DES: Patient Participation

Introduction

In light of Sarum NHS Alliance, Avon Valley Practice, Barcroft Medical Centre, Bourne Valley Medical Practice, Castle Practice, Cross Plain Practice and St Melor House Surgery joined together to formulate a virtual PRG, Plain Talking, to better understand the needs, opinions and priorities of patients living in the local area and to influence the shape of local healthcare in the future.

It was agreed that a minimum of 2 per 1000 patients should be recruited per Practice and every effort made to ensure the group is as representative as possible. The age, sex and ethnicity of each Practices' population group were collated and analysed to obtain a representative profile for Plain Talking (see Appendices 1-3).

It was agreed that an initial meeting should be held to launch the concept of Plain Talking and to obtain patients priorities. The results would then be collated and a survey developed to collate patient views on these identified priorities. Patient views were analysed and the findings shared with the group via email to discuss and obtain comments. If the survey pointed to the desire for significant change in a service or services provided, or in the way in which services are delivered, the Practices agreed to seek agreement from Plain Talking to any proposals made. Following discussions, an action plan was written and agreed by the group. The findings together with the action plan are displayed on the websites of each Practice (see Appendix 4 for website addresses).

Recruiting patients (step 1):

Plain Talking was advertised to patients in a variety of ways to make best endeavours to ensure the group was representative:

Practice	Practice	Asking	Asking	Notices	Website	Local	S M S	Note on E	BEmail to
	leaflet	patients	patients at	i n		press	message	side o	fa I I
			the time of				s to al	I prescription	patients
		group	registration					sor ii	
		face to					signed up	dispensing	gfor this
		face or by					for this	sbag	service
		letter					service		
Avon	\checkmark								
Valley							816		
Practice									
Barcroft		\checkmark		\checkmark	\checkmark	\checkmark			✓
Medical									
Centre									

Bourne Valley Medical Practice	√		√		√			
Castle Practice	√	√	√	✓	√		✓	√
Cross Plain Practice	✓	√	√	✓	✓	√ 135	✓	√
St Melor H o u s e Surgery	✓		√	✓	✓			

Patients were asked to complete and return a contact form (<u>see Appendix 5</u>) if they were interested in being involved and/or happy for us to contact them periodically by email.

Three meetings were arranged on three different days of the week, at different times of the day and in different areas of the locality to optimise opportunities for patients to attend:

- Tuesday 12th July from 1400 to 1500 at Durrington Village Hall
- Wednesday 13th July from 1900 to 2000 at Church Rooms, Ludgershall
- Friday 22nd July from 1400-1500 at St Mellor Church Hall, Amesbury

If patients expressed interest but were unable to attend, an email was sent to the patients' explaining that a copy of the meeting presentation and the feedback form identifying their key priorities and issues would be sent.

Agreeing areas of priority (step 2):

65 patients across the locality completed a contact form (see Appendix 6 for patient profile).

29 patients in total attended one of the meetings (see Appendix 7 for patient profile). During the meeting, the following information was presented and handouts distributed (See Appendix 8). Discussions were held about key priorities and patients were asked to note their three keys priorities so that a survey could be develop to gain further insight into these areas. It was evident that the group was not representative due to the high percentage of patients over the age of 56. Therefore, patients were asked during the meetings to ask friends and family of different ages, sex and ethnicity to give their key priorities.

An email including the handout was sent to patients who were unable to attend asking for their key priorities for the provision of healthcare in the local area.

Collating patient views through the use of a survey (step 3):

The key priorities were collated and analysed, identifying two areas of priority for the provision of healthcare in the local area namely the use of A&E and communication about medical services (see Appendix 9).

Based on these priorities, the Practice Managers developed a survey to help further understand the issues that need to be addressed (see Appendix 10). The survey was emailed to all patients who had joined the group. This included patients who joined since the launch of Plain Talking. The survey was also distributed as follows to make best endeavours to ensure the group was representative:

Practice	Asking	Displaying the	Sending email	Uploading the	Sending SMS
	patients	survey at			messages to all
	personally to	reception for	1	practice website	patients to
	complete	completion		for completion	complete the
	survey				survey
Avon Valley	· 🗸	\checkmark	\checkmark	\checkmark	√ 816
Practice					
Barcroft Medical	√	✓	✓	✓	
Centre					
Bourne Valley	· 🗸	✓	✓		
Medical Practice					
Castle Practice	✓	✓	✓	√	
Cross Plain	✓	✓	√	✓	√ 135
Practice					
St Melor House	√	✓	✓	✓	
Surgery					

The Practice Managers of the six practices agreed that the survey and associated processes for sampling and analysing were sufficient to provide 'the reasonable person' with confidence that the reported outcomes were valid.

Discussing survey results and reaching agreement with the group on changes to services (steps 4 and 5):

The results of the survey were analysed using Survey Monkey and a summary of the findings was distributed by email to patients for discussion (see Appendix 11). Feedback was received (see Appendix 12).

The survey results pointed to changes which all focus on improving communication. Proposals were made and agreement sought by email to implement the proposals (See Appendix 13).

An action plan was developed (<u>see Appendix 13</u>) and agreed with Plain Talking and was uploaded onto the websites of each Practice on 1st March 2012.

Appendices

Appendix	Detail	Responsibility	Progress
1	Population statistics - age	Avon Valley Practice	Complete
2	Population statistics - sex	Avon Valley Practice	Complete
3	ethnicity	Avon Valley Practice	Complete
4	Practice website addresses	Bourne Valley	Complete
5	Contact form	Avon Valley Practice	Complete
6	Patient profile of those patients who completed contact form		
7	Patient profile of those patients who attended meeting		
8	Meeting handout	Avon Valley Practice	Complete
9	Analysis of key priorities	Barcroft Medical Centre and Castle Practice	
10	Survey	Avon Valley Practice	Complete
11	Analysis of survey results	Cross Plain Practice	Complete
12	Summary of survey results and recommendations	Avon Valley Practice and Cross Plain Practice	
13	Request for feedback	Avon Valley Practice	Complete
14	Action plan	Avon Valley Practice	Complete

Written and submitted by Anna Morton, Practice Manager, Avon Valley Practice, 1st March 2012.

