Patient Reference Group 2013

The Ashdown Forest Health Centre PRG consists of 27 members which are broken down as follows:

Sex:

Female 14

Male 13

Age:

Under 50 – 2

Over 50 – 25

Ethnicity:

White British – 26

African - 1

Registered with Disability:

4

Registered Carer

2

In order to recruit for the PRG, during 2012, clinicians canvassed patients during consultations; we wrote to patients, produced posters and leaflets in the waiting room and also included details online. A Virtual PRG has been set up as it was felt that this would be the best way to reach a cross section of our patient population. We believed it would be easier for both PRG members and the Practice to communicate via email/on-line surveys as opposed to many face to face meetings at the practice. The 2012 PRG group members continued to serve during 2013, the practice continues to advertise for new members. Minutes of meetings are available in paper form or by visiting the practice web site.

Surgery Times

The Health Centre is open Monday to Friday 8.30am – 6.30pm, with extended hours until every other Saturday. The practice is closed daily between 12.30 - 1.30pm.

All the doctors are approved by the Primary Care Trust to provide the following services: maternity medical services, child health surveillance, contraceptive services, minor surgery services. Please check with our reception for all surgery and clinic times before coming to the health centre for an appointment. Each day one doctor is our duty doctor to deal with urgent appointments and visits, so surgery times can change as that doctor will be less available for non-urgent appointments.

Please telephone us after 9.00am for non-urgent enquiries. Remember the health centre is closed Monday to Friday 12.30 - 1.30pm.

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|   | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Dr S A Miller** | 9.00 - 12.00 | 9.00 - 12.00 | 9.00 - 12.00 | 9.00 - 12.00 | - |
| 4.00 - 6.00 | 4.00 - 6.00 | 4.00 - 6.00 | 3.00 - 5.00 | - |
| **Dr R J Baxter** | 9.00 - 12.00 | 9.00 - 12.00 | - | 9.00 - 12.00 | 9.00 - 12.00 |
| 4.00 - 6.00 | 4.00 - 6.00 | - | 4.00 - 6.00 | 3.00 - 5.00 |
| **Dr J A Baseley** | 9.00 - 12.00 | - | 9.00 - 12.00 | 9.00 - 12.00 | 9.00 - 12.00 |
| 4.00 - 6.00 | - | 4.00 - 6.00 | 3.00 - 5.00 | 4.00 - 6.00 |
| **Dr A L A Fyfe** | 9.00 - 12.00 | 9.00 - 12.00 | - | 9.00 - 12.00 | 9.00 - 12.00 |
| 4.00 - 6.00 | 4.00 - 6.00 | - | 3.00 - 5.00 | 4.00 - 6.00 |
| **Dr Naineni**  | 9.00 - 12.00  | - | 9.00 - 12.00 | 9.00 - 12.00 | - |
| 4.00 - 6.00 | - | 4.00 - 6.00 | 4.00 - 6.00 | - |
| **Dr Cannon**  |  | 9.00 - 12.00 | 9.00 - 12.00 |  | 9.00 - 12.00 |
|  | 4.00 - 6.00 | 4.00 - 6.00 |  | 4.00 - 6.00 |
| **Practice Nurse** | 9.00 - 12.00- | 9.00 - 12.00 | 9.00 - 12.00 | 9.00 - 12.00- | 9.00 - 12.00 |
| 4.00 - 6.00 | 4.00 - 6.00 | 4.00 - 6.00 | 4.00 - 6.00 | 4.00 - 6.00 |

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2012 Action Plan Update and Progress

**Action Plan – Survey 2012**

Following a meeting held at the practice on Saturday 17th March 2012, it was felt the main areas of the survey results to focus on were: Telephone availability, Doctor Choice and Health Education. It was widely felt that “Communication” is the key to improving services at Ashdown Forest Health Centre. Communication to both patients and staff is vital and the agreed format will be implemented.

Improved Communication to patients:

* Understanding of services available (including health checks and areas of expertise)
* Understanding of appointment system and choice of doctor.
* Opening times.
* Wider population.
* Registered doctor understanding.

The above topics will be communicated to patients via the practice web site, practice leaflet, installation of medical TV in the waiting room, local advertising (parish magazine). In addition and forming phase 2, it was agreed that the practice will analyse patient data in order to highlight “Infrequent visitors” to the practice so that the next survey has a better uptake. Email capture and mobile numbers are to be reviewed and staff encouraged to opportunistically capturing additional patient data.

Improved Communication to staff:

* Clarification and communication of services (continuity)
* Opportunistic data capture
* Praise (results of survey)
* Protected training to cover results
* Introduction of “Individual Patient Care Project” – This is a PRG agreed initiative that will highlight to staff patients with sensitive needs.

**Progress – Survey 2012**

* Improvements for patients and staff
* Understanding of services available

Although the Health Centre is open alternate Saturdays, a member pointed out that there was a need to publish the dates so that patients could be made aware.

The actual dates need to be published together with the services available.

This information to be published in, for example, the Horsted Keynes and Danehill Parish magazines together with the article published in the Forest Row News.

The new system can email and text message patients directly from the system.

