

# THE WATERLOO PRACTICE

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## Patient Participation Report

### Introduction

In 2011 The Waterloo Practice decided to engage with the Patient Participation Directed Enhanced Service, a new national initiative for GP Practices delivering NHS health care. The purpose of the Directed Enhanced Service (DES) is to ensure that patients are involved in decisions about the range and quality of services provided and in the future, the services which the practice will be commissioning for their benefit.

The guidance from the DES and the Primary Care Trust (PCT) allowed practices to consider what structure the Patient Participation Group (PPG) should take, whether the group would need to have face to face meetings or whether in these technological days the group could be “virtual” and manage it’s business using technology to communicate. The doctors and management at The Waterloo Practice decided that when advertising for members to join the PPG there would need to be a recognition that members would need to meet occasionally. However, it was also recognised that email could provide a very valuable means of communicating PPG information to those who attended meetings and also to a further group of interested patients who struggled to attend meetings but equally wished to be involved.

The practice did not wish to exclude patients who were unable to use email.

### Efforts to recruit PPG members were:

**Waiting Room** Posters and small flyers on the reception front desk for interested patients to be complete. Notice on the LED board.

**Letter Invitation** Care Homes and Nursing Homes were contacted by letter

**Practice Website**

**Prescription Message** A message was added to the

**Personal Invitation** Patients who were reporting “complaints” were encouraged to consider joining the group. Doctors and practice nurses were asked to encourage patients from minority groups to consider joining the group.

## Profile of practice population and PPG

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>		
% 16 and under 19.7%	% 16 and under 0%	-19.6%
% 17 – 24 8.9%	% 17 – 24 0%	-8.9%
% 25 – 34 13.6%	% 25 – 34 3.8%	-9.8%
% 35 – 44 13.7%	% 35 – 44 7.7%	-6.0%
% 45 – 54 13.1%	% 45 – 54 19.2%	+6.1%
% 55 – 64 12.3%	% 55 – 64 23.0%	+10.7%
% 65 – 74 9.7%	% 65 – 74 34.6%	+24.9%
% 75 – 84 6.1%	% 75 – 84 11.5%	+5.4%
% over 84 2.9%	% over 84	-2.9%
<b>Ethnicity</b>		
<b>White</b>	<b>White</b>	
% British Group	% British Group	
% Irish	% Irish	
<b>Mixed</b>	<b>Mixed</b>	
% White & Black Caribbean	% White & Black Caribbean	
% White & Black African	% White & Black African	
% White & Asian	% White & Asian	
<b>Asian or Asian British</b>	<b>Asian or Asian British</b>	
% Indian	% Indian	
% Pakistani	% Pakistani	
% Bangladeshi	% Bangladeshi	
<b>Black or Black British</b>	<b>Black or Black British</b>	
% Caribbean	% Caribbean	
% African	% African	
<b>Chinese or other ethnic</b>	<b>Chinese or other ethnic</b>	

Practice population profile	PRG profile	Difference
<b>group</b>	<b>group</b>	
% Chinese	% Chinese	
% Any other	% Any other	
<b>Gender</b>		
% Male            48%	% Male            46%	-2%
% Female          52%	% Female          54%	+2%
<b>Differences between the practice population and members of the PRG.</b>	<p>There is a predominance of the older age group showing interest in participating with the PPG. Those who have attended meetings have reflected this. The gender of those interested in the PPG compares well with the practice population; although to date there have been more male attendees at the actual meetings, than female. As the PPG evidence's it's work and matures efforts will continue to recruit members both to attend meetings when current attendees feel they can no longer commit the time and to the membership who are available to be contacted to feed into the PPG without attendance at meetings.</p> <p>Whilst ethnicity has been recorded for patients who have expressed an interest in the group and have attended meetings it is not possible to compare this to the practice population as this is not recorded in the patient records for a significant number of the practice population. However, the PPG members are predominantly White British and this is recognised as not being representative as it is known that the practice provides services to a significant number of patients who are from many different backgrounds and use many different languages. It is recognised that if the PPG membership is to be reflective of the ethnicity of the population some additional work will need to be carried out to achieve this. It is hoped that the patient survey will identify possible additional membership from minority groups.</p>	

## Local Practice Survey

With expressions of interest from approximately 20 patients it was decided to convene the first meeting of The Waterloo Practice Patient Participation Group with concerns that if numbers grew too large the meeting would be too cumbersome and would develop a "presentation" style. The meeting was held at 6.45pm at the practice premises in the meeting room where the 9 patient attendees and 2 representatives from a local care home sat around a large table with one GP, the Assistant Practice Manager and the Practice Manager present. The Practice Manager explained the initiative (DES) which had brought everyone together. Proposals were made regarding Ground Rules to be Observed and Terms of Reference.

