

ST. MARY'S MEDICAL CENTRE
2013/2014 PATIENT PARTICIPATION LOCAL PARTICIPATION REPORT

Practice Details

Practice	St. Mary's Medical Centre
Completed by	Ann Galbraith – Practice Manager

Patient Reference Group (PRG) Profile

Number of face to face members	0	
Number of virtual members	<p>We originally had 23 members within our virtual group and 2 of these were health care workers who work with our elderly patients and substance misuse patients. In the last 12 months 1 patient has left our list and 1 patient has deactivated their email address.</p> <p>We have recruited 3 new members which brings our total virtual members to 24</p>	
Age & Sex breakdown	Male	Female
Under 16 -	0	0
17 – 24 -	0	0
25 – 34 -	1	1
35 – 44 -	1	2
45 – 54 -	7	2
55 – 64 -	3	2
65 – 74 -	1	0
75 and over -	0	2
The ages of the two health care workers is unknown		
Ethnicity		
White	10	7
Mixed		
Asian / Asian British		
Black / Black British		
Chinese / Chinese British		
Other ethnic group		
The ethnicity of the 2 health care workers is unknown. We do not have the ethnicity of 5 patients recorded on our system.		

Employment Status – unknown as we do not record employment status		
Employed		
Unemployed		
Retired		
1 patient is a carer 1 patient has a carer		

PATIENT GROUP

The practice had attempted to set up a patient group in the practice previously but this resulted in a fairly low number of participants which were not representative of our practice population. It was decided with this in mind to set up a “virtual” patient participation group using the following strategies to recruit patients:

- All medical staff were briefed on the formation of the group and asked to directly recruit patients opportunistically when visiting the surgery.
- Flyers to allow people to “sign up” were placed at reception (appendix 1)
- Advertisement on the surgery website
- Flyer attached to every electronic prescription request.

We also recognised that within our practice certain demographic groups would naturally gravitate away from participation in this kind of project. The following sets out how we tried to redress this imbalance:

Substance Misuse

As a practice we have close links to the substance misuse service. We have many registered patients with problems with addiction who not only regularly access routine appointments but also attend a weekly clinic run by a key worker from the community drug team. He was approached directly to try and recruit patients from his clinic. Confidentiality of personal information was a particular concern for this group of patients and despite reassurances on this we were unfortunately unable to recruit a single participant. For this reason we decided to approach our liaison drug worker to participate to the group on behalf of his patients. He has kindly agreed to do so and is currently responding to feedback as part of the E-Group.

Elderly Patients

We are proud of our well established links to nursing homes in the area and have many registered patients residing in homes locally. We recognised that this group were particularly important to include but because of frailty and cognitive problems were at risk of being excluded from this computer based project. We decided therefore to approach a senior carer in a home locally we have close ties with to act on behalf of the group of patients to ensure they were represented.

Young People and those with Chronic Disease

Specific effort was made to include young people and those with chronic disease in the project.

A young man with chronic mental health problems was recruited following a direct approach. Our health care support worker ran several baby clinics where every mum attending was asked if she would like to join, which resulted in two new members. We also made efforts to

include those on chronic disease registers and specifically approached those attending annual review clinics. As a result we have several members with chronic diseases such as diabetes, asthma and hypertension.

We have continued to try to recruit new members of the virtual group via the website and by having flyers in the waiting room. The three new members of the group completed the response form which is on the practice website. All of our members are British and we have been unable to recruit patients from other ethnic backgrounds.

