

REPORT ON ESTABLISHMENT OF PATIENT REFERENCE GROUP: THE GROVE MEDICAL GROUP

Introduction

Over the last year the Grove Medical Group has looked at ways in which it could gather the views of its patients in order to provide an opportunity for a more representative service which is inclusive and responsive to patient's views.

The practice produced and distributed leaflets asking for volunteers to support a patient participation group. The aim of the Patient Participation Group (PPG) was to obtain the views of patients and carer's of the services we offer at the Practice and to give patients a forum to explore ideas and opportunities to improve those services.

We established terms and conditions for the PPG, which elected to hold its meetings at least four times a year, and the first meeting took place on 29th September 2011. The PPG currently has seven members who represent a broad section of the practice population. The PPG is aware that it needs to increase its representation, and steps have been taken to improve awareness of the PPG and recruit additional members. This has included leaflet drops, direct requests of patients by staff, the publication of PPG minutes and discussions on the practice website as well as distribution of the minutes in the waiting area.

As a result of engagement with the PPG, the Grove Medical Group identified the issues which had priority and were to be included in a patient's survey. A questionnaire was devised which asked patients to complete a survey at the practice in order that we could identify their areas of concern and agree ways in which these could be addressed. Just over 1% of patients took part in this survey, and the results can be seen on our practice website.

Areas of Priority for the PPG

The results of the patient survey were discussed with the PPG, and whilst the results and comments were broadly positive, the survey did highlight some recurring problems. The PPG identified the areas of concern which were:

a. Getting through to the Practice on the telephone was sometimes difficult.

1. There were often long queues in Reception for prescriptions.

1. Doctors occasionally ran late and this resulted in delays for patients.

The PPG and Practice then looked at ways in which it could move these issues forward and provide better communication opportunities for patients.

Agreement of an Action Plan with the PPG

The telephone system and answering of calls: The PPG were provided with an opportunity to discuss and assess these areas of concerns and an action plan was agreed. The practice population at the Grove Medical Group had increased significantly over the last few years and the volume of calls had increased as a result. Recent staff shortages in Reception had compounded the situation and the telephone system had not been reviewed for some time.

As a result of the discussion the Practice agreed to overhaul the telephone system and contacted its provider to address the issues raised. In addition the practice took on an additional member of staff in Reception with the aim of providing three members of staff to answer the telephone, particularly at busy times such as Monday Mornings.

To help address the volume of calls the practice received, we also agreed to review the way in which test results were handled at the practice. Since the majority of test results were normal, we agreed to ease the demand on the phone system by advising patients that they would only be contacted should there be an abnormality following a test. The practice followed this up by handing out advice slips to all patients to make them aware of the proposed changes and also advertised this change via the website www.thegrovemedicalgroup.co.uk.

Delays at reception: members of the PPG mentioned that when collecting a prescription the queue was often very long and the cause appeared to be drivers from local pharmacists who were picking up bulk prescription orders.

It was suggested that chemists should be asked to call later in the afternoons to ease the busy periods or the prescriptions should be sent directly to the chemist. The practice agreed to raise this with local chemists and were able to report back to the second PPG meeting on 9th February that chemists were calling to confirm the prescriptions in advance. This action had significantly reduced the waiting time and queues at reception.

Appointment time delays: This was highlighted as a concern in the practice survey. If a doctor should run late then this may be due to a number of issues, an emergency or a patient presenting with multiple or complicated problems. The surgery constantly reviewed appointments and adjustments were made to appointment times should this become a recurrence. It was also illustrated in the survey that patients can be seen on the day should they have an urgent problem.

