

# SCARBOROUGH MEDICAL GROUP

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## Patient Participation Group Report 2011-2012

### Background

In 2011 the government launched a new 'directed enhanced service' which encouraged practices who did not already have a PRG to start one up and engage with the group, performing a specific series of actions over the year.

Our patient group has been in development/existence since June 2011 and it has been a valuable reference group for the practice since it was set up. There are currently 20 patients within the Patient Reference & Virtual Participation Groups. The Patient Reference group meets on a quarterly basis and the virtual group are opportunistically contacted for opinions via email.

### DES Component 1

#### Practice Profile

There are currently 12,231 patients registered across Scarborough Medical Group (as of 29<sup>th</sup> Feb 2012); of those 7498 are registered at Danes Dyke and 4733 registered at South Cliff. The gender breakdown (%) of the practice is nearly 49/51 (Male/Female).

We have a large age range within the practice but a predominantly older cohort:

Age bracket	Number of patients	% of practice population	% PRG Profile
0-15y	1585	12.8%	5.3%
16-24y	1064	8.7%	5.3%
25-34y	1248	10.2%	15.9%
35-49y	2255	18.4%	0%
50-64y	2604	21.3%	21%
65-79y	2303	18.7%	42%
80-99y	1167	9.5%	10.5%
100+	5	0.4%	0%

29% of our practice population are aged 65 of over and 163 patients live in residential or nursing care homes. We also have a small number of patients with learning disabilities, drug and/or alcohol problems and the South Cliff branch has a number of students registered due to the nearby university.

We have been collecting the ethnicity of our patients over the last few years and we currently have 96% of the total populations ethnicity recorded, within this there is a small percentage that have refused to let the practice have their ethnicity. The vast majority of the patients' registered with the practice are British/White British.

## **Establishing the PRG**

The aim of developing a PRG within Scarborough Medical Group is to ensure patients are involved in decisions about the range and quality of our services.

An analysis of the practice population was undertaken. This formed the basis of our action plan for indentifying a suitable group of patients for our representation group. We then specifically made arrangements to contact these groups of patients in the following ways:

- Advertising posters in the surgeries
- Leaflets available in surgeries
- Advertising on the digital display screen 'Amscreen' within the surgeries
- Article published on our website with information and electronic sign up form which is still available at [www.scarboroughmedicalgroup.co.uk](http://www.scarboroughmedicalgroup.co.uk)
- Recommendation by clinicians and reception team for individual patients

Promotion of the PRG took place over a period of two months

Evidence enclosed

Appendix 1: A) poster, B) PPG application form

## **Profile of the PRG**

Our face-to-face and virtual group has a total of 20 members, 6 male and 14 female.

We have five members aged between 16 and 40, one aged between 40 and 60 and fourteen members over 60 years of age.

Unfortunately despite personally inviting several younger members of our practice to join our patient group over the last year, none of them actually came to a meeting which was a disappointment for us, as this was the one part of our population we felt was underrepresented on our patient group.

Our group comprises of those who work, some housewives and mostly retired people who form another substantial part of our practice population.

We spent some time thinking about how we could encourage more representation from other groups who make up part of our practice population. We decided to form a small virtual group of those who might find it hard to attend meetings, but who could participate by email or telephone to give us feedback and help us shape our services. This has enabled us to ensure that we get engagement and feedback from those who find it harder to attend regular meetings during the day and ensures that we consider their requirements in our discussions.

Whilst a group of manageable size can never be truly representative of all patients, we do believe that we have a very good cross section of different interests and responsibilities that represent our practice population. The combination of a face to face group and the virtual feedback ensures that we have managed to get a group which represents the key sections of our community.

## **DES Component 2**

### **Issues for the Local Practice Survey**

The PRG met to discuss and agree questions for the local practice survey, these included:

- Length of time patients are kept waiting in surgery for their GP appointment
- Use of system-online for booking appointments with GPs and requesting repeat medication

- How quickly they are seen
- Use of surgery website, content and information
- Improved communication between surgery and Patients – how do patients want to access and receive information from the surgery?

### **Practice Survey**

Having set the priorities, we collated a range of survey questions from the issues listed above and questions the surgery felt were important. The minutes of the meeting where the questions for the survey were discussed is attached.

