

DUKE MEDICAL CENTRE

Patient Participation Group Action Plan

Prepared: 29 March 2012

Following on from subsequent meeting with PRG this report summaries the actions agreed:

a. Description Profile of the Members of the PRG

As per the guidance, the practice advertised for patients to take part as a representative on the PR Group. We advertised with in the surgery using posters, notices on prescriptions, on the practice website, via text messaging, practice leaflet and also within our newsletter.

We have a list of 21 patients who have agreed to take part. The categories of these patients are as follows:

Age Group –

18-30 = 0

30-40 = 3

40-50 = 6

50-60 = 5

60-70 = 2

70+ = 5

Ethnicity

White British 13, Black African 1, Black British 1, Unknown 5, other 1.

Chronic Disease

All patients with the exception of 5 have a chronic disease ranging from Cancer, Obesity, Hypertension, AF, Epilepsy, Hyperthyroidism, Asthma, CKD and 1 patient is a carer for learning disability patient.

Action Plan: We are aware we need to recruit from the younger generation as well as the Black and Ethnic categories. We will do a topic within our newsletter to try and recruit from these areas.

b. Steps taken by the contractor to ensure that the PRG is representative of its registered patients and where a category of patients is not representative, the steps the contractor took in an attempt to engage that category.

The practice were concerned they were not getting any interest from the younger generation. We had an idea of using text messaging to try and influence them more. Unfortunately this did not come to fruition. To try and capture from other backgrounds, we asked patient at the reception desk if they were interested

along with a notice advertising the group where patients queued and on the reception desk.

Action Plan:

1. Set up Face book (with a patient rep taking control)

c. Details of the steps taken to determine and reach agreement on the issues which had priority and where included in the local practice survey

A meeting was arranged and all the members who shown interested in taking part. The main agenda was to design a patient questionnaire for the patients to complete.

The group felt that the questionnaire should be short and to the point and they wanted it to focus around appointments because they felt this was a problem for the surgery, and communication. They felt that the questions should be a minimum of three choices with the hope all patients would answer.

Action Plan:

1. Target patients to complete Questionnaire

d. The manner in which the contractor sought to obtain the views of its registered patients.

It was agreed to target all patients who came into the surgery for either and appointment, prescription, blood test or baby clinic.

e. Details of the steps taken by the contractor to provide an opportunity for the PTG to discuss the contents of the action plan.

The PRG met at the practice to discuss the outcomes of the report and to discuss what actions were needed.

f. Details of the action plan setting out how the finding or proposals arising out of the local practice survey can be implemented and if appropriate, reasons why any such findings or proposals should not be implemented.

Everyone was surprised by the outcome of the questionnaire. It was apparent that a lot of patients now used the telephone to book appointments. There is a majority of patients who use the telephone consultation and all of the representatives present agreed that this was good.

59% of patients who filled in the questionnaire had long standing conditions and it was good to hear they could get into see a doctor, also 72% who answered said they could get to see the same doctor and 56% said they could see the doctor of their choice.

The group were interested to find out if the patient either used the internet or actually knew of the website, and as we predicted most people did not now a website existed.

Action Plan:

- 1 Promote website (newsletter, practice leaflet, yell.com, life channel, on copies of GP Survey handed out to patients**
- 2 Review the questions for next years questionnaire and expand**

g. A summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local practice survey

As previously stated the group wanted to focus on appointments. The following highlights the results

- How do you book an appointment? In person 22%, By Phone 73%
- Do you use telephone triage? Yes 55%, No 38%
- Do you have a long standing health problem? Yes 56%, No 39%
- Had discussion with GP in last 12 mth regarding health problems. Yes 39%, No 34%
- Do you always like to see same GP? Yes 72%, No 22%
- If yes, were you able to see the GP of your Choice? Yes 56%, No 23%
- If no, what was the reason? No appointments 31%, Time didn't suit 14%, Doctor not in surgery 19%, no response 36%
- Do you use the internet? Yes 42%, No 42%
- Have you accessed the practice website? Yes 6%, No 44%, Didn't know we had one 34%

h. Details of action which the contractor

- **And, if relevant, the PCT, intend to take as a consequence of discussions with the PRG in respect of the results, findings and proposals arising out the local survey.**

The practice will be looking at the following:

- Setting up face book
- Increasing the distribution of the newsletter using the PRG
- Looking at waiting times for nurse appointments
- Looking to see if we can increase consultations
- Review with a view of changing the questions in patient questionnaire

These actions will not affect the contract of the practice with the PCT and so no action will be required.

- **Where appropriate it has participated in the Scheme for the year, or any part thereof, ending 31 March 2012, had taken on issues and priorities as set out in the Local Patient Participation Report**

The practice feels that they have worked hard to engage patients to join the PRG and both meetings have been very productive. The patients are enthusiastic and now have a different understanding of what happens within a doctors surgery.

They are willing to help and come up with ideas to improve the service. We believe that next year the meetings will be very productive and we will expend the agendas to include patient complaints (administration not clinical).

i. The Opening hours of the practice premises and the method of obtaining access to services throughout the core hours

1. Opening times:

Monday	07:00-18:00
Tuesday	07:00-18:00
Wednesday	07:00-18:00
Thursday	07:30-12:00
Friday	08:30-18:00

The surgery closes the doors between 12:00-13:00, but we still answer the appointment lines and book appointments, take prescription orders, give blood test results and deal with emergencies. The doctor on call is still on the premises.

3 Access to services throughout the core hours

Patients can either telephone for an appointment (pre book upto 3 weeks for all clinicians) or call into the surgery.

We provide telephone consultation with a GP on the day and they have a number of appointments available for all doctors, morning afternoon and evening. A number of appointments are opened up at 08:30 for the receptionist to book whilst answering the appointment line. We have 4 people dealing with the appointment line between 08:30 – 10:00 to ensure patients are not held on the line for long.

- j. Where the contractor has entered into arrangements under an extended hour access scheme, the times at which individual healthcare professionals are accessible to registered patients**

1. Extended Opening Hours

Monday	07:00-08:00
Tuesday	07:00-08:00
Wednesday	07:00-08:00
Thursday	07:30-08:30

Total of 3 hours per week.