

The Gold Street Surgery

Practice Report on Patient Participation Scheme

2013/2014

Published March 2014

Introduction………………………………………………………………………………………………3

Our Opening Times………………………………………………………………………….3

1. PPG Structure

Profile Of Our Practice Groups……………………………………………...4

How We Invited Patients To Join The PPG…………………………….5

1. Areas Of Priority………………………………………………………………………………6
2. Patients Views Via the Use of A Survey

Method……………………………………………………………………………….. 7

Questions and Results…………………………………………………………. 7

1. PPG Review Of The Survey 9

Minutes of Meeting……………………………………………………………….9

Action Plan Agreed…………………………………………………………………13

1. Priorities For Next Year’s Survey With PPG………………………………………14

**Introduction**

Gold Street Surgery is participating in a project as part of the Patient Participation Direct Enhanced Service to further improve the level of patient participation in the Surgery and feedback in relation to our services and patient requested improvements.

We have a patient participation group which is a virtual group that allows our patients to provide us with feedback without the need to attend meetings or commit much time.

Feedback can be given in a variety of ways, depending on preference, including questionnaires (either paper or online), telephone conversations, emails correspondence etc. We might ask for feedback on a certain service, general feedback about experiences with the Surgery, feedback on specific projects we have running, or advice on what improvement projects should be a priority for us.

If you would like to join this group, please contact Mrs Jacky Porter on [jacky.porter@nhs.net](mailto:jacky.porter@nhs.net) or call the Surgery on 01799 525325

The Gold Street Surgery operates out of two sites, one in the town in Saffron Walden and one near the school in Great Chesterford.

Our opening times are:

Gold Street is open every weekday between 8.00am and 6.30pm.

School Street is open between 8.00am and 12.30pm plus Monday and

Wednesday afternoons between 3.30 and 5.00pm

When the Surgery is closed patients telephoning the Practice are re-directed to the NHS 111 service

1. PPG Structure

Profile of our Practice Groups

We are a growing practice with over 10,000 patients registered with us. The Practice makes every effort to gain as much information about our registered patients as we are able to utilise the profile tools on our clinical system as well as survey information and patient registration forms.

Demographic information:

Male 4825

Female 5089

Age ranges:

17-24 829

25-34 1084

35-44 1257

45-54 1548

55-64 1320

65-74 956

75-84 619

Over 84 372

The Practice looks after both residential and nursing home as well as a number of patients living in warden controlled accommodation. We also look after a residential learning disabled unit.

The Practice operates a recall system for patients with chronic conditions such as Asthma, COPD, Cardiac disease, Diabetes and Chronic Kidney disease.

The Practice has a website (<http://www.thegoldstreetsurgery.co.uk>) and in house messaging screens where we display important information and changes within the Practice.

The Practice also publishes a Surgery Leaflet.

The Practice has actively promoted the Patient Participation Group and tries to encourage as many patients as possible from all areas to join.

We collected information from patients joining the group so we were aware of their demographics so that we could ensure that we understood the mix in comparison to our Practice Profile.

We currently have 53 members of the PPG (virtual group) and the demographics are as follows:

Male 14

Female 39

17-24 3

25-34 5

35-44 8

45-54 14

55-64 10

65-74 7

75-84 4

Over 85 2

We therefore feel that we have a fair distribution of patients in the PPG who represent the patient population.

**How we invited patients to join the PPG**

* Posters in waiting rooms
* Leaflets in waiting rooms, reception and consultation rooms so GPs could give to patients
* Practice leaflets in waiting rooms
* Practice website
* Discussions with patients during interviews and consultations
* When patients are in discussion with staff members
* When sending out repeat prescriptions

In addition we tried to involve patients from every sector including minority groups to join the PPG

1. **Areas of priority**

The following priorities were identified following input from members of the PPG:

* Frequency of use of the Practice
* Patient experience of the Practice and their care
* Types of conditions seen within the practice and patient expectation of which practitioner in the practice should see them
* Frequency of use of the A+E department
* Reason for use of the A+E department
* Patient access to the surgery through making an appointment, telephones and use of extended hours

1. **Patients views via the use of a survey**

The PPG agreed the survey according to the chosen priorities and the following was implemented:

* Patient survey conducted from July to October 2013
* Surveys conducted in the waiting rooms of both sites
* Survey also available on the website
* Questionnaires sent to the PPG members replicating the questions of the survey

A copy of the Survey Result can be found below:

**Results of Gold Street Surgery Patient Survey 2013**

Period of Survey: July-October 2013

Responses Received: 117 (>1% practice population)

The survey was initially sent to and approved by the Patient Participation Group

Results:

1. **In the past twelve months have you been examined or treated by a doctor or nurse at your GP surgery?**

88% (103/117) had visited the practice in the past 12 months

NB This survey was available on-line but most were completed by patients who attended the surgery which does not give a true picture.

1. **How involved did you feel in the care?**

The majority of patients (98%) felt very involved or involved with their care (101/103)

1. **Which practitioner would you expect to see for the following problems?**

Conditions which could be seen by a nurse practitioner in the practice such as skin infections, earache, minor injury, cough and sore throat and urinary symptoms: on average 35% (41/117) still expect to see a doctor for this.

