

Strand Medical Practice



Local Patient Participation Report March 2014

2-6 The Strand
Goring-by-Sea
Worthing
West Sussex
BN12 6DN

Practice Manager: Jane Kimber
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Executive Summary

The following report outlines requirements for a Local Patient Participation Report to satisfy the PP-DES 2013 – 2014 requirements as directed by the;

THE NATIONAL HEALTH SERVICE ACT 2006

The Primary Medical Services (Directed Enhanced Services) (England) (Amendment) Directions 2011 Insertion of new direction 12A - "Patient Participation Scheme".

The survey results in this report have been collated since 1st April 2013, and continue on from results in the 2013 Local Patient Participation Report. Strand Medical Group participated in the PP-LES from 2011-2012 and then the PP-DES from 2012-2014

Strand Medical Group 2-6 The Strand Goring-by-Sea West Sussex BN12 6DN	Practice Manager: Jane Kimber
Number of full time doctors (FTE)	6
Number of patients	13692

PP DES Methodology

The Practice had engaged with NETbuilder to provide their comprehensive managed survey solution, NBSurvey, to enable the collection of views from patients in multiple locations across various demographic groups. This enabled patients' opinions to be sought via an input channel most suited to them, from in-practice touch screen kiosk, paper surveys through to virtual online surveys. However, although this method of engagement had provide successful in the previous two years, patients were not willing to do so this year and the Practice devised its own survey which was available in paper format from the surgery or by email to our Patient Reference Group.

The Practice has a 'virtual' Patient Reference Group. This means that patients are invited and encouraged to give their feedback on various aspects of the Practice in a number of ways.

The Strand Patient Reference Group is a member of the National Association for Patient Participation and we distribute their newsletters to our group members.

We also encourage our PRG members to engage with the local (CWS) Patient Participation activities by circulating details of meetings and requests for patient representatives.

The current number of PRG Members is 50. Recruitment is on-going.

Results Summary

Item	Total
Number of Responses	204
Number of Input Channels	2

Summary Outcomes & Action Plan – PPDES Year 2 Results

The Practice has built on the work that we carried out through participation in the Patient Participation LES in 2011 and is now signed up to the Patient Participation DES for 2013/14. The membership of the virtual Patient Reference Group has changed over the last year, with some patients ceasing to be involved but new members taking their place; work on increasing the membership continues.

In July 2013, we met with members of our Patient Reference Group to consult with them further on our plans and to focus on their priorities for our future surveys. This was also an opportunity for our members to ask questions about the Practice and the changes in the wider NHS.

Our Action Plan this year covers three main areas which focus on:

- Increasing the capacity of our call queuing system
- Review information and presentation of material to promote services
- Review use of email to communicate with our patients

We will be agreeing further surveys with our Patient Reference Group so that we carry out surveys over the next year to ascertain the impact on our service of the changes that we making.

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About The Practice

The Practice is located at 2 - 6 The Strand in Goring-by-Sea, West Sussex.

Appointments are bookable 1, 2, 3, 7, 14 or 21 days in advance with the remaining appointments available on the day. The percentage of appointments available on the day varies, for example, on Monday, 75% of appointments are available on the day; this varies through the week. The Practice also offers telephone consultations and a telephone triage service. Patients are able to book either in person, by telephone or online; all face to face appointment types are available online.

Patients on regular medication will require repeat prescriptions and for a safer and speedier service, repeat prescriptions are computerised. Repeat prescription requests can be handed into Reception, sent by mail, delivered through the local pharmacy repeat prescriptions services or requested online through the SystemOnline website.

Service available at the Practice

Diabetes

Run by specially trained Nurses who offer an annual health review as well as on-going check ups, dietary and general advice. If problems arise, patients will be referred back to their usual doctor.

Asthma

Our specially trained Nurses will ensure that treatment is effective by checking inhaler technique and measuring lung function regularly, referring patients to their usual doctor. Patients attending for Asthma appointments are requested to bring along their inhalers.

Cardiac

This clinic provides a service for patients who currently have heart disease. It offers advice about maintaining health and reducing the possibility of any further heart problems. It is run by specially trained Nurses and assessed by invitation only.

Travel

To book a Travel Clinic appointment, Patients are asked to pick up a form at our Front Desk 6-8 weeks prior to their travel. An appointment with our trained Nurses will be given based on vaccination type.

Cervical Smears

The Nurses are trained to do cervical smears. All women aged between 25 and 64 years of age are automatically invited for a smear through the screening programme run by the local health service with follow up service for non-responders managed by the Practice.

Minor Illness

These Clinics are held on a daily basis to deal with minor ailments - eg Sore Throats, Urine Infections, Coughs, Rashes.

Minor Surgery

We have regular clinics to remove "lumps & bumps", moles, cysts etc. It is essential that patients have an appointment with the GP first so that the lesion can be properly assessed. If we are able to remove it at the surgery we will arrange for patients to have an appointment at the Minor Surgery Clinic.

Family Planning Services

The Family planning service offers confidential advice and information about contraception and sexual health from our Nurses and Doctors.

Smoking Cessation

At this clinic, specially trained Counsellors help patients cope with their dependence on tobacco products. The therapy involves individual counselling as well as group sessions and may include the dispensing of pharmacological aids.

Child Vaccinations

There are some diseases that can harm children or cause permanent damage to their health. Immunisation - also called 'vaccination', 'jabs' or 'injections' - provided by our trained Nurses will help prevent them and keep children healthy.

The Doctors

The Practice has four Partners, two salaried GPs (another salaried GP is joining the Practice in 2014, we currently have a long term locum) and two GP Registrars working at the surgery.

The Practice Staff

Practice Nurses

The Doctors are assisted by a team of 6 Practice Nurses and 4 Health Care Assistants who run our Minor Illness clinics and Chronic Disease Management clinics.

Reception

There are 12 Receptionists who have undertaken special training and always respect patient confidentiality.

Administration

Our administration team comprises 3 Medical Secretaries and 4 Administrators who support the Practice in areas such as patient referrals, scanning & attaching of letters, IT and financial services.

Opening Hours

The surgery opening hours are 8am till 6.30pm Monday to Friday with late surgeries running till 7.30pm on Monday and Wednesday as well as early morning surgeries at 7.00am on Thursday. Nurse clinics (pre-bookable appointments only) are also available once a month on Saturday.

Home Visits

In cases of severe illness, infirmity, or emergencies, the GP or Nurse will visit the patient at home.

Patients who are too ill to attend surgery are asked to call the surgery before 10.00am whenever possible, in order for visits to be planned. Patients are encouraged to describe their symptoms so that the Receptionist or a Duty Doctor can assess the urgency of the call. Doctors may phone before visiting to assess the urgency of the visit.

