

# **Keele Practice** **Practice Participation Group** **Report 2012 to 2013**

## **Introduction**

Patient participation in healthcare is a high priority for the government, and practices were encouraged by the NHS to start a Patient Participation Group (PPG). This was to enable practices to network with its patients to give the best possible service to its patient population. It is important to gain a patient perspective, on both existing services, and proposed services to meet and exceed patient expectation of the service that is provided.

The evolvement of the patient group

In September 2012 the practice started to advertise the PPG, and encouraged patients to join the group. It was anticipated that the group would first meet during December 2012. This was done by advertising on the electronic information board in the waiting room, in the newsletter on posters in patient areas in the surgery, and patients asked opportunistically by the practice team. Unfortunately many patients did not want to participate, especially the student population. By the end of December only four patients had agreed to join the group, and none of these were students, which account for the majority of the patient population.

It was agreed that if the students would not join the group, there should be some sort of representation for them. The student support department was approached and two of this team were invited to join the group to act as the student's representative. In January more patients, including a student agreed to join the group.

In February 2012, the first PPG meeting was held, which deemed to be a success. It was agreed that the group meet once every three months, at the end of the day, but that communication between meetings would take place by email. It was agreed that the Practice Manager would in the interim act as chair. Since the meeting a member of the group has said that she would take on this role if the other members agreed.

There are now 8 members of the group (two were unable to attend the first meeting).

## **Patient survey**

The patient survey took place between 29 October and 9 November. 100 GPAQ surveys were collected – 50 per GP. The results were collated and a full report and summary report was done. Four copies of the full report were laminated and put into the waiting rooms, and the summary reports were attached to each of the practice newsletters, which are available in the waiting areas for patients to keep. The reports are available on the practice website also.

The findings of the survey showed the following:

- Patients said that they would like to book appointments on-line. The practice is at present looking at producing a practice website which will enable patients to book appointments and includes information on line for patients.
- Patients requested that the practice was open before 8.00am, at lunchtime, after 6.30pm and on Saturday and Sundays. The practice at present opens at 7.30am and closes at 7.30pm on a Wednesday, with appointments all day during these times. It is open all day Monday, Tuesday, Wednesday and Friday and does not close for lunch. The practice has now changed its opening times from 8.30am to 8.00am each day (except Wednesday when it will still be open between 7.30am and 7.30pm) after the findings of the survey.
- The opening times have been displayed on the Jayex board included in the newsletter and updated on the entrance notice board, as the survey showed that patients thought that the surgery was closed when in fact it was open.
- As the practice has mainly a transient population, there was some confusion about which doctor the patient's had seen, therefore it was decided that the doctors names are put on their consulting room doors as well as the room number.
- When the result of each survey was recorded it showed that some of the patients had not answered some sections of the survey, which negatively affected the results of the clinician's performance. It was therefore decided to recalculate the performance of the clinicians without the questions that were not answered, which is the reason that there are two sets of findings for some questions.
- It was also identified that some of the answers e.g. "very easily"/"fairly easily" and "excellent"/"very good" actually meant the same to different patients, which was the reason for combining totals of both in some of the findings.
- The demographics reflect a true picture of the practice patients, with the majority of patient's students, and the minority elderly
- It was also noted that some of the individual findings did not give a true rating, e.g. one survey showed that a particular patient had been given an appointment on the same day, had to wait for less than 5 minutes for their consultation, with a GP of their choice, yet this individual rated the service as very poor!

- Overall the practice was pleased with the outcome of the survey as it showed in all of the questions that the best result had the highest percentage.

The findings were discussed with the PPG, and it was agreed that these were very good and a true picture of the demographics and the service that the patient received from the practice

### **Practice website**

The practice looked at various practice websites before deciding which company to commission. The website was developed and it was agreed that before launching the site, it would show the PPG to establish if anything different could be added, changed or omitted. The Keele university student representative suggested links between the practice and the university website. It was agreed that this was a really good idea, and this has been done.

The patient survey showed that patients wanted to book appointments on-line, so the practice launched this through its clinical provider, and promotes this throughout the surgery. Unfortunately, this has not been very successful, as patients have been given passwords etc, but have not activated these. A link has been put into the website, so that patients can book appointments on-line, and it is hoped that this utilized more with the introduction of the website, and also the link from the university website.

The website has the newsletter, patient survey results and all the practice information on it. This will be promoted when it “goes live”.

The university have also been contacted about installing Wi-Fi in the health centre, to enable patients to access the web free of charge while they are at the practice.

### **Newsletter**

The practice produces a newsletter twice a year which is left in the waiting areas of the surgery. It has up to date advice, seasonal topics, services that the practice delivers, and other useful information. The PPG each have a copy and have been invited to advise on topics that they feel that are useful to the patient to be included on the next issue. Each newsletter also includes results of the patient survey.

### **Services that the practice provides in addition to normal services**

The sexual health service, and the over 75 health check project were discussed, how these services were delivered, advertised, accessed and what they included. The PPG gave their opinion and input into these services, which the practice found very useful, and the student representatives were unaware that we saw patients for sexual health screening that were not

registered with the practice, and would be able to update the student support information to encompass this.

### **Conclusion**

Although there has only been one meeting, it was agreed by everyone that the group would be very useful, and would be available to support the practice positively in decisions affecting patients and delivery of services in the practice.

It was also agreed that the student support representative was a good link between the university students and the practice, and that this would be a good opportunity for both parties to work together to provide better services and care to the students. In the past the links between the university and the practice have been used but not to their full advantage.

The members that represented the non-student and the student populations gave a good representation of the practice demographics, and were very keen to support the practice and gave realistic and achievable opinions and suggestions which the practice welcomed.

It was felt that the recruitment of members, the setting up of the group, and the development of the website was a success. Also the ability to communicate with members by email between meetings would enable up to date information to be disseminated when available rather than wait for the quarterly meetings.