



Lime Tree and Sinnott Healthcare LTD
Patient Reference Group Report
Annual Report 2013 - 2014

Contents

Surgery Information & Sign up – Page 3

***What did we hope to achieve &
How was we going to achieve it – Page 5***

Social Media – Page 6

Component 1 – Page 6 to Page 11

Component 2 – Page 12 to Page 20

Component 3 – Page 20 to Page 24

Component 4 – Page 24

Component 5 – Page 25

Component 6 – Page 25

Lime Tree and Sinnott Healthcare LTD.

Address:

12B Sinnott Road
Walthamstow
London
E17 5EG

Telephone:

0208 709 3140

Fax:

0208 709 3146

NHS Choices:

<http://www.nhs.uk/Services/gp/Overview/DefaultView.aspx?id=36893>

Link to website

<http://www.ltshealthcare.gpsurgery.net/>

Link to twitter

<https://www.twitter.com/ltshealthcare>

Sign Up

In September 2013 we were presented with an opportunity to join the last phase of a three year programme headed by the local NHS authority. This initiative allowed us to have a closer relationship with our patient base and form what is now known as our *Patient Reference Group*. The scheme has been run for 3 years and this is its final year. The final part of this project would have started in April 2013, so we joined very late to the programme. The surgeries that have been running this programme since it first started will be able to present a complete time line of action. They will be able to show how the patients participation has moulded the way their surgery has grown. The disadvantage to us not having the 2.5 previous years of PRG work is that we will not be able to show the same level of progress through out the years. However this initiative has offered us many exciting opportunities and the surgery has learned so much within these few short months. Over the next few pages we hope to show the work we have done over the past 6 months to form, engage and grow our patient interactions via our PRG.

What did we hope to achieve

By forming this Patient Reference Group we hoped to build a closer connection with our patient base. As a small practice in the heart of a very diverse community we have always been dedicated to supplying a very efficient service. We hoped that with the input of the patient population we could grow the practice and create a surgery that is more tailored to the patients needs.

As a practice it can be very easy to go year to year without ever having a real connection with your patients on a service level. We help patients every day, to make their lives easier, to help them on the road to better health. It can be easy to not hear the patient's opinion and to carry on blindly providing services, that may not be taking advantage of the skill mix that your clinicians possess, or even what the patients may truly need.

At Lime Tree and Sinnott Healthcare however we have always endeavoured to improve our services. Over the past 10 years our practice has changed drastically in appearance and what services we have offered. We have taken on more Doctors and Nurses to coincide with the growth of our practice. Although our surgery premises are quiet limited size wise we have made changes to make access to the surgery better and to make the patients time in the practice more comfortable and efficient.

We have always taken onboard the comments and outcomes of the yearly Patient Satisfaction Survey. We strive to improve our level of care to the patients and this opportunity to form a Patient Reference Group will only further help our mission.

How were we going to achieve them?

There are many routes that we planned on investigating during the course of this investigation. Firstly we would need to form a diverse group of patients. We needed this group to be as representative of our surgeries patient population as possible. Whilst trying to form a plan for this project we knew that we would need to step up our public relations and approachability for the patients. One avenue we explored, to great effect, was the Social Media integration.

The use of the social media platform Twitter is at the heart of most companies in today's industries. The platform offers an endless resource of information and networking between our practice and the general public as well as specialised departments such as other NHS practices and healthcare providers.

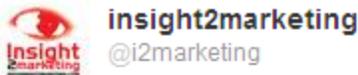
We also planned on using surveys in the practice to obtain our patients opinions and ideas. Surveys are an old fashioned technique in comparison to social media approaches, but they are reliable and efficient. By getting down in reception, liaising with the patients and speaking to them face to face, it gave us a greater opportunity to get a real sense of feedback from the patients. The surveys formed the core of our analysis in this project and helped provide the direction for our future plans.

Social Media

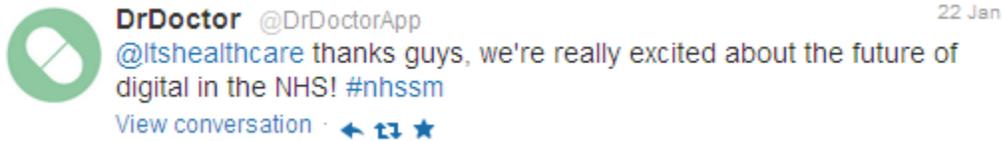
Twitter has been a valuable source for our aim to get more involved with our patients. The feedback we received from other health care providers and local community members has been fantastic. Below are some screen shots of some of the positive feedback we have received.



[@ltshealthcare](#) Thank you for supporting our great cause and encouraging others to donate. It is greatly appreciated.
4:29 p.m. Wed, Jan 29



[@ltshealthcare](#) this is a brilliant example of a surgery embracing digital technology! Good morning
7:21 a.m. Thu, Jan 23



The comments above have come over the past few months whilst we have been trying



to get our practice name out into the local community. Not only does this platform allow us to keep up to date with the latest press/medical information in regards to our industry, it allows our patients to keep up to date with our information. This initiative is now a daily routine for me and my colleagues as we try to get involved with NHS campaigns such as #ChangeDay whilst also keeping our patients aware of our latest announcements. The Twitter account

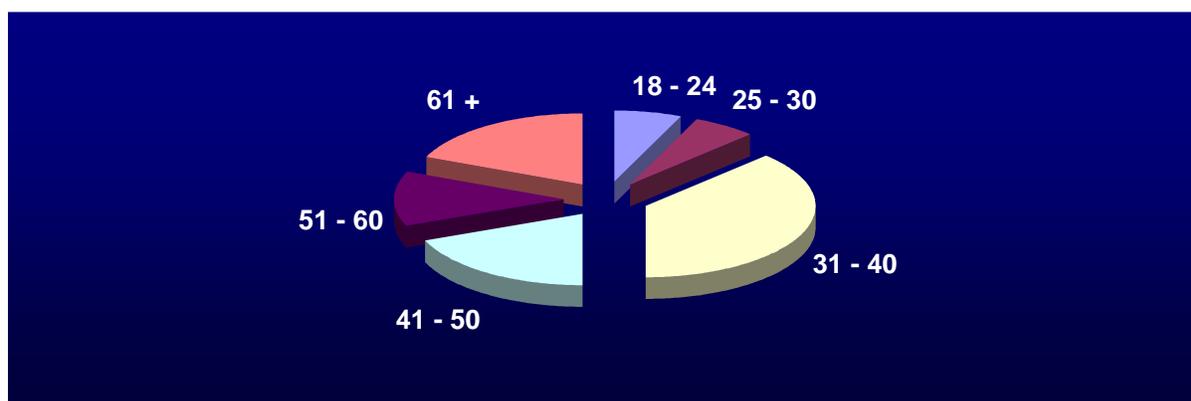
has been a long process and it takes a lot of time to build a social media package, but as a surgery we are very excited at the prospect of what this project can hold for us.

Component 1

Anonymous Profile of Patient Reference Group

Whilst forming the patient reference group we attempted to bring together a wide variety of people. We needed our reference group to be as accurate to our current patient base as possible. People were signed up via sign up sheets in reception and in the appointment rooms. All Doctors were briefed on the purpose and goals of the Patient Reference Group. During appointments patients would be asked if they would like to sign up by the Doctors. They would also be asked in reception when they sign in for their appointments. Patients who had any questions were free to do so when they pleased as all members of staff had been fully informed about the drive to get patients to join. A large portion of our Patient Reference Group were signed up by the Doctors during appointments. Below I have given a detailed outline of our PRG:

