

LINKWAY MEDICAL PRACTICE  
PATIENT PARTICIPATION DIRECT ENHANCED SERVICE  
YEAR 1 REPORT

## BACKGROUND

The Patient Participation Direct Enhanced Service is a two year DES which is effective from 1<sup>st</sup> April 2011 until 31<sup>st</sup> March 2013 and applies to England only.

Its full details can be found at the following link:

<http://www.nhsemployers.org/Aboutus/Publications/Documents/Patient-participation-directed-enhanced-service.pdf>.

The key objectives of the Patient Participation DES is to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned by the Practice.

This includes patients being involved in decisions that lead to changes to the services that their Practice provides or commissions, either directly or in its capacity as gatekeeper to other services.

The DES aims to promote the proactive engagement of patients through the use of effective Patient Reference Groups (PRGs) and seek views from practice patients through the use of a local patient survey.

One aspect that the practice should focus on is access into the Practice, and also from the Practice to other services in its role as co-ordinator of care, facilitating access to other health and social care providers.

### 1) Establishing the Patient Participation Group (PRG)

- *Practice Demographics*

As of 1<sup>st</sup> April 2011 the number of registered patients at the patients was 9773 and the ethnic breakdown of the practice patient population was as follows:

<b><i>Ethnicity Breakdown</i></b>	<b><i>%</i></b>
White British	70%
Indian	10%
Other mixed race	10%
Black/Afro Caribbean	4.4%
Bangladesh	3%
Pakistan	1%
Irish	1%
Chinese	.10%
Irish	.3%
Yemini	.2%

The practice population is predominantly White British.

The age/sex breakdown of patients at the practice as at 1<sup>st</sup> April 11 was as follows:

<b><i>Age groups</i></b>	<b><i>Male</i></b>	<b><i>Female</i></b>	<b><i>TOTAL</i></b>	<b><i>%</i></b>
0 – 4 years	352	332	684	7%
5 – 15 years	636	609	1245	13%
15 – 44 years	1936	1946	3882	40%
45 – 64 years	1160	1203	2363	24%
65 – 74 years	350	409	759	8%
75+	320	520	840	8%
<b>Total population</b>	<b>4754</b> <b>48.65%</b>	<b>5019</b> <b>51.35%</b>	<b>9773</b>	

A high proportion of our elderly (over 65) are housebound, in residential or nursing homes.

Demographic data collected as part of our in-house patient survey January 2012 shows that 75% of patients completing the survey were White British. 54% were over the age of 45. 55% had a long standing illness, disability or infirmity. 63% were owner-occupied/mortgaged. Employment status was as follows:

Employed	44%
Un-employed	8%
School or full time education	2
Long term sickness	9%
Carer	9%
Retired	28%

- *Profile of the members of the PRG*

<b>Age Group</b>	<b>Male/female</b>	<b>Ethnic origin</b>	<b>Employment status</b>
45 - 64	1 male	White British	Retired disabled
65-74	1 female	White British	Retired
65 – 74	1 male	White British	Retired disabled
65-74	1 male	White British	Retired
75+	2 male	White British	Retired

- *Recruiting the PRG*

Prior to the Patient Participation Directed Enhanced Service the practice did not have a PRG and recruitment started in August 2011. Posters inviting the patients to join the group were put out at the practice in all three waiting areas (appendix 1) , a notice was posted on our Patient Call System; on our Practice website [www.linkwaymedicalpractice.co.uk](http://www.linkwaymedicalpractice.co.uk) and on the practice page on the NHS Choices website <http://www.nhs.uk/Pages/HomePage.aspx> . The patients were invited to meet with the practice and be involved in decisions that may lead to changes at the practice and in the local community.

To qualify for the group patients needed to be registered at the practice; represent a broad cross section of our patient list; have a positive relationship with the practice.

The clinical and administrative staff at the practice were asked to invite patients opportunistically or to recommend patients who may be interested in joining the group, this was followed up in a letter to the patients.

Invitation slips were also handed out to patients when presenting at reception by our reception staff (appendix2)

The methods followed to invite the patients to join the group encompassed patients from all ethnic and diverse groups.

Patients that asked to join the group were given an application form (appendix 3) and the terms of reference (appendix 4) for the group which outlines the responsibilities of the patients and practice.

We received only six responses, all accepted as PRG members. Unfortunately, as shown in the above profile we do not have representation from our younger patients or from any patients from our ethnic minorities. We have recognised this and have attempted to persuade patients from other ethnic backgrounds, especially our polish patients who are mostly under 45. Interpreters have been used to invite ethnic patients during attendance at surgery. Patients have also been invited during attendance at nurse led clinics including young mothers during child health clinics, as well as chronic disease clinics.

We have a small PRG group, which is active with enthusiastic members, the group has only recently been established, and we are still actively trying to get other patients to join. We anticipate the group growing in the future.

