

Athena Medical Centre

Local Patient Participation Report

Introduction

The purpose of this report is to set out the details of on-going work by the practice to ensure that patients are involved in decisions about the range and quality of services provided by the practice. The practice aims to promote patient engagement through the use of a Patient Reference Group (PRG) and through practice surveys.

In the past, the practice engaged patients through a small group of patients. Over the last few years, this small group got even smaller leaving only two regular members. The practice has had discussions regarding the best ways to recruit more members to join the patient group. It was agreed that posters will be displayed in the practice and invitation to join our PRG will be advertised on the practice website. It was also agreed that the GPs and the Practice Manager will approach patients and invite them to join.

We also agreed to use a range of methods to communicate with the group members in order to make it as assessable and inclusive as possible. Members are encouraged to use any means of communication that is most convenient to them. Methods of communication used by members include face-to face during patient group meetings, face-to-face individually, email or through the practice website.

After advertising and approaching patients, we were able to recruit 8 more members, making a total of 10 members. The practice would like to thank all our Patient Reference Group members for their valued time and feedback.

Profile of members of the Patient Reference Group (PRG)

The practice has a list size of about 5,700 patients with a high Afro-Caribbean population. Other ethnicities represented in the practice population are White and Asian. There is a small population of patients of Turkish and Chinese ethnic origins.

The practice has a below national average elderly population. Only 3% of the practice population are over 75 years old. The highest age range represented in the practice is 25 years – 54 years (58% of the practice population). Patients under the age of 16 make up 18.7% of the practice population. As the practice has a relatively young population, patients with children are relatively high.

There is a mix of employed and unemployed patients registered at the practice. Male patients make up 50.6% of the practice population while female patients make up 49.4% of the practice population.

As part of this engagement process, the practice has worked hard to engage registered patients to form a PRG that is representative of the practice population. As agreed at one of the practice meetings, in addition to putting up posters and advertising on the practice website, GPs and practice staff

approached patients individually to ensure that all groups are represented where possible. New patients were also approached by reception staff during registration.

The following groups of registered patients are represented in our current PRG:

- Males
- Females
- Afro-Caribbeans
- Asians
- Whites
- 30-54yrs age group
- Over 70s
- Employed
- Unemployed
- Pensioners
- Parents with young children

Unfortunately, the practice has been unable to encourage participation from the Chinese and Turkish communities. Patients from these communities did not volunteer to join the group following various adverts in the practice and on the practice website. GPs and the Practice Managers spoke to some of the patients individually but none of the patients were willing to join the group. Some patients were approached by the reception staff at registration but again, this strategy was unsuccessful.

The practice will continue to explore further strategies that could be deployed to encourage participation.

Patient Survey

In order to continue to find out the views of patients about our services, the practice carried out another patient survey in February 2012. The practice communicated to the PRG via letters and email to find the areas to be covered by the local patient survey. The group members responded both by email, telephone and face-to-face. All the views of the group members were collated.

Due to the variety of priorities identified by the group, it was agreed that a patient survey that is comprehensive enough to gather views on a wide range of areas including all the identified priorities would be most appropriate. The priorities identified by the group included:

- Length of waiting time
- Health promotion
- Ability to speak to a doctor
- Longer opening hours
- Complimentary medicine

The practice and the group agreed to use the same survey tool used last year - one of the nationally recognised survey tools – Improving Practice Questionnaire (IPQ) to carry out the survey. The questionnaire covered all the identified areas and more. The collation and analysis of the survey results

were outsourced to CFEP UK Surveys. Extensive published studies have established that the IPQ is a reliable and a sensitive tool for accurately measuring patient satisfaction in various areas.

Notices were put up in reception and patient awareness leaflets were given to patients advertising the patient survey. Patients that attended the practice for appointments during the two-week survey period were offered questionnaires.

210 questionnaires were given out, 168 patients returned their questionnaires. The practice would like to thank all the patients that participated in the survey.

Once the survey results were received from CFEP UK Surveys, they were sent out to the PRG members. PRG members were then invited to a meeting at the practice to discuss the findings. Members who stated that they could not attend, were encouraged to communicate their comments by email, telephone or face-to-face to the Practice Manager. Summary of the results and statistical evidence are included in the appendices.

