with the virtual patient reference group, which was set up three years ago and have been consulted over the last three years of the Patient Participation Directed Enhanced Service.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Availability of appointments – Patients indicated that accessing an appointment is extremely difficult “almost impossible”.

What actions were taken to address the priority?

In October 2014 we recruited an additional 4 locum sessions, as we do every year to deal with additional demand during winter. At the end of December 2014 we realised that demand for same day appointments had reached an all time high, a picture replicated across the whole health economy. We decided at that point to increase the number of locum sessions to 7 per week so as to provide additional capacity for same day/ duty services.

This decision will be reviewed at the end of March 2015 when we will look to reduce this down.

A minor ailment scheme was introduced by the CCG in January 2015 so as to provide alternative arrangements for patients who are in receipt of free prescriptions. The system provides treatment and advice for patients who are suffering from any of the following:

- Upper respiratory tract infection (including cough, cold, ear ache)
- Sore throat
- Diarrhoea
- Paediatric fever

Reception staff were made aware of this in early February and started to advise patients of this from early February.

Result of actions and impact on patients and carers (including how publicised):

The same day is highly regarded by patients as reflected in comments received through the patient surveys.

'Good service and available to get appointment quick'

'Great friendly service. Always get an appointment really fast. Great service'

'Same Day Appointment - Quick to be seen and sorted'

Impact on patients and carers is difficult to assess, although we have noticed a significant reduction in the number of patients triaged by the float doctor – this is the doctor who only has telephone appointments slots and it is his or her decision whether to refer the patient on. This indicates that the reception team have been able to find appointment slots for these patients whether with a same day doctor or nurse.

We have not publicised this previously as availability of locums is variable and fluctuates throughout the year.

Whilst we try to engage the same locum GPs to provide some continuity this is not always possible.

We need to consider how we publicise this so as not to increase patient expectation and inflate demand.

Priority area 2

Description of priority area:

Customer Care skills

“Receptionists act as gate keepers”

“They can be rude and abrupt”

What actions were taken to address the priority?

The reception staff regularly have to deal with patients who appear aggressive, threatening and abusive. The practice has a high turnover of patients. A larger number of newly registered patients do not speak English and rely on family members to translate for them. Whilst we use Language Line in the consultation we do not have that facility at the front desk. Occasionally patients get frustrated and angry because they are unable to make themselves understood. The practice also has a high number of patients who it would appear abuse prescription medication. When these patients are refused medication or this is rationed so as to prevent overuse patients get frustrated, angry and abusive.

In 21st January 2015 we held a whole practice protected training session on communication skills.

The following topics/ scenarios were discussed:

Dealing with difficult people

Dealing with someone whose first language is not English

Dealing with someone who exhibits bizarre behaviour

The training was coordinated by Sarah Wilding, Communication Skills Facilitator/ Occupational Therapist from the Training and Development Department at University Hospital Southampton NHS Foundation Trust.

The common theme was the need to recognise the reason for the anger (anxiety, distress or frustration), acknowledging the person's feelings, apologising and reassuring them - "I'm going to help you, let me see what I can do/ find out"

Keeping a professional attitude throughout was stressed.

As a follow on to the training the Reception team will be discussing this further at the next Reception Team Meeting on Thursday 26th March 2015. The Reception Manager and Practice Manager will be leading a discussion on what constitutes good customer care.

Result of actions and impact on patients and carers (including how publicised):

As a result of these actions we are expecting to see a reduction in the number of complaints from patients who find the manner of some of the reception staff rude and abrupt.

As a result of very aggressive behaviour from patients we introduced posters in the waiting room promoting zero tolerance. When the Communication in Skills Practice team was with us on the 21st January they were surprised that we did not invoke the zero tolerance position more often. This is something we have discussed further as a team. Patients expect a certain level of behaviour from us and we expect the same from patients. Unfortunately, patients' anxiety and frustration with not getting what they want is taken out on the reception staff. This is unacceptable but giving the reception staff strategies to deal with this on going will help. Similarly, communication skills training is the first step in identifying what we need to do as a practice to deal with this behaviour.

Priority area 3

Description of priority area:

Booking an appointment by telephone

'It is almost impossible to get an appointment. I work 9- 5 so have to call in the morning, which is difficult. I keep trying, always engaged. When I finally get through about midday all appointments are gone'.

What actions were taken to address the priority?

One of the main actions from the survey for 2014 was around booking appointments at the practice. Patients' main preference is to book appointments over the telephone. It was reported at that time that accessibility could be a real issue with patients having to hold on the phone in excess of 5 minutes. The solution proposed at that time was the introduction of additional incoming lines. It was noted that this was a short-term solution and that the phone system at the surgery would require additional investment in the medium term.

Unfortunately, following on from this we found that the lines and maintenance of the system were still under contract until March and July 2015 respectively.

Notice has been served on the current suppliers of the system and lines. In the short term a rolling 3 month contract has been negotiated for the lines from March 2015 which will coincide with the end of the maintenance contract.