## 2 Identifying priorities

The initial PRG group meeting was held on Wednesday 12<sup>th</sup> October (appendix 5 and 6 ) and the aim of the meeting was to discuss the previous patient survey results, both in-house and National Patient Survey for 2010-11 in order to get feedback and agreement for this years patient survey. The PRG members had been sent a copy prior to the meeting for perusal. The Practice was represented by the Practice Manager and a Partner and during this meeting the format for the in-house Patient Survey for 2011-12 was agreed. The Patient representatives asked for the following to be added to the 2011-12 survey:

- Practice Nurse survey – separate from the main survey. To be conducted after the main patient survey.
- Home visit survey (agreed that this would be done later in the year once the main patients survey had been completed)

A date of November/December was agreed to conduct the in-house survey and patient representatives volunteered to get involved in handing out and helping patients with the questionnaires . A meeting was arranged for February to discuss the findings.

### 3. Patient Survey

A copy of the patient survey is attached ( appendix 7)

### 4. Summary of the results of the 2011-12 patient survey

At the PRG meeting on 15<sup>th</sup> February 2012 (appendix 8) the results of the 2011-12 survey were discussed and the following areas were highlighted.

#### Patient Access

Opening Times - The practice is open during extended hours Monday evening 6.30pm – 9pm and Saturday morning (once per month) 8am – 1pm however, the results from the patient survey seemed to suggest that patients were not aware that the practice was open late evenings, some Saturdays. The Practice explained that the monies to run the extended hours were in addition to the main contract and were limited.

Continuity of Care – The patient representatives commented about the lower than national average results. The practice said that this was due to a number of factors. The practice explained that they have a turnaround of doctors due to being a training practice. Training doctors may only be at the practice for a four monthly period. One of our long standing partners has recently retired and another has reduced his commitment to three days per week. The practice felt that this had an impact on the survey results.

- Action agreed: no action to be taken at this stage. To be reviewed in next years survey.

Pre-bookable appointments – The practice has tried to improve patient access by increasing the number of pre-bookable appointments and reduce the number of same day appointments. Web appointment and availability to order prescriptions online has helped. The practice has already increased the availability to its patients by introducing telephone consultation appointments which are in addition to normal appointments.

Telephone access – The group discussed the patient survey results and the number of patients who have commented regarding the telephone access. The practice took the step to change the telephone system during October 2011 in response to the Department of Health Directive with charges being incurred by some patients using their mobile phone to ring the practice 0845 number, and have introduced an 0300 number at a significant cost to the practice (the practice is now charged for every incoming call). The 0300 telephone number gives greater flexibility in patients being able to choose the department most suitable for their enquiry and patients are charged at local rates on their mobile phones. The practice can also monitor the number of calls coming into the practice per day. The practice has also employed an additional receptionist to work at busy times, so this should improve the situation.

The practice also explained that they had installed a web based appointment booking and repeat prescription service with the aim of reducing the number of telephone calls into the practice. The group discussed the importance and ways of advertising this service.

##### 5. Action Plan of priorities agreed by the PRG and Practice.

- Opening times - The practice should improve communication in a number of ways so that patients are aware of the extended hours

Outcome required: to improve patient knowledge of opening times.

- Pre-bookable appointments - Action agreed: Practice to monitor the situation and change appointments as and when required.

Outcome required: Improve access to enable patients to forward book appointments more than 2 days in advance.

- Telephone Access - Action agreed: To audit impact of new receptionist being employed to work busy times.

Outcome expected – to improve telephone access.

- Telephone Access - Action agreed: To ensure adequate advertisement of web booking service by including in new patient registration documents, on web site and in the surgery.

Outcome expected – to increase the number of patients using the web booking service to reduce telephone calls to the practice.

- Complete nurses survey – discuss at next meeting on 30<sup>th</sup> May 2012
- Home visit survey – discuss at next meeting on 30<sup>th</sup> May 2012

Actions agreed as per attached minutes (appendix 8) copies of which are posted on the practice website and NHS choice website.

Linda Lloyd  
Practice Manager  
9<sup>th</sup> March 2012.

## **LINKWAY MEDICAL PRACTICE PATIENT PARTICIPATION GROUP (PPG)**



**Would you like to have a say about the services provided at Linkway Medical Practice?**

**We are inviting patients to meet with us on a quarterly basis to be involved in decisions that may lead to changes at the practice and seek to influence provision of health and social care in the local community.**

**To qualify for membership of the PPG you should be:**

- **Registered at the practice**
- **Represent a broad cross section of our patient list**
- **Have a positive relationship with the practice**

**This is a voluntary position and no payments will be received for membership of the group. Meetings will be held on a quarterly basis on Wednesdays between 1pm – 2pm. First meeting will be on 12<sup>th</sup> October 2011. If you are interested in joining our PPG please ask for a form and terms of reference at Reception. Patients will be informed if successful.**

## Appendix 2

DEAR PATIENT

WE ARE LOOKING FOR PATIENTS TO JOIN OUR PATIENT PARTICIPATION GROUP (PPG)

IF YOU WOULD LIKE TO HAVE A SAY ABOUT OUR SERVICES WE ARE INVITING PATIENTS TO MEET WITH US ON A QUARTERLY BASIS TO BE INVOLVED IN DECISIONS THAT MAY LEAD TO CHANGES AT THE PRACTICE AND TO INFLUENCE HEALTH AND SOCIAL CARE IN THE COMMUNITY.