General statistics

	Castle Practice	St Melor	Bourne Valley	Barcroft	Cross Plains	AVP	PLAIN TALKING
Age Range	Patients	Patients	Patients	Patients	Patients	Patients	Patients
0 - 18 years	2782	1147	660	2585	693	1267	9134
19 - 25 years	967	417	216	798	299	439	3136
26 - 35 years	1276	527	369	1271	328	559	4330
36 - 45 years	1575	721	458	1561	444	830	5589
46 - 55 years	1476	798	417	1523	531	945	5690
56 - 65 years	1234	611	317	1108	393	850	4513
66 - 75 years	741	475	202	790	240	594	3042
76+ years	554	397	115	635	162	457	969
TOTAL	10605	5093	2754	10271	3090	5941	36403

	Castle Practice	St Melor	Bourne Valley	Barcroft	Cross Plains	AVP	PLAIN TALKING
Age Range	Patients	Patients	Patients	Patients	Patients	Patients	Patients
0 - 18 years	26.2%	22.5%	24.0%	25.2%	22.4%	21.3%	25.1%
19 - 25 years	9.1%	8.2%	7.8%	7.8%	9.7%	7.4%	8.6%
26 - 35 years	12.0%	10.3%	13.4%	12.4%	10.6%	9.4%	11.9%
36 - 45 years	14.9%	14.2%	16.6%	15.2%	14.4%	14.0%	15.4%
46 - 55 years	13.9%	15.7%	15.1%	14.8%	17.2%	15.9%	15.6%
56 - 65 years	11.6%	12.0%	11.5%	10.8%	12.7%	14.3%	12.4%
66 - 75 years	7.0%	9.3%	7.3%	7.7%	7.8%	10.0%	8.4%
76+ years	5.2%	7.8%	4.2%	6.2%	5.2%	7.7%	2.7%

	Castle Practice	St Melor	Bourne Valley	Barcroft	Cross Plains	AVP	PLAIN TALKING average
% of pts attending an appt in last 12m	78.90%		96.60%			82.20%	42.95%

Female patient statistics

	Castle Practice	St Melor	Bourne Valley	Barcroft	Cross Plains	AVP	PLAIN TALKING
Age Range	Female	Female	Female	Female	Female	Female	Total
0 - 18 years	1373	549	328	1261	374	609	4494
19 - 25 years	512	208	113	370	154	218	1575
26 - 35 years	753	274	223	729	161	284	2424
36 - 45 years	899	367	242	883	240	468	3099
46 - 55 years	756	390	197	795	267	502	2907
56 - 65 years	612	280	136	539	199	418	2184
66 - 75 years	374	243	99	424	120	297	1557
76+ years	342	231	57	386	90	257	12
TOTAL	5621	2542	1395	5387	1605	3053	18252

Male patient statistics

	Castle Practice	St Melor	Bourne Valley	Barcroft	Cross Plains	AVP	PLAIN TALKING
Age Range	Male	Male	Male	Male	Male	Male	Total
0 - 18 years	1409	598	332	1324	319	658	4640
19 - 25 years	455	209	103	428	145	221	1561
26 - 35 years	523	253	146	542	167	275	1906
36 - 45 years	676	354	216	678	204	362	2490
46 - 55 years	720	408	220	728	264	443	2783
56 - 65 years	622	331	181	569	194	432	2329
66 - 75 years	367	232	103	366	120	297	1485
76+ years	212	166	58	249	72	200	957
TOTAL	4984	2551	1359	4884	1485	2888	18151

	Castle Practice	St Melor	St Melor Bourne Valley Barcroft Cross Plain		Cross Plains	AVP	PLAIN TALKING
Age Range	Female	Female	Female	Female	Female	Female	Female
0 - 18 years	24.4%	21.6%	23.5%	23.4%	23.3%	19.9%	24.6%
19 - 25 years	9.1%	8.2%	8.1%	6.9%	9.6%	7.1%	8.6%
26 - 35 years	13.4%	10.8%	16.0%	13.5%	10.0%	9.3%	13.3%
36 - 45 years	16.0%	14.4%	17.3%	16.4%	15.0%	15.3%	17.0%
46 - 55 years	13.4%	15.3%	14.1%	14.8%	16.6%	16.4%	15.9%
56 - 65 years	10.9%	11.0%	9.7%	10.0%	12.4%	13.7%	12.0%
66 - 75 years	6.7%	9.6%	7.1%	7.9%	7.5%	9.7%	8.5%
76+ years	6.1%	9.1%	4.1%	7.2%	5.6%	8.4%	0.1%

	Castle Practice	ractice St Melor Bourne Valley Barcroft Cross Plair		Cross Plains	AVP	PLAIN TALKING	
Age Range	Male	Male	Male	Male	Male	Male	Male
0 - 18 years	28.3%	23.4%	24.4%	27.1%	21.5%	22.8%	25.6%
19 - 25 years	9.1%	8.2%	7.6%	8.8%	9.8%	7.7%	8.6%
26 - 35 years	10.5%	9.9%	10.7%	11.1%	11.2%	9.5%	10.5%
36 - 45 years	13.6%	13.9%	15.9%	13.9%	13.7%	12.5%	13.7%
46 - 55 years	14.4%	16.0%	16.2%	14.9%	17.8%	15.3%	15.3%
56 - 65 years	12.5%	13.0%	13.3%	11.7%	13.1%	15.0%	12.8%
66 - 75 years	7.4%	9.1%	7.6%	7.5%	8.1%	10.3%	8.2%
76+ years	4.3%	6.5%	4.3%	5.1%	4.8%	6.9%	5.3%

