

Patient Participation DES (PPDES)

Local Participation Report

1 INTRODUCTION & PURPOSE

This document outlines the work undertaken by the practice to address the requirements of the Patient Participation DES (PPDES).

The document will be updated to reflect developments.

The document, while drafted by the practice, is submitted to NHS Milton Keynes & Northamptonshire with the authority of the Stony Patient Group.

2 LEADS

The practice lead for this report is Dr Sarah Grinyer.

Management support for this report is provided by Judith Williams, Practice Manager.

Patient support for this report is jointly provided by Judi Gale, Chair of the Stony Patient Group and Sheena Bullen, patient elected representative on the Patient Congress of MK Commissioning (local commissioning group).

3 BACKGROUND

3.1 The Practice

The practice currently has c.11,500 registered patients, mainly urban but with some pockets of rurality.

Within MK Commissioning (CCG) we are one of a minority of practices accepting patients from across two county borders namely Milton Keynes and Northamptonshire.

We are located in a PCT owned Health Centre in a small market town which forms a corner of the city of Milton Keynes.

The building is shared with another general practice and other MK Community Health Service (MK CHS) employed health care professionals namely District Nurses and Health Visitors.

We have 6 partners and one salaried GP making a WTE of 5.3 doctors. We have just made an offer of employment to an additional salaried GP, who, once working, will take us to a WTE of 6 doctors. Additionally we usually have an ST3 (GP Registrar) working with us at the practice.

We have specialist nurses for all the chronic diseases including insulin initiation for our diabetic patients.

3.2 Patient Access (the appointment system)

Appointments may be made by telephoning or by visiting the practice during core surgery hours (08:00-18:30 Monday to Friday).

Booking an appointment with the Doctor: When requesting an appointment our patients will be asked whether their need is an emergency. If so, they will almost certainly be looked after by the Duty Doctor.

If their need is not urgent, they will normally be cared for by their usual Doctor. If a patient does not know who his or her usual Doctor is, the reception team will be happy to advise them.

Emergency Appointments: When requesting treatment for an emergency (i.e. the patient believes the need must be dealt with on the same day) the patient will be asked to provide a brief overview of what is wrong with him/her to the receptionist. The receptionist will pass this information to the Duty Doctor who will then be able to prioritise care.

In the first instance, the Duty Doctor will telephone the patient and together will agree the best course of action.

Routine, non-urgent appointments (bookable in advance): When requesting a routine, non-urgent appointment the receptionist will endeavour to accommodate a patient's preference for timescale and timing. If it is not possible to find an appointment that is suitable for the patient s/he may be offered an appointment with another Doctor or she will ask the patient's usual Doctor to telephone him/her. All the Doctors have access to appointments that are not available for the administrative team to release. If the patient's usual Doctor needs to see him/her, the doctor will make an appointment available. The receptionist will, of course, discuss this with the patient at the time of booking.

In summary, there is no need for a patient to call in day after day asking for an appointment; they can leave a message for the Doctor and s/he will telephone them back.

Extended Hours: Patients may pre-book appointments in our extended hour's surgeries.

Extended hours clinics are offered through the week as follows:

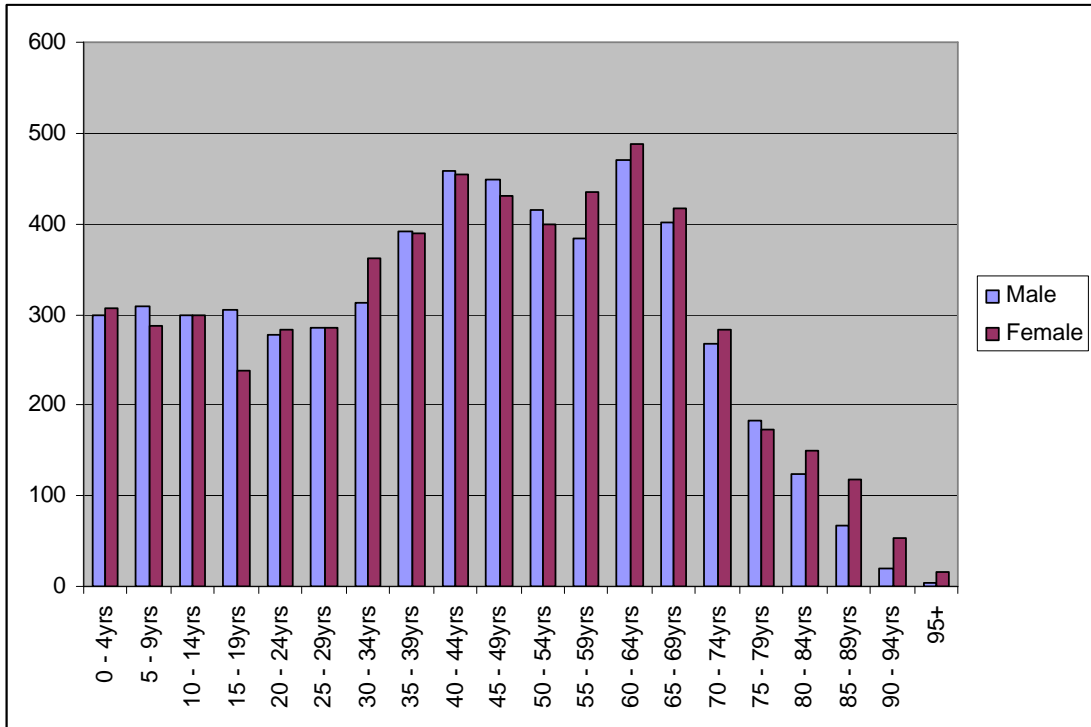
- Monday 07:30 – 08:00, Nurse appointments
- Thursday 07:30 – 08:00, Nurse appointments
- Thursday 18:30 – 19:10, Doctor appointments
- Saturday 08:15 – 11:15, Doctor appointments

