

Wood End Health Centre

67B Deedmore Road,

Wood End Coventry

CV2 1XA

Patient Participation Group 2011-09-09

Local Patient Participation Report.

Introduction:

In an effort to improve and enhance the service offered by our practice, we have set and operated a Patient Reference Group Panel over the past 12 months. This has involved the formation and subsequent meetings with a representative group of patients as well as a patient survey. We have then attempted to action suggestions made by the group in order to improve our patient care.

Having formed a panel group, we have met on 2 occasions during this calendar year to discuss and plan areas of concern within the practice. We have then conducted a patient survey and gone back to the panel group to discuss the outcomes of this and take action where necessary.

What follows is a summary of how the group was formed, what it has achieved and how it was run.

Step 1 – ESTABLISHING A PATIENT REFERENCE GROUP

Members of the Group:

The group consisted of Dr. Bryce and Dr Lal-Sarin as co-chair.

2 members of our reception and clerical staff were also included.

The patients included were all volunteers to the group, some having been already involved in the previous patient panel set up the surgery.

There were 8 members in total, 7 females and one male.

The age range was between 26 and 80 years old. The mean age was 54.

The panel were predominantly British but also included members from other ethnic backgrounds. This is representative of our patient population which is predominantly white British. We were however, also able to have representation from the African community on the panel – another large group of our patient population.

In order to achieve a representative panel, we advertised for the group in various ways.

- 1) A link on the practice website was established inviting patients to join the PRG
- 2) The televised patient information board in our reception advertised the PRG inviting people to attend or express interest via reception.
- 3) All new registered patients were advised about the PRG at registration.
- 4) Partners at the practice also offered involvement to patients during surgery consultations.
- 5) An addition to the next print of the practice leaflet to include details of the PRG and how to become involved.

Step 2 – AGREE AREAS OF PRIORITY IN THE PRG

The PRG met on 13/06/2011 to discuss what areas they would like to focus on as a group.

There were no major areas or concern arising from the PRG panel. Some ideas were expressed with regards to access to see if patients were happy with the ease of access to the practice, including opening hours, ease of access via telephone and the ability to see the GP of their choice. Although there were no major concerns expressed it was agreed this could be included on the patient questionnaire.

We proposed a sample questionnaire based on the GPAQ postal questionnaire as a guide. The group were happy this covers all the areas of concern they would like patient opinion on and were happy to use this as the framework.

Step 3 – COLLATING PATIENT VIEWS BY MEANS OF A SURVEY

A copy of the patient survey is available in the appendices of this report.

It was agreed that 25/1000 patients would be sampled. This would be done via reception at the time of consultation not via the post in order to achieve a better response. The patient details would not be requested and the report was anonymous. In total 180 questionnaires were agreed to be completed. Patients were asked by reception to fill in questionnaires after their consultation with the GP.

In total 180 questionnaires were collected which is a proportion of 25/1000 patients.

The results of the questionnaire have been collated and are again available in the appendices of this report.

Step 4 & 5 – PROVIDE PRG WITH OPORTUNITY TO DISCUSS SURVEYFINDINGS AND REACH AGREEMENT WITH THE PRG ON CHANGES TO THE SERVICE. AGREE ACTION PLAN WITH PRG AND SEEK PRG AGREEMENT TO IMPLEMENTING CHANGES

Having completed the survey and collated the results, this was made available to the PRG representatives and a further meeting was held on 31/08/2011

ACCESS – the report demonstrated we achieve high satisfaction results for access. We offer same day appointments to all patients. It was noted that this was often a reason for patients to join our practice. There were some comments regarding weekend opening hours, however the PRG agreed that at present with the surgery times we offered, this was both not necessary or supported by the patient population on the whole

WAITING TIMES – There were no specific concerns expressed with waiting times. The PRG acknowledged we have both pre booked and walk in appointments every working day

SPEAKING TO DOCTOR ON THE PHONE – It was noted that the vast majority of our patients had not tried to contact a GP by phone. It was also agreed that a number of patient problems or queries could in fact be dealt with over the phone and did not require t be face to face. **It was agreed that there would be greater advertising encouraging patients to use the phone service for queries such as medication queries. This would be advertised at the front desk on the television screen plus put in the new practice leaflet.**

PHYSICAL EXAMINATION – Although no major concerns were raised, it was noted that we should perhaps advertise the availability of chaperones more readily. None of the PRG members felt there a specific concern. However, **it was agreed that we should look to have notices in each clinical room advising the availability of a chaperone if required, plus further advertising on the message board in the waiting area and the new practice leaflet.**

