

PATIENT PARTICIPATION DES 2012 to 2013

**The New Medical Centre
F82021**

23 March 2013

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Introduction

This report summarises the development and outcomes of The New Medical Centre patient reference group (PRG) in Year 2 of the DES (2012/13) and is in line with requirements of the Patient Participation Direct Enhanced Service

This report contains:

- **Profile of practice population and PRG**
- **Process used to recruit to our PRG**
- **Priorities for the survey and how they were agreed**
- **Method and results of patient survey**
- **Resulting action plan and how it was agreed**
- **Progress made with the action plan**
- **Confirmation of our opening times**

Outlined below are the details of the work undertaken by the practice to meet each of the six steps within the Patient Participation DES.

“Establish a PRG comprising only of registered patients and use best endeavours to ensure PRG is representative”

The New Medical Centre have an excellent and very active Patient Plus Group with has been established for over 20 years. Recently their Chairman, Mr Norman Carter, who had been re-elected in this position for many years sadly passed away. The group advertised for new members and elected a their first woman Chairperson, Mrs Iris Hooper.

In working towards this DES we wanted to increase their database and generate more interest in the work the we do.

We launched an advertising campaign to recruit new members to our PRG group by putting up posters, leaflets for those patients attending appointments, the PPG (Patient Participation Group) actively spent several mornings in the practice talking to people, we telephoned patients to invite them to meetings, added a message to prescription repeat slips and advertised on our message board.

At our meeting on 11th July, 2012 we reviewed our membership and agreed that our PRG profile represented key demographic groups of patients registered but agreed we need to encourage more patients to join.

The recruitment campaign, which is on-going, had recruited 253 new members. We realised on review that we have a ratio women to men was greater, with the new website receiving 61,496 hits in the past 12 months.

The table below reflects the practice population and the PRG profile by age, ethnic group and gender.

Practice population profile	Number	% of total	PRG profile	Number	% of total
A G E					
% Under 16	1056	10.63	% Under 16	0	0
% 17-24	873	8.79	% 17-24	0	0
% 25-34	1448	14.58	% 25-34	198	199
% 35-44	1471	14.82	% 35-44	26	0.26
% 45-54	1562	15.73	% 45-54	11	0.11
% 55-64	1278	12.87	% 55-64	06	0.06
% 65-84	1074	10.82	% 65-84	12	0.12
% Over 84	263	2.64	% Over 84	0	0
ETHNICITY					
White			White		
% British Group	5724	57.67	% British Group	199	79
% Irish	97	0.97	% Irish		
Mixed			Mixed		
% White & Black Caribbean	24	0.24	% White & Black Caribbean		
% White & Black African	13	0.13	% White & Black African	11	27
% White & Asian	12	0.12	% White & Asian	15	37
Asian or Asian British			Asian or Asian British		
% Indian	211	2.12	% Indian	2	5
% Pakistani	77	0.77	% Pakistani		
% Bangladeshi	31	0.31	% Bangladeshi		
Black or Black British			Black or Black British		
% Caribbean	57	0.57	% Caribbean		
% African	148	1.49	% African		
Chinese/other ethnic group			Chinese/other ethnic group		

% Chinese	23	0.23	% Chinese		
% Any other	31		% Any other		
G E N D E R					
% Male	4765		% Male	74	29.25
% Female	5160		% Female	179	70.75

a. Process used to recruit to the PRG:

Put up posters in the practice
E-mailing our patient database
Offered leaflets to patients attending the practice
Speaking to patients by the PPG group when they came to the practice
Telephoned patients and asked them to come to our educational evenings
Placed a message on our website
Placed a message on our internal television screen

b. Differences between the practice population and members of the PRG: *describe any differences between the patient population and the PRG profile, what steps the practice took to engage any missing group*

The practice has actively encouraged all patients to join the PRG group. We had noticed that our PPG was represented largely by retired people and we were hoping that the PRG would represent a wider patient base. The younger members were particularly good at responding. We would like to recruit more disabled people and age group 35-45. We are currently working on looking at more advertising in the practice.

2 Agree areas of priority with the PRG

a. The areas of priority agreed with the PRG:

Telephone service

Getting an appointment

Self Check In

Text messages regarding missed appointments

Upgrading the building

b. How the priorities were decided: *Details of meetings, discussions, contact with patients outside the PRG*

The PRG were asked to complete the patient survey. Although our response was very disappointing the PPG group actively came into the practice to let patients know about the survey and reported our findings.

3 Collate patient views through the use of a survey

a. When was the survey conducted? How was the survey distributed?

The survey was conducted in February 2013. The survey was distributed via our website to the PRG members via e-mail.

The survey was also given out by the PPG for patients visiting the surgery for an appointment, collecting prescriptions or other documents.

b. Which questions in the survey relate to the priorities in (2a)?

Telephone service

Getting an appointment

Self Check In

Text messages regarding missed appointments

Upgrading the building

4 Provide the PRG with an opportunity to discuss survey findings and reach agreement with the PRG on changes to services

a. Describe the survey findings:

The survey found the practice telephone system was poor. Patients were not happy with the option system that did not seem to work effectively.

