

**Ettingshall Medical
Centre
Patient Participation
Report
2012 – 2013**

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STEP 1: DEVELOP A PATIENT REFERENCE GROUP

PROCESS USED TO RECRUIT

Provide details of the methods used to recruit patient to the PRG:

The '*Have a say in the services we provide*' leaflet asked patients the following information:

- Demographic details
- How they wish to be contacted
- Methods of involvement
- Priority areas of focus

It also addressed what would be required of them when joining the PRG.

The PRG database was reviewed, patients were contacted by telephone and re confirmed their wish to participate in the Patient Reference Group and defined areas we should focus on.

The contact forms were then inputting into the PCC database, which is held on the PCT's secure server.

The following were the practices method of advertising the PRG:

- Put up posters in practice (attached)
- Put on JX Board
- Printed leaflets offered to all patients attending practice using '*Have a say in the services we provide*' (attached)
- Interpreting service involved in issuing leaflets to patients on site

PRACTICE POPULATION PROFILE

Age & Sex Profile:

Age Range	Male	Female	Total	
0 – 16	267	264	531	23%
17 – 24	117	166	283	13%
25 – 34	196	225	348	18%
35 – 44	171	150	321	14%
45 – 54	132	127	259	12%
55 – 64	80	87	167	7%
65 – 74	60	52	112	5%
75 – 84	50	66	116	5%
85+	16	54	70	3%
Total	1089 (48%)	1191 (52%)	2280	

(Figures for regular patients registered in February 2013)

Ethnicity:

British or mixed British		29%
White total		40%
Black total		11%
Asian total		14%
Total Mixed		5%
Chinese		0.5%

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Other ethnic group - category unknown	0.5%
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PRG PROFILE – OBTAINED FROM THE PCC PRG DATABASE

Age:

<i>Age Range</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	
0 - 16			0	0%
17 - 24		1	1	4%
25 - 34		3	3	11%
35 - 44	2		2	7%
45 - 54	1	3	4	15%
55 - 64	3	4	7	26%
65 - 74	2	4	6	22%
75 - 84	1	2	3	11%
85+		1	1	4%
Total	9 (38%)	18 (62%)	27	

Ethnicity:

White	22	82%
Black	4	14%
Asian	1	4%
Mixed	0	0
Total Population	27	

DIFFERENCES BETWEEN THE PRACTICE POPULATION AND MEMBERS OF THE PRG

Steps taken by the practice to reach groups not represented and address variation within the PRG.

32% of the practice population is aged over 45 years, this group is strongly represented on the PRG. In order to attract representation from the younger population we have established a virtual PRG being contacted by their preferred method: letter, telephone and e-mail.

The practice population is very diverse assisted through the use of the interpreting service on site, offering different preferred methods of communication and recruitment as described we have achieved representation across different ethnic groups.

We are continuing to recruit to the PRG.

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STEP 2: AGREE AREAS OF PRIORITY WITH THE PRG

Describe how the priorities were set:

Through discussions with the group members and on completion of the *'Have a say in the services we provide'* leaflet patients were given the opportunity to indicate the areas of our service we should focus on. The list formed part of the PCC database.

The areas were as followed:

- Getting an appointment
- Clinical care
- Telephone answering and access
- Waiting room facilities
- Customer service
- Time keeping
- Patient information
- Opening times
- Other

Priorities were analysed which then formed the basis for the patient survey.

STEP 3: COLLATE PATIENT VIEWS THROUGH THE USE OF A SURVEY

Survey

How were the views of registered patients sought?

The IPQ survey from CFEP was used.

How were the questions drawn up?

IPQ by CFEP is a nationally recognised tool and the standard format was used.

How was the survey conducted?

A paper survey was handed out by reception team to registered patients who volunteered to complete when attending the practice in February 2013, 121 Questionnaires were completed. The results from the CFEP Survey were analysed. The Department of Health guidelines recommend that to ensure a representative patient sample for every 1,000 registered patients, 25 completed questionnaires are required, this equates to 58 surveys for this case. Therefore, this guideline was fully met.

What were the survey results?

Analysis of responses attached

Overall satisfaction levels were very high at 93% All the mean scores about the practice and the practitioner exceed national means scores on the benchmark data. A summary of the detailed analysis is shown below:

1. Clinical care

We were pleased with the clinical care responses; all of which were high: e.g.

Ability to Listen Mean score 85%, with 97% of patients rating us Good, Very Good or Excellent

Explanations Mean score 85%, with 98% of patients rating us Good, Very Good or Excellent

Confidence in ability Mean score 82%, with 99% of patients rating us Good, Very Good or Excellent

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Good or Excellent

2. Doctor

All means scores for Access Measures, opening Hours, telephone and appointment availability in addition to availability of practitioners exceed national mean scores against benchmarking data.

