

# BADGERSWOOD & FOREST SURGERY

## Local Patient Reference Group Report 2012/13

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## Introduction

The Dept of Health issued guidance about patient representation in April 2011. In this document was a requirement for every practice to form it's own patient reference group (PRG). Badgerswood & Forest had an existing PPG who were already actively involved with patient participation but the guidance provided a clear aim which was to actively engage with patients in undertaking local surveys. The intention was to foster a relationship between practice and patients involvement in planning and making decisions where practical about practice changes and development.

The aim of the Badgerswood & Forest Patient Reference Group (PRG) is to provide patients with the opportunity to express their views on the type of services provided by the practice. A PRG would consist of a cohort of registered patients who are representative of our practice population. It was agreed that our existing PPG would also undertake the role of the face to face PRG whilst also engaging a virtual PRG.

### 1. Patient Reference Group – (PRG) Profile

Badgerswood & Forest Surgery's Patient Participation Group was established in April 2010 and have agreed to assume the face to face role of the PRG as an extension of their active involvement within the practice. There are currently 9 members of this group who meet 6 weekly with a clinical representative of the practice. A brief profile is as follows:

- |         |  |
|---------|--|
| Mr L    | (60-65), Headley, retired surgeon and involved with voluntary care organisations locally and also a voluntary hospital driver. Also recently agreed to participate with the CCG re carers in the locality  |
| Mrs H   | (50-55, Arford, existing Practice Manager at the surgery. Has one 16 year old son.   |
| Mr H    | (60-65), Headley, retired engineer who has a wide range of experience to offer from a business perspective. Undertakes the day to day finances for the PPG and processes the patient questionnaire responses into a spreadsheet to obtain results. |
| Mrs B   | (50-55), Bordon, manages a nursing home and involved with League of Friends.   |
| Mrs P-S | (65-70), Lindford, local counsellor and involved with Chase Hospital   |
| Mr W    | (70-75), Whitehill, retired clergyman and involved with local community projects i.e. food banks and voluntary care in the community   |
| Mrs W-S | (60-65), Headley Down, retired Practice Manager  |

Mrs B (80-85), retired patient representing Whitehill & Bordon.

Mr R (65), retired patient representing Headley

## **2. How is the PRG Representative of the Population**

Badgerswood & Forest Surgery have made every endeavour to ensure that the PRG is if at all possible is representative of the practice population. The existing face to face PRG is underpinned by the virtual PRG. The age, sex and ethnicity of the population was considered and other areas, outside demographics that are relevant to this practice:

- Rural/semi-rural practice
- Patients in the community needing a carer and support of voluntary organisations
- Commuting community as close access to Liphook station (London) (Guildford) from Headley and main routes to Portsmouth from Bordon
- Deprivation in Bordon
- Nepalese population (increasing) in Bordon
- Army population (diminishing) in Bordon

The existing PRG felt to be representative of the practice population, patients should be recruited via advertising on the website, waiting rooms and by reception informing them of the drive. GPs also approached patients during visits and consultations. (We found that a number of patients wished to ask questions about becoming a member of the PRG and what it entailed and therefore the practice found staff engagement with the patient helpful in encouraging sign up). The aim was to establish a virtual PRG who could be contacted by e.mail but also approached at the time of contact with the surgeries to fully address a true representation of the practice population. An example of the patient invite is attached in **Appendix 2**. The intention was for the virtual group to work in tandem with the physical group achieving a wider spread of representation. Invitations were available to patients from December 2011.

## **3. PRG Membership**

Following the advertising campaign, the physical group increased to 9 and 124 members were recruited to the virtual group. 54 members of the PRG now subscribe to the PPG Newsletter and form a stronger group within the PRG as invited as a sub-group to various activities to encourage more contact. We plan to continue expansion of the groups. However the majority of patients have no particular interest in joining a physical group.

#### **4. PRG Meetings**

The practice meets approximately every 6-8 weeks with the PRG dependent upon agenda items and timescales, i.e. newsletter quarterly. Below, please find a list PRG Meetings which have specifically discussed PRG activity and establishment:-

##### **17<sup>th</sup> December 2012**

Discussion re contact with the PRG for the 2<sup>nd</sup> year survey. Discussed and decided to approach 54 x subscribing members via e.mail, 9 x face to face group and randomly approach a virtual cohort of patients to achieve 124 in total. Contact to be made December/January as high level of activity in the practice during these months. Patient group felt that if we approached a different group for the second year we may get a different representation of the population.

##### **17<sup>th</sup> January 2013**

Meeting with sub-group to discuss survey questions as highlighted by the PRG responses. Agreed to take these recommendations to the meeting planned on the 21 January.