The most significant piece of work that the Patient Participation Group (PPG) is asked to engage with under the DES is to survey the practice population in matters which the PPG have considered to be a priority. Members discussed if they should be involved in assisting patients in the waiting room to fill in the survey. At the first meeting it was agreed that a smaller sub group would meet to design the patient survey and all patients who had expressed an interest in joining the group were contacted to obtain their thoughts on priority areas for the survey. Suggestions for priority areas were made by the Practice Manager with reference to previous complaints and patient comments. In addition the sub group considered previous practice surveys and those being run by other practices.

A second PPG meeting was held to consider the draft survey and its distribution. Suggestions were made about return envelopes for posting surveys back and receiving sufficient numbers of returns to justify actions required. It was recognised that as papers were not going to be monitored it was possible that patients could complete multiple copies and that even those not registered could complete copies.

In view of the pressure of time it was agreed to run the survey with no further changes and for just under 3 weeks commencing in February 2012 paper copies were available in the reception/waiting area of the practice premises. Two returns boxes were placed in reception to collect the returns. Reception staff invited all those who approached the reception desk to complete a survey and copies were available for visitors at other places on the reception desk. This was a very intensive survey distribution period. Surveys were made available to download on the practice website or those accessing the website could register their responses directly on the website without the need to complete a paper copy.

At the end of the distribution period there were 374 completed survey returns representing 4% of the practice population and exceeding the PCT requirements of 25 per 1,000 of practice population (list size 9300, requirement 250 survey returns). We were able to confirm that there had been no electronic (website) entries and it is thought that no one printed a copy from the website. It is thought that all surveys were completed as patients visited the premises. Approximately 26 copies went missing, thought to indicate those patients who did not wish to complete the survey at the time of visiting the practice.

It was wonderful to be able to call on a member of the PPG to help administrative staff at the practice in put the survey returns on to the database.

A third PPG meeting was held on 20<sup>th</sup> March 2012 to consider the results of the patient survey. The Practice Manager was able to report that despite the short time the survey had been available the number of completed survey returns had exceeded those collected in previous years.

The PPG meeting on 20<sup>th</sup> March commenced with a talk from a representative from Surgery Line, the telephone company used by the Practice. The PPG and individual patients have over recent years expressed their concern about the telephone system used by the Practice. As the practice uses an 0844 telephone number patients report that their telephone provider charges excessive rates per minute when this number is dialled. The Department of Health, PCTs and individual practices have been involved in recent years in trying to obtain reassurance that the charges patients experience are equivalent to a Low Call charge however national campaigns have recruited many into believing that surgeries profit from these systems. The PPG were informed that the practice does not profit from

the system, that the charges incurred by the patient reflect the contract the individual patient has with their own telephone provider and the charges they make for dialling non geographical calls, the practice does not receive any of that high rate charge and that if the advantages of “advanced telephony” were desirable a non geographical number was necessary. A number of suggested advantages of advanced telephony were discussed including the option to queue calls and advise position in the queue. It was made very clear that if a geographical number was to be used by the practice there would not be the opportunity to queue calls if the telephone lines were busy.

At this point reference was made to the survey results which reported 74 % “would choose a queuing system when calling the practice to 22% preferring an engaged tone. Whilst the patient survey did not ask patients to consider if this response would be different if they had high charges for their call it was recommended that patients approach their provider to discuss the possibility of renegotiating these charges in their contract. The Practice Manager confirmed that posters recommending this are currently on display in the waiting room.

PPG members acknowledged that the survey results evidenced the good job that practice staff do.

Those attending the PPG meeting on 20<sup>th</sup> March were provided with a list of comments patients had made to support their survey result.

### **The Survey Reported and What We Will Do**

#### **Telephone:**

74 % of patients preferred a queuing option to 22% an engaged tone. Free text comments were made referring to the high charges patients experienced calling the number.

The current telephone system contact is due to expire this year. The practice are currently looking at options to change systems and move back to a geographical number and thus lose the queuing option. It was agreed that the cost implications will have to be considered by the practice but that the PPG would be consulted prior to any final decision but once a preference for going forward had been identified by the practice. Likely time scale September 2012.