Survey results

Practice staff and Patient Group members looked at the results as a whole including written patient comments to obtain a complete picture of the practice performance. It was noted that 76% of respondents rated the practice as good, very good or excellent. This figure was 83% last year. The group agreed to concentrate efforts on three areas that suggested need for improvement. Key findings of the survey were:

Length of waiting time in the practice

This is an area with the lowest score and also where the practice deviated most from the national benchmark. It was recognised that long waiting time can be frustrating for patients especially those with young children. There was a discussion regarding why doctors run late at times and what could be done to improve the problem. It was agreed that patients need to be educated on the use of their consultation time.

The group recognised that it is not always possible for doctors to see patients within the allocated 10-minute consultation time for various reasons. An increase in the allocated time will have a negative impact on capacity. When doctors are running late, the reception staff must inform patients on arrival and give them an indication of the waiting time.

The group agreed that to help reduce waiting time, patients with multiple non-urgent problems will be asked to make further appointment. All patients that need to see a doctor must have a separate appointment regardless of age or relationship to another patient with an appointment. More catch-up slots (with no patients booked) will be added to appointment slots to help reduce waiting time.

The practice also agreed to look at putting all these information across to patients electronically.

Speak to practitioner on phone

There was a discussion regarding the difficulties that patients have in speaking to a practitioner over the phone. The practice has a time for patients to speak to a practitioner for advice – between 12.30 and 1pm. Sometimes, due to surgeries running late, doctors are unable to take calls at that time. Although patients are offered a call back, they have expressed that the service is not working properly.

Since morning surgeries often extended beyond the phone consultation time, it was no longer reasonable to ask patients to call at this time. It was agreed that the telephone consultation time will be changed to 3.30 to 4pm. The telephone system will be re-programmed to update this information.

Comfort of waiting area

Patients commented that when doctors are running late, the waiting area becomes too full and uncomfortable.

The practice acknowledges that it has a small waiting area but there is a second waiting area that is not used to its full capacity. It is currently only used by ante-natal patients and for baby clinic.

There was an agreement to use the second waiting area for patients attending hypertension clinic, diabetes clinic, psychology clinic and heart failure clinic.

Summary of action plan

Priority for action	Proposed changes	Who need to be involved	What is an achievable time frame
Length of waiting time	<ul style="list-style-type: none">• Electronic patient information system• More catch-up slots to be added to appointment slots• Patients with multiple non-urgent problems to book further appointment• All patients to make separate appointments regardless of age	Practice staff	6 months
		Practice Manager	Immediately
		Patients	Immediately
		Patients	Immediately
Speak to practitioner on phone	<ul style="list-style-type: none">• Practice to change telephone consultation time to 3.30 to 4pm and update telephone message	Practice manager	1 month
Comfort of waiting area	<ul style="list-style-type: none">• Make use of the second waiting area for patients attending hypertension, diabetes , heart failure and psychology clinics	Practice Staff	3 months

Practice Opening Hours

	Morning	Afternoon
Monday	9:00 am - 1:00 pm	3:30 pm - 8:00 pm
Tuesday	9:00 am - 1:00 pm	3:30 pm - 6:00 pm
Wednesday	9:00 am - 1:00 pm	3:30 pm - 6:00 pm
Thursday	9:00 am - 1:00 pm	<i>closed</i>
Friday	9:00 am - 1:00 pm	3:30 pm - 6:00 pm
Weekend	<i>closed</i>	<i>closed</i>

To make an appointment, patients can call in or telephone reception. A separate appointment is needed for each patient to be seen. Routine appointments can be booked up to one month in advance. Extended hours appointments are available with a doctor every Monday from 6.30 to 7.45 and with the Practice Nurse every Monday from 6.30 to 8pm.

Patients are advised to telephone the practice at 9:00am or call in at 9:00am on any weekday to see the doctor on the same day. The practice phone is switched over to the out-of-hours service when the surgery is closed during the day and at 6.30pm every day; except Thursdays when it is switched over at 1pm.

The practice no longer accepts telephone order for repeat prescriptions. To order repeat prescription, patients are advised to order in person, fax their request, post their request, register with a local pharmacy or order on-line via the practice website (www.athenamedicalcentre.co.uk). The prescription will be ready for collection 48 hours later. Prescriptions can be posted by practice staff if a stamped SAE is provided with the order.

All other services are available by contacting the reception in the practice or on the phone. Details of all the services provided by the practice and how to access them are available on the practice website and practice leaflet.