##### **21<sup>st</sup> January 2013**

PRG questionnaire finalised and agreed with face to face group. Felt that survey should include the majority of questions asked in first year to see if still attaining a good performance with the addition of questions relating to carers, out of hours and long term illness.

##### **18<sup>th</sup> February 2013**

Reviewed status of responses and IH completing spreadsheet with results.

##### **14<sup>th</sup> March 2013**

Meeting to discuss results of survey and action plan agreed.

The PRG were also instrumental in collating the results and jointly analysing with a previous study carried out by Hampshire PCT in 2010 and subsequent PRG survey in 2011/12.

#### **5. Representation**

It was agreed by the PRG at a meeting that everything had been undertaken to ensure a representative group. The physical group had the following characteristics: links with voluntary groups, a working member within a nursing home, members who understood the needs of general practice and patients, retired members, religious involvement within the community underpinned by the greater demographics of the wider virtual group. It was therefore felt completely representative of the practice population as outlined in **Appendix 1**. Extensive invites had been undertaken to attract new members by all means using surgery adverts, web site, point of contact and approaches by GPs and staff.

## 6. PRG – Continuing Membership

The practice continues to actively seek new members to both the physical and virtual aspects of the PRG. We have increased membership of the virtual members and are intending to have another informal evening on the 23 April 2013 to welcome them and introduce to doctors and members of the physical PRG. We will be running this in conjunction with a talk from Col. Mistlin from Headley Court (rehabilitation for injured servicemen) as this may attract younger members involved within the army community. We recruited more members at our last meeting on the 10 October 2012 when Dr Rose talked on Assisted Dying. We will undertake to recruit when new patients register at both sites.

## 7. Practice Survey

Whilst inviting patients in December 2012 from the virtual group, patients were asked what areas interested them. These were as follows and can be found in **Appendix 2**. Consultation had been undertaken with the physical group and these areas were highlighted from that conversation as of high importance in concluding practice performance.

Reception/telephone answering and access/appointment availability  
Quality of Clinical Care  
Surgery Facilities and parking  
Patient Information  
Long Term Chronic Health Problems  
Carer's Section  
Other Suggestions

## 8. Views of Registered Patients

It was agreed in discussion with the PRG for the practice to undertake the survey and the physical PRG again agreed to collate the results for analysis. The survey would cover the areas highlighted by the virtual PRG. This questionnaire was devised in conjunction with the practice and the physical PRG and available for completion in the surgery, sent by post (for those unable to collect) and via e.mail.

The areas were expanded from the suggestion in Appendix 2 to incorporate the following:-

### Access

- Open to all
- Hours of opening
- Appointments – urgent; routine; book ahead
- Modes of contact with doctors – face to face, telephone, electronic

### Clinical Care

- Doctors, nurses

#### Surgery Facilities

- Outside facilities, ie carparking, disabled parking, disabled access
- Inside facilities, reception area, play areas etc.

#### Patient Information

- Information leaflets, posters
- Patient Participation Group Newsletter – comments

#### Other

- Out of Hours
- Long Term Chronic Health Problem
- Carer's Section

Results were displayed in a spreadsheet format.

Date of survey was 01 February 2013-20 February 2013

Surveys issued – 198

Surveys completed - 120

#### Access

- Open to all
- Hours of opening
- Appointments – urgent; routine; book ahead
- Modes of contact with doctors – face to face, telephone, electronic

#### Clinical Care

- Doctors, nurses

#### Surgery Facilities

- Outside facilities, ie carparking, disabled parking, disabled access
- Inside facilities, reception area, play areas etc.

#### Patient Information

- Information leaflets, posters
- Patient Participation Group Newsletter – comments

#### Other

- Long Term Chronic Health Problems
- Carer's

## 9. Action Plan

On the 14 March 2013 the survey results were discussed with the physical PRG and disseminated to staff as the practice scored highly across all areas. On reviewing these results with the PRG, practice manager and a GP on 14 March 2013 the practice scored highly and above average on all areas. The following were highlighted as areas where the practice could improve:-

- a) Telephone response times at Forest Surgery.
- b) Carers – the PRG felt that this was a particular cohort of patients that they would like to engage more with and therefore this item has been added to the action plan.
- c) Out of Hours – at least 25% had a problem.
- d) Long Term Illness – the PRG felt that they would like to survey separately regarding wheelchair access at Forest Surgery.