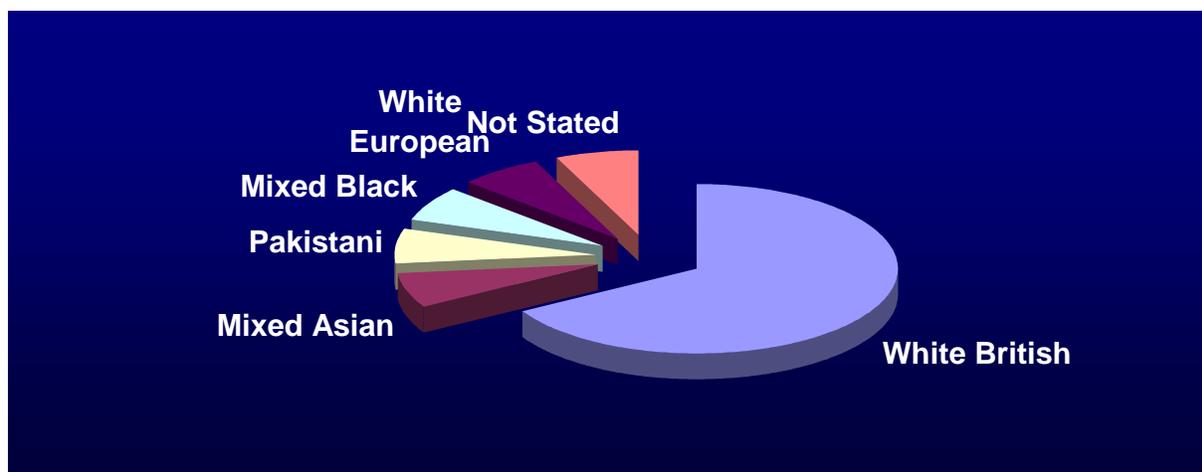
Age



Age Range	How many within the PRG
18 - 24	1
25 - 30	1
31 - 40	6
41 - 50	3
51 - 60	2
61+	3

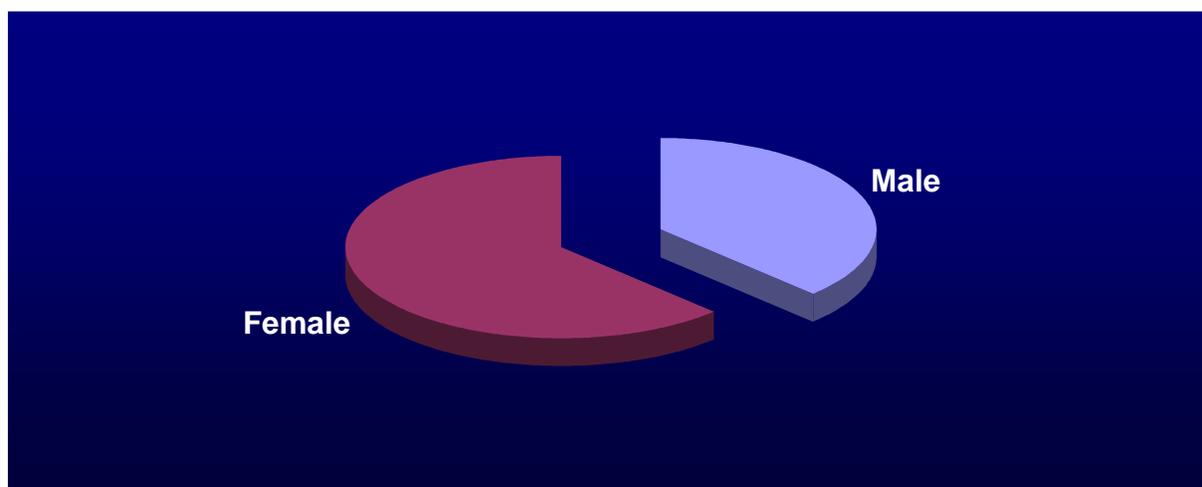
Whilst trying to get people to sign up for the Patient Reference Group, there was a few age ranges where we struggled to capture the audience. This was the younger 18 - 24 & 25 - 30 groups. Further evaluation of how we approached the patient led me to believe that we possibly need to make more of a drive towards this age range. This is something I will go into a bit more later on in this report.

Ethnicity



Ethnicity	How many within the PRG
White British	10
Mixed Asian	1
Pakistani	1
Mixed Black	1
White European	1
Not Stated	1

Sex



Sex	How many within the PRG
Male	6
Female	10

How did we get people to sign up? How did we try to reach certain audiences?

As I have mentioned above, the main way that we tried to get people to sign up to the Patient Reference Group was by approaching them in person. This we personally believed helped us get our message to the patients and answer any questions they had on a more personal level. When doing some research on other practices Patient Reference Groups (as previously mentioned, this was our first year) we noticed that most practices apparently just opt for putting their PRG enrolment forms online and letting the patients do the signing up. However we feel that the approach we took was more efficient. We placed posters all over the practice (which are still updated now, as to keep the public's attention). I personally went into reception at least twice a week and approached patients as they went through our services to get their interest. Patients would ask us as they went through the building about the group. It was great to get a real sense of positivity from the patients and was humbling to see how willing people were to help. Admittedly the group only consists of 16 people, but this is because a lot of patients, although passionate about the cause, were unable to ledger any time for the surveys. Although they all expressed an interest to be kept up to date with any changes that may occur.

As I have mentioned previously the age ranges that we most lacked in signing up to the Patient Reference Group was the 18 – 24 and 25 – 30. This may be because supporting your local GP surgery may come across as not very exciting or maybe we need to make a more conscious effort to appeal to this group exclusively. This is something that we do need to learn from, and we will be looking to get that audience's attention more for the next year of PRG. The growth of our social media campaign will go some way towards helping this cause, market research shows that the largest age range to use the Twitter platform is the 18 – 24 groups. We will continue to grow this media and try to develop it into a more efficient way of reaching an age range which has proven to be hard to capture this year.

UK Social Network Users, by Age, Feb 2013

% of internet users in each group

	Facebook	Twitter	LinkedIn
18-24	91%	47%	11%
25-34	84%	26%	14%
35-44	82%	33%	14%
45-54	55%	25%	6%
55-64	59%	16%	13%
65-80	41%	9%	0%
Total	72%	28%	11%

Note: have an account and use regularly

Source: Kinetic, "Moving Minds Panel," March 6, 2013

154985

www.eMarketer.com

<http://www.emarketer.com/Article/Twitter-Use-Drives-Up-LinkedIn-Stalls-UK/1009796>, 27.03.2014

Lime Tree and Sinnott Healthcare LTD

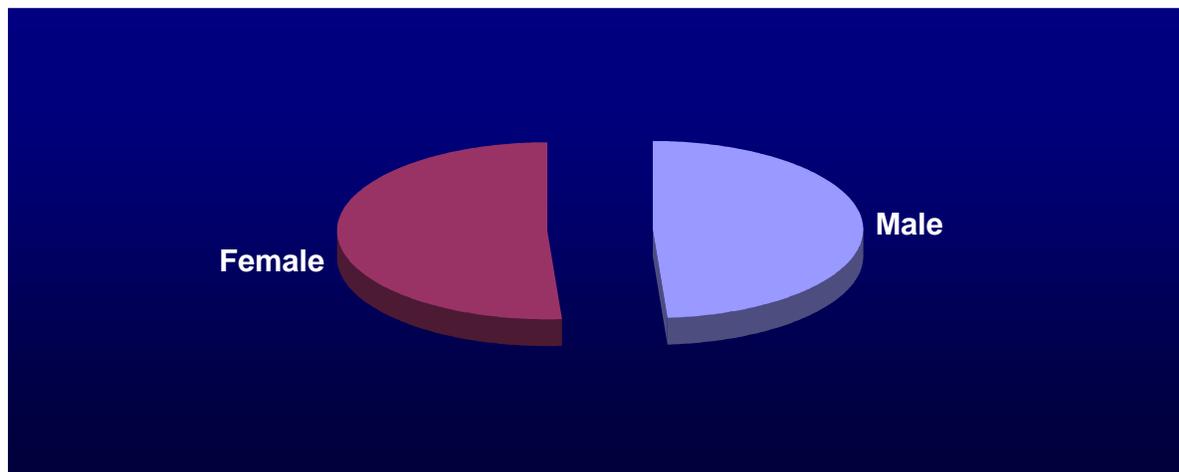
Patient Reference Group Report 2013/2014

Social make up of the practice

To give you a broader understanding of the practice as a whole we have run some searches to show the social make up of our practice. This is a key point in the components of the PRG as it helps us establish how fair our diversity is within our Patient Reference Group. It also helps us visualise the patient population.

