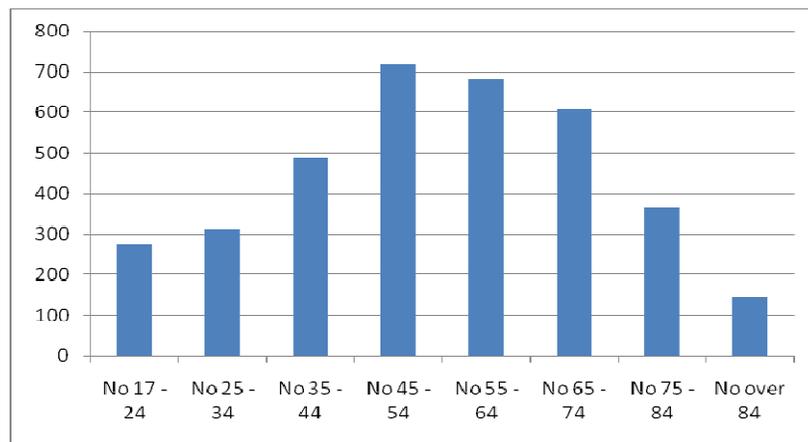


Patient Participation Directed Enhanced Service Sixpenny Handley & Chalke Valley Practice

Report Proforma

1. Practice Profile

The Age profile for the practice is shown graphically below. Patients below the age of 17 have been excluded from these figures



The overall split of the above is 49% Male to 51% Female.

The ethnicity of the practice population is over 99% White Caucasian

There are approximately 120 carers (3.3%)

Approximately 35% of the population are in work

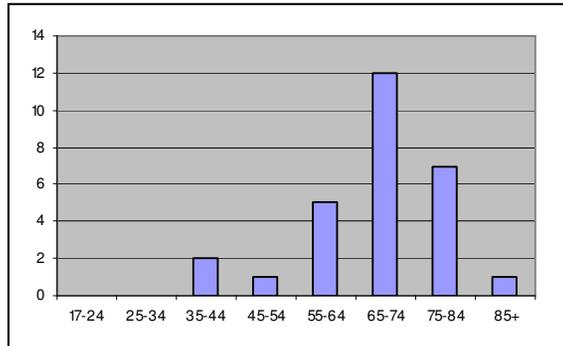
There are 14 patients on our learning disability register (0.3%)

We have no Drug users, Nursing/Care home residents or University students on our list.

See Appendix 1 for more details

2. Profile of the members of the PRG

The PRG profile is shown below



The overall split of the above is 62% Male to 38% Female.

The ethnicity of the group is 100% White Caucasian

There are 3 carers (10%)

30% of the group are in work

It was not possible to get representation from the following groups:

Ethnic minorities

People with learning disabilities

The take up at 29 (or 0.8%) is disappointing.

Further, we are underrepresented in the young adult population and over represented in the retired adult population.

That being said the members of the PRG are representative of the people who use the surgery and are therefore interested in shaping its future.

We deliberately did not seek members under the age of 16 because of a potential breach of trust between the Practice and their parents or legal guardians.

3.	<p>Steps taken to ensure that the PRG is representative.</p> <p>To set up the group initially, the practice placed posters / adverts in the following:-</p> <ul style="list-style-type: none"> • On the notice boards of both surgery buildings – our regular clientele • local village publications – those members of the practice area who take an interest in local issues • the website www.sixpennydocs.co.uk - the IT literate • on the reception desks at both surgeries - our regular clientele • in the practice leaflet – new patients • on the bottom of the new patient questionnaire – new patients • all prescription bags for a two month period – our regular clientele <p>By September 2011 we had attracted only 12 interested people and so had another drive to attract more by printing out the questions sent to the existing members. These were left on the reception desks with a note explaining that this was the sort of thing with which we were wanting help and encouraging participation. This attracted a further flutter of interest. We will continue to try to expand the group.</p> <p>Please see appendix 2 for examples.</p> <p>During the course of 2012-2013 we have lost one member (passed on) and recruited another. We have continued to invite all new comers to the practice by including an advert on the New Patient Questionnaire. We continue to advertise on our surgery notice boards and on our website. We have also asked existing members of the group if they have any ideas for attracting new members. So far the response has been disappointing.</p>
4.	<p>Steps taken to engage with unrepresented group(s).</p> <p>The following groups are not represented</p> <p style="padding-left: 40px;">People with Learning difficulties – We have not made a special effort to enrol any of the 14 pts on our learning disability register as we do not want to put undue pressure on any of them. It has been felt more appropriate to seek the views of carers and to this extent we are satisfied that carers are well represented on the PRG</p> <p style="padding-left: 40px;">Ethnic minorities – Whilst we would be very happy to have someone from an ethnic minority group on the PRG we have not</p>

