

5<sup>th</sup> February 2014

**PRACTICE REFERENCE GROUP**

**Component 1**

**Practice Profile**

Colne Valley Family Doctors is based in the semi rural village of Slaithwaite and serves the population of the Colne Valley. There are four partners, Drs. Hindle, Walker, Edara and Hoddinott. The practice employs a salaried doctor, a nurse practitioner, two practice nurses and two health care assistants, six receptionists, two medical secretaries and a practice manager. The practice has a population of 6256 patients with an age profile as below:-

<b>Age Groups</b>	<b>0-16</b>	<b>17-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65-74</b>	<b>75-84</b>	<b>85+</b>	<b>Totals</b>
<b>Males</b>	597	278	352	489	495	434	308	157	46	<b>3156</b>
<b>Females</b>	561	248	386	443	460	415	314	187	86	<b>3100</b>
<b>Total</b>	1158	526	738	932	955	849	622	344	132	<b>6256</b>
<b>%</b>	<b>18.5</b>	<b>8.4</b>	<b>11.8</b>	<b>14.9</b>	<b>15.3</b>	<b>13.6</b>	<b>9.9</b>	<b>5.5</b>	<b>2.1</b>	<b>100</b>

Ethnicity data is available for 6112 patients, 96.5% of the practice, 97.3% recorded as being White British.

<b>Ethnic Category</b>	<b>White British</b>	<b>Arab</b>	<b>White &amp; Black Caribbean</b>	<b>White and Black African</b>	<b>White and Asian</b>	<b>Indian</b>	<b>Pakistani</b>
<b>Number of patients</b>	6035	6	8	3	2	6	5
<b>% of practice population</b>							
<b>Ethnic Category</b>	<b>Japanese</b>	<b>Caribbean</b>	<b>African</b>	<b>Chinese</b>	<b>Other</b>	<b>No Data</b>	<b>Total No Patients</b>
<b>Number of patients</b>	1	2	19	4	21	144	6256
<b>% of practice population</b>							

The Patient Reference Group which was established in June 2011 and members were recruited through in house advertising and website explanations. Posters were displayed the village pharmacy and library. This recruitment campaign continues and the group meets regularly at the surgery.

The practice has been concerned that although the group is representative with regard to ethnicity it is not representative as far as age is concerned.

Various attempts have been made to redress this imbalance including sending mail shots to younger patients and giving all new patients details of the group with the registration pack.

To date there are nineteen members, eighteen of whom are white British and one from other white ethnic background. However fifteen of the members are still from the 55-74 year old age group as below:

Age Group	0-16	17-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total
Males	0	0	0	0	0	3	3	0	0	6
Females	0	0	1	2	1	5	4	0	0	13
Total	0	0	1	2	1	8	7	0	0	19

Recruitment is on-going, leaflets and posters are still available and we continue to strive to have a more age representative group as we move forward.

#### Contacts with the Group

The group has met four times this year, 24.4.2013, 24.7.2013, 16.10.2013 and 7.1.2014 the agenda and minutes from these meetings are attached. New members to the group are sent a welcome email and a copy of the Terms of Reference and a copy of the minutes of the previous meeting. (Appendices ABCDEF)

#### Component 2

##### Local Practice Survey

It was agreed at the 24<sup>th</sup> July by the Reference Group that the report would again be commissioned from CFEP with the standard sample size and there were no requests for additional questions from the group. However it was agreed that the number of questionnaires handed out would be proportionate to the number of sessions worked by the partners.

#### Component 3

Distribution of the survey started in September 2013 by reception staff and questionnaires were given to patients attending the surgery. The reception team were instructed to follow the CFEP guidelines attached and a poster informing the patients was available in reception. (Appendix GH)

CFEP require 25 completed per 1,000 patients, in total 255 questionnaires were handed out and 243 questionnaires were completed and sent for analysis on the 28<sup>th</sup> October 2013. The completed report was returned to the surgery on the 8<sup>th</sup> November 2013. The full CFEP Practice Survey Report November 2013 and the accompanying poster are available on the practice website under Practice Survey Reporting, Patient Satisfaction Survey Reports 2013/2014. (They are too large to upload in one document.)