TV for health advice – work in progress.

Survey

AC pointed out that the under 30 age group did not participate in the survey as much as the Practice would have liked. The fact that with the new system these patients may receive texts there will probably be more response from this age group.

Improved Communication to Staff

The new system has made life easier and telephone enquiries can be dealt with more quickly.

AC confirmed that staff always tried to make an appointment with the patient’s doctor of choice but that this may necessitate having to wait for 1-2 days. He also confirmed that a patient’s notes were on the screen for the doctor to see should the patient not see his/her doctor of choice.

A group member raised concerns over shared care. When care was being shared between the GP and the hospital, sometimes letters had not been received from the hospital by the time of a GP appointment and in this case it would be easier if that patient could be seen by the same doctor who knows the patient.

AC asked whether it was still a problem when a patient couldn’t be seen by a doctor of his/her choice and the consensus of opinion was that this was not a problem.

A member of the group queried why hospitals did not communicate electronically and AC confirmed that some hospitals do send discharge summaries electronically and also that some hospitals do send copies of letters written to GPs to the patients also.

AC stated that there were ongoing training sessions for staff, the next being on 21 March. The introduction of the Individual Patient Care Project for palliative care patients was working very well.

AC said that patients’ email addresses and mobile telephone numbers were being added to the new system and confirmed in answer to an enquiry that such information can be accessed by the patient online to update information when necessary. He also confirmed that the system could be used to text patients to remind them of their appointments but that this facility had not yet been implemented. There is a confidentiality aspect when a child may have a parent’s mobile number on his/her record. This would be discussed and agreed with the clinicians.

When asked, AC confirmed that AFHC do not have a large number of DNAs, on average the figure being 3 per week. He felt therefore that it was not a priority to use a text message for appointment reminders.

It was felt that the Individual Patient Care Project was an excellent idea but it was asked whether there were there any plans for training days specifically around that. It was said that a patient didn’t necessarily want sympathy.

ALF explained that “Lavender” patients covered a broad spectrum of patients, for example bereavement. Staff would try to accommodate Lavender patients as much as possible so that they could see or speak to the doctor of their choice that day.

CCG Representation

The Clinical Commissioning Group will take over the commissioning and funding for Practices and is to replace the PCT. There are 22 Practices in AFHC’s CCG and they are looking for a Patient Representative. A practice representative was duly selected.

PRG Chairman

It was decided that as a Group, a Chairman and/or Secretary was needed to head up the PRG meetings. AC and partners would always be available for meetings.

ALF felt 2 people would be better, a chairman and deputy chairman.

JD was appointed as Chair

FP was appointed as Deputy Chair

2013 Survey and Action plan

Background

The PRG survey was agreed by group members and was subsequently rolled out to the entire practice population. The survey was available on the Practice website and was communicated to patients by SMS text message and email. The survey was also made available at reception and Lloyds pharmacy, Forest Row.

The PRG would like to thank all patients who took the time to complete the survey and would like to thank patients for their kind words and supportive comments. The PRG decided not to publish “comments” as there were far too many submitted. However, all comments irrespective of content were reviewed by group members at a meeting held on Saturday 9th March 2013 and where necessary will help to form the 2013/14 action plan.

The PRG were encouraged by the number of survey submissions for the age group under 25 and 25-59, a notable increase on the 2012/13 survey. This is a direct result of the facility to SMS text message and email patients.

2013 Survey results

| **1. Would you support the Practice and PCT (Primary Care Trust) in applying to the Village Parish Council for planning permission to extend the entrance and driveway to the practice? The reason for our proposed alteration being the danger our patients face in accessing the Health Centre from the main road.** |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Yes |

|  |
| --- |
|   |

 | 97.38% | 260 |
| 2 | No |

|  |
| --- |
|   |

 | 2.62% | 7 |

| **2. Would you support and attend GP and Nurse led "Health Education events" held at the practice? It is planned that these events will take place after hours and on Saturdays.** |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Yes |

|  |
| --- |
|   |

 | 62.08% | 167 |
| 2 | No |

|  |
| --- |
|   |

 | 37.92% | 102 |

| **3. If your answer to the above question is yes, what events would you be interested in attending?** |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Diabetes |

|  |
| --- |
|   |

 | 13.58% | 22 |
| 2 | Asthma |

|  |
| --- |
|   |

 | 11.73% | 19 |
| 3 | Hypertension |

|  |
| --- |
|   |

 | 20.99% | 34 |
| 4 | Sexual Health |

|  |
| --- |
|   |

 | 3.70% | 6 |
| 5 | Care for the Carer |

|  |
| --- |
|   |

 | 9.88% | 16 |
| 6 | Men's Health |

|  |
| --- |
|   |

 | 39.51% | 64 |
| 7 | Women’s Health |

|  |
| --- |
|   |

 | 39.51% | 64 |
| 8 | First Aid and Emergency treatments |

|  |
| --- |
|   |

 | 46.30% | 75 |
| 9 | Diet (in relation to Diabetes & Weight) |

|  |
| --- |
|   |

 | 30.25% | 49 |
| 10 | Lifestyle (Under 25's) |

|  |
| --- |
|   |

 | 6.17% | 10 |
| 11 | Lifestyle (Over 25's) |

|  |
| --- |
|   |

 | 26.54% | 43 |
| 12 | Other (please specify): |

|  |
| --- |
|   |

 | 12.96% | 21 |

| **4. Would you support Chiropody services currently operated at the Health Centre being transferred to Crowborough Community Hospital? This will offer patients accessing this service greater appointment availability and allowing the Health Centre to increase practice nurse appointments.** |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Yes |