When the Surgery is closed

NHS111 is now the first point of call for any patient requiring medical assistance or advice during the out of hours period. The face to face out of hours period is currently provided by Harmoni from 6.30pm to 8am Monday to Friday and 24 hours Saturday, Sunday and Bank Holidays. From 1st April 2014, the face to face out of hours service will be provided by Integrated Health 24 (IC24).

Local Survey Methodology

The Practice had engaged with NETbuilder to provide their comprehensive managed survey solution, NBSurvey, to enable the collection of views from patients in multiple locations across various demographic groups. This had enabled us to canvass our patients' opinions via an input channel most suited to them, from physical paper and in-practice touch screen kiosks, through to virtual online surveys. This had proved successful during the period 2011 to 2013 but in the last year, patients had demonstrated reluctance to use the touch screen kiosk. We, therefore, decided to use a more traditional survey format, paper based, with one survey covering seven areas.

We did, however, retain the NBSurvey methodology.

The NBSurvey Methodology



Input Channel Evaluation Criteria

Input Channels should be thoroughly evaluated for their suitability for use by patients belonging to a Practice. The following table describes the advantages and disadvantages of each input channel currently supported for Practices.

Input Channel	Advantages	Disadvantages
Paper Surveys	<ul style="list-style-type: none"> ▪ Suitable for a large percentage of patients across most services ▪ Known and trusted media for many patients ▪ Popular with our patients 	<ul style="list-style-type: none"> ▪ Production, deployment and collection of surveys required ▪ Data input required
Public Web Surveys	<ul style="list-style-type: none"> ▪ Instant feedback ▪ Fast deployment of survey ▪ Easily changeable 	<ul style="list-style-type: none"> ▪ Limited to patients with internet access ▪ Limited to patients with the ability to use technology
Email Surveys	<ul style="list-style-type: none"> ▪ Instant feedback ▪ Fast deployment of survey ▪ Easily changeable ▪ Excellent for tracking feedback for specific treatments (e.g. specialised clinics) 	<ul style="list-style-type: none"> ▪ Limited to patients with internet access ▪ Limited to patients with the ability to use technology ▪ Limited to patients who have provided an email address
Touch Screen Kiosks	<ul style="list-style-type: none"> ▪ Immediately and conveniently accessible before and after appointments ▪ Instant feedback ▪ Fast deployment of survey ▪ Easily changeable 	<ul style="list-style-type: none"> ▪ Limited to patients with the ability and willingness to use a touchscreen kiosk – not popular with our patients ▪ Requires suitable physical location
Standard Desktop	<ul style="list-style-type: none"> ▪ Instant feedback ▪ Fast deployment of survey ▪ Easily changeable ▪ Immediately and conveniently accessible following treatment 	<ul style="list-style-type: none"> ▪ Limited to patients with the ability and willingness to use a desktop PC ▪ Requires suitable physical location ▪ Requires protection from being damaged, lost or stolen
Face to Face interviews	<ul style="list-style-type: none"> ▪ Instant feedback ▪ Fast deployment of survey ▪ Easily changeable ▪ Immediately and conveniently accessible following treatment ▪ Patients able to converse with a person, puts at ease ▪ Rapport building 	<ul style="list-style-type: none"> ▪ Canvasser must be independent ▪ Additional resource required ▪ Patients may be reluctant to give honest answers to canvassers

Patient Reference Group

PRG Membership

Member Profiles

We currently have 50 members in our Patient Reference Group.

PRG Recruitment & Representation

Members of the group have been recruited by notices in the waiting room, sign up forms in Reception and information on the Practice website.

The PRG members are 'virtual'. The demographics of the PRG are shown below.

Nationality	PRG Profile	Age Group	PRG Profile
White British/Irish	48	20-29 years old	0
Other White	1	30-39 years old	3
Other	0	40-49 years old	5
Black	0	50-59 years old	6
Asian	0	60-69 years old	25
Indian	1	70-79 years old	10
Pakistani	0	80-89 years old	1
Chinese	0	90 and over	0
British or Mixed British	0		
Not known	0		
Gender	PRG Profile		
Male	22	Female	28

Our Action Plan was shared and agreed with our PRG members in March 2013. We have implemented the actions and the surveys undertaken this year are as agreed with our PRG so that we can measure the impact of our actions.

Our communication with our PRG has been by email. As a member of NAPP, we receive their regular monthly bulletins which we forward to our PRG members each month.

Additionally, CWS Comms (the Clinical Commissioning Communications) sends us emails with details of local Patient Participation meetings, requests for patient representatives to sit on groups which we forward to our PRG members.

Agreement of Priorities

Our Practice took the strategic decision not to solely rely on our Patient Reference Group for feedback to our surveys and wanted to capture the views of as many of our patients as possible. To support this decision, we invested in a touchscreen kiosk and web portal technology in year 1.

The intention was to encourage patients visiting the Practice to provide us with "in the moment" feedback about the service they had just received. The web portals enabled us to reach-out to patients who are unable to visit the surgery.

However, its use has not proved popular with our patients and the number of surveys completed using these methods has fallen significantly in the current year so that we did not feel that the results were representative. We have, therefore, this year used a paper survey which was made available to our patients in the surgery and sent by email to all members of the PRG.

Results, Outcomes & Findings

Summary Information

Item	Total
Number of Responses	204
Number of Input Channels	2

Representation of Registered Patients with comparison to our PRG

Nationality	Practice Profile	%	PRG Profile	%
White British/Irish	5814	42%	48	96%
Other White	157	1%	1	0%
Other	67	0%	0	2%
Black	73	1%	0	0%
Asian	53	0%	0	0%
Indian	76	1%	1	2%
Pakistani	94	1%	0	0%
Chinese	32	0%	0	0%
British or Mixed British	85	1%	0	0%
Not known	7241	53%	0	0%
Age Group	Practice Profile	%	PRG Profile	%
20-29 years old	1642	15%	0	0%
30-39 years old	1473	14%	3	6%
40-49 years old	1879	18%	5	10%
50-59 years old	1839	17%	6	12%
60-69 years old	1658	16%	25	50%
70-79 years old	1144	11%	10	20%
80 – 89 years old	816	8%	1	2%
90 and over	195	2%	0	0%
Gender	Practice Profile	%	PRG Profile	%
Male	6732	49%	22	44%
Female	6960	51%	28	56%

As noted in previous years, our patients in the age ranges 60-69 years old and 70-79 years old are over represented; further work is required to recruit younger patients to the PRG.