#### Component 4

The survey was discussed with the Patient Reference Group on the 7<sup>th</sup> January 2013 and as per the minutes, the group commented on the positive scores and the “finally” section of the report.

It was agreed that it was the same indicators in this year as in previous years where the practice falls below the average. It was agreed that the main priority for the practice was to try to reduce the stress on the telephone system by encouraging patients to use on-line booking of appointments which is now available and ordering their prescriptions on line and to take part in the Saturday morning opening scheme (although short-term) so as to offer a wider variety of appointments.

#### Component 5

The action plan was developed in conjunction with the group, “guidance template for discussion of local survey findings and action plan” (Appendix K)

Priority for action	Proposed Changes	Who needs to be involved?	What is an achievable time frame
Improve telephone access	By reducing incoming telephone calls by encouraging patients to book appointments and request prescriptions on line	Reception staff	2014
Waiting times	More emphasis on clinicians starting on time	All clinicians	2014
Appointment satisfaction	To offer a wider variant of appointments, e.g. evenings and to take part in the Saturday morning opening scheme currently being offered by the CCG.	Partners	2014

## Component 6

Details of the practice survey together with this report are published on the practice website [www.colnevalleydoctors.co.uk](http://www.colnevalleydoctors.co.uk) where can be found details of the practice opening hours which include extended hours. The practice survey has been forwarded to members of the practice reference group and details are on display in the practice waiting room.

## Appendix A

### PATIENT REFERENCE GROUP

We are encouraging patients to give their views about how the practice is doing and become involved with future plans/changes.

Are you interested in becoming involved and willing for us to contact you by email?

There are some forms available on the reception desk.

Once completed please hand the form back to reception.

We are hoping to gather contact details from a cross section of the patient population which reflect different age/ethnicity/problem groups.

Your contact details will only be used for this purpose and will be kept safely.

## Appendix B

Wednesday 24<sup>th</sup> April 2013 at  
7.00 p.m.  
Agenda

- 1 Apologies for absence/introductions
2. Minutes of the last meeting and matters arising

3. Railings
4. Any Other Business
5. Date and Time of Next Meeting

Wednesday 24<sup>th</sup> April 2013 at  
7.00pm  
Minutes

Apologies for absence  
JA, DJH, DK, JS

Present  
RH, PW, NC, JR

In attendance  
CF

Prior to the meeting starting, JR pointed out that we did not have a quorum. RH said that we would proceed.

Minutes of the last meeting

JR pointed out that his point had been missed regarding photographs of staff. He felt that patients would like to put a name to a face. RH replied that some members of staff were not keen to have a photograph taken. NC suggested that we should display photographs of members of staff who were willing to have their photograph taken. RH said she would discuss this with the other partners.

Prescriptions

JS was unable to attend this meeting, but will hopefully attend the next.

Handrail

The handrail has been installed and is working well. JR was very pleased and offered his congratulations.

Agenda

Practice Report

This was discussed and was reported to be very good. NC asked about access to the surgery and wondered if the side door on Commercial Street could be used. RH explained that the side doors opened straight into surgery 5 and 6. She pointed out that there is a consulting room on the ground floor (room 8). RH reported that funding had been applied for again to install a lift.

Any other business

JR suggested a walk in system for appointments. RH pointed out that this had been trialled previously and was not successful.

JR asked about the 111 number and RH agreed that medial coverage had not been good.

RH informed the group that Primary Care Trusts had been replaced by Clinical Commissioning Groups and went onto explain a little bit about this. NC asked what the impact of this was. RH explained that for some services, any qualified provider could bid for a contract to provide services, and that this could be a threat to Hospital Trusts. She informed that group that RBE was updating the Practice website and that a small number of appointments would soon be available to book online.

NC asked what the purpose of the group was, as this was her first meeting. RH explained that it was for representation of the patients, not about clinical issues, more on a local level, to discuss if the service offered is working and how things can be improved. JR asked about the radio in the waiting room RH explained that some patients preferred music, others did not, but the partners felt that it does provide a distraction for anxious patients. PW suggested that CD's or tapes are played.

JR pointed out that at his last visit the Reception area was left unmanned for quite a long period of time. He felt that the Receptionist should be there constantly. RH explained that sometimes a prescription had to be signed or a message handed to a GP. However, this should only take a minute. She will raise this issue with the Receptionists. NC also commented on the empty reception desk. JR stated that on the whole the service at Colne Valley Family Doctors is excellent with friendly, helpful staff.

