## Directed Enhanced Service Report- Patient Participation Park Surgery – Horsham – March 2012

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#### I. INTRODUCTION

Work to introduce a Patient Reference Group at Park Surgery commenced in April 2011 in response to the National Enhanced Service requirement for all practices to have such a group to poll with regard to local service development.

Park Surgery was fortunate to already have an established patient participation group – the Friends of Park Surgery – to consult with and thus develop the PRG effectively based on prior experience of patient involvement.

Park Surgery is a very large practice and it was recognised that to be truly representative our PRG would need to have approximately 10% of the practice list size ie 2,300 members. This was a very ambitious target especially as the membership depended on the patients access to email which is not as accessible to some of our older patients as it is to the younger age groups — and as historically it has been the older age groups who wish to become involved in the development of practice services.

With this in mind we feel we were fortunate to obtain so many members for our PRG (582) and that membership continues to grow.

This report explains how the PRG was established, its development and the work that has already been done based on our patients responses to the three surveys issued to date. A fourth survey is currently running via our website (<a href="www.parksurgery.com">www.parksurgery.com</a>) and all members of the PRG have been encouraged to access this and complete the questionnaire which is about individual doctors and nurses and their clinical care. This last survey is critical as it will become part of their appraisal and continuing professional development. We recognise, however, the importance of the group of patients who do not have email and have issued paper questionnaires as well for our latest survey to ensure as many patients as possible can express their views.

## 2. PARK SURGERY - PRACTICE PROFILE



Front Entrance, Park Surgery

#### Introduction

Horsham is a pleasant and attractive market town situated within 50 minutes of London and half an hour from Brighton and the South Downs with excellent road and rail links (train station 5 minutes from the practice).

Horsham has a growing population currently in excess of 65,000 with new housing planned for the area. Park Surgery was established over 100 years ago and is located near the centre of Horsham. The practice moved to a new 3-storey purpose built surgery in March 2004. Park is a training practice, with a slightly higher than average elderly population. The practice has always maintained a high list (currently 23,400) and are fortunate to have an excellent team of practice nurses and ancillary staff supporting the doctors in their work.

#### **Assessment Unit**

The practice operates an assessment unit for patients who need to be seen on the day. Two doctors and a nurse practitioner cover this unit which was originally supported by growth monies from our PMS budget. The AU sees patients with urgent needs and those asking to be seen on the day if their own GP has a fully booked surgery.

#### **Attached Staff**

Visiting staff include Radiologists and Ultrasonographers, Health Visitors, District Nurses, Memory Clinic RMN, Dietician, Mid-wives, Phlebotomists, Carers Support, Housing Support, Counsellors.

### **Computer System**

The practice fully utilizes the SystmOne clinical management system which has been in place since January 2011. All patient correspondence is scanned onto the patient record and pathology ordered via the system. All doctors, nurses, secretarial and admin staff are linked to the NHS Net and make full use of e-mail.

#### Patient Base as at 12 March 2012

Age Range	Male	Female	Total
0 - 16	2580	2437	5017
17 - 25	1255	1277	2532
26 - 65	5913	5889	11802
65 - 7 <del>4</del>	906	1018	1924
75 - 8 <del>4</del>	627	867	1494
85 - 105	194	402	596
Total	11475	11890	23365

Park Surgery looks after a number of local nursing and residential care homes providing dedicated weekly visits.

The surgery provides a daily 2-hour surgery for Christ's Hospital; a local school which has 800 boarders aged 11 – 18 all of whom are registered at the practice.

A wide range of occupational health services are also provided by Dr Simon Dean and Dr Liz Fisher.

### **Local Hospital**

Horsham Hospital has an excellent and modern out-patient and diagnostic facility. We do not have a specific contract with Horsham Hospital to provide medical cover.

## Opening Hours – telephones are covered 8 am to 6.30 pm Monday to Friday.

Monday	8 am to 8 pm (includes extended hours)		
Tuesday	8 am to 6.30 pm (7 pm for the ultrasound service)		
Wednesday	8 am to 6.30 pm		
Thursday	8 am to 6.30 pm		
Friday	8 am to 6.00 pm (7 pm for the dermatology service when required)		
Saturday	8.30 am to 12 mid-day (including the urology service and to 4 pm for the		
-	ultrasound and urology services when required)		

#### Out of Hours On-call

Out of hours cover is provided by HARMONI from 6.30 pm to 8.00 am overnight and from 6.30 pm Friday to 8.00 am Mondays.

## **Patient Participation Group**

The Friends of Park Surgery currently has over 800 members and is a run by a dedicated group of patients. The Friends have raised many thousands of pounds for surgery equipment and are keen to expand their role to assist with patient education ie extended news-letter and quarterly seminars.

#### **Pharmacy**

The practice has a pharmacy on site owned and operated by Day Lewis.

