Hampton Surgery

Directed Enhanced Service for Patient Participation Report March 2014

Hampton Surgery is a long established and well-respected surgery in the heart of the village and has been based in its present building since 1992. The practice currently serves a commuter village patient population of 2879 around Hampton in Arden, Bickenhill & Barston plus around 300 temporary residents in 3 local sites for travellers. This has gone up slightly since last year's patient population of 2764.

The present partnership is between Dr Charlton & Dr Prince who are supported by a salaried Doctor, Dr Wright. The practice has a small hard working team comprising of a Practice manager, Receptionists, Phlebotomist and two Practice Nurses.

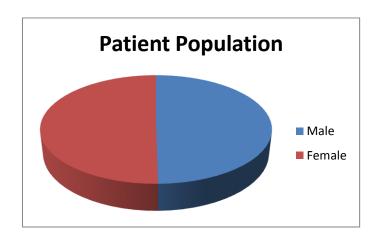
The Practice is also a training practice affiliated to West Midlands Postgraduate Deanery and Warwick University.

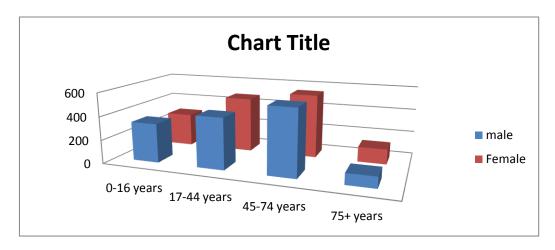
The practice building is open from 8.30am till 6pm daily closing for lunch between 1 & 2.30pm apart from on a Thursday when it closes at 1pm. Surgery starts at 9am and runs till 11am. Afternoon surgery starts at 4pm and runs till 5.30pm. Patients can access the practice by calling 01675 442510 or by calling into the surgery.

The practice holds an evening surgery once a week from 6.30-7.30pm. This is held every Tuesday. This is for pre-booked appointments only and reception services are not available. For those patients requiring an emergency doctor, they can call the practice number 01675 442510 to gain access to the out of hours service.

Dr Prince is the Senior GP in surgery on a Monday, Tuesday & Wednesday, Dr Wright on a Thursday and Dr Charlton on a Friday.

The practice population of 2879 patients is made up of the following:

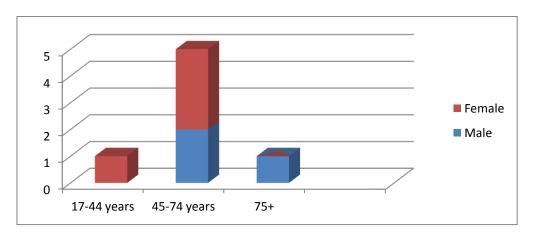




The practice continues to have a large proportion of its patients registered as white British, just over 93% so there has been little change to the other ethnic groups, for which the breakdown data is detailed below:

.75%
.08%
.04%
.4%
1.28%
.22%
.08%
.08%
.11%
.11%
2.84%

Now in to its third year as a small but hardworking and interested group, the PPG has continued with pretty much the same membership. Despite a direct appeal on its Practice Newsletter in the autumn at practice patients in the late teenage age group and constant requests for volunteers in its practice publications, is still struggling to engage younger members on to its PPG. The practice will continue to try and encourage new members to join. This was reflected in March 2013 when a new member (age bracket 17-44) joined the PPG.



The group is supported by one of the Senior GP's, the Practice Manager and a Staff Member who offered to be the secretary and take the minutes of each meeting.

Since its inception, one of the patient members has agreed to become Chairman of the group and where possible a couple of members attend the Area PPG Forum meeting. The Practice has also registered with the National Association for Patient Participation. Members of the group have also participated in CCG's review of its Urgent Care provisions which will go out to consultation in the local area in spring 2014. The aim of the group is to encourage a positive relationship between the patients and the surgery staff, both medical and administrative and to have a voice for the patient in the practice. Over the last year the PPG has met quarterly in June, September, and January & will be meeting again in early April.

The members of the PPG also regularly canvass the opinions of other patients which they report back to the regular quarterly meetings held. They try to meet with patients at other times in the hope of engaging with those that cannot attend the practice based PPG meetings.

The overriding factor that came across from our work during 2012/13, not necessarily in the patient survey but definitely from the discussion with the PPG and their canvassing of patient opinions is that the practice needs to continue its ongoing work to communicate more effectively with its patients. Following on from its work in 2012 the practice now produces a newsletter which is delivered to all the houses in the village, detailing changes to the practice and aims to provide information on matters of medical/community interest. This is distributed in conjunction with the local parish council. In 2013 the newsletter contained information such as:

- the new 2/3 year old flu campaign
- information aimed specifically at the elderly, such as how to access local support, information on dementia & Age UK
- an article around medicines wastage to help the work being done in the surgery in conjunction with the practice pharmacist support,
- the introduction of text reminders and
- Information on care.data the new information sharing of health records by NHS England.

