



Organisation

Local Patient Participation Report



Date Published: 13th March 2014

A description of the profile of the members of the PPG:

History of our group

In 2011 we launched a new practice web site. At the same time we formed a new 'virtual' patient participation group. To set up the group we advertised within the practice and through a patient newsletter. We encouraged patients to sign up to the group either through the new web site or if they did not have computer access via the receptionists.

In 2012 we went one step further and formed a 'face to face group'. We asked for volunteers from the 'virtual group' to become part of this new smaller group and meet with representatives from the practice every two to three months.

Over 2013 the group continued to meet. The focus has been for the members of the group to understand how the practice works and to help us evaluate the feed-back from the patient survey which was carried out in September/October 2013.

In the last few weeks we have published a newsletter providing details of the group membership and set up an email address for patients of the practice to contact the group direct. We have also provided boxes in both waiting rooms for patients to leave messages or questions for the Patient Participation Group. At the present time the group are keen to attract at least two new members as two former volunteers had to step down.

A description of what steps the Practice has taken to ensure that the PPG is representative of its registered patients and where a category of patients is not represented then what steps have been taken by the Practice in an attempt to engage with those patients:

Our patient list size is just over 7450. We have a predominately retired/white British population, more females than males and small numbers from different cultural groups. Our 'virtual' group quickly reached over 100 patients and the gender/age/ethnicity matched our expectations. The current 'face to face' group were volunteers from that group.

The 'face to face' group is currently made up of six members (originally eight patients) who volunteered from the wider 'virtual' group together with practice representatives Dr Ruth Greaves, Loraine Robinson the Practice Manager and Kirstine House the Deputy Practice Manager. As mentioned above we are actively seeking new volunteers and it has been identified that some representation from a younger perspective would be beneficial.

A description to be entered in around how the Practice and the PPG determined and reached an agreement on the issues which had propriety within the Local Practice survey:

It was agreed that we would continue to use the CFEP survey. This questionnaire had been used on previous occasions and provided a broad range of questions and comparison with the results from previous years together with benchmarking against similar sized practices. Before we ran the questionnaire we met with the patient group to give them the opportunity to add further topics if they wished. The group decided to add two further questions to which patients could answer within a range from poor to excellent:-

'My condition was treated with the appropriate level of concern'

'The appropriate course of action was taken in relation to my condition'

A description of how the Practice sought to obtain the views of its registered patients

The survey was carried out in late September/early October 2013. Over a period of randomly selected days patients visiting the surgery to see a GP were invited to fill out the questionnaire. A total of 187 responses were completed anonymously which fitted the CFEP requirement. The questionnaires were returned to CFEP for analysis.

A description of how the Practice sought to discuss the outcomes of the local survey and the Practice's action plan together

The analysis was received back from CFEP in October 2013. An in house meeting was held on the 28th November 2013 to discuss the results. A copy of the minutes from that meeting together with the results from the survey, were sent to the 'face to face' group.

A description of the findings or proposals that arose from the local Practice survey and what can be implemented and if appropriate reasons why any such findings or proposals should not be implemented

The practice team reviewed the questionnaire on the 28th November 2013 and remained happy with the overall results and score which had changed little from the last survey. Where benchmarked against other practices of a similar size we appeared in the top 25% for appointment satisfaction, seeing a practitioner of choice, seeing a practitioner with 48 hours, speaking to a practitioner on the phone, reassurance and the ease of making complaints/praise. We were also in the top 25% for reception staff, respect for privacy/confidentiality and information of services.

Three areas were demonstrating a slight downward trend – opening hours satisfaction, waiting time and reminder systems. It was acknowledged that patients do sometimes have to wait longer than intended in the waiting room but this can be due to several factors including different GPs methods of working, increased list size, complicated patients and emergencies. It is important for staff to keep patients informed and give them the option to rebook if preferred.

The reduced score for reminder systems was slightly more difficult to understand. The Practice sends out thousands of letters each year to remind patients to attend for reviews and blood tests etc. Whilst we are more than happy to do this we also like to encourage patients to take ownership of their condition and be proactive in booking their appointments. We will however be reviewing our recall systems in the next few months

The score for opening hour's satisfaction had dipped slightly. The survey had been carried out at a time of unfavourable publicity for the NHS and as the Government announced their aspiration for GP surgeries to open 7 days a week 8am to 8pm. It was felt that this may have influenced the results slightly but equally the practice acknowledged the need to periodically review its opening hours taking into account local and national policy.

There were many very positive comments for example:

'The practice is very good'

'I have moved often and this is certainly one of the better practices in East Devon'

'The practice is excellent in all respects. Having lived in the area over a decade I hope it will continue'

'You cannot improve on excellence which is what the staff at this practice is. Thank you'

'It is good as it is'

When asked how the Doctor/Nurse could improve the comments were equally complimentary:

'None! A wonderful, caring and understanding GP'

'No, all very good and still smiling after sees us lot!'