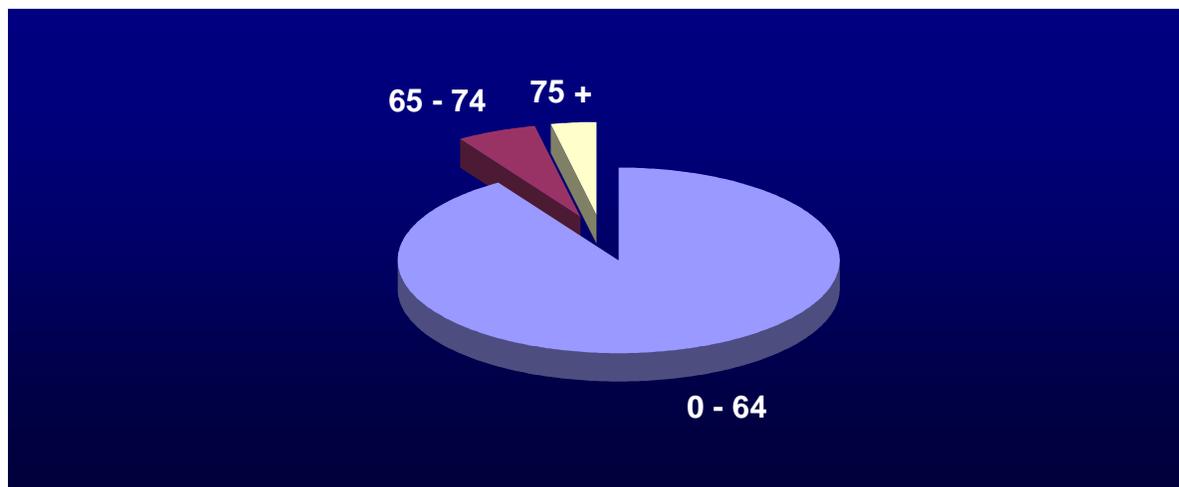
At Lime Tree and Sinnott Healthcare, we currently have 4,611 (As of December 2013) patients. This consists of:

Sex



Sex	How many Patients
Male	2,253
Female	2,358

Age Range

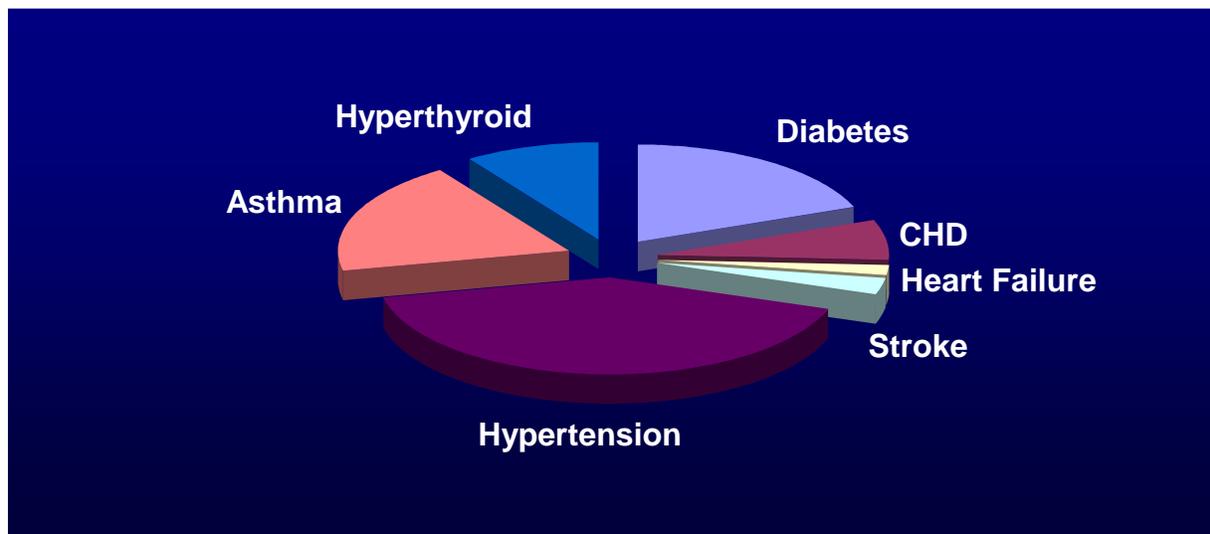


Age Range	How many Patients
0 - 64	4141
65 - 74	277
75+	193

Although the above age ranges seem very broad this is standard for a NHS search on the Vision Software. This does however give us a indication of our patient populations age ranges. This does have a direct link when you see what age ranges have joined our Patient Reference Group. As you can see from the above charts, the Reference Group has 16 members, all of which are under 67. This has shown us that not only do we need to do more to engage the 18 – 30 age range, but we also actively need to make sure that as of next years Patient Reference Group, we do what we can to embrace the over 75 group. By not having anyone in this age range within the group I believe that we are lacking a more varied opinion from a patient group that would be able to offer so much. We will have to sit down as a team and decide on a way to approach this group more effectively.

Health make up of the Practice

Another interesting bit of research based on our Patient Reference Group was to look into the health of our practice on a broader note. We needed to establish if we had got patients from the key health groups into our PRG. To do this we run an Audit to see which conditions are the most common among our patient population. Below are the statistics:



Above are the most common conditions that we have in our patient population. All of these conditions have they own set of dedicated clinics within the practice. These patients would have been approached to join our Patient Reference Group during their consultations. To make it easier to visualise we have also include a chart below of the actual figures in relation to these conditions.

Most common conditions (out of 4,611 patients)	
Hypertension	655
Diabetes	304
Asthma	299
Hyperthyroid	147

CHD	103
Stroke	41
Heart Failure	28

Did we reach out to our entire patient database/ what is our plan for next year's intake?

When analysing the Patient Reference Group, I believe we have been able to create a diverse group. We have done what we can to organise a group that best displays the patient population as a whole. Further analysis from the above charts has helped us to recognise the groups which will need further attention in next year's Patient Reference Drive. We know that from this April we will need to approach the under 30's and Over 70's. I will have to liaise with the clinical team and come to an agreement on how we should approach the other 70's. I believe that by upping our focus on digital media we will be able to bring in the attention of the under 30's more, but the over 70's will require more planning and research. Something I look forward to doing as I feel this group of patients would be valuable assets to the group, helping us provide a wider perspective on issues and ideas.

Another slight inconsistency I have noticed when analysing the above data is that we have more males than females within our Patient Reference Group. Now this is also the case as a practice, as we have 105 more females than males, but that is only a small difference in the grand scheme of our patient population. I believe that from April we will have to do more to try and bring some more men into the group. Although the group isn't unfairly biased when it comes to the male to female ratio, it would help the diversity to have a more even amount of patients.

Component 2

What did we do to reach agreement for the patient survey?

When we first organised the Patient Reference Group we saw a great opportunity to get some feedback on our services. As the PRG is based on trying to build up an idea of the patients feelings towards our services, we decided to send them a survey. We initially debated whether to do this in paper or by an online survey creator. Eventually we came to the conclusion that if we where to run this Patient Reference Group virtually, we would be able to get a quicker response from the group. We signed up to an online survey service www.surveymonkey.com. To start our interactions with the PRG there was a number of emails between myself and the group members, introducing myself and getting our mission and brief out to the group. The feedback was very positive. We then sat down and decided on a set of questions to send to the group to try and get a general idea of the patient's feelings and attitudes towards the practice. The survey we sent is as below, we have compiled the results into a pie chart to help visualise the outcomes. As with all of our surveys, all of the PRG where informed that they where able to come fill the survey out in reception if they would rather not do it online:

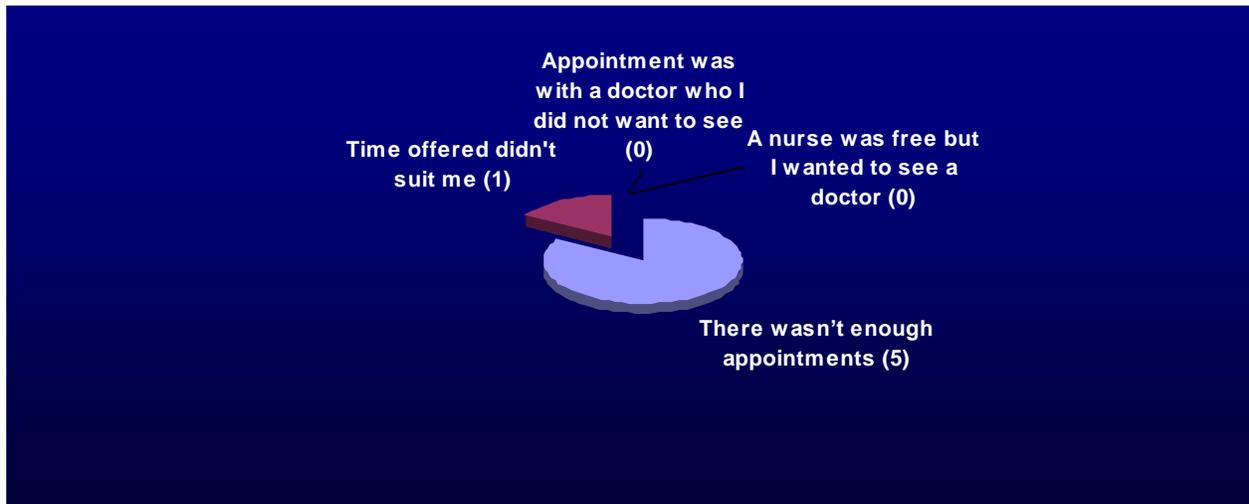
FIRST PATIENT SURVEY- December 2013

In the past six months, have you tired to book ahead for an appointment with a DR?



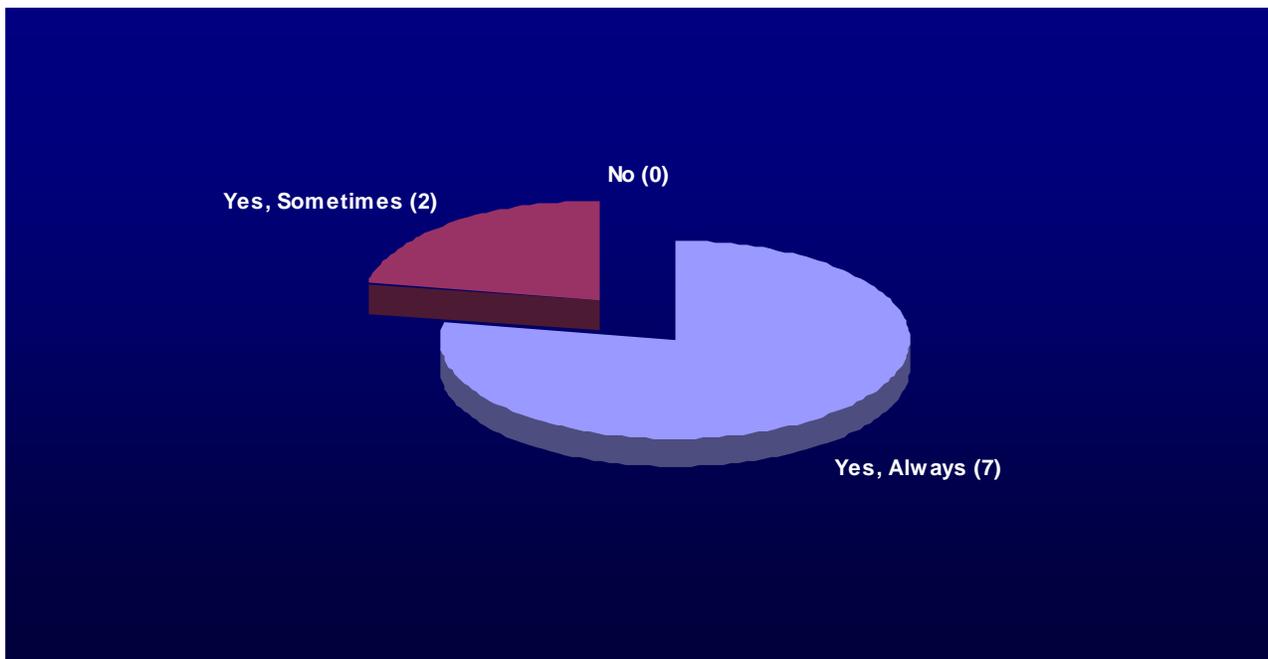
Yes	9
No	0

If you weren't able to be seen during the next two working days that the surgery was open, why was that?



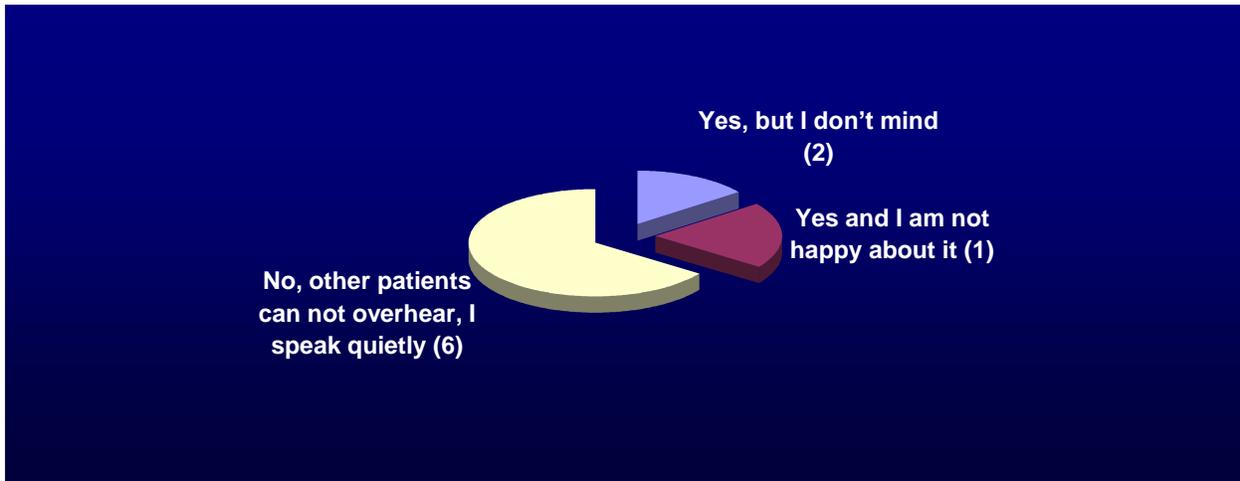
There wasn't enough appointments	5
Time offered didn't suit me	1
Appointment was with a Dr who I didn't want to see	0
A nurse was free but I wanted to see a Dr	0

Do you feel you are treated with respect and dignity by the receptionist(s)?



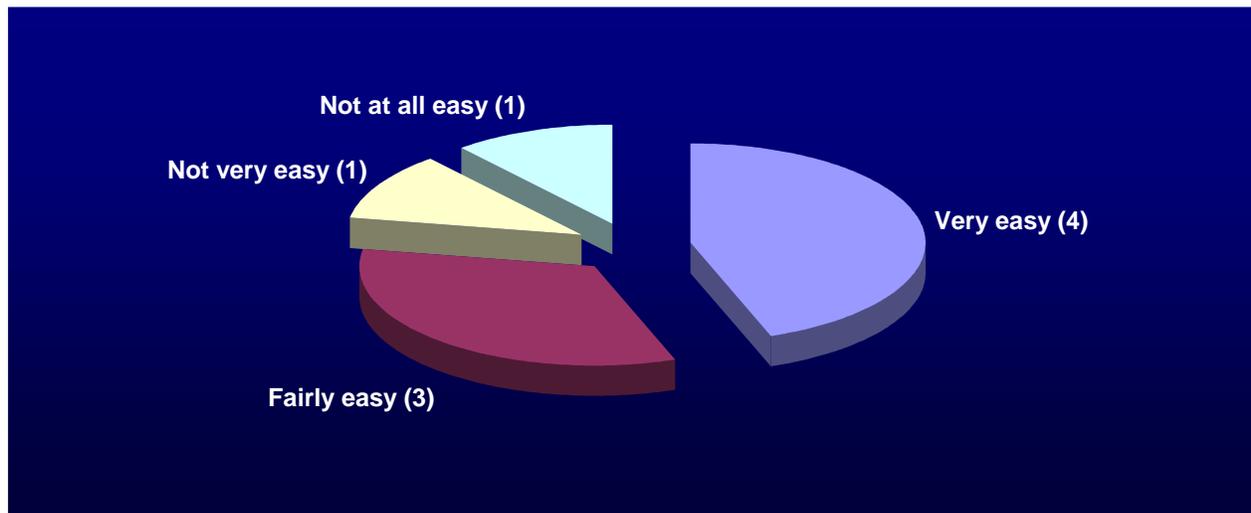
Yes, Always	7
Yes, Sometime	2
No	0

In the reception area, do you feel other patients can overhear what you say to the receptionist(s)?



