

Add practice logo here if required

## PATIENT PARTICIPATION REPORT 2013/14

**Practice Code:**

C81039

**Practice Name:**

Eyam surgery

### An introduction to our practice and our Patient Reference Group (PRG)

Eyam Surgery is rural practice situated in heart of the Peak District and currently has 3527 patients on its list. Eyam Surgery is open Monday to Friday 8.00am to 6.30pm. All of the doctors and nurses work part time, and cover the 3 branch surgeries as well as Eyam. Telephone consultations are available each day with the duty doctors and nurses. Eyam Surgery currently holds extra clinics with several secondary care providers including: physiotherapy, podiatry, antenatal care, postnatal care, citizen's advice and counselling. Bradwell Surgery also has the above services available except antenatal care and podiatry. Unfortunately, at this present time none of the above services are available at Grindleford or Litton. Eyam, Bradwell & Litton Surgeries have disabled access and toilets. Eyam also has its own parking facilities.

Our **PRG** is made up of the 27 members and they are within the following age groups: 25-35, 36-50, 51-64, 65+.

### Establishing the Patient Representative Group

This shows how the practice has tried to ensure that the PRG is representative of the wider practice population. Information is provided here on the practice and PRG profile.

	Practice population profile	PRG profile	Difference
<b>Age</b>			
% under 18	17.5%	0%	17.5%
% 18 – 34	12.5%	11%	1.5%
% 35 – 54	28.8%	14.8%	14%
% 55 – 74	30.7%	25.9%	4.8%
% 75 and over	10.5%	14.8%	4.3%

<b>Gender</b>			
% Male	49.7%	26%	23.7%
% Female	50.3%	74%	23.7%
<b>Ethnicity</b>			
% White British	98%	100%	2%
% Mixed white/black Caribbean/African/Asian	0.29%	0%	0.29%
% Black African/Caribbean	0%	0%	0%
% Asian – Indian/Pakistani/Bangladeshi	0%	0%	0%
% Chinese	0.03%	0%	0.03%
% Other	1.3%	0%	1.3%
These are the reasons for any differences between the above PRG and Practice profiles:			
There are no reasons, we have very few patients that are not white British and they are not interested in joining our group.			
In addition to the above demographic factors this is how the practice has also taken account of other social factors such as working patterns of patients, levels of unemployment in the area, the number of carers:			
We always hold our meetings outside of normal working hours so that the majority of people can attend if they so wish. We have a large car park that is well lit so that in winter months everybody can drive here and park close to the surgery. We give plenty of notice so that help can be arranged if carers want to attend.			
This is what we have tried to do to reach groups that are under-represented:			
We tried to get a good mix of patients by sending individual invites to patients in the categories that were not represented. A youth leader is part of the group and she took invites to teenagers who come to her group with her. Doctors and nurses wrote down patients names who they thought would attend and input to the meeting. The meetings are advertised in the surgeries, website and posters around the village. We directly invited members of each of the parish councils.  As discussed we do try and attract people using a variety of tactics but we can only invite people who would broaden our spectrum, we cannot force them to attend.  We posted information regarding the PRG on our website and our nhs choices page.			

### **Setting the priorities for the annual patient survey**

This is how the PRG and practice agreed the key priorities for the annual patient survey

It was decided that roughly the same survey would be used for 2 years to give us a comparison on how we are performing unless the priorities changed during the year.

They haven't so we have gone ahead with the advice from PRG.

However we did go through each question to make sure it was still valid and we could also have added further questions if we so wished.

### **Designing and undertaking the patient survey**

This describes how the questions for the patient survey were chosen, how the survey was conducted with our patients and includes a summary of the results of the survey (full results can be viewed as a separate document)

How the practice and the Patient Reference Group worked together to select the survey questions:  
We brain stormed what the important issues were. These were entered onto a flip chart, we then grouped them together. We compared the issues against the previous year's survey to ensure that the same issues were in everybody's mind. This is when we decided that the best way to proceed was to use the same survey.

We looked at how the questions had been answered to reword any of the questions that had been poorly answered. We changed the emphasis of some of the questions.

Our PRG was very concerned that funding could still be taken away from the surgery and therefore the branch surgeries were still at risk and knowing that one of the surgeries' is in a poor state as regards disabled access etc. we wanted to know if the patients still valued it.

How our patient survey was undertaken:

Our survey was offered to every patient, in all 3 of our surgeries that attended (even if they were only collecting drugs) whilst we were doing the survey. Patients that did not want to fill them in whilst in surgery were encouraged to take them home and then return them.

We Emailed them to every patient whose Email account we had. We have been collecting Email addresses for a long time so we have a good number.

The PRG offered to deliver them round the village in which they lived and the youth club leader took them to their meetings and offered to bring them back once completed.

It was made available on the web site so it could be downloaded, filled in and then sent back (instructions were given and the offer to ring in and we would help if any patient had a problem).

Summary of our patient survey results:

The surgery was overall doing well at providing services. Patients did not want the branch sites to close as transport links are quite poor and some felt that if the branches closed they may have to look at alternative GP surgeries.

Majority of patients were always given enough time with clinicians and rarely felt rushed so they did not mind waiting if the clinician ran over time.

The background music was criticised again.

