

**Alexander House Surgery**  
**2 Salisbury Road, Farnborough, Hampshire, GU14 7AW**

**PPG LES 2012/13**  
**Report**

**Practice Summary**

Alexander House Surgery have a population of approximately 9,500 patients looked after by five partners, three full time and two part time (4.25 FTE). We are a PMS Practice. The surgery's core opening hours are from 8.00am - 6.30pm Monday to Friday. Appointments may be made by telephoning or in person at the surgery.

We run a triage appointments system for our patients which means you can request a call from a doctor who will assess your medical needs and either give you an appointment on the same day, offer advice over the telephone or book you a routine appointment for later in the week. This type of appointment system is designed to eliminate long waits for you to see a doctor.

If you do not want to be seen on the same day, there are a number of appointments that a patient can book in advance.

The surgery also opens every Monday evening and also on the 1st and 3rd Saturday of each month for routine appointments:-

Monday 18:30 – 20:00 GP and Practice Nurse  
Saturday 08:00 – 10:00 GP and Practice Nurse

**Step 1 : Develop a PRG**

Our PRG was developed in Year 1 of the DES and has continued into Year 2.

**Practice profile**

The patient demographics were identified and confirmed via a clinical system search which identified patient's age/sex/ethnicity/ illness prevalence.

- The demographics were discussed with practice staff and partners
- Included searches on age/sex and ethnicity and QOF prevalence from PCT
- Noted very small numbers of Afro/ Caribbean and Other Asian (Chinese etc)
- Significant total numbers of Asians (Indian/ Nepalese and Pakistani) but not very significant individually
- More significant numbers of East European especially women
- Larger than average SMI prevalence
- Larger older age group.

**Methods used to form PRG and ensure representativeness**

- Invitations made by GPs and nurses during consultations
- Invitations in waiting room distributed by the actual PPG
- Invitation on web site and Facebook
- Letters sent to ethnic minorities
- Ongoing process from September 2011 through to January 2012
- Notice and letters remain in the waiting room

- PPG remain engaged to attract more PRG members and GPs continue to speak to patients in consultations
- Plan a further “blitz” in April after the survey results have been published and reported on.

### Profile of the PRG

- 48 current members of PRG
  - Reasonable age and sex distribution from 18-79yrs, mainly women but males represented in each age group
  - Some ethnic minorities but generally a poor response to the advertisement (1 Nepalese, 1 Afro/Caribbean, several mixed race but no response from the Eastern European contingent)
  - Good mix of Long Term Conditions represented including those with mental illness
- The group was fully established in January 2012 but has been building up since October 2011, and we continue to recruit to the group
- Additional information on PPG -
  - 14 members, one Malaysian who is very closely involved with the SMI community and one lady with SMI
  - Age range is mainly retired, good range of LTC represented

### **Step 2 : Agree areas of priority with the PRG**

The PRG met on 3<sup>rd</sup> October and raised the need to complete a patient satisfaction survey for 2012/13. Representatives of the PPG met with the Practice Manager on 30<sup>th</sup> October to discuss the priorities and developed a draft survey. These were then circulated amongst the virtual group on 1<sup>st</sup> November 2012 for their comments and suggestions. The members of the virtual group were asked to respond within 2 weeks.

It was agreed that all the questions asked were relevant to the following criteria:-

- patients’ priorities and issues
- practice priorities and issues including themes from complaints
- planned practice changes
- Care Quality Commission (CQC) related issues
- National GP patient survey issues

All the areas put forward were agreed for the survey. These were:-

- The Appointment system
  - Ease of use
  - New triage system
  - Advanced booking
- The waiting room
  - Cleanliness
- Areas for improvement within the surgery

Dates of correspondence with the PRG (e.g. emails / meetings to discuss priority areas):-

4 <sup>th</sup> April 2012	PPG Meeting	General update for PPG
6 <sup>th</sup> June 2012	PPG Meeting	General update for PPG
1 <sup>st</sup> August 2012	PPG Meeting	General update for PPG
14 <sup>th</sup> – 20 <sup>th</sup> September 2012	Emails	Discussion regarding virtual patient group and updates to the group members
3 <sup>rd</sup> October 2012	PPG Meeting	Discussed Patient Survey and need to set a separate meeting to discuss 2012/13 survey
9 <sup>th</sup> – 16 <sup>th</sup> October 2012	Emails	Arrangements for 2012/13 Patient Survey discussion with key PPG members

30 <sup>th</sup> October 2012	Meeting	2 members of the PPG and Practice Manager met to discuss 2012/13 Patient Survey
1 <sup>st</sup> November 2012	Email	Email sent to all PPG members to invite suggested questions and propose questions from the meeting on 30 <sup>th</sup> Oct.

