

## LOCAL PATIENT PARTICIPATION REPORT 2013.14

### ST JAMES MEDICAL CENTRE

This report is provided in standard format template used by all practices participating in a scheme known as Patient Participation Directed Enhanced Service. The aim is to promote further engagement with patients relating to practice issues.

Thank you to the St James Medical Centre Patient Participation Group for their input and help.

#### 1. A description of the profile of the members of the Patient Reference Group (PRG)

\* For example the age, sex and ethnicity profile of the Provider's population and the PRG.

(Component 1)

##### Features of the Practice Patient Reference Group

The practice PRG is the Patient Participation Group (PPG).

The PPG was first formed in 2009 and seeks to have a maximum membership of 12 core members. At the beginning of 2013 the group numbered 8 members but now stands at 6.

##### PPG age sex profile

	<b>0-18</b>	<b>19-45</b>	<b>46-64</b>	<b>65-120</b>
Female	0	1	2	2
Male	0	0	1	0

##### Practice age / sex profile

Age bands	<b>0-18</b>	<b>19-45</b>	<b>46-64</b>	<b>65-120</b>
Male (51%)	1416	2494	1375	970
Female (49%)	1283	2555	1462	1286

(Source – Practice clinical system)

##### PPG (PRG) Ethnicity

White British	6
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##### Practice Ethnicity

African	32
Any other	3
Asian and Chinese	4
Baltic Estonian/Latvian/Lithuanian	2
Bangladeshi or British Bangladeshi	90

Black and Asian	1
Black and White	2
Black British	1
British Asian	1
British or mixed British	6866
Caribbean	9
Chinese	48
Chinese and White	6
English	17
Ethnic category not stated	37
Filipino	3
Greek	4
Indian or British Indian	95
Irish	48
Italian	6
Malaysian	1
Mixed Asian	1
Other White European/European unsp/Mixed European	6
Other	7
Other Asian background	125
Other Black background	3
Other Mixed background	44
Other Mixed or Mixed unspecified	3
Other mixed White	1
Other White background	624
Other White or White unspecified	3
Pakistani or British Pakistani	7
Polish	50
Scottish	1
Sri Lankan	2
Traveller	1
Turkish	2
Welsh	2
White and Asian	36
White and Black African	28
White and Black Caribbean	20
White British	1939
White Irish	9

A total of 10198 patients have their ethnicity recorded

PPG (PRG) member turnover

There has been some turnover in year

- One young member relocated due to work commitment

- Two elderly members felt unable to continue due to other commitments
- One member left due to ill health
- Another new member joined in January 2014
- Two new members joined in year but they had to withdraw due to changes in personal circumstances

#### PPG (PRG) membership features and experience

- Educationalist
- County Councillor,
- Former NHS Non-Executive Director.
- Cancer Care worker in secondary care
- Administrator
- Retired Accountant
- Non-executive Director NHS
- Active member of Taunton Federation of General Practices PPG
- Voluntary worker for Diabetes UK - speaker , peer support , risk assessment
- Deafness Support Network,
- Local Parkinsons' Society member

As patients, our PPG members have direct experience of using the practice for their own health care needs due to a variety of long term conditions

#### Features of the wider St James Medical Centre practice population

We have above average male and female patients aged 25 - 34 years and generally below average male and female patients aged over 55 years. (\* source – Public Health England).

Our catchment area includes a town centre population and anecdotally we see a significant number of patients with substance and alcohol misuse problems. Our catchment area also includes two areas of deprivation. Patient turnover is quite high amongst the young transient population.

Looking at disease areas the Practice does not seem to be a significant outlier in any particular areas. Generally, our prevalence rates for chronic diseases such as heart disease, diabetes, hypertension and COPD are slightly below the national averages. This may in part be explained by the bulge of patients in the younger age groups.

## **2. Steps taken by the Provider to ensure that the PRG is representative of its registered patients and where a category of patients is not represented, the steps the Provider took in an attempt to engage that category**

- \* The variations between Provider population and PRG members
- \* How has the Provider tried to reach those groups not represented?

(Component 1)

### Areas where we perceive under-representation

In terms of age sex profile our PRG is under represented in the following areas

- Under 18s – males and females
- 19 to 45 – males
- 65 to 120 – males
- Ethnic minorities
- Young parents

There are two aspects to our efforts to recruit additional members and to try and improve wider representation and these are described below.

