



KING CROSS PRACTICE PATIENT REFERENCE GROUP SUMMARY REPORT 2013 – 2014

PROFILE OF PRACTICE POPULATION & PRG

King Cross Practice Patient Reference Group (PRG) was formed in September 2011 in support of Patient Participation – Directed Enhanced Service for 2011-12 and has continued to be an active group since; the aim being to open up dialogue with patients with a view to gathering their views to develop/improve/reinforce services at both practice and local level.

Initially, patients registered their interest in the group by completing an 'application form' which was posted out to patient, or was collected from reception. This form was accompanied by a brief explanation of our intentions and an assurance that the information would be confidential and membership of the group was not dependent on the form being completed. The application form incorporated recommendations within the supporting documentation to enable us to measure how far the group was representative of the practice population. During 2012-13, membership unfortunately dipped due to illness and general lack of interest in the work of the group. However, during the latter part of 2013 new members came forward as a result of simply putting our expression of interest forms in a more prominent position with our quarterly newsletter in our waiting room and our receptionists and clinicians also did a sterling job of encouraging patients to get involved.

Our membership at start of the year was 9, plus one virtual member, by the end of the year we now have 19 members, including one virtual member and two expressions of interest yet to attend their first meeting. The upturn in membership has redressed the male/female imbalance but has not altered the age or ethnic spread. The challenge for the year ahead is how to optimise patient interest and collation of ideas/views and gain a more representative mix of patients.

Practice population profile		PRG profile		Difference
Age				
under 16	18%	under 16	0%	-18
17 – 24	10%	17 – 24	0%	-10
25 – 34	11%	25 – 34	5%	-6
35 – 44	13%	35 – 44	11%	-2

Practice population profile		PRG profile		Difference
45 – 54	16%	45 – 54	5%	-11
55 – 64	12%	55 – 64	32%	+20
65 – 74	10%	65 – 74	47%	+37
75 – 84	7%	75 – 84	0%	-7
over 84	3%	over 84	0%	-3
Ethnicity				
56% of patients have ethnicity recorded so figures reflect that percentage of the registered population.				
White		White		
British Group	79%	British Group	90%	+11%
Irish	<1%	Irish		
Other White	4%			-4%
Mixed		Mixed		
White & Black Caribbean	<1%	White & Black Caribbean		
White & Black African	<1%	White & Black African		
White & Asian	<1%	White & Asian		
Asian or Asian British		Asian or Asian British		
Indian	<1%	Indian		
Pakistani	18%	Pakistani	11%	-5%
Bangladeshi	<1%	Bangladeshi		
Black or Black British		Black or Black British		
Caribbean	<1%	Caribbean		
Chinese or other ethnic group		Chinese or other ethnic group		
Chinese	<1%	Chinese		
Any other	<1%	Any other		
Gender				
Male	48%	Male	42%	-6%
Female	52%	Female	58%	+6%
Differences between the practice population and members of the PRG.		The group is aware that they are not entirely representative of the practice population, but there is expertise within the group/interested parties of disability, ethnic groups, carers, connection with local health groups. It is hoped that the website and links therein will at some point attract more 'virtual' members who can be involved in future developments and who can feedback on progress.		

The format of meetings, the group, agenda, minutes and communication with the wider practice population have followed the same pattern as last year, including the sending of newsletters to patients who expressed their interest, direct from website.

The make up of the group does not reflect the practice population, but discussions have been held as to possible strategies to redress this. With small numbers, it is difficult to achieve representation, but we hope that this will continue to adjust over

time via email routes and publicity. With developments of the virtual group the make-up of the group should change too.

A core or regular members however has provided continuity, committed a great deal of time and thought to the meetings, and supported the process extremely well. Two members have continued to attend the local Patient Forums organised by Calderdale Clinical Commissioning Group to develop links with patients/service users. Although these members do not represent the group, they do feedback news and developments. There are other members of the group who have volunteered to attend these meetings in rotation, not only to give the original members a break and pass on a wider variety of views but also to increase their own knowledge of the local health economy.

King Cross Reference Group Meetings 2013-2014:

- 4 July 2013
- 26 September 2013
- 9 January 2014
- 27 March 2014

Meeting banners, minutes (anonymised), agenda and reports are circulated to all members, and copies displayed in the waiting room on a dedicated section of notice board and other prominent points. The notes from this year's meetings are also posted on the practice website www.kingcrosssurgery.co.uk.

LOCAL PRACTICE SURVEY

This year the practice has been involved in a development programme promoted by Calderdale Clinical Commissioning Group called 'Productive General Practice'. The majority of practices in Calderdale have been involved in joint working on this programme which is designed to help general practices continue to deliver high-quality care whilst meeting increasing levels of demand and diverse expectations. It helps practices to put the patient, clinician and practice team at the centre of Improvements and to create a timely, appropriate and dependable response to patient needs. It also helps to release time by working more effectively and efficiently.

