

MEANWOOD GROUP PRACTICE PATIENT PARTICIPATION Report

2113-2014

“Putting Your Health First”

“Our PRG is committed to helping the practice to provide the best possible service to its patients. They have information relating to demographics which will inform our future discussions about how to reach our patients in our “hard to reach” groups and we will look at any restrictions to providing that information at our meetings”

MEANWOOD GROUP PRACTICE – PATIENT PARTICIPATION

2013 2014 REPORT

We have two groups of patients who make valuable contributions to decisions made about the range and quality of the services we offer.

We have tried to engage as many of our patients in this process and always welcome new members to our groups.

Currently we have a “virtual” group of patients who offer their opinions and views by email and two groups of patients (soon to become one) who meet to discuss issues and inform decisions – this is our Patient Reference Group.

Our virtual group is made up of:

	20-40	41-59	60-80	81-95
FEMALE	9	22	17	2
MALE	1	8	17	4

We communicate with these patients by email, post or telephone.

Our Patient Reference Group is made up of:

	20-40	41-59	60-80	81-95
FEMALE	0	2	6	2
MALE	0	0	2	2

The last meetings of our Patient Reference Group were on the 13th and 18th February 2014 – the next meeting is Thursday 3rd April 2014.

Our practice has a varied ethnic mix of patients though predominantly this is a white/British/British Mixed population. Our Patient Groups ethnic mix is:

African - ethnic category 2001 census	2
Black British	1
Black Caribbean	2
British or mixed British - ethnic category 2001 census	16
Other white ethnic group	1
Pakistani	2
White	13
White British	26
White British - ethnic category 2001 census	15
White Irish	1
White European	1
Grand Total	80

Over the last year we have been working on our agreed actions including:

- 1) Recruitment to the Groups
- 2) Telephone system
- 3) Appointment availability
- 4) Service information

1) Recruitment to the Groups:

We advertised for patients to join our reference groups on the website, on the plasma screen in the waiting room and by using leaflets. As a result we now have a virtual group of 80 patients (see above) and a face to face group of 14 patients.

2) Telephone system

As a result of the feedback we received to our 0844 number and the comments from the group we added a geographical number prior to changing our telephone system completely and returning to a single geographical number. We have 10 lines open at busy times although patients will hear the engaged tone at peak times despite increasing the numbers of staff answering the phone. We recognize that we will need to address this issue.

3) Appointment availability

Patients continue to comment on the difficulties they have at times in getting an appointment – something we will continue to address through our current working with the PRG. In response to these concerns the practice engaged 2 additional partners and a salaried GP to alleviate the pressure. We have also invested in additional nursing time to further improve our accessibility.

4) Service information

We have updated our plasma screen in the waiting room and offer information leaflets. Through our meetings with the PRG we recognize that there is still some work to do in this area. (see results of this year's survey and meetings).

13/14 ACTION

Recognising the work that had been done over the year we re-created a patient survey which was sent to our virtual group for their comments regarding the content, prior to circulating this to the wider patient population for completion. This was sent out in mid October for comment prior to circulating the survey via email, post and in the practice at the beginning of November. Once all the comments had been received we finalised the survey (see attached)

The results of the survey were collated (see results) and discussed at our PRG meetings. (see meeting notes below).

Patient Survey: Meeting 13 February 2014

It was felt that the numbers who had completed the survey were not statistically representative and therefore questioned the validity of the results.

We discussed "access" and in particular patients' perception of the difficulties they have in trying to schedule an urgent appointment.

We talked about the process at the practice and that patients who consider their situation to be urgent are offered an opportunity to speak with a doctor on duty when there are no appointments left for the day. The negotiation is then between the doctor and patient as to how this is managed.

It was felt that this may not be what is communicated well enough to the patients and therefore something that we need to work on.

Some of the group did not realize that appointments could be booked up to a month in advance and in some cases they had been categorically told that they could not do this.

We also talked about the appointments generally and the early morning and late night sessions, which some of the group were not aware of. They didn't realize that we open the reception desk at 7.30 am for the first appointments and that on two evenings a week we have appointments up to 8 pm.

This will be the main area to work on with the group over the next few meetings, how we improve the way we communicate our services and systems to our patients.

Patient Survey – Meeting 18 February 2014

A particular focus was the results of the question "how easy is it to schedule a non-urgent appointment." With the majority of responders saying that it is "moderately easy" or "not easy at all".

We discussed the process at the practice for securing an urgent consultation and talked about patient's perception of "urgency" and the value they place on telephone consultations as an alternative to face to face consultations.

The respondents had said that they felt the reason for not getting an appointment is that there are not enough appointments available.

The group agreed that this would be an area to look at for the next meeting, and we would work on how to communicate to patients the processes and systems for getting an appointment.

There was also a discussion about telephoning the surgery at 8 am in order to secure an appointment and the understanding that routine appointments could be booked by phoning the surgery at any time between 8 am and 6 pm. In addition we discussed the difficulty of getting through on the phone and we agreed to consider how to alleviate the queue of calls first thing in the morning.

There appears to be a general lack of knowledge around the services provided by the practice and the procedures and processes we use for booking appointments, obtaining prescriptions; telephoning the surgery and in a similar discussion to that with the first group – the practice is lacking in the way it communicates information and educates patients.

We agreed that this is something to discuss and work on at our next and subsequent meetings.

We talked about our on-line appointment booking and prescription ordering (for repeat prescriptions). It was felt that the information relating to registering for this service was not being widely distributed and could be better advertised. We will discuss again at the next meeting

Having discussed the findings we have created an action plan for the areas which the group feels would be most beneficial to patients:

Communications was the key focus for the action plan

- We will work how to inform patients of the services we provide and how to most appropriately access them including how to access an urgent appointment.
- We will look at the demographic of patients who do not access the services and therefore do not come to the surgery to be able to see the screens, leaflets etc and how we can contact them
- We will advertise our on-line booking and prescription ordering services to a wider patient group

Our PRG is committed to helping the practice to provide the best possible service to its patients. They have information relating to demographics which will inform our future discussions about how to reach our patients in our "hard to reach" groups and we will look at any restrictions to providing that information at our meeting on 3rd April.

The practice opens the reception from 7.30 am Monday to Friday and offers two late evening surgeries until 8 pm on a Monday and Wednesday/Thursday alternately where 2 GPs offer appointments.