

# Rood End Medical Centre

## Patient Participation Report 2012/2013

Under new initiatives issued by the Department of Health, practices have been asked to form Patient Participation Groups to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned by their practice. This was created last year and has been continued this year.

### Key objectives

1. The purpose of the initiative is to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned by their practice.
2. It aims to encourage practices for routinely asking for and acting on the views of their patients. This includes patients being involved in decisions that lead to changes to the services their practice provides or commissions, either directly or in its capacity as gatekeeper to other services.
3. It aims to promote the proactive engagement of patients through the use of effective Patient Participation Groups (PPGs) and to seek views from practice patients through the use of a local practice survey.
4. The outcomes of the engagement and the views of patients are to be published on the practice website.
5. One aspect that we wish to focus on is excellent access into the practice, and also from the practice to other services as coordinator of care, facilitating access to other health and social care providers.
6. Access has many dimensions; the relative importance of these will vary according to the specific needs of the registered population. These dimensions include:
  - a. lists being open to all.
  - b. hours of opening with the ability to be seen urgently when clinically necessary, as well as the ability to book ahead.
  - c. continuity of care.
  - d. range of skills available – access to different professionals.
  - e. a choice of modes of contact which currently includes face-to-face, telephone and limited online access, which the Practice plans to develop further as technology allows.
  - f. geographical access, enabling care as close to home as possible.

7. We wish the Participation Group (PPG) to be representative of the practice population, which would feed in its views alongside the findings from the surveys and agree with the practice the priority areas for possible change.
8. This would result in an action plan to be agreed between the practice and the PPG.
9. A properly constituted survey will be carried out of the Practice's patients looking at a broad range of areas which will include convenience of access (opening times, ability to book ahead, ability to be seen quickly, telephone answering), patients' experience of the treatment and service they receive, etc)

### **AIMS of the GROUP**

- To improve on the services which are already provided by listening more to the patients views
- Find ways to communicate better with the patients. The practice was currently developing their website which could make a big difference to how people communicate with each other.
- The group was asked to consider what was important to them about the services the doctors were currently providing and what further improvements they would like to see.
- How we could distribute our practice leaflets and information materials to a wider group of patients (and non-patients) in an effort to make patients aware of those services we are already providing, but that patients are not yet aware of, e.g. phlebotomy service.

At the following meeting it was agreed that in order to obtain the views of the wider Practice population members of the PPG would conduct a survey of patients in the waiting room using a questionnaire that they had helped to develop. It would also be a wonderful opportunity to try and find more patients who would be interested in joining the group.

In previous surveys carried out by the practice and on behalf of the NHS the satisfaction rates for the practice were very high.

### **Implementation of priorities from 2012/2013**

The inaugural meeting was held on 30th November 2011 last year. There were some priorities that were agreed. These were:

- Seeing GP of choice particularly female GP/Continuity of Care
- Promoting the minor ailment scheme
- Recruit more patients onto the group, particularly to reflect the ethnic breakdown

The practice has ensured that a female GP is employed for at least five sessions. This has significantly improved the health care of women. We have created a good rapport between patients and hence able to hit our smear targets as well.

We have continued to promote the minor ailment scheme through pharmacy and through advance nurse practitioner. This has enabled us to hold free appointments and the satisfaction rate in this area has improved.

Last year we had very few representations from the ethnic minorities. Charanjit was charged with trying to encourage another four people of Asian origin to give a better ethnic balance the group as over 60% of the patients are Asian. We have now been able to recruit a good mix of people with over 50% now from ethnic minority and a sample that reflects the surgery population in a better way.

We have therefore met all the aspirations set out by the PPG last year.

### **Step 1: Continue with PPG in 2013/2014**

Rood End Medical Centre made the decision to form a PPG in order to clarify their future decision regarding the services provided at the practice. We already had a group from last year and patients were invited to attend. We advertised for more volunteers to join the group as some patients decided to drop out. This is the second year where the group has continued to meet in this format.

The practice manager sent out letters to patients where the staff thought might be interested in volunteering for the group. We also advertised in the practice and local pharmacy as well as sending literature out with prescriptions etc.

The practice sent 20 letters and handed out 100 leaflets this year again. We received a total of 6 replies from patients who said they would be interested in joining the group which has already been running.

We wrote to each of the six people asking which day which would be most convenient for them to meet and the responses indicated Thursday lunchtime.

### **Step 2: Agree areas of priority**

The new priorities for 2013/2014 were discussed in November 2012:

1. Move to premises which are safer than Western Road
2. Develop web based prescription ordering
3. Quarterly Newsletter

### **Step 3: Collate views through a survey**

We used the format of a professional survey, and ensured the questions were impartial. Members of the PPG came into the surgery and met with patients who were attending for appointments.

The rationale for this was:

- Patients attending for appointments would be able to answer all the survey as they would have had contact with the surgery to book the appointment.
- Patients attending for an appointment would be able to comment on the questions relating to the quality of their consultations.
- Using the PPG to run the survey would demonstrate independence from the practice and also promote the PPG and raise awareness with patients.

In total 100 questionnaires were completed and the results can be found at the end of this report.

### **Step 4 –PPG has opportunity to discuss findings of survey**

The survey was analysed by the Practice and a summary report prepared. This was presented at the PPG meeting on 19th March 2013. At the meeting the results were reviewed. The PPG commented on how positive the survey results were. The survey was reviewed in detail and the following areas of priority were set by the PPG:

- Develop web based prescription ordering
- Move to premises which are safer than Western Road
- Quarterly Newsletter

Following this discussion, it was agreed that where appropriate, it would be useful if appointments could be freed up by patients using the minor ailment scheme rather than using appointments for minor problems, such as colds. We would do this by marketing the minor ailments scheme in the practice as well as on the website.

It had been hoped that during the questionnaire sessions, the PPG may be able to recruit more people onto the group. They were extremely disappointed that nobody they spoke to felt they would like to join, although they thought the group was a good idea and would support it.

The group intend to look at alternative ways of reaching out to other patients to better communicate and grow the group.