Ethnicity: we have a large number of patients with historical records which do not have their ethnicity recorded. As we do not know the ethnicity of a significant proportion of our patients, it is difficult to confirm whether our PRG is representative in this respect although it is likely that it is. We only have a small number of patients recorded as being from an ethnic group other than White British/Irish in our populations as a whole but none from these groups in our PRG so this is an area that we will target.

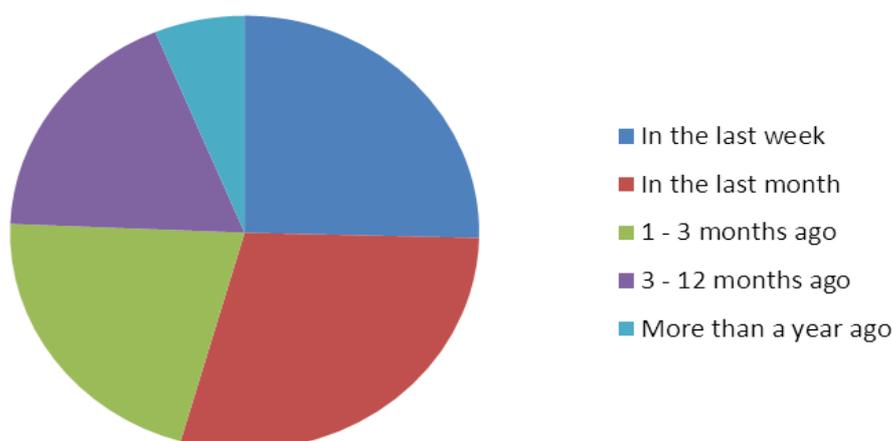
Survey Results

The results were discussed with the PRG and relevant Practice staff; the key outcomes for each section of the survey are highlighted below.

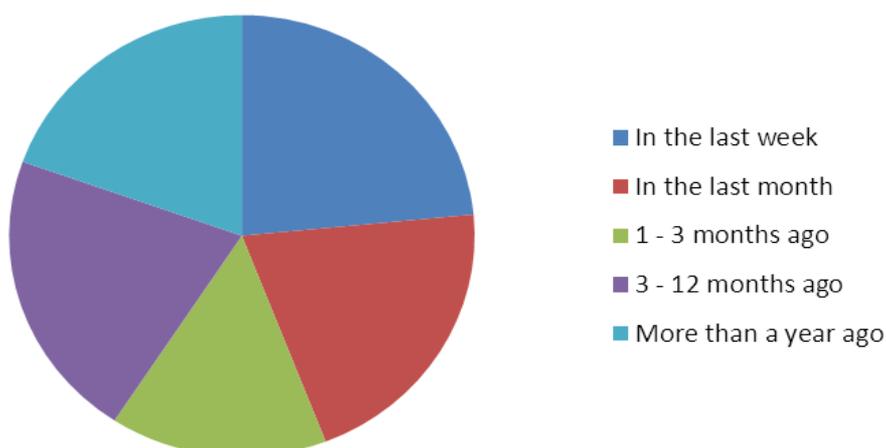
204 patients have completed this survey since 1st April 2013. Not all patients responded to every section or to every question in every section if questions were not applicable to them.