Evidence enclosed

Appendix 2: A) minutes from the PPG 02.02.12 B) local patient survey template

### **DES Component 3**

#### **Collating views and informing the PRG of the findings**

The survey was developed in both paper and electronic format. We advertised the survey on the practice website, using the digital display AMSCREENS in the branches and through our reception teams. The survey was available for completion over a four week period.

The surgery had a total of 150 questionnaires completed. The results of the survey were then collated using our online facility on the intranet. This ensured we had both paper and internet responses together. We then contacted the PRG and the VPG via email and in hard copy where members didn't have web access with a full copy of the results and the priorities based on patient feedback.

Evidence enclosed

Appendix 3: A) copy of email/letter, B) copy of results

### **DES Component 4 & 5**

The PRG emailed back their comments and feedback; this formed the basis of the practice action plan.

Evidence enclosed

Appendix 4: table of action plan

### **DES Component 6**

This report will be available on the practice website no later than 31<sup>st</sup> March 2012. The report will be updated when necessary. The surgery will send a copy of the report to the PRG members and inform patients of the survey results via the quarterly newsletter, next due May 12 (available online and in surgery). A copy of the report will be held in reception for any interested patients who cannot access the website.

**Other DES components:****Opening hours:**

Scarborough Medical Group has three sites, Danes Dyke, South Cliff and Cloughton. The opening hours are as follows:

**Danes Dyke (Main site)**

Monday to Friday: - 8.30am – 6.30pm. We also operate an extended hour's service on Mondays between 6.30pm – 8pm. This service is for those patients who are unable to attend during normal surgery hours. We have GPs and a Nurse Practitioner available during this period.

**South Cliff**

Monday to Friday: - 8.30am – 6pm

**Cloughton**

Monday: - 9am - 1pm

Tuesday: - 2pm - 4pm

Wednesday: - 9am – 1pm

Thursday: - 9am – 1pm

Friday: - 2pm- 4pm

GPs, Nursing and dispensing facilities are available at this branch during these hours.

- The main sites, Danes Dyke and South Cliff, take emergency phone calls between 8am – 8.30am.
- Neither of the main sites closes during 8am - 6/6.30pm.
- Phone calls between 6pm-6.30pm to South Cliff are transferred to Danes Dyke, and then all calls are transferred to the Out of Hours service from 6:30 till 8am the following (workday) morning.

The opening hours are available on the practice website, NHS Choices website and Patient leaflets which are available on site.

## Appendix 1A

# SMG PPG (Patient Participation Group) and VPG (Virtual Participation Group or COMMUNITY VOICES) – Get Involved!

We are looking for volunteers to join our PPG and VPG here at SMG.

Q. What is the purpose of a PPG/VPG?

A. Among other things we anticipate our PPG helping with the following:

1. Provide an avenue for patients' input in the way facilities and services are planned and executed, to add humanity to, and influence those services.
2. Create and improve two-way communication between patients, the Practice and the community it serves.
3. Collect patient opinions and experiences to help the practice to evaluate its services.
4. Be a forum to feedback to the practice suggestions for improvement to the services provided to the patients, to the organisation and to building and surrounds.

### PPG

Our plan is to have a group of patients who reflect a cross section of our patient base who will meet roughly once every 3 months to discuss and plan changes in the surgery in areas that are identified by the group. The meeting will be attended by a practice representative who will be able to discuss issues with you and provide information to support ideas.

*If you would be interested in being part of the PPG please see reception for further details.*

### VPG

Equally if you don't feel you would be able to commit your time once every 3 months but would like to be involved in decision making we are looking to develop a wider reference group VPG (virtual patient group) who we would seek opinions from via email and telephone.