The results of our questionnaire **Appendix 4** can be viewed on the practice website at [headleydoctors.com](http://headleydoctors.com)

### Practice Action Plan

Action	Proposed Changes	Action by	Timeline
Telephone System	Proposed to change telephone system at Forest Surgery	Dep Practice Manager	May 2013
Carers	Questionnaire requested feedback from carers.	PPG – keen to set up a self-help group.	September 2013
Out of Hours	111 will soon be activated in the area. Assess if patient perception changes	Practice Manager/PPG	December 2013
Long Term Illness	Survey separately wheelchair access at Forest Surgery	PPG	September 2013

## **10. Opening Hours of Badgerswood & Forest Surgery**

### **Badgerswood Surgery**

Mill Lane, Headley, Bordon, Hants GU35 8LH

**Monday – Friday 8am-6.30pm**

### **Forest Surgery**

60 Forest Road, Bordon, Hants. GU35 0PB

**Monday-Friday 8am-6.30pm**

**The practice has entered into arrangements with NHS Hampshire under an extended hour's access scheme and as part of this healthcare professionals are accessible to registered patients between the following extended hours:**

#### **Extended Hours Access:**

**Monday Evenings - 18.30pm-19.30pm at both Badgerswood & Forest Surgery**  
**Friday Mornings - 07.30am-08.00am at both Badgerswood & Forest Surgery**

**Sue Hazeldine  
Practice Manager**

**March 2013**

**This report will be made available to patients as follows:-**

Practice website- [www.headleydoctors.com](http://www.headleydoctors.com)  
Patient Group Newsletter  
By Post upon request

We will be publishing the results of our survey on our website before 31 March 2013 and summarising the results in our Patient Group Newsletter which is issued on a quarterly basis (01/04/13) and available in reception areas or posted to those patients who have signed up to the Patient Group mailing list.

**Appendix 1 – Demographic Comparisons**

Show how the practice demonstrates that the PRG is representative by providing information on the practice profile:				
Practice population profile		PRG profile		Difference
<b>Age</b>				
% Under 16	20.93	% Under 16	1.66	19.27
% 17 – 24	9.34	% 17 - 24	4.16	5.18
% 25 – 34	12.59	% 25 - 34	14.16	-1.57
% 35 – 44	13.54	% 35 - 44	16.66	-3.12
% 45 – 54	15.93	% 45 - 54	18.33	-2.4
% 55 – 64	12.14	% 55 - 64	15.83	-3.43
% 65 – 74	9.01	% 65 - 74	17.5	-9.49
% 75 – 85	4.63	% 75 - 85	7.5	3.14
% Over 85	1.84	% Over 85	0.83	1.01
<b>Ethnicity</b>				
<b>White</b>		<b>White</b>		
% British Group	61.7	% British Group	97.5	-35.8
% Irish	0.45	% Irish	0	0.45
<b>Mixed</b>		<b>Mixed</b>		
% White & Black Caribbean	0.09	% White & Black Caribbean	0	0.09
% White & Black African	0.11	% White & Black African	0.83	-0.72
% White & Asian	0.25	% White & Asian	0	0.25
<b>Asian or Asian British</b>		<b>Asian or Asian British</b>		
% Indian	0.02	% Indian	0	0.02
% Pakistani	0	% Pakistani	0	0
% Nepalese	0.11	% Nepalese	0	0.11

PRG - 2012/13

% Bangladeshi	0	% Bangladeshi	0	0
<b>Black or Black British</b>		<b>Black or Black British</b>		
% Caribbean	0	% Caribbean	0	0
% African	0	% African	0.83	-0.83
<b>Chinese or other ethnic group</b>		<b>Chinese or other ethnic group</b>		
% Chinese	0.01	% Chinese	0	0
% Any Other	0.02	% Any Other	3.33	-3.31
<b>Gender</b>				
% Male	49.78	% Male	45.83	3.95
% Female	50.21	% Female	54.16	-3.95
<b>Practice Specific Care groups</b>				
<i>e.g. learning disabilities, substance misuse, nursing homes, travelling community, Faith groups, specialist units etc.</i>				
Carers		0.17%		22%
Residential		0.31%		40%
Learning Difficulties		0.11%		15%

**APPENDIX 2**

**Badgerswood and Forest Surgeries**

**01 December 2012**

Dear Patient

We would like to invite you to become part of our 2nd 'Patient Reference Group' (PRG). This group will consist of patients from the Badgerswood and Forest Surgeries and the aim of the group is to help us to ensure that the patients are getting the best services that they desire and the Practice can provide.

Our questionnaire will ask questions about the surgery and how well it is doing to identify areas for improvement. Following this, changes may be made to the services. The results of our survey will be published on our website and be available in the surgery from 31 March 2013.

We are keen that the group should be representative of the whole patient population for age, sex and ethnicity. In view of this, we would be grateful if you could complete the short list of questions in this 2 page sheet and return it to the surgery.

For those who are willing to assist us, a short questionnaire is attached, again to be returned to the surgery with the ethnicity form. Thank you for your help.

Name.....

Address.....

Email Address .....

