

MARUS BRIDGE PRACTICE

LOCAL PARTICIPATION REPORT 2012

Component One – Develop a Patient Reference Group

Patient Reference Group profile		
Number of Face to Face Members	7	
Number of virtual members	47	
Age & Sex breakdown	Male	Female
Under 16 -	0	1
17 – 24 -	0	1
25 – 34 -	1	2
35 – 44 -	3	9
45 – 54 -	6	5
55 – 64 -	8	12
65 – 74 -	2	3
75 – 84 -	0	1
Over 84 -	0	0
Ethnicity		
White	20	34
Mixed	0	0
Asian or Asian British	0	0
Black or Black British	0	0
Chinese or other ethnic group	0	0
Other (e.g. no of carers/ no of unemployed/retired etc)	Male Members include: 1 x Disabled 2 x Employed 5 x retired 3X unemployed Remainder status not recorded	Female Members include: 1X Disabled 1 x Full time Carer 1 x retired 15 x employed 1x unemployed 2 X Students Remainder status not recorded

VARIATIONS BETWEEN THE PATIENT POPULATION AND THE FEEDBACK GROUP

PLEASE NOTE THE PRACTICE DECIDED TO NAME OUR PATIENT REPRESENTATION GROUP AS **PATIENT FEEDBACK GROUP** AS WE FELT THIS WAS A BETTER DESCRIPTION

Whilst the practice already had a Patient Group of 7 (who meet monthly face to face) the introduction of a PRG (Feedback Group) was very much welcomed as this would mean well represented cross section of the patient population could offer their opinions/views. Also though patients were happy to provide feedback they didn't necessarily have the time or commitment to attend meetings so the practice decided on a virtual Patient Feedback Group whereby the practice could find out the views of the group via email and also receive comments/suggestions on how the practice might improve or what the practice was doing well.

I have tried to ensure that our patient participation group is representative of our practice populations as much as possible. Though ethnicity of our patients is predominately White/British, with only 4 other ethnicities recorded in our system, the practice used personal knowledge to identify and invite individual patients of other ethnicity than White/British. Unfortunately this was unsuccessful.

I have also been mindful of recruiting members with different employment statuses to ensure opinions where varied not bias. We have members who are employed, unemployed, retired, a full time carer and students all who contribute differently to the group.

WHAT WE DID TO TRY TO ENSURE THE FEEDBACK GROUP WAS AS REPRESENTATIVE AS POSSIBLE

As we already had a face to face group we decided a virtual group would appeal more to those out of reach patients who maybe do not attend surgery often or are housebound. Opportunity to communicate via email, telephone, post was offered and detailed in the recruitment materials.

Every effort was made to ensure we had a representative number of patients involved with the group and we are still actively recruiting more. We used several techniques to advertise the group and contacted patients in various ways.

We did a 'Your Practice needs You; campaign – posters – message added to right hand side of scripts. Message on our electronic board in the waiting room.

This would initially broadcast to a large and vast range of patient's old, young, different ethnicities, and employment statuses. We thought it was important to give every patient the opportunity to join the group if they wish. This included handing out the leaflet to parents with babies/young children at baby clinic/immunisation clinics, elderly patients at the anticoagulant clinic and pregnant women during ante-natal clinic.

Active encouragement/recruitment by reception team particularly younger people and patients of non white ethnicity were contacted individually.

All new patients were (and still are) automatically given a leaflet and form to complete to join if so wish - this would also reach a good selection of patients.

We also invited by email all patients who we hold an email address for. This proved to be very successful.

Patients who don't normally attend surgery for example: housebound patients and all patients

based in residential care, random selection of younger people (aged 16-30) could be classed as “out of reach” patients and decided to send leaflets to them, explaining the group and suggested we could contact them by post/telephone or email if they struggle to come to surgery. Unfortunately this section of patients have proved to be the most difficult to recruit.

In addition our Patient Group (face to face), suggested a comments/suggestions box in reception of which only a group member has access to and these are then discussed at the Patient group meetings and feedback communicated via email, and displayed on our dedicated Patient Group noticeboard in the waiting room.