*If you would be interested in being part of the VPG please also see reception for further details.*

# SCARBOROUGH MEDICAL GROUP

## Signing Up For Patient Participation Group – Patient Participation Group (PPG)

We are looking to add to our current patient participation group (PPG). We are looking for patients who would be willing to attend approximately 4 meetings a year which will be scheduled over lunchtime (attendance not essential 100% of the time). It is important to us that our patient group includes as wider representation of our practice list as possible therefore we ask that you complete this short application form so we can ensure we achieve this. Please find attached a specification of what we hope our PPG will represent

<i>Title (please tick or circle app box)</i>	Mr	Mrs	Miss	Ms
<i>First name:</i>				
<i>Surname:</i>				
<i>Email Address:</i>				
<i>Postcode:</i>				
<b>The information below will help to make sure that we receive feedback from a representative sample of the patients registered at this practice.</b>				
<i>Your gender:</i>	Male		Female	
<i>Your age (indicate appropriate age bracket):</i>	Under 16	17-24	25-34	35-44
	45-54	55-64	65-74	75-84
	Over 84			
<b>The ethnic background with which you most closely identify is (please underline or circle):</b>				
<i>White:</i>	British Group		Irish	
<i>Mixed:</i>	white & black Caribbean	white & black African	White & black Asian	
<i>Asian or Asian British:</i>	Indian	Pakistani	Bangladeshi	
<i>Black or black British:</i>	Caribbean		African	
<i>Chinese or other:</i>	Chinese		Any other	

**How would you describe how often you come to the practice?  
(please underline or circle):**

Regularly

Occasionally

Very Rarely

**OPTIONAL: Please tell us a little about you and what you feel makes a  
good general practice/family doctor service?:**

**About this form:**

Please note that we will not respond to any medical information or questions received through the survey.

The information 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.

**Please return this form to any of the branches within the Scarborough Medical Group clearly marked for the attention of Debbie Westmoreland, Practice Manager. An email will be sent confirming the receipt of your application.**

Thank you for offering to give some of your time to provide input into the development of the services we provide to our patients. The membership of the PPG is limited so as to make the meetings as effective as possible. We will contact you to let you know whether based on the current recruit's demographic background we have enrolled you onto our PPG. If the demographic position you represent has already been filled we will keep your application and invite you at a later date should a position arise. In the meantime your opinions are still very important to us so we would seek your approval to enrol you onto our CVG – Community Voices Group (details are available on our website)

Thanks you very much for your input, every opinion matters.

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## Scarborough Medical Group Patient Participation Group Meeting 2<sup>nd</sup> February 2012 at Danes Dyke Surgery

**Present:** Debbie Westmoreland (Practice Manager), Kirsten Estill (Assistant Practice Manager), Sue Nicholson (Patient – Danes Dyke), John Walshaw (Patient – Danes Dyke), John Barber (Patient – Danes Dyke), Sheila Harrop (Patient – South Cliff), Jenny Frost (Patient – South Cliff)

As there were a few new faces at the meeting, everyone introduced themselves and gave a brief background of why they were involved with the group.

### Agenda Items

#### 1. Guest speaker – Clinical Commissioning Group (CCG) Project Manager Sally Hatton-Brown

- Sally gave a presentation to the group. She hopes to provide some notes on her presentation but these will be to follow. As I'm sure you will all appreciate, this is an incredibly busy time for Sally and her team as the CCG prepares to take hold of shadow budgets in lieu of the PCT's departure next March 31<sup>st</sup>.
- During the presentation DW explained prevalence of diseases. For example, as SMG has a largely elderly patient base, we also have a higher prevalence of those diseases usually related to the more elderly patient ie: Stroke/TIA, age related Diabetes etc.
- John Walshaw asked if we weren't perhaps trying to fix things that aren't broken and Sally explained that the services provided are monitored on a traffic light system – those that are currently running well (under a green light) will continue as is and those under an amber or red light will be the focus of how to improve.
- Sue Nicholson also pointed out that Scarborough is a university town and through this has a big problem with recreational drug use. This was discussed and Sally advised the group that the services available for drug abuse problems were actually much better in Scarborough than those in place for people with alcohol abuse problems. This is why the Scarborough and Ryedale CCG were making alcohol services one of its target areas.

#### 2. Patient Survey

- DW confirmed that the suggestion boxes will be initiated with immediate effect. These will run for 3 months every year (so they don't stagnate) and notices have been placed around both sites to draw patients' attention to the boxes. Once the 3 months are up, the patient



group will meet again to discuss suggestions made by patients and the outcomes of those suggestions will be published in the patient newsletter.