### **Step 3 : Collate patient views through use of a survey**

The survey was agreed and ran from 20<sup>th</sup> November 2012 to 25<sup>th</sup> January 2013.

The survey was handed out to patients by the GPs and nurses and was also handed out to patients in the waiting room by members of the PPG as well as being available to pick up at the reception desk. Posters were also put up in the practice asking patients to either complete the survey online or pick up a questionnaire at the reception desk. The practice website had information about the patient survey on its main page. It was easily visible and accessible to all patients.

Please refer to the 2013 Questionnaire Results document for the full results including the PPG and Practice comments.

Dates of correspondence with the PRG (e.g. emails / meetings to discuss priority areas):-

5 <sup>th</sup> December 2012	PPG Meeting	General update for PPG including an update on patient survey responses received to date
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### **Step 4 : Provide PRG with opportunity to discuss survey findings and reach agreement on changes to services**

The PPG met independently on 30<sup>th</sup> January 2013 to discuss the survey results as well as formulate comments and proposed actions to present to the practice. The survey results, comments and proposed actions were discussed at the PPG meeting on 6<sup>th</sup> February 2013. These were then viewed by the partners and Practice comments were fed back including a draft action plan.

Dates of correspondence with the PRG (e.g. emails / meetings to discuss priority areas):-

30 <sup>th</sup> January 2013	Meeting	PPG met to discuss results of the survey
31 <sup>st</sup> January 2013	Email	Results shared with practice. Comments invited
6 <sup>th</sup> February 2013	PPG Meeting	General update for PPG and discussion on patient survey results and proposed actions
11 <sup>th</sup> February 2013	Meeting	Partners discussed the results of the survey – Minuted
14 <sup>th</sup> February 2013	Email	Practice Manager fed back practice comments and actions to PPG
4 <sup>th</sup> March 2013	Email	Final version of survey emailed to practice for sign off.

### **Step 5 : Agree action plan with the PRG and seek PRG agreement to implementing changes**

Please refer to the 2013 Questionnaire Results document for the full results including the PPG and Practice comments.

Action Plan from 2012/13 survey:-

<b>ACTION</b>	<b>BY WHOM</b>	<b>BY (DATE)</b>
To carry out an awareness campaign (leaflet/ poster/ newsletter/ website) to ensure all our patients are aware of how our appointments system works	Practice & PPG	June 2013
Run in house training for our reception team to ensure all patients with an urgent problem can seen or spoken to on the phone by a GP on the day	Practice	March 2014
Conduct a 1 month trial enabling patients to book 14 days in advance.	Practice	June 2013
Offer text message reminders to patients	Practice	April 2013
Implement online appointment booking for routine appointments	Practice	Sept 2013
<u>Privacy</u> – Introduce a line on the floor at the reception desk to encourage patient privacy to speak to receptionists – Investigate installing a TV / Radio	Practice	December 2013
Redecorate the reception area, corridors and consulting rooms	Practice	March 2014
Create a designated space in the waiting room for wheelchairs	Practice	June 2013

Achievement against 2012/13 Action Plan:-

<b>Action</b>	<b>Progress</b>
Appointment System understanding of and access to urgent appointments suggestions to improve access to a particular doctor Privacy in the waiting room – Explore rearranging the chairs, playing music to mask conversation, providing a screen in front of the reception desk, training receptionists and clinical staff to improve confidentiality in the waiting area	Patient awareness campaign complete, still appears to be confusion regarding the appointments system and therefore is included in the 2013/14 action plan
Advertise our extended hours and Health Promotion clinics	Advertised both in the surgery and on the website
Improve privacy in the Clinic	Curtain installed round examination bed Lock installed on clinic door
Improve the cleanliness of the surgery	Patient feedback as well as 2013 patient survey evidenced improvement
Replace flooring and furniture in the waiting room	New Karndean flooring fitted and chairs re upholstered
Migrate to a new IT system Introduce on-line repeat prescriptions Introduce on-line appointment booking	Achieved August 2013 Achieved January 2013 Delayed. Added to 2013/14 action plan.

**Step 6 : Publicise actions taken – and subsequent achievement**

The Patient Survey results, Local Patient Participation Report and Action Plan are all publicised on our practice website – [www.alexanderhousesurgery.com](http://www.alexanderhousesurgery.com)