As part of this programme a patient survey was developed aimed at capturing patient views on their experiences at the surgery. This survey is different from other surveys we have run. It asked patients about how they felt as individuals during the process of making appointments. It focused on positive and negative feelings – respected, involved, cared for, frustrated, hurried, uninformed etc. This follows on from our earlier surveys as it aimed at measuring if our work with staff on putting the patient first has led to better relationships and whether patients felt involved in their care.

Personal information was included in the questionnaire to help with assessing how representative of the practice population the responses were.

Once again it was thought sensible to have the survey ready for Flu Saturday on 5th October. It was agreed that the surveys would be available in the waiting areas and that the reception team would draw patients' attention to these and encourage completion. Members of the PRG again volunteered to be present in the surgery

on this day to talk to patients and encourage/assist completion. This day was chosen due to the scheduled throughput of patients (800) and the wide range of patients expected – various age ranges, chronic conditions, family members and carers.

We had our Health Care Assistant on hand to carry out any opportunistic disease reviews and BP checks, and had lots of health promotional information available for patients to take away with them.

Paper copies were left in the waiting areas for patients to complete throughout October and November. Patients were able to complete the survey on-line from the practice website. The survey was shorter than earlier questionnaires, and it seemed patients found it easier to complete.

SURVEY RESULTS

The agreed survey was conducted in the surgery from 5 October to 30 November 2013. The full results, in graph format, are available on the survey section of the practice website.

In total, 443 surveys were collected in total giving us the views of 6.1% of our practice population, at a rate of 60 per 1000 registered patients. This is over 60% above the required 25 completed questionnaires per 1000 registered patients. The survey application on our website automatically created the statistical report. Not all patients completed all the questions – these show on the graphs as 'no response'. We are extremely satisfied with the level of response and thank patients for their time in completing the survey.

The additional comments which patients added were collated and shared with the reference group. These have fed into our 'You said/We did' list at the end of this report and have been discussed at the January meeting and within the practice. Final approval of the report will be confirmed at the March meeting prior to publication.

Discussion of Patient Survey Results (PRG Meeting 9 January 2014)

The raw report of results was published on website www.kingcrosssurgery.co.uk and circulated to members for comment in January.

At the January meeting, the group noted the positivity in the responses and high level of satisfaction with the services provided. There are grumbles, but these should not detract attention from continuing to meet the expectations of the majority at a time of increased demand. The practice team also expressed thanks for the many complimentary comments patients made. The high level of compliments and appreciation of the service provided was also noted by the group who felt this should be noted.

Discussion of National Patient Survey results allow for comparison with Calderdale CCG averages – King Cross perform favourably here. These results can be viewed for any practice on www.gp-patient.co.uk

ACTION PLAN

Three action points for 2014/15 were agreed. These were deemed to be achievable and reflect the feedback we have received from patients.

- Update and maintain display screens with variable and interesting items.
- Integrate new telephone system, including local number, to maximise options for patients.
- Patient involvement in reviewing practice website and improve as resource for managing long term conditions.

PROGRESS MADE WITH ACTION PLAN

ACTION POINTS FOR 2013 – 14

Gain better understanding of patients' use of/expectations from practice appointment system.

Our survey asked about experiences making appointment and access our services. We have endeavoured to release more appointments by reducing the number of follow up appointments. The dilemma remains of meeting the demand for on the day appointments and advance booking. Our funding does not allow for additional clinical staff and our business plans do not include expanding the size of the practice. We therefore continue to do our best with our available resources to meet patient need and we continue to work with patients to meet appropriate demand. Our staff are dealing with an increasing number of enquiries without the need for GP appointments, at no detriment to patient care, and we have provided a new leaflet on Managing Minor Illness at Home which is available in the surgery and from our website.

Commission new information system for waiting areas. Stream practice website information through the new display system to be installed in the waiting areas.

Our new system has been installed and now displays our current newsletter items and some self help information. This is still under development and we aim to have targeted information on display according the time of year, the varying clinics during the week, surges in illness and local commissioning group information. One of our group members has been working on this and another member is working on extending the local services and links for support with long term conditions sections of our website.

39 patients have subscribed to receive our newsletter by email. We have had just short of 3000 unique visits to our practice website per month, a staggering 38 000 in the last 13 months. We recognise that these may not all be patient activity, as other agencies visit GP websites for all manner of reasons, but still allows for a good usage by our own patients and we hope the information is proving useful. The site is updated regularly, at least quarterly and more frequently with important information – eg change in phone number, changes to personnel, new local information.

Extend electronic communications with patients – on-line appointments and results, texting results, two-way email (not for clinical enquiries).

We now have preset messages to contact patients by SMS text for a wide range of situations. All these messages are general, making no mention of personal information, but are clear to the recipient. Patients with on-going conditions are used to attending for annual reviews and no longer need lengthy letters for these reminders. This is saving us time and postage and printing costs, and gets the message to the

patient quickly. We do send out letters to patients failing to make appointments so we do have a safety net in place in case of network failure/change of mobile number. GPs are also using SMS messaging on an individual patient basis to feed back details from investigations – to say all clear, or come and see me etc. Again we have reminders in place in case the patient fails to follow up such messages.