Frequency of Attendance at the Practice

Attendance to see a doctor

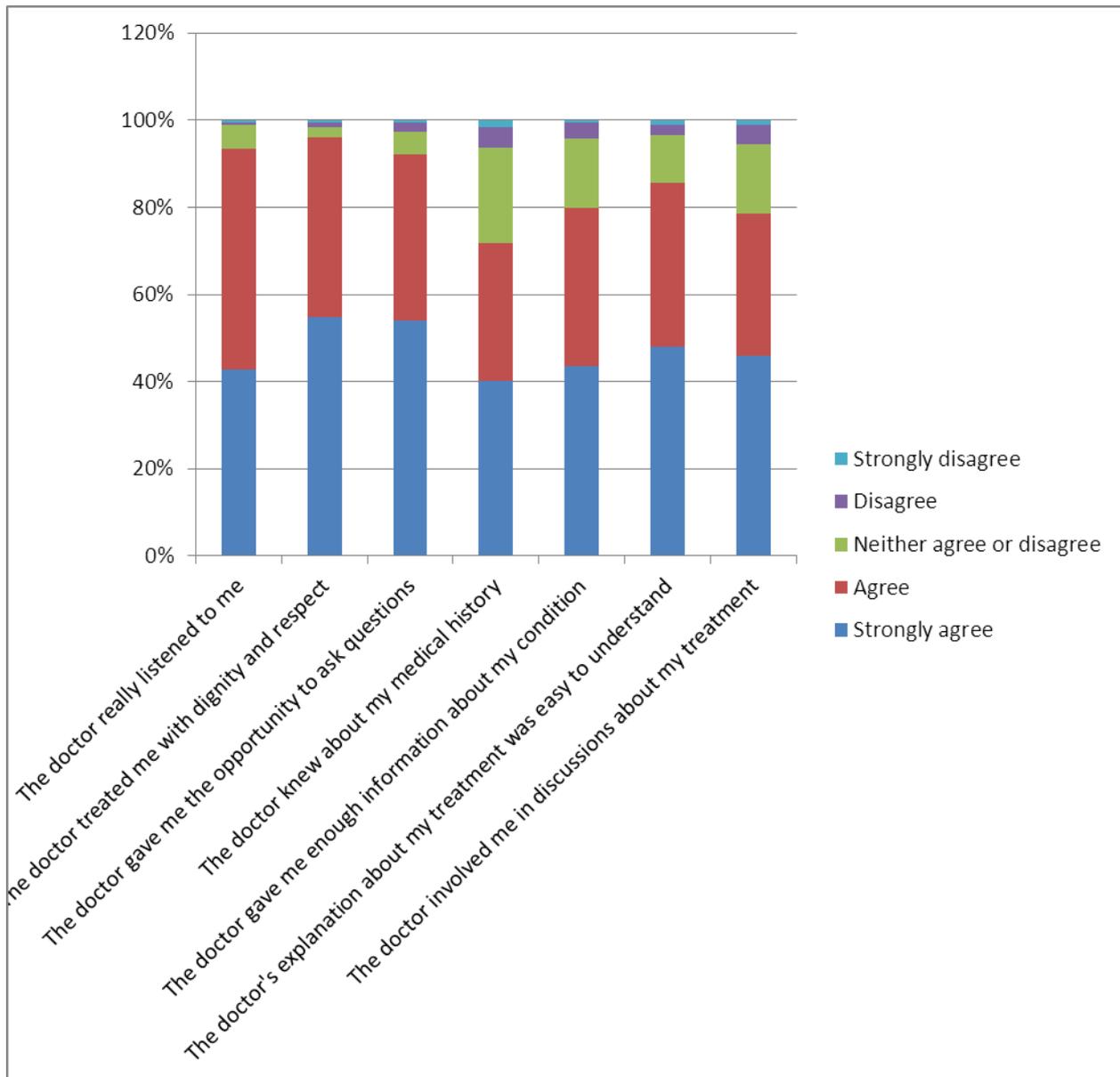


Attendance to see a nurse



Seeing a Doctor

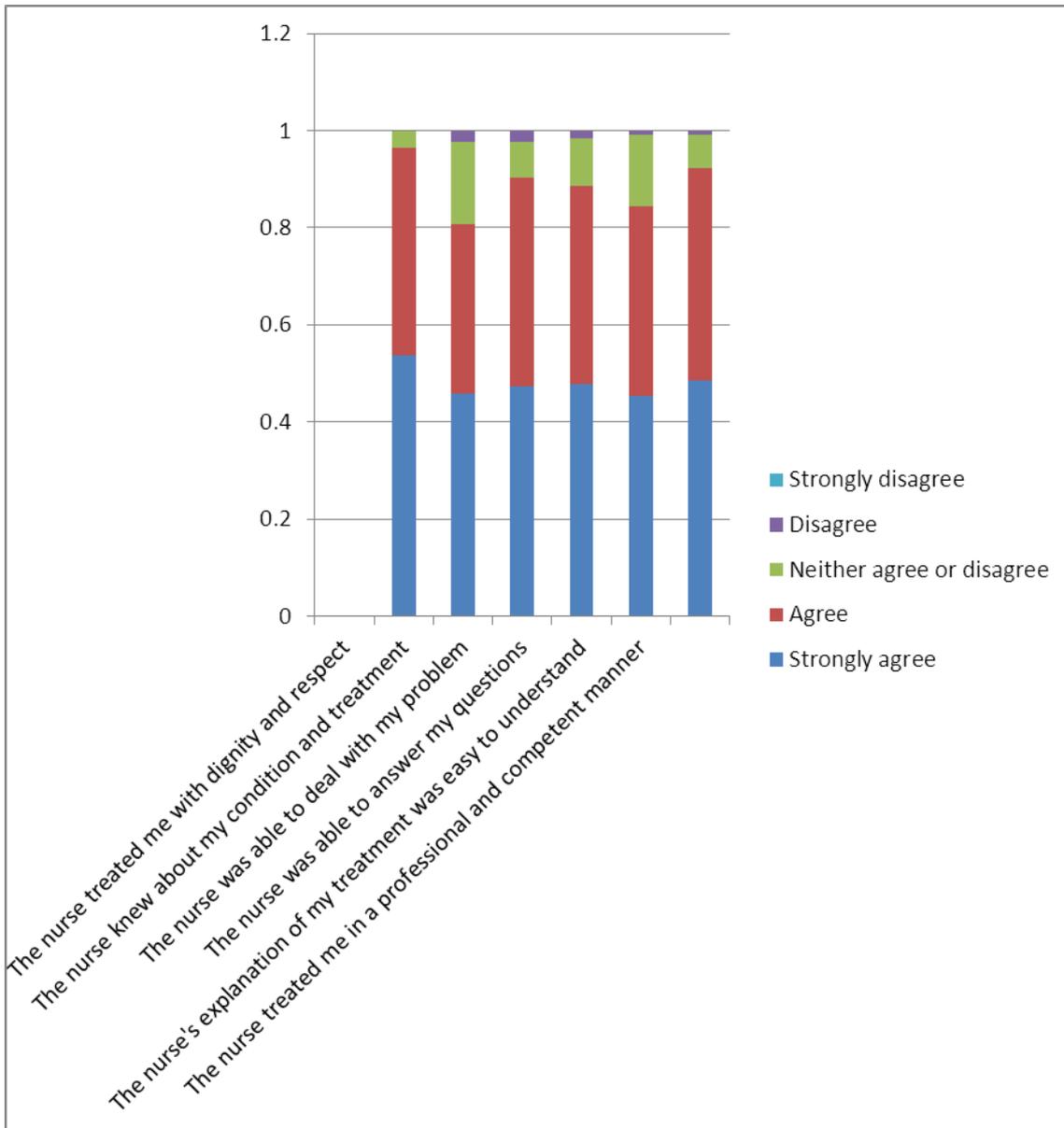
A total of 187 patients responded to this section of the survey.



Patient satisfaction with their experience when seeing a GP is high when rated against all of the areas covered by the survey.

Seeing a Nurse

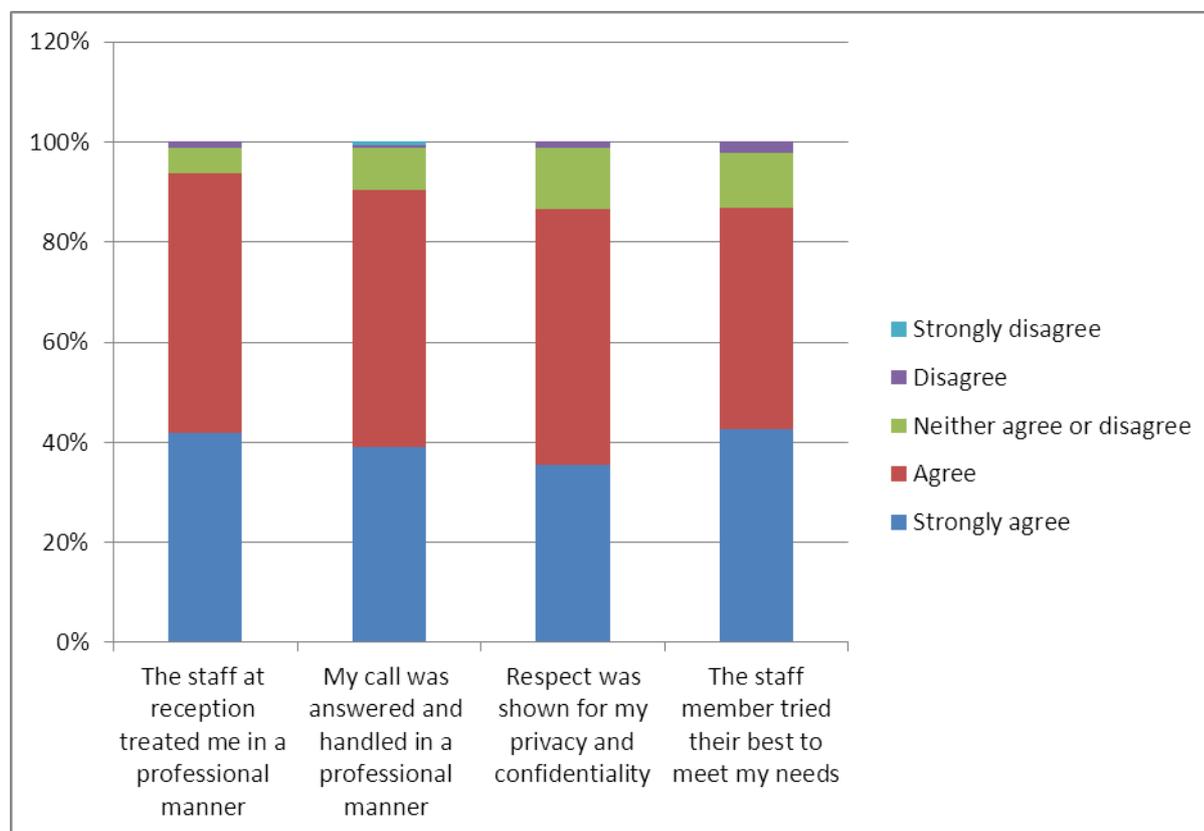
A total of 140 patients responded to this section of the survey.



