

OAKFIELDS HEALTH CENTRE

PATIENT PARTICIPATION REPORT

JANUARY 2014

Report compiled by:

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Contents

- 1) Introduction**
- 2) Patient Reference Group**
 - **Profile of PRG Members**
 - **PRG meetings**
- 3) The Patient Survey**
- 4) Analysing the Survey results**
- 5) Formulating the Action Plan**
- 6) Implementing the Action Plan**

1) Introduction

Oakfields Health Centre moved into new premises in April 2008. The new building is purpose-built and easily accessed by all patients or visitors, including those with limited mobility. There is ample parking space for cars and bicycles on site.

The practice list size has increased by 174 patients over the last year and currently stands at 3833 patients

Oakfields is a dispensing practice. This means we are able to dispense medication directly to patients who live more than 1 mile (“as the crow flies”) from a community pharmacist.

We aim to provide patients with a choice of health care professional. We have two male doctors and a female doctor, supported by a team of skilled nurses. Each member of our team has a particular area of expertise or special interest and you have the right to ask to see the practitioner of your choice

The practice has a Business Manager who has overall responsibility for the daily management of the Practice and an Office Manager who provides operational management and support.

The practice core opening times are as follows:

Day	Time
Monday	8.30am – 6.00pm
Tuesday	8.30am – 6.00pm
Wednesday	8.30am – 7.15pm
Thursday	8.30am – 12.30pm
Friday	8.30am – 6.00pm
Dispensary	As above but closed 12.00 – 2.00pm and 6.00pm on Wed

During 2013/2014 we engaged with the North Durham Clinical Commissioning Group ‘Winter Pressures’ initiative to provide additional capacity at the practice on both Saturdays and Sundays over the busy winter period from October to the end of March:

Day	Time
Saturday	08.00am – 6.00pm
Sunday	08.00am – 6.00pm

Seeking the views of the Practice patients

The Practice has always valued and engaged in seeking views from its patients with respect to the services it provides and to this end a patient participation group was established in 2006.

However, in order to engage with its patients in a more meaningful manner, the practice considered ways in which it could do this and the Patient Participation Enhanced Service and rebranded Patient Reference Group (PRG) forum provided an ideal opportunity to formalise the patient involvement and feedback process.

Patient feedback surveys were initially developed in consultation with the practice management team and via feedback from the PRG. The annual surveys were made available to a representative demographic of patients attending the practice during November 2013. 80 responses were received and cfep UK surveys subsequently collated the information into a comprehensive survey report to be shared with both the practice staff and patients.

Action	Completion by
Develop patient survey and circulate to representative patient demographic group	November 2013
Collate survey results and review by Practice Management Team	December 2013
Hold PRG meeting to discuss results and formulate action plan	January 2014
Circulate survey results and post to practice website	February 2014

2) Patient Reference Group

In Autumn 2013 the practice Business Manager, Office Manager and GP Principal once again considered the current representation of the Patient Reference Group and how this could be enhanced in order to ensure that we had a representative patient demographic. As we were holding a charitable coffee morning in the practice on the 23rd September it was felt that this provided an opportunity to involve the current PRG members in the organisation of the event, serving of refreshments and the potential recruitment of new members to the group. This proved to be successful with 2 new members established at the PRG meeting held in January 2014

Profile of PRG Members

Profile of the current group is as follows:

Demographic	Profile
Age	40 - 80
Sex	A mix of male and female service users
Family status	Younger family members
Employment status	A mix of employed, stay at home & retired
Medical Conditions	A mix of service users with chronic medical conditions and some without (i.e. regular & irregular service users)
Professional / Non Professional	Involved / influential in the local community

PRG Meetings

The first meeting of the newly rebranded PRG was held in March 2012, at which the aims and objectives of the PRG were shared and agreed with the group. Subsequent to this inaugural meeting the PRG has continued to meet on a quarterly basis to discuss practice issues both clinical and non-clinical. For 2013-14 this has included review of the appointment system; waiting times in reception; North Durham CCG initiatives, content of the practice newsletter; services provided by the practice and new developments.

3) The Patient Survey

Developing the Survey

In response to internal and external feedback the initial patient survey was developed to incorporate specific operational and customer service issues that affected the practice on a day to day basis. Various surveys were reviewed to ascertain the best format and layout in order to maximise responses.

The survey is in the form of a 28 question tick box questionnaire.

The content of the survey has been reviewed on an annual basis by the PRG and a consistent decision reached that the questions should remain unchanged to enable an accurate comparison of results year on year.

Each year a random selection of patients have been selected and encouraged to complete the survey whilst waiting for their appointment with the GP or Practice nurse.

All surveys have been completed anonymously and deposited in a collection box in reception

The closing date for completion and return of this year's annual survey was the 2nd December 2013.

The results were subsequently collated for presentation at the PRG meeting scheduled in January 2014.

4) Analysing the Survey results

The members of the PRG met on the 15th January 2014. The meeting was chaired by Catherine McBride, Business Manager.

The results of the annual survey were presented to the group and they actively discussed and debated the analysis.

The key findings were presented to the PRG, including positive and least positive responses and % comparisons year on year.

During the discussions there were a number of pragmatic and practical ideas from the group, particularly in regard to the main issue of how to improve waiting times in reception.

5) Formulating the Action Plan

Following the discussion around the results, the PRG agreed the following key areas for this year's practice action plan:

No.	Action	Completion by
1	Hold workshop with the practice team to discuss how waiting times can be improved. Ideas to be considered: <ul style="list-style-type: none"> • Additional GP clinics • Nurse Practitioner triage • Extend length of appointments • Use of new technology ie skype/faced time consultations 	June 2014
2	Review accessibility, monitor waiting times in reception and amend the appointment schedule where appropriate	Ongoing 2014
3	Explore the option of independent analysis of the appointment system (Patient Access) or visit to a higher performing practice	June 2014
4	Include results of the survey and advice re waiting times in the spring newsletter	Ongoing 2014
5	Formulate patient fact sheet to include: <ul style="list-style-type: none"> • 1x10 minute appointment = 1 problem • Identify number of problems to ensure appropriate appointment length • Keeping to appointment time 	June 2014
6	Maintain regular communication re new services/NDCCG initiatives via patient newsletter. PRG members to be involved in developing ideas and content	Ongoing quarterly in 2014
7	In consultation with the local Clinical Commissioning Group (NDCCG), actively engage in initiatives to improve accessibility ie. additional weekend clinics	Ongoing throughout 2014
8	Review patient survey content in October PRG meeting and repeat survey November	Annually
9	Review PRG group membership to ensure a representative patient demographic. Update posters; include in newsletter; Business Manager and PRG members to promote membership	Annually
10	Maintain regular PRG meetings	Quarterly throughout 2014

6) Implementing the Action Plan

Implementation and monitoring of the action plan will be undertaken on a quarterly basis over the next 12 months by a combination of the following:

- GP Principal
- Practice Clinicians
- Business Manager
- Office Manager
- Patient Reference Group