Local Patient Participation Report Template

UNIVERSITY HEALTH CENTRE
12 SAND STREET
HUDDERSFIELD
HD1 3AL

1. Profile of practice population and PRG

As we are a “unique” type of practice we did not formulate our patient reference group purely around age/ethnicity. We took into consideration the male/female split of the practice profile, together with whether patients were students/non students/international students etc. We have a split of 75% British Students and 25% International students and therefore sought to reflect this in the makeup of the Patient Reference Group. We did not actively seek patients with children as we have a very small number of children but felt that by balancing the gender split (60% male/40% female), together with the highest age group bracket (i.e. the average age of the practice population is 24 years of age) we would be hitting a reasonable balance. Our statistics currently indicate that around 75%-80% of the practice population originate from the University with a mix of current students/graduates and staff – we therefore sought to have a 75% representation from the student population with 22% being classed as “workers” and 3% classed as “retired”. We do not have a high prevalence of chronic disease within the Practice and therefore decided not to particularly seek patients with long term conditions but would anticipate this may be something other practices would have considered at this stage.

Patient Reference Group Recruitment – we knew that this was not going to be an easy task as many of the practice patients are here for a short amount of time and recruiting somebody who would be willing to actively participate in a patient reference group would be difficult. At an in-house meeting it was felt that with the type of practice population (i.e. young, computer literate practice profile) that a “virtual” group would be the preferred option. We have tried in the past to recruit patients to participate in group workshops only to find that although individuals may express an interest, invariably we end up with a room full of staff and sandwiches, i.e. only a handful of patients turning up. Therefore the decision was made to recruit along the above lines for a “virtual” group.

- Posters were displayed around the practice inviting patients who may be interested to speak to somebody on Reception
- An announcement was placed on the practice website seeking participants
- Flyers were available at the desk inviting patients to leave their details if they were interested.

We did not receive any contacts through the web page announcement but we did receive 30 completed forms from patients attending the surgery who indicated that they may be interested.

Whilst seeking members of the group we ran a search on the computer system to examine the breakdown of practice population and thereby ensure that our patient reference group was reflective of those demographics (as indicated above).

We were not sure how many people we should have on a Patient Reference Group but felt that perhaps 12 would be a reasonable number to work with - i.e. manageable if we were communicating "virtually" as this could be time consuming and we did not wish to build significant delays into the process.

The next step was to examine the 30 forms provided to us by patients expressing an interest and to obtain the best "possible fit" for the demographics we were seeking to be represented and were pleased to find that we had a good mix between Students/Graduates/Employed/Retired/British/Non-British. We do run extended CASH clinics at the Practice and have discovered that only a small number of patients indicate that they are in same sex relationships – therefore if we recruited a member of the Patient Reference Group from a same sex relationship that would be good but due to the very small numbers indicated, we would not be actively seeking to recruit somebody.

In light of the above comments we sought to recruit the following:-

- 7 males/5 Females
- 9 British/3 Non-British
- 6 aged 17-24 years of age
- 3 aged 25-44 years of age
- 2 aged 45-65 years of age
- 1 >65 years of age
- 9 Students
- 2 Workers
- 1 Retired person

Show how the practice demonstrates that the PRG is representative by providing information on the practice profile:

Practice population profile	PRG profile	Difference
	Age	
% under 16 526/10195 – 5.16%	% under 16 None	The Practice did not feel it was appropriate to gather information from children in this manner.
% 17 – 24 5930/10195 – 58.17%	% 17 – 24 50% (6)	
% 25 – 34 2677/10195 – 26.26%	% 25 – 34 25% between ages 25-44	The Practice had 25% of its PRG members falling into the age range of 25-44 years of age against a combined patient group falling into this category of 34% - we were happy with this reflection of this particular patient group as the younger end, i.e. 17-24 make up the majority of the

