

HUDDERSFIELD ROAD SURGERY
PATIENT PARTICIPATION REPORT
YEAR ENDING 31 MARCH 2013

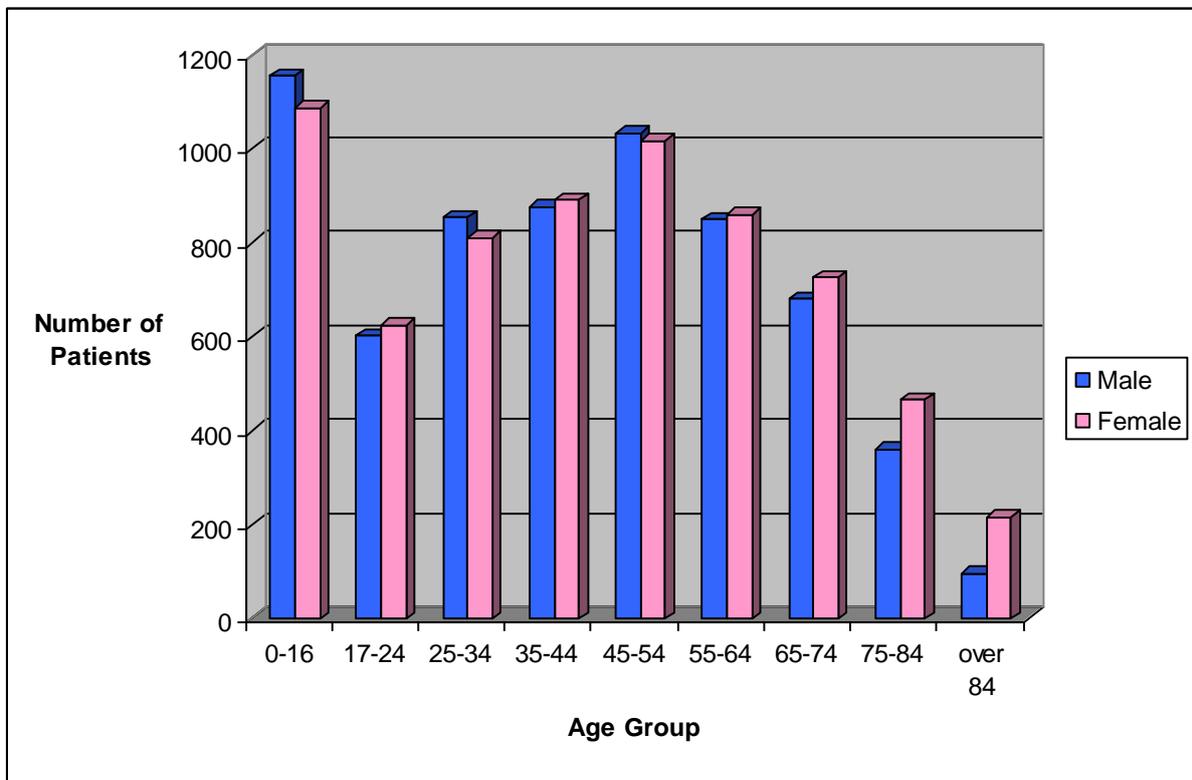
The Practice has three surgeries:

- Huddersfield Road Surgery at 6 Huddersfield Road, Barnsley
- Barugh Green Surgery at 44 Cawthorne Road, Barugh Green, Barnsley.
- Galtee More Medical Centre, 164 Doncaster Road, Barnsley.

Age and Sex Profile of Practice Population

The Practice population is 13,210.

Age Groups	Under 16	17-24	25-34	35-44	45-54	55-64	65-74	75-84	Over 84	Totals
Males	1155	603	854	877	1034	851	680	361	96	6511
Females	1087	625	811	891	1017	860	727	465	216	6699



