

Meadowcroft Surgery Patient Participation Group Report 2012-2013

Meadowcroft Surgery Patient Participation Group consists at present of :

From the Surgery: Dr Phil Clayton, 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 (email), 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

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 12,700 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. Our PPG members

attended the inaugural meeting of the Aylesbury Vale Commissioning Group and are continuing to attend their Public Engagement Meetings.

Meetings have been held with members of the PPG and after due consideration a decision was made to concentrate on Medicines Management by patients. A survey was compiled after discussion within the group. It was discussed with the Medicines Management lead at the Primary Care Trust, Jane Butterworth. 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. Members of the PPG kindly offered to help distribute and explain the questionnaire along with a text reminder consent form at our Flu Clinics.

This proved to be a great success and the members of the PPG enjoyed meeting patients as well as being able to connect with so many people. This made the text reminder consent distribution very effective. Marie has had almost 500 consent forms returned to her mostly as a result of the PPG/patient contact at the flu clinics, whilst the medicines management questionnaire reached many more patients than our previous attempt.

We had 24 completed questionnaires from our website and 79 paper copies returned which proved to be a different result in returns from our first survey. We felt that the contact with the PPG at the Flu clinic had been a great help in achieving this.

Total paper questionnaires 30.10.12	79
Total Internet questionnaires 30.10.12	24
Total questionnaires on 30.10.12	<u>103</u>

A meeting was held at the surgery with members of the PPG to discuss the findings of our survey and consider the outcome and action plan needed. Details of this discussion and a copy of the survey were shared with Jane Butterworth, Medicines Management lead at the Primary Care Trust.

Reflection on the results – Dr Phil Clayton

Many thanks to all of our patients who responded to this questionnaire both by paper and internet.

The purpose behind this survey is to highlight the issue of wasted medication, and to see if there are ways in which Meadowcroft Surgery could improve the system to reduce wastage.

Care must be taken when drawing conclusions from this sample because: 1) it is only a sample of our practice population (103 of 12450) and 2) there might be selection bias (only certain patients might choose to fill out the form).

I will not comment on every single question but will pick out themes and issues which seem to come out of the responses.

- 1) The tone of responses is generally supportive and respectful of the systems we have in place. We are grateful for this positive feedback.
- 2) We do not know the scale of the medication wastage problem with our patients. Therefore it is encouraging that most respondents feel that they take their medication as prescribed and very few forget.

- 3) Therefore it is surprising just how many people have to throw medication away (see question 8). This appears to be because the medication is out of date (e.g. if only required occasionally), because of side effects (a common problem which explains why doctors usually give a small quantity when first prescribing new medication), or because the condition has got better. Hopefully medication which is discarded is not regular medication, but just one-off or occasional prescriptions. We would encourage anyone who has side effects or problems with medication to discuss it with their doctor.
- 4) We are pleased that generally our medication review recall system is well received. Interestingly some people said that they would like more frequent reviews – if this is the case then please discuss it with your doctor – we are always interested to hear about your experience.
- 5) Lots of people said that their medication runs out at different times. If this is the case then you could work out how many of each type of tablet you need to get everything in line and drop in a prescription request.
- 6) It is heartening that almost all respondents know what their medication is for.
- 7) Thank you for general suggestions to reduce medication wastage. There are pros and cons to any system and every medication and patient is different so making blanket rules can be difficult. However feel free to discuss any ideas about your medication with your doctor at medication reviews.

The conclusions were then shared with Jane Butterworth, Medicines Management lead at the Primary Care Trust and discussed with the PPG.

Dr Clayton wrote to the local pharmacies in early January 2013 with the survey results and suggestions, and we await their responses. It is likely that changes will be made to how patients can order exactly the quantity they need, and advertising how patients should dispose of any medication.

Opening Hours at Meadowcroft Surgery are:

Our reception is open every weekday from 8.00am until 6.30pm.

Our core consulting hours are Monday to Friday 8.20am-11am and 3.20pm-5.20pm.

Mondays we are open until 7.30pm (excluding Bank Holidays) and 4 mornings a week we are open from 7am for pre-booked appointments including phlebotomy appointments.

We operate an appointment system to see people on the same day they ring the surgery.

Some early, mid-morning and evening appointments can be pre-booked, please check with reception.

Cc: to PCT.