IF YOU ARE INTERESTED PLEASE ASK AT RECEPTION FOR AN APPLICATION PACK.

DEAR PATIENT

WE ARE LOOKING FOR PATIENTS TO JOIN OUR PATIENT PARTICIPATION GROUP (PPG)

IF YOU WOULD LIKE TO HAVE A SAY ABOUT OUR SERVICES WE ARE INVITING PATIENTS TO MEET WITH US ON A QUARTERLY BASIS TO BE INVOLVED IN DECISIONS THAT MAY LEAD TO CHANGES AT THE PRACTICE AND TO INFLUENCE HEALTH AND SOCIAL CARE IN THE COMMUNITY.

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IF YOU ARE INTERESTED PLEASE ASK AT RECEPTION FOR AN APPLICATION PACK.

## LINKWAY MEDICAL PRACTICE

### PATIENT PARTICIPATION GROUP (PPG) APPLICATION FORM

**Personal Details:**

Name: Mr/Mrs/Miss

First Name:.....

Surname: .....

Date of Birth: .....

Telephone Number: .....

Email address: .....

I am (please tick all that apply):-

Employed/Unemployed/Retired/Carer/Disabled/Other (specify).....

Nationality: .....

Spoken Language:.....

Please explain below what skills, knowledge or experience you can bring to the PPG and why you should be considered for membership of the group:

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**I understand that this is a Voluntary position and is unpaid . If I am successful in my application for membership of this PPG I will express my opinions in a constructive manner and actively participate in meetings. I will make every effort to attend all meetings, ( including the initial meeting on the 12<sup>th</sup> October), and I will inform the Practice if I am unable to attend. I understand that if I do not attend at least three out of four meetings each year, my membership of the PPG will cease.**

**I can confirm that I have read Linkway Medical Practice PPG Terms of Reference and would like to be considered for membership of the group.**

**Signature .....**

**Please hand this application form back to Reception. If you are successful you will be informed by 30<sup>th</sup> September.**

## **LINKWAY MEDICAL PRACTICE**

### **TERMS OF REFERENCE OF THE PATIENT PARTICIPATION GROUP (PPG)**

#### **1. Title of the Group**

The group shall be called THE PATIENT PARTICIPATION GROUP (PPG) of the LINKWAY MEDICAL PRACTICE in WEST BROMWICH, WEST MIDLANDS.

#### **2. Aims of the Group**

The aims of the Association are to promote co-operation between the Practice and Patients to the benefit of both

#### **3. Membership of the Group**

Membership of the Group shall be open and free to registered Patients and staff of the Practice and be representative of a broad cross section of the practice including under-represented patients.

#### **4. Activities of the Group**

4.1 The Group will be kept informed of the Practice policies relating to the Primary Care Trust to which it belongs. It may express opinions on these policies on behalf of the patients.

4.2 The Group will consult with the Practice on service development and provision and assist in the assessment of community medical needs.

4.3 The Group will advise the Practice on the education needs of the community by encouraging and supporting activities within the Practice to promote preventive medicine and health lifestyle choices.

4.4 The Group will produce a Newsletter twice a year informing Patients of the work of the Practice and activities of the Group. The Newsletter will be made available in the surgery and on the Practice Website [www.linkwaymedicalpractice.co.uk](http://www.linkwaymedicalpractice.co.uk) and NHS Choices.

4.5 The Group will seek to ensure that Practice information and advice are readily available and clearly presented.

4.6 The Group will represent patients at the Practice in seeking to influence local provision of health and social care.

## **5. Meetings of the Group**

5.1 The Group will endeavour to meet no fewer than four times a year, and will, in addition, normally hold the Annual General Meeting in February each year. The meetings will be held on Wednesdays between 1pm and 2pm.

5.2 Notices of meetings, reports on meetings and information about the PPG's activities will be displayed in surgery waiting rooms and on the Practice Website and members will be notified by email alerts, and through the post when necessary.

## **6. Organisation of the Group.**

6.1 The Group's activities will be organised by a Committee of volunteers and invited members.

6.2 The Committee will be composed of:

Partner of the Practice

Practice Manager of the Practice

Secretary of the Practice

and between four and eight members from registered patients to be agreed at the first meeting on the 12<sup>th</sup> October 2011 and from then on annually at the AGM. Other members will be co-opted as required.

6.3 Administrative assistance will be provided by staff at the Practice.

August 2011.

