

## PATIENT REFERENCE GROUP REPORT

2011/2012

In April 2011, the Government issued a Directed Enhanced Service (DES) which enables Practices to engage with their patient population regarding the services offered. Clanfield Surgery felt this was an opportunity to re-engage with their patients.

The British Medical Association (BMA) explains the key objectives of the DES to be:

*“The purpose of the Patient Participation DES is to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned by their practice. It aims to encourage and reward practices for routinely asking for and acting on the views of their patients. This includes patients being involved in decisions that lead to changes to the services their practice provides or commissions, either directly or in its capacity as gatekeeper to other services. The DES aims to promote the proactive engagement of patients through the use of effective Patient Reference Groups (PRGs) and to seek views from practice patients through the use of a local practice survey. The outcomes of the engagement and the views of patients are to be published on the practice website.”*

The Practice therefore agreed to take part in the DES, and during 2011 and 2012 the Practice has been working with their patient population. This report highlights the way in which the Practice delivered on this directed enhanced service.

Using patient registration data and information, the Practice identified that the highest percentage of patients were:

- White ethnicity
- With a varying range of ages:

0 – 64 years	6,242
65 – 75 years	762
75+ years	527

The Practice set up a Patient Reference Group and worked proactively to recruit patients to the group. The Practice used the following methods to recruit patients:

- The Practice invited patients ad-hoc, in face to face consultations and at the Reception desk.
- The Practice pro-actively marketed the reference group and virtual group on their website.
- Posters were put up in the waiting room, reception and young persons' area (13-18) inviting patients to join the patient reference group.
- Invites were attached to recall letters.
- Targeted child health and flu clinics.

We decided as part of the invite/application form to include:

- Questions relating to gender, age, ethnic background, employment details, how often they visited the Practice and if they were being reviewed for a chronic disease.
- Suggested areas the patients felt we should focus on (some ideas taken from the 2010/2011 Practice Survey).

## Patient Reference Group (PRG) Profile

<b>MALE</b>	<b>38</b>	<b>FEMALE</b>	<b>25</b>
Under 16	0		
17 – 24	5		
25 – 34	6		
35 – 44	8		
45 – 54	10		
55 – 64	17		
65 – 74	8		
75 – 84	6		
Over 84	3		
Ethnicity – White – 100%			
Visits to the Practice:			
Regularly -	16		
Occasionally -	22		
Very Rarely -	25		
Reviewed for chronic disease management:			
Asthma -	10		
Diabetes -	12		
Hypertension -	8		
COPD -	0		
Heart Disease -	2 (50%)		
Reply to the areas of the PRG ?????? to focus on:			
Getting an appointment -	19		
Clinical care -	13		
Waiting room facilities -	6		
Customer service -	4		
Time keeping -	15		
Patient information -	6		
Parking -	13		

## **Patient Reference Survey**

We based the survey by taking the 5 top areas the PRG asked us to focus on:

Getting an appointment

Clinical care

Waiting room facilities

Time keeping

Parking

63 Surveys sent.      10 Returned.

An action plan, based on the results of the survey was sent to the PRG by e-mail on 20<sup>th</sup> March 2012. The PRG were asked to reply with any response they may have within 10 days. All replies were positive and understanding. We also received a few queries regarding Clanfield's large housing development and the impact it would have on the services we offer our patients. We assured our PRG that this will be a priority topic for discussion at next year's meeting which we have decided to do both face to face and virtual.

Additional seating in the waiting room was in place on 13<sup>th</sup> April 2012.

### **Getting an appointment**

We recognise making a phlebotomy appointment is sometimes difficult. We are allocated 4 hours per week by the PCT, to have this secondary care service at the Practice. However, this service is currently being reviewed by East and South Hants Commissioning Group and we hope to see an improvement.

We do not foresee being open on a Saturday morning. We currently offer extended appointments from 7 – 8 a.m. on a Tuesday, Wednesday and Thursday which were, following a Practice surgery done last year, patients' preference.

Urgent appointments are 5 minute consultations and can be defined as an ailment that cannot wait until the next available bookable appointment.

In the near future we will be offering appointments on line via our Website.

We have already (within the last year) increased the amount of appointments by employing an additional GP and will be doing so again when our patient numbers increase with new residents in the area.

### **Clinical Care**

Our routine appointments, as recommended by the Department of Health, are 10 minutes long. Quite often a patient has a complicated illness and the consultation will overrun. Therefore the general rule of one appointment for one problem has to stay in place to endeavour to keep appointments on time.

### **Waiting Room facilities**

We are going to install some temporary seating during our busiest time on a Friday morning.

## **Time Keeping**

Due to the nature of the service we provide it is inevitable that appointments occasionally run late. Receptionists are being instructed to inform patients when they book in, if the GP is currently behind.

## **Parking**

We have the disabled bay highlighted every year. Regarding de-icing in extreme weather; we approach our landlord, the Co-op in Fareham, immediately of the problem and potential hazards, to which they respond as soon as they can. The amount of parking lots are out of the Practice's control and we do not foresee an increase in the future.

## SURGERY TIMES

<b>Day</b>	<b>Early Start A.M</b>	<b>Morning Surgery</b>	<b>Afternoon Surgery</b>
	<b>07:00-08:50</b>	<b>8:40-11:30</b>	<b>15:50-17:30</b>
<b>Monday</b>		<b>Dr. Cox</b>	<b>Dr. Cox</b>
		<b>Dr. Purnell</b>	<b>Dr. Purnell</b>
		<b>Dr. Crispin</b>	<b>Dr. Crispin</b>
<b>Tuesday</b>	<b>Dr. Cox</b>	<b>Dr. Cox</b>	<b>Dr. Cox</b>
	<b>Dr. Purnell</b>	<b>Dr. Purnell</b>	<b>Dr. Purnell</b>
	<b>(7.30-10.30)</b>	<b>Dr. Lane</b>	
<b>Wednesday</b>	<b>Dr. Purnell</b>	<b>Dr. Purnell</b>	<b>Dr. Purnell</b>
	<b>Dr Crispin</b>	<b>Dr. Crispin</b>	<b>Dr. Crispin</b>
	<b>(7.30-10.30)</b>	<b>Dr. Lane</b>	
<b>Thursday</b>	<b>Dr. Crispin</b>	<b>Dr. Crispin</b>	<b>Dr. Crispin</b>
	<b>Dr Cox</b>	<b>Dr. Cox</b>	<b>Dr. Cox</b>
	<b>(7.30-10.30)</b>	<b>Dr. Lane</b>	
<b>Friday</b>		<b>Dr. Cox</b>	<b>Dr. Cox</b>
		<b>Dr. Purnell</b>	<b>Dr. Purnell</b>
		<b>Dr. Crispin</b>	<b>Dr. Crispin</b>