### Patient Participation Group (Our existing PRG)

Recruitment and retention to the PPG has proved to be difficult and the group has recently reduced the number of formal meetings to include a greater mix of 'hands-on' topic based work, which is working very well. To encourage new membership we have promoted our PPG in multiple ways

- Patient Participation Group noticeboard
- Patient newsletters
- Practice Website
- Practice TV screen
- At some patient consultations

### Actions taken to attract patients in underrepresented areas

We have produced a specific PPG recruitment 'flyer' and this includes a list of the criteria whereby we feel the group is under-represented. This is available on our website, in the waiting room and in consulting rooms.

We are Medical Officers to a local private school and we have written to the Head Teacher to see if a pupil would be interested to join the group to increase uptake of younger members

The Practice has a suggestion box and a 'contact' email address for patients to raise any queries or concerns. Details are posted on the PPG noticeboard.

The practice records ethnicity and 'other white background' is a large ethnic group (source – Practice clinical system) and we feel that Polish patients form the greatest proportion of this number. Therefore we have translated our PPG recruitment flyer into Polish to increase the prospect of recruiting from this patient group.

### Email Patient Reference Group Community

Whilst we have regarded the core PPG as our PRG, work has been done to establish a wider Patient Reference Group sitting underneath the PPG. This is effectively an email community

who we can now use to gain opinions, ideas and to participate in surveys. A simple profile of the 165 patients currently comprising this group is provided below.

Age / sex profile

	0-17	18-44	45-64	65 and over
Female	0	24	25	37
Male	0	5	7	67
Totals	0	29	31	104

Ethnicity profile

British	156
Other	9

As a practice we have now collected over 800 email addresses and we have started to try and recruit / convert some of these patients to the email community PRG. We have found that those patients who sign up to the email PRG category are much more responsive to requests for information etc. whereas the wider email community can be targeted with information e.g. newsletters, access to services etc.

Our PPG has not sought to limit the numbers of patients who could become email PRG members and this in itself will increase representation simply by additional coverage. However, we seek to try and recruit / convert those categories of patient where we know that there is under representation.

PLEASE CONTACT GUY PATEY, PRACTICE MANAGER tel 01823 285400 or email him at [contact@stjamesmc.nhs.uk](mailto:contact@stjamesmc.nhs.uk) if you are interested in joining either

PATIENT PARTICIPATION GROUP (informal monthly meetings of just over 1 hour looking at topics such as practice booklet website, information displays, patient surveys etc.

Or

PATIENT REFERENCE GROUP (an email community of patients who may be asked for views, opinions and to complete quick patient surveys to provide feedback)

**3. Details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local patient survey**

\* How were the priorities identified and agreed?

(Component 2)

At its meeting on 21<sup>st</sup> January 2014, the PPG discussed with the practice three potential topics for the patient survey:

- Use and promotion of the Practice website
- GP telephone assessments
- Choose well / self-care

Fit with practice priorities

All three areas fit with practice priorities.

Use of the website had been a component part of the 2012.13 survey. We are seeking to place increased reliance on the practice website and the PPG is actively involved in helping us to refresh and update the site. The aim is to extend the range of information, guidance and links to other useful site and organisations.

As a means of coping with demand, GP telephone assessments were being trialled and extended at the practice for those patients seeking same day appointments. We wanted to get a bit more experience under our belts before considering the drafting of a patient survey.

A PPG member had been heavily involved at Taunton Federation level (a group working jointly across most local surgeries) with the 'Choose Well' initiative, which sought to signpost patients to the most appropriate level of service relevant to their problems and conditions. Nationally, a leaflet had been produced to support the Choose Well campaign and this had been adapted for use in Somerset. There was some momentum behind this topical campaign and this was supported by the Somerset Clinical Commissioning Group as part of their initiative to ease pressure on health services, including self-care by patients where it was safe to do so.

Chosen topic for survey

The PPG agreed to prioritise the development of a survey around the 'Choose Well' leaflet to see if this publicity made any impact. There was no dissent from this option.