Failed appointments were not advertised in the practice and this amounted to a quarter of all booked appointments. More information for patients about how they can cancel would be desired. Text messaging would also be desirable but it was at considerable cost to the practice.

PPG group had been raising funds to get patients a self check in on arrival. However, the PCT had agreed to purchase this on the practice behalf which would be of benefit to patients waiting to book in.

Building is looking tired, outdated and the staff does not always have room availability. The doctors have currently applied to the PCT/CCG to move to new premises.

b. Describe how the survey findings were reported to the PRG:

E-mail.

c. Changes the practice would like to make in light of the survey findings: *list each survey outcome and the changes the practice would like to make.*

The telephone system would be changed if the practice had new premises. It has been in the practice for over 10 years and would definitely benefit from a more modern system.

The practice would like a text service for patients but the cost is too high at present. The PPG will look into different systems and cost efficiency.

The practice has accepted the benefit of the PCT providing a self check in monitor to enable patients to book in more quickly.

The building has been presented to the PCT and CCG who both consider it would be beneficial to both practice and patients. There will be a formal business plan submitted with the support of the PPG. PRG members will also be requested to write with support.

d. Recommendations from the PRG based on the survey findings:

New telephone system
Move buildings
Text service
Self check in monitor
Display missed appointment figures

e. Agreement reached with PRG on changes to be made? Yes

f. Changes the practice cannot make, and the reasons why:

New building: Need formal approval from PCT/CCG
Text service: Cannot afford the high cost.
New telephone system: Will be in the new building.

g. Changes the practice will make:

Self Check-In monitor being supplied by the PCT
Advertise all missed appointments

5 Agree an action plan with the PRG and seek PRG agreement on implementing changes

	Action (change in practice)	Person responsible (to lead the change)	Completion date (when the change will be applied)	Review (what result the practice/patients saw as a result of the change)
1	New Building	Partners	2014/15	Positive feedback with patient support.
2	Introduce a notification board for missed appointments	Practice Manager	April 2013	To be reviewed
3	Text service	Partners	2014/15	To be reviewed
4	Self check-in monitor	PCT/CCG IT	July 2013	To be reviewed
5	Telephone system	Partners	2014/15	To be reviewed
6				

Update on action plan for 2011/12: *what result the practice/patients saw as a result of the change(s)*

1. **Switchboard review.** Taken place. Plans to incorporate a new switchboard on completion of a new building.
2. **Employ a Nurse Practitioner.** The practice now employs a Nurse Practitioner with a special interest in Diabetes .
3. **Purchase text software.** The practice reviewed the cost of text software which was found to be too high at present.
4. **Extend the survey to incorporate the building ie decoration** The partners are in the process of procuring a new building so no new monies have been allocated to refurbishment of the current building.
5. **Extend patient knowledge of designated clinics:** New section in our website and on our internal television.
6. **Reduce the size of the questionnaire and leave copies in the waiting room:** Helped by the PPG we shortened the questionnaire which patients were more likely to complete.

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6 Additional Information

a. The opening hours of the practice premises and the method of obtaining access to services throughout the core hours:

Opening Times



	Times
Monday	08:00 - 18:30 18:30 - 20:00*
Tuesday	08:00 - 18:30
Wednesday	08:00 - 18:30 18:30 - 20:00*
Thursday	08:00 - 13:00 13:00 - 18:30
Friday	08:00 - 18:30
Saturday	<i>See Below*</i>
Sunday	<i>closed</i>

****Extended Hours***

We offer later evening appointments, on Mondays and Wednesdays from 18:30 - 20:00 by appointment only. We are also open on every third Saturday of the month from 08:30 - 09:30.

Thursday afternoons are for collection of prescriptions, results and appointment booking only. In an emergency please call 999 or for advice call 111.

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b. The times individual healthcare professionals are accessible to registered patients under an extended hours access scheme:

As above.

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7 Publicise actions taken – and subsequent achievement

a. Where the report is published:

The New Medical Centre website.
Copy held in the practice on reception.

Signature of behalf of practice: *v Johnson*

Name of signatory: VICKI JOHNSON

Date: 23/3/2013

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Comments:

Lovely practice, I've been here for 50 years and I still get quality service. Need to have a redecorate the place is looking shabby.

Receptionists could do with more training some of them are so rude. Why can I not get an appointment when I want one? **I WANT TO**

TALK TO MY DOCTOR ON THE TELEPHONE. Why can I not have a home visit in the evening? **The receptionist could not have been**

more helpful. Thank you. I get the same girl doesn't matter

which option I choose on the telephone! *I don't want other patients to hear*

me when I am on the telephone. Text me I can't remember when I

am supposed to be at the doctors! **WHY DO I**

HAVE TO QUEUE WITH EVERYONE ELSE

WHEN I HAVE AN APPOINTMENT? *Fantastic surgery*

my GP is the best. **Could do with decent baby changing facilities.**

Enjoyed the summer fate. I recently came to an education evening with Mr Gujral EXCELLENT.