Ethnicity of Practice Population

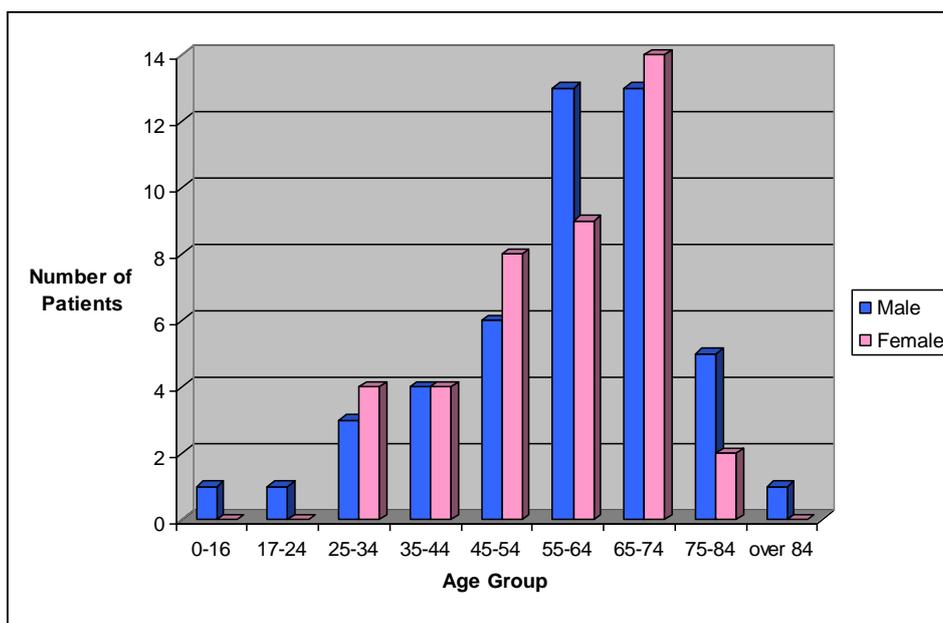
The Practice population is 13,210 and 6,922 or 52.4% of patients have their ethnicity recorded as follows:

Ethnicity	Number of Patients	Percentage of Patients
White British	6438	48.7%
Irish	7	0.1%
Any Other White Background	179	1.4%
White and Black Caribbean	3	0.02%
White and Black African	3	0.02%
White and Asian	8	0.06%
Any Other Mixed Background	3	0.02%
Indian	15	0.11%
Pakistani	8	0.06%
Bangladeshi	1	0.01%
Any Other Asian Background	14	0.11%
Caribbean	2	0.02%
African	32	0.24%
Chinese	14	0.11%
Any Other Ethnic Group	195	1.48%

Age and Sex Profile of Patient Reference Group

The population of the Patient Reference Group is 88.

Age Groups	Under 16	17-24	25-34	35-44	45-54	55-64	65-74	75-84	Over 84	Totals
Males	1	1	3	4	6	13	13	5	1	47
Females	0	0	4	4	8	9	14	2	0	41



Ethnicity of Patient Reference Group

100% of the ethnicity of the Patient Reference Group has been recorded as follows:

Ethnicity	Number of Patients	Percentage of Patients
White British	86	97.8%
Irish	1	1.1%
Any Other White Background	1	1.1%
White and Black Caribbean	0	0
White and Black African	0	0
White and Asian	0	0
Any Other Mixed Background	0	0
Indian	0	0
Pakistani	0	0
Bangladeshi	0	0
Any Other Asian Background	0	0
Caribbean	0	0
African	0	0
Chinese	0	0
Any Other Ethnic Group	0	0

The age and sex profile of the Practice population shows a fairly even mix of males to females and shows the spread of age groups, with the population of under 16's being the most highly represented.

The age and sex profile of the 'virtual' group shows that 88 members were recruited to the virtual group (including the original nine members) and these are an even mix of males and females. The age group is predominantly 65 – 74 year olds, but there is representation across all the age groups.

Ethnicity is recorded in all the members recruited to the group and this is predominantly white British as shown in the previous table. The ethnicity of the Practice Population is also predominantly white British at 48.7% in all those where ethnicity is recorded.

Efforts Made to Recruit Members to the Patient Reference Group

Ongoing efforts are being made to continue recruiting to the virtual group and this will be expanded to as many patients as are interested in joining, to provide the Practice with a broad opinion base for future plans and initiatives. Emphasis will be placed on trying to recruit from minority groups which are at present under represented in the patient group, such as younger patients in the 0 – 44 age bracket.

Huddersfield Road Surgery have recruited a small group of patients who meet on a quarterly basis. The group consists of ten patients, a GP and the Practice Manager. The 'virtual' patient participation group is advertised in practice via posters and leaflets are available to be completed by patients interested in joining the group. The group is also advertised on the practice website. The practice plans to actively

develop both the 'face to face' group and 'virtual' group during the next 12 months. There has been a small increase to the virtual group during 2012.

PRG Action Plan – 2012

At a Practice meeting held on 20 September 2012, the GP Partners and the Practice Manager discussed the action plan and outcomes from the 2012 Patient Participation Report as follows:

On-line Appointment Booking

This had not been achieved to date as the practice had decided to change clinical systems and went 'live' on Emis Web in November 2012. Therefore, the setting up of online appointments for patients to book via the website had to be delayed.

Action: Ask Emis to activate online appointment access on Emis Web.

Timescale: As soon as possible.

