

Patient Participation DES 2012 to 2013

The Shehadeh Medical Centre

26 March 2013

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Introduction

This report summarises the development and outcomes of The Shehadeh Medical Centre Patient Reference Group (PRG) in Year 2 of the DES (2012/13) and is in line with the requirements of the Patient Participation Directed Enhanced Service.

The report contains:

- Profile of practice population and PRG
- Process used to recruit to our PRG
- Priorities for the survey and how they were agreed
- Method and results of patient survey
- Resulting action plan and how it was agreed
- Progress made with the action plan
- Confirmation of our opening times

Outlined below are the details of the work undertaken by the Practice to meet each of the six steps within the Patient Participation DES

Step 1

Establish a PRG comprising only of registered patients and use best endeavours to ensure PRG is representative

The Shehadeh Medical Centre has an established Patient Group whose members work well with the Practice and its staff. They were keen to encourage interest in this Patient Reference Group.

In recognition of the need to ensure this group was representative of the full practice list a recruitment drive was implemented in 2011/12 to attract new members.

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We launched an advertising campaign to recruit new members to the group by:

- Putting up posters in the practice
- Offered leaflets to patients attending practice
- Speaking to patients when they came into the Practice
- Telephoned patients who we had good communication with to personally invite them
- Placed a message on our website

We currently have 14 members of our Patient Participation Group.

At our PRG meeting in January we reviewed the demographic of our group members and recognised that we have good representation across the gender and ethnic groupings however, we would like to attract more feedback from younger patients. We decided the best way to target this group is to use e-mail communication:

“PRG membership, attendance disappointing ...Recruitment drive to be put in place, target younger group, offer virtual membership.” **Extract of meeting minutes 30 January 2013**

We have collected e-mail addresses from over one hundred further patients to allow us to communicate with a wider group of patients. Although this is not a “virtual group” we send information to them regarding our plans for the practice and asking them to provide opinions and feedback on various issues. It is also more likely to include younger patients.

The information below provides demographic information of all patients registered at our Practices and members of our Patient Group.

Patient and PRG group age

Age Range	Patient List age		PRG age	
	Total	%	Total	%
Under 16	2512	25%	0	0%
17 to 30	2013	20%	1	7%
31 to 44	1998	20%	2	14%
45 to 60	2087	21%	4	29%
61 and above	1276	13%	7	50%

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Patient and PRG group gender

Gender	Patient list gender		PRG gender	
	Total	%	Total	%
Male	4903	50%	6	43%
Female	4983	50%	8	57%

Patient and PRG group ethnicity

Ethnic Group	Patient list ethnicity		PRG ethnicity	
	Total	% ¹	Total	%
White British	2806	87%	6	43%
White Irish	4	<1%		
Mixed White & Black	15	<1%	4	29%
Mixed White & Black Caribbean	5	<1%		
Mixed White & Asian	2	<1%		
Indian	1	<1%		
Pakistani	2	<1%		
Bangladeshi	4	<1%		
Black African	334	11%	1	7%
Black Caribbean	4	<1%		
Chinese	2	<1%		
Other	72	2%	3	21%
TOTAL	9886²		14	

Step 2

Agree with the PRG which issues are a priority and include these in a local practice survey

In Year 1 [2011 to 2012] of the Patient Participation DES programme to determine the priorities for the survey we asked all patients attending the practices over a three-week period to indicate which areas they thought were most important to our patients by completing a form at reception.

¹ The percentage of patients who have recorded their ethnicity

² Ethnicity is not routinely recorded in all patient records

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Valerie Woznica, Practice Manager, presented the results of this exercise to our PRG GROUP at the meeting on 13th December 2011. During these discussions the group agreed which areas should be the focus of the Patient Survey and discussed the questions to be included. In general the PRG members felt that both the Tilbury and Grays branches of the Shehadeh Medical Centre provide a very good service and they found it difficult to criticise.

“Discussion around Practice Priorities – agreed priority issues for patient survey. It was agreed to focus on Getting an Appointment and Did Not Attend Appointment and Managing Appointments” **Extract of meeting minutes 13 December 2011**

Once we had agreed which issues to focus on the questions we selected our questions from a standard set provided by our survey provider and added some specific questions that matched our priority areas. The questions were agreed with the Patient Group members.

In Year 2 at a Patient Group meeting held on 21st November 2012 we reviewed the results of the Year 1 survey and discussed progress with actions against the Improvement Plan. We then discussed issues for inclusion in the Year 2 survey by thinking about recent complaints, comments from patients, and changes in local services.