Ethnicity statistics

	Castle Practice	St Melor	Bourne Valley	Barcroft	Cross Plains	AVP	PLAIN TALKING
Ethnicity	Patients	Patients	Patients	Patients	Patients	Patients	Patients
(XaJQv) British or mixed British - ethnic category 2001 census	2727		1098	5081		3265	12171
(XaJQw) Irish - ethnic category 2001 census	4		4	20		10	38
(XaJQx) Other White background - ethnic category 2001 census	164		7	190		61	422
(XaJQy) White and Black Caribbean - ethnic category 2001 census	13		9	7		12	41
(XaJQz) White and Black African - ethnic category 2001 census	9		19	9		2	39
(XaJR0) White and Asian - ethnic category 2001 census	15		13	12		6	46
(XaJR1) Other Mixed background - ethnic category 2001 census	20		8	3		4	35
(XaJR2) Indian or British Indian - ethnic category 2001 census	15		22	49		3	89
(XaJR3) Pakistani or British Pakistani - ethnic category 2001 census	2		6	5		5	18
(XaJR4) Bangladeshi or British Bangladeshi - ethn categ 2001 census	15		14	9		10	48
(XaJR5) Other Asian background - ethnic category 2001 census	86		30	28		2	146
(XaJR6) Caribbean - ethnic category 2001 census	35		13	11		3	62
(XaJR7) African - ethnic category 2001 census	57		34	34		4	129
(XaJR8) Other Black background - ethnic category 2001 census	35		17	10		6	68
(XaJR9) Chinese - ethnic category 2001 census	3		6	24		13	46
(XaJRA) Other - ethnic category 2001 census	12		17	18		18	65
(XaJRB) Ethnic category not stated - 2001 census	6		4	637		5	652
Non classified	7387		1433	4124		2512	15456
TOTAL	10605		2754	10271	0	5941	29571

Castle Practice	St Melor	Bourne Valley	Barcroft	Cross Plains	AVP	PLAIN TALKING
Patients	Patients	Patients	Patients	Patients	Patients	Patients
25.7%		39.9%	49.5%		55.0%	41.2%
0.0%		0.1%	0.2%		0.2%	0.1%
1.5%		0.3%	1.8%		1.0%	1.4%
0.1%		0.3%	0.1%		0.2%	0.1%
0.1%		0.7%	0.1%		0.0%	0.1%
0.1%		0.5%	0.1%		0.1%	0.2%
0.2%		0.3%	0.0%		0.1%	0.1%
0.1%		0.8%	0.5%		0.1%	0.3%
0.0%		0.2%	0.0%		0.1%	0.1%
0.1%		0.5%	0.1%		0.2%	0.2%
0.8%		1.1%	0.3%		0.0%	0.5%
0.3%		0.5%	0.1%		0.1%	0.2%
0.5%		1.2%	0.3%		0.1%	0.4%
0.3%		0.6%	0.1%		0.1%	0.2%
0.0%		0.2%	0.2%		0.2%	0.2%
0.1%		0.6%	0.2%		0.3%	0.2%
0.1%		0.1%	6.2%		0.1%	2.2%
69.7%		52.0%	40.2%		42.3%	52.3%

Appendix 4: Practice website addresses

Practice	Website address
Avon Valley Practice	www.avonvalleypractice.com
Barcroft Medical Centre	www.barcroftmedical.co.uk
Bourne Valley Medical Practice	www.bournevalleypractice.co.uk
Castle Practice	www.thecastlepractice.co.uk
Cross Plains Surgery	www.crossplainpractice.co.uk
St Melor House Surgery	www.stmelorhousesurgery.co.uk

Plain Talking

Your opportunity to influence the future of your local healthcare provision

You may be aware that many things are changing rapidly within the NHS and we expect this change to continue. One of the major changes is for more responsibility to be given to doctors whose aim is to put your needs first and to keep healthcare local.

Avon Valley Practice, together with other local Practices, would like to set up a patient representative group called 'Plain Talking.' The members of this group will help us to better understand the needs, opinions and priorities of patients living in the local area and to influence the shape local healthcare in the future.

Could this be you?

To find out more about how you could be involved, please attend one of our initial meetings on:

- Tuesday 12th July from 1400 to 1500 at Durrington Village Hall
- Wednesday 13th July from 1900 to 2000 at Church Rooms, Ludgershall
- Friday 22nd July from 1400 to 1500 at St Melor Church Hall, Amesbury

•	If you are interested in being involved and/or happy for us to contact you periodically by email, please complete and return the slip below to Reception									
		•••••								
	Patient Pa	rticipation Group)							
Name:			Are you?							
Email address:			☐ Male	☐ Female						
Age Group: [□ 0 − 18 □ 19 − 25 □ 46 − 55 □ 56 − 65		36 - 45 Over 76							
Ethnic origin White, Britis Vietnamese Bangladesh	white, other Black African	☐ Indian ☐ Black Caribbe ☐ Other	ean 🗌 Pak							
☐ Tuesday 12 ☐ Wednesday ☐ Friday 22 nd ☐ I cannot atte	t be attending: Ith July from 1400 to 1500 Ith July from 1400 to 1500 July from 1400 to 1500 a Ith July from 1400 to 150	2000 at Church Roo at St Melor Church kept up to date	oms, Ludge Hall, Ames							

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 our rules to make sure that this information is handled properly.

Appendix 6: Profile of patients who completed the initial contact form according to sex, age, ethnicity and Practice

FEMALE	Castle Practice	St Melor	Bourne Valley	Barcroft	Cross Plains	AVP	PLAIN TALKING
Age Range	Female	Female	Female	Female	Female	Female	Total
0 - 18 years	0	0	0	0	0	0	0
19 - 25 years	0	0	0	0	0	0	0
26 - 35 years	0	0	4	0	0	0	4
36 - 45 years	0	0	2	0	1	0	3
46 - 55 years	0	0	1	0	2	3	6
56 - 65 years	5	0	0	5	5	1	16
66 - 75 years	1	0	0	6	3	3	13
76+ years	0	0	1	5	0	0	6
TOTAL	6	0	8	16	11	7	48

	Castle Practice	St Melor	Bourne Valley	ne Valley Barcroft Cross Plain		AVP	PLAIN TALKING
Age Range	Female	Female	Female	Female	Female	Female	Female
0 - 18 years	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
19 - 25 years	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
26 - 35 years	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	8.3%
36 - 45 years	0.0%	0.0%	25.0%	0.0%	9.1%	0.0%	6.3%
46 - 55 years	0.0%	0.0%	12.5%	0.0%	18.2%	42.9%	12.5%
56 - 65 years	83.3%	0.0%	0.0%	31.3%	45.5%	14.3%	33.3%
66 - 75 years	16.7%	0.0%	0.0%	37.5%	27.3%	42.9%	27.1%
76+ years	0.0%	0.0%	12.5%	31.3%	0.0%	0.0%	12.5%
Total	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%