2013/14 Priorities

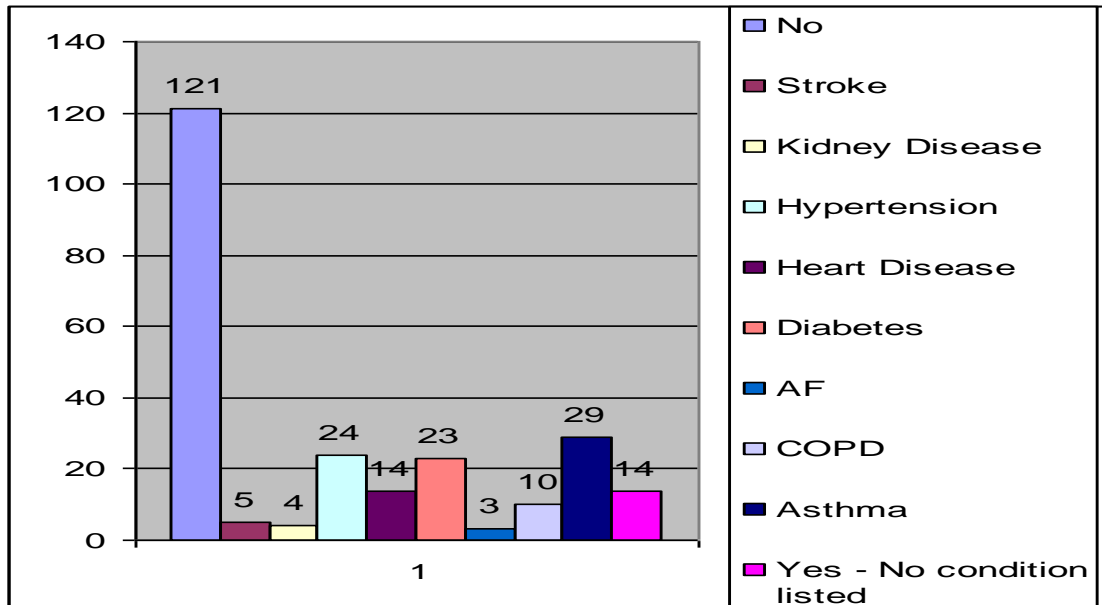
Our senior practice nurse is reducing her hours as from April 2014. She currently works 37.5 hours per week but is reducing to 24 hours per week. We have recruited a further practice nurse to work alongside us and she starts working with us in mid March. She has not worked in primary care before so will need training. Historically our nurses have been involved in the administrative side of the recall of patients with long term conditions such as asthma, diabetes, hypertension, heart disease etc. In order to sustain the amount of practice nurse appointments we will have available, we want to revamp our recall systems and our administration team will take over the responsibility of the recall systems in the future.

The practice therefore felt that this was a priority area of improvement so we sent an email to all our group members asking them if they agreed that "The Recall of Patients with Long Term Conditions" was a priority area. We asked them to confirm by the 11th February that they were happy to go ahead with a survey based on "The Recall of Patients with Long Term Conditions" and informed them that after this time we would put together a survey and send it to them for approval prior to it being given out to patients to complete. We did not receive any objections to this priority area.

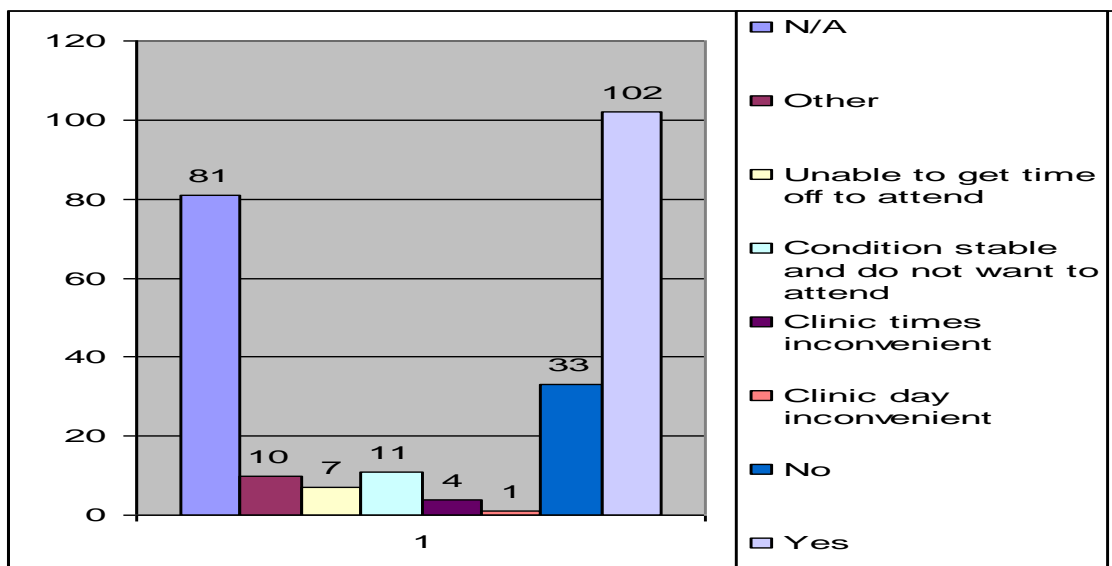
The practice produced a survey which included an explanation about revamping our recall system on the front page and on the following page there were 5 questions to answer. We then emailed the survey to the group asking them for their opinions on design, content and length and whether they had any other suggestions or comments. One of the group did comment on one of the questions which resulted in it being changed slightly. The survey was then given out to patients attending the surgery for an appointment or to collect prescriptions etc. We also made the survey available on the practice website and sent a link to the survey when we replied to repeat prescription email requests.

