



REPORT PATIENT PARTICIPATION 2012/13

Aims & Outcomes

- **To develop a structure that gains the views of patients and enables the practice to obtain feedback from the practice population.**

The purpose of our Patient Participation Group is to ensure that our patients are involved in decisions about the range and quality of services we provide and also to allow us to act on their feedback as much as possible, and where not possible to explain why.

The Crookes Practice set up a Patient Participation group in June 2011, this was as a result of spending two years advertising and inviting patients to join and work with us to improve our services. This group has steadily grown year on year and we always welcome new members.

We encourage our patients to join via our newsletters, posters, slips given out by GP's and reception staff and also on the Surgery website:-

www.thecrookespractice.co.uk

Profile of members.

The group now has 18 members and we actively invite new members to join. Our group comprises only of registered patients and we used our best endeavours to ensure that the PPG was representative of our registered patients.

The representations of the 18 members are as follows:

- male/female	9/9	
- ethnicity	1 Scottish	
-	2 Irish	
-	1 Asian	
-	14 British	
- age groupings	25 - 34	1
	35 - 44	3
	45 - 54	7
	55 - 64	4
	65 - 74	2
	75 - 84	1

Approximately 22.2 % of members are under 44. With 61% between the age of 45 & 64 and 16.6 % over 65. Male/Female split is 50%/50%.

Patient ethnic group is mainly white Caucasian (93%*). We therefore feel this is a good representation with one ethnic minority represented out of the 18

Below are details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local practice survey and also the manner in which we sought to obtain the views of its registered patients



1. Agree areas of priority with the PRG:

We asked all the members on our PPG for their feedback on areas for improvement, issues and areas of priority and their feedback was the basis of our patient satisfaction questionnaire and we listened to their concerns and what they felt was important. We also considered what was causing patients to “grumble” or officially complain and this was factored in to our questionnaire. This year we also compared findings with last years to see if our actions had made a difference and improved our patient perception of us as a service provider. I am pleased to say we have had a significant improvement.

2. Collate patient views through a survey:

The survey was distributed in the following way:

- To patients attending the practice over a 6 month period.
- The survey was posted on our web site and our blog for patients to fill in electronically.

We collected 135 questionnaires. This is just under half of the number of respondents received last year. We are not sure why the interest in completing the questionnaires has fallen but perhaps it relates to patients being more “satisfied” this year than last, so did not feel the need to fill out a questionnaire. The demographics of respondents are similar to last year’s and 26.5% of respondents took part in last year’s survey. Of the 73.5% who did not, the majority was not aware of the survey last year.

56% attended practice for more than 10 years

Majority of respondents (76%) were female

Good representation across age groups

The Business Manager (BM) correlated the results and produced a presentation of results in order to produce an action plan for the year ahead.

3. Provide PRG with opportunity to discuss survey findings:

The survey report and analysis was emailed to our PPG group for their feedback.

“Thanks for this. Encouraging results and I agree the areas for improvements”

“I think this is a really professional document, and I think this is a good response rate and it clearly shows that the feedback from the last survey has been listened to. Well done on a very good survey and on the improvements made over the past year”



4. Agree action plan:

Upon feedback an action plan was drafted and then sent out virtually within the group.

5. Publish actions taken - and subsequent achievement: (Please see separate action plan/report/survey results.)

Below are the new opening hours of the practice which have recently been extended to offer better access.

Surgery Opening Times

Monday 8:15 – 18:00 18.30 – 19.30

Tuesday 8:15 – 18:00

Wednesday 8:15 – 18:00 18.30 – 19.30

Thursday 8:15 – 13:00

Friday 8:15 – 18:00

Telephone Access Times

Monday 8:15 – 12.30 14.30 – 18.00

Tuesday 8:15 – 12:30 14.30 – 18.00

Wednesday 8:15 – 12:30 12.30 – 18.00

Thursday 8:15 – 12:30

Friday 8:15 – 12:30 14.30 – 18.00

Details of our extended hours access scheme, and the times at which individual healthcare professionals are accessible to registered patients can be found below:

Monday 18.30 – 19.30 Dr Wolff/Dr Stroud



Wednesday 18.30 – 19.30 Dr Billington/Dr Carr/ Nurse Waugh

Saturday (one a month) 9.00 – 11.00 Dr Wolff/Dr Stroud/Dr Billington/Dr Carr

Out of Hours Service:

Our surgery is closed on evenings, weekends and Bank Holidays. We do not close for lunch however we do close on Monday's between 1pm and 2.30 pm for training for the whole Practice team every six weeks and the dates of these closures are posted in our waiting areas at least two weeks prior to date. If you require urgent advice or a home visit and we are closed please ring our main number 08443879988 and you will hear a recorded message or you will be automatically transferred to our out of hours service depending on the time of day you ring.