MALE	Castle Practice	St Melor	Bourne Valley	Barcroft	Cross Plains	AVP	PLAIN TALKING
Age Range	Male	Male	Male	Male	Male	Male	Total
0 - 18 years	0	0	0	0	0	0	0
19 - 25 years	0	0	0	0	0	0	0
26 - 35 years	0	0	0	0	0	0	0
36 - 45 years	0	0	1	0	0	0	1
46 - 55 years	1	0	0	1	1	1	4
56 - 65 years	0	0	2	3	2	2	9
66 - 75 years	2	1	1	5	2	3	14
76+ years	0	0	1	0	0	1	2
TOTAL	3	1	5	9	5	7	30

	Castle Practice	St Melor	Bourne Valley	Barcroft	Cross Plains	AVP	PLAIN TALKING
Age Range	Male	Male	Male	Male	Male	Male	Male
0 - 18 years	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
19 - 25 years	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
26 - 35 years	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
36 - 45 years	0.0%	0.0%	20.0%	0.0%	0.0%	0.0%	3.3%
46 - 55 years	33.3%	0.0%	0.0%	11.1%	20.0%	14.3%	13.3%
56 - 65 years	0.0%	0.0%	40.0%	33.3%	40.0%	28.6%	30.0%
66 - 75 years	66.7%	100.0%	20.0%	55.6%	40.0%	42.9%	46.7%
76+ years	0.0%	0.0%	20.0%	0.0%	0.0%	14.3%	6.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

	Castle Practice	St Melor	Dauma Valley	Davasaff	Cross Plains	AVP	PLAIN TALKING
Ethnicity	Patients	Patients	Bourne Valley Patients	Barcroft Patients	Patients	Patients	Patients
		ratients					
(XaJQv) British or mixed British - ethnic category 2001 census	8	1	14	25	14	12	74
(XaJQw) Irish - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJQx) Other White background - ethnic category 2001 census	0	0	0	0	0	1	1
(XaJQy) White and Black Caribbean - ethnic category 2001 census	0	0	0	0	0	1	1
(XaJQz) White and Black African - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJR0) White and Asian - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJR1) Other Mixed background - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJR2) Indian or British Indian - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJR3) Pakistani or British Pakistani - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJR4) Bangladeshi or British Bangladeshi - ethn categ 2001 census	0	0	0	0	0	0	0
(XaJR5) Other Asian background - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJR6) Caribbean - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJR7) African - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJR8) Other Black background - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJR9) Chinese - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJRA) Other - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJRB) Ethnic category not stated - 2001 census	0	0	0	0	0	0	0
Non classified	1	0	0	0	1	0	2
TOTAL	9	1	14	25	15	14	78

Castle Practice	St Melor	Bourne Valley	Barcroft	Cross Plains	AVP	PLAIN TALKING
Patients	Patients	Patients	Patients	Patients	Patients	Patients
88.9%	100.0%	100.0%	100.0%	93.3%	85.7%	94.9%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	7.1%	1.3%
0.0%	0.0%	0.0%	0.0%	0.0%	7.1%	1.3%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
11.1%	0.0%	0.0%	0.0%	6.7%	0.0%	2.6%
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Appendix 7: Profile of patients who attended the meetings

	Castle Practice	St Melor	Bourne Valley	Barcroft	Cross Plain	AVP	PLAIN TALKING
Patient Status	Patients	Patients	Patients	Patients	Patients	Patients	Patients
Carer	2	1	0	0	0	2	5
Disabled	0	1	0	3	0	0	4
Retired	3	1	0	14	0	4	22
Employed	2	0	1	2	0	1	6
Not Employed	0	0	0	0	0	0	0
Housewife/husband	1	0	0	3	0	0	4
Student	0	0	0	0	0	0	0
Have a long term illness	1	1	0	6	0	0	8
Parent of child under 5 years old	0	0	0	0	0	0	0
Parent of child 5-15 years old	0	0	0	0	0	0	0
Parent of young person 15-18 years old	0	0	0	0	0	0	0
Single Parent	0	0	0	0	0	0	0
Total of patients	9	4	1	28	Ö	7	49

	Castle Practice	St Melor	Bourne Valley	Barcroft	Cross Plains	AVP	PLAIN TALKING
Patient Status	Female	Female	Female	Female	Female	Female	Total
Carer	22%	25%	0%	0%	0%	29%	10%
Disabled	0%	25%	0%	11%	0%	0%	8%
Retired	33%	25%	0%	50%	0%	57%	45%
Employed	22%	0%	100%	7%	0%	14%	12%
Not Employed	0%	0%	0%	0%	0%	0%	0%
Housewife/husband	11%	0%	0%	11%	0%	0%	8%
Student	0%	0%	0%	0%	0%	0%	0%
Have a long term illness	11%	25%	0%	21%	0%	0%	16%
Parent of child under 5 years old	0%	0%	0%	0%	0%	0%	0%
Parent of child 5-15 years old	0%	0%	0%	0%	0%	0%	0%
Parent of young person 15-18 years old	0%	0%	0%	0%	0%	0%	0%
Single Parent	0%	0%	0%	0%	0%	0%	0%
Total of patients	100%	100%	100%	100%	0%	100%	100%

Appendix 7: Profile of patients who attended the meetings

	Castle Practice	St Melor	Bourne Valley	Barcroft	Cross Plains	AVP	PLAIN TALKING
Age Range	Female	Female	Female	Female	Female	Female	Total
0 - 18 years	0	0	0	0	0	0	0
19 - 25 years	0	0	0	0	0	0	0
26 - 35 years	0	0	0	0	0	0	0
36 - 45 years	0	0	0	0	0	0	0
46 - 55 years	0	0	1	0	0	0	1
56 - 65 years	2	0	0	3	0	1	6
66 - 75 years	1	0	0	4	0	3	8
76+ years	1	0	0	5	0	0	6
TOTAL	4	0	1	12	0	4	21