This is reflected in a survey that was performed by the clinicians in the practice earlier in the year suggesting that one third of problems seen by the GP could be seen by a nurse practitioner and 1/3 of the problems seen by the nurse can be dealt with by a health care assistant

1. **In the last 12 months how many times did you visit a hospital emergency department for yourself?**

(80%) 94/117 patients had visited the A+E department in the past 12 months

This is a very high figure and reflects the problem that we face nationally.

1. **Why did you go to the emergency department instead of going to a GP?**

We audited the outcomes of A+ E attendances between April and September 2013

Outcome:

Minor conditions: 10% of patients who attended A+E where during normal Practice opening hours and 1/3 of these could have been dealt with in general practice

Our data also suggests that up to 25% of patients attending A+E were given verbal advice only.

Most of the reasons for attendance were that it was for a problem the GP could not treat.

Our data suggests that this is a misconception

The next most common reason was that it was a problem that occurred out of hours.

1. **How important are the following to you?**
2. **Extended hours**: (89%) 104/117 patients felt that this was important to them.
3. **Ease of making an appointment**: (88%)103/117 patients felt that this was important to them
4. **Access in the evening, night or weekend**: (88%) 103/117 patients felt this was important to them
5. **Proximity of practice to work**: (23%) 27/117 patients felt that this was not important to them.
6. **Short waiting time on phone**: (83%) 97/117 patients felt this was important to them.
7. **Continuity of care**: (84%) 98/117 patient felt this was important to them.
8. **PPG Review of Survey**

The results of the patient survey were discussed in detail at the PPG meeting of 4th March 2014.

PPG members who attended the meeting were given a copy of the survey and were invited to make any comments.

The minutes of this meeting are as follows:

**GOLD STREET SURGERY**

**Patients’ Participation Group**

Minutes of the meeting held at Gold Street Surgery on 4 March 2014.

In attendance: Dr Bjørn Alsos Partner

Dr Yvonne Girgis-Hanna Partner

Dr Charlotte Brown Partner

Jacky Porter Practice Manager

Janet Gruber

Peter Fentem

Judith Rowland

Peter Riding

Angie Silva Highfields Care Home Manager

Sue Clayden Stanley Wilson Lodge Care Home Manager

Doy Santiago Stanley Wilson Lodge Care Home Clinical Lead

Apologies were received from Sarah Booth, Sue Harris, Roger Williamson, Tania Clayden, Sarah Curshen, Hazel La Touche and Nick Cox.

Dr Alsos opened the meeting with introductions and thanked everyone for attending.

**Patient survey**

The meeting was held to discuss the results of the Gold Street Surgery 2013 patient survey. Dr Hanna led the discussions and said that the results of the survey are not truly representative because it was only given to patients who attended the Surgery during the time period of the survey.

**A&E attendances**

A&E attendances were discussed, including the misconception of patients who attended A&E in core hours because they believed they had a problem that the GP could not treat.

Doctors asked the group if they, as patients, felt that at the end of a consultation it would be appropriate for the Doctor to say that their attendance could perhaps have been dealt with by a Nurse Practitioner, Nurse or Healthcare Assistant and hand them a Practice prepared leaflet. Patients expressed no objection to this.

**Out of hours' service**

Peter Fentem said that he had personal experience of using the out of hours' service and travelling to Great Dunmow. The patients asked why there was not an out of hours’ centre at Saffron Walden Community Hospital. Dr Alsos said that this subject was regularly raised at the CCG meetings and discussions are ongoing regarding this locally.

Dr Hanna asked Angie Silva, representing Highfields, and Sue Clayden, representing Stanley Wilson Lodge, what their experience of using NHS 111 out of hours' service was. Sue said that there was quite a wait for a Doctor to call back, sometimes two hours. Angie said that they had waited 4½ hours for a 999 ambulance for a patient who had broken their leg. Patients in nursing homes are apparently classified as low priority as they are deemed to be safe and in medical care in a nursing home.

Dr Hanna outlined the way that we identify patients such as the frail to try and provide extra assistance, thereby avoiding unnecessary admissions. Dr Alsos said that we have an excellent Community Matron and District Nursing team.

This work is ongoing and to further our work in trying to prevent such admissions one area is to more proactively review medicines on the nursing homes population.

Discussion around A&E continued with regards to attendances for minor problems and the patients at the meeting asked why there was not a minor injury unit at Saffron Walden Community Hospital. Janet Gruber said that she quite understood, from attending other meetings, the finance around the CCG and Dr Hanna reiterated this by saying that we are part of West Essex CCG which includes Harlow and Epping who are well served for emergency treatment and so Uttlesford is not considered a priority. Peter Riding wondered how we could raise this as a priority and suggested we could use the local press.

**Uttlesford residents' health forum meeting**

Peter Fentem said that next Wednesday evening there is an Uttlesford residents' health forum meeting which is not well attended and encouraged others to support it.

**Extended hours**

Dr Alsos explained the background to this contract. Jacky Porter added that the local contract for extended hours expires at the end of March and practices have been told that there is a new one starting on 1 April but to date, despite chasing the CCG and NHS England, still has no information regarding this.