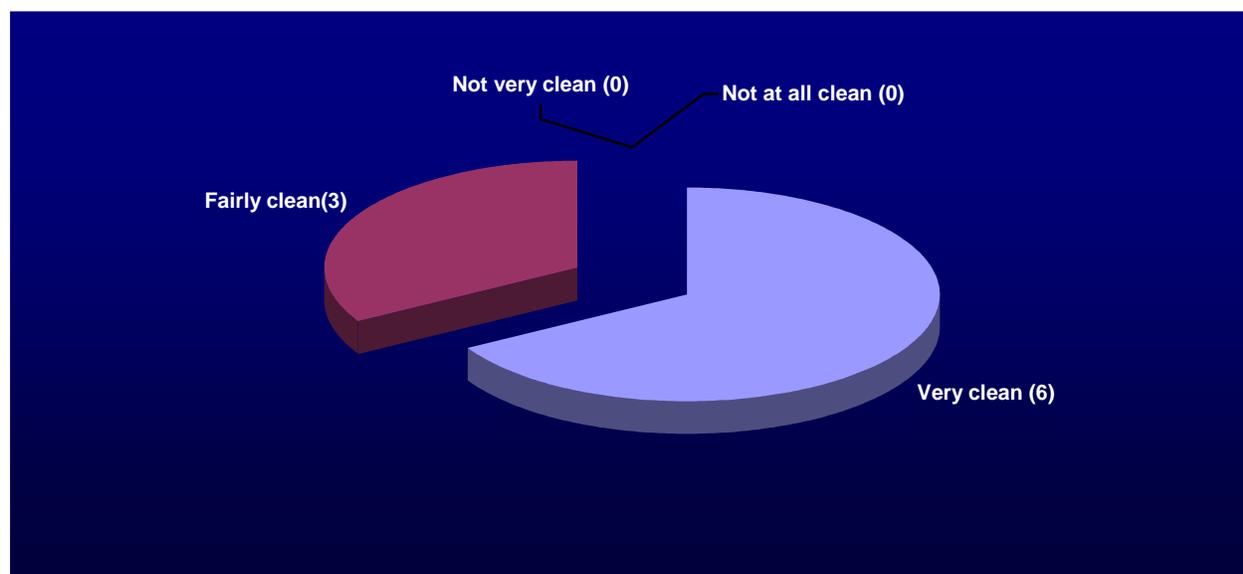
No, other patients can not overhear, I speak quietly	6
Yes, but I don't mind	2
Yes and I am not happy about it	1

How easy do you find getting into and getting around the surgery?



Very easy	4
Fairly easy	3
Not very easy	1
Not at all easy	1

How clean do you find the surgery?



Very clean	6
Fairly clean	3
Not very clean	0
Not at all clean	0

Please feel free to use the below section for any constructive comments or critics that you may have regarding the surgery:

1 A major frustration is waiting time. Could doctors be encouraged to try to stick more rigorously to appointment time slots? Some kind of notification system in the waiting room of expected waiting times would be useful. 2 As so many people are now on line could more use be made of technology? For instance the possibility of Skype consultations when a "face to face" appointment may not be necessary. Also could some kind of system be set up to order repeat prescriptions on line ? 3 The premises at the surgery are inadequate in terms of space and access. The access to the small waiting room is sometimes like an obstacle course when push chairs need to be negotiated! 4 What is the present position with the telephone number to the surgery? Is it still a "premium rate" system? I think it has been stipulated by the NHS that patients 'phoning in for appointments should not be charged at premium rates.

1/26/2014 11:05 AM [View respondent's answers](#)

Please keep up the fantastic work, You are all amazing!- Thank You

1/21/2014 7:53 PM [View respondent's answers](#)

All your doctors are amazing. They have helped me a lot, especially over the past few years.

1/21/2014 7:15 PM [View respondent's answers](#)

There is a good team of doctors but its not always easy to get appointments to a particular doctor, as many patients want to see this particular doctor. And therefore its not easy to get an appointment within two days. Most times it is the following week that one is available, or that the calendar is not yet open beyond the following week.

1/21/2014 6:17 PM [View respondent's answers](#)

I am a very happy patient at the surgery. The only thing I can pick out is trying to move around the hallway during busier periods. That isn't at any fault of the surgery; it is more the construction of the building. But if any criticism, that is all I can criticize about the surgery.

1/21/2014 5:22 PM [View respondent's answers](#)

My GP surgery is brilliant. However, it could do with improved building facilities (disability access & larger waiting room) and more administration staff to pick up the phone to book in appointments. It costs too much money being on hold on the phone waiting for an answer to make an appointment. All the doctors without exception are excellent and compassionate. I never worry about asking to see a specific doctor as I am happy to see any of them. I have been impressed every time I have been to see a GP for myself or for my daughter.

1/21/2014 5:08 PM [View respondent's answers](#)

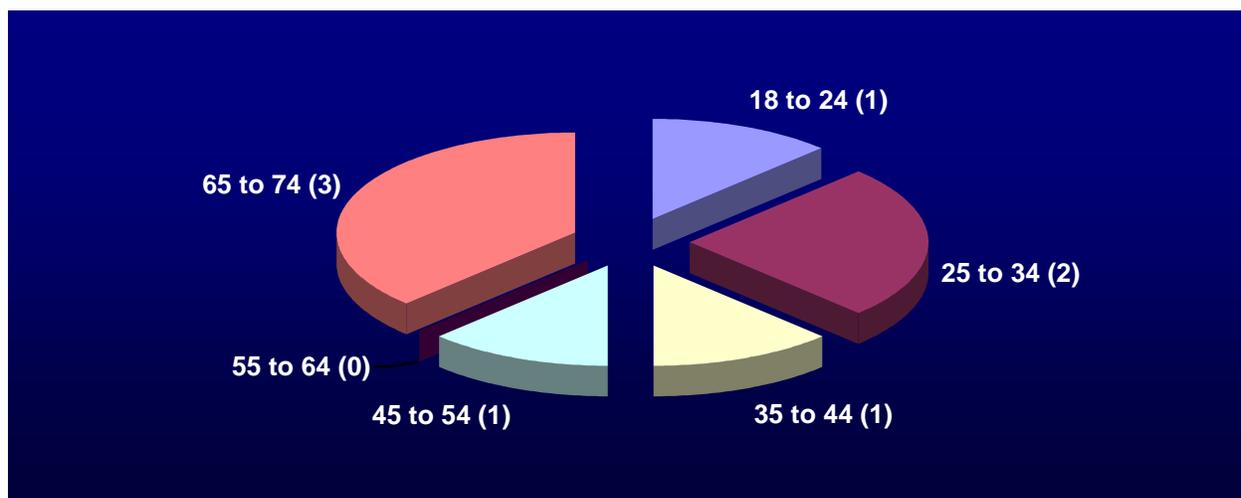
What did we do to reach agreement for the patient survey? CONTINUED

The above survey was a great experience for us, we was able to send out some questions to a varied but fair portion of our patient data base and have a large portion of them get back to us. The answers where all very positive, in the sense that it brought a great deal of discussion to our Surgery Meetings. The mention of people finding it hard to get an appointment has led us to re-evaluate our appointment system and how many clinics we run. This is an ongoing process, but we currently are looking at the possibility of more appointments for our patients.