RH pointed out that all clinical areas had now been fitted with hard flooring and that new Spirometry and ECG machines have been ordered.

Date and time of next meeting  
Wednesday 24<sup>th</sup> July at 7pm at Colne Valley Family Doctors

## Appendix C

Wednesday 24<sup>th</sup> July 2013 at  
7.00 p.m.  
Agenda

1. Apologies for absence/introductions
2. Minutes of the last meeting and matters arising
3. Practice Report 2013
4. Any Other Business
5. Date and Time of Next Meeting

Wednesday 24<sup>th</sup> July at  
7.00 p.m.  
Minutes

Present: DJH,MN, DK, NC, RM

Apologies for Absence: PW

In Attendance: SB

### Minutes of last meeting

The minutes of the last meeting were discussed and it was agreed that handrails and music in the waiting room would not be discussed again.

DK and MN asked about the Clinical Commissioning Group, in particular the services which are or will be provided which will benefit patients. DJH gave an overview of commissioning and answered questions from the group.

### Practice Report

The report from 2012/13 was briefly discussed again and DJH informed that provided the group were in agreement the practice intended to commission the same report for 2013/14 and start distribution in September 2013. The group were in agreement that the CFEP report should be commissioned.

### Any other business

The group asked about support packages which were in place for the elderly who are discharged from hospital back into the community and patients with drug and alcohol problems, well being clinics and mental health care. DJH again gave an overview of the services available.

The group discussed how local people could support the surgery in its work; RM mentioned that as a community they would like to help the GP's by finding out what local help groups are available in the area. RM knew of the University of Slaithwaite and she agreed to find out details for the next meeting. It was suggested DJH should present to the group at the next meeting to inform them of the opportunities and threats the commissioning process poses to local services.

DJH said that a local bus service to transport the patients to their local appointments could be beneficial to patients, a service which has in the past been offered by a local practice with success.

The group were interested in why patients attended, and felt that this might help them to work with the community more to establish self help groups and services locally.

### Date and time of next meeting

It was agreed that the next meeting would be on Wednesday 16th October 2013 at 7:00 pm  
There being no other business the meeting closed at 9:30 p.m.

SKB/DJH 8/13

## Appendix D

Wednesday 16<sup>th</sup> October  
7.00-8.00 p.m.  
Agenda

1. Apologies for absence/introductions
2. Minutes of the last meeting and matters arising
3. Any Other Business
4. Date and Time of Next Meeting

Wednesday 16<sup>th</sup> October  
7.00 p.m.  
Minutes

Present: DJH, RH, DK, MN, JR, PW, RM, MC

Apologies for absence: JA, NC

In attendance: SB

Minutes of last meeting

All were in agreement of minutes.

DJH spoke to the group about the lift that was mentioned in previous meeting.

Any other business

Patient self help groups: DK mentioned to the group about the 'Community Liaison Kirklees' that provide grants for local organisations.

DJH mentioned about using expert patients with a certain condition (e.g. visual impairment, Down's syndrome) to recruit expert patients with experience to help them and other newly diagnosed patients. DJH suggested about putting a proposal forward for a framework to include costs for training expert patients, stationary, and correspondence. DJH asked JR regards the legal side to this. JR explained would need consent/disclaimers, CRB checks.

RM suggested about Slaithwaite Library, lots of activities for adults and children, compose a list of points of contacts to help others.

MC suggested about signposting information to patients. Advertising a list in the surgery to let them know what services and self help groups are available.

MC also asked about community matrons. RH explained they are already in place.

RH suggested the possibility of using the surgery for charity events for patients to attend.

Date and time of next meeting

Tuesday 7<sup>th</sup> January 2014 at 7:00pm

RH/SB  
10/2014

## Appendix E

Tuesday 7<sup>th</sup> January 2014  
7.00-8.00 p.m.  
Agenda

1. Apologies for absence/introductions
2. Minutes of the last meeting and matters arising
3. Terms of Reference
4. Practice Survey 2013
5. Any Other Business
6. Date and Time of Next Meeting

Tuesday 7<sup>th</sup> January 2014  
7.00 p.m.  
Minutes

Present: JA, RE, DK, MN, JR.