REPEAT PRESCRIPTIONS – There were concerns expressed by the PRG regarding appointments being used by patients requesting repeat prescriptions. This should be done via the reception, pharmacy or internet. Although acknowledged as a problem, it was agreed that it was clinical safer and we had a responsibility to provide medications to a patient in a consultation rather than leaving them without for a period of up to 48 hours. **It was agreed that positive reinforcement and reminding patients the correct procedure when ordering repeats was an appropriate action.**

MEDICATION REVIEWS – It was noted that some patients felt they were sent to the wrong person for their medication review due to the repeat script stating please see your GP when actually seeing nursing staff was more appropriate for example for a diabetic check. This did cause a waste of appointment and patient time. **It was agreed that we would try to resolve this by educating our reception team to direct patients to the appropriate practitioner. We would also look into altering the wording or the prescription counterfoil.**

INFECTION CONTROL – there was an issued raised with regards to GPs cleaning hands between seeing patients. This was not always observed by the patient as it may have been done before the patient enters the room. **It was agreed that this issue and a review of infection control would be brought forward at the next practice meeting.**

COFFEE MACHINE – There were some requests for a coffee machine in the waiting area. However the PRG unanimously agreed this to be a bad idea since it would cause excess litter and waste plus could become vandalised.

SUMMARY ACTION PLAN

- 1) Greater awareness and advertising of the availability of telephone consultations for patients to be put in place. Lead Dr. Bryce/Lal-Sarin completion Dec 2011
- 2) Clear messaging and signs to be implemented encouraging patients to ask for a chaperone when required Lead Dr. Lal-Sarin completion October 2011
- 3) Positive reinforcement and reminders of the correct repeat prescription request. Lead Dr. Bryce/Lal-Sarin completion ongoing.
- 4) Alteration of the prescription counterfoil ensuring patients are directed to the correct clinician for medical reviews. Lead Dr. Bryce/Lal-Sarin. Completion Practice meeting 14/12/11
- 5) Education for clinical staff regarding the importance of personal hygiene techniques and hand washing.

ACTIONS TAKEN:

- 1) The availability of telephone consultations has been more widely advertised. We are now receiving a greater number of telephone consultation requests. Work patterns of the GPs has been discussed in clinical meeting and a push toward telephone consultation where appropriate is occurring.
- 2) All clinical rooms now have clear messages and signs regarding the availability of chaperones. Again, this has also been highlighted at a clinical meeting.
- 3) We continue to advise patients regarding repeat prescription requests and how to request
- 4) It was agreed at a clinical meeting that doctors would ensure they change to counterfoil to prescriptions when issuing repeats to ensure the patient is signposted to the correct clinician where coming for review.
- 5) Hand washing, personal hygiene, and public awareness of hygiene issues was address at practice meeting and it was agreed that all clinicians would make a further effort to demonstrate high levels of handwashing and personal hygiene.

OPENING HOURS OF PRACTICE AND PRACTICE PREMISES.

Doctors Surgery Hours

Monday:	8.15 am – 11.00 am	3.15 pm – 6.00 pm
Tuesday:	8.15 am – 11.00 am	3.30 pm – 5.30 pm*
Wednesday:	8.15 am – 11.00 am	3.15 pm – 6.00 pm
Thursday:	8.15 am – 11.00 am	3.30 pm – 5.30 pm*
Friday:	8.15 am – 11.00 am	3.15 pm – 6.00 pm

* pre-booked appointments only

Nurse Surgery Hours

Monday:	8.30 am – 12.00 noon	1.00 pm – 3.00 pm	3.30pm – 6.00 pm
Tuesday:	8.30 am – 11.00*	1.00 pm – 3.00 pm	3.30pm – 4.30pm
Wednesday:	8.30 am – 12.00 noon	1.00 pm – 3.00 pm	3.30pm – 6.00 pm
Thursday:	8.30 am – 12.00 noon		
Friday:	8.30 am – 12.00 noon	1.00 pm – 3.00 pm	3.30pm – 6.00 pm

*walk in for children's vaccinations

THE RECEPTION IS OPEN 8.15AM TO 6PM EVERY WEEKDAY. WE HAVE TELEPHONE ACCESS AND AVAILABILITY THROUGHOUT THIS TIME.