Evidence for improvement following agreement on action plan

The practice surveyed the waiting times for patients telephoning the practice and published the following information:

Date	Time Period	Number of calls	Average Time in Queue	Longest Queue today
Monday 09/01/12				
5018	08:00-09:20	117	01:09	08:22
5018	09:21-12:48	130	00:42	06:42
5018	12:49-16:14	70	00:42	06:02
5017	08:00-09:20	5	00:29	01:50
5017	09:21-12:48	29	00:29	03:38
5017	12:49-16:14	15	00:20	01:20
5016	08:00-9:20	9	00:24	01:04
5016	09:21-12:48	32	00:28	02:00
5016	12:49-16:14	45	02:00	01:20
Tuesday 10/01/2012				
5018	08:00-08:50	47	01:12	09:00

5018	08:51-13:37	93	02:18	04:20
5018	13:38-16:15	40	00:39	04:52
5017	08:00-08:50	2	01:48	02:06
5017	08:51-13:37	11	00:34	02:04
5017	13:38-16:15	10	00:27	01:22
5016	08:00-08:50	1	00:22	00:22
5016	08:51-13:37	37	01:18	06:48
5016	13:38-16:15	25	00:42	05:42
Date	Time Period	Number of calls	Average Time in Queue	Longest Queue today
PRIOR TO STOPPING RESULT CALLS				
Monday 28/11/2012				
5018	08:00-08:40	97	02:48	23:24
5018	08:41-12:15	142	01:11	07:58
5018	12:16-16:30	87	01:11	07:58

5017	08:00-08:40	0	00:00	00:00
5017	08:41-12:15	37	01:48	09:34
5017	12:16-16:30	19	00:56	04:20
5016	08:00-08:40	4	01:05	01:48
5016	08:41-12:15	35	00:41	02:50
5016	12:16-16:30	35	03:37	10:50
Tuesday 29/11/2012				
5018	08:00-08:21	32	02:50	13:32
5018	08:22-12:22	148	03:51	19:58
5018	12:23-16:20	48	01:15	05:04
5017	08:00-08:21	1	00:28	00:28
5017	08:22-12:22	22	01:07	03:56
5017	12:23-16:20	15	00:52	01:13

5016	08:00-08:21	1	00:00	01:13
5016	08:22-12:22	37	01:55	05:04
5016	12:23-16:20	39	01:20	06:50

Second Meeting of PPG

The second meeting of the PPG was held on 9th February 2012. At this meeting the practice were able to discuss the forthcoming changes to the NHS and advised that the Grove Medical Group were one of 19 Practices in Tyne Health, the North East Commissioning Group, whose aspiration was to represent all of the different demographic groups within the consortium to provide the best local NHS services.

The Practice went on to advise that by April 2013 PCT's would become obsolete, however, before this happened the consortium group would shadow the PCT's in all areas of their daily work, to establish how modifications could be made to this reform.

Review of Complaints

The group reviewed the Practices 2011-2012 Q1, Q2 & Q3 complaints. This was found to be useful and helped address issues patients may have with the practice. All complaints discussed were made anonymous.

The conclusion was that 3 of these complaints had led to changes of practice. Two led to an audit of the telephone systems and changes in processes. Some were 'unreasonable' and others complex. Communication was still seen as an important factor in most cases.

Communication with Patients

The option of texting patient test results was discussed. This was considered a complicated process which had been explored by the practice but, overall the issues of maintaining patient confidentiality and the difficulties in enforcing this meant that it was impractical.

The practice confirmed that patients were contacted should a result need follow up. Concern was expressed that letters were sometimes posted out requesting that a patient makes an appointment to discuss a result when an appointment was already in place. Following discuss the practice advised that it could not assume that the appointment made was to discuss a result and that this was a safety measure put in place to guarantee that the test result, which needed further action would be followed up.

CONCLUSION

The PPG has now elected its own chair person and has had an opportunity to review the purpose for which it was originally set up.

Membership of the PPG is slowly increasing and individual members have the opportunity to raise their concerns directly with the practice on an ad hoc basis or as part of their committee meeting.

The Grove medical Group has listened to the views expressed by its PPG and has made changes to service delivery as a result.