

Practice Name	Spring Hall
Draft / final submission	Draft
Date Received	
Assessed by	
Date	

The current practice population is – 9104

The surgery currently has a 50/50 split between Male and Female

Practice patient profile

Practice population profile	First PRG profile	Difference	Current PRG profile	Difference
Age				
% under 16 - 22.6%	% under 16 0.0%	% under 16 22.6%	% under 16 22.6%	22.6%
% 17 – 24 10.4%	% 17 – 24 0.0%	% 17 – 24 10.04%	% 17 – 24 10.4%	10.4%
% 25 – 34 15.08%	% 25-34 0.01%	%25-34 15.07%	% 25 – 34 - 0.03%	15.05%
% 35 – 44 14.02%	% 35 – 44 0.03%	% 35 – 44 13.99%	% 35 – 44 - 0.04%	0.96%
% 45 – 54 12.05%	% 45 – 54 0.0%	% 45 – 54 12.05%	% 45 – 54 0.02%	12.03%
% 55 – 64 10.04	% 55 – 64 0.01%	% 55 – 64 10.03%	% 55 – 64 0.07%	9.97%
% 65 – 74 7.1%	% 65 – 74 0.05%	% 65 – 74 7.05%	% 65 – 74 0.10%	7.0%
% 75 – 84 4.6%	% 75 – 84 0.0%	% 75 – 84 4.6%	% 75 – 84 0.0%	4.06%
% over 84 2.4%	% 75 – 84 0.0%	% 75 – 84 2.4%	% over 84 0.0%	0.00%
Ethnicity				
White			White	
% British Group 45.2%	0.08%	45.12%	% British Group 0.20%	45%
% Irish 0.05%	0.0%	0.05%	% Irish 0.0%	0.05%

Mixed			Mixed	
% White & Black Caribbean 0.0%			% White & Black Caribbean	
% White & Black African 0.0%			% White & Black African	
% White & Asian 0.1%			% White & Asian 0.0%	0.1%
Asian or Asian British			Asian or Asian British	
% Indian 1.0%	0.0%	0.0%	% Indian 0%	1.0%
% Pakistani 22%	0.02%	21.98%	% Pakistani 0.07%	21.93%
% Bangladeshi 0.2%			% Bangladeshi 0	0.2%
Black or Black British			Black or Black British	
% Caribbean 0.1			% Caribbean 0	
% African 0.2			% African 0	
Chinese or other ethnic group			Chinese or other ethnic group	
% Chinese 0.2			% Chinese 0	
% Any other 0.3			% Any other 0.01	
Gender				
% Male 51.94			% Male 0.08	51.86
% Female 47.71			% Female 0.18	47.61
Differences between the practice population and members of the PRG.			The practice should describe any variations between the group and the efforts that have made to reach any groups not represented.	

The type of group that the surgery decided to set up was a PRG using face to face meetings not online. Although one patient who was unable to attend the meetings was sent all of the minutes and subsequent questionnaires etc via email. There was a modest uptake for the first meeting with only 9 women between the ages of 34 and 73 and 1 male aged 70, of these members there were 2 of Asian ethnicity and the rest were white British. The meetings were advertised throughout the practice and at the branch surgery using the patient call in system and posters in several areas around the surgeries. All clinical, reception and administration staff were encouraging patients of all of the groups, in person and over the phone, to take part in the group. I have included a copy of all posters and application forms which were used. It was also advertised on the NHS Choices website and the surgery's own web site (www.springhallsurgery.co.uk)

For the second meeting we sent over 600 SMS text messages to all of the patients on the clinical system who had a mobile telephone attached to their records to try to increase the numbers attending. We did not send any posters to specific target groups as we felt we still really needed to target all of our patients. This was more effective and increased the number of male patients taking part and also increased the number of patient's ethnicities taking part.

