Moretonhampstead Health Centre

Patient Participation DES - Local Participation Report Template

Document Control

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B. Document Details

Classification:	Report on PPG	
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Organisation:	Moretonhampstead Health Centre	
Document Reference:	PPG DES 2011-12	
Current Version Number:	1	
Current Document Approved By:	Dr Llewellyn, Dr Dudgeon, Dr Rogers	
Date Approved:	20/3/12	

C. Document Revision and Approval History

Version	Date	Version Created By:	Version Approved By:	Comments
1	16/3/12	R Carr	I Llewellyn, D Rogers, D	
			Dudgeon	

Moretonhampstead Health Centre Local Patient Participation Report 2011-12

A description of the practice profile:

List size 3040 Ethnicity: 96.33 % White British

Age/sex breakdown:

Age	male	female	approx % of practice population
0-4 5-14	39	50	3
5-14	145	137	9
15-44	425	418	28
45-64	485	533	34
65-74	223	203	14
75-84	116	145	8
85 & over	42	71	4

A description of the profile of the members of the PPG:

Female aged 50

Female age 52

Male aged 73

Female aged 68

Male aged 87

A description of what steps the Practice has taken to ensure that the PPG is representative of its registered patients and where a category of patients is not represented then what steps have been taken by the Practice in an attempt to engage with those patients:

All current members are white British, but as that represents 96.33 % of the practice population we have not actively recruited other ethnic groups as yet. All patients are invited to give feedback and suggestions about our services at any time.

We initially sought to recruit members of the PPG by a number of methods – posters on the Health Centre noticeboards, news items in the local village magazines, and notices on our website - which did not draw any volunteers. We then approached individuals and existing groups. We decided after consultation with those interested to hold a "virtual" group and contact members mainly by email (or post if they did not have email access) rather than holding meetings as this was the preference of members. Individuals asked to take part in the PRG are from a variety of ages and both sexes. Some have long term health conditions and are regular users of health services, others are generally in good health. We would like to have younger participants but so far have not been able to recruit anyone, and continue to approach those who we think may be interested, in particular parents.

We also present findings and survey results to 2 other existing groups, the Friends of the Health Centre and Morecare, the Befrienders organisation, at their meetings, and get feedback from them which is circulated to the PRG for further discussion.

A description to be entered in around how the Practice and the PPG determined and reached an agreement on the issues which had propriety within the Local Practice survey:

We consulted the PPG on what questions to include in a survey, giving some suggestions, and following their feedback on the most important areas, we decided to use the CFEP IPQ survey for an overall view of patient satisfaction, as the PPG felt that the range of questions included in this covered all the important areas. We also formulated some specific questions to add to this, based on areas which had been raised in previous years, and included these with the CFEP survey. This combined survey was distributed to 116 patients who visited the practice during December .

A report on this was then distributed to the PPG members, and also presented to the Morecare group, to discuss findings and work out an "action plan" based on results.

The final report was then put up on the Health Centre noticeboard and circulated to local village magazines.

A description of how the Practice sought to discuss the outcomes of the local survey and the Practice's action plan together

Following the survey we discussed the results with the various patient groups mentioned above, either face to face at a meeting or by email with those unable to attend, and then following these discussions we agreed with the PPG a plan of actions to follow up, as given below. A full report on the survey and actions to be taken was published on the website, and copies of this are available at the health centre by request. A summary was also circulated to local village magazines and put up in the surgery in poster form.

A summary of any evidence including statistical evidence relating to the findings or basis of proposals arising out of the local Practice survey:

The overall results of the survey showed very high levels of satisfaction, and put the practice in the top 25% nationally. When compared with practices of the same size, where overall levels of satisfaction tend to be higher, there were some areas which showed lower scores compared with the national average for the size of practice – in top 50% rather than top 25% nationally - so those were the ones we focussed on.

Key findings

Overall high level of satisfaction

Which responses were most positive?

Confidence in the GPs and nurses and also the reception staff was very high

Which were least positive?