**4. The manner in which the Provider sought to obtain the views of its registered patients**

- \* What methodology was used to agree the questions, the frequency, the sample size, distribution methods to ensure the views of all patient are represented and undertake the survey? (Component 3)

The questionnaire was developed jointly by the Practice and the PPG to try and ensure meaningful capture of information, ease of completion, lack of bias and lack of ambiguity.

We were able to capitalise on the recent establishment of email functionality within our new clinical system (EMIS WEB) in that we emailed all such patients inviting them to take part. This ensured that we significantly extended coverage from previous years.

The email included a direct link to the practice website where patient were able to 'open' a Choose Well leaflet and complete the survey online. This made the process, quick, easy and could be completed at the patient's convenience.

In order not to exclude patients who may not be online, we also made the survey available in

the waiting room.

**5. Details of the steps taken by the Provider to provide an opportunity for the PRG to discuss the contents of the action plan in Section 7 (of this template)**

- \* How was the PRG involved in agreeing the action plan?
- \* Were there any areas of disagreement, and if so how were these resolved?

(Component 4)

The results of the survey were analysed and a report was taken to the PPG meeting on 18th March 2014 for discussion and action planning. The report provided the PPG with a reminder of the processes used together with the survey results for consideration and a commentary.

The PPG discussed the results, assessed the outcome / interpretations of the findings and agreed a range of actions (see section 7).

The PPG was pleased with the process and coverage and the actions were jointly agreed with the practice GP and staff representatives without controversy. It had been a positive exercise.

**6. A summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local patient survey**

(Component 4)

The survey sought to establish the effectiveness of providing patients with information about the range of choices open to them for different healthcare issues.

The patient questionnaire actually required patients to review the leaflet and this in itself was felt to be beneficial regardless of whether the patient completed the form.

**Q1: Have you seen this leaflet before?**

	<b>Surgery</b>	<b>Online</b>
<b>Yes</b>	<b>9%</b>	<b>12%</b>
<b>No</b>	<b>91%</b>	<b>87%</b>
<b>No response</b>	<b>0%</b>	<b>1%</b>

Give the very high percentage of patients who had not seen the leaflet before, benefit was derived of raising awareness simply by conducting the survey.

**Q2: Do you think this leaflet will be helpful to you?**

	<b>Surgery</b>	<b>Online</b>
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<b>Yes</b>	<b>77%</b>	<b>84%</b>
<b>No</b>	<b>23%</b>	<b>12%</b>
<b>No response</b>	<b>0%</b>	<b>4%</b>

A very satisfactory and encouraging outcome supporting the usefulness and relevance  
There are two separate response tables for Q3 due to the two methods of distribution

Surgery Response

**Q3: What will you do with the leaflet?**

<b>Print it out/keep for future reference</b>	<b>69%</b>
<b>Forget about it as you don't really want it</b>	<b>11%</b>
<b>Other</b>	<b>18%</b>
<b>No response</b>	<b>2%</b>

Online Response

**Q3: What will you do with the leaflet?**

<b>Leave it at the surgery as you don't really want it.</b>	<b>14%</b>
<b>Keep it somewhere handy for quick reference</b>	<b>66%</b>
<b>Take it home and forget about it, throw it away or recycle it</b>	<b>20%</b>

Importantly, in both cases, the majority of patients said they would keep it for future reference and this signals that communicating the information is beneficial and potentially economic.

**Q4: How aware are you of the different "Choose Well" options?**

	<b>Surgery</b>	<b>Online</b>
<b>Not very aware</b>	<b>40%</b>	<b>22%</b>
<b>Aware of at least 3 options</b>	<b>46%</b>	<b>43%</b>
<b>Very aware</b>	<b>14%</b>	<b>32%</b>

<b>No response</b>	<b>0%</b>	<b>3%</b>
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The majority of patients were aware of at least 3 or more options. The leaflet provides for 6 options.

**Q5: How would you prefer to receive the “Choose Well” leaflet**

	<b>Surgery</b>	<b>Online</b>
<b>Paper Copy</b>	<b>74%</b>	<b>19%</b>
<b>Access it from the Practice Website</b>	<b>19%</b>	<b>29%</b>
<b>By email from the Practice</b>	<b>4%</b>	<b>38%</b>
<b>App for mobile device e.g. phone or tablet</b>	<b>3%</b>	<b>12%</b>
<b>No response</b>	<b>0%</b>	<b>2%</b>

There is marked difference between those undertaking the paper version of the survey ‘Surgery’ and those completing it ‘Online’ when it comes to preference of medium for receipt. A paper take away copy found much more favour with those who handled it in the surgery.