As these are routine, non urgent appointments patients are encouraged to book extended hours appointments with their usual doctor to ensure continuity of care.

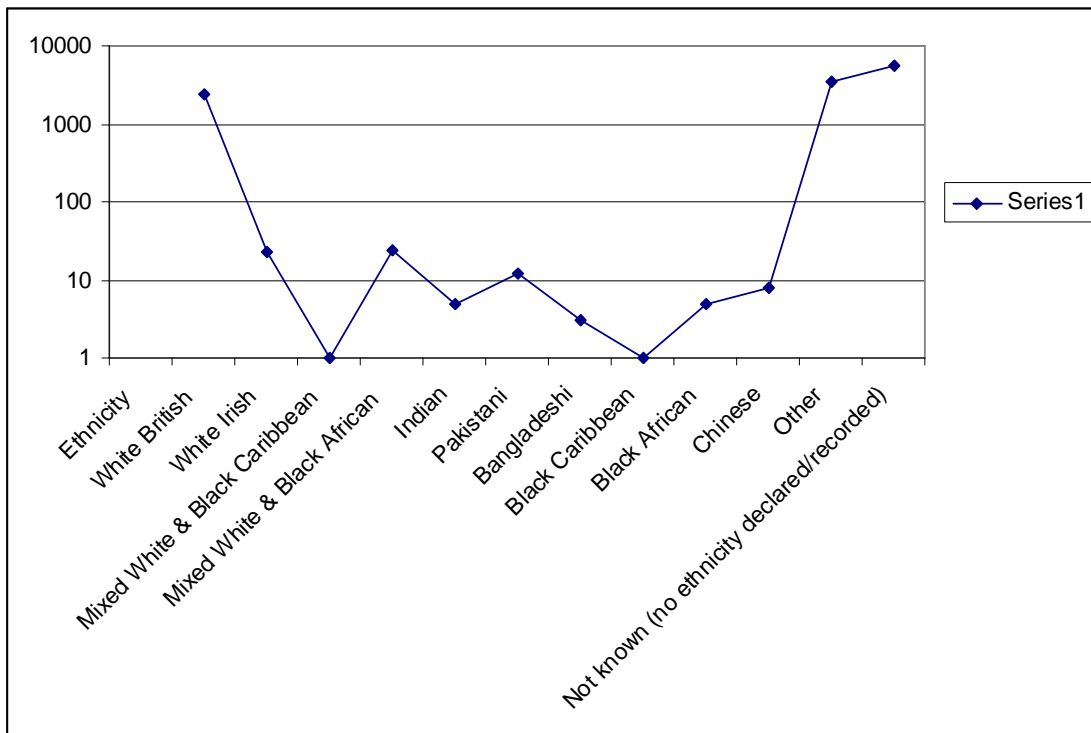
Appointments may be booked via the usual methods of either telephoning the practice or visiting the practice in person during core hours.

3.3 Patient Demographics

Age & Gender



Ethnicity



3.4 Patient Participation Group (PPG)

The Stony Patient Group (our PPG) had its inaugural meeting on 10 September 2009.

Some members of the group have changed since that time as the group has worked to find its feet but pleasingly we have a core number that have remained with the group since its inception.

From the beginning the group identified key areas that they believed the PPG and practice should focus on. Those areas included:

- Communication
- Reception (manner)
- Appointment System (understanding)
- Access

The PPG have worked with the practice to improve the overall patient experience while remaining sensitive to some of the limitations on the practice whether those be legislative, operational and/or financial.