#### **Podiatrist**

A private podiatry service operates from the practice.

### **Primary Care Trust**

Park Surgery is part of the NHS West Sussex Primary Care Trust. Horsham Clinical Commissioning Group which comprises seven local practices. Dr Simon Dean is the Chair of the local Commissioning Consortia which is amalgamating with Mid-Sussex Practices.

## **Quality and Outcome Framework**

The practice is a high Quality and Outcome Framework point achiever. QoF comprises a set of targets relating to a variety of disease areas against which the practice is measured.

#### Research

The practice is a member of the Primary Care Research Network and has been involved to date with the ISICA Diabetes Study, The Eureka Heart Disease Study, the Million Women Study, 3C LRTI Study, Bipolar Disorder Study, Hypercholesterolaemia in Children Study and Garfield Study looking at patients with AF.

#### **Services**

We offer specialist services for Antenatal Care, Asthma, COPD, CHD, Diabetes, Diet, Family Planning, Immunisation, Teenage Problems, Travel vaccination and advice, Smoking Cessation etc.

#### **Staff**

Staff include 7 practice nurses, I assistant practitioner, I health care assistant, 4 secretaries, I ultrasound booking secretary and 2 clerks, 3 note summarisation clerks, I system administrator, 2 assistant administrators, 8 repeat prescriptions coding, scanning and data entry clerks, I practice co-ordinator, I senior receptionist, 25 receptionists, I practice manager, a deputy manager and a management assistant.

#### **Training**

We are actively involved in GP training with 3 trainers at present at the practice, with another partner undertaking FY2 trainees with a view to becoming a full time trainer. At any one time we can have up to four Registrars in training on the premises. Twice weekly educational meetings are held and registrars are encouraged to attend these and prepare a presentation for the rest of the clinical team at least once during their time at the practice.

#### **Ultrasound Scanner**

We have a new GE E9 ultrasound scanner, which is used by visiting Consultant Radiologists providing weekly sessions. 4 additional Ultrasonographers provide 3 sessions each week for obstetric and gynaecological work. The surgery is contracted to provide scanning services for all Horsham patients for general scans and anomaly scans for East Surrey Hospital patients.

## 3. PARTNERS AND SALARIED DOCTORS

#### **PRINCIPALS**

Dr S J Dean

MB BS MRCGP DCH D.Occ Med Royal Free Hospital (1981)

Dr S R Fisher

MB BS DRCOG MRCGP PG Cert Guy's Hospital Medical School (1985)

Dr D W Holwell

MB BS MRCGP DRCOG BSc Charing Cross Hospital Medical School (1986)

Dr M Tariq Jahangir

MB BS DRCOG DFFP MRCGP St George's Hospital Medical School (1993)

Dr C P M King

MB BS Royal Free Hospital (1994)

Dr E M Fisher

MB BS DRCOG DFFP MRCGP D.Occ Med DipTher Guy's Hospital Medical School (1985) French Diploma.

Dr M M Nat Athaullah

MB BS BSc MRCOG(I) DFFP MRCGP Imperial College (2001)

**Dr A Roberts** 

MB MS BSc MRCGP DRCOG DFFP Guys, Kings and St Thomas (2000)

Dr T Loganathan

MB BS MRCGP DFFP University of Jaffina (1994)

Dr J Rattan

MB BS BSc MRCGP DOHNS, King's College London (2006)

Dr A Ergene

MD (Istanbul) 1993 DipFamMed MRCGP

#### **NON PRINCIPALS**

Dr D Potiphar

MBChB DRCOG MRCGP Liverpool University Medical School (1993)

Dr I Wolff

MRCGP DRCOG DFSRH State Exam Med (2000) Justus Liebig University Giessen

Dr R Quirk

MB BS MRCGP DCH DFFP DRCOG St. George's Hospital Medical School, London.

**Dr L Sherrington** 

BSc Hons MBChB DRCOG DFFP MRCGP Leeds University (1993) (1995)

Dr S Slator

MB BS BSc MRCGP, Royal Free & University College London Medical School

# 4. FRIENDS OF PARK SURGERY – PATIENT PARTICIPATION GROUP

The Friends of Park Surgery has been in existence since 1991. Originally set-up to counter the closure of the ante-natal ward at Horsham Hospital FOPS continues to fulfil its prime functions which is to inform patients of the activities of the practice (Appendix I), to educate according to current topics, to meet at least 3 times per annum for educational meetings (Appendix II) to provide a social outlet with regular coffee mornings and to raise funds for medical equipment. Fund raising activities include a members draw which takes place 3 times per year.