It was agreed that there had not been a significant change in priority areas. It was therefore decided to repeat the majority of the questions from the previous survey in the hope that improvements could be demonstrated.

In response to the previous patient survey a callback service has been introduced into the Practice which allows patients who are unable to get a face to face appointment to request a callback from the Practice Nurse. Additional questions were included this year to enable assessment of this new service.

The Patient Reference Group discussed the key issues of importance to patients. *“The purpose of the meeting was to read through survey questions and decide if still appropriate, suggest changes if required and introduce some new ones.”* **Extract of meeting minutes 21 November 2012**

It was agreed that there had not been a significant change in priority areas. It was therefore decided to repeat the majority of the questions from the previous survey in the hope that improvements could be witnessed.

The key issues covered in our Year 2 survey were agreed as:

- GP Access – being able to get an appointment
- Callback service
- Practice Nurse
- Training Practice

Step 3

Collate patient views through local practice survey and inform PRG of the findings

We carried out the survey using:

- Survey Monkey on line
- Paper forms available at reception

We reminded our patients to complete the survey by:

- Advertising in the surgery using posters
- Providing all patients attending the surgery with a leaflet to take away and read, giving the online survey web link
- Texting a reminder to all patients with a mobile telephone number on their records – over 3000 text messages sent out
- E-mailing all patients who had provided us with an e-mail contact address – approximately 100 patients contacted by e-mail
- Our PRG members encouraged their friends and relatives who are our patients to complete our survey
- Placing a reminder on the bottom of our repeat prescriptions
- Speaking to individual patients as they attended the surgery

We carried out the survey between 26th November and 21st December 2012 and received a total of 145 responses. The results of our survey can be found in Appendix A.

Step 4

Provide PRG with opportunity to comment and discuss findings of local practice survey. Reach agreement with PRG of changes in provision and manner of delivery of services. Where the PRG does not agree significant changes, agree these with the PCT

The survey results were collated and a survey results report written (Appendix A). The patient group reviewed the survey results at the PRG meeting on 30 January 2013 and discussed improvement actions with the practice members attending the patient group meeting.

The survey results were also shared more widely with patients by email and feedback requested via e-mail.

Step 5

Agree with the PRG an action plan setting out the priorities and proposals arising out of the local practice survey. Seek PRG agreement to implement changes and where necessary inform the PCT

It was agreed that the following issues would be addressed by the Practice in the coming year:

- Problems of patients being overheard at reception desk
- Patient literacy issues
- Triage service not understood
- Call-back service
- Language and cultural issues
- Training Practice information
- PRG membership

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An action plan (Appendix B) was developed to allow for more efficient monitoring of progress.

The key actions were:

- Change layout of reception area, deflect conversations at reception away from waiting room, remind receptionists to use paper slips
- Revise symptom list to include simple diagrams of the body for patients to use
- Add more face-to-face and telephone triage appointments. Inform patients through advertising campaign
- Advertise and expand call-back service
- Use telephone interpretation service. Update patient information
- Update patient information about training practice
- Publicity campaign to increase PRG membership

The PRG were generally pleased with the outcome of our Patient Survey and agreed with the results. There were no actions requested by the PRG that the practice would not agree to. The PRG will continue to monitor progress against the improvement plan with the practice.

There were no significant changes to our services as a result of the survey findings.

Step 6

Publicise the Local Patient Participation Report on the practice website and update the report on subsequent achievement. The expectation is that the year 2 reports posted by practices should build upon the year 1 report, demonstrating how issues raised in year 1 have been addressed.

The Patient Participation DES report has been publicised within the Practice and added to our Practice Website:

www.shehadehsurgery.wordpress.com

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Progress made with the action plan. A summary of the progress as of 31 March 2012 is:

You said	We did	The result is ...
You would prefer to have more walk-in slots to be able to come and sit and wait to see a Doctor or Nurse	We have increased our walk-in slots	We are now offering more walk-in slots, a comment regarding this was received in the patient feedback in Year 2: "The walk in clinic is a good idea"
You often find it difficult to see the same Doctor	We discussed this with our PRG members and realised that many patients are not aware that we are a training practice and as such have doctors in training with us for short periods of time	We have provided more information in the surgery waiting room to explain about our training practice status. Year 1: 42% Year 2: 37% Patients knew we were a training practice
You sometimes can't get an appointment at a time convenient to you	We discussed this at our Patient Group meeting. Although 88% patients are happy with our opening hours, and 85% were able to see a doctor on the same day or next day with urgent issues, we recognise that we need to be able to offer flexible solutions, particularly for those who work	We have introduced a call back service. Patients can request to speak to a Practice Nurse on the telephone if they are unable to come into the surgery. Year 2: 88% of patients who used the callback service said their issue was resolved over the telephone and they did not need to book an appointment