4 IMPLEMENTING THE PPDES

4.1 Creating a Patient Reference Group (PRG)

In response to the PPDES, the practice considered how best to address the requirements of the DES including the formation of a PRG, while not losing the support and momentum of the existing PPG.

The requirements of the DES were shared with our PPG, both by the practice but also via LiNKs. This resulted in the group having a good understanding of the need to engage with a wider patient population, in particular when seeking opinion about changes within the practice.

Following discussions between the practice and the PPG the group clearly highlighted a desire to ensure the PPG remained both with its current name and in its current form. We were all loathe to discard a perfectly good patient group.

It was therefore agreed that a virtual Patient Reference Group (vPRG) would be created to compliment the existing PPG.

Like the PPG, the vPRG would be a group made up of registered patients but with the main difference being that vPRG members would not be required to attend face to face meetings. Nevertheless all vPRG members would be encouraged to consider joining the PPG at any point in the future.

4.2 Practice, PPG and vPRG; working together

The vPRG is made up of any registered patient who wishes to have an opinion on the practice, its operations, its direction and so on.

The vPRG is used as a forum to poll opinion from as many patients as possible.

The PPG will work with the practice to define questions to be asked of the vPRG.

The views of the vPRG (i.e. responses to questionnaires) are taken back to the PPG so that useful, face to face, two way communication is possible between the patients and the practice.

The PPG remains a group open to any patient of the practice.

This approach to sharing vPRG responses with the PPG is published via our website to all patients.

Once results to questionnaires are shared with the PPG, it will be that group that can influence how change may be introduced within the practice.

5 CREATING A vPRG

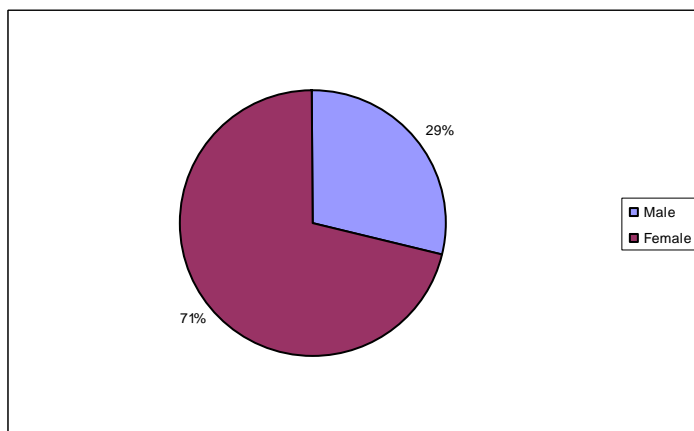
The practice has used a variety of methods to attempt to attract patients to become members of the vPRG.

The following is a list of techniques used:

- Static signs on practice notice boards
- Notices on the TV screen within the waiting room
- Invitation sent out via practice newsletter subscriber list (c500 households)
- Invitations sent out, attached to repeat prescriptions
- Invitations given out by doctors if consultation time/content permits
- Invitations given to parents, by the nursing team, during the baby immunisation clinic
- Invitations given to all primary schools for inclusion in pupil's book bags (i.e. practice gave school letters for the children to take home to parents);
- Information on website
- Information about survey results sent out in practice newsletter
- The practice has been part of a Practice Manager's working party who have collectively been attempting to make contact with pupils at senior schools. The working party was made up of Stony Medical Centre, Stonedean Practice, Whaddon House, CMK, MKVP, NPMC, Hilltops, Red House, Sovereign, Stantonbury, Walnut Tree and Watling Vale

4.1 vPRG Demographics

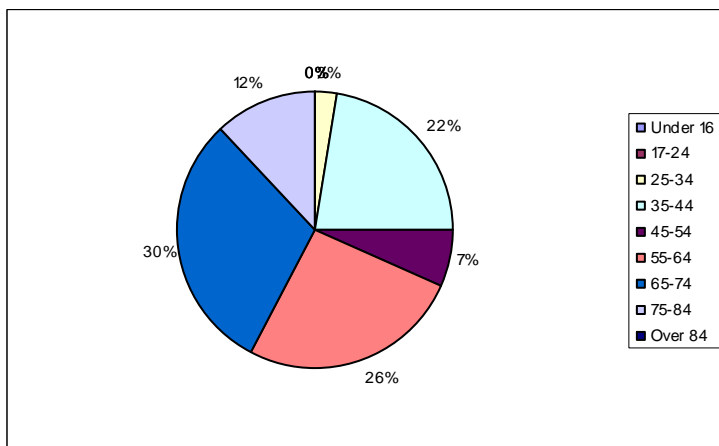
Gender:



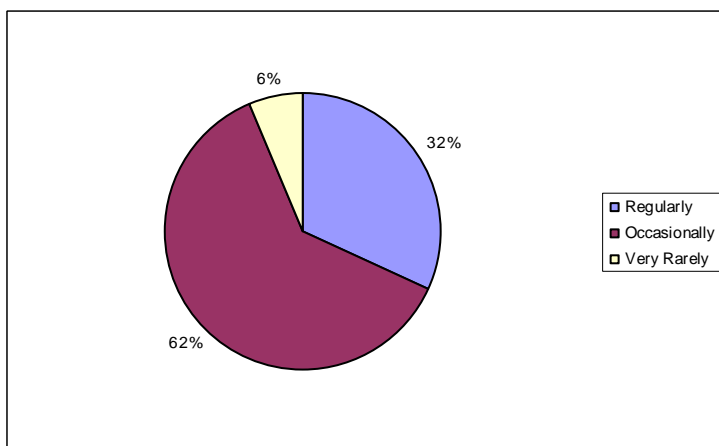
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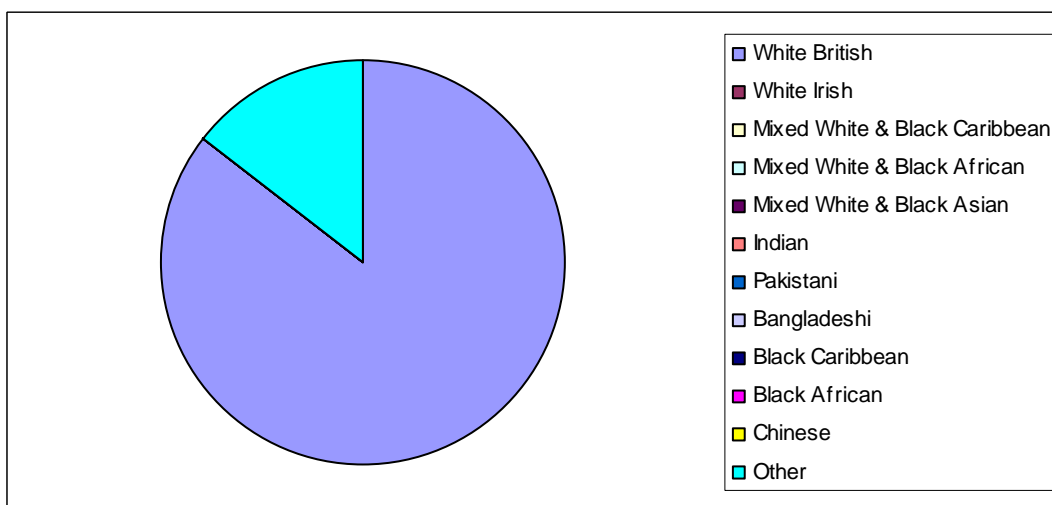
Age:



Attendance:



Ethnicity:



4.2 Developing the vPRG

The practice will continue to attempt all of the tactics noted above.

In addition, the PPG have been discussing how to attract additional membership that is more representative of our patient demographic. One tactic discussed is a plan to approach (via personal contacts) both church and local interest groups.

It should be noted however that the practice demographic is heavily weighted towards white, middle aged patients and so, not surprisingly, our PPG is the same and it may therefore be quite a challenge to change the vPRG demographic significantly.

5 SURVEYS

5.1 April 2011, Survey 1

During one week in March and one week in April 2011 the PPG undertook a survey on behalf of the practice.

The objective of the survey was to attempt to ascertain where services were working well and where suggestions for improvement could be made, however the survey had a particular focus on **Reception** because that was highlighted to be a major area of concern of the PPG.

The survey was led by volunteers from the PPG, carried out in the practice and undertaken across a variety of days and times to ensure diversity of responses.

Patients surveyed were those in the waiting room thereby ensuring we were targeting patients with first hand experience of the following:

- obtaining an appointment
- the service received when securing an appointment
- the service received when attending the practice for an actual appointment

5.1.1 Results

Full survey results can be found at **Appendix 1**.

5.1.2 Presented to Patient Group

November 2011.

5.1.3 Outcomes and Actions

Outcome: The responses highlighted that some of the things the PPG and practice believed may need improvement were better than expected.

Action: continue to work with reception team around service and attitude.

Outcome: The responses (via the negative comments) highlighted that quite a number of patients may not have understood how the appointment system worked.

Action: a letter was sent to every patient advising who their registered doctor is and how the appointment system works. This letter was written with input from the PPG and was sent during the summer of 2011.