Practice population profile	PRG profile	Difference
		patient base and that particular area was adequately covered
% 35 – 44 807/10195 – 7.92%	% 35 – 44 See above	
% 45 – 54 164/10195 – 1.60%	% 45 – 54 16.66% in the age group 45-64 years of age	See below
% 55 – 64 65/10195 – 0.64%	% 55 – 64 See above	The Practice had 2 members of the reference group falling within the age range of 45-64 i.e. 16.66% against a total of just over 2% of this particular group being represented within the practice base. The reason the Practice chose to include 2 PRG members in this area is because we know there to be a growing number of mature international students in this age group and, therefore, sought to seek their views.
% 65 – 74 21/10195 - 0.20%	% 65 – 74 8% of the PRG fell into the >65 age group	Although the age group of >65 years of age is very small within the Practice we did feel that we should include at least one member of the PRG in this age group.
% 75 – 84 5/10195 – 0.05%	% 75 – 84	
% over 84 0/10195	% over 84	
Ethnicity		
White	**White**	
% British Group 74.2%	% British Group 75%	
% Irish 0.6%	% Irish	The practice sought to have 75% of its PRG represented by White British in line with the practice profile and sought any “willing member” from the international student population and did manage to recruit 3 members i.e. 25% of the PRG were international students (2 black Caribbean,

Practice population profile	PRG profile	Difference
		1 Asian)
Mixed	**Mixed**	
% White & Black Caribbean 0.34%	% White & Black Caribbean	
% White & Black African 1.02%	% White & Black African	
% White & Asian 1.02%	% White & Asian	
Asian or Asian British	**Asian or Asian British**	
% Indian 2.10%	% Indian	
% Pakistani 1.61%	% Pakistani	
% Bangladeshi 2.98%	% Bangladeshi	
Black or Black British	**Black or Black British**	
% Caribbean 0.30%	% Caribbean	
% African 2.78%	% African	
Chinese or other ethnic group	**Chinese or other ethnic group**	
% Chinese 5.60%	% Chinese	
% Any other 7.45%	% Any other	
Gender		
% Male 58%	% Male 58% (7)	
% Female 42%	% Female 42% (5)	
Differences between the practice population and members of the PRG.	As outlined above	

2. Local practice survey

Detail how the survey was developed, including how the following were taken into consideration:

Building our Survey

From the applicants we selected our group and contacted them by email

We sent them an information sheet – outlining what the purpose of a Patient Reference Group was, i.e. a small group of patients who are willing to give their views on the type of service they would like to see delivered and how best the Practice could achieve this. We

invited them to give us a balanced and unbiased view on the current service provision, identifying what is good and what may be improved.

- We asked them to let us know what they thought should be our key priorities when looking at services we provide. We asked them what they thought our questionnaire should cover, e.g. did they want us to address similar things to the items contained within the previous National Survey around areas of clinical care, getting an appointment, opening times.

- We asked them how effective they thought our communication was and whether they were aware of the additional services we offered such as Acupuncture, Patch Testing, Physiotherapy, Psychotherapy, Sexual Health Clinic, Minor Injury Service, Extended Hours.

- We asked how best they thought we should communicate with patients re new services.

- We asked what type of questions they would like us to utilise – should it be multiple choice, should we utilise graded questions.

- We asked how long we should leave the survey open and how we should conduct it – as we have previously had a low response rate with postal surveys – we wondered whether we should undertake it in-house by using paper copies or a combination of paper and also making computers available for patients to utilise/or via the website.

- We asked them what they felt would be a reasonable number of responses to collect - we indicated that previously we have collected 50 responses per GP and wondered whether 300 responses would be appropriate.

Very disappointingly we only had a handful of replies to our emails – was this because students had returned home over the Summer? Not sure – we were using their email address and, therefore, would have expected them to be able to respond. We wasted almost a month waiting for responses.

We had a further discussion in-house and decided that we would ask our front line staff (Reception Team) to select patients by personal invitation who fell within the proforma for "types" of patients we were looking to recruit in order to best fit our population.

Again, they were provided with the basic information sheet detailing what type of views/comments we were seeking and they were invited to either email us with their contribution or some opted to speak at the telephone and discuss these items or provided handwritten sheets.