# LINKWAY MEDICAL PRACTICE PATIENT PARTICIPATION GROUP (PPG)

Wednesday 12<sup>th</sup> October 2011  
1:00 – 2:00 PM  
Seminar Room

## Agenda

- I. Welcome
- II. Aims of the Group
- III. Patient survey results 2011
- IV. Progress to date
- V. Patient survey 2012
- VI. Way forward and date of next meeting

# LINKWAY MEDICAL

Date 12/10/11.....

Time 1 – 2pm.....

Location: Linkway MP.

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**Meeting called by:** Linkway Medical Practice      **Type of meeting:** Initial Meeting  
**Facilitator:** Linda Lloyd (LL)      **Note taker:** LL

**Attendees:** LL Dr Baljinder Randhawa (BR); Patients: Mrs (AH) ; Mr (KH) Did Not Attend: Mr J Hall M A Cottrell

**Please read:** Practice and National Patient Survey results 2010-11 and Mystery Shopper results

**Please bring:** As above.

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**Agenda item:** Results of Patient surveys 2010-11      **Presenter:** BR

**Discussion:**

LL Welcomed everyone to the meeting and explained that the reason for the group was to promote a positive working relationship between patients and the practice and that although we had only managed to get four patients to join the group we were still looking to expand the group, particularly with our younger patients and those from ethnic minorities.

BR Explained that the practice carries out an annual in-house survey, the last one done in November 2010 had been sent out for the group to read, and that it is due to be done again in the next few weeks. Informed the group that the national one is sent out by the Department of Health directly to the patients house, and that the practice does not have any involvement with it, other than to receive the results. Discussed the reason for the surveys in that they help the practice identify areas that we do well in, and areas where we may need to improve on. Discussed the results and in particular issues around telephone access and continuity of care. However, the results were good in the majority of areas as the practice scored higher than local and national scores, particularly around the care that the patients receive from the clinicians.

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**Conclusions:**

Shared with group the work being done around web-booking and other different ways of accessing the surgery in an attempt to reduce telephone calls. Informed the group that the practice had changed the telephone number from 0845 to 0300 to reduce the cost of calls for patients. To reduce the number of patients queuing at the reception desk the practice had installed a 'self-check-in' machine but a number of patients had still not used it. We discussed the option of AH and KH helping us as patient representatives during the week that we are going to do the practice survey in handing out the questionnaire, and helping other patients to use the check in machine. AH and KH have kindly offered to do so during week beginning 28<sup>th</sup> November 2011.

Informed the group that the practice had changed the computer system during the last few weeks and this new system enabled us to send text reminders to patients in an attempt to reduce the number of Did Not Attenders (DNAs) and

<b>Action items</b>	<b>Person responsible</b>	<b>Deadline</b>
✓ Patient reps will help hand out patient questionnaires	AH KH	
✓ Patient reps will offer help to patients to use check-in machine	AH KH	
✓ Inform reception that patient reps will attend	LL	

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**Agenda item:**

Patient Survey 2012

**Presenter: BR**

**Discussion:**

BR asked the group if there was anything that they would like to be added to this year's survey. AH said that she would like to see the nursing team included in the survey. LL said that we normally do a separate in-house survey for the nursing team but because we had not done so this year because of staff recruitment issues. BR explained that we had lost a long standing practice nurse earlier on in the year, we had found a replacement but within a month the replacement had left due to family issues. We were hopeful in finding a new replacement nurse in the next month. However, the national survey last year did include questions regarding the practice nurse and that we had received some feedback, but we would include the practice nurse in our own in-house survey this year.

AH also asked if we could include a survey on the ease of getting a home visit. BR said that we had done some work on home visits as we had been getting a lot of inappropriate requests from younger patients who we felt could have got to surgery. We needed to educate patients into understanding that it is better use of the doctor's time to see patients in surgery. It usually takes ¾ hour to do one home visit with travel time, where in surgery the doctor would have seen at least 4-5 patients during that time. BR said that we had received one complaint from a patient who was refused a visit and was asked to attend surgery. It was justified that the visit was refused as the patient was 50 and able to attend. LL suggested that we could ask these patients to help with the survey and it's been

**Conclusions:**

<b>Action items</b>	<b>Person responsible</b>	<b>Deadline</b>
✓ Include the practice nurse in the in-house survey	LL	Nov 11
✓ Do a separate home visit survey	LL	Jan 12
✓		
✓		

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**Agenda item:** Any other Business **Presenter: AH**

**Discussion:** AH said that she had received 2 separate letters asking her to make an appointment for KH  
 One was a reminder for a check-up and the second one asked for an appointment to be made for the results of a test. AH suggested that to save paper etc perhaps whoever sent the second letter could have checked first to see if the patient already had an appointment.  
 BR said that it may have been that the test was not relative to the check-up reminder, but that we would take AH point back to the practice.