5.2 January 2012, Survey 2

This was the first survey published to the vPRG for completion.

The survey was introduced as follows:

Thank you so much for agreeing to be part of your Virtual Patient Reference Group (vPRG) set up to ensure we can hear from as many patients as possible.

This vPRG has been created to compliment your existing Patient Participation Group (PPG) which has been running since September 2009.

The PPG is a group also made up of registered patients and they would like to encourage any vPRG member to consider joining the group if you are available to attend meetings in person now or in the future.

All the responses given to surveys will be collated by the practice and taken (anonymously so please always be honest) to your PPG for discussion and to see how recommendations may be implemented.

Results from surveys and implementation plans will be published on the practice website, at least once a year. If you haven't already done so, please subscribe to the newsletter (follow the link on the home page of the practice website) to ensure you receive your copy of the reports and so you can ensure your comments have been heard and, if possible, acted upon.

The purpose of the survey was explained to be as follows:

The practice and PPG would like to understand your priorities with regards the practice so a follow up survey can be created targeting the area(s) of most importance to patients.

We are also using this survey as an opportunity to gain a picture about what our patients know about GP led commissioning.

The survey was available on the practice website for completion for 2 weeks.

5.2.1 Results

Full survey results can be found at **Appendix 2**.

5.2.2 Presented to Patient Group

The results of the survey were presented to the PPG at a meeting on 17 January 2012 for discussion.

5.2.3 Outcomes and Actions

Outcome: 42% of patients thought the most important issue on which we should consult with patients was getting an appointment.

Action: a survey was designed by the practice, in conjunction with the PPG, focusing on the appointment system and access.

Outcome: The majority of patients are aware of the changes being made within the Health Service, specifically in the area of GP led commissioning? However only half understand what GP Led Commissioning means.

Action: The practice and PPG will work to ensure more information on GP Commissioning will be made available to patients. It would be our goal to ensure the information provided to patients will be straight forward, relevant and in bite sized

amounts.

Outcome: The vast majority of our patient would you like to know more about GP lead commissioning and just over half are happy to receive information via practice newsletters.

Action: See action point above, but with a focus on regular newsletter updates.

5.3 February 2012, Survey 3

The practice and PPG felt this survey was of such importance that we wanted the widest possible patient representation within the results.

The survey was therefore available to all our vPRG registered members. Additionally a notification of its existence was sent to all registered newsletter subscribers and a link to the survey was provided on the home page of our website.

The survey was available for completion for 1 month closing on 15 February 2012.

The survey was introduced to participants as follows:

Having surveyed our Virtual Patient Reference Group during January 2012, the majority (42%) asked that the practice focus on consulting with patients about getting an appointment.

In response to that request, this is the first survey compiled in conjunction with the Patient Participation Group and is designed to explore that vPRG identified need.

This survey will be made available to all our PPG members, all our vPRG members, it will be sent out in one of our regular newsletters and will be available via a link on our website for any patient to complete.

Please note, to ensure the survey is not too long, we are focusing only on getting an appointment with a doctor. A later survey will look at getting an appointment with our nursing team.

5.3.1 Results

Full survey results can be found at **Appendix 3**.

5.3.2 Presented to Patient Group

The results of the survey were presented to the PPG at a meeting on 21 February 2012 for discussion.

PPG/vPRG feedback on the current appointment system, implemented c.June 2010, with all patients advised in writing of current system c.June 2011 was the following:

Positive

- Surgery now good for urgent needs
- Triage system works well
- Sometimes patient "only" needs to talk to the doctor. Before would have had to make a face to face appointment but can now deal with issues on the telephone
- Doctors are more accessible
- Continuity of care is good. Re-instating the usual doctor system was in response to what patients wanted and is appreciated.

Negative

- Frustration expressed by patient group and highlighted by the survey is the apparent difficulty that can be experienced when attempting to make an appointment into the future.

5.3.3 Outcomes and Actions

Outcome: Need to ensure patients hear the positive things about the practice and the services provided.

Action 1: Consider working with PPG on PR campaign.

Outcome: Need to make future appointments more accessible.

Action 2: Create working party between practice and PPG to address this goal. Working party needs to consider how to ensure patients are able to book further into the future. Factors to consider include ensuring the DNA (Did not Attend) rate does not increase as a result.

Action 3: In response to action 2 consider using text messaging reminder service to minimize risk of DNA rates increasing.

Action 4: Consider making some appointments available for online booking.

Action 5: Introduce effective DNA monitoring system allowing practice to flex up and down how far into the future appointments are released based on DNA rates.

