

Wood End Health Centre

67B Deedmore Road,

Wood End Coventry

CV2 1XA

Patient Participation Group 03/10/2012

Local Patient Participation Report.

Introduction:

In an effort to improve and enhance the service offered by our practice, we have continued to operate a Patient Reference Group Panel over the past 12 months. This has involved the continued development of, 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 last year, we have again 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 9 members in total, 7 females and 2 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.

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.
- 6) We have also included an invite to the patient panel group with every practice patient survey sent out this year totalling 200 invitations

Step 2 – AGREE AREAS OF PRIORITY IN THE PRG

The PRG met on 22/06/12 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. It was mentioned we now have 2 GP VTS trainee doctors who will rotate through the surgery in the coming years. No concerns were expressed with regards to this.

We discussed the increasing patient list size. There was some concern regarding appointment times and whether we would have the facilities and workforce to deal with the extra demand. It was discussed that we have now acquired 2 new clinical rooms for the practice. Surgery hours of service have slightly increased over the past 2 years to accommodate the growing patient population. It was felt staffing levels were appropriate at present but we have the option for further staffing if the need arose. It was also discussed that we have employed further reception and admin staff to accommodate growing demand. It was agreed to include questions relating to ease of appointment booking and time to be seen in the patient survey.

There was concern regarding the fact that at times it appeared the front desk was not 'manned'. It was thought that this was likely due to the receptionist performing other duties such as photocopying at times. This would be altered to insure a member was dedicated to front desk duties at all times thus preventing an empty desk during surgery consulting hours.

We proposed a sample questionnaire based on the GPAQ postal questionnaire as a guide. This was the same questionnaire as used last year. It was agreed repeating this would be useful to benchmark how performance had altered. It also includes questions relating to appointments and waiting times as mentioned above. 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 200 questionnaires were agreed to be completed. Patients were asked by reception to fill in questionnaires after their consultation with the GP. All questionnaires included an invite to attend to the patient reference group panel meetings.

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 REACHAGREEMENT 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 03/10/2012

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.

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 – the number of phone consultations had increased from last year and patients were finding it easier and useful to have phone consultations. This would be a continued service we would promote.

PHYSICAL EXAMINATION – It was mentioned last year that we should have available chaperone signs in every room. This has now been implemented and there have been no issues regarding this.

CALLING PATIENTS – it was noted that at times when the waiting room is busy, it can be difficult to hear patient names when called by the doctor or nursing staff. In addition to this, some additional rooms are now being used. These are in a different corridor causing some confusion. It was discussed that we should have electronic calling displays in the waiting room. It was agreed this would be an option we would consider. **Due to the upgrade to EMIS WEB computer systems later this year, we would look to integrate this with software available once the upgrade had taken place.**

REPEAT PRESCRIPTIONS – There was an issue raised that repeat prescriptions are not 1 month but 28 days. This was putting some repeat orders out of sync and therefore patient shaving to get emergency prescriptions. I was discussed that prescriptions are for 28 days when on repeat not monthly and repeat issues should be sought before 4 weeks not monthly. This was to be made clear by GP when issuing the script.

SERVICES PROVIDED – It was raised that several patients were not clear what services were offered at the practice. In particular, coil check and removal plus vaccinations. Although we do not offer coil insertion, we can provide coil check sand removal. I was agreed this needed to be made clearer. Also with travel vaccinations, it was unclear what we did offer. We agreed to give clearer guidelines regarding this.

SUMMARY ACTION PLAN

- 1) Once upgrade to EMIS WEB completed in December this year, we would look into the potential to have digital displays in the waiting room. This would allow us to call patients both over the tannoy system and visually on the screens.
- 2) Repeat scripts would endeavour to be 28 day scripts from now on and this made clear to patient when issued.
- 3) Information regarding services offered to be updated in the practice leaflet and website. Vaccinations offered to be more clearly advertised.

ACTIONS TAKEN:

- 1) All GPs now issuing 28 day scripts and informing patients of this.
- 2)
- 3) When a patient books for travel vaccinations, the reception will now document on the notes which country the patient is travelling to and inform the nurse. The nurse can then check we are able to offer the correct vaccinations and contact the patient if there are any concerns or difficulties in order to prevent a wasted appointment and allow the patient to make timely alternative arrangements.

4)

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.