Component Two – Validate the survey and action plan through the local patient participation report

HOW THE FEEDBACK GROUP PRIORITISED WHAT QUESTIONS SHOULD BE INCLUDED IN THE SURVEY

All members of our Feedback Group have agreed to be contacted via email. I therefore compiled a short survey using Survey Monkey whereby the group members were asked to mark (anonymously) how useful they thought certain areas of questions in the wider patient survey would be. The group were also given the opportunity to list any other priorities they thought would be useful to include in the survey. A total of 31 patients completed this short survey.

All virtual group members were notified prior to completing this survey that the results would be discussed with our face to face group and the wider patient survey was agreed using the questions marked the highest score of most useful.

Component Three – Collate patient views through the use of a survey

HOW THE QUESTIONS WERE DRAWN UP FOR THE SURVEY

As described above a meeting was held with our face to face group and using the results from the short survey we identified what areas of questions our Patient Feedback group answered as most useful.

The group agreed anything with a score of over 60% should be included in the survey. There was a unanimous agreement though that though the ‘waiting time in surgery’ was below this, because of numerous comments previously received via our comments box regarding length of time waiting in practice, that this should also be included in the survey.

THE SURVEY

We agreed to aim for 100 questionnaires to be completed; this proved to be successful and we received 103 responses. They were handed out to all patients who came into contact with the practice making an appointment, ordering a repeat prescription or just making a general enquiry.

OTHER METHODS IN WHICH REGISTERED PATIENTS CAN OFFER THEIR COMMENTS/SUGGESTIONS

- The practice is using the virtual group as a 2-way communication portal whereby patients can freely email the practice (Practice manager) who will then discuss feedback anonymously every quarter at either Patient Group (face to face) or Practice meetings as appropriate. Patients are notified by email/posters/electronic board/website (in progress) of any actions taken as a result of such feedback.
- Feedback forms constantly available in reception
- Suggestion/comment box in reception with notice that only Patient Group members have access to
- Practice manager available to discuss issues with patients also to discuss things that patients are pleased with
- There is a feedback form on the website/also for general comments/issues etc

Component Four - Provide the PRG with an opportunity to discuss the survey findings and reach agreement with the PRG on changes to services

HOW WE PROVIDED THE FEEDBACK GROUP WITH THE OPPORTUNITY TO COMMENT AND DISCUSS THE FINDINGS OF THE SURVEY

A meeting was first held with our face to face patient group to discuss the results and was agreed to summarise the main issues raised and any comments along with a draft action plan. A copy of the survey results along with a draft action plan was emailed to all Patient Feedback Group members for comment/discussion.

The vast majority of the Patient Feedback Group members were pleased with the results and had no further comment except for one.

COMMENTS FROM FEEDBACK GROUP REGARDING SURVEY RESULTS

A Patient Feedback Group member suggested contacting patients who fail to attend appointments (DNA) and asking the patient why they did not attend. As this was not included in the survey and no comments were included from the patients surveyed this would not be in the action plan. Though this issue has been previously raised and is in fact on our face to face Patient Group meeting agenda to discuss in the following months. The group member was more than happy with this.

Component Five – Agree an action plan with the PRG and seek PRG agreement to implementing changes

HOW WE AGREED THE ACTION PLAN

As above .

We wanted to be sensible about how we implement changes and always keep them realistic and achievable.

COMMENTS RECEIVED REGARDING SURVEY ACTION PLAN

One member commented about the action : chairs facing the electronic board rather than at the reception desk. After explaining that a confidentiality/privacy issue was raised in the survey results and that a mixture of seating was still available the group member was happy and agreed the action plan.

ACTION PLAN

See link to Action Plan on the practice webpage

Component Six – Publicise actions taken and subsequent achievements

HOW THE LOCAL PATIENT PARTICIPATION REPORT WAS DISTRIBUTED

This was advertised in reception on the various notice boards, circulated between the group and many of them have family members registered with the practice. Also this will be uploaded on the practice website.

**THANK YOU TO ALL PATIENT GROUP MEMBERS AND FEEDBACK MEMBERS
FOR YOUR CO-OPERATION AND HELP IN IMPROVING THE SERVICE AND CARE
YOU RECEIVE AND HOPE WE CAN CONTINUE !**