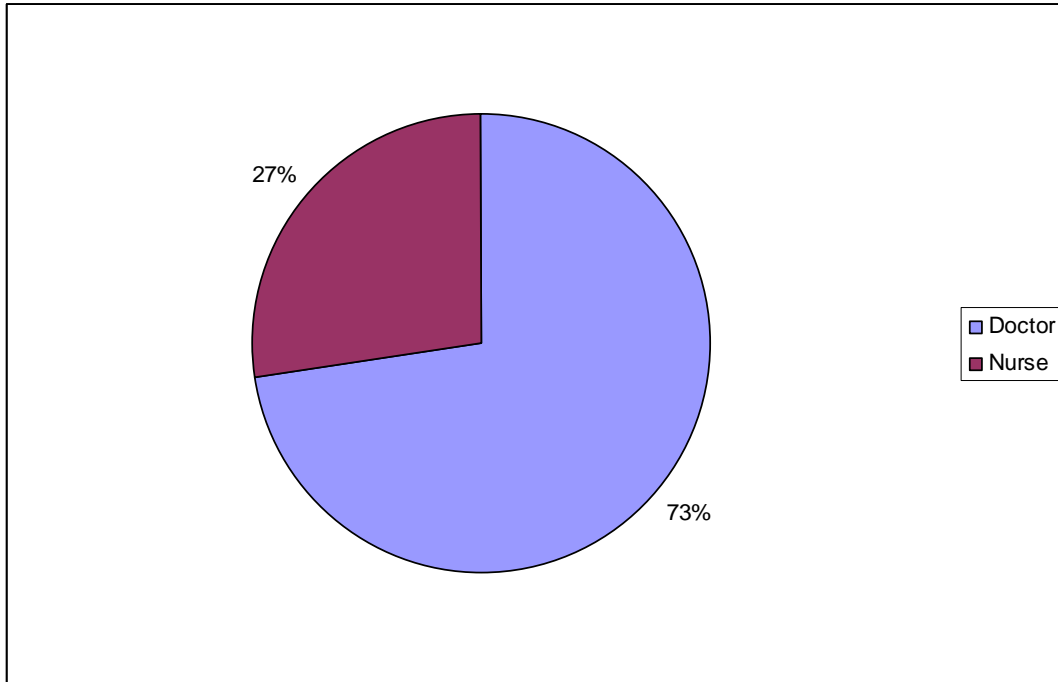
Author:	Judith Williams, Practice Manager
Document Version:	Pt Participation DES_Report.doc Version 01.
Publication Date:	13 March 2012
Circulation List:	PPG via group email Link for all patients on practice website Link published with newsletter NHS Milton Keynes & Northants Practice staff

Patient Participation DES (PPDES)

Survey 01 – April 2011, Results

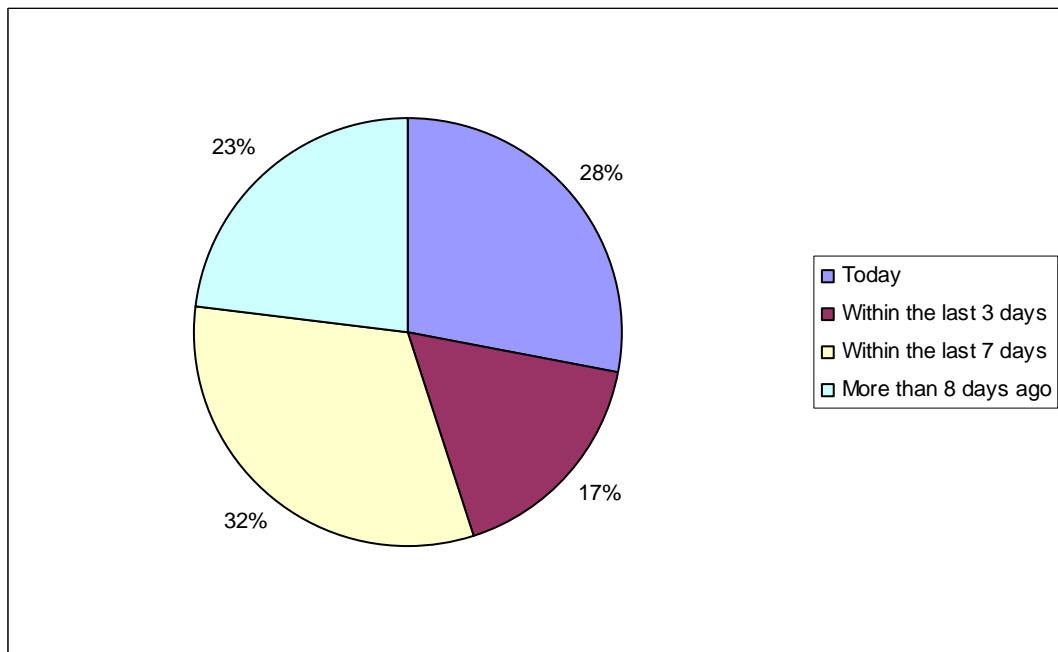
Appendix 1

Q1. Who have you come here to see today?



