



PRG –DES REPORT 2012

Step 1:

Following discussions with GPs and the Practice Manager, the Southwood Practice PRG was set up in July 2009. In order to ensure we reached a cross section of patients we advertised using:

- Posters in the waiting room.
- Application forms to join the group with contact details were left in the waiting room for patients to pick up
- A message was put onto the self check screen informing patient that we were setting up a group.
- A message was added to the new patient information packs, new patient booklet and in the annual newsletter.
- Information was added to the practice website asking patient to complete and return an application form to join.

The response was small and the first meeting was attended by only 5 patients who were all retired people.

In 2011 to attract more diversity and reach as many patients as possible we revisited areas of advertising, and included messages on Face Book and Twitter with our information. We were already promoting on our own Practice website and in house notice boards but also now had invitations to join handed out in person by the Practice Manager at the annual flu clinics. A Power Point display at the flu clinic was also used to inform patients about the PRG and how to join.

This resulted in 5 more patients joining the group, this time being a better representation of our practice profile with a spread of male, female and mixed aged and ethnicity patients.

In response to the DES on the 23rd August the practice decided that we could create a virtual group of patients who could assist the practice. We sent all patients with e-mail addresses invitations via monkey survey questionnaire inviting them to participate and all patients with mobile phones a text link directing them to our website where the survey could be obtained. The questionnaires all included ethnicity, age and other key factors of our practice population. The PRG positive feedback was from 202 patients and we had also achieved a cross section from our Practice profile except our 0.65% Chinese.

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It is the intention of the Practice to continue to encourage patients to join the PRG and PPG, we will be looking at using technology and other media to inform our Practice Population.

The Ethnic profile for Southwood Practice is:

Ethnicity	Value	%
British/mixed British 2001cens	3602	78.56
White British eth cat 2001 cen	101	2.2
Irish - ethn categ 2001 census	19	0.41
English - ethn cat 2001 census	57	1.24
Other White - eth cat 2001cens	317	6.91
White & BlackCaribbean 2001cen	4	0.09
White & Black African 2001cens	25	0.55
White & Asian eth cat 2001cens	62	1.35
Other Mixed - eth cat 2001cens	38	0.83
Indian/British Indian 2001cens	101	2.2
Pakistani/Brit Pakist 2001cens	17	0.37
Bangladeshi/Brit Bangl 2001cen	4	0.09
Nepalese	2	0.04
Other Asian - eth cat 2001cens	59	1.29
Sri Lankan eth cat 2001 census	1	0.02
Caribbean - eth cat 2001census	8	0.17
African - ethn cat 2001 census	26	0.57
Black British eth cat 2001cens	1	0.02
Mixed Black ethn cat 2001 cens	1	0.02
Other Black - eth cat 2001cens	3	0.07
Chinese - ethn cat 2001 census	30	0.65
Filipino ethn categ 2001 census	1	0.02
Japanese ethn categ 2001 census	2	0.04
Other - ethn categ 2001 census	32	0.7
Ethn cat not stated 2001census	72	1.57

Step 2:

At the meeting in April we decided to use Monkey Survey as an interactive tool to gain feedback from our patients on the practice opening hours for our Des. The survey was successful but in hindsight excluded ethnicity, sex and other features the practice could have used to ensure a cross representation of the practice. The survey also ran in house on a face to face basis.

The next survey was the establishment of the virtual group as already indicated.

In December 2011 we conducted our annual GPAQ based survey to all patients in-house and those who had accepted our invitations to the PRG.

The survey containing 18 questions was sent via text, e-mail or handed to all patients attending for appointments and covered a variety of topics including access, satisfaction, ethnicity and waiting times. A minimum of 50 questionnaires were collected for each doctor in surgery during the month of December January 2011/12 and the results were used to improve care in the practice.

Step 3:

Over a period of 4 weeks in December/January 2011/2012 we undertook the GPAQ survey, asking a minimum of 50 patients for each GP to complete the questionnaires. These were given to patients on a daily basis and they were asked to leave the completed form at reception.

The survey consisted of 18 questions covering access, satisfaction, and ethnicity and waiting times. The overall results showed that generally patients were satisfied with the way the surgery is run. The PPG meeting has not yet discussed the results of the GPAQ survey.

Step 4

Following a meeting was held with the PPG in November 2011 to discuss the results.

In all 86.3% of patients would prefer appointments between 9:00 – 6:00pm, and 31.7% would prefer evening appointments. Further evening surgeries were added on the Thursday when the practices recruited a new GP. These are covered by the surgery extended opening hours. 13.7% of patients would prefer Saturday opening hours but it was a small minority of the Practice. It was also noted that even when we ran Saturday flu clinic the majority of working patients preferred evening surgeries. The group was more concerned with the DNA rate of the surgeries and its waste of clinical resources. The group agreed and the surgery suggested that it will look at this again in the future.

Step 5:

As a result of this meeting, the following actions were agreed.

1. The surgery will endeavour to encourage new members to join the PRG by either attending meetings three to four times a year or joining the virtual group where they can be a voice via text or email. Low priority, to be implemented by December 2012
2. Letters will be attached to repeat prescriptions inviting patients to join the group. Medium priority, to be implemented by July 2012.
3. A campaign later in the year to give all patients attending the surgery for appointments information and an application form to join either the PRG or the virtual group. High priority, to be implemented by June 2012.

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Step 6:

The PRG profile is currently made up of 10 patients comprising of an even split of male and females but with a predominance of elderly retired members.

The PRG would benefit from a greater presence of ethnic minority, and younger, members. To encourage better participation from these groups it is our intention to target them by personally inviting a selection of them to join the group.

A report listing all areas previously agreed by the PRG and included in the survey will be made available for all patients to collect from the surgery and will be on the practice website, with a copy sent to the PCT. This demonstrates that matters discussed and agreed by the PRG are implemented, and therefore the PRG is a worthwhile and effective group. It will also demonstrate to patients that their views have been logged and considered.

The action plan is to continue to expand both the PRG meetings and the virtual group, to discuss new ideas and continue to obtain feedback from patients.

To work closely with the North East Hants Representative, to provide feedback from the CCG Board to the practice and information gathered from the practice to the CCG Board.

We are currently waiting for the CCG and practice to indicate the next survey for our patients, the CCG requirement to be relayed to us by the surgery representative on the North East Hants PPG and the PM or GP Principal.

Attached Surveys and results

