

NEW STREET AND NETHERTON GROUP PRACTICE

PATIENT PARTICIPATION REPORT

2012 - 2013

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March 2013

The requirement of the Patient Participation DES is to produce a report covering the work that has been undertaken with our Patient Participation Group (PPG), during the last twelve months.

New Street and Netherton Group Practice work as a dual site split between Netherton Village and Milnsbridge in Huddersfield. The Practice has a diverse patient demographic catchment area. The majority are represented on the PPG.

The group is made up of a cross selection of patients from both practice areas, including male and female patients from different ethnic groups and disabled patients. Practice staffs included in the group are: 1 x clinical team member, 1 x secretarial team member and the Practice Manager.

The practice list size is made up of the following groups as shown in the table below:

Total Capitation for Kirklees and Calderdale			
Age Range	Male	Female	Total
0 - 4	270	244	514
5 - 16	488	473	961
17 - 24	266	329	595
25 - 34	465	518	983
35 - 44	532	506	1038
45 - 54	492	485	977
55 - 64	395	372	767
65 - 74	296	309	605
75 - 84	180	238	418
85 - 89	41	79	120
90 - 100	14	41	55
101+	0	0	0
<b>Total</b>	<b>3439</b>	<b>3594</b>	<b>7033</b>

The PPG meet monthly when possible or at least every 6 weeks. The group continues to meet on a Saturday morning in the meeting room at New Street Surgery, Milnsbridge.

Previous minutes of the groups meetings are attached in the appendix. The group discussed the questions to be included in the survey discussing relevance of each question. (Results of survey attached in full see appendix). Discussion was undertaken about the results and creation of an action plan for the practice over

the next 12 months.

**A: Action Plan for 2012/13 – Discussion around practice survey results:**

<b>New Street and Netherton Group Practice Action Plan 2012/13 Survey results analysed</b>	
<b>1. Patient reference group members present:</b> <b>Patients: Kevin Smith, Margot Redfearn, Andrew Redfearn, Aileen Patterson, Susan Jennett, Antony Walsh, Kemlin Cudjoe.</b>	
<b>2. Practice Staff present:</b> <b>Anne Tinsdeall – Practice Manager</b> <b>Dawn Vince – Assistant Practice Manager</b> <b>Philippa Lander – Medical Secretary</b> <b>Virginia Roberts – Nurse Practitioner</b>	
<b>3. The key findings from local survey:</b> <b>The three key areas discussed from the practice survey were:</b> a. <b>GP of choice</b> b. <b>GP clinics running late</b> c. <b>Access to Practice via telephone</b>	
<b>4. Which responses were most positive?</b> <b>Confidence in clinical ability</b> <b>Respect shown</b> <b>Ability to listen</b>	
<b>5. Which responses were least positive?</b> <b>Telephone Access</b> <b>See practitioner of choice</b> <b>Waiting time</b>	
<b>6. In which areas did the practice deviate from the national average? Explain why.</b> <b>Q2- Telephone Access – Patients unable to get through to the practice at 8.30am. Patients are requested to call after 10.30am to order prescriptions so that lines can be freed up to book appointments and or visits.</b> <b>Q5 – See practitioner of choice. – Unfortunately this follows on from last year’s survey. All clinical staff work between both sites so unable to have set days/times to be available. All patients can access all clinical staff at both sites.</b> <b>Q8 - Waiting time – Each clinician endeavours to keep to clinic times. Unfortunately due to patient’s specific clinical need on attending appointments this is not always the case. We urge patients to attend when they have one problem and not to save up numerous problems for one consultation.</b>	

7. What are the main priorities identified by PPG? <b>Access for patients to appointments – Offer patients the choice of a telephone consultation with the clinical staff of their choice. Continue to monitor “Did not attend” (DNA’s) appointments. Monitoring reports shows this can be up to 30hrs of clinical time been wasted by patients that DNA in a month. This only adds to the waiting time for other patients accessing service. The Practice Policy is that any patient who DNA’s 3 appointments will be discussed at GP weekly meetings and the decision to remove the patient from practice list will be made.</b>
8. What are the main prorates identified by Practice Staff? <b>Continued high quality of care and access for patients.</b>

## **B: Action Plan: 2012/13**

The areas mutually agreed as priorities for action and intervention as listed in the table below.

<b>Priority for Action</b>	<b>Proposed Changes</b>	<b>Who needs to be involved?</b>	<b>What is an achievable time frame?</b>
<b>Access</b>	<b>Change in phone system. Move to one that incorporates a menu system. Ie press 1 for appointment, press 2 if you need to order a prescription.</b>	<b>Patients to call after 10.30am for prescriptions</b>	<b>12 months – review via next year survey to see if results have improved.</b>
<b>Waiting time for booked appointment</b>	<b>Ask patients to request double appointments with clinicians for more than one problem. Patients informed not to save problems but to attend more frequently to have problems discussed as they arise instead of saving them up.</b>	<b>Staff to offer “telephone consultation” as well as face to face consultation.  Staff to inform patients if clinician is running late.  Patients to request double appointment if required. Patients to access surgery earlier rather than building list of concerns.</b>	<b>12 months – review</b>

**Publication of practice survey results and report will be made via the practice website:**

**[www.thenewstreetsurgery.co.uk](http://www.thenewstreetsurgery.co.uk) or [www.nethertonsurgery.co.uk](http://www.nethertonsurgery.co.uk)**

**All information published to either site actually appears on both (both are linked). Posters with the survey results will be displayed in each waiting room for patients to read and digest the results.**

**Appendix:**

- 1. Minutes from previous meetings where survey discussed**
- 2. Poster with survey results**
- 3. Comic Strip – “A Day in the Life of a GP”**
- 4. Completed Survey results and analysis**