	actively sought someone to fill that role as even one would give disproportionate representation.
5.	<p>Steps taken to determine and reach agreement on the issues which had priority and were subsequently included in the local practice survey.</p> <p>Because of a number of other issues undertaken during the year and because of the changes about to happen within the NHS we have put our efforts this year into working with the PRG to seek their help in getting the message across to as wide a number of patients as possible. Despite promise of national campaigns to make people aware of the change to Clinical Commissioning Groups it is clear from the responses from the PRG that very few people know what is going on. We will therefore in the new financial year take steps to inform our patients through a variety of channels</p>
6.	<p>How the survey questions were drawn up and how the survey was carried out in order to obtain the views of your registered patients.</p> <p>Being a training practice, we use video cameras to record some consultations. This requires a lengthy consent form to be completed. As part of CQC registration we have undertaken a “customer satisfaction” survey during the year. Both these involve paper on the desk. It was felt inappropriate to ask patients to fill in yet another form and so instead we have concentrated on making sure that patients are aware of their “rights” and invited comment and or feedback. This has been done through an advertising campaign in the surgery, features in our newsletters (bi monthly), items on our website and through the local parish magazines (some bi monthly some quarterly).</p>
7.	<p>Rationale for using the chosen survey method and the criteria for assessing its credibility that the processes used for sampling and analysing are sufficient to provide valid reported outcomes</p> <p>The results of the PRG survey showed clearly that knowledge and understanding of the current changes in the health service were poorly understood. Rather than asking similar questions of our patients to receive similar answers we opted to try and answer the questions straight away. We realise that this is not what the letter of the DES requires but believe that what we are doing is in accordance with the spirit of it, enabling patients and practice to communicate and work together.</p>

8.	<p>Steps taken to provide an opportunity for the PRG to discuss the survey findings:</p> <p>As no specific survey of patients was undertaken, no results were discussed with the Group. They will however be involved in ongoing efforts to help us reach all parts of the Practice population with information about the changes in the NHS and how that will affect them.</p>							
9.	<p>Action plan setting out how the findings arising out of the local practice survey can be implemented (Progress report on 2012 survey)</p> <table border="1" data-bbox="247 558 2039 1351"> <tr> <td data-bbox="247 558 1167 695"> <p>1) Publicise use of secure website for re-ordering</p> </td> <td data-bbox="1167 558 2039 695"> <p>The number of people using this service has risen steadily from 51 last May to 91 at the end of March 2013.</p> </td> </tr> <tr> <td data-bbox="247 695 1167 1070"> <p>2) Waiting Room</p> <p>Television – Stays but need to look into using for advertising Practice Issues</p> <p>Music – Stays but light classical and no singing</p> <p>Reading Material – Thank donors and keep up to date</p> </td> <td data-bbox="1167 695 2039 1070"> <p>As the Practice would have to pay for a continuation of this service and as there was no clear preference for keeping it, the Practice has made the decision to remove it.</p> <p>The selection of music is slowly expanding, providing more variety</p> <p>The magazines are now pruned on a regular if infrequent basis</p> </td> </tr> <tr> <td data-bbox="247 1070 1167 1351"> <p>3) Communication</p> <p>Focus efforts on Newsletters and Village publications while maintaining website and posters</p> <p>Look into links to our website on local village websites</p> </td> <td data-bbox="1167 1070 2039 1351"> <p>Newsletters are produced every other month and a copy emailed to each of the village magazines so that the editors can copy and paste relevant information</p> <p>Copies of our newsletters are now sent to local webmasters</p> </td> </tr> </table>		<p>1) Publicise use of secure website for re-ordering</p>	<p>The number of people using this service has risen steadily from 51 last May to 91 at the end of March 2013.</p>	<p>2) Waiting Room</p> <p>Television – Stays but need to look into using for advertising Practice Issues</p> <p>Music – Stays but light classical and no singing</p> <p>Reading Material – Thank donors and keep up to date</p>	<p>As the Practice would have to pay for a continuation of this service and as there was no clear preference for keeping it, the Practice has made the decision to remove it.</p> <p>The selection of music is slowly expanding, providing more variety</p> <p>The magazines are now pruned on a regular if infrequent basis</p>	<p>3) Communication</p> <p>Focus efforts on Newsletters and Village publications while maintaining website and posters</p> <p>Look into links to our website on local village websites</p>	<p>Newsletters are produced every other month and a copy emailed to each of the village magazines so that the editors can copy and paste relevant information</p> <p>Copies of our newsletters are now sent to local webmasters</p>
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Look into possibility of emailing Newsletters