- DW then went on to explain about the patient survey which the government have asked each GP surgery to produce in consultation with its patient group. We have put together a proposed questionnaire but wish to discuss it with the patient group to see if the questions we had included were felt to be relevant etc.
- A suggestion was raised that nurse clinics could be made available to book into via the internet (as with the GP sessions). DW and KE explained about the complexity of the nurse clinics and how it would be difficult to ensure that patients booked into the correct clinic, for the correct amount of time. Even if we clearly designated sessions as specific clinics ie: Diabetes Clinic, there would be no way of ensuring that patients didn't book into that clinic for other reasons, thereby wasting precious nursing appointments and also risking the patient turning up to an apt with a particular nurse who was unable to provide the service they had attended for as not all nurses and HCA's do the same things.
- Following discussion, the questions were felt to be relevant by the patient group representatives and DW confirmed that these would begin being passed out by the receptionists in the coming week and that this would also be available to be completed electronically following a link from the surgery website.
- DW also confirmed that the results of the survey would be made available for discussion at the next PPG meeting but would be circulated to the group as soon as they were available.

### **3. Comments/suggestions on the surgery website/newsletter**

- John Walshaw asked if it was possible to shorten the address for the Scarborough Medical Group website as it is rather long to have to type in. DW advised that unfortunately this was not something that could be changed. NB however you can search for the practice website by typing "smg scarborough" into your browser which does shorten the phrase a little.
- DW advised that the patient newsletter was posted on the website and people could also sign up to be notified by email when an updated newsletter was available for viewing.

**Appendix 2B – attached in email or available on request to the practice.**

## Appendix 3A

*Copy of email sent to PPG & VPG members*

“Dear members of the Scarborough Medical Group Patient Participation Group (PPG) and Virtual Participation Group (VPG)

The Patient Participation Group (PPG) met in February to agree the questions to be included in the annual practice survey. The survey was available for patients to complete in the surgery as a hard copy or on the website digitally. We advertised the survey on the website, using the digital display AMSCREENS in the branches and through our reception team.

I am pleased to attach the results of this survey which contain the responses of 150 of the practices patients. The second attachment is the free text comments that were submitted as part of the survey responses.

The next stage is to formulate a plan on what our action points should be based on the results of the questionnaire and this is where I hope you can help. If you could have a look through the attached information and let me have a couple of pointers on what you interpret to be required here that would be very much appreciated.

The results of the survey are also available in pie chart for on our website [www.scarboroughmedicalgroup.co.uk](http://www.scarboroughmedicalgroup.co.uk)

The stage following this will be to begin planning our actions and looking at whether they are possible, affordable, sensible etc and then communicating these to our patients.

I need to have compiled our action plan by the middle of next week ready for submission to the PCT (Primary Care Trust) and as such would ask that you let me have your comments by next **Monday 26<sup>th</sup>** if at all possible.

I very much look forward to your responses.”

## Appendix 3B

### **SCARBOROUGH MEDICAL GROUP PRACTICE SURVEY 2011-12**

150 responses were received to the questionnaire this year and the results of this are below.

<b>Q1 Which of the branches at Scarborough Medical Group do you most regularly use?</b>	
Danes Dyke	57%
South Cliff	42%
Cloughton	0%
<b>Q2 Have you been seen at other branches within the group?</b>	
Yes	47%
No	51%
<b>Q3 In general, how do you rate the receptionists at the practice?</b>	
Very helpful	87%
Fairly helpful	11%
Not very helpful	0%
Not at all helpful	0%
Don't know	0%
<b>Q4 Thinking back to the last time you spoke to the reception team on a routine enquiry basis, did they ask you to confirm we have all the correct contact details for you? For example address, home &amp; mobile telephone numbers.</b>	
Yes	64%
No	34%
<b>Q5 How do you normally book your appointments at your practice? Please tick all boxes that apply.</b>	
In person	35%
By phone	76%
Online	16%
Doesn't apply	0%
<b>Q6 Do you find the practice website useful?</b>	
Yes	30%
No	6%
Didn't know there was one	52%
<b>Q7. Do you find the practice newsletter useful? (You can sign up to receive this through the website)</b>	
Yes	16%
No	0%
Didn't know there was one	78%
<b>Q8 In general, do you feel you are treated with courtesy and respect by practice staff?</b>	
Yes	98%
No	0%
<b>Q9 In the past 6 months, how easy have you found the following:</b>	
<b>a) Getting through on the phone?</b>	
Haven't tried	8%
Very easy	50%
Fairly easy	29%