KH asked if we could improve the entrance doors to main reception as they had noticed a comment on the survey that they were 'heavy'. He asked if we could install a push button release to help patients who had difficulty opening the doors. LL said that electronic doors had been mentioned when looking at the building design but that it hadn't been done. BR explained that we were only tenants and rented our space in the building but that we could put this forward to the centre manager as a suggestion from the PPG group following the results of the patients survey. LL said that at the moment if the receptionists saw a patients having difficulty with the doors they would help them open the doors, as would the security man in the main reception area. There was also a bell on the outside of the doors.

**Conclusions:**

Action items	Person responsible	Deadline
✓ PPG to wait until results of this year's survey then put in a request for door release.	PPG	Jan 12
✓ Look at duplication of letters/appointment	LL	
✓		
✓		

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**Agenda item:** Way forward and next meeting **Presenter: LL**

**Discussion:** BR thanked everyone for attending and hoped that we can recruit more patient representatives prior to the next meeting.  
 Aim for next meeting would be to discuss the results of the survey

**Conclusions:** Meeting arranged for Wednesday 11<sup>th</sup> January 12

Action items	Person responsible	Deadline
✓ Arrange next meeting	LL	Done
✓ Minutes to all parties including those not attending today	LL	14/10/11
✓		
✓		

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**Patient survey from *LINKWAY MEDICAL PRACTICE*  
using the General Practice Assessment Questionnaire (GPAQ)**

**Individual GP report and analysis for GPAQ Consultation Version 2.0a**

Date: 5<sup>th</sup> January 2011

Report by: Linda Lloyd Practice Manager.

Report for: PRACTICE

**How the survey was carried out:**

The survey was carried out during November December and January 2010. All patients arriving for their consultation were given a questionnaire. Patients were handed a questionnaire by the receptionists and then the completed questionnaires were returned to a sealed box prior to the patient leaving the surgery. A total of 500 questionnaires were handed out with a total of 320 being returned 64%

**Summary of results:**

**GPAQ evaluation questions**

The following table gives a summary of the individual scores for the evaluation questions in GPAQ, i.e. the ones where patients made a judgment about how good that aspect of care was. Each score is expressed as an average (mean) for all patients who completed the individual question. They are represented as a percentage of the maximum possible score, so the best possible score in each case is 100.

The figures in the right hand column contain current national GPAQ benchmarks for that question. Once again, these figures are expressed as percentages of the maximum possible score in this table

	<b>GPAQ benchmark</b>	<b>Practice 2010=11 Mean score</b>	<b>Practice Mean score 2011-12</b>
Q2. Satisfaction with receptionists	70	72	75
Q3a. Satisfaction with opening hours	67	69	72
Q4b. Satisfaction with availability of particular doctor	60	50	51
Q5b. Satisfaction with availability of any doctor	69	65	64
Q7b. Satisfaction with waiting times at practice	57	50	52
Q8a. Satisfaction with phoning through to practice	59	52	53
Q8b. Satisfaction with phoning through to doctor for advice	61	47	54
Q9b. Satisfaction with continuity of care	69	49	53
Q10a. Satisfaction with doctor's questioning	81	80	80
Q10b. Satisfaction with how well doctor listens	84	83	82
Q10c. Satisfaction with how well doctor puts patient at ease	84	83	81
Q10d. Satisfaction with how much doctor involves patient	81	81	80
Q10e. Satisfaction with doctor's explanations	80	83	81
Q10f. Satisfaction with time doctor spends	80	79	79
Q10g. Satisfaction with doctor's patience	84	81	82
Q10h. Satisfaction with doctor's caring and concern	84	82	81

Q11a. Ability to understand problem after visiting doctor	69	68	66
Q11b. Ability to cope with problem after visiting doctor	66	63	61
Q11c. Ability to keep healthy after visiting doctor	62	62	63
Q12. Overall satisfaction with practice	78	87	78

### *GPAQ report questions*

Some GPAQ questions ask about specific experiences, or ask the patient for specific information. The responses to these questions are summarised here.

<b>Q3a Opening times for appointments</b>	<b>%</b>
V Poor	0
Poor	1
Fair	9
Good	35
V Good	36
Excellent	19

<b>Q3b Additional hours requested</b>	<b>%</b>
Morning	6
Lunchtime	4
Evening	14
Weekend	34
None	42

<b>Q4a. Availability of particular doctor</b>	<b>Practice responses 2011-12 %</b>	<b>Practice responses 2010-11 %</b>
Same day	14	30
Next working day	14	11
Within 2 working days	14	15
Within 3 working days	18	13
Within 4 working days	11	8
5 or more working days	29	23

<b>Q5a. Availability of any doctor</b>	<b>Practice responses 2011-12 %</b>	<b>Practice responses 2010-11 %</b>
Same day	42	51
Next working day	22	19
Within 2 working days	16	16
Within 3 working days or more	20	13

<b>Q6. Same day urgent availability of doctor</b>	<b>Practice responses 2011-12 %</b>	<b>Practice responses 2010-11 %</b>
Yes	64	68
No	16	19
Don't know/never needed to	20	13

<b>Q7a. Waiting time at practice</b>	<b>Practice responses 2011-12 %</b>	<b>Practice responses 2010-11 %</b>
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5 minutes or less	6	4
6-10 minutes	33	30
11-20 minutes	47	47
21-30 minutes	10	13
More than 30 minutes	4	4

<b>Q9a. Continuity for seeing same doctor</b>	<b>Practice responses 2011-12 %</b>	<b>Practice responses 2010-11 %</b>
Always	7	4
Almost always	14	15
A lot of the time	14	16
Some of the time	44	42
Almost never	17	18
Never	4	5

### Demographics

The following tables display the demographic data collected in GPAQ.

