

**Lupset Health Centre**  
**Local Patient**  
**Representation Group**  
**Report 2012-13**

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## Introduction

Lupset Health Centre's Patient Representation Group is one of the most successful in the NHS Wakefield District Primary Care Trust. The main focus of the PRG's work in the year 2012-2013 has been the formulation and roll-out of the annual patient survey, which forms the basis of the report that follows. However, the PRG has also worked on other initiatives such as reducing inappropriate A&E attendances, and has recently begun work on reducing the number of appointments wasted through patients not attending. The surgery has attempted to attract as broad a cross-section of patients as possible, however it is not easy to attract younger, working patients. We continue to advertise the work of the PRG, and would be prepared to vary times and days so as to make it as easy as possible for patients to join.

### Component 1: Establish a Patient Representation Group

Practice population profile No.		PRG profile No.	
<b>Age</b>			
Under 16	2,833	Under 16	0
17 – 24	1,387	17 – 24	0
25 – 34	1,684	25 – 34	0
35 – 44	1,681	35 – 44	1
45 – 54	1,778	45 – 54	0
55 – 64	1,428	55 – 64	5
65 – 74	1,210	65 – 74	5
75 – 84	802	75 – 84	7
Over 84	323	Over 84	1
<b>Total</b>	<b>13,126</b>	<b>Total</b>	<b>19</b>
<b>Ethnicity</b>			
<b>White</b>		<b>White</b>	
British Group	8,535	British Group	16

Irish	16	Irish	0
<b>Total</b>	<b>8,551</b>	<b>Total</b>	<b>16</b>
<b>Mixed</b>		<b>Mixed</b>	
White & Black Caribbean	26	White & Black Caribbean	0
White & Black African	37	White & Black African	0
White & Asian	21	White & Asian	1
<b>Total</b>	<b>84</b>	<b>Total</b>	<b>1</b>
<b>Asian or Asian British</b>		<b>Asian or Asian British</b>	
Indian	26	Indian	0
Pakistani	41	Pakistani	0
Bangladeshi	3	Bangladeshi	0
<b>Total</b>	<b>70</b>	<b>Total</b>	
<b>Black or Black British</b>		<b>Black or Black British</b>	
Caribbean	13	Caribbean	1
African	92	African	0
<b>Total</b>	<b>105</b>	<b>Total</b>	<b>1</b>
<b>Chinese or other ethnic group</b>		<b>Chinese or other ethnic group</b>	
Chinese	30	Chinese	0
Any other	18	Any other	0
<b>Total</b>	<b>48</b>	<b>Total</b>	<b>0</b>
<b>Gender</b>			
Male	6,427	Male	5
Female	6,699	Female	14
<b>Total</b>	<b>13,126</b>	<b>Total</b>	<b>19</b>

Lupset Health Centre has 13,126 registered patients as of the time of writing. Of this, 49% are male and 51% female. 97% of those patients who have

recorded their ethnicity declare themselves to be part of the British Group. The practice therefore has only a small number of patients who regard themselves to be of a minority ethnicity (3%). 18% of the practice population is 65 years of age or older. 22% are under 16 years of age. A majority of the practice population is therefore of working age. The practice is centred upon the large Lupset council estate. It also encompasses the centre of Wakefield and surrounding villages. The practice has a very post-industrial population, with high rates of smoking, and substance abuse.

Those patients who are members of the PRG are predominantly over the age of 50, on the order of 94%. This is of course not representative of the make-up of the practice population. Despite our continuing efforts, it has proved next to impossible to interest patients less than 50 years of age. This is likely due to the difficulty working patients are likely to have in finding time to take an active part in the work of the PRG. We do however continue to accept patients as virtual members, which would be a more convenient way for a working patient to be involved in the work of the PRG. In terms of ethnicity, the PRG has an appropriate level of minority ethnicity representation (10% being from minority ethnic groups). This reflects the diversity of the practice population. As with the representation of different age groups, the PRG does not accurately reflect the gender division of the practice; only 26% of the PRG is male.

Our PRG is well established, 14 members are full members of the PRG with a further 5 virtual members. We have decided not to increase the number of full members as 14 have proved a manageable size. In the course of the last year, there have been some changes to the make-up of the PRG. One formerly full member of the PRG has become a virtual member due to personal commitments. We have also had a further two expressions of interest from patients who would like to join the PRG. These patients have been admitted as virtual members for the moment. We already have a large number of patients attending meetings of the PRG (14). Due in part to the size limitations of the meeting room, the PRG agreed last year to restrain the size to 15. We do intend to invite one of the long-time established virtual members to become an active member if they so wish, to replace the member who resigned.

Although it is obvious from the make-up of the PRG, that our efforts to attract a younger cohort of patients to the PRG have been unsuccessful, we continue in our efforts to advertise the work of the group. We also continue to work closely with the St George's Healthy Living Centre in Lupset and other community based organisations, such as Snapethorpe Primary School, to advertise the PRG to underrepresented groups. We have attempted to vary the days on which the PRG meets, in order to try and accommodate those who cannot come on a certain day due to the aforementioned work commitments.