Telephone Consultations with a GP

This had been piloted by 2 – 3 doctors in the practice and had proved to be popular to patients and had saved appointments in surgery. This was now fully up and running by all doctors and was felt to be beneficial to patients.

Privacy in Reception Area

This was a priority in 2012 for the practice to refurbish the Choose and Book room for patients to book hospital appointments in privacy and comfort, whilst offering a private room where patients could talk to staff in privacy if required. Unfortunately, due to funding not being granted for this particular refurbishment, the allocated room had not yet been upgraded. However, monies have been spent on refurbishing the treatment room and upgrading sinks and taps to consulting rooms. It is still the plan of the practice to spend monies in the next financial year on updating the choose and book room as a priority.

Action: Allocate monies in 2013 to refurbish choose and book room.

Timescale: Six months

To Reduce DNA Levels

The Practice have now produced and updated their DNA policy which outlines the procedure of sending letters to patients who repeatedly miss appointments. Letters are now sent out on a regular basis in an attempt to reduce DNA's. Mobile phone numbers are being collected from patients at every opportunity in order to send out SMS reminders about appointments. However, the contract with the company who provided the text messaging service has been terminated as the new clinical computer system purchased by the practice is able to send out text appointment reminders to patients and this is to be activated as soon as possible. The idea of a dedicated telephone cancellation line has been put on hold as the practice is proposing to install a completely new telephone system in April 2013 and this will form part of the new system.

Action: Activate text messaging reminder service on Emis Web.

Installation of new telephone system and dedicated appointment cancellation line.

Timescale: By end of April 2013.

Areas of Priority with the PRG for 2013

The areas of priority for 2013 were discussed at the Practice meeting and it was felt that there were several areas for development and improvement to be put to the members of the PRG for agreement as follows:

On-line Prescriptions

As the Practice had now upgraded the clinical computer system, it was possible to give patients the opportunity to order repeat prescriptions on-line. This was felt to be a key area of benefit to patients and would also alleviate stress on the car park and footfall through the practice.

Jayex Self Check-in Screen

The Practice felt that the current Jayex self check-in screen was proving to be unreliable as patients were reporting that it was not booking them in or they were being re-directed to the reception desk. It was agreed that the screen should be fully upgraded and re-sited to a more convenient place as the current setting for the screen was unsatisfactory.

Parking Spaces

Car parking at the practice is always at a premium and it was agreed to create 3 extra car parking spaces by removing some garden area at the entrance to the car park.

New Telephone System

Patients were informing us that it was proving to be very difficult to get through to the surgery by telephone, either because it was engaged or the phone was ringing constantly and taking a long time to be answered. The GP's thought that a complete upgrade to a completely new telephone system would be very beneficial to patients and it was agreed to take this proposed area of priority to the group for discussion and agreement.

Patient Education

The practice felt that it was a priority area to provide patients with long term conditions with as much information as possible about their condition. This would include information leaflets, care plans, signposting to other services both in and outside of the health service and individualised information about the management of their condition.

The above areas of priority were discussed with the patient reference group members (x 8), a GP Partner and the Practice Manager at a meeting held on 27 September 2012 and were accepted and agreed as the areas to take forward in the practice survey.

How the survey was conducted

The practice patient survey was conducted during the month of October 2012 and was given out to patients attending surgery and clinics at the main Huddersfield Road Surgery and its branches at Barugh Green and Galtee More Medical Centre. A total of 340 surveys were distributed with a return figure of 255 (approximately 75%.)

Survey results

For full survey results please refer to Appendix A.

The Practice Manager and Assistant Practice Manager collated all 255 completed surveys and summarised the results and produced a document to take to the meeting with the PPG/PRG in January 2013. The survey was discussed at great length and showed the following:

To summarise:

The survey showed that the telephone consultation appointments introduced last year have been well publicised, with 192 patients telling us that they knew about the service and 43 of them actually booking a telephone consultation. Sixty five per cent said the service was excellent, 18% very good and 16% good. An in house audit of the consultations booked showed that they were mainly used appropriately for issues that could be resolved by telephone.

The survey showed that 166 patients would welcome the possibility of ordering repeat prescriptions on-line, with 89 not intending to take advantage of this. When asked why not, the main reasons were that the patients did not have access to a computer, some wished to hand their prescriptions into the practice personally, and others did not 'trust' a computer.

The Jayex Self Check-In Screen was used by the majority of patients (221), either always or sometimes, but 34 patients did not use it at all. 188 patients found it easy to use, whilst 33 did not. This was mainly due to the screen either not working correctly, not booking the patient in when they thought they had been booked in, or because the patient did not find it in an easily accessible place.