The practice also tries to run articles in another Local Parish magazine called 'The Chronicle'.

Part of the requirements in the PPG enhanced service is for the practice to run an annual survey. In summer 2013 the practice was offered the opportunity to participate in the pilot for the introduction of the 'Friends and Family Test' for GP surgeries. In consultation with the PPG it was decided that the practice would run this survey rather than the annual GPAQ, used in previous years. There were two reasons for this, firstly, that it is likely the practice will have to introduce this in 2014 as a permanent survey and this was an opportunity to see what it entailed. Secondly as the results from the practice survey each year tend to be very similar each year, this was an the opportunity to see if anything different came to light.

THE FRIENDS AND FAMILY TEST

The Friends and Family Test (FFT) aims to provide a simple headline metric which, when combined with follow-up questions, can drive a culture change of continuous recognition of good practice and potential improvements in the quality of the care received by NHS patients and service users. The implementation of the FFT across all NHS services is an integral part of Putting Patients First, NHS England's Business Plan for 2013/14 – 2015/16, and is designed to help service users, commissioners and practitioners.

On 25 May 2012, the Prime Minister announced that the Friends and Family Test would be introduced across the NHS from April 2013. The FFT for acute in-patients and patients discharged from A&E became mandatory on 1 April. Now all providers of NHS funded acute inpatient and A&E services are asking patients:

"How likely are you to recommend our <ward/A&E department> to friends and family if they needed similar care or treatment?" with answers on a scale of extremely likely to extremely unlikely. The provider is then score based on a set calculation as detailed below.

The scoring methodology

Friends and Family Test results is calculated using underlying "Net Promoter Score" methodology.

The calculation - Scores are calculated as follows:

Proportion of respondents who would be extremely likely to recommend (response category: "extremely likely") MINUS Proportion of respondents who would not recommend (response categories: "neither likely nor unlikely", "unlikely" & "extremely unlikely")

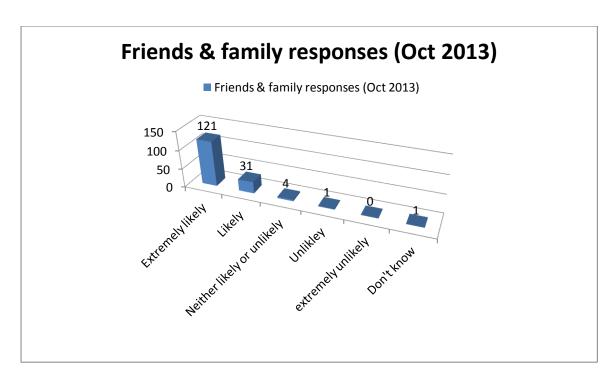
By participating in the pilot scheme and providing feedback, the practice could shape how the scheme would be run within GP Surgeries in the future. The practice would also be provided with all the necessary leaflets and promotional items needed.

The pilot commenced at the beginning of October and would run for three months and the practice would be required to get a return rate of 15% of attendances.

The intention of the Friends and Family test is that every patient completes a card at every interaction with the surgery.

Initially the completing of the cards by patients went well, despite the lack of good promotion material provided by the pilot organisers, though after the first couple of weeks the practice struggled to get the patients to engage for reasons detailed in the feedback provided to the pilot which is stated at the bottom of this report.

The next few charts show the practice results for the participating months.



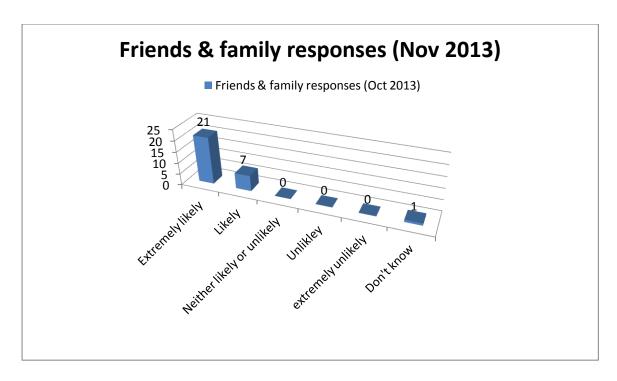
The above scores were based on eligible candidates' numbers of 662 giving the following:

Friends & Family score: 74

Response rate: 23.87%

Detailed below are some of the comments received on the cards:

- Approachable, easy access (extremely likely)
- excellent communication between doctors and nurses (extremely likely)
- Nothing too much trouble (extremely likely)
- Always able to book appointments within reasonable time easy to phone- no automated service delightful (extremely likely)
- My husband has over the past 18 months had cancer and the treatment he has received both at his local surgery and hospital has been excellent (likely)
- Only a small surgery so don't want too many people occupying appointment times #selfish (likely)
- I think it up to the individual to make their own choice of doctor and treatment (neither)
- Family members already registered here (Neither)
- No relatives friends in this area (Neither)
- Do not know enough of subject to make assessment (Don't know)