So far this has not happened because people with access to email can also download a copy of the newsletter from the website

Look into getting information out to Woodcutts (and other smaller communities)

Recently a member of the group has suggested that the Newsletter be placed on local notice boards. We are looking into this for the next edition of the newsletter

Action plan arising from 2012-13 PRG consultation

1) Alternatives to Accident and Emergency Department

Are you aware of the existence of

	YES	NO
a) The Salisbury Walk in Centre	22%	78%
b) The Shaftesbury Minor Injuries Unit	44%	56%
c) NHS Direct	89%	11%

Practice to continue to try and educate patients about these. It seems that the one that was best known has now been taken away!

2) Have you heard of the new non emergency service 111?	YES	NO
	78%	22%

The new number is on the answerphone message, on our website and advertised in the surgery.

3) Smaller Communities The larger villages within our catchment area have a village newsletter and we regularly contribute to these in order to keep the residents up to date. But a number of the smaller villages and hamlets do not have this facility.

Do you have any ideas as to how we might be able to reach these groups of people?

Local leaflet drop – via postman
Village Voices Magazine to cover
Church magazines

Practice to explore viability
Practice to add to mailing list
Practice to speak with local clergy

	See 9 above
12.	Contractual implications to be discussed with the PCT No contractual changes anticipated
13.	Opening hours of the practice premises and how patients can access services throughout the core hours. The practice doors are open from 08:00 to 13:00 and 14:00 to 18:30 Monday to Friday. Extended hours are offered – see below. Patients may come in during these times or phone any time between 08:00 and 18:30. We publicise our fax numbers and patients can fax us at any time.
14.	If the practice offers extended hours, please give the times at which individual healthcare professionals are accessible to registered patients. We offer an extended opening session on a Monday evening. Patients can see a doctor between 18:30 and 21:00 and a nurse between 18:30 and 19:30.
15.	Publicise the Local Patient Participation Report on the practice website See website www.sixpennydocs.co.uk

Appendix 1

Practice Population profile				PRG Profile				% Diff
AGE				AGE				
No under 16	827	% under 16	18.7%	No under 16	0	% under 16	0.0%	18.7%
No 17 - 24	276	% 17 - 24	6.3%	No 17 - 24	0	% 17 - 24	0.0%	6.3%
No 25 - 34	311	% 25 - 34	7.0%	No 25 - 34	0	% 25 - 34	0.0%	7.0%
No 35 - 44	487	% 35 - 44	11.0%	No 35 - 44	3	% 35 - 44	10.3%	0.7%
No 45 - 54	716	% 45 - 54	16.2%	No 45 - 54	1	% 45 - 54	3.5%	12.8%
No 55 - 64	682	% 55 - 64	15.4%	No 55 - 64	5	% 55 - 64	17.2%	-1.8%
No 65 - 74	606	% 65 - 74	13.7%	No 65 - 74	12	% 65 - 74	41.4%	-27.7%
No 75 - 84	365	% 75 - 84	8.3%	No 75 - 84	7	% 75 - 84	24.1%	-15.9%
No over 84	146	% over 84	3.3%	No over 84	1	% over 84	3.5%	-0.1%
ETHNICITY				ETHNICITY				
White		White		White		White		0.0%
No British Group	4406	% British Group	99.8%	No British Group	29	% British Group	100.0%	-0.2%
No Irish Group	1	% Irish Group	0.0%	No Irish Group	0	% Irish Group	0.0%	0.0%
Mixed		Mixed		Mixed		Mixed		
No White & Black Caribbean	0	% White & Black Caribbean	0.0%	No White & Black Caribbean	0	% White & Black Caribbean	0.0%	0.0%
No White & Black African	2	% White & Black African	0.0%	No White & Black African	0	% White & Black African	0.0%	0.0%
No White & Asian	1	% White & Asian	0.0%	No White & Asian	0	% White & Asian	0.0%	0.0%
Asian & Asian British		Asian & Asian British		Asian & Asian British		Asian & Asian British		
No Indian	3	% Indian	0.1%	No Indian	0	% Indian	0.0%	0.1%
No Pakistani	0	% Pakistani	0.0%	No Pakistani	0	% Pakistani	0.0%	0.0%
No Bangladeshi	0	% Bangladeshi	0.0%	No Bangladeshi	0	% Bangladeshi	0.0%	0.0%
Black or Black British		Black or Black British		Black or Black British		Black or Black British		
No Caribbean	0	% Caribbean	0.0%	No Caribbean	0	% Caribbean	0.0%	0.0%
No African	0	% African	0.0%	No African	0	% African	0.0%	0.0%
Chinese or other ethnic Group		Chinese or other ethnic Group		Chinese or other ethnic Group		Chinese or other ethnic Group		
No Chinese	0	% Chinese	0.0%	No Chinese	0	% Chinese	0.0%	0.0%
No Any Other	3	% Any Other	0.1%	No Any Other	0	% Any Other	0.0%	0.1%
GENDER				GENDER				
No Male	2169	% Male	49.1%	No Male	18	% Male	62.1%	-13.0%
No Female	2247	% Female	50.9%	No Female	11	% Female	37.9%	13.0%