There are currently 800 members of FOPS and membership is gradually falling from its peak of 1,000 + in 2005. This is partly due to the change in the committee structure because of the deaths of two of the most active and influential members of the committee. It was recognised that FOPS needed to be reinvigorated and the formation of the Patient Reference Group is helping to stimulate an increase in membership. (Appendix III)

FOPS members have usually been in the over 60 age range but there are no full statistics for this at present as the membership data is maintained by the membership secretary.

#### FOPS committee consists of:

Chair: Mr Stewart Mackman

Minute Secretary: Mrs Penny Sewell who has held this roles since 1991.

Membership Secretary: Mr Norman Hewell has held this role for a number of years.

Treasurer: Paula Salerno, the Practice Manager has been acting

treasurer for 3 years. A volunteer replacement from the

members has yet to be found.

A GP: Dr Simon Dean, a partner who has sat on the committee

for a number of years.

Staff representative: Tara Francis-Smith, receptionist and practice co-ordinator.

Other Committee Members Sue Sturt, Philip Lansberry, Lilian Bold.

Our committee includes members who have a high local profile supporting and championing carers, especially those working with stroke patients; another lady member leads a team of willing helpers who provide considerable support with the coffee mornings and another male member is very involved locally with Age Concern and also has a wealth of marketing experience which is helping us to expand FOPS.

Our Membership Secretary, Norman Hewell, has been involved throughout his life in supporting volunteer organisations and works tirelessly to maintain the membership lists in good order. We greatly appreciate all our Committee Members and the work they do on behalf of the practice and recognise that FOPS is moving forward under the leadership of our new Chair, Stewart Mackman.

# 5. THE PROCESS USED TO CREATE A PATIENT REFERENCE GROUP

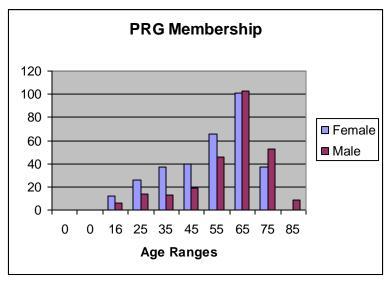
The need to form a Patient Reference Group was seen as a very positive step and one that would help to revitalise FOPS the existing patient participation group.

A form was devised, based on the suggested PCT format, to be circulated to patients (Appendix IV). Means of advertising the PRG included:

- placing forms in a prominent position on reception counters
- in-house posters (Appendix V)
- advertising on the practice web-site <a href="http://www.parksurgery.com">http://www.parksurgery.com</a>
- advertising on membership forms for FOPS (Appendix VI)
- advertising in the FOPS newsletter
- emailing FOPS members who received their newsletter by email
- handing out the form at all of the flu clinics that were in operation during October and November 2011.

The total PRG membership, at the time of writing, is 582. This number is fluctuating but continuing to increase.

AGE RANGE	FEMALE	MALE
16 - 24 25 - 34 35 - 44 45 - 54 55 - 64 65 - 74	22 26 37 40 66	6 14 13 19 46 53
75 – 84 85 plus	37   	53 9 263



At time of writing the %age breakdown of members of the PRG within the age bands is:

16 to 24 years	.56%
25 to 34 years	1.57%
35 to 64 years	1.61%
65 to 74 years	8%
75 to 84 years	6.03%
85 years plus	1.67%

The practice recognizes that there is a disproportionately large number of members in the 55 plus age range and is attempting to address this by handing out additional forms to patients attending the practice targeting those below 50 and advertising via the website. We appreciate we need to do more to encourage younger members.

The Chair of the FOPS Committee, the Practice Manager and Staff Representative also met with a patient who had managed PR and marketing for a London Bank. His advice was to continue to collect emails and to approach patients direct to ask for contact details. Tara, the staff representative, spent 2 weeks speaking to patients in the waiting area encouraging them to join the PRG. It was agreed that members of FOPS would also undertake this role during the year to help boost membership.

In August and January a large cohort of patients (around 3,000) were written to advising them that new partners had joined the practice and offering them the opportunity to move to these new partners lists. The letter that was sent to these patients included a form with details of the patient reference group and inviting them to join.

## 6. FIRST PATIENT SURVEY

The contents of the survey were discussed with the committee members of the Friends of Park Surgery at a meeting held on 15 June 2011 and it was agreed to use the existing members of the email group of FOPS, 40 in total, to ask what questions should be included in the survey. This initial mini-survey confirmed that the main survey should be based on that of previous years ie to include demographic questions and questions regarding:

#### **Generally:**

When was the last time you saw a doctor?

Which doctor did you see?

How do you usually book your appointment?

How easy/difficult was it to get through on the phone?

How easy/difficult was it to get an appointment a time to suit you?

How easy/difficult was it to speak to a doctor on the phone?

How easy/difficult was it to obtain test results by phone?

How easy/difficult was it to see the doctor of your choice

Were you seen urgently when you requested this?

Can other patients overhear you in reception?