Seeing practitioner of choice

Comfort of waiting room

Information about self care and illness prevention

Reminder systems

(These were all still above the national average, but in the top 50 % rather than top 25%)

Where deviated most from national benchmarks:

Deviations were all positive, i.e. were all above national benchmarks, with the highest being: ease of telephone access (16% above national average) and seeing practitioner within 48 hours (11% above).

Closest to national benchmarks were the "least positive" points mentioned above -

Illness prevention (1% above)

Reminder systems (3% above)

See practitioner of choice (3%)

Self care (4%)

Comfort of waiting room (6%)

A description of the findings or proposals that arose from the local Practice survey and what can be implemented and if appropriate reasons why any such findings or proposals should not be implemented

Regarding the lower scoring points above, we discussed possible actions to improve these:

1) Seeing practitioner of choice: we think this score would have been affected by the fact that the survey was done while 2 of the GPs were on sabbatical, so their usual patients were seeing another doctor. There has usually been high satisfaction on this point in our previous surveys, and this year was lower than usual – we think this was caused by the exceptional circumstances and would not plan to make any changes here at present, unless this is still an issue at the next survey.

2) Self care and illness prevention are obviously felt to be things we could improve on. We do offer preventative health checks and screening, but perhaps these are not publicised enough. Posters and information at the Health Centre do tend to focus on illnesses rather than health prevention, and we decided to focus this year more on preventative information on health centre noticeboards. We will also use newsletters and items in local magazines to publicise health centre services such as "well woman and "well man"

checks.

- 3) Reminder systems: we have recently been looking at these and will be reviewing the letters that are sent out for routine health checks and recalls. We are also setting up systems of contacting patients by phone or text to remind them about appointments when possible. Patients in the PRG expressed a preference for contact to be made by phone rather than text, but we know from contact with other patients (probably on average from a younger age group) that they like to be contacted by text, so we will use a mixture of methods as seems most appropriate.
- 4) Comfort of waiting room: In the last few years we have made some changes in response to previous surveys changing the chairs in the waiting room and installing a water cooler. We have also this year added a second automatic door. Members of the PRG were happy with the level of comfort in the waiting room.

A Description of the action which the Practice, the PCT intend to take as a consequence of discussions with the PPG in respect of the results, findings and proposals arising out of the local Practice survey. If this is the second year of the scheme detail here any changes and issues since the 31st march 2012 local patient participation report was completed.

Action to be taken:

- 1) Self care and illness prevention: publicise availability of screening tests, well man/well woman checks, lifestyle advice from practice nurses, stop smoking services etc, with notices at health centre and in village magazines.
- 2) Waiting room: The only specific comment received about the waiting room was a request for a larger choice of magazines, which we can implement and continue to ask for feedback and further ideas.
- 3) Reminder systems: we are reviewing letters that are sent out and procedures for routine recalls. Where possible we streamline these so that patients are not called too many times for different reasons. We are also trialling telephone reminders and texting patients with appointment reminders.

A description of the opening hours of the Practice premises and the method of obtaining access to services through the core hours:

The Practice is open and reception staff are available on the premises $8.30 \, \text{am} - 6 \, \text{pm}$, for appointment bookings, prescription requests etc. The telephones are diverted from $12.45 - 2 \, \text{pm}$, taking emergency calls only.

Repeat prescription requests are not taken by telephone but can be requested either via the website or by email as well as by handing in the repeat slip to the surgery or pharmacy.

Full details of all services and GP surgery times are available on our website, or in the practice leaflets, which may be requested from reception.

We are currently reviewing requests for same day appointments and are hoping to trial a system where requests for these are to be phoned back by a GP, to help prioritise our appointments, and arrange appropriate investigations prior to appointments.

A description of any extended opening hours that the Practice has entered into and which health care professionals are accessible to registered patients.				
In addition to the hours given above, the practice opens at 8am on a Monday, when 2 GPs and a healthcare assistant are available (for prebooked appointments only) for consultations and blood tests, and on a Tuesday evening we are open until 8 pm, when 2 GPs (one male and one female) and a practice nurse are available for consultations – again by prebooking.				