EVENTUALLY WE HAD OUR PATIENT REFERENCE GROUP

Comments received from the group indicated that they felt the following were important issues to cover etc:-

- Make sure you get from the survey what YOU want to know about your patients

- Make sure that you pilot the survey – in order to ensure that you obtain the type of response you are seeking – how often have we undertaken in-house surveys only to be disappointed at the lack of useful data that it produces?

- There were some grumbles about car parking – when the building was constructed it was assumed that not many patients drove to their appointment because previously at our old site we didn't have any car parking. This perhaps gives us an opportunity to establish how things have changed with a simple question of "how did you travel to your appointment today?"

- One patient suggested that we collate data on lifestyle such as exercise/diet/gym membership and what might be a barrier to healthy living.

- With a high number of international students and comment that things can be very different in the U.K. we thought we would try to ascertain whether we made things easy for them upon arrival and what they actually thought of the service provision compared to services back home. One respondent identified that screening programmes were very different in the U.K. and it prompted the question of "should we be informing international students of these issues at the point of registration?"

- Were there any specific issues affecting the international student such as isolation/schooling problems for patients with families.

- There was a suggestion that we utilise our website more – this could be tackled in a question as to how best patients would like us to update them re new developments etc – whether that be posters/flyers/newsletters/website/facebook/twitter.

- Most of the PRG members indicated that they felt multiple choice questions were an "easy option" and would prefer to see questions styled in a manner which would involve a little more thought.

- Graded questions were favoured but with a reduced level of choice e.g. rather than scoring 1 – 10 have 5 options of Very Good/Quite Good/Average/Quite Poor/Very Poor.

- Patients felt that we should still include questions around clinical care/appointments/opening times.

- Patients felt that a mix of questionnaires answered via the website and in-house would be good.

- Some patients requested on-line booking of appointments and the opportunity will be taken to see whether this is something that we should implement.

- As we are starting to utilise the website more – we will ask whether patients have accessed the website and invite them to evaluate it – what else might they like to see included on the website?

- One patient mentioned that he felt a timetable as to when particular GPs might be available would be useful – is this something we could place on our website? At the moment patients do not know which days of the week a particular GP consults.

- Patients felt that the practice suggestion of seeking 300 replies was reasonable.

- Patients felt that we should utilise the survey to see if patients were aware of our extended service clinics – whether they had accessed them and how good or otherwise they found the service – we felt this was a good idea as we would be covering several areas in one go as patient satisfaction surveys are required for the extended clinics and these results can be fed into that process.

- Mens Health was mentioned by the Patient Reference Group – clinics do not run at a parallel with Womens Health in that they are not specifically targeted as "Mens Health" – we therefore intend to seek views of respondents as to what kind of format they would like these clinics to run – e.g. drop in – late night appts – what topics might they like us to address.

- We wondered whether it may be worth garnering opinion on what is imminent nationally, however, with the constantly changing environment and high level of uncertainty we felt it best to avoid this area at the time being and perhaps to consider including it within the patient survey next year.

3. Local practice survey

DEVELOPING OF THE SURVEY

After gathering the above information we were in a position to create our Patient Survey and a template was devised.

We decided to utilise the toolkit on our practice website whereby we could load our personalised survey onto the website and invite patients to complete the survey both by notification on the website and promoting this within the surgery. The practice chose to utilise this method as the website had a mechanism inbuilt which would collate the actual patient survey results on our behalf and we felt this would be a valuable resource.

December 2011 - We emailed the Patient Reference Group to advise them that the survey had been loaded onto the website and invited them to complete the template. We did receive a couple of comments from Patient Reference Group members indicating that there were a couple of "gremlins" within the system which was extremely valuable feedback and did allow us to correct this before going forward with our wider participation.

We printed off 600 cards which invited patients to complete the survey on-line and handed these out in-house to patients attending the surgery. We also placed posters around the surgery inviting patients to complete the survey on line. We had in addition placed an announcement on the website inviting patients to complete the survey.