	Castle Practice	St Melor	Bourne Valley	Barcroft	Cross Plains	AVP	PLAIN TALKING
Age Range	Male	Male	Male	Male	Male	Male	Total
0 - 18 years	0	0	0	0	0	0	0
19 - 25 years	0	0	0	0	0	0	0
26 - 35 years	0	0	0	0	0	0	0
36 - 45 years	0	0	0	0	0	0	0
46 - 55 years	0	0	0	0	0	0	0
56 - 65 years	0	0	0	2	0	0	2
66 - 75 years	1	1	0	3	0	1	6
76+ years	0	0	0	0	0	0	0
TOTAL	1	1	0	5	0	1	8

	Castle Practice	St Melor	Bourne Valley	Barcroft	Cross Plains	AVP	PLAIN TALKING
Age Range	Female	Female	Female	Female	Female	Female	Total
0 - 18 years	0%	0%	0%	0%	0%	0%	0%
19 - 25 years	0%	0%	0%	0%	0%	0%	0%
26 - 35 years	0%	0%	0%	0%	0%	0%	0%
36 - 45 years	0%	0%	0%	0%	0%	0%	0%
46 - 55 years	0%	0%	100%	0%	0%	0%	5%
56 - 65 years	50%	0%	0%	25%	0%	25%	29%
66 - 75 years	25%	0%	0%	33%	0%	75%	38%
76+ years	25%	0%	0%	42%	0%	0%	29%
TOTAL	100%	0%	100%	100%	0%	100%	100%

	Castle Practice	St Melor	Bourne Valley	Barcroft	Cross Plains	AVP	PLAIN TALKING
Age Range	Male	Male	Male	Male	Male	Male	Total
0 - 18 years	0%	0%	0%	0%	0%	0%	0%
19 - 25 years	0%	0%	0%	0%	0%	0%	0%
26 - 35 years	0%	0%	0%	0%	0%	0%	0%
36 - 45 years	0%	0%	0%	0%	0%	0%	0%
46 - 55 years	0%	0%	0%	0%	0%	0%	0%
56 - 65 years	0%	0%	0%	40%	0%	0%	25%
66 - 75 years	100%	100%	0%	60%	0%	100%	75%
76+ years	0%	0%	0%	0%	0%	0%	0%
TOTAL	100%	100%	0%	100%	0%	100%	100%

Appendix 7: Profile of patients who attended the meetings

	Castle Practice	St Melor	Bourne Valley	Barcroft	Cross Plains	AVP	PLAIN TALKING
Ethnicity	Patients	Patients	Patients	Patients	Patients	Patients	Patients
(XaJQv) British or mixed British - ethnic category 2001 census	5	1	1	17	0	5	29
(XaJQw) Irish - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJQx) Other White background - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJQy) White and Black Caribbean - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJQz) White and Black African - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJR0) White and Asian - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJR1) Other Mixed background - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJR2) Indian or British Indian - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJR3) Pakistani or British Pakistani - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJR4) Bangladeshi or British Bangladeshi - ethn categ 2001 census	0	0	0	0	0	0	0
(XaJR5) Other Asian background - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJR6) Caribbean - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJR7) African - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJR8) Other Black background - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJR9) Chinese - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJRA) Other - ethnic category 2001 census	0	0	0	0	0	0	0
(XaJRB) Ethnic category not stated - 2001 census	0	0	0	0	0	0	0
Non classified	0	0	0	0	0	0	0
Total	5	1	1	17	0	5	29

Castle Practice	St Melor	Bourne Valley	Barcroft	Cross Plains	AVP	PLAIN TALKING
Patients	Patients	Patients	Patients	Patients	Patients	Patients
100%	100%	100%	100%	0%	100%	100%
0%	0%	0%	0%	0%	0%	0%
0%	0%	0%	0%	0%	0%	0%
0%	0%	0%	0%	0%	0%	0%
0%	0%	0%	0%	0%	0%	0%
0%	0%	0%	0%	0%	0%	0%
0%	0%	0%	0%	0%	0%	0%
0%	0%	0%	0%	0%	0%	0%
0%	0%	0%	0%	0%	0%	0%
0%	0%	0%	0%	0%	0%	0%
0%	0%	0%	0%	0%	0%	0%
0%	0%	0%	0%	0%	0%	0%
0%	0%	0%	0%	0%	0%	0%
0%	0%	0%	0%	0%	0%	0%
0%	0%	0%	0%	0%	0%	0%
0%	0%	0%	0%	0%	0%	0%
0%	0%	0%	0%	0%	0%	0%
0%	0%	0%	0%	0%	0%	0%
0%	0%	0%	0%	0%	0%	0%

Plain Talking

Your opportunity to influence the future of your local healthcare provision

- An opportunity.... setting the scene
- What are Patient Participation Groups?
- What is Plain Talking?
- Your involvement
- Questions and answers

An Opportunity

 Currently there is an opportunity for patients to be involved in LOCAL healthcare decision making

 The Government has set out changes which means local Doctors will be responsible for service planning and operation of local healthcare provision

What are Patient Participation Groups?

- At its simplest, Patient Participation refers to people taking an active interest in their health care.
- At present, some GP Practices have Patient Participation Groups (PPGs). Their priorities are developed and agreed within the Practice
- Some groups have looked beyond the Practice to the decisions made within the NHS that directly affect their community

What is Plain Talking?

 Local Practices have joined together to launch Plain Talking to influence healthcare across the local area

 We would like local people to join this group to contribute to the improvement of healthcare services for everyone in the local area

Your involvement

The way in which this group works is evolving and can be directed by you

 As a starting point, we suggest that the group provide feedback on issues identified by yourselves or those that are already known to us

5 minute exercise

Complete questions on the note card

Please feel free to discuss with the people sitting next to you

Return for Discussion and Q&As

Questions and Answers

Discussion mediums

Issues that need addressing

Reaching local people

Thank you

Appendix 9: Key priorities identified from patient feedback

Patients were asked to state three areas that they would like to see changed/improved*

Feedback related to the areas that patients would like to see changed are shown in the table below, the feedback was categorised for analysis and presented accrodingly. Three key areas were identified:

- 1. Out of Hours which included access to an emergency GP, which is an area we can work on as a group.
- 2. A & E and Minor Injuries which also crossed over with OOH, this also is an area we can work on as a group to influence changes.
- 3. Appointments which is something which Practices can work on individually as all Practices work in a different manner e.g. Triage