<b>Q12. Sex</b>	<b>Practice responses 2011-12</b>	<b>Practice responses 2010-11</b>
Male	106	130

Female	187	248
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<b>Q13. Age</b>	<b>Practice responses 2011-12</b>	<b>Practice responses 2010-11</b>
Up to 44 years old	127	199
45 years old and above	146	169
<i>Mean</i>	47.5	44.5

<b>Q14. Long standing illness, disability or infirmity</b>	<b>Practice responses 2011-12</b>	<b>practice responses 2010-11</b>
Yes	146	176
No	121	180

<b>Q15. Ethnic group</b>	<b>practice responses 2011-12</b>	<b>practice responses 2010-11</b>
White	217	285
Black or Black British	17	20
Asian or Asian British	40	52
Mixed	12	14
Chinese or other ethnic groups	5	7

<b>Q16. Accommodation status</b>	<b>practice responses 11-12</b>	<b>practice responses 2010-11</b>
Owner-occupied/ mortgaged	177	199
Rented or other arrangements	104	163

<b>Q17. Employment status</b>	<b>practice responses 2011-12</b>	<b>practice responses 2010-11</b>
Employed (full/part time, self-employed)	126	186
Unemployed	21	22
School or full time education	5	24
Long term sickness	22	28
Looking after home/family	27	23
Retired	78	74
Other	6	7

**Frequency distribution tables not included in the main body of the report**

<b>Q1. Number of visits to doctor in last 12 months</b>	<b>practice responses 2011-12</b>	<b>practice responses 2010-11</b>
None	16	17

Once or twice	58	86
Three or four times	104	125
Five or six times	69	77
Seven times or more	63	97

Mean value: Practice 2010-11 = 5.7      Practice 2011-12 = 5.7

**Other comments received by patients:**

**Q: Is there anything particularly good about your health care?**

- ***Excellent team of doctors and staff***
- ***Regular check ups with doctor and nurse***
- ***Staff are approachable***
- ***Hospital Referrals***
- ***More than one doctor. Good environment***
- ***I have always been pleased with all doctors and reception***
- ***Everything***
- ***I really do appreciate the service of care, assessment and protocol followed by some of the doctors. My daughter came here as a non patient after our doctor stated she had a heat rash. Your practice identified she had shingles. We moved to this practice for reassurance our health was important. Thank you.***
- ***Friendly staff at reception***
- ***Reception staff are friendly and helpful.***
- ***Surroundings are clean and tidy***
- ***The inhaler for asthma suggested by a doctor here a couple of years ago is excellent and has improved my quality of life tremendously. I have used an inhaler for over 40 years***
- ***Doctors listen and I don't feel rushed***
- ***Receptionists always helpful and pleasant on phone. Doctors vary in attitude and tend to be good at identifying specific psychological problems but tend not to fully listen and understand how to deal with a situation when it requires a different mental approach and mind set***
- ***Evening appointments are good for people who work fulltime***
- ***Yes, Doctors care about you and are very helpful***
- ***Excellent care***
- ***Doctor Dexter is always patient and listens***
- ***Sick notes***
- ***The doctor at this practice are very good – receptionists are pleasant***

- *The speed with which I get booked for doctors appointments once the phone gets through.*
- *First class receptionists when all is well*
- *My baby always gets seen straight away*
- *Cared for by family*
- *Doctors are always very pleasant and nice mannered*
- *The nurses at the practice are always very punctual with appointments and its easy to get appointments sorted*
- *My asthma cough doesn't seem to be getting any better. I have taken steroids and antibiotics and am still unwell. Although my inhalers are available when I request them*
- *It is all excellent and the staff are lovely. All are very helpful*
- *Doctors*
- *Very good care*
- *Very Good*
- *Not particularly, just all very good*
- *All staff are helpful*
- *Good collection of doctors*
- *I like how your staff listens to you and understand your problems*
- *Care is good*
- *Doctors and staff very pleasant*
- *Couldn't be better*
- *Yes, Doctor Randhawa*
- *Accessible*
- *Always answer questions and got time for me*
- *Environment and helpful staff*
- *Can usually see other doctors on the same day*
- *Nice reception girls*
- *Happy with everything*
- *I am looked after well*
- *Ive been a patient with this practice for 24 years and its improved greatly*
- *A good service on the whole*
- *Good doctors, always get an appointment*
- *Reception staff and all of the practice doing a good job.*
- *Doctor Clarke is very professional, thorough and caring and really does ensure you feel comfortable and reassured before leaving the practice. Thank you.*