Very disappointingly once the 600 cards had been issued we only had 46 responses on line – i.e. a long way from our target of 300. We decided that we would also invite patients to utilise a computer in-house to enter the survey – however, we did find that as the survey is quite comprehensive (i.e. long!) this did take perhaps 8-10 minutes to input and patients were not too happy to do this. We, therefore, decided that the bulk of the questionnaires would probably be completed via paper based copies which we made available in-house and invited all patients attending the surgery to complete a questionnaire. The downside

to this was that all of those results had to be input onto the practice website. Whilst this was a very big task with approximately 200 surveys having been input in this manner it did allow us additional insight into the results being entered – i.e. the number of patients who indicated that they did not know what the practice opening times were but also ticked the box indicating that they would like the practice to open more hours!

Eventually at the end of January the survey was completed and input onto the practice website. We, therefore, closed the survey and published the automatically collated results onto the website. We also placed copies around the Practice and sent emails to the Patient Reference Group inviting them to take a look, together with the wider population (i.e. Student Services at the University and Welfare Department at the University were provided with a paper copy of the results).

In-house we invited feedback on the results via posters and special feedback forms which were made available at the self check-in desk and at the main Reception Desk and, of course, via the emails sent to the Patient Reference Group/University.

Again, very disappointingly we have received very little feedback (only one member of the PRG commenting).

We always knew that engaging with a Patient Reference Group for this type of Practice would be difficult but do feel that we have done our utmost to encourage this. Not only have we invited comment from the Patient Reference Group but by placing a message on the website inviting feedback, together with feedback forms being highly visible within the surgery – we feel there is little else we can do in this regard on this occasion. We may have to reconsider how we tackle this aspect of the DES going forward for 2012-13 and would very much welcome PCT guidance in this area.

However, all is not wasted as the actual results of the survey do make interesting reading and with 300 results having been collected we feel that this is much more representative of the patient demographics than the 10% minimum previously collected under the national patient survey.

RESULTS OF SURVEY

We held a meeting in-house on 10th February 2012 to discuss the results of the survey and Minutes were produced.

The Practice were pleased with the survey results as the majority of patients indicated that they were highly or fairly satisfied with the overall level of service provided.

The following in particular were noted as areas where we could improve:-

"YOU SAID"

Communication

- Patients prefer to be contacted via phone or text
- Patients were keen to see a variety of media used to communicate information

- It was felt that our profile within the University setting could be raised with wider and improved communication systems, e.g. plasma screens/student union leaflets etc

- Patients liked the website and did access it – therefore we must utilise it

Telephones

- Patients found it difficult to get through on the telephones first thing in the morning

- Patients found it frustrating if they received an engaged tone at 8.15 a.m. then rang back at 8.30 a.m. to find all appointments had gone for the day

Diet/Exercise

- A relatively high number of patients did feel that they had a health diet but some patients felt that the cost of healthy food was prohibitive for a healthy diet at affordable prices

- Patients also felt that they often lacked knowledge in basic cooking skills

- A high proportion of patients did exercise on a regular basis but there were a number of respondents who indicated that they lacked the confidence to exercise and also time and cost were an issue.

Opening Hours

- 98% of respondents indicated that they were either highly satisfied or fairly satisfied with the overall level of service at the Practice with a further 2% indicating that they were neither satisfied/nor dissatisfied.

- When we asked the question as to how satisfied respondents were with the practice opening hours 53% indicated that they were very satisfied, 31% indicating that they were fairly satisfied, 7% indicating that they were neither satisfied, nor dissatisfied, 5% stating that they did not know the practice opening times and only 1% indicating any level of dissatisfaction at “quite dissatisfied”.

- In contrast when we asked the question as to whether patients would like the practice to open at additional times – 50% responded that they would like the practice to open at additional times.

- In order to gather a balanced view we also included a question asking respondents “as far as you know, is the surgery open before 8.30 am (34% indicated that they thought it was) is it open at lunchtime (59% indicated that they thought it was), is it open at 6.30 p.m. (28% indicated that they thought it was) is it open at weekends (11% indicated that they thought it was).