**Q6: How likely are you to keep and use the leaflet if you receive it by your preferred method?**

	<b>Surgery</b>	<b>Online</b>
<b>Less Likely</b>	<b>17%</b>	<b>1%</b>
<b>No difference</b>	<b>23%</b>	<b>25%</b>
<b>More likely</b>	<b>60%</b>	<b>71%</b>
<b>No response</b>	<b>0%</b>	<b>3%</b>

A clear outcome. Patients are much more likely to retain access to information if they receive it by / in their preferred format.

Survey responders – demographics

**Gender**

	<b>Surgery</b>	<b>Online</b>

<b>Male</b>	<b>46%</b>	<b>39%</b>
<b>Female</b>	<b>54%</b>	<b>59%</b>
<b>No response</b>	<b>0%</b>	<b>2%</b>

#### **Age Band**

	<b>Surgery</b>	<b>Online</b>
<b>0-24</b>	<b>9%</b>	<b>4%</b>
<b>25-64</b>	<b>43%</b>	<b>56%</b>
<b>65 and over</b>	<b>48%</b>	<b>38%</b>
<b>No Response</b>	<b>0%</b>	<b>2%</b>

#### **Ethnicity**

	<b>Surgery</b>	<b>Online</b>
<b>White</b>	<b>96%</b>	<b>93%</b>
<b>Black Caribbean</b>	<b>0%</b>	<b>0%</b>
<b>Black African</b>	<b>0%</b>	<b>0%</b>
<b>Black Other</b>	<b>0%</b>	<b>0%</b>
<b>Indian</b>	<b>0%</b>	<b>0%</b>
<b>Pakistani</b>	<b>0%</b>	<b>0%</b>
<b>Bangladeshi</b>	<b>2%</b>	<b>0%</b>
<b>Chinese</b>	<b>0%</b>	<b>0%</b>
<b>Eastern European</b>	<b>0%</b>	<b>0%</b>
<b>Other</b>	<b>2%</b>	<b>2%</b>
<b>No response</b>	<b>0%</b>	<b>5%</b>

#### **Discussion and Conclusions**

‘Choose Well’ is national campaign to direct patients to the most appropriate source of help. Choosing the right source of help, advice or information can help patients to obtain a timely outcome. Health care resources are under pressure from high demand and choosing an

appropriate care option can help with managing this issue.

Overall the survey indicates that the information is helpful to patients and that the majority would keep it available for future reference. Awareness raising of 'choose well' needs to continue as the overwhelming majority of those surveyed had not seen the leaflet before.

Despite the fact that the majority of patients surveyed had not seen the leaflet before, the greatest proportion of patients were aware of at least three or more of the six 'choose well' options, which indicates that a wider message / experience of alternative healthcare assistance is taking a hold.

We live in an age of multi-media and it is clear that the majority of patients are more likely to take notice of information if they receive it in their preferred format. For those who prefer the electronic route, it appears that they would rather passively receive it by email than proactively search it out on a website.

Continued

**7. Details of the action plan setting out how the finding or proposals arising out of the local patient survey can be implemented and, if appropriate, reasons why any such findings or proposals should not be implemented. Include details of the action which the Provider,**

- **and, if relevant, the PCT, intend to take as a consequence of discussions with the PRG in respect of the results, findings and proposals arising out of the local patient survey**
- **where it has participated in the Scheme for the year, or any part thereof, ending 31 March 2012, has taken on issues and priorities as set out in the Local Patient Participation Report**

(Component 5)

