

Dukes Avenue Practice

Local Patient Participation Report

This report forms the second part of the Patient Participation Directed Enhanced Service 2011 -2013

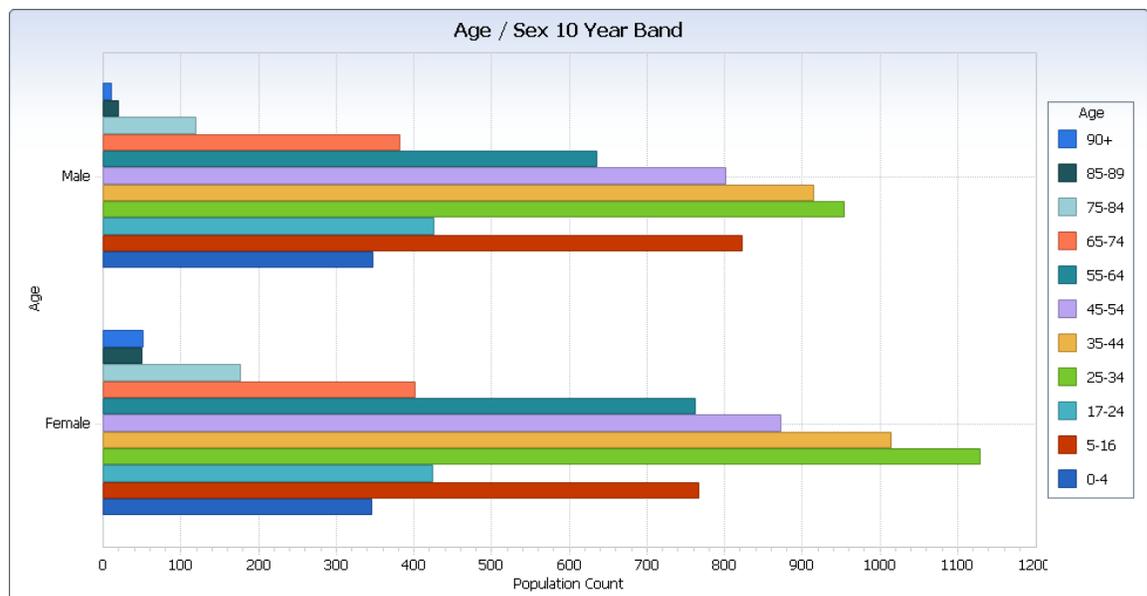
It contains:

1. Profile of the practice population and PRG
2. The process used to recruit our PRG
3. The priorities for the survey and how these were agreed
4. The method and results of the survey
5. The action plan that was agreed and how it was agreed.
6. The practice opening times.

1. Profile of the practice population and PRG

Practice Population Summary

At the beginning of February 2013 the population of the practice had 11,424 regular patients. The age/sex breakdown is shown below.



The profile of male/female is very similar although there are more women in the 25-34 age range. This may reflect that women of this age are more likely to register with a GP than men of the same age. At the upper range women outnumber men by almost 2 to 1. Of note is the increase in our list size from a year ago. The practice is struggling to contain the list at manageable levels. It is not clear whether the increase is due to greater population density in the area or whether there are other factors affecting this. We have noted a growing tendency for patients who leave the area, to not register with a doctor more local to their new address. The effect of this can be that we also gain the patients who have moved in to their previous address.

The practice has recorded ethnicity for 88% of regular patients. The breakdown is shown below:

British or mixed British	36%
Other white	26%
Irish	3%
Indian/Bangladeshi/Pakistani	3%
Caribbean	1%
Greek/Turkish/Cypriot	3%
Other Asian (inc Chinese)	4%
African	2%
Other or other mixed origin	15%
Not stated	7%

PRG Profile

At present the PRG has 27 members. Despite our efforts it has proved hard to recruit new members and especially those from the younger age range.

Age breakdown is as follows:

Under 40	41 – 50	51 – 64	65 Or over
2	5	8	12

The ethnic breakdown is:

White British	Caribbean	Asian Origin	Other White	Not Stated
19	2	3	2	1

The ethnic mix of our group broadly reflects the practice population as a whole. However the ages of the group do not adequately reflect our population. It has continues to be difficult to attract younger members

2. Process used to recruit to our PRG

Methods used to recruit members were outlined in the PRG report 2012. There have been a very small number of additional recruits. The last meeting was very poorly attended which may have been due to the timing (early evening). We therefore intend to hold future meetings on Saturday morning which appears to be a better time. We have also asked existing members to bring another person with them when they come to a meeting in an attempt to widen the membership.