See practitioner of choice - Mean score 63%, with 77% of patients rating us Good, Very good or Excellent

Speak to Practitioner on phone - Mean score 66% with 85% of patients rating us Good or Excellent

See Practitioner within 48 hours - Mean score 72% with 89% of patients rating us Good, Very Good or Excellent

3. Reception Staff

All the measures for the staff significantly exceed the national benchmark data.

Manner in which patients were treated by Reception Staff - Mean score 85%

4. Recommendation

Of the patient surveyed 98% of patients would recommend the practice to others

5. Opening Hours

100% of our patients described our opening hours as Good, Very Good or Excellent.

Based on the 121 patients who took the time to provide feedback, all the practice mean scores are in either the middle or highest percentage of all means against the benchmark data. Many of the measures eg; access, time for visit and staff manner being in the highest 25% of all means against a national benchmark score.

STEP 4: PROVIDE PRG WITH OPPORTUNITY TO DISCUSS SURVEY FINDINGS AND REACH AGREEMENT WITH THE PRG ON CHANGES TO SERVICES

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Describe the methods used to give the PRG and opportunity to comment and discuss the findings of the survey:

All patients that completed the contact form to join the PRG that stated they wished to be contacted, were done so via their preferred method. They were issued the survey finding, draft action plan for comment.

Any member of the PRG who had expressed an interest in attending meetings was invited to a meeting on 4th March 2013. The Business Manager, Sue Thornhill and The Organisational Medical Director Dr H M Hibbs, attended the patient group meeting.

The Business Manager went through the analysed statistics from the survey. The practice was pleased with the comments from the group and strong survey results.

The changes made in relation to the 2011/2012 action plan were discussed in detail with the group who were very supportive of the measures that had been taken.

The priorities agreed by the PRG are agreed by the practice team and are identified in the agreed action plan.

STEP 5: AGREE ACTION PLAN WITH THE PRG AND SEEK PRG AGREEMENT TO IMPLEMENTING CHANGES

ACTION PLAN

How did you agree the action plan with the PRG?

Steps 4 and 5 were combined using the patients preferred method of contact. Comments from the virtual PRG and practice meeting form the basis of the action plan.

The action plan is attached.

What are the main findings/proposals that can be implemented?

See attached action plan.

**What are the findings/recommendations that will not be implemented?
Please include reasons?**

However, the other services requested will be dependent on future commissioning decisions.

What are the actions that the practice intends to take/has taken in respect of the findings:

See attached action plan.

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Are there any contractual considerations to the agreed actions?

Not to our knowledge.

LOCAL PATIENT PARTICIPATION REPORT

Please describe how the report was devised and circulated:

The report was advertised on the dedicated practice website.
A poster of findings has been displayed in patient and staff areas.
Report issued to PPG members.
Report e-mailed to staff.

OPENING TIMES

Opening Times
Reception is open and available on the telephone and face-to-face.
Monday 8.00am-8.00pm
Tuesday 8.00am-6.30pm
Wednesday 8.00am-8.00pm
Thursday 8.00am-6.30pm
Friday 8.00am-6.30pm
Saturday 8.00am-12.00pm

Achieved Actions from PPG Action Plan 2011/12

Priority for Action	Proposed Changes	Who needs to be involved?	What is an achievable time frame?
<p>Attending an Appointment <u>Waiting to be seen</u> 33% 5-15 mins 7% 15-30 mins <u>Feel about waiting</u> 17% wait a bit or far too long <u>Time spent with Dr</u> 17% less than 5 mins 19% to little time spent</p>	<p>Length and availability of appointments:</p> <ul style="list-style-type: none"> Advertise double appointment in waiting room and website ACTIONED Additional administration support for GP's APPOINTMENT MADE <p>To establish a system whereby reception clearly communicate to the patients in the waiting room if the clinic is running late RECEPTIONISTS TRAINED TO COMMUNICATE IF ANY DELAY.</p>	<p>PPG Practice Manager Reception Staff GP's</p> <p>Reception staff Practice Manager</p>	<p>3 months – July 2012</p>
<p>Using other Health Service Going to the accident and emergency department at a hospital (instead of your GP) - 24% NHS Walk-in Centre - 26% NHS Direct (24hr telephone helpline)</p> <p>31% felt that more services could be done in the practice</p>	<ul style="list-style-type: none"> Participate in Frequent A&E Attenders Advice Scheme Advertise pathways through NHS services on website and in waiting room ACTIONED 	<p>PPG Practice Manager Reception Staff GP's</p>	<p>3 months – July 2012</p>
<p>Discussion re long-term conditions <u>Written document</u></p> <ul style="list-style-type: none"> 44% not issued written information for managing your condition Does your doctor give you enough information about any diagnosis or treatments? 20% some extent 2% No 	<p>Increase leaflets in clinical rooms and hyperlinks on practice chronic disease templates focusing on hypertension – INFORMATION PROVIDED FOR CLINICIANS FROM BLOOD PRESSURE ASSOCIATION</p>	<p>PPG Practice Manager GP's</p> <p>PPG Practice Manager GP's/Nursing Team</p>	<p>6 months - Sept 2012</p> <p>6 months - Sept 2012</p>