Patient satisfaction with their experience when seeing a nurse is high when rated against all of the areas covered by the survey.

About the Staff

A total of 189 patients responded to this section of the survey.



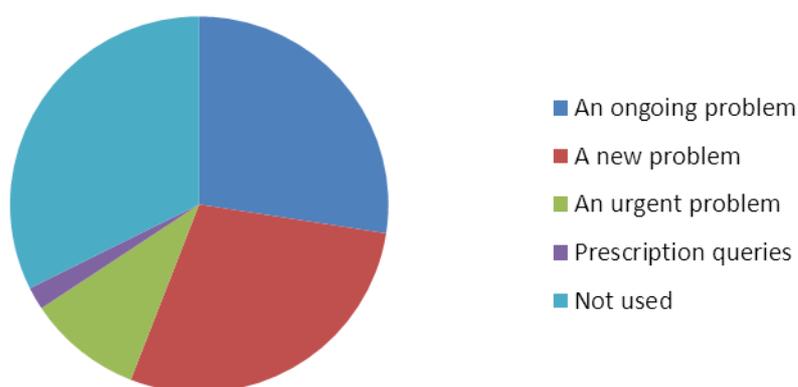
Patient satisfaction with the way that they are treated by receptionists, both when they present at reception in person or when they telephone the surgery, is high. The surgery environment does present staff with challenges in regarding to providing privacy and confidentiality at reception. It is not always possible for the front line staff to meet the expectations of all patients but we place a high priority on providing good quality customer service and treating our patients with dignity and respect. It is encouraging that the training provided to our staff and priority that we give in this area of our service is recognised.

Telephone Consultation

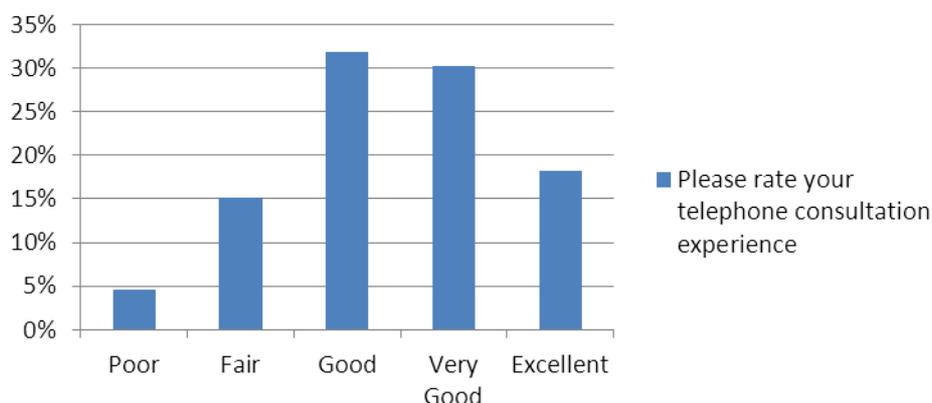
A total of 102 patients responded to this section of the survey.

This was one area which had proved inconclusive last year as telephone consultation and telephone triage were introduced during 2012/2013. It was clear from the responses last year that many patients were not aware which service they had used. This year, we have made the questions clearer, as set out in our Action Plan and agreed with our PRG, so that we obtained meaningful responses.

I have used the telephone consultation service for:



Please rate your telephone consultation experience

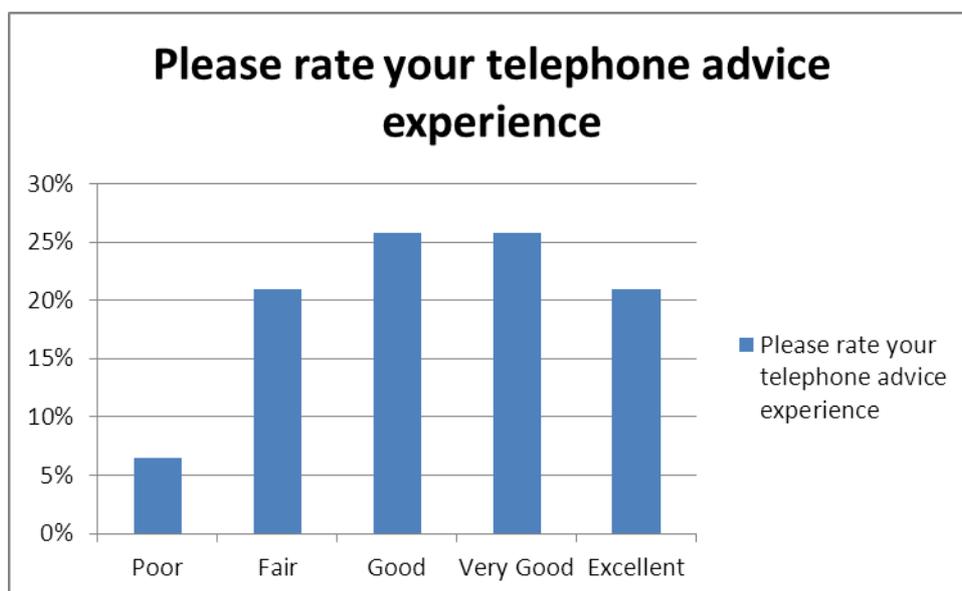
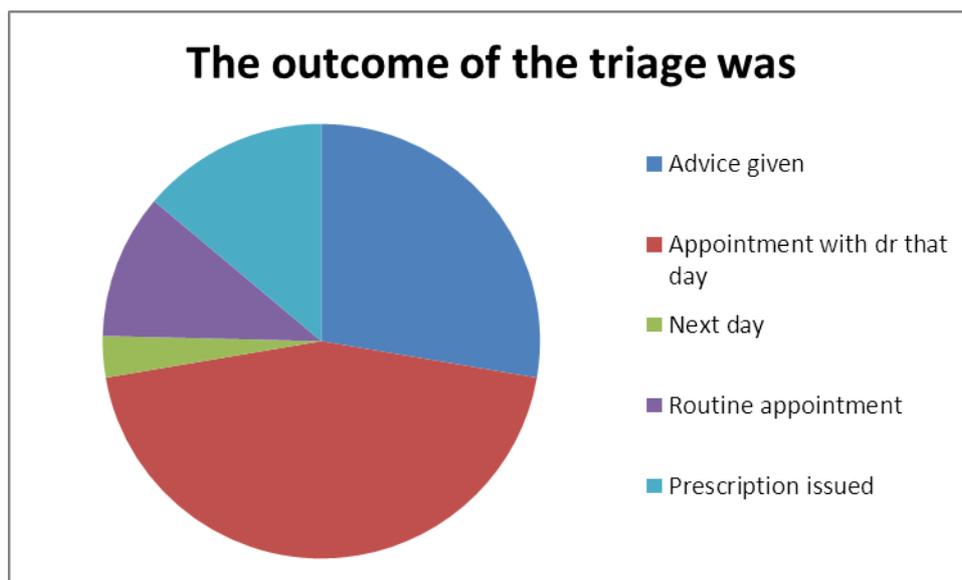