From this, the Practice Managers took these common themes to create a survey which would target the main issues which pointed towards reducing A & E attendances. However, communication was also seen throughout the areas identified and therefore considered by the Practice Managers to be a key area to review and improve

Areas identified	Plain Talking
Out of hours in own Practice	7
Community Hospitals to offer longer Minor Injuries service	6
Ability to book appointments more than 1 month ahead	4
Waiting times to see own GP	3
Additional services at Practice	2
Disabled Access	2
Length of time taken to answer phones	2
More Home Visits for elderly	2
Repeat Prescription lead times	2
Waiting time at the Practice	2
Ability to book appointments on line	1
Ability to get blood results in the morning	1
Annual Newsletter to patients about achievements and the futu	1
Booking systems at GP Practice	1
Cameras for ulcers	1
Chaperoning for all injections	1
Continuity of Nursing staff	1
Extended opening hours	1
GPs to book own follow-up appointments	1
GPs to have own list	1
Home visits by own GP	1
Improved Triage system, should be able to sit & wait	1
Locums have no idea of patient history	1
Longer appointment times	1
More Health Visitors for Health Prevention	1
More Practice Nurse appointments	1
Patient /Doctor ratio	1

^{*}some comments came under more than one category

Appendix 10: Survey

Plain Talking: Survey

Firstly, thank you for informing us of your priorities for local healthcare provision.

Based on these priorities, we have developed a questionnaire to help us further understand the issues that need to be addressed to improve local health care provision. We have focus on the use of Accident and Emergency (A&E) and communication.

Accident and Emergency

We have chosen A&E because every time one of us goes to A&E, it costs our local health community a minimum of £76, even if you decide not to wait. The costs go up from there depending on what medical care and investigations are provided and can quickly become thousands of pounds. However, many of us go to A&E with problems that could have been dealt at the Doctors' Practice, Out of Hours, Salisbury Walk In Centre or NHS Direct. Using one of these services instead is much more cost effective.

We believe that we all need to work together to ensure A&E is only used for life threatening problems and emergencies. Please complete the following questions to help us identify ways in which to encourage patients to attend A&E only when essential.

Communication

We have chosen communication because we recognise that communication is essential to providing the highest quality of medical care. There are many ways to communicate, and as Practices we try to embrace new technologies. Communication is always a two way process and we are particularly interested in how we can communicate better with you.

Please answer the following questions to help us improve. Please can we ask that you **complete and return the questionnaire to us by <u>Friday 16th.</u> <u>December 2011.</u> We will then summarise the findings, develop an action plan and share this information with you and other patients.**

Thank you for taking the time to answer our questions.

Anna Morton
Practice Manager
Avon Valley Practice

Ruth Freeman
Business Partner
Cross Plains Surgery

Chrissie Williams Practice Manager Castle Practice

Elaine Pistell
Practice Manager
St Melor Surgery

Clive Bingham Business Manager Barcroft Medical Centre

Bridget GreigPractice Manager
Bourne Valley Practice

PART 1: YOUR DETAILS (These are required because responses are anonymous)

A. What is your age? (Please tick)

0 – 18 years	46 - 55 years	
19 - 25 years	56 - 65 years	
26 - 35 years	66 - 75 years	
36 - 45 years	76+ years	

B. Are you? (Please tick)

- Male
- Female

C. What is your ethnic origin (Please tick)

British or mixed British
Irish
Other White background
White and Black Caribbean
White and Black African
White and Asian
Other Mixed background
Indian or British Indian
Pakistani or British Pakistani
Bangladeshi or British Bangladeshi
Other Asian background
Caribbean
African
Other Black background
Chinese
Other
Ethnic category not stated

D. Do you care for someone? (Please tick)

- Yes
- □ No

E. Which Doctors' Practice are you registered with? (Please tick)

Avon Valley Practice	
Barcroft Medical Centre	
Bourne Valley	
Castle Practice	
Cross Plains Surgery	
St Melor Surgery	

PART 2: ACCIDENT AND EMERGENCY

1. How many times have you been to A&E in the last 12 months? (Please tick)

None	1 – 2	
3 - 4	5 – 6	
7-8	9 – 10	
11 – 12	12 or more	

2. Why did you go to A&E? (Please tick all that apply)

- Loss of consciousness
- Pain that is not relieved by simple analgesia
- Acute confused state
- □ Persistent, severe chest pain
- Breathing difficulties
- Serious accidents
- Severe bleeding
- Deep wounds
- Suspected broken bones
- Other (please specify)

3. How was the decision made to go to A&E? (Please tick all that apply)

- Made decision yourself
- Following advice/instruction from Doctors Practice
- Following advice/instruction from Out Of Hours
- Following advice/instruction from NHS Direct
- Following advice/instruction from 999

4. Was your Drs surgery open when you attended?

- □ Yes
- □ No

5. Did you try to contact your Doctors' Practice about the problem before going to A&E? Problem Problem before going to A&E? No (go to Q6) No (go to Q7)
 6. How could the appointment service at your Doctors' Practice be improved so that you do not feel the need to go to A&E without contacting them first? Quicker access to speak/see a health care professional Improved patient education on self care Other
7. Were you aware that may have been an alternative service available (such as the walk in centre, NHS Direct, Out of hours)? — Yes — No
8. Are you provided with sufficient information about the alternatives to A&E? — Yes — No
 9. If you attended A&E with a problem that could have been cared for outside of the hospital, would you like to receive information about how to handle the problem if it occurred again? Yes No

PART 3: COMMUNICATION

10. How do you prefer to communicate with your Doctors' Practice? Please tick

Method	Strongly agree	Agree	Disagree	Strongly Disagree
By post				
By telephone				
By email				
Visiting				
Practice				
Through				
website				
In person				

Other (please specify)		

11. How do you like us to contact you:-

Method	Strongly agree	Agree	Disagree	Strongly Disagree
By post				
By telephone				
By email				
Visiting				
Practice				
By text				
message				
Right hand				
side of repeat				
prescriptions				
Through				
website				
In person				

12. We run campaigns, for example about flu jabs, how do you think we should inform all patients about these campaigns?

Method	Strongly Agree	Agree	Disagree	Strongly Disagree
By post				
By telephone				
By email				
Visiting Practice				
By text message				
Right hand side of				
repeat prescriptions				
Local parish/village				
magazines and				
newspapers				
Posters in Practice				
Posters in local				
shops and amenities				
Through website				
In person				