We currently have 543 patients registered to use on line services – this is only 7.5% if the population. Repeat prescriptions are requested at less than 20 per week. The appointment cancellation option has been used less than 10 times in the last 6 months. We propose a PR exercise to alert patients to the benefits of on line services and explore why there is low take up of these services. It may be because the system can be cumbersome for family use – each member requiring their own access details and password. We are also aware of the lack of confidence in electronic records/data since the adverse publicity around data extraction and sharing and feel this may have been counterproductive. We have held back from releasing a batch of appointments for on line booking until we are sure this is of benefit to sufficient patients.

We have received a number of change address/telephone numbers via the online option but have also received a number of clinical enquiries via this route. Clinical queries should not be sent as emails as there may be a delay on reviewing these messages according to work rotas. We cannot respond instantly to these messages in the same way as we do to the telephone, fax, and electronically received hospital communications, and so are keeping this option under review for the time being.

2013 - 14

You said...	We did...	The result is...
You wanted to be able to see a GP earlier when you felt unwell.	We have again used local service improvement money to employ GP locums during January, February and March.	We offered 500 ADDITIONAL appointments in the first quarter of this year to improve access.
You are not happy with the charging rates made by some telephone companies to call the surgery.	We added a local number to our telephone system in April 2013 which sat alongside our 0844 number. In January 2014 we replaced our entire phone system.	All our contacts are now through one local number which means patient calls are all charged at local rate unless otherwise affected by their own suppliers tariff.
You would like to be able to book appointments using our online facility.	We are working out the ratio of appointments for online booking & developing a protocol for this.	This is still an aim for 2014 – delayed due to many other changes and some problems we have had with other on line options – the uptake for which has been low.
You have problems with the surgery being closed at lunchtimes. You say this is inconvenient.	We have reviewed staff rotas, meeting arrangements & lunch breaks to cover the full working day with a full quota of staff.	From 1 April 2014 we will be open throughout the day – for reception and telephone enquiries, prescription collection etc.
Some patients still report issues in communication with our staff. We also	We have participated in the Productive Practice Programme and shared	We have made changes to work processes and staff are encouraged to be

receive a lot of compliments and thanks for care and attention given.	good practice with other local GP surgeries.	more patient focused.
You said you appreciated the attention and care you receive from both the clinical and non-clinical staff.	We shared these positive comments with our staff and enjoyed a few moments of pride and satisfaction!	We aim to continue providing quality services and maintain good relationships with our patients.
You like the SMS text messages.	We have extended our use of SMS texts to disease review reminders and blood/xray results.	Patients receive up to date information more quickly and the practice is saving administration and postage costs.
You made use of our self help leaflets.	We have revised the content and found the most current information for you to use. This mirrors the advice our clinical team give to you during these usually self limiting illnesses.	We have a new leaflet for Managing Minor Illness at Home. This is on our website with a guide for dealing with childhood illnesses. Both of these also aim to increase patients' confidence in recognising illness and when extra help is needed.

AVAILABILITY OF INFORMATION

This report and supporting survey results are available

- on the practice website www.kingcrosssurgery.co.uk
- in the practice waiting areas
- by email to PRG members and those who have expressed an interest in the group
- full practice healthcare team

Consideration will be given after further discussion as to the value in sharing with:

- consortia and consortia practices
- Calderdale PM Group
- CQC - at the time of inspections/registration

ISSUES SHARED WITH CCG AT LOCAL PATIENT FORUM MEETINGS

The group were in favour of having consistent information in use across Calderdale and were keen for this to be followed up with other agencies. Groups are now sharing ideas and experiences between practices and have recognised great variation in approach, involvement and successes/impasses.

Our patients have attended every meeting and are contributing to the discussions, bringing back updates on local developments, strategic planning and areas of contention.

CONFIRMATION OF THE OPENING TIMES

Surgery hours are always available on handout within practice leaflet, or separately and are regularly update on both the NHS Choices website, www.nhs.co.uk and the main practice website www.kingcrosssurgery.co.uk .Surgery opening times are on display in surgery and viewable from outside when surgery closed.

We have had to make a difficult business decision around extended access which provided later appointments two days each week. Unfortunately the toll this has taken on staff well being, clinical and non-clinical, means we can no longer offer this service. We will however endeavour to make arrangements for later appointments where we can and offer a telephone service where appropriate for patients whose work patterns make booking routine appointments difficult. We will review the impact of this during the year ahead.

KING CROSS SURGERY OPENING TIMES

MONDAY – FRIDAY

8.00 am – 6.00 pm

Closed one Wednesday afternoon each month for training dates advertised in surgery and on practice website.

IN EMERGENCIES TELEPHONE 01422 230730 during opening hours, or 111 for urgent care out of normal opening hours.