The majority of our patients are satisfied with their experience of using the telephone consultation with 80% rating their experience as good, very good or excellent. From the Practice's perspective, this is most encouraging as it has enabled us to increase our accessibility to patients and avoids patients from having to make unnecessary trips to the Practice.

Telephone Triage

A total of 65 patients responded to this section of the survey.

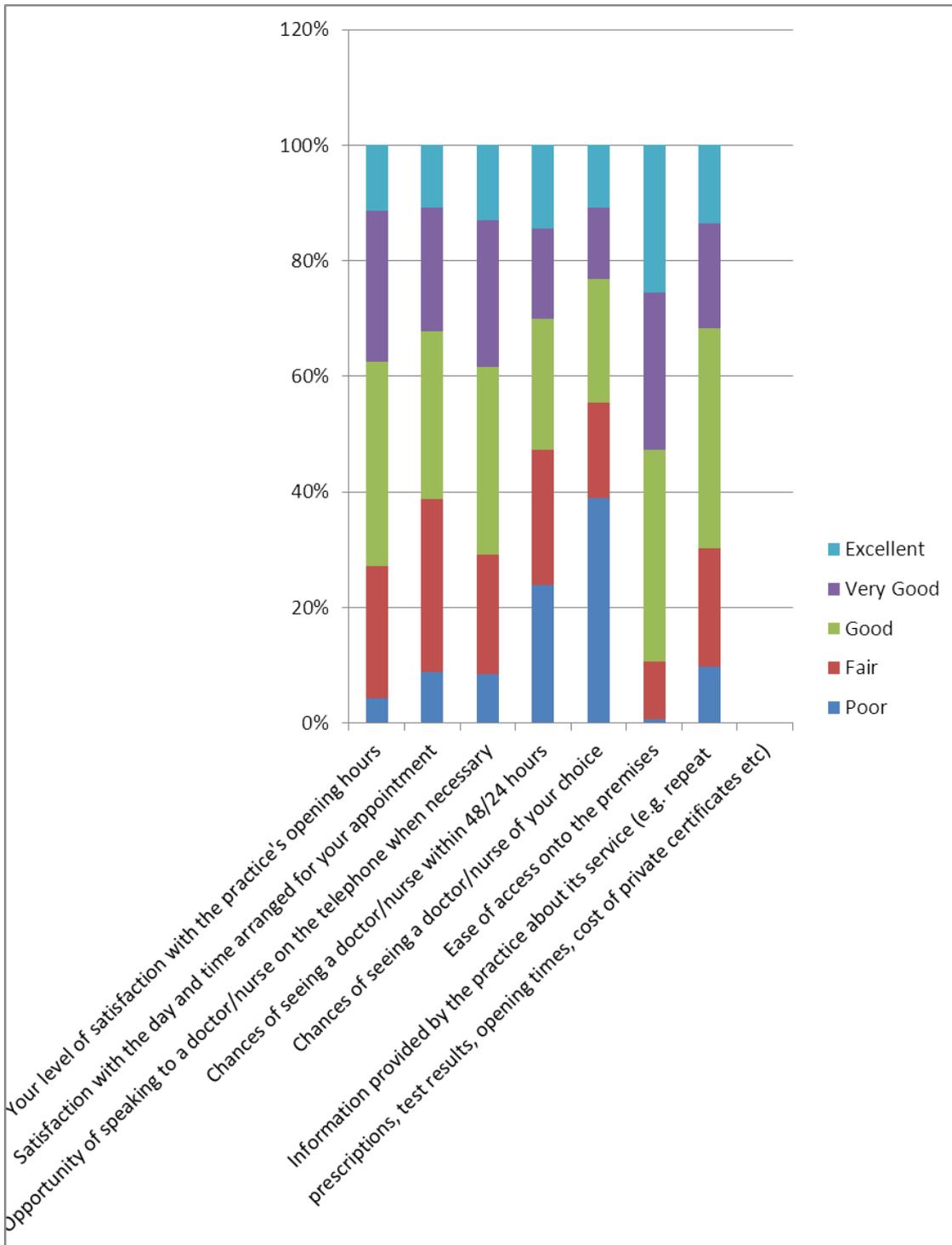
As above, for telephone consultation, we made the questions clearer in this section so that we could ascertain the success, or not, of the introduction of the telephone triage service. Although the number of respondents in this section was lower than any other section, this is not unsurprising as it reflects that this service is only offered to patients at times of high demand.



The introduction of this service has allowed us to increase the accessibility of the doctors to patients and to increase the capacity of our service. Patient satisfaction with this service is high with 73% of patients finding the service good, very good or excellent.

About the Practice

A total of 204 patients reponded to this section of the survey.