- This was obviously very interesting and we do tend to hold the view that if you ask if somebody wants more of something they are going to respond “yes” when really they have indicated that they are already satisfied or don’t actually know when the practice is open.

- We also included a question asking respondents which appointment times they personally would choose to utilise and there was a good spread of responses which included early mornings, morning clinics, lunchtime clinics, afternoon clinics, evening clinics and weekend clinics. We do provide all but the weekend clinics and will improve our communication system to ensure that all patients know clearly how they can contact a doctor in case of need either throughout the night or over the weekend.

Access

- Patients indicated that they found the surgery easy to get into and also found it clean
- Patients indicated that they found Reception staff friendly and approachable
- Patients indicated that they were happy with their clinical consultations for both Doctors and Nurses
- Patients indicated that they found it easy to obtain test results over the 'phone
- There appeared to be little demand from patients to speak at the telephone with clinicians
- Patients indicated in the main that they were seen either on time or within 15 minutes of their appointment slot

SUNDRY OBSERVATIONS

It was noted that there was an element of skewed results which was probably due to either the manner in which the question was written or the manner in which the website toolkit collates the results – in that often if a patient responded as "no" to a question, they would be directed to "skip the next question" etc. However, when the results for that next question have been collated they have shown a high percentage of non-respondents and therefore the actual breakdown percentages for the patients who should have responded are flawed, e.g. Q12 – 34% responded saying that they had had a need to see a doctor urgently in the last six months. Respondents who indicated that they had not experienced such a need were directed to Q14. However, the responses for Q13 indicate that 34% responded that yes they had been able to be seen on the same day when they requested an urgent appointment with 60% indicating "no response" (i.e. the patients who had skipped this question) therefore the actual 34% who said - yes they had been able to be seen - is closer to 100% thereby presenting a totally different picture! Unfortunately this anomaly applies to a number of questions and this is something we will address via the website maintenance engineers before next year's survey is undertaken.

There was a strong bias towards female respondents 68% female – this may be due to the fact that females are higher consulters (i.e. a reflection of the fact that the majority of surveys were completed in-house) or being indicative of the clinics targeted specifically at females which encourage a higher attendance. The age breakdown did appear to reflect the practice population accurately with 58% being <25 years of age and a further 28% falling in the age group 25-44 years of age. We have seen a growth in the number of mature students, particularly from abroad and are also noticing a higher number of graduates who are choosing to remain with the Practice which again is reflected in Q34 with 64% of respondents indicating that they are students, 26% indicating that they are non-students in work, 6% are non-students currently unemployed and 2% are retired. Of respondents who indicated that they worked some 70% stated that they would be able to take time out of work to attend a GP appointment. 27% of respondents indicated that they had been registered with the Practice for in excess of 5 years, again an indication of the

number of students choosing to remain registered with the Practice as they are staying local post graduation.

22% of respondents indicated that they travelled to their appointment by car which is a sizeable number but the practice does have very limited car parking facilities. When the practice was built it was felt that the number of patients travelling to their appointment by car was minimal but with the change in patient demographics, i.e. the working professional, together with the 50% growth in capitation which we have seen since 2005 we feel this is an area which will continue to grow.

On the whole we tend to assume that the student population are fairly healthy but their own perception may be different with only 15% indicating that they felt their health was "excellent", 31% felt it was "very good", 12% "fair", 4% "poor". The highest area of disease prevalence was as we would have expected to see "asthma" with long standing psychological or emotional conditions being the next highest indicator at 16% of respondents. The practice does have a robust psychological service available in-house with the provision of Community Psychiatric Nurse Clinics, Counselling and Psychotherapy services.

Extended Services – as suggested by the reference group we took the opportunity to establish how well we had communicated (or not) the availability of the extended in-house services (Early Morning and Late Night Clinics/CASH clinics/Physiotherapy Clinics/Psychotherapy Clinics/Audiology Screening/Patch Testing/Minor Injuries/Acupuncture etc.)