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Priority for Action	Proposed Changes	Who needs to be involved?	What is an achievable time frame?
<p><u>Written Plan Summarising Discussion</u> – 33% not issued <u>Care Plan</u> – 44% not issued</p>	<p>Establish a system to ensure written information is also available for patients who require chronic disease management at home FURTHER REVIEW INDICATED PATIENTS WHO HAVE CHRONIC DISEASE MANAGEMENT WERE LARGELY BASED IN LOCAL NURSING/RESIDENTIAL HOMES AND APPROPRIATE INFORMATION IS ISSUED TO THE PROVIDERS. FOR THE SMALL NUMBER OF PATIENTS WHO ARE RESIDENT IN THEIR OWN HOME, INFORMATION IS ON A CASE BY CASE BASIS</p> <p>7.3% of practice population are asthmatics – provide a minimum of 70% of this group with a written plan ASTHMA NURSE ISSUES “ASTHMA UK” CARE PLANS</p>	<p>PPG Practice Manager GP's</p>	<p>12 months – March 2013</p>
<p>Services patients wish to see offered at practice</p> <ul style="list-style-type: none"> • Health visiting • Blood tests • Support groups • Pharmacy • Back to work support 	<p>Explanation of which services which are currently in the practices remit to provide – e.g. blood tests</p> <p>More advertisement in reception regarding direction to services – Dedicated Service/Support Group noticeboard DEDICATED NOTICE BOARD</p>	<p>PPG Practice Manager GP's</p> <p>PPG Practice Manager GP's</p>	<p>3 months – July 2012</p> <p>3 months – July 2012</p>

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Priority for Action	Proposed Changes	Who needs to be involved?	What is an achievable time frame?
	<p>Discuss with RWHT Smoking Cessation Department whether there is/could be a stop smoking support group DROP IN SERVICE IS PROVIDED IN OUR LOCALITY AT BILSTON HEALTH CENTRE</p> <p>Write to RWHT to communicate waiting times at local phlebotomy clinics as suggest an time allocation system AWAIT RESPONSE FROM PHLEBOTOMY SERVICE</p>	<p>PPG Practice Manager</p> <p>PPG Practice Manager GP's/Nursing Team</p>	<p>3 months – July 2012</p> <p>9 months – Dec 2012</p>
<p>Services patients wish to see offered but currently offered at practice</p> <ul style="list-style-type: none"> • Minor injuries • Nurse appointments • Midwifery/pregnancy 	<p>Advertise which service the practice offers IN PLACE ON NOTICEBOARD</p>	<p>PPG Practice Manager GP's</p>	<p>3 months – July 2012</p>
<p>Call saving visit to Practice 22% felt could have been dealt with on phone</p>	<p>Advertise which services are currently available with a member of the clinical team on the telephone ADVERT OF SERVICE IN PLACE</p>	<p>PPG Practice Manager GP's</p>	<p>3 months – July 2012</p>
<p>Preferred method of Advertise online booking as 16% wanted it</p>	<p>Advertise online booking ACTIONED – ADVERTISED BOTH ON NOTICE BOARD AND ON WEBSITE</p>	<p>PPG Practice Manager</p>	<p>3 months – July 2012</p>

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Priority for Action	Proposed Changes	Who needs to be involved?	What is an achievable time frame?
<p>Preferred Doctor 47.5% of patients felt that they could see a doctor of their choice most or a lot of the time</p>	<p>Advertise when doctors undertake their usual shifts ACTIONED – ADVERTISED ON BOTH NOTICE BOARD AND ON WEBSITE</p>	<p>PPG Practice Manager GP's</p>	<p>3 months – July 2012</p>

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Action Plan 2012/13

Priority for Action	Proposed Changes	Who needs to be involved?	What is an achievable time frame?
Increase telephone access to clinical team	Additional senior nursing manpower will be recruited and GP telephone availability	All practice team	August 2013
Additional Nursing Capacity	An additional nurse will provide extra chronic disease management	Business Manager	April 2013
To continue to maintain website and patient noticeboards with latest information	N/A	All practice team	Ongoing
To maintain high quality patient centred service	Ongoing	All practice team	Ongoing