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Confirmation of our opening times

As a result of the survey we have not changed our opening times. They are:

- The surgery reception is open from 8.30 Monday to Friday
- On Thursday morning we run a walk in surgery as well as appointment system at our Tilbury Practice
- On Monday lunchtimes (12:00 – 2:00) we run a walk-in surgery as well as appointment system at our Grays Practice
- GPs and the nurse practitioner are available at the end of each clinic on a call back service which can be arranged via reception
- Surgery times are shown below
- Outside of our opening hours please contact the Emergency GP Service by calling the Emergency Telephone number 01375 842396. You may be provided with a recorded message so please have a pen and paper ready

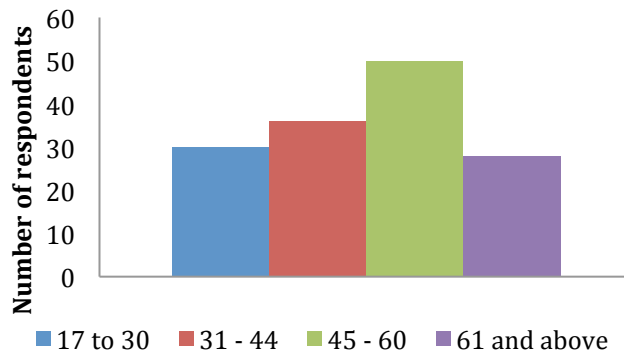
TILBURY	Opening hours	Morning surgery	Afternoon surgery
Monday	8.30 am to 8 pm	9 to 11.30 am	4 to 6 pm
Tuesday	8.30 am to 7 pm	9 to 11.30 am	3.30 to 7 pm
Wednesday	8.30 am to 8 pm	9 to 11.30 am	4 to 6 pm & 6.30 to 8 pm
Thursday	8.30 am to 1 pm	9 to 11.30 am	Closed - phone lines open until 6.30 pm
Friday	8.30 am to 6.30 pm	9 to 11.30 am	4 to 6 pm

GRAYS	Opening hours	Morning surgery	Afternoon surgery
Monday	8.30 am to 8 pm	8.30 am to 12 midday	4 to 6 pm & 6.30 to 8 pm
Tuesday	8.30 am to 6.30 pm	9 to 12 midday	3 to 5 pm
Wednesday	8.30 am to 6.30 pm	9 to 12 midday	4 to 6 pm
Thursday	8.30 am to 6.30 pm	8.30 to 11 am	3 to 6 pm
Friday	8.30 am to 6.30 pm	9 to 12 midday	4 to 6 pm

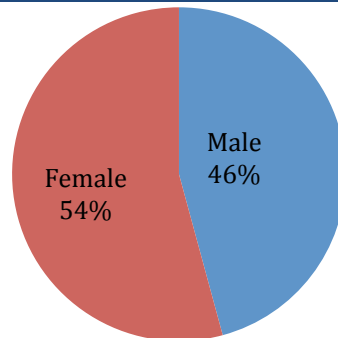
Appendix A: Survey results report

145 patients responded to our Patient Survey. 17 patients submitted online responses via survey monkey and 128 hard copy surveys were collected in the surgeries. These are the results of our survey

