

19th march 2013

REPORT ON THE SECOND YEAR OF DELIVERY OF A PATIENT PARTICIPATION GROUP: THE GROVE MEDICAL GROUP

Introduction

The Grove Medical Group has spent the past year building on its initial success in establishing a Patient Participation Group and looked at ways in which it could expand the group further in order to provide an opportunity for a more representative service which is inclusive and responsive to patient's views.

The aim of the Patient Participation Group (PPG) remains 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.

Patient Representation

In addition to producing and distributing leaflets asking for volunteers to support a patient participation group, the practice used an open evening in September 2012 to promote the culture of patient participation by delivering a presentation entitled "The Health and Social Care bill and its effect on patients at the Grove Medical Group". This was well received and achieved its aim of increasing the number of patients signing up to support the group.

In an attempt to provide a more divergent profile of the members of the Patient participation Group the Practice have put up a Facebook page and advertised the service on the patient notice board.

The PPG has held four meetings over the last twelve months and increased its membership from seven original members to fifteen. The patients that form the current group are, in the main, self selecting and represent age groups between 50 and 70 years. They were recruited through leaflet drops, advertising within the practice, direct requests from staff whilst they were attending for appointments and open evenings – where the aims of the PPG were discussed.

The Practice continue to seek ways in which we can reach members of our community who feel that they are unable to access this form of engagement, and we are exploring ways in which a "virtual group" can be established to complement the current membership. This is particularly aimed at protected groups.

That being said, according to Public Health England, the age distribution for 2012 of both the male and female members of the Practice sits outside the expected parameters for Newcastle as a whole, with a predominantly elderly population. The ethnic representation is 1.5% Chinese and 1.5% other non white ethnic

groups. This information is readily available on the following web site <http://www.apho.org.uk/PracProf>.

We continue to conduct leaflet drops and have published the PPG minutes and discussions on the practice website as well as distributing the minutes of meetings in the waiting area. The Practice maintains an up to date register of membership.

The PPG Chair represents the Grove Medical Group at the CCG PPG meetings and has recently invited his deputy to attend these meetings – where the views of the patient group are exposed across the rest of the Practices which make up NNE CCG.

Survey of Patients

Earlier this year the PPG elected to include a number of questions related to patient participation and related issues in a practice survey identifying issues which had priority. As a result the practice then conducted a patient survey of approximately 5% of those who attended for a consultation at the Practice, and the results can be seen on our practice website.

The results of the survey showed that over half the patients were not aware of the Health and Social Care bill, and the majority of those who had heard about it, had only a vague knowledge of its impact.

78% of patients surveyed were not aware that the Practice has a patient participation group, and of those asked, 35% expressed an interest in hearing more about this.

16% of patients found telephone access to the surgery difficult, and 18% reported that they found speaking to a clinician on the phone to be difficult. 55% of patients preferred to book an appointment by phone rather than use the e appointment booking service. ***This is an improvement on last years survey results and reflects the additional measures undertaken from that survey, though there is a requirement to continue to address these issues.***

Only 9% of those surveyed found waiting times to see a GP to be Poor.

14% of patients did not find the opening hours suitable to them, but there was no clear majority on whether weekend opening or additional evening opening would be preferred. ***Note since the last survey the practice has extended its evening opening to cover both Monday and Tuesday evening as a direct result of the last survey.***

Overall the PPG agreed that the survey results were largely positive, but there remained room for improvement.

The following comments were left on the patient questionnaires:

- a. Patient A "Have recently transferred to surgery after 35+ years at *****. I am very impressed with all aspects of the surgery and pleased I took the decision to transfer. Thank you."
- b. Patient B "The staff are very friendly and are always willing to help you if they possibly can. Patient accommodation is always made as easy as possible"
- c. Patient C "The culture at the practice seems geared towards patients needs and this is received in the attitude displayed by the admin and medical staff"
- d. Patient D "very supportive during 3+ years of illness"
- e. Patient E. "This is the best Medical Practice I have attended. Receptionists are polite and efficient; nurse are excellent as are the Drs. It is good to know that you will be able to get an appointment when needed"
- f. Patient F. "Have night time emergency cover. The standard of cover is appalling; it may well be described as no cover and will just lead to more pressure on A&E".
- g. Patient G. "It has an excellent reputation and I wouldn't want to attend any other Practice".
- h. Patient H. "Overall very satisfied. Would like to see preferred GP a little more"

Some of these comments need further exploration – for instance the Out Of Hours provision – which is commissioned by another provider as part of the GP contract.

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 their areas of concern which were:

- a. The area of interface between the Reception staff and patients appeared unwelcoming – with the practice staff sat behind a desk with a small window opening out to allow for conversation between both parties.

- b. The role of the PPG needed to be raised and profiled more within the Practice. This would allow the PPG to work with the Practice staff to identify the needs of various groups in order to address their concerns more effectively. This should include feedback about the service in general
- c. By March 2014, the PPG should have made progress towards identifying the various groups in the patient body with an effective mechanism for exchanging information between the patients and the PPG.
- d. There could be a role for the PPG to determine the scope of Out of Hours Provision and this will be explored in further meetings, with a view to feeding this into the PPG CCG meeting.

Agreement of an Action Plan with the PPG

The interface between Reception staff and patients: The PPG were provided with an opportunity to discuss and assess these areas of concerns and an action plan was agreed. One of the main concerns expressed by the Practice was the duty of care it owed to its lone workers, particularly during periods of extended access into the evening, when it was felt that lone workers were more at risk.

In addition the continuing issue with the management of confidential information coming from the telephones in the back of Reception often meant that reception staff felt the need to minimize the opportunity to breach this confidentiality.

All agreed that there was clearly a tension between trying to maintain a confidential service and providing patients with a comfortable and welcoming Reception environment.

As a result of the discussion the Practice agreed to review the Reception area, with a view to looking at whether the telephones could be relocated to another part of the building. This would then reduce the potential impact of third party conversations being overheard from the telephones. In addition to this the Practice agreed to look at ways in which the Reception area could appear more user friendly without compromising the safety of its staff. This work would be progressed over the coming period and the Practice would report its findings back to the PPG in time for the next scheduled meeting.

Raising the Profile of the PPG: Despite including the Practice on a social media website and advertising on the Practice website, members of the PPG felt that more could be done to raise the profile of the group.

It was suggested that further posters be placed on the Patient notice boards and flyers would be distributed across the waiting area which would explain the role

of the PPG and give contact information. The PPG chair offered his contact details as shown johna.smith@dsl.pipex.com.

Identifying individual Patient Groups: The Practice currently holds e mail addresses for approximately 3000 patients. The Practice would look at ways in which this information could be used to reflect patient views asking patients to outline their priorities and categorising themselves in a way which the PPG could find useful i.e. age, gender, ethnicity, clinical need etc.

Raising Issues to the CCG PPG. The mechanisms and pathways for this continue to be pressed and there will be further opportunity for the Grove medical Group PPG Chair and Deputy to raise concerns about commissioned services at the CCG Patient forum.

CONCLUSION

The Practice survey is shown on the Practice website, as well as Minutes of the PPG meetings where the survey has been discussed.

The Practice will continue to engage with the PPG and look at ways in which communication can be improved. 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 intends to make changes to service delivery as a result.

If you would like to join the PPG please contact the Chair person Mr John Smith on johna.smith@dsl.pipex.com . If you have any further questions about the PPG and would like to address these directly to the practice please contact the Practice Manager, or in his absence the Admin Lead Mrs Claire Atkinson..

CJ TOWNEND RRC
Manager
The Grove Medical Group