Second Survey

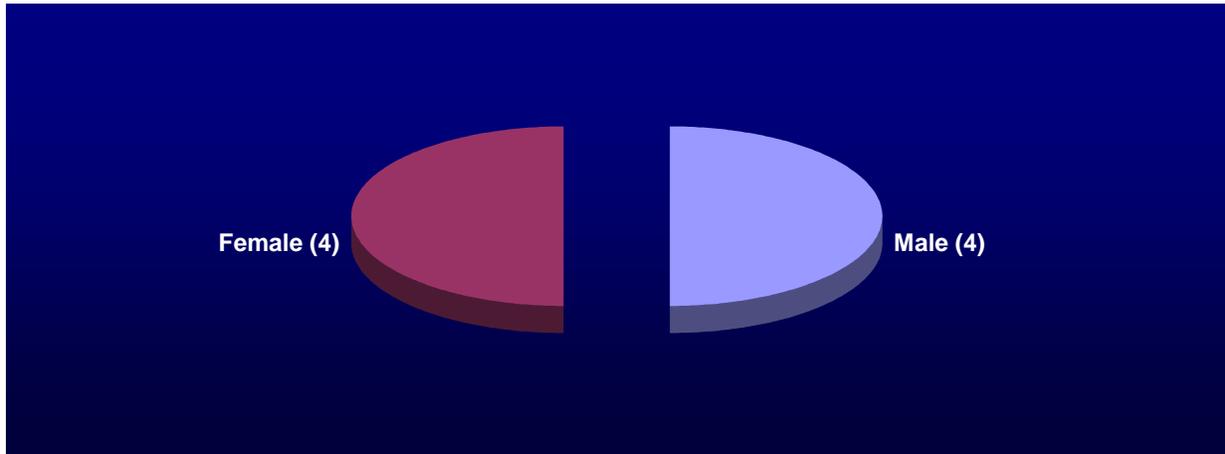
After the initial survey, and realising how much potential this survey was going to have for the practice we decided to follow the guidelines for this programme and send a short survey to the patients to find out what they believe needs to be looked into within our practice. Below I have listed the questions, along with their results. Again this is to help better visualise the outcomes. As with all of our surveys, all of the PRG were informed that they were able to come fill the survey out in reception if they would rather not do it online:

What is your age? (This question is to accurately display the diversity of our Patient Participation Group, to NHS England)



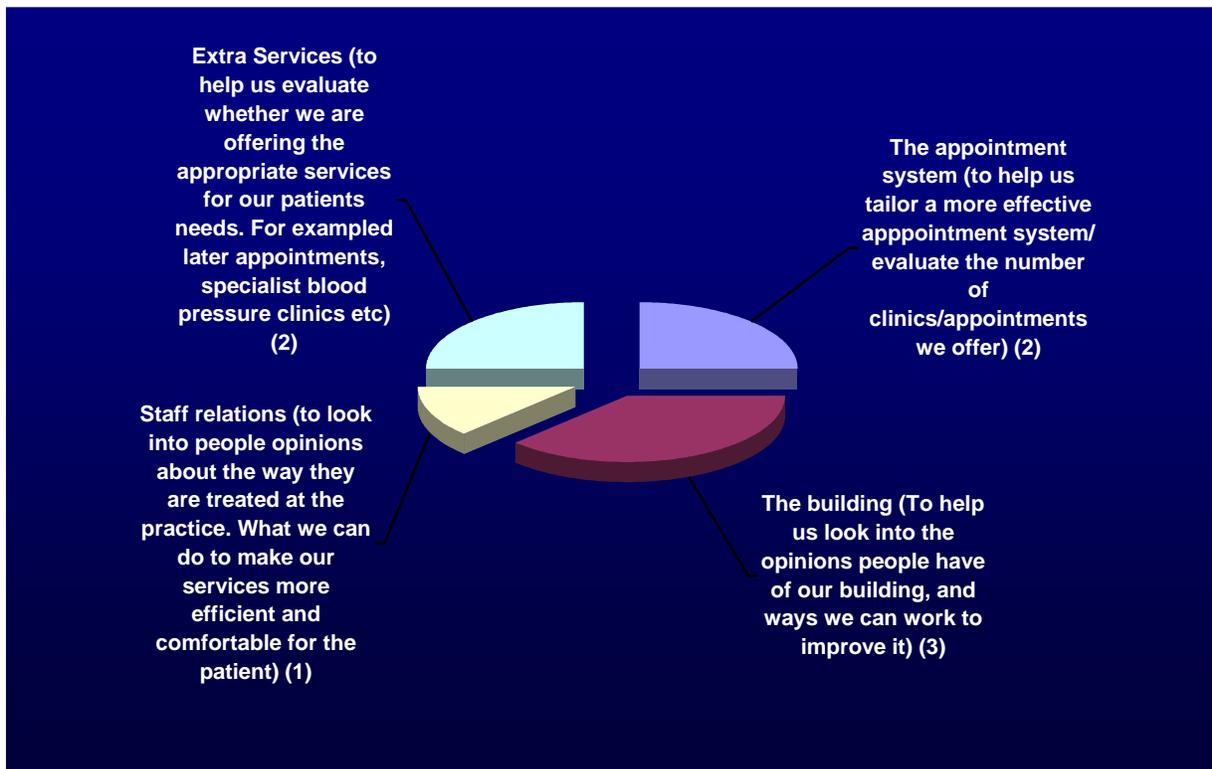
18 – 24	1
25 – 34	2
35 – 44	1
45 – 54	1
55 – 64	0
65 - 74	3

What is your gender? (This question is to accurately display the diversity of our Patient Participation Group, to NHS England)



Male	4
Female	4

Which area would you like us to discuss in the next patient survey?



Extra Services (to help us evaluate whether we are offering the appropriate services for our patients needs. For example later appointments, specialist blood pressure clinics etc)	2
--	----------

The building (To help us look into the opinions people have of our building, and ways we can work to improve it)	3
The appointment system (to help us tailor a more effective appointment system/ evaluate the number of clinics/appointments we offer)	2
Staff relations (to look into people opinions about the way they are treated at the practice. What we can do to make our services more efficient and comfortable for the patient)	1

Do you have any other comments or suggestions, that you personally feel we should research?

“I look forward to seeing the results of the following survey”

“Blood results. Why we cannot be given information about tests undergone, without having to telephone the administration dept. Only AFTER 11:00am”

“How to keep items on prescription in sync when, for instance, a change is made or an addition is made to items being prescribed. The idea of this being to be able to submit one repeat prescription rather than ordering items at different times”

“Extra services as mentioned above – would be good to know what our ‘Top 5’ illnesses or conditions (as in most common – Obesity? Smoking? Heart Disease? Diabetes? – so we could maybe offer clinics around those (If we don’t already)

“I would of liked to be able to have chosen more options to question 3”

What did we do to reach agreement for the patient survey? CONTINUED

After we received the results of this survey we began planning out of Patient Survey that was going to be given out to all patients, and will be the basis for any changes that are to be made in relation to the Patient Reference Group.

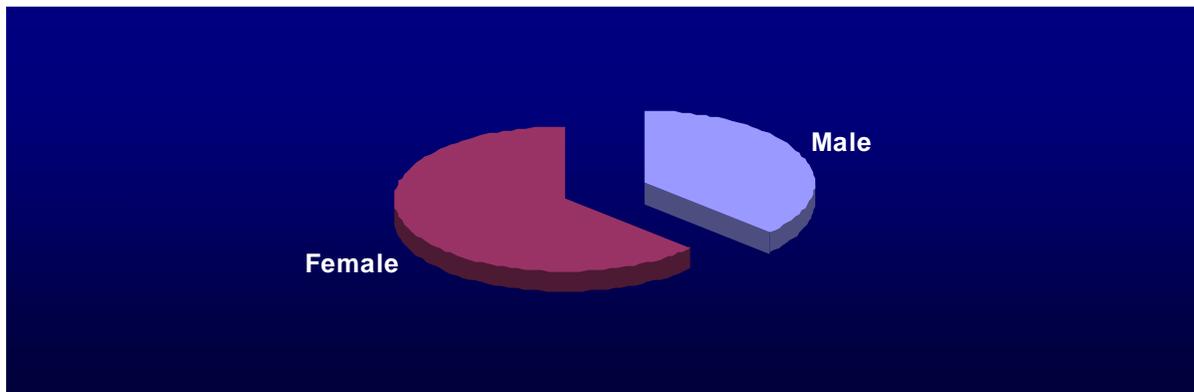
There where no physical meetings with PRG during the course of these two surveys, it was all done virtually. Although we do plan to call the PRG together for a meeting in the very near future, so that we can discuss and decide on an action plan for the next years worth of Patient Reference Group activity.