## **Component 2 – Agree Priorities and Local Practice Survey**

The Patient Representation Group's priorities for the Local Practice Survey were agreed at a number of meetings of the PRG between May and October of 2012. In addition to the patient satisfaction survey that we had to complete as part of the Patient Participation Directed Enhanced Service, another Primary Care Trust sponsored survey was due to be carried out at the same time, relating to patient knowledge of the available alternatives to the Accident and Emergency Department. It was agreed by the surgery together with the PRG, that a much better response would be elicited from patients if the two surveys were combined and carried out simultaneously. This avoids the survey fatigue that may result from too many separate surveys being carried out at the same time. It was originally the intention to include a third survey on patient lifestyle choices (e.g. smoking) as part of the Primary Care Incentive Scheme. However, this was ultimately dropped as the Incentive Scheme Survey was not ready in time. The questions relating to A&E alternatives were included in conjunction with the operation of the Primary Care Transformation Scheme which aims to reduce inappropriate A&E attendances.

In constructing the survey questions related to patient satisfaction with the surgery, the PRG agreed that due to the level of dissatisfaction with the telephone system in the last survey and the alternatives that had been introduced since then, that questions relating to patient perception of the system should be included again. We therefore asked three questions about the telephone system in the survey, to gauge the level of satisfaction at

present and to offer patients alternatives to the present system. The remaining questions related to the patient perception of the surgery staff (specifically the Administration and Reception departments), and patient perception of access improvements that have been made over the last year; specifically the introduction of nurse practitioners to the surgery.

The second part of the survey consisted of only three questions pertaining to the A&E alternatives. All of these questions were aimed at discovering how widespread knowledge of the alternatives is amongst our patients, but also to discover whether patients are using, or would be willing to use, any of them. These questions were also approved by the PRG at the aforementioned various meetings last year.

The sample size was decided upon the basis of last year's survey. The sample of 350 patients was regarded as the least statistically significant number that would give a reliable indication of patient perspectives (25 per 1000 of population). Despite some difficulty in managing the survey in coordination with another patient satisfaction survey that ran concurrently, we managed to achieve the requisite number of survey responses within the three week period we identified for the completion of the survey.

### **Component 3 – Collate and Inform Findings of Survey**

The survey was distributed in paper form. The same process of collation as used in the 2011-2012 survey was utilised; namely members of the Group handing the surveys out to patients as they wait for their appointments. This proved to be the most successful method of reaching the target of 350 completed surveys. This took place over a period of three weeks. A total of 353 completed surveys were returned, the results of which were collated through a spreadsheet. Comments made by patients on their survey were also recorded. The results were as follows:

Q1: How helpful do you find the Admin and Reception staff?

97% of patients found the surgery staff to be either very helpful or helpful. It is clear therefore, that patients have a very positive view of the surgery's members of staff.

Q2: What impact do you believe the two new nurse practitioners and extra GP appointments have had on booking on-the-day appointments?

69% of patients said that the extra investment the surgery has made in increasing the number of appointments available by means of the nurse practitioners and extended GP hours has made either significant or some improvement in ease of access.

Q3: How do you feel about the 0844 number being used by the surgery?

56% of patients were either unhappy or very unhappy with the surgery's continued use of the 0844 telephone number. This is largely due to the fact that most people's telephone provider packages will not include calls made to 0844 numbers. This is clearly an area where the surgery needs to take some action. On the basis of last year's survey, the surgery introduced a separate 01924 number. In addition, the continuing dissatisfaction of patients with the 0844 number will constitute a major part of the surgery's decision making process when that contract expires in three years time.

Q4: How do you feel about the alternative local number being used?

83% were either happy or very happy about the introduction of the 01924 number. This is obviously a popular alternative to the 0844 number and indicates that we should continue to provide this option.

Q5: When the 0844 contract is completed, would you like to see us continue with 0844, keep a mixture, or use only 01924?

A significant majority (58%) would like the surgery to cease using the 0844 number altogether and confine ourselves to using only the 01924 number. This will of course strongly influence and inform the decision that will be made when the contract is up for renewal. This also forms the basis of our action plan.

Q6: Overall, how satisfied are you with the services the surgery provides?



90% of patients are either satisfied or very satisfied with the range and quality of services the surgery provides for its patients. This would seem to indicate that the surgery is responding well to patient needs at the moment, and while the telephone number is an area where improvement is possible (if only in the long term), in all other areas the surgery is doing well.

Q7: Are you aware of the following alternatives to the A&E Department?

- King Street Health Centre Walk-in Clinic

89% of patients were aware of the Walk-in Clinic.

- West Yorkshire Urgent Care Service (Out-of-Hours)

Only 46% were aware of this service. This demonstrates that there is work to do in alerting patients to this service.