**Ease of making appointments**

The Practice has four incoming telephone lines. Jacky Porter said that certain members of staff, which included herself, dispensary and secretaries, had direct lines the numbers of which were advertised in the Surgery and on the website. She was very disappointed to hear that Stanley Wilson Lodge were unaware of the dispensary direct dial number.

Judith Rowland asked if we could do anything about the early morning queues. Dr Alsos said that some of the people in this queue were waiting for a walk-in blood clinic, a service that has proved to be very popular.

Discussion followed regarding our appointment system with Dr Brown explaining that practices have previously been given a target to see patients within 24 and 48 hours but also to have appointments available to book ahead to address the balance. Dr Hanna added that we will always see patients requiring urgent medical treatment.

Peter Riding suggested that patients calling in for an appointment on a day when we have none left could be provided for the following day. Peter Fentem asked whether we had considered triage. Dr Hanna said that we had considered both suggestions which were valid and would be reviewed.

Sue Clayden said that residents of Stanley Wilson Lodge particularly valued continuity of care. Jacky Porter said that doctors here also appreciated continuity of care but the requirements of seeing patients quickly sometimes made this difficult. She also said that as we are a training practice, some doctors are here for a year and some only six months. She added that partners of practices have other practice commitments which can take them away from seeing patients, eg a workload from the CCG which clinicians have to spend time on, clinical meetings which are arranged during surgery time and weekly diabetic clinics take a doctor away from routine appointments. Added to this not all of our doctors are full-time.

**Priorities for next year**

Dr Brown asked for ideas for next year’s survey. Janet Gruber suggested questions around triage to give us an understanding of what services patients need to be educated in. Dr Brown said that we would certainly do this before the survey.

**Communication**

It was suggested that we could do a Practice newsletter.

Angie Silva said that we should consider a walk-in health check measurement service, such as blood pressure and weight.

Peter Fentem suggested one of the questions could be “What do you think about a minor injury service at Saffron Walden Community Hospital. Would this save you going to A&E”?

Peter Fentem talked about Frontline which is a CAB and Macmillan initiative, saying he was bitterly disappointed with the long-term rehabilitation stroke service. He felt that the CCG Commissioners do not scrutinise the service level agreements. He also said that Occupational Therapists were not seeing patients and making adaptations very quickly. Dr Brown said she knew there was an issue with staff retention.

**Dr Chris Clayton-Payne**

Sue Clayden said that she and the residents of Stanley Wilson Lodge were sad to hear of the retirement of Dr Clayton-Payne and felt that he had left quietly. The Partners and Jacky Porter said that this was the way he wished it to be. We had offered to publicise it and even put a notice in the local newspapers but he had not wanted this. However, anyone who has any cards or messages for him may send them to the Practice to be forwarded on.

The Partners thanked the patients for attending the meeting and will remain in touch.

1. **Agreed Action Plan with PPG following survey**

1. The Practice to publish a leaflet outlining the scope of the Nurse Practitioner/Nurse and Health Care Assistant roles within the Practice to be handed to patients following a consultation and to be available in the consultation rooms and waiting rooms.
2. The Practice to focus on patient at risk of emergency admission (frail or elderly) specifically from the local nursing homes and identify their needs.
3. The Practice to undertake focused medication reviews in nursing homes together with the Community Pharmacist with the aim to prevent admissions.
4. The Practice to inform the local residential and nursing home with direct access telephone numbers to the Dispensary, Audit Clerk and Practice Manager.
5. The Practice to continue to review the appointment system to incorporate suggestions from the PPG to achieve an improved balance of bookable and non-bookable appointments.
6. The Practice to consider instigating a Health Care Assistant drop in clinic to improve access and educate patients as to the skills of the HCA.
7. **Agreed Priorities for Survey for 2014/2015**

Following discussion with the PPG at the meeting, a number of priorities were identified for the survey for the forthcoming year.

These priorities included:

* Appropriate use of the Health Service
* Communication between Practice and Patients
* Patient Satisfaction with the Practice
* Opinion on use of a Minor Injury unit in the town
* Membership of the PPG

The following questions result from this:

1. Did you seek medical advice from any other source before you made your appointment today?

* Dentist
* Pharmacist
* NHS111
* Self-help websites
* Health Visitor
* Midwife
* MIND counselling service

1. Are you aware of other roles of clinicians in the surgery and what they do?

* Prescribing Nurse Practitioner
* Nurse
* Health Care Assistant

1. Following you consultation today:

* Do you feel empowered to be able to manage your own illness independently? and/or
* Do you feel appropriate investigations and management were initiated?

1. Following your consultation today:

Would you recommend this Practice to your friends and family?

1. We have been told that patients would like us to communicate regarding local services and practice changes to them.

What is the best way of doing this?

* Leaflet
* Website
* Text messaging
* Twitter/Facebook
* Newspapers
* Local Parish Magazine

1. What do you think about a minor injury unit in the community hospital?

Would this save you from attending the A+E department?

1. Are you aware that there is a PPG at Gold Street Surgery and would you like to join it?