**Q: Is there anything that could be improved?**

- I waited 2 months for details on the online appointments only to discover that I can only book an appointment for myself. What's the point of that as I have three kids. I though this system would be for my family not just myself. Pointless.
- Maybe install information TV screens in the waiting rooms about health issues
- I waited 45 minutes to be seen today, maybe give people with more problems longer appointments.
- Trainee doctors should be supervised
- I work long hours so it would be better to have weekend and evening appointments that are available
- I think its disgusting that the surgery has a 0845/0300 chargeable number and I am kept on hold for upto 20 minutes running up a bill

- Excellent care provider
  - I am not happy with the way you have to phone by 8am to get appointments and the phone is always busy. By the time you get through there are no appointments left.
  - Appointment system needs to be drastically improved for quicker access to GP or nurse
  - I have offered to assist the development of students verbally and in writing, this has never been followed up. I have an auto-immune disorder which can be miss-diagnosed, if a practitioner has little or no knowledge of it, with tragic consequences.
  - Receptionists on the whole are rude and nosey. If you need to see a doctor or nurse then it is no business of the receptionists to ask why. None of them look happy in their job, is it too much trouble to be civil when you approach the desk? All of the practice problems seem to be blamed on the new computer system. I have been sitting in the reception waiting to see the doctor and I have heard patients details repeated back over the phone by the receptionist. There is no patient confidentiality in my opinion and this is out of order.
- 
- Most of the receptionists and the doctors are very pleasant. There should be more staff like ...
  - I find all the staff and doctors to be very good.
  - Doctors receiving hospital letters. They have not been forwarded by reception staff
  - GP is under pressure because of time
  - As someone who does not have a long term illness or make regular visits to the surgery, the delay to see a doctor (3 days) is unacceptable. Sorry but that is the way it feels.
  - It would be helpful if there was a doctor or trained person who could deal with depression and mental health problems, to address problems that need something other than pills
  - I wish people would realise not everyone has a computer
- 
- Maybe weekend appointments
  - Some reception staff need to smile.
  - A text message reminder when scripts are ready
  - Results via email/text
  - Drinking water in the main reception
  - More choice with appointments. More publicity re weekend and evening surgery
  - More phones or staff to answer them
  - Repeat prescriptions via mobile
  - A diabetic support group

**Q: Any other comments?**

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**Q: Use of Touchscreen. – Did you know we have a touch screen for self check in?**

Yes: 73% No: 27%

**Q: Text reminders – Did you know we have a text reminder service for appointments?**

Yes: 59% No: 27% No response: 14%

**Q: Web Bookings – Did you know you can register for web based appointment booking and repeat prescription requests?**

Yes: 39% No: 61%

L Lloyd January 2011.

# LINKWAY MEDICAL PRACTICE PATIENT PARTICIPATION GROUP (PPG)

Wednesday 15<sup>th</sup> February 2012  
1:00 – 2:00 PM  
Seminar Room

## Agenda

- I. Welcome
- II. Minutes from previous meeting
- III. Patient survey results 2012
- IV. Actions arising from survey
- V. Discussion re trauma plan
- VI. Date of next meeting

**APPENDIX 8A**

**Date 15/02/12.....**  
**Time 1 pm – 2pm...**

# LINKWAY PPG MINUTES

Location Linkway MP.

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**Meeting called by:** Linkway Medical Practice      **Type of meeting:** PPG 2<sup>nd</sup> Meeting  
**Facilitator:** Linda Lloyd LL      **Note taker:** Rachael Faulkner RF

**Attendees:** Linda Lloyd practice manager, Dr Hughes HH, AH Patient, KH Patient, MT Patient, RC patient

**Please read:** GPAQ Results, Media Release on Trauma Care in the West Midlands

**Please bring:** As Above

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**Agenda item:** Minutes of Previous Meeting      **Presenter:** LL

**Discussion:**

LL welcomed everyone to meeting. LL went through the minutes of the previous meeting. The nurse's survey is not quite finished yet. We have not done the home visit survey yet as we decided that this would be done after the main survey.

Regarding numbers of letters patients receive. LL had spoken to admin/secretarial staff and had asked them to be more aware of this when creating letters to patients. However, this is difficult to manage as different departments within the practice send appointments/letters for different things. The new computer system is helping with this problem

**Conclusions:** Secretarial and admin staff aware

Action items	Person responsible	Deadline
✓ To complete nurses survey	LL	Feb 12
✓ To set up home visit survey	LL	March 12

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**Agenda item:** GPAQ – General Practice Assessment Questionnaire Results      **Presenter:** LL

**Discussion:**

LL went through the results of the General Practice Assessment Questionnaire (GPAQ). LL had put a report together following the results.

MT asked if there was the chance to compare Linkway's results with other practices results in the area. HH informed MT that we could not compare with individual practice on the GPAQ. However, we can compare results from the GP Patient Survey results online with other practices.