- NHS Direct advice website of help line

81% were aware of this service.

Q8: Have you ever used these alternatives?

67% of patients indicated that they had used one or more of the above services at some point.

Q9: Would you ever consider using these alternatives?

87% indicated they would consider using one of the above services. This indicates a positive level of knowledge and opinion of the alternatives to A&E that are available.

These results demonstrate overall, a high level of patient satisfaction with the services the surgery provides. We are especially pleased with the high regard in which patients hold our administrative and reception staff, and these good results have been passed onto them. We are also pleased with the positive reaction patients have had to the advent of the two nurse practitioners, and the additional general practitioner appointments that have become available over the last year. We have noticed that the extra capacity we now enjoy has resulted in a reduction in the number of urgent extra appointments we have to offer at the end of each day. We hope too, that the improved level of access afforded by these extra clinicians will help us in reducing inappropriate patient attendances at Accident and Emergency Departments.

## **Component 4 – Discuss Findings from the Survey**

After the process of collating the surveys was complete, the results were then presented to the PRG at the December 2013 meeting. The PRG was given a PowerPoint presentation, showing a breakdown of the responses to each question. The PRG was then given an opportunity to discuss and comment upon the results. Two key themes were drawn out of the result by the PRG members: firstly, that on the whole, patient satisfaction with the surgery was very high, and in that respect there was very little that needed to be done. The second key theme was the continuing high level of dissatisfaction with the surgery's telephone system. In last year's survey, it was identified that patients were having difficulty getting through to the surgery by telephone, and that the cost of making a call, while not high in and of itself, was not included in the 'bundles' many people purchase from telephone companies, and was therefore extra. This prompted us to offer an alternative 01924 telephone number that would be included in the said bundles. The disadvantage with this system was that the queuing system offered by the 0844 number, is not available. This is a potential source of frustration for a patient as the telephone simply rings until a member of staff is available to take the call. It was decided by the PRG at that meeting, that the continuing level of dissatisfaction was sufficient to require further action to be taken. It therefore forms the basis of our action plan.

The second part of the survey demonstrated that the level of patient knowledge with regards to the alternatives to A&E was quite high. The only area where patient knowledge was noticeably low was of the West Yorkshire Urgent Care Service (Out of Hours). Patient knowledge of both King Street Health Centre walk-in clinic and NHS Direct was very good. In terms of addressing the lack of knowledge of WYUCS, this may be improved by the change to the NHS 111 service due to take place in March 2013. One of the potential reasons for the low level of patient awareness of WYUCS may be the fact that at present there is a direct transfer in operation between the telephone system of the surgery and WYUCS. When a patient calls the surgery outside of opening hours, they are put directly through, rather than having to

redial. The NHS 111 system will not operate on that basis and therefore this may increase patient awareness of the Out of Hours service. An advertising campaign is due to commence in the next couple of months, to alert the public to the change, and this may help in raising awareness.

## Component 5 – Action Plan and Priorities

In contrast to last year’s survey, only one action was identified from the results available, by the PRG. This related directly to the telephone system provision. Due to the surgery’s contractual obligations, it is unfortunately not possible to do anything about this in the short term. The contract is due to expire in 2016, which binds us to maintain the present system until that time.

However, the results of this year’s survey, combined with the results of the previous year’s survey and comments submitted to the surgery over the past two years, will all be used to inform the decision the partners will have to make when it comes time for the contract to be renewed or terminated. As is evident, a clear majority favour the discontinuation of the 0844 telephone number, and the maintenance of the 01924 telephone number. This will form a key part of the partners’ decision.

If the decision is taken to withdraw from the 0844 contract, this will mean that there will no longer be the call stacking facility. When large numbers of patients call the surgery, patients will not know where they are in the queue. This does not appear to deter patients from using the 01924 telephone number at the moment, but patient satisfaction with any such change will be monitored.

You said...	We did...	The result is...
Unhappy with the 0844 telephone number.	Introduced the 01924 number, and will look at possible alternatives when renewal of contract required.	Pending

## **Component 6 – Publicise the Local Participation Report and Practice Survey**

Lupset Health Centre is open from 08:00 to 18:30, Monday to Friday. On Mondays, Tuesdays, Thursdays and Fridays, the Health Centre runs an early surgery from 07:30-08:00. On Mondays and Thursdays the Health Centre runs a late surgery between 18:30 and 20:45. The Health Centre is not open for any other business during these times. Only patients who have made appointments in these surgeries will be admitted to the building during these times. Patients can make appointments by calling the Health Centre and using the automatic booking service; patients can register to make use of the internet booking service; lastly, patients can make an appointment with a receptionist either over the telephone, or in person.

The Health Centre maintains a website, the URL for which is: <http://lupsetsurgery.co.uk/> and the survey and report will be published here. In addition, the results of the survey will be displayed on the practice Call-in Boards, together with the Action Plan. The report will be presented to the PRG for their approval, prior to its wider publication.