

## Over Surgery

# Patient Participation Report 2011/12

Produced for the Patient Participation DES 2011/2013

**This report must be published on the Practice website and a copy submitted to [enhancedservices@cambridgeshire.nhs.uk](mailto:enhancedservices@cambridgeshire.nhs.uk) by no later than 31<sup>st</sup> March 2012**

## Introduction

The purpose of the Patient Participation Directed Enhanced Service (DES) commissioned by NHS Cambridgeshire is to ensure that patients are involved in decisions about the range and quality of services provided and, over time commissioned by their Practice.

It aims to encourage and reward Practices for routinely asking for and acting on the views of their patients. This includes patients being involved in decisions that lead to changes to the services their practice provides or commissions, either directly or in its capacity as a gatekeeper to other services.

The DES aims to promote the pro-active engagement of patients through the use of effective Patient Reference Groups (commonly referred to as PRGs) to seek the views from Practice patients through the use of a local practice survey.

The outcomes of the engagement and the views of patients are then required to be published as a Report on the Practice website.

This report summarises development and outcomes of [Over Surgery](#) Patient Reference Group (PRG) in 2011/12.

It contains :

### 1. Establishing a Patient Reference Group (PRG)

A summary of the recruitment process used to ensure that the PRG is of sufficient size to be as representative as possible of the Practice population.

### 2. Method and Process for Agreeing Priorities for a Local Practice Survey

The method the Practice adopted to seek the views of the PRG in determining the priority areas for the Practice to look at to include in a local practice survey.

### 3. Details and Results of the Local Practice Survey

A description of the local practice survey and how it was carried out, as well as details of the survey Results.

The following steps will be conducted in 2012/13 and an updated version of the report published:

### 4. Discussing Survey Results with the Patient Reference Group (PRG)

Details of how the Practice consulted with the Patient Reference Group (PRG)

### 5. Agreeing an Action Plan with the Patient Reference Group (PRG)

Details of the agreed action plan setting out the proposals arising out of the local practice survey results and how they can be implemented Details of any issues that arose in the survey that cannot be addressed in the action plan and the reasons why.

### 6. Publishing the Local Patient Participation Report

Details of where this Report has been published and also details of the Practices opening hours and how patients can access services

### 7. Practice Declaration

Confirmation that the Local Patient Participation Report is a true and accurate representation of the

## 1. Establishing a Patient Participation Group

***Develop a Structure that gains the views of patients and enables the Practice to obtain feedback from the Practice population e.g a Patient Reference Group (PRG)***

### DES Component 1

As part of component 1 of the DES Practices are required to establish a Patient Reference Group comprising only of Registered Patients and use best endeavours to ensure their PRG is representative.

### Recruiting to the Patient Reference Group (PRG)

#### 1.1 The Practice is required to confirm the process used In order to recruit to their PRG (tick all applicable and provide samples if appropriate)

Wrote to patients (attach letter)	Put up Posters in Practice
Offered leaflets to all patients attending practice (attach leaflet)	Emailed patients
Put information on the practice website (attach web link)	<input checked="" type="checkbox"/> Other (please provide details in point 1.2 below)

#### 1.2 The Practice is required to provide details of all other methods of engaging patients used:

The Practice was concerned to establish a relatively small PRG in the first instance, as establishing a large group from the outset would make decision making and administration more onerous. With that in mind we were concerned that it should be as representative of the Practice Population as possible, but clearly the two objectives will conflict to some extent. As the PRG matures and ways of working become established, we may well look to extend the membership of the PRG to better reflect the Practice population.

The process used to recruit to the PRG was for the Practice Team to identify candidate PRF members such that the PRG membership had the following characteristics:

- both sexes
- patients with young children
- elderly
- working, unemployed and retired

Patients who met these criteria were contacted by telephone to ask whether they would be prepared to join the PRG.

Practices must strive to engage and encourage feedback from patients that extend beyond a mix of just age/sex and ethnic origin. These could include patients from marginalised or vulnerable groups such as elderly patients, patients with a learning disability or other disability and those with various social factors such as working patterns, employment status and carers etc.

#### 1.3 The Practice is required to provide a brief summary of the patient groups represented in the Practices PRG and describe what steps they have taken to understand their own demographics in order to construct a PRG using a representative sample of the population.

See 1.2 above.

## **Step 2. Method and Process for Agreeing Priorities for the Local Practice Survey**

### ***Agree areas of priority with the Patient Reference Group (PRG)***

#### **Component 2**

As part of component 2 of the DES Practices are required to agree which issues are a priority and include these in a local Practice Survey.

The PRG and the Practice will shape the areas covered by the local practice survey. The areas covered in the local practice survey will, therefore, need to be agreed jointly based on key inputs including the identification of:

- Patients priorities and issues
- Practice priorities and issues including themes from complaints
- Planned Practice changes
- National GP and/or Local Patient Survey issues

#### **2.1 The Practice is required to describe the process it used to seek the views of the Patient Reference Group in identifying the priority areas for the survey questions i.e via email, website etc.**

When the PRG met on Friday 16<sup>th</sup> Dec 2011, one of the agenda items was to identify areas to include in a Patient Survey. We used the GPAQ survey (<http://www.gpaq.info/>) as a straw man, and updated the content to reflect those areas that most concerned both the PRG and the Practice.

#### **2.2 The Practice is required to list the priority areas and confirm how these match those set out by the PRG**

The survey includes questions on the following areas – these align with the views of the PRG as it was developed in a joint session as above:

- Receptionists & Appointments
- GP consultations
- Nurse consultations
- Overall quality of care
- Respondent characteristics (eg age, sex)

## **Step 3. Details and Results of the Local Practice Survey**

### ***Collate patient views through the use of a survey***

### Component 3

As part of component 3 of the DES Practices are required to collate patients views through a local practice survey and inform the Patient Reference Group (PRG) of the findings.

The Practice must undertake a local Practice survey at least once per year. The number of questions asked in the local practice survey will be a matter for the Practice and the PRG to agree. Questions should be based on the priorities identified by the PRG and the Practice.

#### **3.1 The Practice is required to confirm how it determined the questions to be used in the survey?**

The same PRG meeting which identified areas of interest (see 2.1 above) also identified the specific questions to be asked.

#### **3.2 The Practice is required to confirm what method(s) it used to enable patients to take part in the survey? i.e survey monkey, Paper survey, email, website link.**

Practice website, paper survey in waiting room.

#### **3.3 The Practice is required to confirm how it collated the results**

One of the Practice administrative staff transposed the results from the paper survey forms and website logs onto a spreadsheet.

#### **3.4 The Practice is required to confirm the dates of when the survey was carried out and provide a copy of the survey to demonstrate how the Practice has reflected the priority areas in the questions used.**

The survey was carried out over the period 1<sup>st</sup> February 2012 to 9<sup>th</sup> March 2012.



Over Surgery Survey  
v1.0.pdf