The first meeting was held at Spring Hall medical practice on Thursday 22nd September 2011 at lunch time. Dr Nagpaul welcomed the patients and explained what the initial terms of reference would be for the group and how the group would be able to increase its involvement in the practice in the future. Dr Nagpaul suggested that we could do a SWAT analysis of patient's feelings and advised that a lot of the complaints received by the surgery were for the appointments system and that was something the practice were keen to look at together with the patients. At this meeting the patients had advised us of any areas they felt may be an issue and asked us to devise a patient survey to see if the issues were the same as the majority of the practice population. The surgery then used the results of the SWOT analysis to design the questionnaire. It was decided that the surgery would use 2 different survey's which would be given to all of the patients who attended the surgery for an appointment as these patients had used the appointments system and that seemed to be the patient's main concern. One survey would cover the GP's and clinical staff and how their performance was seen by the patients and the other survey would be about the appointments system, opening hours and reception area and staff. The surveys were given out between 6th December 2011 and the 27th January 2012. There were a total of 250 questionnaires handed out between both surgeries with a total of 225 replies handed back in. the surgery have a total of 9100 patients therefore the total number of completed questionnaires needed were 250 (Please see the minutes and surveys and results enclosed.)

The second meeting was held at Spring Hall Practice on Thursday 2nd February at 6.30pm. This time was chosen to try to include patients who may work. At the second meeting we discussed the results from the surveys. We explained that the survey results had shown a 50/ 50 split on patients who like triage compared to those who didn't, as a result the GP's had already discussed the appointments system at a practice meeting and had decided that the surgery should alter the appointments system slightly and open more of the available appointments for book in advance and some could be held for booking in the next 24 hrs, the remainder would be left for the

duty Dr to book from. This was discussed with the PRG and they agreed that it seemed the correct way to move forward. They agreed that Triage for urgent appointments would still be needed but that it would be nice to book in advance for any routine problems. The group discussed all of the results from the surveys and agreed with the changes to the appointments system which the surgery had already put forward. The survey had shown that there were still some patients unaware of the late night surgery or the Saturday morning surgery at boots. And it was agreed that we would have to ensure that this was advertised more by reception staff and also around the two surgeries. The patients also discussed how they would like to see the reception area, and discussed changes to the leaflet display and messaging system. It was agreed that a new notice board would also be used which would be updated monthly, the notice board at the branch surgery would also be updated monthly, this would mean that the patients would know where to look for up to date information within the surgeries. The manager also explained that the surgery was hoping to be granted funding for vinyl flooring throughout the surgery under the new guidelines from Care Quality commissioning (CQC). Carrie explained that from next year the surgery will be registering with the CQC and this would help to ensure that patients have a chance to be involved with the way the surgery is run and able to personalise the way that they receive there care. She advised that as the surgery prepares to sign up for CQC in 2013 we will ensure that it is discussed in more detail at a patient participation group meeting. Minutes from the meeting are also included.

Action plan and summary of progress

You said...	We did...	The result is...
(insert survey findings)	(insert actions or agreements not to act)	(insert achievements to date)
Triage liked by some but not by others	The surgery has opened more appointments in advance and some for in next couple of days	Triage system altered
The surgery waiting area untidy	Waiting area de cluttered and tidied up and new flooring applied for	The waiting area looks tidier and cleaner and once the flooring is down it will look much better
The surgery late night opening and Saturday morning clinic needs to be advertised more to patients	Notices have been put up around the surgery and around boots. The opening time are on both the choices website and our own website	More patients are now aware of the late night opening and the Saturday morning surgery at Boots

The surgery have altered there appointments system as agreed with the PRG. The reception area has been cleared of all clutter and old posters and leaflets removed. The new notice board has been installed and is being used. The flooring has been approved and work is underway to replace all of the current carpeted flooring on the ground floor of the surgery with vinyl.

No changes have been made to the current opening hours although it was agreed that the Surgery would advertise the late night opening and Saturday morning surgery at boots more as patient appeared to be still unaware of them.

Spring Hall surgery opening hours are as follows

Monday 08.00 – 19.30

Tuesday – Friday 08.00 - 18.30

The branch surgery opening hours are as follows

Monday – Friday 08.00-18.30

Saturday 09.00-12.30

Urgent appointments are booked through telephone consultation with the Duty Dr.

For routine appointments there are $\frac{3}{4}$ of all available slots open to pre- book with a further $\frac{1}{8}$ which open 2 days in advance the rest are used by the Duty Dr who will book the urgent appointments.

This report and the results of the patient survey will be available at our website www.springhallsurgery.co.uk . The results will also be available on the notice boards at both Spring Hall surgery and the boots branch. The report will be advertised in the surgery using the Jayex system and the notice board.

Dates for the next meeting will be posted in both surgeries and on the Spring Hall website and the NHS choices website