Appendix 2

Extract from Practice Leaflet and also New Patient Questionnaire

Patient Participation

We have a Patient Participation Group to help us plan future changes in the Practice. This consists of about 150 members, all patients, embracing a wide age range and representing all groups within the practice, including those people who seldom come to visit us. Because of the size of the group it is not be practical to meet physically and we communicate predominantly by email and the internet.

If you are interested in joining please email us on

Sixpenny.ppg@nhs.net

Stating your name and first line of address

We will not respond to any medical questions via this email.

We will store your email address in an email group but it will not be shared with anyone outside the surgery, not even with other members of the group unless you specifically ask.

The information with which you supply us will be used lawfully, in accordance with the Data Protection Act 1998.

The Data Protection Act 1998 gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly.

Copy of leaflet for Drug Bag

PATIENT PARTICIPATION GROUP

We hope to set up a Patient Participation Group to help us plan future changes to the Practice. It is envisaged that the group will have about 150 members, all patients, embracing a wide age range and representing all groups within the practice, including those people who seldom come to visit us.

Because of the size of the group it will not be practical to meet physically and we plan to communicate predominantly by email and the internet.

If you are interested

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Poster Displayed in both Surgeries

SIXPENNY HANDLEY & CHALKE VALLEY PATIENT PARTICIPATION GROUP

The Aim

We would like to set up a Patient Participation Group to help us plan future changes to the Practice, whether that be with regard to the buildings or the services we offer. It is envisaged that the group will be somewhere between 120 to 150 patients and will embrace a wide age range and will represent all groups within the practice, including those people who seldom come to visit us.

What will it look like

Because of the size of the group it will not be practical to meet physically and we plan to communicate predominantly by email and the internet.

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Appendix 3

Questionnaire sent to members of PRG

PATIENT PARTICIPATION SURVEY 2013

Thank you for agreeing to help us from time to time with feedback on current services and proposals for future changes. We would value your views on the items below and hope to be able to collate them into some form of action plan for the coming year.

1) Alternatives to Accident and Emergency Department		
Are you aware of the existence of	YES	NO
a) The Salisbury Walk in Centre		
b) The Shaftesbury Minor Injuries Unit		
c) NHS Direct		
2) Have you heard of the new non emergency service 111?	YES	NO
3) Smaller Communities The larger villages within our catchment area have a village newsletter and we regularly contribute to these in order to keep the residents up to date. But a number of the smaller villages and hamlets do not have this facility. Do you have any ideas as to how we might be able to reach these groups of people?		
4) Changes to the NHS From 1 st April the Primary Care Trusts across the country will cease to exist. These are the bodies that assist Doctors, Dentists and Opticians to function in the community. In their place Clinical Commissioning Groups (CCGs) will take over this role. In addition, because of our proximity to Salisbury Hospital we have taken the decision to join the Wiltshire CCG and not the Dorset CCG. Do you know what these changes will mean for you? YES NO What would you consider to be a minimum in communicating these changes? d) Village Publications e) Posters in both Surgeries f) A special Newsletter on the subject g) An item on the Website		
5) Membership We would love to have more members of this group. Have you got any suggestions as to how we might recruit more willing volunteers?		

In the case of the actual questionnaire more space was allowed for answers