#### **Reception Staff:**

89% of patients reported that staff are helpful when they telephone the practice, 7% reported the staff were not helpful.

86% of patients reported that staff at the reception desk are welcoming, 7% reported that staff are not welcoming.

Whilst everyone acknowledged that these results were good, some PPG members remained concerned that there were still customer service issues. Suggestions were made to adapt the front reception desk to bring the staff member to the same height as the standing patient to allow better engagement. The practice agreed to look into this and try to identify relevant funding should it be practical to redesign. The practice manager reported that four staff members had achieved NVQ level 2 in Customer Service two years ago and all staff had been on customer service workshops. However, it was acknowledged that this is an on-going training need.

The practice will consider involving PPG members in the future choice of customer service training and encourage them to attend also if this is possible, to evidence the training received.

73% of patients reported that they were comfortable with using the automatic self check-in at appointments, 24% of patients reported they were not.

51% of patients have considered asking the pharmacy of their choice to collect their repeat prescription to save them attending the practice, 31% had not.

It was identified that the receptionist on the front desk had many functions and that often patients can be waiting in a queue to speak with her. Both the questions on self check in and collection of repeat prescriptions identified that perhaps the receptionist is dealing with very routine duties for which there are alternative solutions. The PPG suggested the possibility of using volunteers to assist behind the reception desk, to help “train” patients to use the self check in system and to hand out prescriptions. It was also recognised that if Electronic Prescribing is available later this year this could mean that patients will be more encouraged to sign up with pharmacies so their prescriptions go straight to the pharmacy of their choice and they will not need to attend surgery to collect it. In the meantime it was agreed that the practice should promote the use of these facilities more, providing explanations about the benefits to patients. The PPG felt that they could endorse these features and incorporate them into a Practice and PPG combined newsletter. Arrangements were made for a sub group to meet to move the newsletter idea forward and report back to the PPG meeting in May 2012.

#### **Information:**

45% of patients reported that the best way to keep them up to date with what is happening at the practice is by newsletter available in the waiting room. Although comments were made for personal letters and text messages to be sent for this purpose the PPG agreed this wasn't practical with the current limit on the number of characters that could be used in a text message from the clinical system and the financial implications of personal letters. On examination of the free text comments and noting a number of the percentage responses to the questionnaire the PPG felt there was a real need to provide more information to the practice population. In particular, comments regarding the taking of blood at the health centre and the car parking difficulties. These were discussed at the meeting with the PPG members and it was agreed that with the car park as it is there is little opportunity to develop additional services at the practice. There are also financial constraints to car parking issues however it was suggested that the difficulties should be discussed with the adjoining pharmacy.

The meeting acknowledged that the practice needed to inform the practice population of the policies and procedures which affect patient responsibilities. It was recognised that many of the practice population probably do not read the practice leaflet and therefore despite it being readily available and updated regularly an additional means of communication was indicated.

#### **Opening Times:**

The survey asked if the current practice opening times were flexible enough for their needs. (8am – 1pm and 2pm – 6pm Monday to Friday and one evening a week 6.30pm – 8.00pm). 87% responded that they were, 7% responded that they weren't.

The survey asked if the one hour closure at lunchtime 1pm – 2pm, causes inconvenience. 75% reported that it didn't cause them any inconvenience, 14 % reported that it did.

It was recognised that whilst the practice was closed the on call service was always available via an option on the telephone system.

Some members of the PPG were disappointed that there had not been a resounding appeal for weekend opening. One or two comments received mentioned opening on Saturdays however more comments referred to more evening access.

The practice opening times are made available via the practice leaflet, NHS Choices website, the practice website [www.thewaterloopractice.co.uk](http://www.thewaterloopractice.co.uk) , and extended hours notices are displayed in the waiting room.

The survey reported that responses were received from all age groups from 16 years of age to 85 years and over (in approximate 10 year age groups) however 22 % of responders did not identify their ages.

The survey has provided the Practice and PPG with a great deal of information to refer to in future decision making.

## Availability of information

This report and supporting survey results will be available

- On the practice website [www.thewaterlooppractice.co.uk](http://www.thewaterlooppractice.co.uk)
- In the practice reception/ waiting area
- Distributed to PPG members
- To the full practice team

If it becomes relevant after further discussion sharing may take place with

- Consortia and consortia practice
- The local practice managers group
- Care Quality Commission
- Local pharmacies
- Other relevant bodies.