

DIPTON SURGERY

PATIENT PARTICIPATION REPORT

2013/2014

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1 Introduction

Dipton Surgery moved into new premises in February 2011. The new building is purpose-built and easily accessed by all patients and visitors on the main A692 between Consett and Gateshead. There is ample parking and disabled bays for easy access.

The Practice has 2584 patients approximately. During the last year the practice population has grown by over 100 patients.

This practice is owned by Dr Jon F Levick and is part of the The Oakfields Group. The Practice team is led by Dr Pratim Sarkar. A female Nurse Practitioner and Prescriber Julie Davison assists the Doctor she can assess all women's health problems. We also provide a Practice Nurse, Health Care Assistant and an administration team of a manager and six receptionists.

The practice opens daily 8.30am – 6pm with extended hours on a Wednesday Evening 6-7.15pm

During 2013/2014 we engaged with the North Durham Clinical Commissioning Group 'Winter Pressures' initiative to provide additional capacity at the practice on both Saturdays and Sundays over the busy winter period from October to the end of March. The practice is open between 8am – 6pm on both Saturdays & Sundays.

Seeking the views of Practice Patients

The practice has always valued and engaged in seeking views from its patients with respect to services it provides and to this end a patient participation group was formed in 2006.

This group has developed and has become more meaningful in the last few years. The group was particularly valuable in giving feedback and engaging with the practice leading up to our new purpose built premises and moving from our old home in Browns Buildings. The practice engaged with the community as a whole and support from the Patient Group was greatly appreciated.

In September 2013 the practice consulted with the patient group and it was agreed that we would use the same survey as the previous year to allow us to compare results and look at improvements. During November 2013 we conducted the Annual Practice Survey and 101 patients during that period completed questionnaires. The survey was designed by cfep UK surveys. The results were 91% of patient ratings about the practice were Good, Very Good or Excellent.

Action	Completion by
Develop Patient Survey and circulate to representative patient demographic Group	November 2013
Collate Survey results and review by Practice team	December 2013
Hold PRG meeting to discuss results and formulate action plan	January 2014
Circulate Survey results and post to practice website and display in the waiting area	February 2014

2. Patient Participation Group

In Autumn 2013 the Practice Manager, Business Manager, and GP Principal once again considered the current representation of the Patient Reference Group and how this could be enhanced in order to ensure that we had a representative patient demographic. Following the Patient Participation Group meeting in September it was agreed that we would hold a charitable coffee morning in the practice. This event enabled staff to engage with not only the existing patient group but it gave other patients the opportunity to informally chat with the staff and other practice patients.

The patient group members agreed to help by bringing in cakes, attending and helping at the event.

Approximately 30 patients stopped for coffee and we took this opportunity to chat informally and see how patients felt about the practice and services we offered. Some even took advantage of having their flu jabs while they were there. As well as local community issues the following services were chatted about informally, Dementia screening, Online Prescriptions, Shingles vaccinations, Childhood Flu and the introduction of smoking cessation into practice.

Date of meetings	Number of patients in attendance
14th March 2013	11
12th September 2013	10
25th September (informal coffee morning)	30+
14th January 2014	7

Profile of members

Demographic	Profile
Age	34 -75
Sex	A mix of male & Female users
Medical Conditions	A Mix of users with chronic illnesses and also those with no ailments. (i.e. regular & irregular service users)
Professional and Non Professional	Involved / Influential in the community
Employment status	Mixture of employed, retired and homemakers

3. Local issues

The patient group have discussed not only in house practice issues but also considered how they can participate in shaping the services for the Area and participate in discussions with the North Durham Clinical Commissioning Group. Group members have attended local events and the practice has made the group aware of The NHS belongs to the people "Call to Action". All members of the group were given the Call to Action Question and answer sheet to complete and return to the North of England Commissioning Support Unit.

The practice has also looked at the Patients First and Foremost Report with the patient group and discussed how as a practice we strive to ensure a good quality service for patients.

4. Developing the Local Practice Survey

The majority of the practice group members were very familiar with the Cfep surveys. Results from this go back to 2007, therefore it was decided by the group to continue with this measure of patient satisfaction allowing us to compare results year on year. During 2011/12 86 patients completed the survey and during 2012/2013 87 patients completed the survey. During 2013/2014 101 patients completed the survey.

5. Analysing the Results

The results were analysed at a meeting which was held on the 14th January 2014. The meeting was chaired by Jeanette McGeary Practice Manager. The overall total satisfaction had gone down by 1%. All group members agreed that this was totally insignificant as the satisfaction was still 91%. The additional comments written on the surveys were all positive and full of praise for the practice. The patient group were not surprised by this.

The area which scored the lowest in the survey was waiting time although as a practice we were still above the average satisfaction scale. JMcG gave the patients the latest leaflet which explained that sometimes its patients who use the phrase “and while I’m here doctor” which caused appointments to run over. Obviously emergencies do also come up and these can cause delays and all of those present considered that to be quite acceptable. Some were surprised and felt that waiting time was not a problem in their experience.

6. Formulating the action plan

Action	Completion
A Privacy Notice to go up – offering patients the opportunity to speak in private if necessary	March 2013
Receptionist to be reminded about phone calls on the main desk and maintaining confidentiality. Whenever possible the receptionist would remain on the desk to meet and greet patients	March 2013 and ongoing
Receptionists to advise patients if any of the clinics are running 30mins late or more apologising and offering those who can't wait alternative appointments	March 2013 and ongoing
A common sense approach to be used regarding patients who are really unwell and asking others waiting if the very sick patient can be prioritised	March 2013 and ongoing
Use the Quarterly newsletter to make patients aware or why waiting times are our lowest satisfaction area. Encourage 1 ten minute appointment for 1 problem. Clinicians to book additional appointment time when additional problems are identified.	Jan 2014 and ongoing

Continue to engage patients with information on local services the North Durham CCG and CQC.	Jan 2014 and ongoing
Participate in initiatives to improve accessibility i.e. Additional weekend clinics	Ongoing throughout 2014
Maintain regular communication with patients re new services/NDCCG initiatives via our Qtrly. newsletters	Quarterly throughout 2014
Re launch the patient group to try to encourage new members. Posters, newsletters, website	Annually prior to our next arranged meeting Spring 2014

7 Implementing the action plan

Practice Manager & Practice Staff to review any problems with waiting times by revisiting the above points.

More informal gatherings to capture patient feedback in a more relaxed atmosphere and reaching out to patients who do not like group sessions.