Regarding question 3a on the GPAQ – it was decided that we need to publicise our opening hours and the fact that we are opening in the evening and one Saturday a month.

Regarding the feedback and answers from patients regards seeing a particular doctor, continuity of care etc – this is an issue as we are a training practice. We have a turnaround of GP Registrars, and Foundation Doctors every 4 months. Also the fact that Dr Gilbert has retired and Dr Dexter has reduced his working week has impacted on these answers.

Question 5a – we have tried to improve on more pre-bookable appointments from last year's survey. Web appointments and availability to order prescriptions online has helped.

AH queried the first statement listed by a patient on the anything that could be improved question? Patient states she could not book appointments online for her children.

LL – This no longer applies at the new system allows patients to book appointments online for under 16's.

MT – contacting patients via email is more cost effective, eco friendly and he feels people take more notice on an email rather than a piece of paper. LL – there is an issue of consent, as we cannot contact patients via email without their consent first. MT felt that over time the practice could build an address book for patient's email addresses and this would be the best way to contact patients. HH agreed this was something to look at for the future.

RC raised the issue that not every patient will have access to the internet and these patients also need to be considered when information needs to be given to patients. The practice has to be careful not to exclude these patients. RC felt that the notice boards in reception should not become too cluttered and should be put in an accessible place for patients to read the information on them.

AH suggested physically handing out information to patients when they come into reception. Maybe a practice newsletter? It was agreed to put this on hold for the time being.

AH asked LL what had happened since the last meeting when it was discussed about installing informative TV screens in the reception areas. LL had looked into this and had arranged for a company to come in and set this up, but they never turned up. LL felt the problem may have been with lack of advertising.

MT made a suggestion of having a TV screen linked directly to the practice webpage, so only information on the practice webpage would be displayed and no adverts. Patients often get bored of reading and looking at adverts.

RC felt that patients already have to look at the Jayex board so another TV screen to look may be a hindrance.

Regarding the statement from a patient about being kept on hold waiting for 20 minutes to get through to the practice, MT and RC confirmed that they had also experienced difficulties. LL confirmed that a new receptionist had been employed to work 3 days a week at busy times, so this should hopefully improve the situation. Also the new telephone system should help.

Regarding the comment from the patient stating that Trainee Doctors should be supervised. LL and HH both felt that the poster giving the names on the GP Registrars and Foundation Doctors in the practice should not state "Trainees". The word "Trainees" gave the impression to patients that the doctors were not qualified yet.

AH asked if there was a reason why nurses appointments could not be booked online. LL confirmed this was because nurses run specialist clinics and it was to avoid patients being booked into the wrong clinics.

AH confirmed that she had heard patient information being repeated by receptionists on the phone whilst she was sitting in the waiting room, but felt this was unavoidable. LL agreed, as we have a growing number of immigrants registering with difficult names, these often had to be repeated back and unfortunately when we moved into the building it was decided we could not have a screen on reception, but we have tried to manage this better by the barrier in place at the moment.

#### Action items

- |  |                          |          |
|--|--------------------------|----------|
| ✓ Put poster on the general notice board with our opening times  | LL                       | March 12 |
| ✓ Look into having a TV screen connected to our practice webpage to advertise services we offer and opening times. | LL to ask ICT at the PCT | April 12 |

✓ Advertise on notice boards that patients can book appointments online and order prescriptions online	LL	April 12
✓ Audit impact of new receptionist being employed to work busy times	LL	May 12
✓ Make sure our notice boards are less cluttered with information	LL	March 12
✓ Change the poster advertising the GP Registrars in the practice	RF	March 12
✓ A copy of the practice leaflets regarding online bookings to be given to members of PPG	RF	15/02/12

**Agenda item:** Trauma Plan **Presenter:** LL

**Discussion:**

LL handed out information leaflet from West Midlands Specialised Commissioning. If the members of the PPG have any comments regarding this, please email address on the information leaflet.

**Conclusions:**

Action items	Person responsible	Deadline
✓ PPG members to feedback	All	Feb 12
✓		
✓		
✓		

**Agenda item:** New members for PPG **Presenter:** LL

**Discussion:**

How can we encourage new members to join? Any ideas welcome. LL asked if any of the members knew of a suitable patient to encourage them to get in touch. We need to try and get a diverse mix of patients. Some young, ethnic minorities, parents with young children etc. LL said that if this was not possible then we should ensure that we should ensure that we include them in our surveys/responses.

It was suggested putting an advert on the Jayex board.

**Conclusions:**

Action items	Person responsible	Deadline
✓ Consider advertising for new members for PPG on the Jayex board.	LL	March 12
✓		
✓		

**Agenda item:** date of next meeting **Wednesday May 30th**

**Observers:** Rachael Faulkner

**Resources:** Patient Survey Results 2011-12 Minutes from last meeting Trauma Plan (PCT)

**Special notes:**

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