# Meadowcroft Surgery
# Patient Participation Group Report

Meadowcroft Surgery Patient Participation Group consists at present of :

**From the Surgery:** Dr Phil Clayton, Managing Partner, Dr Toby Gillman, Partner, Maureen Milsom, Practice Manager, Marie Addington, Deputy Practice Manager, Emma Green, Reception/Administration Team Leader.

**Patients:** Gwyneira Waters, Cathy Winman, Bob Taylor, Pervez Bhagham, Ray Ghent, Ranjula Takodra, Sally Jeffery, Linda Duce, Raela Ali,

We use a combination of email communication and face to face meetings. We have all enjoyed meeting together and finding ways of improving how we do things and look forward to continuing in the future.

When setting up our Patient Participation Group (PPG) we looked at the demographics for our post code HP19 and Aylesbury Vale District Council's local community area profile. We also ran reports to test how our patient participation group reflected the demographics and confirmed that it did.

## Demographic data

| | HP19 | HP | National |
|---|---|---|---|
| Population | 19,287 | 462,156 | 52,024,138 |
| Median Age | 32 | 38.29 | 39.05 |
| % Retirees | 12.26% | 19.64% | 21.96% |
| % Unemployed | 3.04% | 2.02% | 3.22% |
| % Educated to Degree level | 16.03% | 25.84% | 19.77% |
| Full Time Students | 356 | 11,580 | 1,766,469 |
| %Full Time Students | 1.85% | 2.51% | 3.40% |
| Total Migrants | 2,821 | 51,745 | 6,336,121 |
| % Total Migrants | 14.63% | 11.20% | 12.18% |
| Average distance (km) travelled to fixed place of work | 14.06 | 15.97 | 14.63 |

Please see below an extract from the AVDC community area profile:

"Aylesbury has above average proportions of people living in areas affected by income deprivation, employment deprivation, health and disability deprivation, qualifications and skills deprivation and crime deprivation. Despite being above average for many of the deprivation types, Aylesbury is not the worse affected local

community area. However, when health and disability deprivation is looked at in isolation, Aylesbury is one of the worst ranking local Community Areas"

Meadowcroft Surgery is ranked within Aylesbury as being one of the most deprived of all surgeries in Buckinghamshire. Serving 12,300 patients the surgery is an urban Practice situated in the NW part of Aylesbury. The population profile tends to the younger end, with a lot of children, living in council accommodation in some of the poorer Wards of Aylesbury. There is also an ethnic population, a little under 10%, mainly Urdu speaking Kashmiri Pakistanis.

We have amongst our Patient Participation Group membership two councillors, who are also ex-mayors of Aylesbury, one of whom is our Asian translator and Link worker. We feel that this will help us to gain more insight into our local population and it is our intention to continue to recruit members to our PPG, perhaps with the help of the existing members, for instance, we feel that our group has a wide range but we would like to reflect better the high percentage of the younger population, so far the youngest patients invited have declined, but we do have young mums involved. We hope to slowly expand the group by advertising and using email and the input from our present members. Other members have experience of being carers, a young mum with a family who have had to use our services frequently, an NHS worker, two young mums who have links to our Asian community, a deaf patient and a wheelchair user. We are also in touch with two blind patients via email.

Meetings have been held with members of the PPG and a decision was made to concentrate on the needs of our disabled patients initially. A survey was compiled after discussion within the group. An anonymous questionnaire was devised which was advertised on our information screen and made available in the waiting room and also on our web site. The web site proved to be more popular (15) and was collated by our web site provider, the waiting room less so (5) and was collated by Maureen Milsom the Practice Manager. The results were discussed in a meeting held with the PPG on 24.1.11 and an action plan devised.

**Summary of Evidence**

We received 20 completed questionnaires. We used a combination of hard copies in the surgery waiting room and our web site facility. We had 5 completed questionnaires from the waiting room survey one of which was not valid, and 15 from the web site.

They were completed by people with various disabilities, blind, deaf, mobility problems, polio sufferers, MS, Heart and Lung Disease and Head injuries so we were satisfied that we had obtained a wide cross section of views. Most of the survey was very positive, most did not have any problem with communicating with the surgery over the telephone, it was said that it was better to have a person to speak to rather than having numbers to choose from and that the receptionists were always helpful and courteous.

There were problems with parking, mainly on busy surgery days, and also with other able bodied patients parking in the disabled area, and one occasion a lack of

empathy shown by the receptionist for this problem. One other issue was that it would be useful to extend the area where provision had been made for wheel chairs on the pavement next to the disabled slots.