13.	Do	you	listen	to	local	radio?
-----	----	-----	--------	----	-------	--------

- □ Yes (please go to Q14)
- □ No (please go to Q16)

14. Which station do you listen to usually			

15. Would you like information about your local healthcare services to be broadcast on the local radio?

- □ Yes
- □ No

16. Would you like to read a Practice Newsletter?

- □ Yes (please go to Q17)
- □ No (please go to Q18)

	oply) By post
	By email
	Collect a copy from the surgery
	Paper copy with your prescription
	Notified by text
	From the practice website
18. Di	id you know that your Doctors' Practice has a website?
	Yes
	No
19. H	ave you visited your Practice website (www.avonvalleypractice.com)
	Yes (please go to Q20)
	No (please go to Q22)
20. Is	the information? (please tick all that apply)
	Easy to read
	Useful
	Easy to navigate
	Easy to find
	Consistent layout and design throughout
	Quick to download
21. W	as there any information missing from the website?
	Yes (please specify)
	No
22. PI	ease add any other comments you would like to make about A&E or
	nunication between the local healthcare services and the wider
comn	nunity.

Appendix 11: Patient Survey Results Plain Talking

Patient Survey Results

Introduction

All the results were manually loaded per practice on to Survey Monkey. This enabled full analysis of the data at both individual practice level and as a group.

- The total patient population across all six practices was 28,000
- 129 patients completed the survey, therefore exceeding the target of at least 2 responses per 1000 patients

Results

The results are detailed below for Plain Talking in four sections:

- 1. Patient demographics
 - This section gives details of the demographics, such as age, sex and ethnicity of the patients who completed the survey
- 2. A&E attendances
 - This section reports on recent attendances at A&E including ways of reducing activity
- 3. Communication
 - This section looks into the ways in which patients and practices communicate and areas for improvement
- 4. Other comments
 - This section reviews other comments made by respondents

SECTION 1: Patient Demographics

Responses were received from all ages of patients. 30% of responders were aged 56 – 65 years, and in total 51.6 % were aged 56 to 75 years. This was as expected as this is the age group that have health problems and chronic illnesses and are therefore more likely to have concerns about the GP services available and so responded to the survey. It is felt to be representative of the age groups that use Primary Care services.

Overall 70% of the responders were female and 30% male, which reflects the findings of every day GP service.

The vast majority, 95%, of responders were British or mixed British. This reflects the population of this area in rural Wiltshire with the towns of Amesbury and Tidworth. The remaining 5% were Bangladeshi, Asian or Other Black. 1.6% did not state their ethnic group.

10% of responders stated that they were a carer for another person. This is high if correlated to the whole practice population, but not if correlated to the high female, and older age group that have completed this survey.

SECTION 2: A&E attendance

The majority, 65%, of respondents, had not attended A&E in the last year. Of the remaining respondents, 41 had visited A&E once or twice in the last 12 months and three had been more than three times. The reasons for attendance were categorised as follows:

Reason	Number of patients attending A&E
Fracture	15
Pain not relieved by simple analgesia	8
Loss of consciousness	1
Severe chest pain	1
breathing difficulties	2
Severe bleeding	5
Deep wounds	6
Other (eye problems, infections, catheter problems, and allergic reaction)	11

When deciding to attend A&E, 37% of patients did so without recourse to any health professional. However, 63% had contacted their GP, the OOH service, 999 or NHS direct.

The GP Practice was opened when 54% of the respondents attended A&E. Of these respondents, 47% contacted their GP prior to attending. According to respondents, attendance could be reduced by quicker access to speak with a health care professional, improved education on self care and walk-in health centre facilities in Tidworth and Amesbury.

79% of the patients were aware of alternative services to A&E, and of these 65% felt they had sufficient information to use these services should the need arise.

65% of respondents also considered that it would be useful for Practices to contact patients after visiting A&E if the problem could have been handled in primary care.

SECTION 3: Communication

In this section, patients were asked about the channels of communication between Practices and patients as this area was direct and indirect raised throughout the initial Plain Talking meetings.

Communication from Patients to Practices

The method of communication depended on the service required. However, 63% of respondents preferred to contact their practice by telephone or call in person and 21% wished to use email.

Communication from Practices to patients

Again, the method of communication depended on the service required. However, 73% of respondents preferred to be contacted by telephone, 39% by SMS and 45% to be invited into the Practice. Adding messages to the right hand side of prescriptions or on websites was not popular.

Communicating about general practice information and campaigns

It was evident that Practices need to use a variety of communication mediums to inform patients about campaigns, e.g. flu, to ensure optimal access. Using posters in the Practice, emailing, SMS and writing were preferred.

When asked about the use of radio, on 35% listened to local radio, the most popular being Spire FM. However, 58% thought that having information about local health services announced on the radio would be useful.

Practice newsletters were popular with 86% of respondents stating they like to read them. The preferred method of receiving these was by email, closely followed by post, and then by collecting a copy from the Practice. Only 15% wished to access the newsletter from the website.

Just over half the respondents knew that their Practice had a website, and of these 42 patients (33%) had looked at the website. Of these patients, 90% had found the website useful, 75% stated it was easy to use, and 67% easy to find.

SECTION 4: Other

All respondents were asked to add any other comments. These have been categorised according to Practice:

- Avon Valley Practice: No additional comments received
- Barcroft Medical Practice: No additional comments received
- Bourne Valley Practice: No additional comments received
- Castle Practice: 5% of respondents would like to be able to book appointments online
- Cross Plain Surgery: No additional comments received
- St Melor House Surgery: No additional comments received

Recommendations

In order to improve the provision of local healthcare, the Practice Managers reviewed the results of the survey on 27th January 2012 and proposed the following recommendations to address the issues raised through the survey:

A&E attendances

- To contact patients, if appropriate, following receipt of information about A&E attendance, to use alternative services should a similar problem arise again
- 2. To improve the depth and breadth of information provided to patients about self care and the use of A&E. This includes encouraging patients to contact their GP or OOH service prior to A&E attendance unless there is a life threatening accident or emergency.