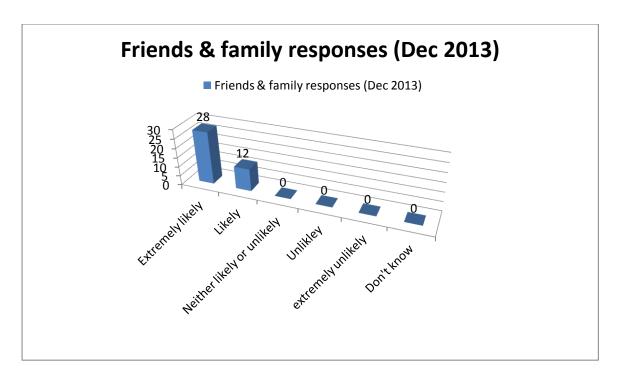


The above scores were based on eligible candidates' numbers of 1170 giving the following:

Friends & Family score: 75

Response rate: 2.46%

- Excellent service, caring & friendly
- Local, know Doctors/nurses, can usually get appointment to suit
- Very helpful, efficient & friendly, very reassuring
- Local GP service should be a 7 day service not a 5 day service
- Very good service
- Have always had considerate attention
- Excellent doctors and very helpful reception staff also the nurses
- I always get an appointment for either my daughter or myself as the doctors are great
- Usually get a quick appointment
- Very friendly & approachable
- Friendly & efficient
- Friendly reception staff & doctors. Always appointments available
- Fairly new to practice & initially not impressed but during last few months my opinion has changed and would now be happy to recommend
- Because they have been great with me
- Very pleasant/nice
- Don't know the main reason, I live in Solihull, having lived in hampton in past, there is no reason for me to recommend some as they would attend somewhere else in Solihull
- Refuse to complete with comment As a NHS employee I am angry of this total waste of resources! Email is cheaper alternative instead of wasting money on this paper work exercise. Funding for more staff would make myself & colleagues feel at little bit better about the service



The above scores were based on eligible candidate's numbers of 919:

Friends and family score: 70 Response rate: 4.35%

- I've recommended my relatives
- Always get an appointment to see a GP soon. Love all the staff very informative
- Very quick helpful service with appointments and repeat prescription
- Always helpful and pleasant to deal with can usually get an appointment when required.
- Medical care would make it extremely likely but contact difficulties take away from top rating. I also had a poor experience with a well man clinic.
- All the doctors and nurses and staff are really helpful and always friendly. They also resolve any problems as fast as they can
- Pleasant surgery but not always easy to fit in appointment around work. Early appointments (8am) and evening appointments would be advantageous.
- Receive good service and attention.

A word cloud is a tool used to generate "word clouds" from text that you provide. The clouds give greater prominence to words that appear more frequently in the source text. The comments received on the test cards were used as the text source.



Feedback delivered to the pilot scheme:

- After initial flurry the only way we could get the patients to complete the survey was by them being asked by the receptionist at each contact which can be time consuming and not always possible when really busy particularly over a long period of time. Previously the survey has been run for a two week intensive period rather than three months
- The Card needs to be tailored to GP/medical centre/surgery as some patients complained that it stated ward, so why did it apply to them?
- Patients who had already completed the card once did not want to repeat next time they visited to surgery as their response was 'we have already done it' which does not fit with the idea that the test be completed at every interaction. This particularly applied to patients that attend the surgery frequently i.e. see the nurse every week
- Patients took the question literally, ie my friends and family live elsewhere so how can I
 recommend here or they already live in the village so I have no need

Interestingly the feedback given by the practice was consistent with feedback given by the other providers participating in the scheme.

At the January 2014 PPG meeting the survey was discussed and the practice and PPG were pleased with the results. Though the practice had encountered difficulties in getting patient s to complete the survey, overall they were pleased that it again showed on the whole positive feedback at the ongoing work that the practice does.

Both the practice and the PPG members want to continue to work together work to answer questions and queries brought to the attention of PPG members by patients either through the use of the newsletter or via the meetings held with the PPG. For example following concerns raised by the PPG around the access to services for young people and how this could be addressed, the practice has had looked at how it can make its services more accessible to the 15-25 age range. The outcome was to send some of the practice staff on training geared to this age group and to introduce what is called a C Pack which is a pack full of information around a young person's rights regarding confidentiality and the services available to them both at the surgery and locally, which is handed out to young people when they attend surgery.

In the months to come the PPG and practice will be looking at topics such as the changes it is making to prescribing with the introduction of repeat dispensing and the Electronic Prescribing. We will also be examining Solihull CCG's Urgent Care Review which is about to go out to consultation as some of the PPG members have been part of the original working party that put together the vision for the future of urgent care services in the borough.

This written report was disseminated to the PPG In January 2014 via email for them to read and once approved for publication, the report will be put on the practice website and will be forwarded to the local area team as part of the DES conditions. The report, newsletters & full survey results will be uploaded on to the surgery website.

Report written by Phillippa Holroyd, Practice Manager & Martin Shalley, PPG Chairman