1. Apologies for absence were received from SB, NC,DH (Mr P Wood's resignation from the group was noted.)
2. The minutes from the last meeting on the 16th October were read and approved.
3. The Terms of Reference for the group were discussed and although the original intention had been for an on-line group, it was agreed that it was better to meet periodically. Information available to patients in the form of charities, self-help groups was also discussed and it was agreed that the administrative team would try to collate information for patients to browse if required. ACTION

Recruitment to the Patient Reference Group was also discussed and despite vigorous attempts to promote the group uptake is poor. The possibility of our current members attending the Flu Clinic Saturday was discussed in an attempt to recruit more members. After discussion the following amendments were made to the Terms of Reference in order to make them more relevant to the practice. It was agreed these would be forwarded to all group members. ACTION

12. Give feedback to NHS Trusts of any proposed changes

13. Fundraise for new medical equipment or other facilities to improve the practice and/or fund the activities of the PRG.

JR asked if there were any practice priorities with regard to equipment at the moment and if there was the group is informed together with the cost and timescale. No were immediately identified.

DK informed the group that the Clinical Commissioning Group District Wide Reference Group were in the process of drawing up their Terms of Reference and asked if JA could send our Terms of Reference to them to use as a draft. This was agreed. ACTION

4. Practice Survey November 2013

JR felt that the overview of the survey should be discussed, rather than the full report and the meeting agreed. JA said that the ratings had fallen from 88% in January 2013 to 81% in November 2013. She informed the meeting that she had tried to ensure that the number of surveys handed out in November 2013 were proportionate to the number of sessions the doctor worked at the practice, a session being a morning or afternoon. She said she felt this was important as survey results formed part of doctors' appraisals. In the past the surveys were handed out indiscriminately.

However despite this she felt that the survey results were still flawed, it had been noted by SW that the majority of the surveys were handed out on a Monday mornings when the telephone lines are at their busiest. JA informed the group that next year she would ensure that the surveys were proportionate to sessions worked, but also



handed out equally Monday to Friday, to both morning and afternoon patients. In addition the number of completed surveys was 32% greater in November 2013 (243), compared to December 2012 (166).

DK and the rest of the meeting concurred that they were very happy with the service they received from the practice, however, JR did say that although the percentage rating was reduced, it is the same areas where the practice falls below the national average, this year as it had been in all the other surveys.

The practice scored highly on satisfaction with visit, but twelve percent lower than the national average on waiting time. The meeting commented that perhaps the practice was a victim of its own success, with regard to this and other indicators.

JA informed the group that the practice was taking part in the local pilot offering a Saturday morning service to ease demand during the winter months and the group were pleased with this initiative.

Discussion took place regarding the telephone and appointments systems and it was generally agreed that the system in place was adequate and that members of the group had not had problems "getting to see doctors". The group felt it was better to get the engaged tone on the telephone rather than being held in a queue. Telephone triage was well received by the group.

RH and JA gave an overview of the procedure whereby patients can order prescriptions and book appointments on line. The group felt that this was an excellent initiative which they felt in time would reduce the pressure on the telephone system and asked that more information should be given to patients regarding this and asked that a poster be put on the door into the waiting room.

ACTION

JA read out a card complimenting the practice on the services and service it offers and the group agreed that the practice "should be applauded for the service it offers". JA informed the group that sometime the reception staff in particular have to deal with very abusive patients when they cannot get the exact appointment they want, however that the practice does have a Zero Tolerance policy with regard to abusive and violent patients. The group were concerned and pleased that the practice has a procedure in place to deal with untoward incidents

5. Any Other Business

DK informed the meeting that he represents the practice on the district wide Patient Reference Group. It was agreed that if possible JR would also attend and that feedback from this group would be a standing item on our agenda ACTION

DK left a supply of cards from the Royal National Institute for the Blind and asked if these could be made available on reception. This was agreed.

6. The date and time of the next meeting was agreed as Tuesday 29<sup>th</sup> April at 7.00 p.m.

There being no further business the meeting closed at 8.10 p.m.

JAA  
2/2/2014

Appendix F

TERMS OF REFERENCE

The key role of the group is to bring together patients, doctors and members of the practice team to work in partnership in order to promote the wellbeing of patients and support the practice to provide a high quality of care and service delivery.