Component 3

Once the second survey had been completed by the Patient Reference Group, we used the results to design our Patient Survey. This survey was then given out in reception over the course of one week. Every patient who came in for an appointment was asked to complete a survey. A lot of people refused to complete a form, but we did manage to receive a large amount of responses.

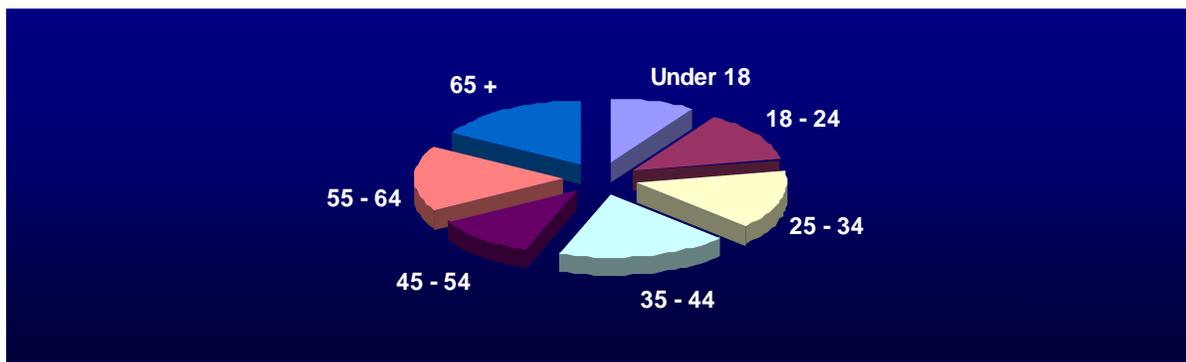
Below are the questions and results of this survey.

Q1. Gender



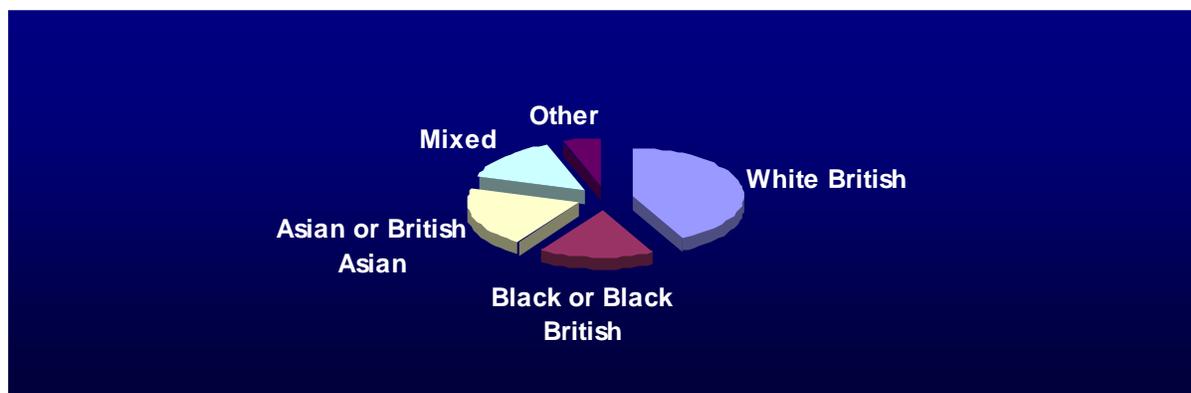
Gender	How many patients
Male	20
Female	34

Q2. Age



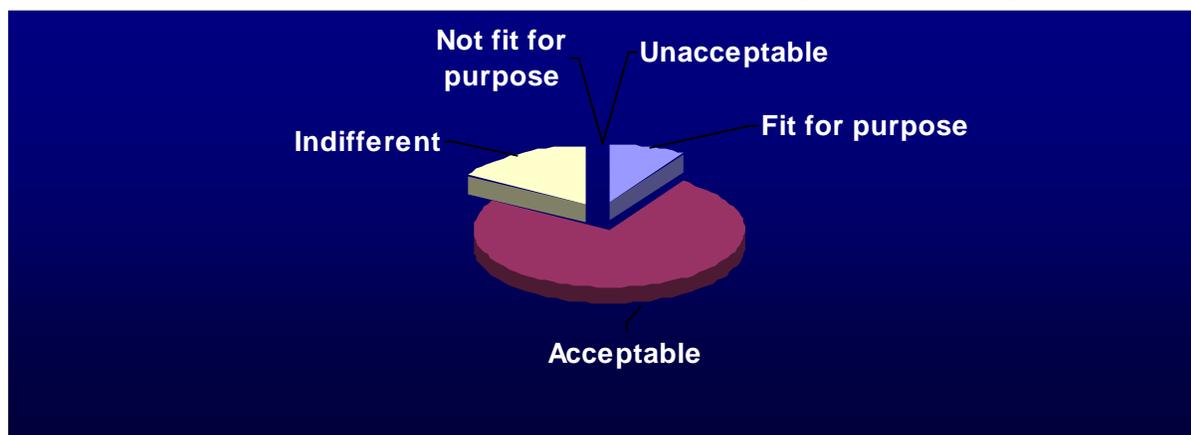
Age	How many
Under 18	5
18 - 24	7
25 - 34	8
35 - 44	10
45 - 54	6
55 - 64	9
65+	9

Q3. Ethnic Origin (or Race)



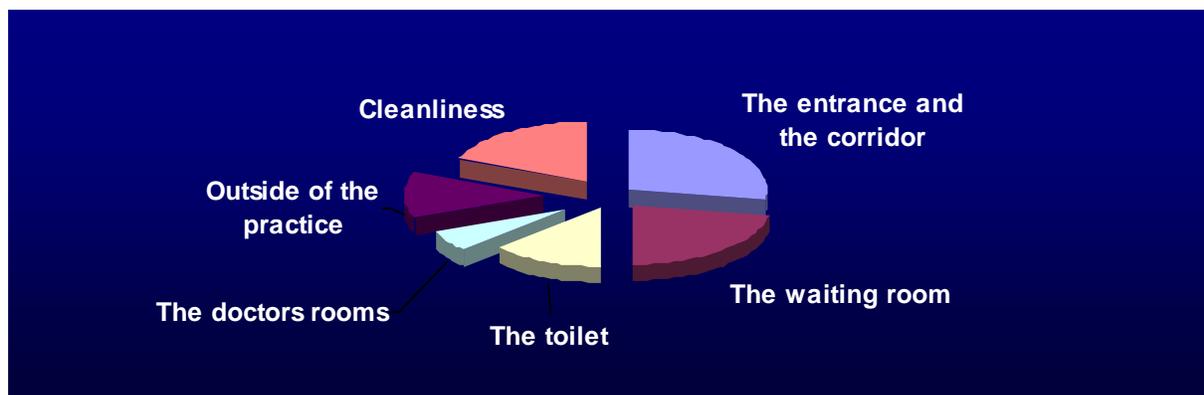
Ethnic Origin	How many patients
White British	23
Black or Black British	9
Asian or British Asian	11
Mixed	8
Other	3

Q4. How would you describe the condition of our surgeries building?