3. Progress on last year's action plan.

You said..	We did..	The result is..
Availability of appointments	We have introduced a new triage system which means many patients with urgent problems can speak to a doctor and may not have to attend the surgery.	Constantly under review but revised system seems popular with patients who no longer have to queue at the door to secure an urgent appointment.
You wanted us to review our telephone number	We changed our telephone system in May and installed additional lines.	Patients generally happier but volume of calls in to the practice means there can still be times when the phone is engaged. We will continue to monitor this.
You wanted a regular newsletter	We agreed this would be a good idea	3 editions have now been published.
Better information on how to get test results	We have reworded the information given to patients	Hopefully everyone is clear how to obtain their results
You wanted questionnaires for specific groups	This proved difficult due to lack of staff time	We will review this again
You wanted flu clinics for teenagers	There were insufficient numbers to make this viable	
Widen membership of PRG	It has been difficult to widen the membership	
Hold additional group meetings	A meeting was held after 6 months	
Expand use of surgery pod	Reception and doctors encourage patients to use the pod.	Usage is increasing.

4. The priorities for our 2012 annual survey and how they were agreed

Previous questionnaires have been based on the standard national General Practice questionnaire (GPAQ). We have found that many patients found these too long and so fail to complete all the questions. This year we drew up 2 sample questionnaires which were then sent to group members asking for their comments. These were then incorporated into the final questionnaire. The survey concentrated on questions about access, clinicians, staff and communication. There was also the opportunity to add comments (copy attached).

5. The method and results of the survey

For the first time we decided to use both an online and paper version of the questionnaire. Paper copies were distributed to patients attending for appointments during November and the online version was available via Survey Monkey over the same time period. Links to the survey were posted on our practice website and publicized within the practice. We were very disappointed that very few people chose to complete the online version of the survey. Distributing the survey to the wider patient population remains a problem due to the high cost of posting surveys to patients.

Survey Monkey was used to collate the results of the survey.

6. The action plan that was developed and how it was agreed

Once the results of the survey were available they were sent to all PRG members inviting them to attend a meeting to discuss the results. The meeting was held on Saturday 9th March 2013. Members were invited to submit comments if they were unable to attend the meeting.

The meeting was attended by 12 members of the group and the senior partner and practice manager. 9 PRG members sent their apologies. At the meeting there was discussion on the survey. There was some discussion on how to publicise the survey more widely. Group members said they would be willing to hand deliver surveys to patients although there would be confidentiality issues to resolve. It might be possible for group members to approach patients in the waiting room to carry out a survey. Group members are also keen for surveys to be used for more defined groups which was something that had been in last year's action plan.

The action plan was drafted and agreed at the meeting.

Action Plan for 2013 attached.

6. Confirmation of our opening times

As a result of the survey we have not changed our opening times. They are:

You can call the surgery on 020 8365 3303 between 8.00 a.m. 18.30 p.m. Lines are closed between 13.00 and 14.20 p.m.

Surgery opening hours are 8.00 a.m. to 13.00 p.m. and 14.00 to 19.00 p.m. We offer extended hours from 07.30 a.m. on every weekday and from 18.30 to 20.00 p.m. every Monday. Extended hours appointments are reserved for pre-booked appointments.

Outside of practice opening hours please call 111.

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Action Plan 2013

This action plan has been drawn up to take account of the results of the patient survey conducted in November 2012 . The survey results were discussed with members of the Patient Reference Group on 9th March 2013 and priorities agreed with those present.

Priority for action	Proposal	Who needs to be involved	Achievable time frame
Target teenagers aged 16-18 to improve MMR coverage	Send letters to both teenagers and their parents	Partners and doctors	6 – 12 months
Increase number of patients for whom we have email	Amend new patient registration form and use reception staff to update patient details	Reception and patients	4 months
Newsletter	Continue with regular newsletters using email and text to inform patients	Practice and possibly PRG members	Within 4 months
Questionnaires	Questionnaires for patients in specific groups i.e. families with young children or on specific topics. Use texting service to alert patients and possibly use group members to assist	Practice staff and possibly PRG members	Within 6 months
Patient Group	To continue to widen the membership to include a greater age range	Practice staff and group members	Within 6 months