How helpful do you find the receptionists?

How do you feel about waiting to be seen?

How do you feel about surgery opening hours?

When would you like to see the surgery open?

## When seeing the doctor or nurse:

Did your doctor give you enough time?

Were you asked about your symptoms?

Were you listened to?

Did you have all tests and treatments explained to you?

Were you involved about decisions regarding your care?

Were you treated with care and concern?

Were your problems taken seriously?

Were you given enough time.

In general how happy are you with the care you get at Park Surgery?

The full results of this survey can be viewed in Appendix VII.

Patients were encouraged to access the survey via the website. The members of the PRG were sent an email informing them that it was available for them to complete and there were 319 responses in total, including those from patients who had chanced upon the survey on the website.

The results showed that the patients were particularly concerned regarding:

- Lack of appointments generally
- Lack of appointments with their named GP.
- Difficulty of accessing the practice on the phone
- Difficulty of parking.

# 7. ACTION PLAN BASED ON PATIENT RESPONSES TO THE SURVEY

## In response to patients comments regarding lack of appointments:

- Agreed to increase the number of GPs overall by one full time and one half time.
- Are reviewing our acute unit.
- Are putting appointments onto the system further into the future providing patients with more capacity to book ahead.
- We have increased the total number of practice nurse hours available within the constraints of room availability.
- We have increased the number of 'same day' appointments available with the nurses.
- We have reviewed the scheduling to ensure that there is more cover available when doctors are on leave or attending external meetings.
- We have provided more information regarding alternative services (Feeling Unwell Brochure (Appendix VIII)) ie the Crawley Health Centre, Urgent Treatment Centre and Horsham Hospital Minor injuries unit. We even had the small A4 leaflet blown up to poster size ie A1 for display in the ground floor waiting area, and have others poster sized displayed in the other areas of the surgery.

## In response to patients concerns regarding being able to see a named GP:

We have appointed 3 new partners who are developing their own lists. This will
improve patient continuity and ensure patients have more opportunity to see their
own named GP.

## In response to patients concerns regarding accessing to the surgery by phone:

 Have increased the number of staff who answer the phones from 8.00 am to 10.00 am in the mornings.

- We have created a dedicated appointment cancellation line for use during daytime hours and advertised this via our website and on practice literature.
- We have recently started to review our 0844 number to investigate the possibility
  of running an additional number alongside the 0844 line for patients who feel that
  they are being disadvantaged by our utilization of this number.

## In response to patients concerns re difficulty in parking:

- The practice conducted a second survey to elicit patient views regarding the surgery car park. With only 15 spaces it is not large enough manage with barriers, pay and display or staffed management. The car park has to be accessible for patients with mobility problems, respiratory problems, taxis and ambulances. The practice pays for parking spaces for staff in the local multi-storey car park and doctors also park in the surgery car park. On a daily basis it is very busy and cluttered and there are often people queuing to use it, despite a pay and display car park being available adjacent to the practice.
- 155 Responses to the car park survey were received in total (Appendix IX). The comments were realistic with one patient stating that if he was aware he could not use the car park he would not attempt to park there. This was in response to the suggestion that the car park should be restricted in use to doctors, the disabled, mothers with sick children in arms, ambulances, taxis and delivery vehicles only.
- The overall consensus was that the car park was really too small to manage in any
  other way than it is at present without incurring massive expenditure. The practice
  will consider limiting its use (as above) and re-marking the lines in the car park to
  reflect this.

#### 8. CONCLUSION

Of the 313 patients who responded to the survey 293 (93.6%) were happy with the care they received at Park Surgery.

Patients are, however, frustrated by the difficulty of getting through on the telephone at busy times and lack of appointments when doctors are on leave or otherwise unavailable.

The Partners understand that the practice still has issues with regards to access despite the various measures that have been taken over the years to improve this.

The Practice continues to grow and the list size is now in excess of 23,400. Whilst the Partners feel it would be appropriate to close our list for a while because of the issues with access, they are advised that this is not possible.

The Partners are therefore taking steps to reduce the boundary of the practice from within 5 miles of the surgery to within 3 miles with the aim of limiting the list as much as possible to within reasonable bounds. Existing patients will not be affected by this boundary change and will be able to remain as patients at the surgery.

The Partnership has found the development of the Patient Reference Group to have been a very useful process and have sought their opinion on other issues including the type of music that should be played in the practice (Appendix X).

Future surveys will cover such topics as the development of Horsham Hospital and the type of services that should be provided there. We would also welcome suggestions from patients regarding other issues that can be investigated via the medium of the PRG.

We hope to increase the membership of the PRG and Friends of Park Surgery which, whilst being at the moment separate and distinct, we hope we will be able to merge fully at some stage in the future.

Paula Salerno Practice Manager March 2012