I would like to participate in the Patient Reference Group

I would prefer to receive the questionnaire by post

I would prefer to receive the questionnaire by Email

To help us ensure our contact list is representative of our practice, please mark with a 'X' which of the following ethnic backgrounds apply.

<b>White</b>				
British Group		Irish		Other
<b>White Mixed</b>				
White & Black Caribbean		White and Black Other		White & Asian
White & Other				
<b>Black or Black British</b>				
Caribbean		African		Other

<b>Asian or Asian British</b>				
Indian		Pakistani		Bangladeshi
Chinese		Any Other		

Could you tell us your age group?

10 - 15 yrs		15 - 20 yrs		20 -30 yrs		30 - 40 yrs	
40 - 50 yrs		50 - 60 yrs		60 - 70 yrs		over 70 yrs	
accompanied by a child under 1				accompanied by a child under 10			

And are you male or female?

M		F	

How would you describe how often you come to the practice? Please tick.

Regularly		Occasionally		Very rarely	
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Which of the following areas should we focus on (please tick all that apply):

Reception / telephone answering and access / appointment availability	
Clinical care	
Surgery facilities and parking	
Patient information	
Services provided	
Carers – support	
Out of Hours Service	
Other suggestions	

**Thank you for helping us.**

***The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998.***

## APPENDIX 3

### PATIENT REPRESENTATIVE GROUP REPORT 14 March 2013

The PPG ran a patient satisfaction questionnaire again this year with the Practice. Last year we had 118 patients helping us and again this year we aimed for similar numbers with many of our PRG members filling in the questionnaire on-line. We had 120 completed questionnaires for comparison this time. Our aim has been to see on this first questionnaire whether there have been any areas of patient dissatisfaction which we could improve on, and having dealt with these, to run another questionnaire down the line, to see whether these improvements caused better patient satisfaction with the Practice. You may recall we reported the results of the first questionnaire in the July 2012 Issue of our newsletter.

In fact the results of the first questionnaire were so good it proved difficult to find areas for improvement. When over 90% of the patients are happy with the service in most areas, any alterations may result in increasing patient dissatisfaction.

Can we highlight some examples? 10% of the patients would prefer that the surgeries opened at a different time. Of these last year, most (about half which is 5% of the patients) would have liked to see the surgeries open in an evening. In fact this was already happening. Only a small minority would have preferred to see weekend opening although the number has risen slightly this year from 1.5% to 3% but not significant to make the changes worthwhile. Any of these changes would mean closing the surgery at some other time, probably to the dissatisfaction of a higher percentage of patients!

An area which caused real concern last year was telephone response times and difficulty in speaking to a doctor or nurse on the phone. A closer look at this problem has identified that the main difficulty with telephone response times lies at Forest Surgery and much less at Badgerswood Surgery. In view of this a new telephone system is about to be installed in Forest Surgery which should significantly help to improve the situation here. Also, many patients were obviously unaware of the fact they could book telephone appointments to speak to a doctor or a nurse and this has been better highlighted in the past year.

Yet again 13% of patients confess to having forgotten to attend appointments this past year!! Black marks again. About 2/3 of patients are seen within 20 minutes of their appointment time which is the same as last year and about 20% of you think this is poor. Remember however, if a clinic is running late, it probably means a doctor is spending extra time with some patient getting things right for him/her rather than cutting their consultation short in order to keep to time. When your turn comes, if needs be, he/she will probably be doing the same for you.

The receptionists starred again although at Badgerswood there have been some complaints about confidentiality of handing over results at the reception desk. This relates more to the layout of the building rather than a fault of the reception staff but changes have been made since this has been brought to our attention.

Also the timing and method of reporting of results has been changed at both surgeries following your communications to us.

Your opinion of clinical care as before has been that this is excellent. Our doctors and nurses could hardly get higher praise from you.

Out-of-hours service is a new question since last year and obviously is a problem to many of those who used this service. At least 25% had a problem and over 1/3 of those who required medication had problems too. The service is about to change so we will be keeping a close eye on this.

We are pleased to see that more of you are reading our newsletter and finding our Educational Articles valuable (over 76%).

We introduced 2 new areas into the questionnaire which the PPG/PRG is interested to pursue, that of carers and that of patients with long-term illness. Those patients who replied stating that they had carers' duties and were happy to be contacted regarding this, were sent a further questionnaire asking for more detail. The PPG is keen to set up a self-help sub-group and has already had contact with the incoming Clinical Commissioning Group to look at this issue for the whole region.

Regarding the issue of long-term ill-health, we plan to tackle in the first instance specific problems highlighted by Practice, such issues as, for instance, wheel-chair users, to see what help is provided and how this can be improved if necessary.

**David Lee**  
**Chairman PPG**