Communication

- 1. To publish practice website information widely throughout the local area, including in local village / parish magazines.
- 2. To write and circulate a Practice Newsletter at least quarterly to all patients
- 3. To advertise the use of SMS for practice updates
- 4. To revise new patient registration forms to collect email data to distribute general practice information
- 5. To publicise GP telephone availability

Next steps

Please provide feedback about these recommendations to your Practice Manager by 28th February 2012 so that amendments can be made. Following receipt of feedback, a final report will be written and distributed to all patients.

Appendix 12: Feedback from patients regarding the results of the survey and recommendations for improvement

The following email was sent to patients of Plain Talking on 17th February 2012:

Dear All

In December, we published a survey to obtain direct feedback about local health care provision. Thank you to those who completed the survey.

The findings of the results have now been reported however before finalizing how we will address areas for improvement, we would very much appreciate your feedback on the recommendations.

Please send your comments to XXXX by Tuesday 28th February 2012

Please pass on to friends and family who attend XXXX Practice. The more views we obtain, the greater our insight will be to addressing the issues with proactive solutions.

Many thanks

XXXX

Practice Manager

Practice	Number of patients providing feedback	Feedback
Avon Valley Practice	1	Hi Anna, I notice that in your Recommendations on Communication that there is no mention of local radio. The fact that there was a low number of responses from the mainly over 60 group is actually irrelevant as their family or friends who do listen to Spire FM will hear announcements and pass on the information.
Barcroft Medical Centre	2	1. 81 yr old white British female said all was lovely and thanks for the feedback in a voice message 2. Illegible

Bourne Valley Medical Practice	0	
Castle Practice	1	e-mail response Dear Chrissie, Thank you for taking time to share the report which I find to be comprehensive, succinct & highly informative. As a result, I personally have no additional comments to make. Thank you again.
Cross Plains Surgery	0	
St Melor House Surgery	0	

Appendix 13: Contents of email sent to patients requesting feedback on survey results and recommendations for improvement

Dear All

In December, we published a survey to obtain direct feedback about local health care provision. Thank you to those who completed the survey.

The findings of the results have now been reported however before finalizing how we will address areas for improvement, we would very much appreciate your feedback on the recommendations.

Please send your comments to castlepractice@nhs.net_by Tuesday 28th February 2012

Please pass on to friends and family who attend The Castle Practice. The more views we obtain, the greater our insight will be to addressing the issues with proactive solutions.

Many thanks

Chrissie Williams Practice Manager

Appendix 14: Implementation of Recommendations following Results of the Plain Talking Survey for 2012-2013

Recommendation	Practice	By when	Responsibility	Progress
To contact patients, if appropriate, following	Avon Valley Practice	1 st June 2012	Anna Morton	
receipt of information about A&E attendance, to use			Heather Simpson	
alternative services should a similar problem arise again	Bourne Valley		Bridget Greig	
ommar problem ande agam	Castle Practice		Chrissie Williams	
	Cross Plain Practice		Ruth Freeman	
	St Melor House Surgery		Elaine Pistell	
To improve the depth and breadth of information	Avon Valley Practice	1 st May 2012	Anna Morton	
provided to patients about self care and the use of	Barcroft Medical Centre		Heather Simpson	
A&E. This includes encouraging patients to	Bourne Valley		Bridget Greig	
contact their GP or OOH	Castle Practice		Chrissie Williams	
service prior to A&E attendance unless there is a	Cross Plain Practice		Ruth Freeman	
life threatening accident or emergency.	St Melor House Surgery		Elaine Pistell	

To publish practice website information widely	Avon Valley Practice	1 st May 2012 (depending on	Anna Morton	
throughout the local area, including in local village / parish magazines / local radio* (*local radio was added following receipt of patient feedback)		individual practices campaigns) Ongoing	Heather Simpson	
			Bridget Greig	
	Castle Practice		Chrissie Williams	
	0.000		Ruth Freeman	
	St Melor House		Elaine Pistell	
	Surgery			
,				
To write and circulate a Practice Newsletter at least	Avon Valley Practice	1 st July 2012	Anna Morton	Quarterly AVP Bulletin in place
To write and circulate a	Avon Valley	1 st July 2012	Anna Morton Heather Simpson	
To write and circulate a Practice Newsletter at least	Avon Valley Practice Barcroft	1 st July 2012		
To write and circulate a Practice Newsletter at least	Avon Valley Practice Barcroft Medical Centre	1 st July 2012	Heather Simpson	
To write and circulate a Practice Newsletter at least	Avon Valley Practice Barcroft Medical Centre Bourne Valley	1 st July 2012	Heather Simpson Bridget Greig	

To advertise the use of SMS	Avon Valley	1 st August 2012	Anna Morton	Widely used by
for practice updates	Practice			patients – notices
				updated in Practice in
				February 2012 (13%).
				Campaign ongoing to
	D (1	_	11 11 0:	reach all patients
	Barcroft		Heather Simpson	
	Medical Centre		Bridget Croig	
	Bourne Valley		Bridget Greig	
	Castle Practice		Chrissie Williams	
	Cross Plain		Ruth Freeman	Used by patients.
	Practice			Campaign ongoing to reach all patients
	St Melor House		Elaine Pistell	
	Surgery			
To revise new patient	1	1 st October 2012	Anna Morton	
registration forms to collect				
email data to distribute	Barcroft		Heather Simpson	
general practice information	Medical Centre	-	Did at Cari	
	Bourne Valley		Bridget Greig	
	Castle Practice]	Chrissie Williams	
	Cross Plain	1	Ruth Freeman	
	Practice			
	St Melor House		Elaine Pistell	
	Surgery			

To publicise	GP	telephone	Avon Valley	1st September 2012	Anna Morton	
availability			Practice			
			Barcroft		Heather Simpson	
			Medical Centre			
			Bourne Valley		Bridget Greig	
			Castle Practice		Chrissie Williams	
			Cross Plain		Ruth Freeman	
			Practice			
			St Melor House		Elaine Pistell	
			Surgery			
Undate	e on	progress to	be given at the en	d of June 2012 Septe	mber 2012, December 2012	and March 2013
Opdate	011	progress to	bo given at the en	a or ourse 2012, copto		and Maron 2010.