Streatham High Practice Local Participation Report 2011.12

The Patient Representative Group at Streatham High Practice was reconstituted in 2011 to further support the introduction of the Patient Participation Directed Enhanced Service. Our Terms of Reference were revised and these are posted onto the Streatham High Practice Website.

Description of the Members of the Patient Representative Group

Gender	Male	5	
	Female	5	
Age <30		0	
	30-40	5	
	40-50	1	
	50-60	1	
	60-70	1	
	70-80	1	
	>80	1	
Ethnicity	British White	3	
	Black African	1	
	Pakistani	1	
	Black Caribbean	2	
	Other white	1	
	Not stated	1	
Employment Status	Retired	3	
	Unemployed	4	
	Employed	3	
Hard to Reach	Carer	1	
Group			
	Disability	1	

Steps taken by the practice to ensure that the PRG is representative of its registered patients and where a category is not represented the steps the contractor took in an attempt to engage that category.

In addition to our practice poster, our Practice Administrator and GPs contacted patients from unrepresented groups patients by phone to ask if they were interested in joining the patient group. In March 2012 we also added a feature to our website so that patients can register their interest electronically in joining our patient group. We are also advising patients that they can join the patient group as a virtual member

The manner in which the contractor sought to obtain the views of its registered patients.

At our meeting where we formalised our new Terms of reference (12.01.12) we asked our patients what issues they had with the practice so that we could determine the questions on the survey. Their priorities were Telephone access, people knowing the

practice hours of availability, how we engaged other people in their views of the surgery including hard to reach groups.

The practice undertook a GPAQ survey over a three week period in January 2012. 45 surveys per GP were issued to patients a total of 180 Surveys. We chose this approved Survey as it would give us up to date information on how patients experienced telephone access, their views of our opening times. The GPAQ Survey also gives us a gauges the profile of patients completing the Survey so that we had a clearer picture of groups that we were not reaching. We have also had2 new GPs join the practice since the last Survey so the GPAQ also enabled them to get some patient feedback on their consultations.

Details of the steps taken by the Practice to provide an opportunity to discuss the contents of the action Plan.

The patient group reconvened in March 2012 to discuss the outcome of the Survey. In addition the full survey results are posted on our website.

Details of the Action Plan setting out how the findings or proposals arising out of the local practice survey can be implemented and if appropriate, reasons why any such findings or proposals should not be implemented.

Overall the practice compared well when benchmarked nationally. Although phoning through to the practice was above the benchmark our patient representatives identified there were bottlenecks when trying to get through. We agreed that as one of our action plans we would look at when the bottlenecks occurred and how we could adjust our staffing to meet these demands.

We discussed opening times and were surprised that some people were still requesting improvements in morning, afternoon and weekend opening. We were surprised that our patient representatives also were not fully informed about our opening times. As our second action plan with the group we agreed to provide a one sided core information sheet to give to patients with key information on opening times the different types of appointments you can book and details of our website where patients could gain a wealth of information on the practice and topics such as minor ailments.

We also recognised that ethnic minorities were under represented in the respondents. We agreed language might be a key barrier. Again we were surprised that our patient reps were not aware that our website can be translated into over 40 different languages and that a number of our clinicians spoke a number of languages.

We agreed that we would publicise the translation feature on our website and also revise our practice leaflet so that patients became more aware of which clinicians spoke which languages.

We also discussed how we could get the views of patients who were housebound or had difficulty in getting to the surgery. Discussion took place as to how aware patients were of disability access at Gracefield Gardens and how we could best address this. We agreed that we would consult with some of our patients with a disability, as to how their experience was of accessing the practice and barriers they experienced. This would be one of our actions for the coming year.

More general discussion including our aspirations for obtaining the Quality Practice Award Kite Mark for the practice led us to a further action for us to invite our PRG Reps to participate in some of the work streams for this including review of our Practice leaflet, developing stronger links with Carers and promoting inclusion.

