

Patient Participation Directed Enhanced Service

Local Patient Participation Report

Practice Guidance

Practice Name City Of Coventry Healthcare Centre

Local Patient Participation Report 2011/12

Introduction

The City of Coventry Healthcare Centre is situated within Coventry city centre. Our current practice list size is approximately 2600 and has grown by over 800 patients in the last 12 months. Our commitment to patient feedback is one of our main focuses and we welcome all suggestions to improve the service via our comment box located in reception attached to the patient satisfaction 'smiley face' token box. This allows patients to drop a token in a satisfaction boxes numbered 1-10 and also facilitates any suggestions or comments via a small form submitted into a further box to the side.

Our patient population is largely made up of patients aged between 20-29 with only approximately 100 patients aged 60+. A vast proportion of our patients do not speak English as their first language and are made up of a diverse range of cultures. We are situated within the city centre and our practice boundary is city-wide CV1 to CV6.

Step 1: Develop a structure that gains the views of patients and enables the practice to obtain feedback from the practice population, e.g. a Patient Reference Group (PRG)

Our patient participation group is currently made up of 3 members who have shown interest and enthusiasm to improving the service for patients. Although our participation group is currently small, each member represents a demographic group that we have registered. For example, one panel member is a young, working female. Our second panel member is a middle aged male with complexed health needs who requires regular intervention and the third participant is a retired gentleman.

We take all patient feedback seriously and have had a patient satisfaction survey feedback box for 18 months. This is a token score system and each patient places a token in a satisfaction box numbered 1-10 to gauge how satisfied they were with the service they have received. This is collated on a regular basis and feedback is assessed. There is also an opportunity for patients to leave suggestions on a comment slip. If patients provide their personal details, these are followed through by the admin team to get further feedback. These form part of our monthly operational management meetings and are fed into our organisation nationally.

We understand that our patient panel group is not very big and have been focusing on improving this for our meetings in the future. We have made several attempts to engage patients to participate as we accept that our panel group could be more representative.

We have tried various measures over the last few months to engage our registered patients and encourage them to join the PPI group. Initially, we met with the patient participation lead from the PCT in order to gauge how best to set up a PPI group. We advertised the group via posters displayed in the main waiting room. This was in an open invitation stating the date and time but was unfortunately unsuccessful. Following on from this, we sent a mail merge out to patients with long-term chronic conditions asking if they would like to join the group and share their ideas. This was aimed to develop the demographic of our patient group by capturing patients who are regular attendees at the practice.

This mail merge was not successful and therefore staff began opportunistically asking patients whilst attending for their appointment if they would be interested in joining the group. This process gave us our 3 panel members.

The surgery understands that a patient panel group that represents all our patient demographics would be ideal, and we try to encourage patients that work, or parent young children, as well as those from ethnic minority groups to participate when possible. At our open day in December 2011 to promote our new location, clinicians and managers were present to have a chat with all patients that attended and get some feedback on various aspects of service provision.

Step 2: Agree areas of priority with the PRG

Practice members met to discuss priorities for the PPI group agenda. Appointment accessibility was targeted as a main agenda item in order to gauge how accessible registered patients were finding the service. This was put into our practice survey questionnaire –“Are you able to see the Doctor on the same day or within two days of requesting the appointment”. During the setting up process of the PPI group, the practice was in the process of moving location to a multi-functional building 200 metres down the road. The team decided that updates on the building would be another agenda item as patients would need to be kept informed on building progress.

Attitudes of staff were also another priority. As the opening times are from 8-10pm 7 days a week, the service has a large staff group. All staff are reflected upon in the survey questionnaire, “Are the receptionists helpful and courteous”.

Step 3: Collate patient views through the use of survey

Describe the manner in which the practice sought to obtain the views of its registered patients

The practice sought to obtain the views of the registered patients by displaying the survey on front reception. Patients were encouraged to fill these out when attending for appointments or picking up prescriptions, or waiting for their appointment.

Overall, the results were high for all questions. It was difficult to engage the majority of patients to agree to fill out the questionnaire due to the nature of it being hand-recorded. This could be due to the fact that our patients are used to rating our service on each attendance using our token survey. This is much faster for the patient to score.

Provide a summary of the results of the survey including how many people responded and the proportion of the registered population that this represents.

Patients were satisfied with the explanations given to them during consultations, and felt they understood what the Doctor or Nurse was saying. Patients found it easy and convenient to book an appointment and felt that staff were helpful and friendly. Patients were also likely to recommend the service to a family or friend.

The type of patients that responded were those that had attended for an appointment. For future surveys we may consider a postal questionnaire as this would capture the views of patients that do not attend often. The survey did however run for 8 weeks so we attempted to capture patient data for a considerable period.

Step 4: Provide PRG with opportunity to discuss survey findings and reach agreement with the PRG on changes to services

We decided to hold a meeting with our patient panel group to discuss the findings of the survey and agree a set of targets. We also wanted this to be an opportunity for new panel members to attend should they wish. We sent a letter to panel members informing them of the date and time of the meeting- these were followed up by a phone call one week later. Additional letters were sent to 15 other patients who had expressed an interest in recent months to a receptionist but not attended by that point.

During the meeting, the survey findings were discussed and as there were no immediate areas of concern, the patients were asked on their views. The patients were overall very happy with the care they had received as well as the new building.

The targets were agreed to include answering the telephone as this had been identified internally during meetings as an area worth targeting. Since moving to the new building, advertisement and leaflets have not been allowed on the walls, making information difficult for the patient to take. We thought it would be good to target this during consultations whereby information can be printed out on the internet on conditions.

As we are getting busier and our practice size has grown significantly in the last 12 months, appointments were highlighted as an area to ensure we are optimising what we have and trying to reduce DNA rates.

Step 5: Agree action plan with the PRG and seek PRG agreement to implementing changes

Record details of the action plan - setting out how the findings or proposals arising out of the local practice survey can be implemented and, if appropriate, reasons why any such findings or proposals should not be implemented. Include who is responsible for the action and when the action will be completed.

Patient Participation Action Plan

Survey Finding	Agreed Action	Action by who	Action by when	Date completed
1. Answering telephone in more timely manner	Try to prioritise telephone calls to ensure they are answered as soon as possible	Practice Manager/ Admin Team	30 June 2012	
2. Availability of information/ leaflets for patients	Encourage clinicians to use Patient UK in consultations to provide patients with leaflets/ information on conditions. Have a supply of common leaflets available upon request by reception	Admin Team	September 2012	
3. Availability of appointments	Monitor DNA rates and send letters to those that are frequently failing to attend.	Practice Manager- Admin Team	September 2012	

	Aimed to free up availability for other patients in need.			
Opening Hours				
<p>The practice is open Mon- Sun 08:00-10:00pm 365 days a year. GP appointments are available during this time and Practice Nurse appointments are available Mon-Fri. We provide extended hours through GP appointments until 10:00pm each evening and open all weekend on Saturdays and Sundays. Smoking cessation is available Mon-Thurs and midwife appointments x2 weekly on Tuesdays and Wednesdays.</p> <p>Our contact number is 0300 200 0060 (Option 2) and you can contact us via email at assura.wic@nhs.net.</p>				