<b>Findings / Proposals or PRG Priority Areas</b>  <i>'You said...'</i>	<b>Action to be taken</b> (if no action is to be taken provide appropriate reason)  <i>'We did...'</i>	<b>Lead</b>	<b>Timescale</b>	<b>Progress</b>  <i>'The outcome was...'</i>
Improve knowledge of constituents of email patient reference group community	Analyse the patient profile of the reference group section e.g. age/sex/ethnicity.	Admin	Apr 14	
Make it easier for patients to locate their ethnic status on questionnaires	For future surveys reorganise the ethnicity tick boxes into alphabetical order.	Admin	Ongoing	
Encourage continuing engagement	For those patients in the email PRG community, follow up the survey request with an email attaching the "Choose Well" leaflet and direct them to the	Practice Manager / Admin	Apr 14	Done 1.4.2014

	survey finding on the practice website.			
Encourage additional membership of the email patient reference group community	Email the non-PRG patients thanking those who responded. State how valuable their input is and invite them to join the PRG with the suggestion that they will be subject to no more than three surveys per year. We would particularly welcome representation from the minority groups of age/ethnicity.	Practice Manager / Admin	Apr 14	
Raise profile of Choose Well	Prioritise "Choose Well" display for waiting rooms by obtaining large posters for both sites with the glossy leaflets available for patients to take.	Admin	Apr 14	
Raise profile of Choose Well	Enhance graphical display of choose well link on practice website.	Admin	Apr 14	
<b>12.13 Survey – Patient Information</b>				
Resolve technical issues to enable mass emailing of patients with practice information	Emails to be entered into patient registration details, attach code, create searches, create off system distribution lists, ensure governance of system	Practice Manager	April 13	Done. Facilitated by new clinical system

Continue to collect patient email addresses to add to expand patient reference group	Campaign to collect email addresses -leaflet with patient letters -new patient registration information	Assistant Practice Manager	On-going	Ongoing. Now in excess of 800 patients
Seek to develop functionality of waiting room TVs re patient information	Review systems available	PPG	August 2013	Equipment ordered March 2014
Develop a patient information hub at the new branch surgery, possibly to include Internet access to health sites	Determine content, materials, access arrangements etc.	PPG	August 2013	Information room with PC off waiting room at Orchard Medical Centre
Promote the use of the practice website	PPG nominated rep to be trained in management of website for updating, expansion and promotion	PPG	On-going	Practice staff to manage the site. Review of site content commenced by PPG March 14

**8. The opening hours of the practice premises and the method of obtaining access to services throughout the core hours.**

- \* Please provide details of the Practice opening hours and how patients are able to make appointments/access services or provide a link to the relevant page(s) of the Practice website where this information can be found

**St James Medical Centre**

Monday	8.30am to 6.30pm
Tuesday	8.30am to 6.30pm
Wednesday	8.30pm to 1.30pm and 3.00pm to 6.30pm
Thursday	8.30pm to 6.30pm
Friday	8.30pm to 6.30pm

(Emergency cover from 8.00am-8.30am is available through the main telephone line 01823 285400)

**Orchard Medical Centre (Branch Surgery), Norton Fitzwarren**

Monday	8.30am to 1.00pm and 2.00pm to 5.00pm
Tuesday	8.30am to 1.00pm and 2.00pm to 5.00pm
Wednesday	8.30am to 1.00pm
Thursday	8.30am to 1.00pm and 2.00pm to 5.00pm
Friday	8.30am to 1.00pm and 2.00pm to 5.00pm

The above information can be found on the practice website under “opening hours”, along with information on appointments, home visits, test results and prescriptions. For on-line appointments / ordering prescriptions the patient has to register with “EMIS Patient Access” which will allow them to use this function.

**9. Where the Provider has entered into arrangements under an extended hours access scheme, the times at which individual healthcare professionals are accessible to registered patients.**

- \* If providing, please confirm details of the extended opening hours provided by the Practice or provide a link to the relevant page(s) of the Practice website where this information can be found

**The Practice provides an ‘extended hours’ service**

We hold a surgery on Saturday mornings at St James 9.00am -12.00noon (for pre-booked appointments only). These are for pre-booked appointments and are aimed at assisting those patients who work away or find it more difficult to access appointments during normal surgery hours.

We hold evening surgeries on alternating Wednesday & Thursday at St James. One week in

four the evening surgery is held at Orchard Medical Centre on either a Tuesday, Wednesday or Thursday depending on which doctor is holding the session.

**Date Report Published:** 21<sup>st</sup> March 2014

**Web Address of Published Report:**

[www.stjamesmedicalcentre.co.uk](http://www.stjamesmedicalcentre.co.uk)