

**St George's Medical Centre**  
**Dr A M Botros**  
**Report of St George's Patient Participation Group**  
**YEAR 1 2011 to 2012**

**Step 1: Develop a structure for a patient reference group (PRG)**

We advertised within the practice via posters in waiting area, on LCD screen and on our practice website to recruit Patient Participation group members. We have contact forms and leaflet of PPG Why leaflet at reception and on our practice website for patients to complete and submit their interest. All staff both clinical and non clinical staff approached patients directly by word of mouth for their interest. We were looking for patients from different ethnic groups and different age group to participate, as our practice population has various ethnic group registered. Below is a table with the different ethnic and age group patients registered with the practice and the opening hours?

Practice Population

	Total males	Total females	Total both sexes
Practice Population	1678	1551	3229
Indian/British Ethnic Group	18%	22%	20%
Pakistani/British Pakistani 2001cens	5%	4%	4%
Other Asian Ethnic Group	23%	20%	22%
Other Black Ethnic Group	12%	10%	11%
Somali Ethnic Group	11%	10%	10%
British Ethnic Group and other White	15%	19%	17%
White and Black African	1%	1%	1%
White and African Caribbean Ethnic Group	1%	1%	1%

Population Age Group

Age groups	0-4	05--16	17-24	25-34	35-44	45-54	55-64	65-74	75-84	85-89	90+
Males	112	316	184	294	298	216	116	72	43	18	9
Females	105	325	169	243	265	147	147	90	75	79	29

Opening Hours

**Monday** 8.30 AM – 8.15 PM – extended hours  
**Tuesday** 8.30 AM - 6.30 PM  
**Wednesday** 8.30 AM - 1.30 PM  
**Thursday** 8.30 AM - 6.30 PM  
**Friday** 8.30 AM - 6.30 PM

We manage to get response from eight patients who are from different ethnic groups and different age groups (40-80). Practice Manager done a search on all age groups from 18years to 30 and randomly contact patients to invite them to be part of the PPG but no one was interested to attend for the meeting but was happy to give feed back or be contacted via email for their comments. We have also managed a virtual email group where patients can post their suggestions toward the PPG group.

The group consists of the following ethnic group and ages

Ethnic Group	Age Group
British Ethnic Group and other White	40 – 80
White and African Caribbean Ethnic Group	
Somali	
Other Asian Ethnic Group	
Indian/British	

We invited patients who were interested to join the group for the 18<sup>th</sup> November 2011. An agenda was prepared with discussion points and reason for PRG. All attendances were given our practice leaflet which had the services provided by practice the opening hours and out of hours contact details

## **Step 2 Agree Areas of Priority with the PRG**

We had our first PRG meeting on the 18.11.11. We discussed about patient survey and showed our in-house questionnaire to everyone. The PRG requested that the survey should have a maximum of 10 questions and to make them as simple as possible. An open discussion was made on what difficulties patients have with using the services practice provides and these would base the question in the survey. All patients contributed different questions they would like to add which would link with action points. PRG agreed the set up questionnaire and all agreed to run the Practice Survey starting from Mid December 2011 to Mid January 2012. Everyone agreed that the reception staff will hand out the survey to patients attending the surgery and Practice Manager to have available on practice website for all patients to complete and submit. All completed surveys were anonymous and patients put in a box outside reception desk clearly marked Patient Survey.

The PRG discussed and agreed to the following Action Points for the practice:-

### **Agreed Action Points**

- Improve on appointment system
- Patient Group to help with Different language literature and posters
- Update the waiting area with more need information
- Patient education

## **Step 3: Collate views of Patients via a local Practice Survey**

As agreed by the PRG members only 9 questions were asked which linked with the action points above. The first few questions depended on the 1<sup>st</sup> action point which is

appointments and telephone access. The next action point was taken on because we have a high percentage of different ethnic groups which have difficulty in speaking and understanding English without good communication it is difficult to provide the services. The survey started mid December 2011 for 4 weeks. Reception staff handed the survey to patients when they came to the surgery. We also advertised in the waiting area with a poster for patients to participate in our survey and can be access via our practice website as well. We received a total of 90 complete survey questionnaires. Practice Manager completed the audit of the 90 survey on a Microsoft excel sheet and discussed with PRG on the 16.3.12 second PRG meeting.

