

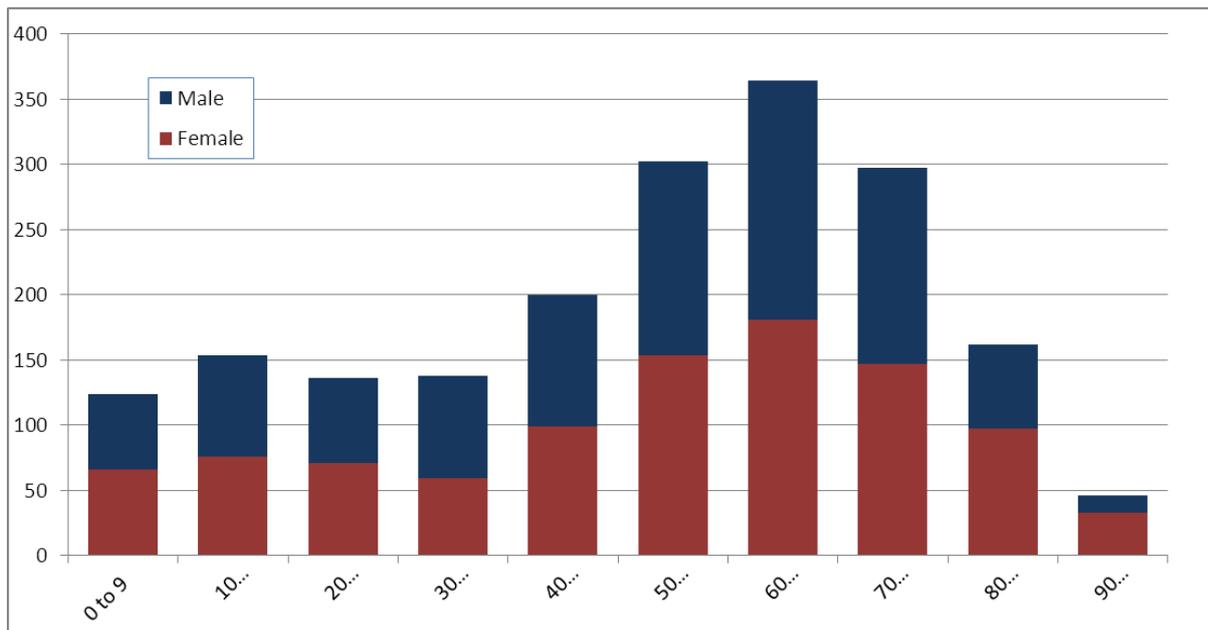
LOCAL PATIENT PARTICIPATION REPORT

PORLOCK MEDICAL CENTRE

1. A description of the profile of the members of the PRG

(Component 1)

Our Practice population is the oldest in the country. We have over twice the national average of over 65s, and four times the national average for the over 85s.



Practice numbers:

0 to 19 years : 277 (14.4%)

20 to 39 years: 274 (14.3%)

40 to 59 years: 502 (26.1%)

60 to 79 years: 661 (34.4%)

80years and over: 208 (10.8%)

Our PPG Group ranges in age from early 50s to late 70s. We have 7 female patients and 4 male patients, one of whom is a farmer's wife so represents the rural farming population. Our chair has two young children, and his wife is head of Governors at the local primary school. The secretary has a teenage son, so is able to represent the views of that particular age group too. There is a mix of male and female members.

There are also members of the group with long term chronic illnesses.

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

(Component 1)

There are very few patients from other ethnic groups in the area and these tend to be seasonal workers, and very infrequent attenders. We have however compiled an email list of patients from as many ethnic backgrounds as we can, and we would be able to contact those patients for their views on the Practice if necessary.

We have advertised the PPG in Newsletters and also in the local Village Newsletter, and we do try and encourage patients to attend the AGMs which again we have held at different times of the day

We have tried to engage local mothers who may use the service we provide for antenatal care and care of very young children by introducing a Bumps and Babes Group at the Practice, but the members we have had over the years have found it hard to attend meetings even though we have tried lunchtime and evening meetings to accommodate them.