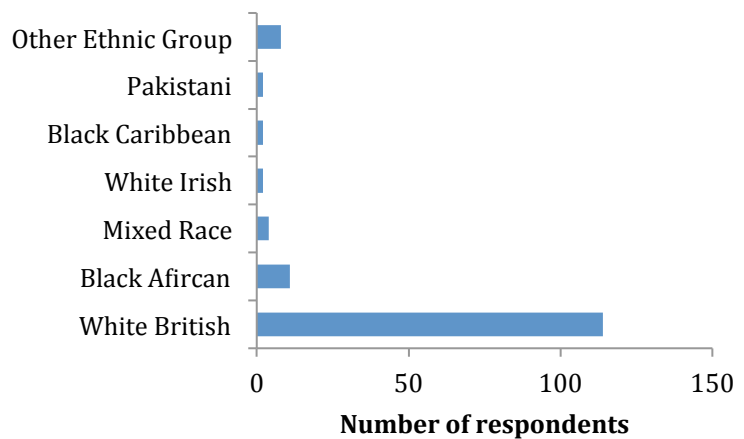
Age of survey responders



Gender of survey responders



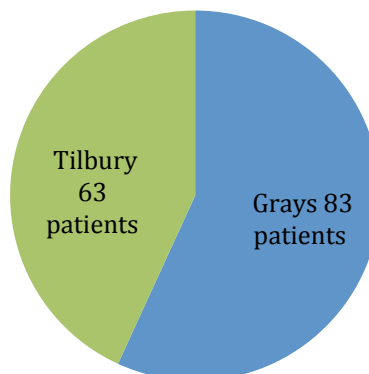
Ethnicity of survey responders



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We asked respondents which surgery they usually attended

Surgery you usually attend



Our patients were asked how often they thought they attended the surgery each year

Frequency of attendance

54% said they attended regularly (more than 5 times a year)

34% said they occasionally attended the surgery (up to 5 times a year)

12% said they rarely attended the surgery (once a year or less)

We asked our patients if they were happy with our opening hours

Practice opening hours



Number of respondents

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Seeing a doctor quickly

110 responders recalled trying to see a doctor urgently in the last six months.

85% reported they had been able to see a doctor on the same day or within the next two days that the surgery was open. For patients who had not been able to see a doctor urgently, in the past, the reasons given for this were as follows:

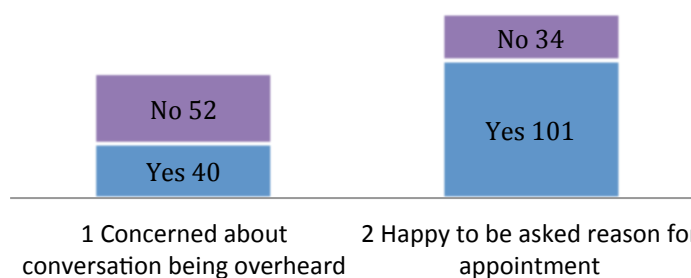
- **56%** said there were no appointments available
- **26%** said the time offered did not suit them
- **14%** said the appointment offered was with a GP they did not want to see
- **5%** had been offered a nurse appointment but wanted to see a GP

Patient confidentiality

1. In our reception area other patients may hear conversations with the receptionist. We asked if patient were concerned about this.

2. We like our receptionists to ask patients what they need to see us about to ensure they see the right person. We asked if patients are happy with this.

Number of respondents



Call back service

In response to previous patient feedback we have introduced a call-back service. When all appointments are booked the nurse will call patients to discuss their concerns and provide advice.

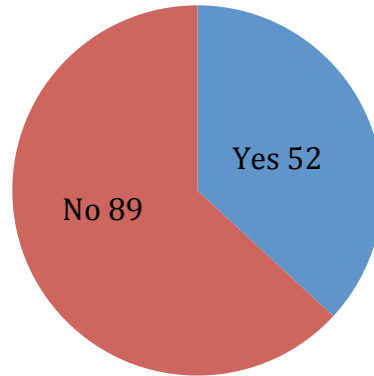
22% had used this service and **88%** of those reported that their issue was resolved over the phone

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Training practice

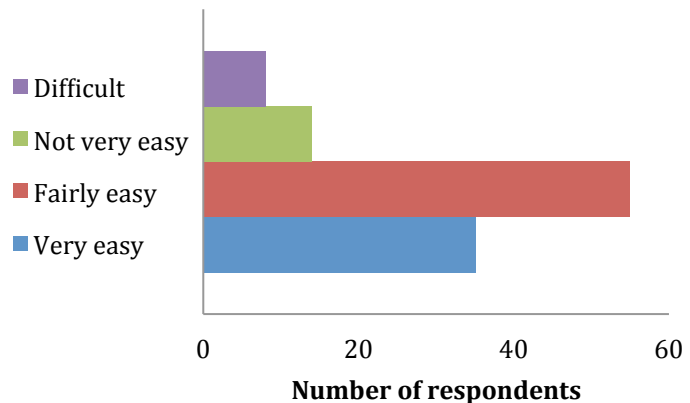
We have a very keen interest in encouraging more GPs to come into this area. We are a training Practice, which means that we regularly have doctors training in this practice. We asked our patients if they knew we were a training Practice

Number of respondents



Practice Nurse

Our Practice Nurse can assess symptoms, prescribe medication and provide clinical advice. We asked how easy it is to get an appointment with our Practice Nurse