This Patient Participation Group (PPG) will:-

1. Be an on-line community which is representative of the practice population



2. Not be used to air personal grievances and all members will be treated with equal importance and will be respected
3. Contribute to practice decision-making and will be consulted on service development and provision
4. Provide feedback on patients' needs, concerns and interests and challenge the practice constructively whenever necessary
5. Serve as a 'safety valve' for dealing with grumbles and complaints about the practice – representing patients but also helping them to understand the practice's viewpoint
6. Assist the practice and its patients by arranging voluntary groups/support within the community
7. Communicate information about the community which may affect healthcare
8. Give patients a voice in the organisation of their care
9. Promote good health and higher levels of health literacy by encouraging and supporting activities within the practice and promoting preventive medicine
10. Influence the provision of secondary healthcare and social care locally
11. Monitor services, e.g. hospital discharge and support when back in the community
12. Give feedback to NHS Trusts on any proposed changes
13. Fundraise for medical equipment or other facilities to improve the practice and/or fund the activities of the PPG
14. Liaise with other PPGs in the area.

JAA/PRG  
7/1/14

Appendix G

## Guidelines for Staff

### Improving Practice Questionnaire

A patient evaluation of the quality of care provided by your practice and by individual clinicians

#### Distributing the Questionnaires

- 1 Hand out a questionnaire to each patient (over the age of 16) on arrival.
- 2 Explain that the questionnaire will ask about the patient's views of the practice and the quality of care they received from staff, and will help your practice improve its service.
- 3 Ask the patient to complete the questionnaire AFTER their consultation, before they leave the practice.
- 4 We have provided patient awareness posters and leaflets in your survey pack, which will explain to patients how to return the questionnaire and what will be done with the responses they provide.

#### Patient Anonymity

- 5 Give each patient one of the envelopes provided in which to seal their completed questionnaire.  
(N.B. If you have ordered an individual level survey, write the clinician's initials on the back of the envelope before handing it to the patient. This will make it easy to count the number of completed questionnaires for each clinician.)
- 6 Ask the patient to place their completed questionnaire in the box provided.

#### Collecting the Questionnaires

- 1 To ensure that we can provide a report that is statistically robust, **please ensure that you hand out all questionnaires provided** to patients. This should cover blank or incomplete returns which cannot be used for analysis purposes.\*
- 2 For each clinician participating in the patient survey at individual level, please ensure that you collect at least **30 questionnaires**.  
\* Please note that we may need to contact you for further questionnaires if blank or incomplete questionnaires mean that we do not have enough and your results would be statistically invalid.

**Please use the large self-addressed envelope to return all completed questionnaires to:**

**CFEP UK Surveys, 1 Northleigh House, Thorverton Road, Matford Business Park, Exeter EX2 8HF**

We will notify you of receipt of your questionnaires.

#### Report

##### Practice Level Survey

The data will be used to generate a report of your overall practice performance, analysed against national benchmark figures and comprising anonymised results from all participating clinicians. Your report will be sent to the practice manager.

##### Individual Level Survey

Each individual participating clinician will receive a confidential report, analysing their personal performance against national benchmarks. The practice manager will receive the overall practice level report.

#### Supporting Materials

Along with your report, you will also receive supporting materials to help you determine your strengths and areas where improvements could be made. We will also send you a certificate of completion for the practice, subject to meeting the minimum requirements.

**Need help or guidance with your survey?**

Call us on **0845 519 7493** or e-mail us at **enquiries@cfep.co.uk**



# How was your visit to this surgery today?

**Think your views are important?**

**...So do we**

**We want you to have your say**

## How do I take part in the survey?

All you need to do is...

- 1** Complete a questionnaire  
AFTER you have seen the  
doctor or nurse
- 2** Seal the questionnaire in the  
envelope supplied and post it  
in the ballot box provided

We want to know that we are providing the best possible service for our clients

Let us know your views about our quality of care

### **anonymous for peace of mind**

The questionnaires will be analysed by an independent organisation. They will provide us with information compared to national averages

Your comments are valuable. We will use them to try to improve our service to meet your needs

**Thank you for your help**

Provided for us by



