

Dr N R Ferguson
Dr O J Fairbairn
Dr A M Cave
Dr L J Watts
Dr M Serpant

Alexander House
2 Salisbury Road
Farnborough
Hampshire
GU14 7AW

PPG LES 2011/12 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 Structure

- 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 Priorities and collating of views

- We discussed possible priorities in the August, September and November PPG meetings (minutes available)
- No clear priorities emerged and therefore the group agreed to ask general questions which would then be narrowed down to specific issues that arose as a result of the survey in the next year’s survey.
- The survey questions were discussed and confirmed in the December 2011 PPG meeting
- These questions were sent out for comments with the PRG in December 2011/ January 2012
- Extensive comments and adaptations were agreed in January and the survey was confirmed and published in late January for distribution through February 2012

Step 3 The Survey

- Survey questions were designed by the PPG and sent out on paper for completion on hard copy and through the website and Facebook page for completion online
- Distributed by post (100) and in the waiting room (375)
- These numbers are comparable with our National Patient Survey when 252 questionnaires were sent out.
- 91 surveys were completed on line and 128 by hard copy with a total of 219 responses.
- Results collated and analysed by PPG through My Surgery Web-site programme. My Surgery Website has several pre-designed questionnaires. The PPG adapted one of these to include the questions they wanted to ask, and used the format and system to design a surgery specific questionnaire. All the results were collated through the web-site, either directly when patients used it to send in their results, or keyed in by PPG members from the hard copy replies. The programme collated the results and produced a summary and graphic report. Written comments were then added in by the PPG members.
- The survey results are available via the surgery website (www.alexanderhousesurgery.com)

Step 4 PRG discuss the survey results

- Results sent out to all PRG members by email in the first week of March. The PPG met as a group to discuss the responses and comments and sent the partners a report on 6th March 2012.
- The partners discussed the comments and agreed areas of development and change which were agreed with the PRG in mid March.
- The areas for development are as follows:
 - Support and training of reception staff to improve their communication skills with patients as there has been a perception of 'unfriendliness'.
 - Exploration of the appointments system especially access to urgent appointments
 - Access to internet repeat prescriptions and appointment booking
 - Improvements to the cleanliness and furniture of the building
 - Improvements in privacy in waiting room and clinic
- The results of the survey and accompanying comments, and the Action Plan were sent to the PRG members by email. Only supportive comments were received and the action plan was agreed and published on web page and on Facebook on the 20th March 2012, and a summary put on the waiting room notice board.

Step 5 Action Plan

The plan includes:-

- Actions agreed
- Indication of priorities
- Timeframe

Action	By whom	Date
Appointment System <ul style="list-style-type: none"> • understanding of and access to urgent appointments • suggestions to improve access to a particular doctor • Privacy in the waiting room <ul style="list-style-type: none"> – 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 	PRG	June 2012
Advertise our extended hours and Health Promotion clinics	Practice	Immediately
Improve privacy in the Clinic	Practice	Immediately
Improve the cleanliness of the surgery	Practice	July 2012
Replace flooring and furniture in the waiting room	Practice	March 2013
Migrate to a new IT system If the above is not further delayed... <ul style="list-style-type: none"> • Introduce on-line repeat prescriptions • Introduce on-line appointment booking 	Practice	August 2012 (planned) December 2012 March 2013

These targets will be discussed regularly with the Patient Participation Group.