

## *LOCAL PATIENT PARTICIPATION REPORT PRIORSLEGH MEDICAL CENTRE.*

*2013/14*

### *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.

### *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 took place in the spring of 2013 after a dip in active members and to bolster the sterling work being undertaken by our Chairperson.

### *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 the key developments the PRG would support and these have included:-

- The organisation of a yearly Health Forum to take place in the Civic Centre.
- Following on from this better engagement with both voluntary and state provided support services to promote better partnership across health and social services in line with the Caring Together principals.
- A patient survey focusing on patient views about accessing the most appropriate service in several distinct clinical scenarios.
- Following on from this the development of better 'signposting' at every contact with the practice.

### *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.

The survey incorporated a quiz format that was quick and interesting to complete and assessed patients knowledge and attitudes re first contact in the healthcare arena. This was very much motivated as an assessment of where we are now after several years of promoting better use of the most appropriate healthcare provider whether it is Primary Care/Out of Hours/Accident and Emergency or the Minor Ailments Service run by local pharmacies.

### *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 13/3/14. 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.

### *Details of action plan.*

An action plan was agreed with the PRG and focuses on promoting better communication and true partnership with our local population. Primary Care in the UK has to change to adapt to the increasing demands of both a more consumerist and aging population. The choices that a patient has to make regarding whom to contact in any given scenario can be confusing both in and out of hours. We need much clearer patient pathways to signpost patients to the most appropriate professional or organisation. This very much is in line with the concept of Transformational Care and the principals of Caring Together engendered by our local CCG.

### *Developments agreed were as follows:-*

Signposting initiative to be active at all levels of patient contact with the practice whether this is a receptionist signposting to a local Minor Ailments Service or a GP directing a late afternoon visit request to the Out of Hours Visiting Service.

Ongoing review of appropriateness of Accident and Emergency attendances and advice leaflets to those giving all the various options for future contacts eg Telephone Triage Service 8-1830 or NHS Direct/111/Out of Hours Triage.

Proposal for a PRG representative to attend the Caring Together Meetings to see how multidisciplinary Team Working takes place. (issue re confidentiality to resolve)

The Patient Journey – a proposal to design an interactive map for display in the surgery waiting time. The concept showing how to access appropriate health or social care in any 24 hour period quickly and effectively and how to avoid inappropriate access into services that may slow the patient journey or lead to long delays – could be based on Monopoly Board concept. Could also be formatted into brief leaflet to send to appropriate patient groups.

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

The patient Survey this year has been very different to previous years. It is much more of a quiz type format and some of the answers or not as clear cut as one might first think. A series of scenarios that may befall any one of us are presented followed by a range of healthcare choices and the patient is asked to select the most appropriate one. A sample of 100 such surveys have been analysed and it is clear that patients often feel slightly bewildered by what to do – do I phone 999/my GP/NHS direct? It is clear that there is a need to streamline access to healthcare and the old concepts of everting going through the GP as the gatekeeper need to change.

### *Action plan – issues and priorities*

### *Signposting Initiative*

Following on from Telephone Triage training that has been completed by all first line staff in the practice we propose to devote a Wednesday educational afternoon to a refresher but with a key component being signposting as we feel at least 30% of the calls received each day can be more effectively directed to a specific team member within the practice or a health or social care provider outside the practice.

### *Total Triage*

Leading on from the work and proposals of the PRG it is clear that Primary Care needs to change and adapt. To this end the practice is looking at the possibility of working very differently with the triage of every call coming into the practice by a GP or Nurse Practitioner. This will be a huge change in the way we all work but we feel will have huge benefits that fit in with Multidisciplinary Team Working/Caring Together principals and the CCG agenda for Transformational Care

### *The Patient Journey*

The proposal to have a reception map could be designed as an electronic touchscreen interactive game and Tony Reilly-Cooper (IT lead for PRG) has been tasked to explore this concept. A paper based leaflet giving contact numbers and example pathways is also under development.

### *Caring Together/The Patient Forum event*

The Patient Forum was a great success with a tremendous attendance – it was well thought out and was held on one of our Influenza/Shingles vaccination Saturdays in the autumn. It brought together so many different health and social care providers eg MacMillan Nurse Service/Age Concern/Citizens Advice/Caring Organisations etc. It certainly has fitted in with the agenda of multidisciplinary team working and better signposting. The PRG have done a tremendous job organising the event in our local Civic Centre and getting sponsorship from Waitrose who ran a healthy eating fruit counter on the day. It is anticipated that the PRG will continue to make this an annual event to take place each autumn.

### *Core opening hours of the practice*

The practice's 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.

*Extended opening hours.*

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