Discussions have been held with a number of suppliers who are looking to provide a Voice over IP solution and discussions are now at an advanced stage with two potential suppliers. We are hopeful of signing a new contract by the end of April 2015.

The solutions being proposed enable additional capacity at peak times and we have already installed two new workstations in the reception back office and employed two additional receptionists (1.5 WTE) to work alongside the existing team.

In 2013 we promoted the use of online booking of appointments and we are anxious to increase the take up of this. Whilst the phone system is being upgraded we will continue to promote online booking both in the surgery and on the website.

Result of actions and impact on patients and carers (including how publicised):

It is unlikely that we will start to see the benefits from these changes until the Summer of 2015.

We will liaise with patients around this time so to minimise any inconvenience to patients as a result of these changes.

We will use email, posters in the practice, the practice newsletter and the practice website to alert patients to these changes. We will also provide contact details for patients to highlight any issues they may have.

Progress on previous years

If you have participated in this scheme for more than one year, outline progress made on issues raised in the previous year(s):

Actions from 2014 were identified as follows:

1. Practice to increase the number of incoming phone lines
2. Patient Confidentiality at the Front Desk
3. Receiving information from the Practice

Item 1 was briefly discussed in the preceding section.

In April 2015 we are looking to award a contract for supply of a VOIP solution, which will enable additional capacity at peak times. Segregating outgoing and incoming lines will also provide for additional capacity. Additional staff in reception have been recruited and are undergoing training to be ready for go live around July/ August 2015.

Patient Confidentiality at the front desk is discussed at induction for the reception team and was reviewed in January as part of the Communication Skills in Practice training session. As a result of this training session we are considering changes to the reception desk so as to provide a separate office by the reception desk to allow for greater privacy and to provide the opportunity for patients to sit down away from the main waiting room.

Patients expressed a preference to receiving information by post, email and by text messaging. We have introduced further targeted text messaging this year following on from the group message sent to 10691 patients last year to advise of severe pressure on A& E. A similar text message was sent to advise patients to avoid Southampton General Hospital due to an incidence of diarrhoea and vomiting. Text messaging has been used to alert those at risk of the benefits of having the flu vaccination and the introduction of additional flu clinics in the winter. The text messaging facility within our clinical system is very limited and it is likely that we will introduce a different system in the coming financial year. This system is more intuitive and will alert patients to reply to our text messages to cancel appointments for instance. This then allows additional functionality when using targeted text messages to particular patient groups.

Use of social media is gaining pace and we are looking to introduce a facebook page with targeted health promotion information alongside the practice website. Our first discussions around this centred on the provision of information to young asthmatics.

4. PPG Sign Off

Report signed off by PPG: YES
Date of sign off: 31st March 2015

We received the following comments from members of the PPG on the 25th March 2015. We are pleased to be able to share these comments.

“We were pleased to read of the progress being made in the surgery.

We have been very pleased with the care received, whichever doctor we have seen. However, more continuity would be a benefit.

Whilst the facility to make appointments on-line has been beneficial (and we have made use of the service), we have found that there is still, typically, a two or more week delay in availability of appointment even though we are flexible in our availability, being retired”

Continuity of care is something we try to offer. Each patient has been allocated a usual doctor and that doctor will see all test results and other communication relating to that patient. Whilst we offer choice to patients it is not always possible for patients to see their preferred choice of GP in the timescales they need. However, we do offer a comprehensive same day service so that patients are able to access a GP urgently in they need to. Unfortunately this will be the duty doctor and not necessarily the patients’ preferred choice of GP.

How has the practice engaged with the PPG:

The practice has engaged with the PPG through email. Highlights of this report and the main headlines were communicated to the virtual PPG for comment.

How has the practice made efforts to engage with seldom heard groups in the practice population?

As discussed earlier the practice has liaised with SureStart Southampton South and is providing health information sessions to women from the Afghan community to talk about access to the surgery, women's health e.g. cervical screening and childhood immunisations. The first community workshop we are due to attend is scheduled for April 1st 2015.

The experience from broadcasting on Unity 101 was very interesting and we will be looking to repeat this regularly in the coming year in an effort to increase health promotion within the Asian community.

Has the practice received patient and carer feedback from a variety of sources?

Data was reviewed from:

The National GP Patient Survey undertaken between July 2013 and March 2014

CQC Intelligent Monitoring Data published in November 2014

The Friend and Family Test introduced in January 2015

Was the PPG involved in the agreement of priority areas and the resulting action plan?

The priority areas were suggested by the Patient Reference Group (as opposed to the PPG). Respondents to the survey were given the option of providing additional comments that will be used to improve the service provided by the practice.

How has the service offered to patients and carers improved as a result of the implementation of the action plan?

From January 2015 we have been able to offer additional same day appointments, which have helped take the strain off the existing service at the surgery and the wider health economy as a whole.

We are confident that the communication skills training we have initiated will give patients a better experience of our service.

Introduction of a new phone system from the Summer will address some of the issues patients have with accessing the surgery.

Do you have any other comments about the PPG or practice in relation to this area of work?