- Early morning clinics – 25% knew they existed with 9% having accessed them
- Late night clinics – 30% knew they existed with 15% having accessed them
- Sexual Health Clinics – 78% knew they existed
- Minor Injury Clinics – 30% knew they existed with 9% having accessed them
- 14% of respondents had accessed A&E services during practice opening hours for a variety of reasons – disappointingly 2% indicated that they attended because there were no GP appointments available and a further 1% attended as it was closer to home! We will need to alert patients to the correct usage of A&E services together with raising the profile for our in-house Minor Injury Clinics.
- Physiotherapy – 38% knew this was available
- Psychotherapy – 35% knew this was available
- Acupuncture – a relatively new service with 17% being aware it existed
- Allergy testing – 22% knew this was available
- Audiology testing – 15% knew this was available

It was somewhat surprising that only 57% of respondents knew that the practice offered "lifestyle clinics" including smoking cessation/weight management/alcohol advice/travel clinics and again we will raise the promotion of these services in order to ensure patients know what is available for them.

With 26% of respondents indicating that they had been registered with the practice for 6 months or less this does highlight the need for a rolling educational programme to be in place and again this is something which we will address.

73% indicated that they were of "White British" ethnic origin which is almost the same proportion as our practice base and we were very pleased to see that the respondents

were reflective of our practice population in a variety of areas as highlighted earlier in this report.

4. Action Plan

Communication – we held talks with the Student Union on 14.2.12 in an attempt to identify other means of communicating with the student population on campus and are now to put into place a programme of key dates/events etc. and utilise plasma screen announcements/advertisements together with flyers in the Welfare Office/space in the Student Union magazines/booklets etc. We very much appreciate the kind offer of assistance in this area from the Student Union and Welfare Office. The University already kindly allow us to have links onto their student portal but again we need to promote this. We have a meeting in the diary for later this month to plan our "advertising campaign" and would invite all patients to "watch this space" in this regard. We will need to ensure that we cover areas such as:-

- Opening Times – it is clearly evident that patients do not always know the practice's opening times and we will communicate this ore prominently in-house/on the University Campus and via the website. We will highlight how patients can access GPs in case of need out of hours both in-house and on the website etc. We will also include material around this issue in the proposed International Educational Sessions which we are going to hold as "drop in sessions" during the Autumn 2012 period.
- Types of clinics available
- Basic information on appropriate usage of A&E services etc

Telephones – we have placed an order with our system provider to upgrade our telephone system which will allow us to:-

- Put announcements onto the phone as a greeting – perhaps inviting patients to attend for flu vaccination when the vaccine is available etc.
- It will place callers into a queue thereby removing any inequity – it will strictly be the first call in the queue which is offered the first appointment etc.
- We will aim to increase the number of staff available to answer the calls during the busy first hour of opening
- The upgrade to the telephone system will allow recording of calls at the push of a button which could be a good training tool for staff

Diet/Exercise

- We are in the process of putting together an information board which better outlines how to have a healthy diet whilst on a budget together providing recipe ideas.

- We will link our website to the British Nutrition Foundation website for further information/recipe ideas

- We will sign post the assertiveness and confidence building workshops run by the counselling service also on these notice boards – trying to secure some promotional material from the University Counselling Services.

Anomalies with the Survey

We will seek PCT assistance in recruiting a more participant Patient Reference Group for 2012-13

We will liaise with the Website engineers to ensure identified flaws in the system are corrected.

5. Progress made with the action plan

A summary of the progress as of 31 March 2012 is:

You said…	We did…	The result is…
(insert survey findings)	(insert actions or agreements not to act)	(insert achievements to date)
You said it was often difficult to get through on the telephone first thing in the morning and inequity in so far as if a patient rings at 8.15 a.m. and gets the engaged tone but then does not ring back until 8.30 a.m. all of the book on the day appointments may have gone.	We will upgrade the telephone system to include a queuing system which will remove any inequity in that it will automatically queue calls which will be answered in the order in which they were made. We will also introduce a third line. We will review staffing levels and establish if we are able to provide additional cover during the first hour of opening times in order to help to alleviate this area of heavy workload	Order placed with telephone provider for upgrade to system Further discussions to be held in house to establish whether this is feasible and cost implications
You said that you felt the Practice could raise its profile on the University Campus	This is an area which we had already recognised and we did already have a meeting in the diary for 14.2.12 to meet with representatives from the Student Union and Welfare Office. We will be working with them in the area of utilising better promotional material for communicating key messages to you such as vaccination campaigns/development of new services/key things such as how to book an appointment/opening times	This piece of work is ongoing and a further in-house meeting has been scheduled for later this month and a working party has been put together to work on this area.