The introduction of an automated telephone system proved to be very popular with patients answering the survey, with 213 in agreement. 198 patients also said they would be happy to receive text appointment reminders, compared with 57 declining.

The survey section 'about the practice' showed that the majority of patients are happy with the service received from the reception staff – 189 said yes most of the time, 42 all of the time and only 3 saying not at all. Three patients stated that they had actually made a complaint about their care during the past 12 months, but that this had been resolved satisfactorily.

The survey contained a large section about 'planning your care' as the practice are keen to concentrate on this area. The survey showed that there is scope for more

health education for patients with a long term condition, ensuring that patients are better informed via their care plans, ensuring that they are made aware of other services available to them.

In general, the majority of patients were satisfied with the service and care they receive from the practice and the majority would recommend us to someone who had just moved into the local area.

The PRG were happy with the results of the survey and the Practice Manager proceeded to compile the following action plan on behalf of the group.

Action Plan

The following is the agreed action plan.

	Priority Area	Action Plan
1	On line appointment booking Brought forward from 2012 action plan. Delayed due to new clinical computer system being installed.	Request Emis to activate on line appointment booking. Timescale: ASAP
2	Privacy in reception area Brought forward from 2012 action plan due to funding being allocated to other areas within the practice – ie., Treatment Room refurbishment.	The practice plan to invest monies in refurbishing the office known as the choose and book room to provide a private area where patients can talk about any personal information in complete confidentiality and privacy. Timescale: 6 months
3	To reduce DNA levels Brought forward from 2012 action plan: There were still a couple of areas to be implemented re this action due to the new clinical computer system being installed and the proposed new telephone system being installed.	Request Emis to activate SMS appointment reminders. Timescale: ASAP Introduce telephone cancellation line – on the proposed installation of a new telephone system. Timescale: By end of April 2013.
4	On line ordering of prescriptions New clinical computer system now enables patients to order repeat prescriptions on line.	Request Emis to activate on-line prescribing software. Timescale: 12 months
5	Jayex Self Check-in Screen This is used very well but requires a full upgrade to ensure reliability and needs to be re-sited for more convenient access.	Order software upgrade and engineer re-site. Timescale: 1 month

6	<p>Extra car parking spaces Practice to remove garden area at entrance and create 3 more parking spaces. Arrangements have been made for staff to park off site to create the maximum number of spaces for patients.</p>	<p>Works to be ordered. Timescale: ASAP</p>
7	<p>New Telephone Automated System Practice to purchase fully upgraded telephone system which will include automated answering and extra number of lines to enable calls to be answered much more promptly.</p>	<p>Place order for new telephone system. Timescale: ASAP</p>
8	<p>Health Education Helping patients to manage their long term conditions better and provide them with more information. Ensure patients receive written care plans and are signposted to other available services.</p>	<ul style="list-style-type: none"> • Produce information leaflets regarding long term conditions. • Written care and management plans. • Signposting and information regarding other services available. • Publish information on website.

The aforementioned action plan was made with the agreement of representatives of the 'face to face' and 'virtual' patient groups.

How the report will be advertised and circulated

- Circulation to all members of the PPG/PRG
- Posters and leaflets in waiting rooms
- Practice website and practice leaflet
- Discussions with practice staff at team meetings
- Blanket text to all signed up patient to the texting service

Practice opening hours – Huddersfield Road

Monday – Friday 7.30 am – 6.30 pm
Late Opening
Every alternate Tuesday/Thursday until 7.45 pm

The opening times above include extended hours when a doctor will be available – these are:

Monday – Friday 7.30 am – 8.00 am
Every alternate Tuesday/Thursday 6.30 pm – 7.45 pm

Practice opening hours – Barugh Green

Monday 7.30 am – 2.00 pm
Tuesday – Thursday 7.30 am – 6.00 pm
Friday 7.30 am – 2.00 pm

Galtee More Medical Centre

Monday, Tuesday, Thursday 8.00am – 6.30pm
Wednesday, 8.00am – 2.00pm
Friday, 8.00 – 5.00pm

Patient Access – Huddersfield Road

All queries and appointments 01226 203420
Fax 01226 731245
Website www.huddersfieldroadsurgery.co.uk

Patient Access – Barugh Green

All queries and appointments 01226 384505
Fax 01226 380418
Website www.huddersfieldroadsurgery.co.uk

Galtee More Medical Centre

All queries and appointments 01226 282813
Fax 01226 245486
Website www.huddersfieldroadsurgery.co.uk

Out of Hours arrangements

Between 6.30pm – 8.00am daily all calls will be automatically re-directed to the out of hours service commissioned by NHS Barnsley to the service provider Care UK.