Summary of the evidence including any statistical evidence relating to the findings or basis of proposals (Our full survey is posted on our Practice website)

	Mean score	GPAQ benchmark
Q2. Satisfaction with receptionists	82	77
Q3a. Satisfaction with opening hours	85	67
Q4b. Satisfaction with availability of particular doctor	79	60
Q5b. Satisfaction with availability of any doctor	83	69
Q7b. Satisfaction with waiting times at practice	65	57
Q8a. Satisfaction with phoning through to practice	74	59
Q8b. Satisfaction with phoning through to doctor for advice	70	61
Q9b. Satisfaction with continuity of care	70	69
Q10a. Satisfaction with doctor's questioning	82	81
Q10b. Satisfaction with how well doctor listens	86	84
Q10c. Satisfaction with how well doctor puts patient at ease	85	84
Q10d. Satisfaction with how much doctor involves patient	82	81
Q10e. Satisfaction with doctor's explanations	86	83
Q10f. Satisfaction with time doctor spends	81	80
Q10g. Satisfaction with doctor's patience	85	84

Q10h. Satisfaction with doctor's caring and concern	85	84
Q11a. Ability to understand problem after visiting doctor	66	69
Q11b. Ability to cope with problem after visiting doctor	65	66
Q11c. Ability to keep healthy after visiting doctor	65	62

Q3b. Additional hours requested	Number of responses
Mornings	9
Lunchtime	2
Evenings	9
Weekends	39
None	114

Demographics

Q12. Sex	Number of responses
Male	65
Female	110

Q13. Age	Number of responses
Up to 44 years old	117
45 years old and above	55
Mean	39

Q14. Long standing illness, disability or infirmity	Number of responses
Yes	66
No	105

Q15. Ethnic group	Number of responses
White	103
Black or Black British	32
Asian or Asian British	15
Mixed	9
Chinese	0
Other ethnic group	12

Q16. Accommodation status	Number of responses
Owner-occupied/ mortgaged	45
Rented or other arrangements	123

Q17. Employment status	Number of responses
Employed (full/part time, self-employed)	86
Unemployed	17
School or full time education	15
Long term sickness	14
Looking after home/family	16
Retired	22
Other	4

Details of the actions of the Practice

and if relevant the PCT intend to take as a consequence of discussions with the PRG in respect of the results, findings and proposals arising out of the local patient survey

Where it has participated in the Scheme for the year or any part there of ending 31st March 2012 has taken on issues and priorities set out in the Local Patient Participation Report

Patient Information

Patient information sheet the first draft has been produced and will be finalised at the next patient group meeting

We are pulling together the first cut of our new Practice Leaflet for further consultation

Increasing awareness of Disability Access

We have already approached the Centre Manager and requested signage for the Disabled Toilets. We have had the practice assessed for disability access and are awaiting the report so that we can agree with our Patient Reps as to how to take this forward. We are setting up discussions with patients with a Disability to help us capture their experiences of access to the centre and barriers they identify in accessing any of the range of services we provide or they access

Carers

We have had our first meeting with the Carers Hub to look at the range of support they can offer and have taken on board how we can more pro actively identify carers and signpost them to their right of Statutory Assessment of need

Promoting inclusion

We are looking at ways of publicising access to the translation service on our website and how we optimise this facility.

Our Director of Operations has attended the Lambeth Inequalities Conference to help us on our journey of looking at this in the context of engaging with our patient groups and developing and enhancing our services

Patient Engagement in Quality Practice Award

We will be progressing this in the coming months.

The opening hours of the practice premises and the methods of obtaining access to services through core hours.

OPENING TIMES
MONDAY 8 am - 9 pm
TUESDAY 8 am - 9 pm
WEDNESDAY 8 am - 9 pm
THURSDAY 8 am - 9 pm
FRIDAY 8 am - 6.30 pm
SATURDAY 9.30 am -12 pm
SUNDAY CLOSED

You can access the practice at any time during these hours in person, by phone or by Fax.

Where the practice has entered into arrangements under an extended hours access scheme the times at which individual health care professionals are accessible to registered patients.

N/A Our extended opening is part of our contract arrangements.