2013/14 Local Practice Survey Results

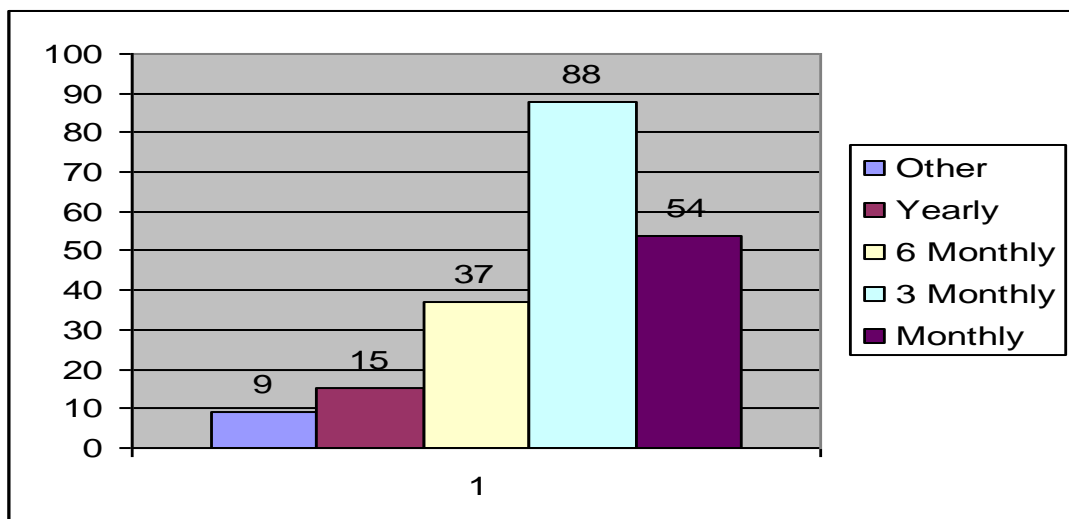
Question 1 – Do you suffer from any of the long term conditions listed above and if so which?



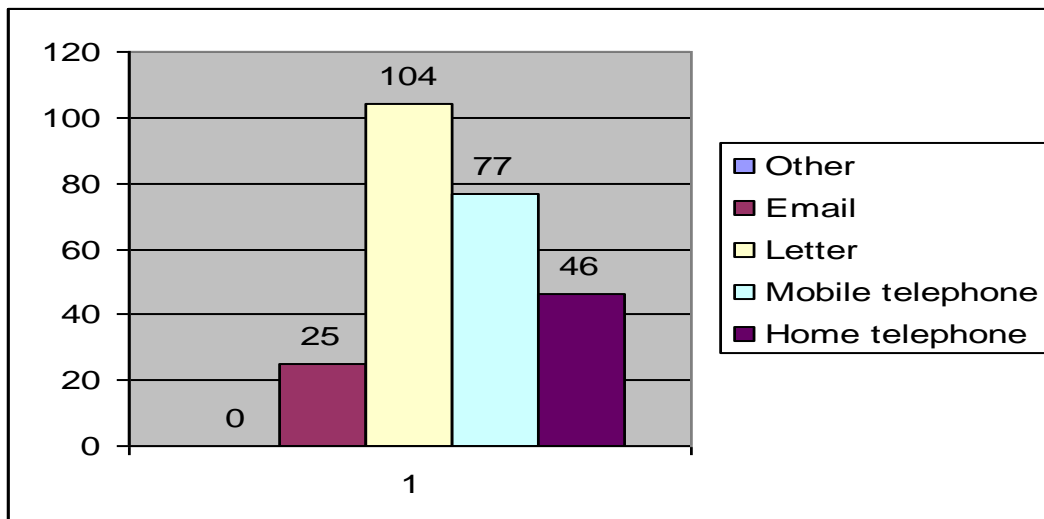
Question 2 – If you do suffer from a long term condition do you respond promptly to the invitation for a review?



Question 3 – How often do you think that patients with long term conditions should have a review of their condition?



Question 4 – If you have or had a long term condition how would you like the practice to recall you for an appointment?



Question 5 – Have you any suggestion as to how we might improve our recall system for patients with long term conditions?