Not very easy	6%
Don't know	0%
<b>b) Speaking to a doctor on the phone?</b>	
Haven't tried	41%
Very easy	16%
Fairly easy	15%
Not very easy	6%
Don't know	6%
<b>c) Speaking to a nurse on the phone?</b>	
Haven't tried	50%
Very easy	12%
Fairly easy	6%
Not very easy	4%
Don't know	11%
<b>d) Obtaining test results on the phone?</b>	
Haven't tried	33%
Very easy	28%
Fairly easy	14%
Not very easy	1%
Don't know	6%
<b>e) Ordering your repeat prescription?</b>	
Haven't tried	22%
Very easy	46%
Fairly easy	10%
Not very easy	0%
Don't know	6%
<b>Q10 In the past 12 months how many times have you seen a doctor?</b>	
1 to 2	21%
3 to 4	30%
5 to 6	16%
7 to 9	14%
10 or more	14%
<b>Q10a How do you rate the way you were treated by the doctor?</b>	
Excellent	77%
Good	20%
Fair	0%
Poor	0%
Does not apply	0%
<b>Q11 How long did you wait for your consultation to start?</b>	
Less than 5 minutes	6%
5 – 10 minutes	60%
11 – 20 minutes	24%
21 – 30 minutes	5%
More than 30 minutes	0%
There was no set time for my consultation	1%
<b>Q12 In the past 12 months how many times have you seen a nurse or health care assistant?</b>	

1 to 2	48%
3 to 4	24%
5 to 6	4%
7 to 9	2%
10 or more	6%

<b>Q12a How do you rate the way you were treated by the nurse or health care assistant?</b>
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Excellent	70%
Good	16%
Fair	2%
Poor	0%
Does not apply	1%

<b>Q13 If you need to see a doctor urgently, can you normally do so within 24 hours?</b>
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Yes	68%
No	5%
Can't remember	15%

<b>Q14 If you weren't able to be seen urgently, why was that?</b>
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There weren't any appointments	12%
Times offered didn't suit	7%
Appointment was with a doctor I didn't want to see	4%
A nurse was free but I wanted to see a doctor	1%
Was offered an appointment at a branch surgery	2%
Another reason	3%

<b>Q15 Are you?</b>
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Male	44%
Female	50%
No answer	6%

<b>Q16 How old are you?</b>
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16 to 24	2%
25 to 34	6%
35 to 49	8%
50 to 64	31%
65 to 79	40%
79 or over	6%

#### Appendix 4

<b>Area to be addressed</b>	<b>How</b>	<b>By When</b>	<b>By Whom</b>	<b>Reviewed</b>	<b>Completed</b>
Prescription Window at DD	To be discussed with surgery staff to seek opinion	April/May 2012	DW		
Music in reception	Change from the local radio station	March 2012	Reception		
Car parking at DD	Item on the agenda for next PRG meeting in April and to discuss with partners – this would require substantial capital investment	Through 2012/13	PPG, DW & GP Partners		
Magazines/Papers (DD)	To look into with view to infection control	April 12	KE/Surgery staff		
Clock in the waiting room (DD)	A clock shall be purchased for the waiting room.	April 12	KE		
Nurse appointments bookable online	This has been discussed at previous PRG meetings. See minutes. To communicate through newsletter in 2012.	2012	PPG, DW, nurses & partners		
Patient Call System	The time the patients name/room appears on the board has been increased from 3 to 6 seconds per patient.	March 2012	DW	Nov 12 (next survey)	Yes – March 12
Newsletters	Copies will be placed on notice-boards and in waiting rooms for patients to read.	May 2012 (next update due)	SW/KE		
Online Services	To promote online services – appointment booking, prescription request	May 2012 (next update due)	SW/KE/DW		
Patient Group	Promote the PRG on notice boards	Through 2012	staff		
Text Service	Promote we offer free appointment reminder service	May 2012 (next update due)	SW/KE/DW		
Improve uptake of questionnaire for 2012/13	To consider changes with PPG for next year	2012 PPG meetings			