3. Details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local patient survey

(Component 2)

We have been working together for over 15 years. Our chair of the PPG is also a participant in the local Health Forum, and therefore obtains views and issues from other Practices in the County.

We carried out a random patient survey of 150 patients and discussed the points at the PPG meeting.

The satisfaction with care remained well into the upper quartile when compared with the 6,300 GPs who have also done the same survey. No part was lower than that top quartile so the issues we have addressed are those that score the lowest in that top range.

As a Practice, we received no complaints during the year, so no issues were raised regarding patient satisfaction.

The PPG and doctor meetings did explore the areas within the survey that had the lowest levels of satisfaction. These included the time the patients are kept waiting in the waiting room when seeing the doctor and the length of time that it takes to get a nursing appointment

The issues behind this explored and it is recognised in a very elderly population the classic 10 minute appointment is simply not long enough so by adding in blocks it may be possible to

lengthen the appointment and to stop a reduction in appointments more time for appointments to be offered and the second priority area is the nursing appointments which bunch up when the nurses take holiday. The PPG group where shown the area of the practice accounts which shows how we compare with other practices and they noted that nursing spend is roughly twice the average for our medical accountants showing that within the budget there is little room for more nurses but a locum nurse may well be able to offer additional hours to the surgery team and hence prevent the bulge post holiday. The PPG felt these areas should take some priority as no other serious issues raised. The PPG are starting now too to look at quality of care using the shared cancer tool kit for example after being invited to look at this important area. Quality of care was not though an issue shown up in the patient survey

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

(Component 3)

We carried out a random patient survey of 150 patients, which is approximately 10% of our practice population using the CFEP patient survey. This would have included mothers with children, younger patients and ethnic patients.

We agreed to carry out the survey annually, and have decided that we would try and run another survey later in the year at our annual flu clinic to assess the views of patients that possibly only ever attend the surgery for their flu vaccination once a year. Thereafter the PPG felt that the survey should be run every 3 years, to ensure that patients do not tire of being asked to complete surveys.

The results were collated by CFEP and a report sent back to the Practice which was discussed by members of the PPG.

We have also newly provided a complaints/suggestion box in the Waiting Room, but to date we have only received 2 suggestions, hooks in patient WC, and the fact that the Waiting Room as too warm. One other form stated that they were very happy with the service provided.

5. Details of the steps taken by the Provider to provide an opportunity for the PRG to discuss the contents of the action plan in Section 7 (of this template)

(Component 4)

The PPG discussed the findings once the results were back, and basically they were very happy with the findings.

There were no areas of disagreement, but we agreed to look at waiting times and availability

of the Practitioners.

By sharing information with the Group, including any complaints that we received, we are able to build up a picture of how the services we provide impact on our local community.

Additionally we are sharing outcome measures like the 2 week wait conversion rates, prescribing outcomes and any other feedback the practice gets about it's performance

We are improving links between the Porlock and Dunster PPGs, the chairs from each group attending each other's meeting. This helps widen the knowledge of what goes on in other PPGs and what other practices have as issues and acts as a tool to improve learning for PRG members

The chair is also aware of the county wide issues, as he attends the West Somerset Forum Meetings, and we are rightly challenged on how we are addressing them. So far no areas of disagreement

6. A summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local patient survey

(Component 4)

Overall the score was 84% satisfaction, with the national mean at 73%. This placed Porlock Medical Centre in the top quartile of satisfaction compared with practices of a similar size.

About the practice

All items were in the top quartile:

- Opening hours satisfaction 78% (national mean 67%)
- Telephone access 80% (national mean 64%)
- Appointment satisfaction 82% (national mean 69%)
- Seeing practitioner within 48h 76% (national mean 65%)
- Seeing practitioner of choice 74% (national mean 61%)
- Speaking to practitioner on the phone 73% (national mean 61%)
- Comfort of the waiting room 80% (national mean 66%)
- Waiting time 65% (national mean 58%)

About the practitioner

All items were in the top quartile:

- Satisfaction with visit 90% (national mean 80%)
- Warmth of greeting 93% (national mean 81%)
- Ability to listen 90% (national mean 81%)
- Explanations 90% (national mean 80%)
- Reassurance 88% (national mean 79%)
- Confidence in ability 91% (national mean 82%)
- Express concerns/fears 91% (national mean 80%)
- Respect shown 91% (national mean 83%)

- Time for visit 90% (national mean 74%)
- Consideration 89% (national mean 78%)
- Concern for patient 90% (national mean 79%)
- Self care 87% (national mean 80%)
- Recommendation 91% (national mean 81%)

About the staff

All items were in the top quartile:

- Reception staff 88% (national mean 77%)
- Respect for privacy/confidentiality 87% (national mean 76%)
- Information of services 84% (national mean 73%)

Finally

All items were in the top quartile:

- Complaints/compliments 79% (national mean 66%)
- Illness prevention 81% (national mean 70%)
- Reminder systems 82% (national mean 68%)
- Second opinion/complementary medicine 79% (national mean 68%)

With regard to waiting times, in agreement with the PPG, Dr Kelham added in catch up slots into his clinics, thereby ensuring that he does not overrun, also this was to enable any urgent telephone calls to be slotted in to his sessions, and also any urgent appointments. He extended his afternoon surgery to 2 hours, again with catch up slots added.

In agreement with the PPG, we are looking at employing a locum nurse to cover annual leave, as this again was another area of concern for patients with chronic diseases, that they often have to wait for long periods of time to be seen. The HCA will also increase her hours to provide cover for phlebotomy and dressings, again freeing up some of the GP time.

Access is not an issue, patients ring up and are seen on the day or on the day of their choice

7. Details of the action plan setting out how the finding or proposals arising out of the local patient survey can be implemented and, if appropriate, reasons why any such findings or proposals should not be implemented. Include details of the action which the Provider,

- 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 thereof, ending 31 March 2012, has taken on issues and priorities as set out in the Local Patient Participation Report

(Component 5)

Findings / Proposals or PRG Priority Areas <i>'You said...'</i>	Action to be taken (if no action is to be taken provide appropriate reason) <i>'We did...'</i>	Lead	Timescale	Progress <i>'The outcome was...'</i>
Waiting times too long	We have inserted blocks during surgeries to allow the GPs time to catch up and extended the afternoon surgery	Practice manager	Achieved	This has been discussed at PPG meetings and all feel that this is no longer such an issue, and the GP feels less stressed and can focus more on the patient without worrying about running late.
See a nurse within 48 Hours	We are looking at employing a locum nurse to cover holiday leave for Practice Nurses as this is the main issue. We will also increase the HCA's hours to enable additional cover for blood taking and dressings	GP	July 2013	The HCA has already extended her hours, the GPs appointments are rarely fully booked, the nursing issue is being looked into

8. The opening hours of the practice premises and the method of obtaining access to services throughout the core hours.

- * Please provide details of the Practice opening hours and how patients are able to make appointments/access services or provide a link to the relevant page(s) of the Practice website where this information can be found

We are open from 08:00 – 6:30 pm Monday, Tuesday, Thursday and Friday, Wednesday is our half day. The GPs also provide a telephone consultation service after morning surgery for those not wanting a face to face appointment.

If it is apparent that we are running out of appointments, the GP will often extend their morning surgery.

See the website; we have many more appointment slots available than we need week on week. See the website for further information

<http://www.dunsterandporlocksurgeries.co.uk/opening-times.aspx>

9. Where the Provider has entered into arrangements under an extended hours access scheme, the times at which individual healthcare professionals are accessible to registered patients.

- * If providing, please confirm details of the extended opening hours provided by the Practice or provide a link to the relevant page(s) of the Practice website where this information can be found

We provide early morning surgeries on a Tuesday and Friday morning starting at 07:30am.

See the website for further information

<http://www.dunsterandporlocksurgeries.co.uk/opening-times.aspx>

If a particular patient has an issue and it is appropriate arrangements can be made for people to be seen at other times

Date Report Published: 27th March 2013

Web Address of Published Report:

<http://www.dunsterandporlocksurgeries.co.uk/index.aspx>