

LOCAL PATIENT PARTICIPATION REPORT PRIORSLEGH MEDICAL CENTRE.

2012/13

Introductory Guidance.

The purpose of Patient Participation is to ensure that our patients are involved in decisions about the range and quality of the services provided and, over time, commissioned by the practice. This includes patients being involved in decisions that lead to changes to the services the practice provides or commissions, either directly or in its capacity as gatekeeper to other services. The following report details the ongoing development of our Patient Reference Group (PRG) and the results of our most recent patient survey, together with agreed new practice developments.

1a/b Patient Reference Group development and profile of members.

Priorslegh Medical Centre started to recruit members for its PRG in late Summer/early Autumn 2011. The initial steps involved a discussion as to how we would best develop a PRG that was truly representative and sought to include individuals who tend to be under-represented in such groups. We have strived to comply with Equality and Diversity legislation and attract individuals with protected characteristics. We identified valuable resources in recruiting 'hard-to-reach' groups such as our regular contacts with School Nurses; MacMillan Nurses; Community Matrons; Midwives; Health Visitors etc.

Recruitment methods used included the following –

- LED display invitations.
- Prescription printed messages.
- Practice posters.
- Website invitations.
- Specific invitations generated by identification of patients with protected characteristics.
- Invitations at new patient registrations.

Profile of members.

We have recruited 14 new members to our PRG with ages ranging from those in their 40s to 80s. We are pleased to have included individuals with protected characteristics including those with significant disabilities secondary to trauma or degenerative conditions. We also have representation from patients on our palliative care register via carer representatives. We acknowledge that despite our best efforts our group is under-representative of those under the age of 40, pregnant women, young mums, those suffering mental health problems and ethnic minority groups etc. This has arisen despite specific invitations and the involvement of primary health care staff from various backgrounds to facilitate wider involvement. We propose to further develop our PRG over the next 5 years to include a more diverse population and will continue to positively discriminate in the selection of those with protected characteristics. A further round of recruitment has just taken place late Autumn/Winter of 2012-13 after a dip in active members and to bolster the sterling work being undertaken by our Chairperson.

c The initial meeting and PRG agreement of priorities.

Regular meetings have taken place throughout the year and the most regular attendees have been our PRG Chairperson Ed Blundell; Practice Manager Angela Wales; IT lead Antony Reilly-Cooper and GP lead John Burnett.

Agreement has been reached after discussion about what key developments the PRG would support and these have included:-

- Ongoing website development with a specific PRG page.
- Development of an electronic prescription system.
- Expansion of internet booking of appointments with a number of different health care professionals.
- Proposal to develop internet based access to medical records as a feasibility pilot.

d The Practice Survey

The Practice agreed to run a patient survey that focused on the areas identified by our PRG. The practice was also keen to survey areas that would promote optimisation of access into the practice, and also from the practice to other services in its role as co-ordinator of care.

We utilised many of the question formats of the Ipsos MORI GP Patient Survey (2009-10) commissioned by the Department of Health as we wanted to use well validated and tested questions. We focused on patients views about access to healthcare that the practice provides together with knowledge of out-of-hours arrangements; telephone triage experiences and communication preferences.

To this end 290 surveys were handed out at random to patients who were in the waiting area and the results presented in easily interpretable pie charts (appendix 1).

e The discussion/feedback meeting with the PRG.

A further meeting took place between the PRG and 3 members of the practice staff – Tony Reilly-Cooper, John Burnett and Angela Wales on the 4/3/13. We discussed in detail all the findings of the patient survey especially with reference to those priority areas identified. An interesting and stimulating discussion ensued and out of this we developed some clear shared objectives.

f Details of action plan.

An action plan was agreed with the PRG and focuses on IT changes that promote better communication and true partnership with our local population. Improved patient access via internet booking, electronic prescribing and proposals for electronic access to records are amongst the key proposals.

Developments agreed were as follows:-

1. Continued website development and a dedicated PRG page led by our Chairperson Ed Blundell.
2. Ongoing electronic prescribing pilot.
3. Expansion of electronic appointments that are pre-bookable.
4. Proposed pilot of electronic access to patient records – small pilot study Summer 2013

g Summary of evidence relating to proposals arising out of local practice survey.

We have analysed the patient survey and although overwhelmingly positive have picked up on some key areas for improvement. When asked about ease of getting through to someone at the practice 10% of our sample found this difficult ; when asked if they were able to get an appointment or speak to someone again 19% said yes but had to call back and 7% were unable to achieve this. Only 8% of appointments were being booked on-line but there was wide acceptance of electronic modes of contact – 19% stating this as preferred method of communication. These are areas we need to improve in and our PRG in partnership with us agree the proposals this year will lead to improvements for patients and staff alike.

h Action plan – issues and priorities

1. ***Website development*** – the practice and its PRG views communication as key to the success of a number of proposed developments. A new look practice website has been a real focus over the last 12 months. Visitors to our new website have access not just to appointments and repeat prescriptions but can learn about new services being offered or read one of the many regularly updated articles on health related issues.
2. ***Electronic prescribing*** – The PRG have been intimately involved in the roll-out of electronic prescribing. Members met at an early stage with Andrew Swift (Medicines Management Team lead) and local pharmacists to discuss the feasibility of a pilot project in Poynton. The pilot is now up and running and is popular with patients and Drs alike – patients appreciate the convenience and improved speed of the process and Drs see benefits of improved safety when viewing large numbers of prescriptions.
3. ***Internet appointment booking*** – Access remains a key consideration and we always struggle to meet patient demand. The PRG identified electronic appointments as a very popular and convenient way of making an appointment. Hence we plan to steadily increase the numbers of appointments that may be pre-booked electronically as well as extending this to include nurse practitioner and some practice nurse appointments.
4. ***Access to medical records*** – To further fortify communication and trust with our patient population we propose to run a pilot of shared electronic access to medical records with a small cohort of patients – coming summer 2013.

i Core opening hours of the practice

The practices core opening hours are 0800 to 1830 Monday to Friday excluding Bank Holidays.

Out of hours covers 1830 to 0800 and all weekends and Bank Holidays.

j Extended opening hours.

The practice currently provides additional opening under the Extended Hours (DES) and these run from 0700-0800 and 1830-1930 Mondays or Tuesdays.