



Patient Participation Report 2011/12

Produced for the Patient Participation DES
2011/2013

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This report shows how the Practice has engaged with the Patient Participant DES and the outcomes of the patient survey.

1. Establishing a Patient Reference group
2. Method and Process for agreeing Priorities for a local Practice Survey
3. Details and Results of the local Practice Survey
4. Discussing the results with the Patient Reference Group
5. Agreeing an action with the Patient Reference Group and Patient Liaison Group
6. Publishing the local patient participation report

Background of the Practice

Stanford Medical Practice has nearly 16,000 patients registered across 3 branch surgery and two schools. It is open Monday to Friday 8.00am to 6.00pm and has appointments only during extended hours on Monday evening 6.00 – 9.00pm and Saturday morning 8.00 – 11.00am. During core hours patients can call or drop in.

All sites are accessible but at Islingword Branch disabled patients who are unable to use the stairs to the first floor are seen by the Doctor in the nurses' treatment room on the ground floor.

The Cockcroft Branch is only open mornings in term time; outside of these hours patients can be seen at the other surgeries.

The Patient Liaison Group meets approximately every 3 months.

1. Establishing a Patient Reference Group

We already had a small Patient Liaison Group established so it was decided to increase the size of the group with a virtual patient reference group to obtain views from a cross section of registered patients.

Questionnaires/Invitations to join the virtual group were handed out and available on the website during September.

The profile of the Patient Reference Group and Practice Population:

		Practice
0 – 16	2	2365
17 – 24	7	3586
25 – 34	5	2774
35 – 44	5	2173
45 – 54	14	1899
55 – 64	19	1321
65 – 74	74	886
75 – 84	25	515
Over 85	15	456

59% of members are female – 41% of members are male

Ethnicity

White Irish	1
Other ethnic	2
White Black African	2
Other Asian	4
White British	157

Practice Population

Female 7595

Male 8194

The initial invites for membership of the group were sent out before the finalised template from the PCT was issued hence some of the data asked for is incomplete. There was a good response with 166 respondents.

As a result of asking for virtual members there were 11 new members to the Patient Liaison Group.

2. Method and Process for agreeing Priorities for a local Practice Survey

At the Patient Liaison Meeting on 3rd October the priorities for the survey were discussed based on previous survey questionnaires and feedback from the virtual participation group. These priorities were then sent to the virtual participation group for comment/agreement.

The priority areas from the virtual patient group were:

Getting an appointment	Clinical care	Telephone answering and access	Waiting room facilities	Customer service	Time keeping	Patient information	Opening times	Parking
40	36	3	3	25	7	19	4	4
28.4%	25.5%	2.1%	2.1%	17.7%	5.0%	13.5%	2.8%	2.8%

These were then summarised in to three main categories using the Primary Care Commission software that is being used for the DES:

- Getting an appointment
- Clinical service
- Customer service (non clinical aspects such as reception staff, getting information)

At the next Patient Liaison Group meeting on 12th January any comments received from the virtual patient group were fed back and questions from the patient survey software were reviewed and agreed. By putting in the priority areas a question bank for this area is shown allowing us to pick the most relevant questions.

The questions were then finalised before sending out to patients.

3. Details and Results of the local Practice Survey

The survey was put together using the Primary Care Commissioning Software package with compulsory questions included and this ensured that the questions were not leading. The survey was then sent to virtual patient group, available on the website and in all the surgeries to be completed. Some surveys were sent to a local care home whose manager is on our patient liaison group to get the residents to complete. See separate survey report.

We had a poor response with only 172 surveys being completed when 600 were printed.

4. Discussing the results with the Patient Reference Group

The patient liaison group met on the 12th March to discuss the findings of the survey and a summary of the report and the full survey was then sent to the virtual patient reference group for comment. A proposed action plan was also discussed and circulated to members for consultation.

5. Agreeing an action with the Patient Reference Group and Patient Liaison Group

Following consultation with the groups the action plan for the coming year was agreed:

- Investigate when the appointment system could be opened up for some appointments to be booked on line and promote to patients when this becomes available by October 2012
- Focus group with patients at Cockcroft Surgery in April/May to discuss how the branch surgery meets their needs
- Look at a timetable of what days Doctors work being available to patients by July 2012
- Develop a news page on the website for patients by September 2012
- Develop posters/information to reduce the number of DNAs by September 2012

6. Publishing the local patient participation report

The full survey report and the Local Participation Report was published on the Practice's website on the 28th march 2012 and sent to the PCT on the same day.

7. Actions taken to improve representation of Practice on patient groups for next year:

- 1) Low representation of patients at the Cockcroft branch which is the surgery for Brighton University
 - a focus group is being set up to gain feedback and regularly views from this patient group
- 2) Low representation from 25 – 44 age group – look at particular services or clinics they use and target these
- 3) Look at improving interaction with virtual patient participation group

8. Feed back on process

The pdf format of the survey is poor quality and needs to be improved if used next year.