**Step 4 and 5: Discuss and agree with the PRG an action plan setting out the priorities and proposals arising out of the local practice survey. Seek PRG agreement to implement changes and where necessary inform the PCT.**

On the 16.03.12 we had a meeting with the PRG to discuss the outcome of the patient survey and discussed the action points and how the practice has made changes to improve the services. An open discussion was made with the PRG and whether any further actions need to be taken. Handouts were given to all PRG members for the patient survey audit results.

**STEP 6: PUBLICISE THE RESULTS AND AGREED ACTION PLAN**

All the Reports, minutes of meeting, patient survey, and action plans have been publicised on our practice website: [www.stgeorgesmedicalcentre.co.uk](http://www.stgeorgesmedicalcentre.co.uk) for all patients to access.

**Agreed Action Plan**

**Action Points** – the following action points we agreed on from the last meeting held on the 18.11.11 which are:-

- **Improve on appointment system** – we conducted a patient survey and the questions below (appendix 1) linked to this action point – according to the survey about 55% of patients find it very to fairly easy to get through the phone, 61% of patients are able to book an appointment with the doctor and 54% are able to book an appointment with the nurse. Improvements Made on:-
  1. Creating 5minutes appointment slots which are pre-bookable in advance. These are given to patients who do not need more than 5minutes appointment with the Dr. At the time of booking the receptionist staff confirms this with the patient.
  2. Introducing Minor Ailment Scheme to patients – this scheme was introduced to the practice by the Primary Care Trust. This is where practice and local chemist work together for patients with following problems ([Athlete's foot](#), [Blocked nose](#), [Conjunctivitis](#), [Constipation](#), [Dermatitis](#), [Diarrhoea](#), [Hay fever](#), [Headache](#), [Head lice](#), [High Temperature](#), [Indigestion/Heartburn](#), [Nappy Rash](#), [Mouth Ulcer](#), [Sore throat](#), [Strain or sprain injury](#), [Teething](#), [Threadworm](#), [Thrush and Warts/Verrucas](#).)

Reception staffs are able to refer patients to the local chemist or pharmacist using a Patient Passport form. The patients take the form to the chemist and the pharmacist will advice and give necessary medication treatment. Once treatment is completed the pharmacy sends the documentation back to the practice and is entered into pt medical records. This saves appointments for patients who really need to be seen.

**Appendix 1**

	Haven't tried	Very Easy	Fairly easy	Not very easy	Not at all easy	Don't know
Getting through on the phone	○	○	○	○	○	○
Booking an appointment with the Doctor at the surgery?	○	○	○	○	○	○
How <u>easy</u> is it for you get an appointment with a Practice Nurse at the surgery?	○	○	○	○	○	○

- **Patient Group to help with Different language literature and posters** – Patient group members have helped in creating leaflets for our self check in system for our Somali and Arabic patients also with the help of practice staff. Open discussion was made to the group for volunteers who can help to interpret for patients who have difficulty in speaking and understanding English. Everyone agreed to help and participate. If patients give consent for interpreter than the patients group members will be contacted in advance for help.
- **Update the waiting area with more need information** - Varsha has made changes in waiting area and removed all unnecessary leaflets and posters. All practice information is kept on the blue notice board. The LCD is updated with several practice information and services. The TV in waiting area is updated on regular base with health information and surgery opening times.
- **Patient education** – we can help in creating different language leaflets on several health issues and have a practice leaflet in as many languages as possible. Introducing healthy walks and bicycle riding which is provided for free to all patients by the EPCT. Diabetes health concerns and guidance of healthy eating and regular exercise. All Patient participation group agreed to this point and think it will be a good opportunity for the different minority of patients