'I have always been treated by this Doctor with the utmost courtesy and a very pleasant manner'

'I am always very pleased with the service I receive from this doctor. She never attempts to rush me and listens to your thoughts on the problem concerned'

'None – he is fab'

A summary of any evidence including statistical evidence relating to the findings or basis of proposals arising out to the local Practice survey:

The results were discussed by the group and it was generally agreed that they were very positive and in line with the representatives expectations of the practice. The results had remained stable despite an increasing work load and a steadily increasing list size.

The survey had been carried out at a time of excessive publicity in the media about GP practices opening seven days a week so there had been an expectation that this would reflect in the responses to the questionnaire. There had been some comment but it did not affect the scores dramatically. The group felt that patients sometimes overlook the effectiveness of the 'out of hours' service which is there to help patients when the practice is closed. It was also acknowledged that if the GPs extend the service it will naturally mean they cannot be personally available at other times. Some patients just want to see their own GP and no GP can be on duty all of the time – it is not practical or safe.

There was some reflection over waiting times for patients in the waiting room. Sometimes patients do require that extra bit of time with their Doctor and although the practice try to manage this to the benefit of all patients, it is not always possible. The group agreed that the most important factor is for the receptionist staff to keep waiting patients well informed.

Access to the telephone lines first thing in the morning was discussed. Inevitably the phone lines will be busiest when the practice opens and particularly on a Monday. Following feedback last year, the practice introduced a message on the phone line at Seaton advising patients that they are in a queue and not to hang up. At Seaton there are four incoming lines and on those lines the patient will hear a message. If all lines are busy then the patient will get an engaged signal and will need to redial. Regular information about the appointments system is placed in the newsletters, on the web site, on display in the practice and in the new patient booklet. However, the practice is in the process of investigating on line booking of appointments which will inevitably release the pressure on the telephone lines. The group felt this was a positive step forward.

The group had not experienced any issues with the recall system.

A Description of the action which the Practice intends to take as a consequence of discussions with the PPG in respect of the results, findings and proposals arising out of the local Practice survey. If this is the second year of the scheme detail here any changes and issues since the 31st March 2012 local patient participation report was completed.

2012/13 Actions

Need	By When	By Whom
Patient information regarding appointment system and telephone access	Continual process of information	Practice Manager
Investigations into additions/changes to telephone line	Completed – messages added to Seaton lines	Practice Manager/Deputy Practice Manager
On Line Booking System	Under discussion	Deputy Practice Manager
Staff training	Ongoing	Practice Manger

2013/14 Actions

Need	By When	By Whom
Review of recall system	May 2014	GPs and Management
Review of opening times	Awaiting local and national policy	GPs and Management
Waiting times in practice reception	On-going	Reception

A description of the opening hours of the Practice premises and the method of obtaining access to services through the core hours:

Surgery opening times

Monday to Friday 8.00am – 1.pm and 2.pm – 6pm.

Both surgeries close between 1pm and 2pm each day. Devon Doctors take urgent telephone calls over the lunchtime period.

Devon Doctors cover from 6.00 pm to 8.00am.

Out of Hours Telephone number is 111

A description of any extended opening hours that the Practice has entered into and which health care professional are accessible to registered patients.

The Core hours of the Practice are 08.00 to 18.00. The Practice has not entered into an extended hours arrangement.

The Seaton & Colyton Medical Practice

Although subject to alteration, surgery hours are currently as follows:

		Seaton	Colyton
Monday	0900 - 1130	Dr Bramley	
	0900 - 1130	Dr Welland	
	0900 - 1130	Dr Kent	
	0900 - 1100	Dr Webb	
	0900 - 1130		Dr Greaves
	1530 - 1730	Dr Welland	
	1530 - 1730	Dr Greaves	
	1530 - 1730	Dr Kent	
	1530 - 1730		Dr Bramley
Tuesday	0830 - 1100	Dr Greaves	
	0830 - 1100	Dr Webb	
	0830 - 1100	Dr Welland	
	0830 - 1100		Dr Bramley
	1530 - 1730	Dr Greaves	
	1530 - 1730	Dr Bramley	
	1530 - 1730	Dr Welland	
	1530 - 1730		Dr Webb
Wednesday	0830 - 1100	Dr Kent	
	0830 - 1100	Dr Bramley	
	0830 - 1100		Dr Welland
	1530 - 1730	Dr Bramley	
	1530 - 1730	Dr Welland	
	1530 - 1730		Dr Kent
Thursday	0830 - 1100	Dr Greaves	
	0830 - 1100	Dr Kent	
	0830 - 1100		Dr Webb
	1530 - 1730	Dr Webb	
	1530 - 1730	Dr Kent	
	1530 - 1730		Dr Greaves
Friday	0830 - 1100	Dr Bramley	
	0830 - 1100	Dr Greaves	
	0830 - 1100	Dr Welland	
	0830 - 1100		Dr Kent
	1530 - 1730	Dr Bramley	
	1530 - 1730	Dr Kent	
	1530 - 1730		Dr Welland