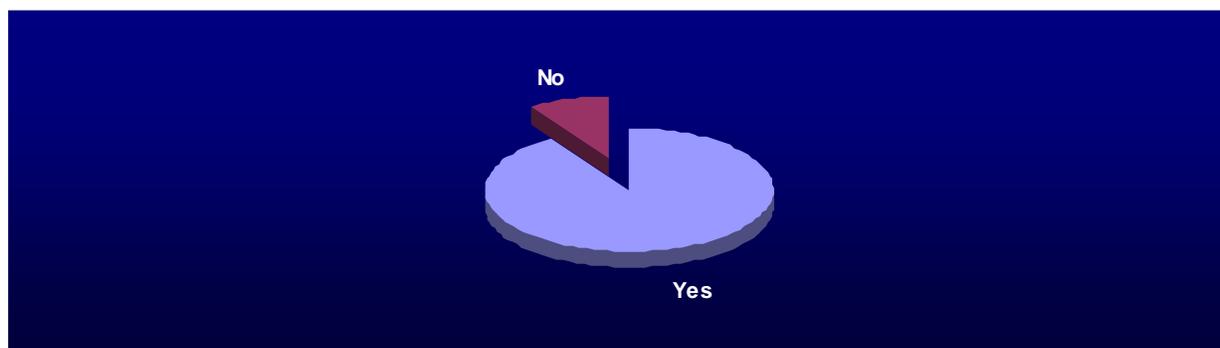
How would you describe the condition of our surgeries building	How many patients answered
Fit for purpose	5
Acceptable	40
Indifferent	9
Unacceptable	0
Not fit for purpose	0

Q5. What do you feel is the biggest concern in regards to the condition of the practice



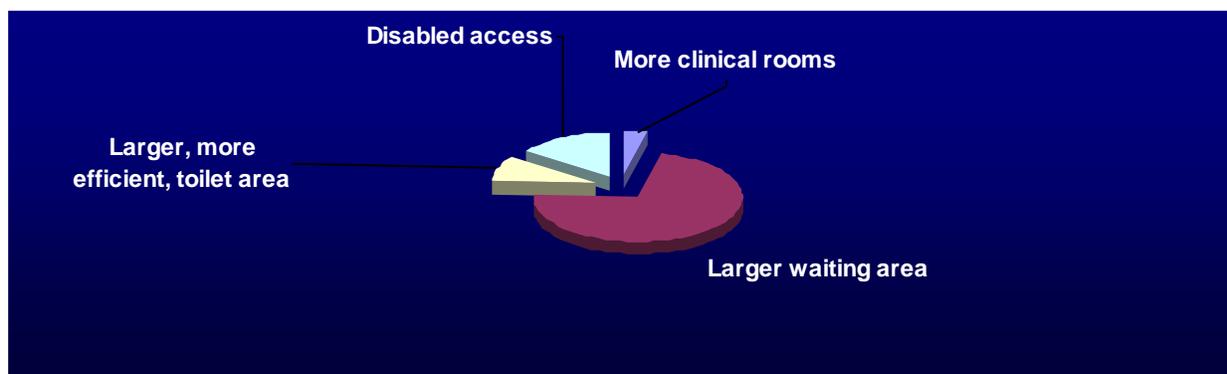
What do you feel is the biggest concern in regards to the condition of the practice?	How many patients answered
The entrance and corridor	15
The waiting room	12
The toilet	7
The doctors rooms	3
Outside of the practice	7
Cleanliness	10

Q6. The surgery currently has plans in action in regards to us moving into a new building. Have you seen these plans? (They are available in the surgery waiting area)



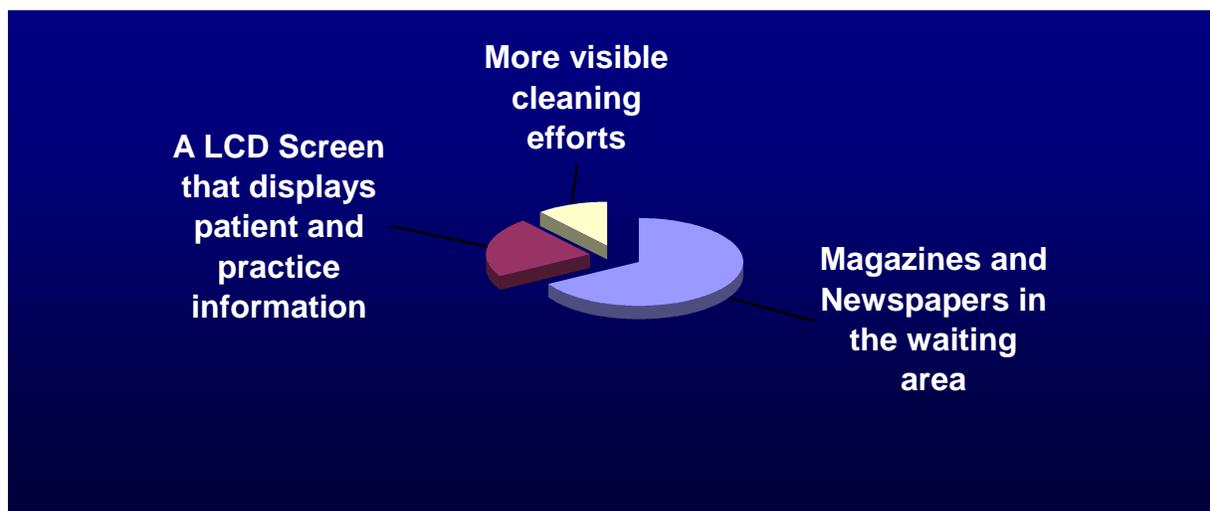
The surgery currently has plans in action in regards to us moving into a new building. Have you seen these plans? (They are available in the surgery waiting area)	How many patients answered
Yes	49
No	5

Q7. What do you see as a priority in regards to the design of our new building?



What do you see as a priority in regards to the design of our new building	How many patients answered
Larger waiting area	39
Disabled	8
Large, more efficient, toilet area	5
More clinical rooms	2

Q8. Would any of the below help make your appointment experience more comfortable, in this current building?



Would any of the below help make your appointment experience more comfortable, in this current building?	How many patients answered
Magazines and Newspapers in the waiting area	36
A LCD Screen that displays patient and practice information	12
More visible cleaning efforts	6

What these results meant to the surgery?

After we conducted this survey we went about dissecting the results and working on a plan. What we learned from this survey is that we do need to try and target more patients. In a practice size of over 4000 patients, a survey of just over 50 people doesn't offer us a fair evaluation. We feel that future surveys will have to run for a longer time, whilst also stepping up our approach to letting patients know about surveys. What we have learned from this survey is that the patients feel more work needs to be done to the entrance and corridor of the building, as they deem is unacceptable. The patients also wish us to have a larger waiting area. The majority of patients also decided that their time in the practice would be made more comfortable by the introduction of publications into the waiting area. We will go into how we will action these results later into this report.

Component 4

As previously mentioned within this report one thing that we struggled with was timing. Due to us joining this initiative quiet late into the year we was unable to get as much research and interaction in that we would of personally hoped for. How ever I do feel that we have learned a lot from this project. We now have a Patient Reference Group, a valuable asset to our practice as it opens so many doors for research. We have been able to be more hands on with our patients in a more clerical field. One criteria that we sadly didn't manage to hit was arranging a face to face meeting with the Patient Reference Group. I have been liaising with the group via email, and the surveys we have sent and results we have received have enabled us to gather their opinions. Sadly how ever we were unable to organise an actual meeting with the group. This is something that we are very excited to do as we enter the next year of this initiative. Myself and my manager plan on organising this meeting in the near future so that we can decide as a group on what we should focus our efforts on next year.

Component 5

“You said, We did”

As we collected the results of the patient survey we set about working out how to act on the information we had gathered. One of the questions we asked was in relation to making the patients more comfortable. The most common reply was to provide more reading material for the patients. This has led to us now laying out magazines and health related publications in our waiting area. We will of course survey the patients in due course to see if this has had a positive reaction to their opinions.

Other discrepancies the patients mentioned during the survey were with the layout of the building. As our practice size continues to grow the building also needs to adapt to our patients needs. This has occurred over the past 10 years with many major structural changes. We do how ever have plans in progress to move into a new building. In relation to the patient’s comments about the practice, we have dedicated a notice board in the practice exclusively to this subject. The aim of this board is to inform patients of the changes ahead for their practice. Along side this change we are running a small petition to get the patients opinions about the new practice. The patients have an opportunity here to place their ideas about the practice which are all passed onto the manager.

Component 6

Unavailable due to no major changes in the practice

Written by

Thomas Smith

Thomas Smith

PRG Lead

Lime Tree and Sinnott Healthcare LTD

12b Sinnott Road, Walthamstow, London, E17 5QB