It is surprising that despite the fact that the Practice opens more hours than contracted to, with late evening surgeries twice a week, early morning surgery once a week and Saturday nurse clinics once a month, 27% of patients only rate their satisfaction with our opening hours as poor or fair. We still need to look at our appointment system and we hope that the telephone consultation and triage services will improve the opportunity for patients to speak to a doctor on the telephone. Any further changes will need to be made within current resources and will be discussed with our PRG.

About the phone system

A total of 200 patients responded to this section of the survey.

We asked a number of questions about our phone system as this is always a difficult area to manage in the Practice. We asked:

What do you usually telephone the surgery for?

- 70% of patients usually telephone for a Dr Appointment
- 13% of patients usually telephone for a Nurse Appointment
- 11% of patients usually telephone to Arrange Blood test
- 5% of patients usually telephone to get results
- 2% of patients usually telephone with a Prescription queries

What is your experience of getting through on the phone?

- 42% of patients said Poor
- 32% of patients said Fair
- 17% of patients said Good
- 7% of patients said Very good
- 2% of patients said Excellent

What time of the day do you usually telephone the surgery?

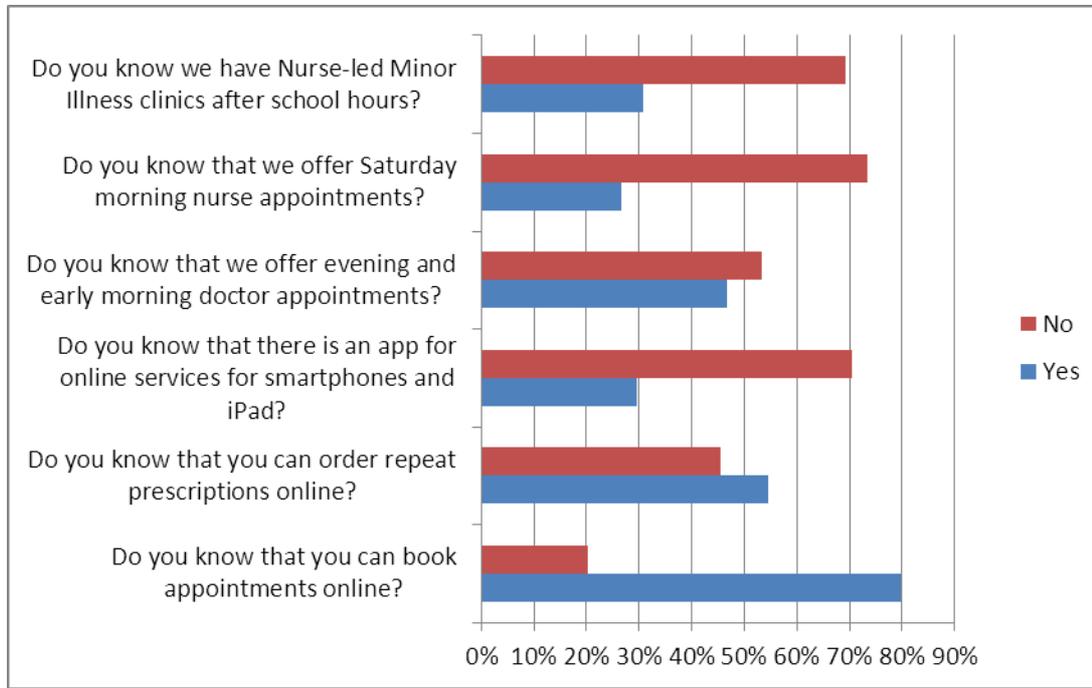
- 62% of patients usually telephone at 8am
- 29% of patients usually telephone in the morning
- 4% of patients usually telephone at midday
- 5% of patients usually telephone in the afternoon
- 0% of patients usually telephone after 6pm

Would you prefer to be in a queuing system or hear engaged tone if there is no receptionist available to answer your call straightaway?

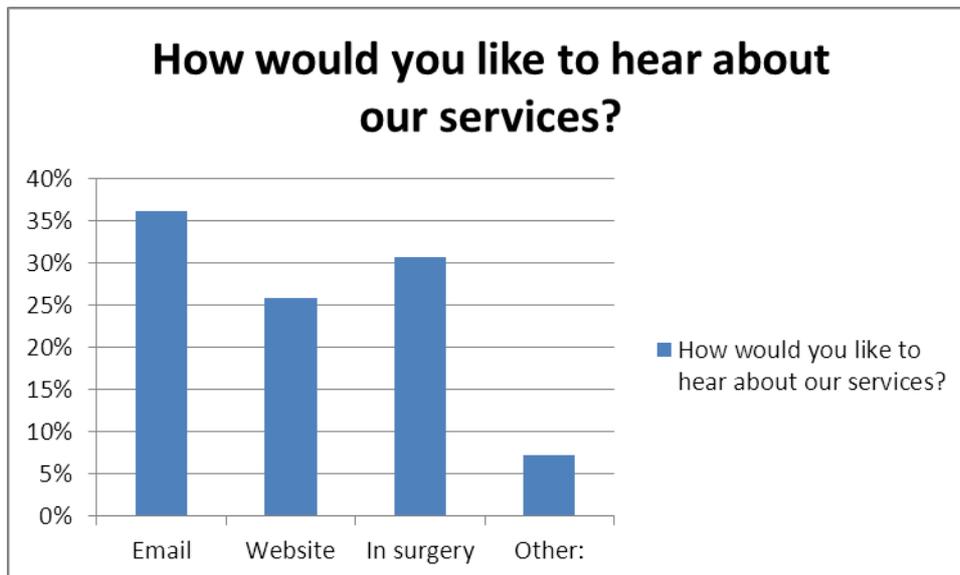
- 89% of patients responded they prefer to be put in a queue
- 6% of patients responded they prefer to hear engaged tone
- 5% of patients responded they prefer to be put on hold

About our services

Finally, we asked a number of questions about our services to ascertain whether or not patients knew about these services.



and also:



Discussions & Action Plans

Summary of Outcomes & Action Plans PP 2011 to 2013

Year 1

In 2011 to 2012, the Practice carried out the Patient Participation LES offered by CWS. We formed a virtual Patient Reference Group. This was done through recruitment in the surgery and through our website. We consulted with the PRG to design patient surveys, and surveyed both members of our PRG and patients attending the surgery. Following the results of the surveys, we agreed an action plan with our virtual PRG. This can be categorised into 3 main areas:

- Appointments
- Telephone answering
- Communication with patients

Year 2

In 2012 to 2013, the Practice carried out the Patient Participation DES. As a result of our surveys, we agreed an action plan with our PRG which focused on 4 main areas:

- Opening times
- Telephone consultation
- Making an appointment
- Telephone staffing

We now have a weekly early morning surgery on Thursday mornings from 7am to 8am in addition to the late evening surgeries and the Saturday morning nurse clinics. These are now advertised in our Practice leaflet and on our website.

