



NHS Cambridgeshire and NHS Peterborough
working in partnership

Hampton Health

Patient Participation Report 2012/13

Produced for the Patient Participation DES 2011/2013

This report must be published on the Practice website and a copy submitted to Linda.daniel@peterboroughpct.nhs.uk by no later than 31st March 2013

Introduction

The purpose of the Patient Participation Directed Enhanced Service (DES) commissioned by NHS Cambridgeshire is to ensure that patients are involved in decisions about the range and quality of services provided and, over time commissioned by their Practice.

It aims to encourage and reward Practices for routinely asking for and acting on the views of their patients. This includes patients being involved in decisions that lead to changes to the services their practice provides or commissions, either directly or in its capacity as a gatekeeper to other services.

The DES aims to promote the pro-active engagement of patients through the use of effective Patient Reference Groups (commonly referred to as PRGs) to seek the views from Practice patients through the use of a local practice survey.

The outcomes of the engagement and the views of patients are then required to be published as a Report on the Practice website.

This report summarises development and outcomes of *Hampton Health* Patient Reference Group (PRG) in 2012/13.

It contains :

1. Establishing a Patient Reference Group (PRG)

A summary of the recruitment process used to ensure that the PRG is of sufficient size to be as representative as possible of the Practice population.

2. Method and Process for Agreeing Priorities for a Local Practice Survey

The method the Practice adopted to seek the views of the PRG in determining the priority areas for the Practice to look at to include in a local practice survey.

3. Details and Results of the Local Practice Survey

A description of the local practice survey and how it was carried out, as well as details of the survey Results.

4. Discussing Survey Results with the Patient Reference Group (PRG)

Details of how the Practice consulted with the Patient Reference Group (PRG)

5. Agreeing an Action Plan with the Patient Reference Group (PRG)

Details of the agreed action plan setting out the proposals arising out of the local practice survey results and how they can be implemented Details of any issues that arose in the survey that cannot be addressed in the action plan and the reasons why.

6. Publishing the Local Patient Participation Report

Details of where this Report has been published and also details of the Practices opening hours and how patients can access services

7. Practice Declaration

Confirmation that the Local Patient Participation Report is a true and accurate representation of the Work undertaken to fulfil the requirements of the Patient Participation DES 2011/13

1. Establishing a Patient Participation Group

Develop a Structure that gains the views of patients and enables the Practice to obtain feedback from the Practice population e.g. a Patient Reference Group (PRG)

DES Component 1

As part of component 1 of the DES Practices are required to establish a Patient Reference Group comprising only of Registered Patients and use best endeavours to ensure their PRG is representative.

Recruiting to the Patient Reference Group (PRG)

1.1 The Practice is required to confirm the process used In order to recruit to their PRG (tick all applicable and provide samples if appropriate)

- Wrote to patients (attach letter) Put up Posters in Practice **Y**
- Put information in the Practice Leaflet **Y** Emailed patients **Y**
- Put information on the practice website (attach web link) **www.hamptonhealth.co.uk**
- Other **Y (see below)**
(please provide details in point 1.2 below)

1.2 The Practice is required to provide details of all other methods of engaging patients used:

Hampton Health has had a patient group since 2005 which we formed by inviting patients to a presentation event with a speaker explaining the idea of patient groups, collecting details from interested patients and following up with patient meetings.
The group was small with only about 10 members who were not proactive and not representative of our patient demographic. We found that younger patients were too busy to attend meetings.
When planning our patient survey we decided to try to expand our patient reference group by offering a 'virtual group' so patients could express their views and become involved in the practice without the necessity of attending meetings. This coincided with our patient list being reopened and so we included a form in our registration pack for new patients to express an interest, and we also advertised through posters in the practice and library, on our website and through the local newsletter to attract existing patients to the group. This group has grown over the past 2 years and is now a good conduit to communicate with our patients and get feedback.
Currently the virtual group consists of 98 patients and we communicate with them via email or SMS messaging.

Practices must strive to engage and encourage feedback from patients that extend beyond a mix of just age/sex and ethnic origin. These could include patients from marginalised or vulnerable groups such as elderly patients, patients with a learning disability or other disability and those with various social factors such as working patterns, employment status and carers etc.