Request for more services at Grindleford Surgery.

Telephone consultations were very useful.

Over 85% of patients were able to see their clinician of choice at their surgery of choice.

Vast majority of patients found dispensary efficient and useful service.

Patients do not understand why they need to provide 3 identifiers during each phone call, some do not like waiting 2 working days for repeat prescriptions.

Waiting times in reception too long

--

<b>Analysis of the patient survey and discussion of survey results with the PRG</b>
<p>This describe how the patient survey results were analysed and discussed with PRG, how the practice and PRG agreed the improvement areas identified from the patient survey results and how the action plan was developed:</p>
<p>How the practice analysed the patient survey results and how these results were discussed with the PRG:</p> <p>We provided the results in the majority of instances, as a comparison to the previous year; therefore we concentrated in looking at where the surgery results had gone down. We also looked at the comments that the patients had made to see if any were often repeated.</p> <p>The PPG came up with a list of actions based on recommendations from the survey. Dr Goodwin was present and so was the practice manager therefore it was instantly decided whether the actions were possible</p>
<p>The key improvement areas which we agreed with the PRG for inclusion in our action plan were:</p> <ul style="list-style-type: none"><li>Look at increasing services at branch surgeries.</li><li>Re-introduce self-check-in screen</li><li>Increase number of disabled parking spaces at Eyam Surgery</li><li>Improve paths to surgeries</li><li>Staff training – telephone techniques</li><li>Look at opening times</li><li>Debit/credit card machine to pay for scripts</li></ul>
<p>We agreed/disagreed about:</p> <p>The PRG would like the surgery to open on a Saturday but the understood the financial restrictions.</p>

<b>ACTION PLAN</b>
<p>How the practice worked with the PRG to agree the action plan:</p> <p>We identified all the improvements areas requested and well as areas where are markings had reduced and tried to form an action for each area.</p> <p>The PRG decided when the patients were being unreasonable and when the surgery was not looking beyond what happens at the moment.</p>
<p>We identified that there were the following contractual considerations to the agreed actions:</p> <p>Saturday working is unaffordable and at the moment late night opening is preferred by the current staff and owner.</p>

Copy of agreed action plan is as follows:				
<b>Priority improvement area</b> Eg: Appointments, car park, waiting room, opening hours	<b>Proposed action</b>	<b>Responsible person</b>	<b>Timescale</b>	<b>Date completed (for future use)</b>
Re-introduce self check in	Phone EMIS	Martin Middleton	June	June
Create more nurses appointments	To look at current manpower level and grade mix	Dr Goodwin/Kim Daggett/Sue Dear	Sept	Oct
Complete car park with more disabled spaces	Complete car park with more disabled spaces	Kim Daggett	May	May
Train receptionists	Train receptionists	Kim Daggett/Marie Brown	Ongoing as more new staff	Ongoing as more new staff

<b>Review of previous year's actions and achievement</b>
<p>We have summarised below the actions that were agreed following the patient survey 2012/13 and whether these were successfully completed or are still on-going and (if appropriate) how any have fed into the current year's survey and action plan:</p> <p style="text-align: center;"><b>“You said ..... We did ..... The outcome was .....”</b></p> <p><b>We have reintroduced the self check in screen at Eyam Surgery</b>  <b>The car park at Eyam Surgery is practically complete, signage to finish</b>  <b>Introduced more worker's appointments i.e. early morning &amp; late evening</b>  <b>Carpets in public areas cleaned.</b>  <b>In-house staff training on friendliness and empathy carried</b>  <b>Rotate and change magazines at all 3 sites – staff allocated job</b>  <b>We now inform patients if there is a significant time delay in seeing a clinician</b>  <b>We now display a notice saying that test results are available after 2pm</b></p>
<p>Where there were any disagreements between the practice and the PRG on changes implemented or not implemented from last year's action plan these are detailed below:</p> <p><b>No they just wanted more communication.</b></p>

<b>Publication of this report and our opening hours</b>
<p>This is how this report and our practice opening hours have been advertised and circulated:  Our opening times are displayed at each surgery; they are also displayed on our website and on our</p>

nhs choices page. There is a stand at each surgery that has copies of the surgery times which the patients can take away. It can also be printed off our website. Appointment schedule is also part of our patient leaflet, which can also be printed or taken away. There is a patient information folder in each reception area that can be looked at whilst the patient is waiting, they contain surgery times and our leaflet. Our opening hours are also displayed on the door of each surgery so that patients can see them if we are closed. It also details how to deal with medication problems whilst we are closed.

The report was reproduced several times and displayed in folders throughout each site. We have also displayed the report and action plan on our website. There is a huge display in Eyam Surgery that gives details of the results and our action plans.

### **Opening times**

These are the practice's current opening times (including details of our extended hours arrangements)

Eyam Surgery – 8.am start – finish 6.30 except Monday then 7.30 (extended hours 6.30 to 7.30)

Bradwell Surgery – 9 am until 12 noon except Tuesday then 11.30. Thursday 2.30 until 7.30 (extended hours 6.30 to 7.30) and 4.30 until 5pm Friday

Grindleford Surgery – Monday, Tuesday and Thursday 12noon until 1pm and 12 noon until 12.30 Friday.