As agreed in our Action Plan for 2012 to 2013, the survey this year makes the distinction between the telephone triage service and telephone consultation. From the analysis of the responses, it appears that the questions were clearer and the responses regarding these services have been much more meaningful and useful.

The survey on the types of appointments was deferred whilst we allowed the new telephone triage and telephone consultation services to bed in since these services also need to be taken into consideration.

The new staffing rotas were implemented in April 2013.

PP DES 2013 to 2014 - Discussions

Meeting with the PRG

Members of the PRG met with the Business Manager, Dr Burch (one of the GP Partners) and representatives of the staff on Wednesday 31st July 2013.

At the meeting, we discussed the relatively low uptake of the patient surveys and it was suggested the doctors and nurses hand these out this year. This was tried but it was generally agreed that this was not possible within a consultation; with a low response rate, we revisited this decision and changed to the surveys being handed out by reception. This gave a much increased response rate.

We agreed with the PRG that we would include questions in this year's survey to ascertain whether patients know about the extended access surgeries provided by both doctors and nurses. Also, that we ask a question about communication with our patients as it was recognised by the group that cost of writing to patients by post was too prohibitive and that other means of communication must be found.

The group also asked how the recently implemented triage service is working; a question in the patient survey has been included to respond to this.

Survey responses

The responses from the patient surveys have been most encouraging regarding the overall service that we provide and have identified the areas that we need to address in the next year.

As we had used a paper based survey available in the Practice, the majority of respondents had visited the surgery and / or contacted the surgery by telephone within at least the last month so that we can be confident that the opinions are recent and not based on recollection which may be based on out of date information or distorted by time.

We received responses from a wide range of age groups. The number of responses from female patients was slightly higher than the number of responses received from male patients.

A clear majority of patients are happy with the service provided by the doctors and nurses. 90% respondents felt that their call had been handled in a professional manner, and 94% felt staff at reception had treated them in a professional manner.

The results which stand out as needing to be addressed are:

- 42% of patients rate their experience of getting through on the phone as poor
- Knowledge of the services we offer is limited

The comments given in the survey were also reviewed to inform the action plan.

We have a robust call queuing system which ensures that patients are answered in the order in which they joined the queue (this was not the case for the telephone system pre-2010; a bug was identified). We have increased the capacity of staff answering the

telephone in the morning (minimum 5) and the number of lines available for incoming calls (8 lines). However, despite these changes, we still cannot satisfactorily manage the demand first thing in the morning (from 8 am when the phone lines open until approximately 8.30am) and there is overwhelming support from our patients for an increase in call queuing capacity.

Whilst the online booking service for appointments is well known, patients are not familiar with many of the other services, both clinical and administrative, that we offer. A third of patients who responded would like to hear about our services by email and a quarter through the website. With the size of this response, we feel that we need to look at ways of using these technologies more to communicate with our patients.

Action Plan

The results of our surveys have been shared within the Practice and with the members of our PRG. The findings of the surveys have been summarised in this report – see section above: Results, Outcomes & Findings.

The Action Plan has been developed and shared with the Practice Team and the PRG.

Experience of getting through on the phone

The overall satisfaction with getting through on the phone is poor and the fact that an overwhelming majority of patients want to be placed in a queue when they call the surgery at busy times, means that this is an area which the Practice must address as a priority.

Action: increase capacity of call queuing facility

- Contact telephone provider to ascertain options available to us
- Carry out feasibility study of options
- Submit proposals to the Partners for consideration
- Implement the new system / increased queue capacity facility

Knowledge of services

Despite information on the availability of these services being available in the Practice leaflet, on the Envisage patient information screen in the waiting room and on our website, there is generally little awareness of many of our services.

A significant number of patients were unaware of many of our services.

Action: Address need to have more information easily available

- Enlist interested members of the PRG to assist with this action
- Review content and design of our Practice materials
 - Website
 - Practice leaflet
 - Envisage screen / posters in waiting rooms
- Implement changes to improve information made available

This action should improve promotion of our services e.g. after school minor illness clinics, Saturday morning nurse clinics etc. to give patients an informed choice of which services they wish to use and make contacting the surgery easier e.g. ordering prescriptions online.

A third of patients wish to hear about our services using email

Action: Address patient preference to hear about services by email

- Identify patients who have provided the Practice with an email address
- Send out circular asking if they would like to hear from the Practice periodically
- Create a register of patients (separate from PRG) who would like communication from the Practice about existing services, new services, campaigns (e.g. flu), etc

Summary of the PPDES 2013-2014

In summary, our proposed actions are:

Issue raised	Action	Lead	Action Date
Poor experience of getting through on the phone and preference for queuing	Increase the capacity of the call queuing facility	Business Manager	July 2014
Lack of knowledge of services provided	Review information and presentation of material to promote services	Business Manager	May 2014
Increase use of technology to communicate with our patients	Review use of email to communicate with our patients	Business Manager	May 2014

Summary of the PPDES 2011-2014

In 2011, the Practice participated in the CWS PP LES. This required that only a patient survey be carried out. However, the Practice determined to set up a virtual Patient Reference Group. We started this process in the summer of 2011 and a small number of patients signed up.

Since that time, we have actively promoted the PRG to our patients through notices in the waiting room and on our Practice website in an effort to build the PRG during this year. However, the uptake has still been low and this has been a disadvantage of participating in the LES in the first year. We recognise that we need to be yet more proactive in engaging our patients in this process.

Participation in the Patient Participation DES focussed our attention on the development of the Patient Reference Group and we have run several campaigns to increase the membership of this group. It is regrettable that there appears to be reluctance on the part of our patients to sign up for this although we did see a small increase in the number of members.

In this year, we have used paper surveys which are available to pick up at reception and also sent the survey to all members of our PRG.

The surveys have been helpful to us in understanding how the changes that we implemented in the last two years have impacted on the service that we provide to our patients. Although our PRG is not yet truly representative on our patient profile, it is progressing and we have now identified which groups we need to target.

Although the PRG membership is small, they have been most supportive in responding to requests to help us determine the priorities for our surveys and in giving feedback on our survey results to provide input to the development of our Action Plan.

We are held a meeting in July 2013 with our PRG and this year, we intend to hold a meeting in May 2014 to which we will be inviting all our PRG members, to share our Action Plan and discuss further the priorities for this year.