MAKING AN APPOINTMENT

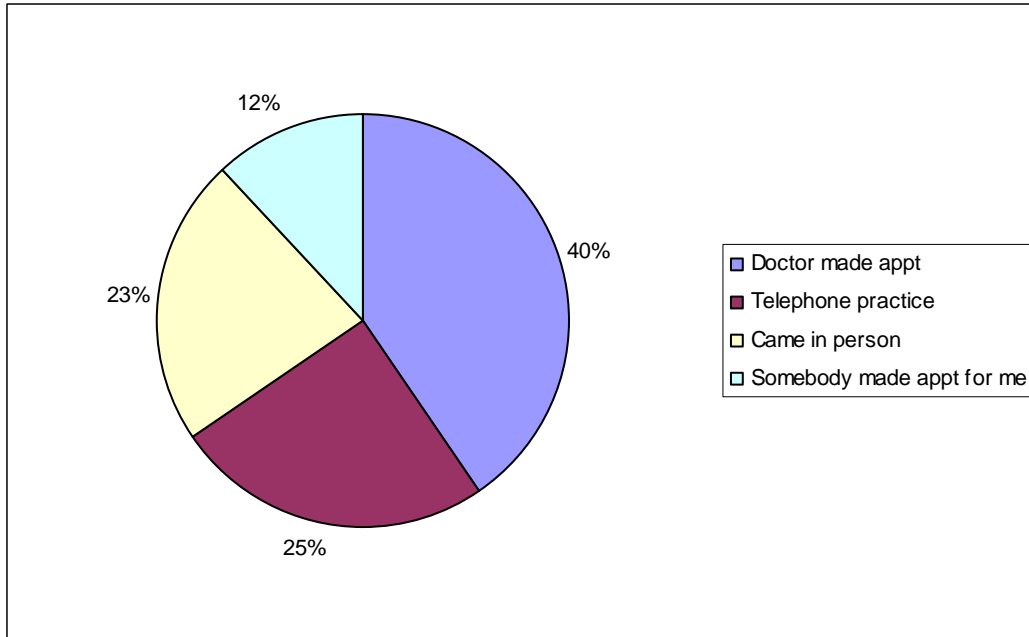
Q2. When did you book your appointment?



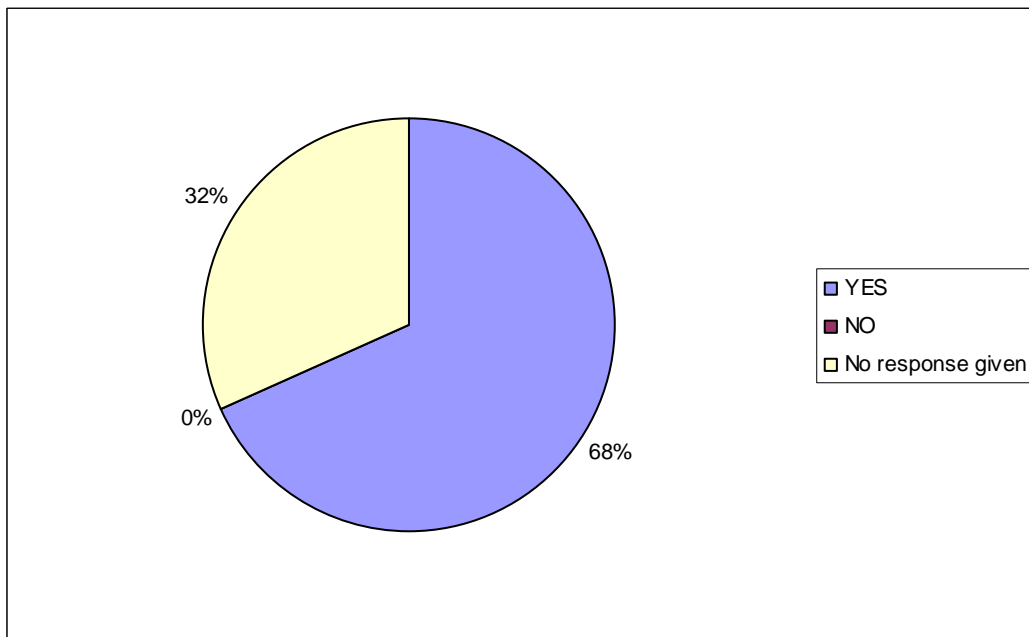
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Q3. How did you make today's appointment?