	etc. In addition we will include items to be incorporated within the Student Union Fresher packs We are also exploring having a Twitter account in addition to our Facebook page and are also considering developing an "App" for free download. We have been notified that our computer upgrade will take place in June 2012 at long last and we are hopeful that this will be beneficial for both patients and staff and may help streamline registration processes and may allow patients to cancel appointments etc. remotely.	
You said that you liked the website and we notice that we had 18,000 hits in January – with an average of around 10-12,000 monthly	This is obviously a useful communication tool and we will review the material currently on the site and ensure that it is kept up to date	This is ongoing
You said that you felt you maybe did not have a healthy diet due to the perceived high cost of healthy eating together with a lack of knowledge in basic cooking skills	We will utilise our notice boards and website to share with you information from the British Nutrition Board on how to eat well on a budget – we will provide you with easy/quick and tasty recipe ideas. The website does have a podcast where you can watch and learn how to cook and these tools will be highlighted within our display material	Work has commenced in this area and will be ongoing
A number of you said that you did not exercise because you lacked confidence	The University Counselling Department do run very good workshops in this area and we will liaise with them for promotional material which will help to signpost patients to these services	We are currently liaising with the University
Opening Hours – please see in-depth comment above – the majority of patients were	The practice does not intend changing opening times at present – we do aim our	Ongoing

satisfied with opening times – i.e. 91% indicated that they were happy with them, a further 5% did not know what the opening times were and 1% indicated that they were “quite dissatisfied”	services at the University population who are on Campus Monday – Friday – we provide a wide range of clinics, early morning, lunchtime, normal daily clinics, evening clinics etc. We do not close at all during the day providing good access and patients are able to contact a GP in case of need out of hours by ringing one single number – we will better publicise this information	

6. Confirmation of the opening times

We did ask questions around the area of opening times in line with the comments contained earlier in this report – we do not propose any changes at this point in time.

Current Opening Times:-

Monday	7.00 a.m. – 6.00 p.m.
Tuesday	8.15 a.m. – 6.00 p.m.
Wednesday	8.15 a.m. – 6.00 p.m.
Thursday	8.15 a.m. – 8.30 p.m.
Friday	8.15 a.m. – 6.00 p.m.

Appointments may be booked over the telephone or in person at the practice and we provide a variety of “book on the day appointments” together with pre-bookable appointments – a selection of which are available every day. We encourage patients to return to see the same clinician if they have an ongoing problem for the sake of continuity and in the best interests of the patient.

Out of hours patients are advised to ring the usual practice telephone number when they will automatically be diverted to “out of hour” providers.

7. Availability of information

CONCLUSION

Following our in-house meeting to discuss the Survey Results we sent a further email to members of the Patient Reference Group giving an outline as to things discussed at the meeting and once again seeking further comment from them. Again, only one member of the Group actually responded and our intention is now to go ahead with the final phase of the programme by publishing the Final Report as follows:-

We will send circulate this report as follows:-

- To the Patient Reference Group via email
- To the Practice Population via booklets in Reception and Posters
- We will place a copy on the Website
- We will place a copy on the Choices Website
- We will send a copy to the University of Huddersfield
- We will provide the PCT with a copy
- We will ensure all staff have a copy of the Report

The Practice website URL is www.universityhealthhuddersfield.co.uk and the Results of the Practice Survey were published on the website on 3rd February 2012. We have not, as yet, published this final report but will do so once we are advised that we have completed the Report to the required standard. (We have now received that confirmation and the report will be available on the Practice website by the end of February 2012.)