|  |
| --- |
|   |

 | 71.75% | 193 |
| 2 | No |

|  |
| --- |
|   |

 | 28.62% | 77 |

| **5. Are you a dispensing patient?(Patients who collect their medication from the Health Centre dispensary)**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Yes |

|  |
| --- |
|   |

 | 50.19% | 135 |
| 2 | No |

|  |
| --- |
|   |

 | 50.19% | 135 |

| **6. If your answer to the above question is yes, are you satisfied with the service we provide?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Yes |

|  |
| --- |
|   |

 | 94.93% | 131 |
| 2 | No |

|  |
| --- |
|   |

 | 5.80% | 8 |

| **7. If you are not satisfied, what would you like to see improve?**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 15 |

All 15 comments were reviewed by PRG group members.

| **8. Would you use our dispensary between 12.30pm - 1.30pm if we decided to extend opening hours? (Currently we close for lunch but considering extending opening hours)**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Yes |

|  |
| --- |
|   |

 | 59.32% | 105 |
| 2 | No |

|  |
| --- |
|   |

 | 41.24% | 73 |

| **9. If you are not a dispensing patient, where do you collect your medication from?** |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 116 |

# Lloyds Forest Row – 96 Selby - 2

# Tesco – 2 Boots – 4

# Sainsbury – 2 Various - 6

| **10. Are you happy with the service your chosen pharmacy provides?** |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Yes |

|  |
| --- |
|   |

 | 87.10% | 135 |
| 2 | No |

|  |
| --- |
|   |

 | 12.90% | 20 |

| **11. If you are not satisfied, what would you like to see improve?** |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Open-Ended Question | 100.00% | 24 |

All 24 comments were reviewed by PRG group members.

| **12. Have you ever accessed or used a Minor Injury Unit?** |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Yes |

|  |
| --- |
|   |

 | 65.43% | 176 |
| 2 | No |

|  |
| --- |
|   |

 | 34.94% | 94 |

| **13. If you have accessed or used a Minor Injury Unit, please select which Minor Injury Unit you have used.** **(Comments see attachment E)** |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Uckfield MIU |

|  |
| --- |
|   |

 | 28.33% | 51 |
| 2 | Crowborough MIU |

|  |
| --- |
|   |

 | 14.44% | 26 |
| 3 | Queen Victoria Hospital (East Grinstead) |

|  |
| --- |
|   |

 | 69.44% | 125 |
| 4 | Crawley MIU |

|  |
| --- |
|   |

 | 4.44% | 8 |
| 5 | Other (please specify): |

|  |
| --- |
|   |

 | 5.56% | 10 |

| **14. Please complete the below to enable us to establish the range of people who have responded to this survey. No one at the practice will be able to identify your personal responses.**  |
| --- |
|  | **Response Percent** | **Response Total** |
| 1 | Under 25 |

|  |
| --- |
|   |

 | 6.69% | 18 |
| 2 | 25 - 59 |

|  |
| --- |
|   |

 | 39.78% | 107 |
| 3 | 60+ |

|  |
| --- |
|   |

 | 53.53% | 144 |
| 4 | Female |

|  |
| --- |
|   |

 | 53.53% | 144 |
| 5 | Male |

|  |
| --- |
|   |

 | 39.41% | 106 |
|   | answered | 269 |
| skipped | 0 |

2013 Survey Action plan

* Although appointment availability was not deemed to be an issue, it was agreed that the PRG will continue to monitor patient’s comments/views regarding appointment availability and telephone access to the practice. ***Action: Ongoing monitoring and agenda item.***
* The PRG and patients widely support the PCT and practice in applying to the local authorities for planning permission to extend the entrance to the practice.

***Action: Ongoing support.***

* The PRG and practice will commence with “Health education events”.

***Action: arrange in order of popularity but to cover all subject matters, even the low % choice subjects.***

* The PRG voted in agreement to submit advanced notice to Chiropody services for transfer of services to Crowborough.

***Action: Submit advanced notice of transfer of services.***

* The PRG voted not to extend dispensary opening hours (12.30 – 13.30). ***Action: None required.***
* The PRG agreed that comments and feedback on local pharmacy services should be communicated.

***Action: Feedback meeting to be scheduled.***

* The PRG agreed that the Practice should continue to direct patients towards “Queen Victoria Minor Injuries Unit” as a preferred pathway for patients wishing to access this service.

***Action: Continued pathway direction.***

* The PRG agreed that the practice should advertise extended hours (Saturday’s) on the practice web site and in reception.

***Action: Advertise extended hours as requested.***