1.3 The Practice is required to provide a brief summary of the patient groups represented in the Practices PRG and describe [what steps they have taken to understand their own demographics in order to construct a PRG using a representative sample of the population.](#)

We have a new town demographic of a high proportion of younger patients aged 16 and under and in the age ranges 25-44 but a lower than average proportion of patients aged 55-85.
As our patient group didn't contain anybody under 55 this was obviously unrepresentative.
With our new virtual group we have a mixture of ages and ethnicities represented with 86% of the group now being under 55, youngest member 22 oldest member 75.
Current membership of the group = 97 (Plus 15 members we correspond with).

Step 2. Method and Process for Agreeing Priorities for the Local Practice Survey

Agree areas of priority with the Patient Reference Group (PRG)

Component 2

As part of component 2 of the DES Practices are required to agree which issues are a priority and include these in a local Practice Survey.

The PRG and the Practice will shape the areas covered by the local practice survey. The areas covered in the local practice survey will, therefore, need to be agreed jointly based on key inputs including the identification of:

- Patients priorities and issues
- Practice priorities and issues including themes from complaints
- Planned Practice changes
- National GP and/or Local Patient Survey issues

2.1 The Practice is required to describe the process it used to seek the views of the Patient Reference Group in identifying the priority areas for the survey questions i.e. via email, website etc.

The bulk of our patient survey was devised by the Borderline Patient Forum on which we are represented by a member of our patient group. However we did ask our patients what questions they would like to see asked in the questionnaire by asking our patient reference group centre, advertising this on our website, and in the local newsletter. I sent an email out to all members of the virtual group asking for the opinions.

After their email responses we added questions 5-8 for newly registered patients and questions 25&26 about patients with long term conditions.

2.2 The Practice is required to list the priority areas and confirm how these match those set out by the PRG

1. Clinical care
2. Getting an appointment
3. Reception issues
4. Opening times
5. Parking
6. Services provided.

All the above were felt to be important areas to include in the survey both by the patient forum and also when we consulted with our PRG.

These areas also relate to comments and complaints received from patients during the year which we had tried to rectify and therefore are useful from our point of view to include checking our success in the actions we had undertaken.

Asking about services helps us to identify what patients know about the practice and help us to consider what might be needed in the future.

Step 3. Details and Results of the Local Practice Survey

Collate patient views through the use of a survey

Component 3

As part of component 3 of the DES Practices are required to collate patients views through a local practice survey and inform the Patient Reference Group (PRG) of the findings.

The Practice must undertake a local Practice survey at least once per year. The number of questions asked in the local practice survey will be a matter for the Practice and the PRG to agree. Questions should be based on the priorities identified by the PRG and the Practice.

3.1 The Practice is required to confirm how it determined the questions to be used in the survey?

This was determined by patient input through the Borderline Patient Forum and by consulting with our PRG and the wider patient community

3.2 The Practice is required to confirm what method(s) it used to enable patients to take part in the survey? i.e survey monkey, Paper survey, email, website link.

**Paper copies of the survey were available for completion in the surgery.
There was also a website link on the practice website for the survey to be completed through survey monkey which was publicised via email to the virtual PRG and in the local gazette.**

3.3 The Practice is required to confirm how it collated the results

The results were input either on the website or manually at the practice. The report was collated via Survey Monkey.

3.4 The Practice is required to confirm the dates of when the survey was carried out and provide a copy of the survey to demonstrate how the Practice has reflected the priority areas in the questions used.

The survey was carried out during between October 2012 and January 2013. A copy of the survey is attached.



Hampton Patient
Survey 2012-2013

Step 4. Discussing Survey Results with the Patient Reference Group (PRG)

Provide the Patient Reference Group (PRG) with the opportunity to discuss survey findings and reach agreement with the PRG of changes to services.

Component 4

As part of component 4 of the DES Practices are required to provide the Patient Reference Group (PRG) with the opportunity to comment and discuss findings of the local practice survey and reach agreement with the PRG of changes in provision and manner of delivery of services. Where the PRG does not agree significant changes, agree these with the PRG.

4.1 The Practice is required to describe how it sought the views of the PRG on the findings of the survey and any proposed changes highlighted from it.