Entering the building was on the whole thought to be without problems however quite a few patients felt that the front door was too heavy when on sticks or crutches, or in a wheelchair. It was felt that automatic doors would be helpful.

On the whole everyone knew that there was a disabled toilet

Most people knew that there is an intercom provided during extended hours for easy access, one person asked if it was of wheelchair height and it was confirmed that this was so.

Most people could use the check in screen and it was felt that it was a great addition to the surgery, but it is not accessible to the blind who would need speech output. One person asked if a hand wash could be made available.

Most people felt that it was easy to check in and the staff are very helpful, that the touch screen had improved this but that the desk height was too high. The other problem was that the approach to the desk is too narrow for a wheel chair and there is no space in the waiting room for a wheelchair so people have to sit elsewhere and then it is not possible to hear the receptionist call when the doctor is ready.

On the whole there were no problems accessing doctor or nurse rooms apart from one person finding it difficult to transfer to a non height adjustable couch (see below). A patient said that staff take them to the doctors room but it was felt that when being seen in the nurses area it was problematic because the nurse will come out and call the patient and then disappear, the patient is then left not knowing where to go, this was also confirmed by able bodied patients within the PPG.

Most people could access written information in the surgery but it was suggested that we look into audio format.

Most people used the web site and were very pleased with it, it was found to be useful for ordering prescriptions and good for screen reader users.

Other comments were that an in-surgery pharmacy would be appreciated, that we should look into an automatic door or buzzer system to automatically open the door, it was thought that we had got most things right, extra disabled spaces would be useful, lowering the counter level at one end would be helpful for people in wheelchairs and an email address or web portal where questions or medication requests for the duty doctor could be left, and an indication made of when the patient would be available for a phone call, often questions could be answered by a brief e-mail. It was also asked whether the disabled toilet could be moved to the front of the building as it is difficult to negotiate the busy nursing corridor.

**The Action plan.**

Signs to be obtained and placed within driver's eyesight emphasising the disabled parking area.

Signs to indicate more clearly the whereabouts of the disabled toilets to be purchased and displayed.

After discussion it was felt that hand wash would be abused in the surgery and that people would already have entered the building using door handles. The patient toilet was within easy reach to wash hands.

A discussion to take place with the partners about the findings and action to be taken where agreed to provide more space for wheelchairs in the waiting room. This has now taken place and agreed to include as part of a survey we are commissioning to look at the making best use of the whole building.

Couches are already being replaced for height adjustable versions where out of date by the Practice Manager, two have already been purchased and this will continue slowly.

PM to share results of the survey with the Nursing Team and ask them to be aware of the problem with the way in which they call their patients. A memo has been circulated to Meadowcroft's nursing team outlining the problems and asking them to bear this in mind when calling their patients. They have also been invited to send a representative to the group so that they can have some input into future plans. ✓

Look into audio format – agreed to wait until Bucks-vision visit before making changes.

It was agreed by the meeting that it would be a good idea to look into an automatic door. MM to get quotes and discuss with the Partners at the Partners meeting. To be discussed again at the next meeting.

**Results**

**Automatic Doors –** Agreement by Partners to fund this once our whole building survey has been done by Architect.

**Visit from RNIB (Bucks-vision) –** Visit planned for Surgery protected time for learning afternoon, PPG reps to be invited.

**Signs for disabled parking slots –** Quotes requested, to be erected as soon as possible but the first quote was too big and too expensive! Other quotes now obtained and going ahead

**Signs indicating disabled toilet –** purchased and to be put up

**Waiting room alteration for Wheelchairs –** to be discussed by Partners 20.2.12, agreed screens could be removed but not until we can fill in the holes and as part of the survey of the whole building by the Architect.

**Practice Nurse method of calling patients –** Memo sent to Practice Nurses and discussion of changing their method of calling patients.

**Bell on reception counter –** For discussion with Reception Team at Protected time for learning. Discussed and agreed that this would be open to abuse but we could put up a notice and display on info screen that we will make every effort to help, staff could be more proactive to facilitate this.

**Opening Hours of Practice and methods of obtaining access to services throughout the core hours.**

The Practice is open every weekday from 8.00am-6.30pm

Access to services can be by telephone, web site or making an appointment.

**Extended Hours details.**

Mondays open until 8.15pm, and two mornings a week we are open from 7am.

Cc: to PCT.