Triage nurse

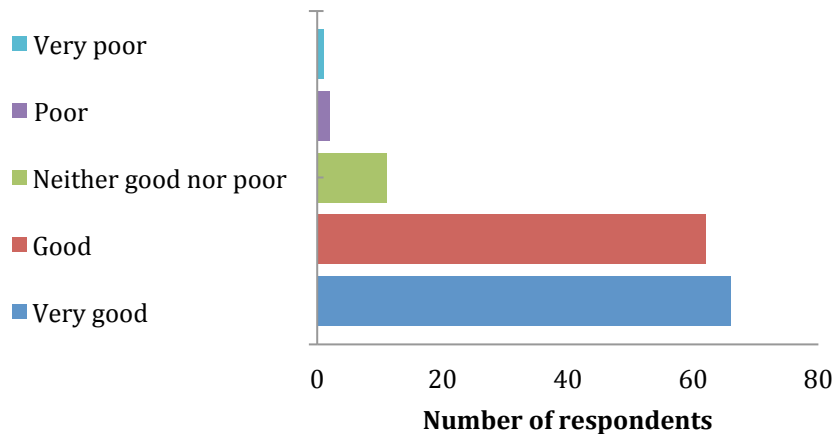
We have a triage nurse service to assess patient needs and ensure they see the appropriate clinician.

47% responders knew about this service

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Overall satisfaction

It is important to us that our patients are happy with the service we provide. We asked our patients what they thought of the care they receive



Comments

Some general comments were made regarding wide ranging aspects of the Practice, some of which are noted below to give a flavour of the patient perception of The Shehadeh Medical Centre

★ *A good group of staff who work well together* ★ Could be quicker with referral letters for Consultants ★ Doctors always seem to be rushing to get you out ★ Excellent service from all involved ★ Intercom system needs improvement. If people are talking to the receptionists its difficult to hear the appointment announcement ★ Lovely group of staff, when my wife was ill they hand delivered her prescription ★ **Please make it easier to make appointments.** I cannot ring at stated times due to being a teacher ★ Receptionists need to acknowledge you when you stand at the counter ★ The walk in clinic is a good idea ★ Tear down the glass at reception so there is no need to shout out your private issues ★

★ **I am very happy with the service at this beautiful surgery** ★

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Appendix B: Improvement Plan

ISSUE TO BE ADDRESSED	IMPROVEMENT GOAL	KEY ACTIONS REQUIRED	BY WHOM?	BY WHEN?	REVIEW DATE
<i>Which specific area are you going to focus on?</i>	<i>What do you want to achieve?</i>	<i>What needs to be done to achieve the goal? There may be more than one action</i>	<i>Who is responsible for ensuring it happens?</i>	<i>When do you think this will be completed?</i>	<i>When will you check on progress?</i>
Possible breach of patient confidentiality at reception desk, easily overheard conversation	Reduce possibility of being overheard	Modular partition between front desk and waiting area, chairs to face towards TV, use piped music to increase background noise, also receptionists to refrain from asking for patient to indicate symptom verbally, use slips	managers reception staff	May 2013	Sept 2013
Patients with literacy, issues who cannot write their symptom down	Enable patients to indicate symptom on diagram / list without need to verbalise	Revise symptom list to include simple diagrams of body for patient to mark or point to. Receptionists to be briefed on revised protocol	managers reception staff admin	April 2013	June 2013
Triage service not understood by some	To free up more face-to-face [f2f] appointments	Rota more f2f and telephone triage appointments, inform patients with posters, website, SMS, note on prescriptions etc	nurses GPs ?	April 2013	June 2013
Callback service very popular	To free up more f2f appointments	Rota more telephone appointments, inform patients with posters, website, SMS, note on prescriptions etc.	nurses GPs ?	April 2013	June 2013

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ISSUE TO BE ADDRESSED	IMPROVEMENT GOAL	KEY ACTIONS REQUIRED	BY WHOM?	BY WHEN?	REVIEW DATE
Language and cultural issues	Improve patient communication	Utilise free telephone interpretation service and update cultural issues protocols, poster, leaflet, website	managers reception staff	April 2013	June 2013
Training practice status not understood	Improve patient understanding	Rehash existing posters more attractive with photos of trainees, update website	managers	May 2013	Sept 2013
PRG membership static	Increase numbers particularly younger group	Publicity campaign: posters, handouts, SMS, email, website, canvassing	managers clinicians reception and admin staff	May 2013	Sept 2013