- monthly checkups, info on self help, diet, communication, free clinics with help
- I attend the hospital on a regular basis
- Everything ok
- Good enough for me thank you
- Comment re Q3 reads would depend on the condition
- No - fine for me
- Re recall - says depends on patient
- My son who is 6 years old has asthma and I would like him to be seen monthly when he's bad
- I am happy with my review
- Ask them when they can attend the clinic
- Would prefer to attend an appt for my blood test to be available after 4pm then I don't need time off work
- Direct contact. Currently my wife who has asthma is only contacted by letter to attend clinic which she routinely ignores. It is much harder to ignore direct contact
- although I don't have any long term health problems my husband and son have and I think letters are too easily dismissed especially by men
- its already a very good system
- very happy with treatment I get
- phone them a reminder?
- texts are good to let me know I am due a review so I am able to make an appt that is convenient and fits with clinic times
- no everything works the way it should
- a reliable service is already provided that works extremely well for my circumstances. I can't see how it can be improved
- I find the surgery practice suits me admirably but I don't think you can have a fixed interval between reviews as health conditions vary
- up to you to decide re recall
- I think it is fine the way it is
- have clinics at more suitable times for people who work especially those on shift work
- no in my own condition I am very satisfied
- patients with long term conditions should be checked more times especially as they get older and done very monthly to 3 monthly no later than that
- depends on their condition

- text or email
- send text email
- recall time depends on condition
- personal call rather than email or letter
- I think everybody should be checked for their health in general every year. Cars are MOT'd every year why can't humans, they are more important
- I have no problems or issues with the way my GP or Practice Nurse deals with long term conditions
- happy with all visits I've had

A total of 224 surveys were completed during the survey period

The practice discussed the results and felt that they showed the following:-

- We surveyed a good mix of patients who either had or didn't have a long term condition.
- The majority of patients who do have a long term condition respond promptly to an invitation for a review.
- The timescale for a review of patients differed considerably and we feel that this may be because people don't actually know how often that they should be seen for their long term condition.
- The preferred method for recall was by telephone – there were also a few comments//suggestions about this also.

From the results of the survey we formulated a draft action plan. This was emailed to the group along with the survey results. We asked the group to let us know if they agreed to the plan and to let us know of any changes or additions to the plan that they felt were necessary. The group were happy with the plan and no changes or additions were necessary.

ST. MARY'S MEDICAL CENTRE PATIENT PARTICIPATION ACTION PLAN MARCH 2014

Area	Proposed Action	Person/s Responsible	Date to be completed
Clarify with patients how often they should expect to be seen for their long term conditions.	Produce an information leaflet to be sent out to patients when they are sent for their annual review which will include: <ul style="list-style-type: none"> • Information regarding review appointments and the responsibilities of the patient. • The importance of attending for review • What may happen if they fail to attend for review Produce a post to be displayed in the waiting room. Put the information on the practice website Modify invitation letters	Ann Galbraith and admin staff	30.4.2014
Modify the current recall system to include telephone contact	Input READ Codes into patient records Set up monthly searches Standard operating procedures to be amended Extra admin staff hours to be made available	Ann Galbraith and Admin staff	31.5.2014

This report has been published on the practice website and copies are available in reception. A copy of the report has been sent to our PPG members and a link has been added to the reply we send when acknowledging requests for repeat prescriptions via email.

2012/13 Action Plan – overview of progress against last year’s action plan

Area	Proposed Action	Outcome
Confidentiality in the waiting room.	Design a poster advising patients that if they want to discuss something private that this can be arranged	Poster displayed in waiting room.
Uncomfortable chairs in the waiting	Replace chairs for some that are more comfortable.	The cost of replacing the chairs was very substantial and the doctor’s have not been in a position to do this as no funding is available.
Ordering repeat prescriptions by telephone	Alter telephone system and employ another member of staff	We have been unable to do this as no funding is available.
Booking Appointments on line	Promote this service and encourage patients to use it more.	Poster displayed in the waiting room. The % of patients who now book their appointments online is 4%. We need to continue to promote this service

Practice Opening Hours

- St. Mary’s Medical Centre is open from 8.00 am until 6.30 pm Monday to Friday with full telephone access during these times.
- The practice closes at 1 pm for staff training one afternoon per month – usually on a Wednesday, and Gotodoc provides medical cover.
- The surgery operates extended hours between 6.30 pm and 7.45 pm on a Monday evening offering appointments with either two doctors or one doctor and one practice nurse.