The practice met to discuss the findings of the report and consider what actions we could take in answer to the findings during the management meeting on February 27th 2013.

Our initial comments and the results of the survey were emailed or posted out to the PRG, and we invited suggestions or comments before the report was published on our website.

We have had patient responses, particularly giving suggestions for patients with long term conditions, which we will use in our discussions to make changes at the practice.

Step 5. Agreeing an Action Plan with the Patient Reference Group (PRG)

Agree and Action Plan with the Patient Reference Group (PRG) and seek PRG/PCT agreement to implementing changes.

Component 5

As part of component 5 of the DES the practice is required to agree with the PRG an Action Plan setting out the priorities and proposals arising out of the local patient survey. They are also required to seek agreement from the PRG to implement any changes and where necessary inform the PCT.

5.1 The Practice is required to produce a clear Action Plan that relates to the survey results and attach a copy of the agreed Action Plan for 2012/13.

(Details of our response are attached).



Response to Patient
Survey 2012-2013

5.2 The Practice is required to confirm how it consulted with the PRG to agree the Action Plan and how it sought agreement from the PRG to implement any changes.

The practice consulted with the PRG by email to our virtual group and by post with other members of the group setting out our results of the survey and our response and planned changes. We asked for comments, suggestions or feedback from the group on this plan.

The following suggestions were received and will be discussed as part of our ongoing work to improve the practice:



Suggestions for patients with long ter



Patient Comment

5.3 The Practice is required to advise whether there are any elements that were raised through the Survey that have not been agreed as part of the Action Plan and if so should outline the reasons why.

We believe we have addressed all elements raised in the survey.

5.4 The Practice is required to confirm whether there are any contractual changes being considered if so please give details, as these will need to be agreed by the PCT.

No contractual changes are being considered

Step 6. Publishing the Local Patient Participation Report

Publicise actions taken and subsequent achievement

Component 6

As part of component 6 of the DES the practices is required to publicise the Local Patient Participation Report on the Practice website and update the report on subsequent achievement.

The Practice should publicise the report as extensively as possible and ensure it appears on the Practice website **by no later 31/03/2012.**

6.1 The Practice is required to provide details of where the Local Participation Report has been published (include the link to the Practice website)

www.hamptonhealth.co.uk

There is a page for the Patient group and a separate page on the drop down menu on the Patient Survey page showing the links to the survey documents.

6.2 The Practice is required to provide any updates on progress against 2012/13 Action Plan

The practice is working on providing more information for patients by putting more on our website. All members of the practice have been asked to contribute information about themselves or the treatments they provide to put more information on the website. We also intend to make more information available in leaflet form starting with the results of the patient survey (sent with report) and to use our notice boards to signpost patients into services.

In addition the Practice required giving details of Practice opening hours and how Patients can access services through core hours

6.3 The Practice is required to confirm Practice opening hours and give details on how Patients can access services during core hours (8am-6.30pm)

The practice is open 8.30am – 6pm Monday to Friday except for Wednesdays and Thursdays when we offer extended opening hours (see below).

Phones are available 8-12.45 & 2-6.30 daily and an emergency line is available during the lunchtime period.

Where a Practice is commissioned to provide Extended Hours the Practice is required to confirm the times at which patients can see individual health care professionals

6.4 The Practice is required to provide details of any extended hours provided and details of access to Health care Professionals during this period.

The practice offers extended hours on a Wednesday morning between 7 & 8am and on a Thursday evening between 6.30 & 7.30pm. The appointments can be booked in advance and are advertised as being for workers or those who can't get into the surgery during usual working hours.

We offer evening appointments every fortnight with a practice nurse and a Nurse Practitioner offers early morning and late evening appointments. Doctors offer early morning appointments.

Step 7. Practice Declaration

The Practice confirms that the above report is a true and accurate reflection of the work undertaken as part of the Participation DES 2011/13.

Signed and submitted to the PCT and published on the Practice website on behalf of the Practice by:

Name: ...Leona Charity
Designation Practice Manager

Signed:
Date:26/3/2013

FOR PCT USE ONLY

Date Report Received by the PCT: _____ Receipt Acknowledged by: _____

Report published and evidenced on Practice website by required deadline: _____