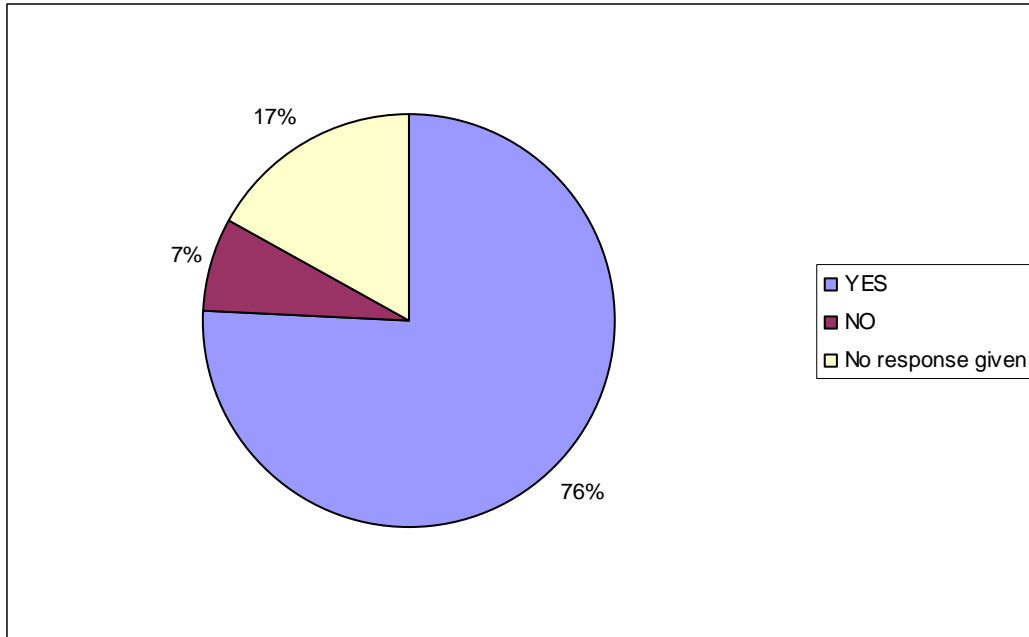
Q4. If you telephoned the practice, did you find the automated answering message clear?



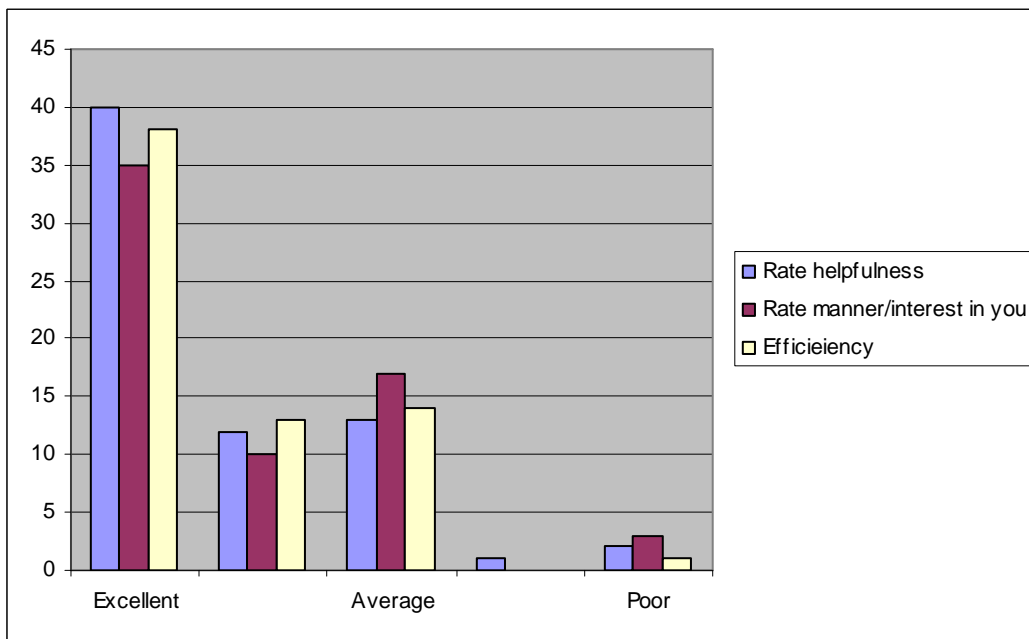
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Q5. When the appointment was made was it clear which member of staff assisted you?



Q6. How would you rate the service provided to you by the receptionist?

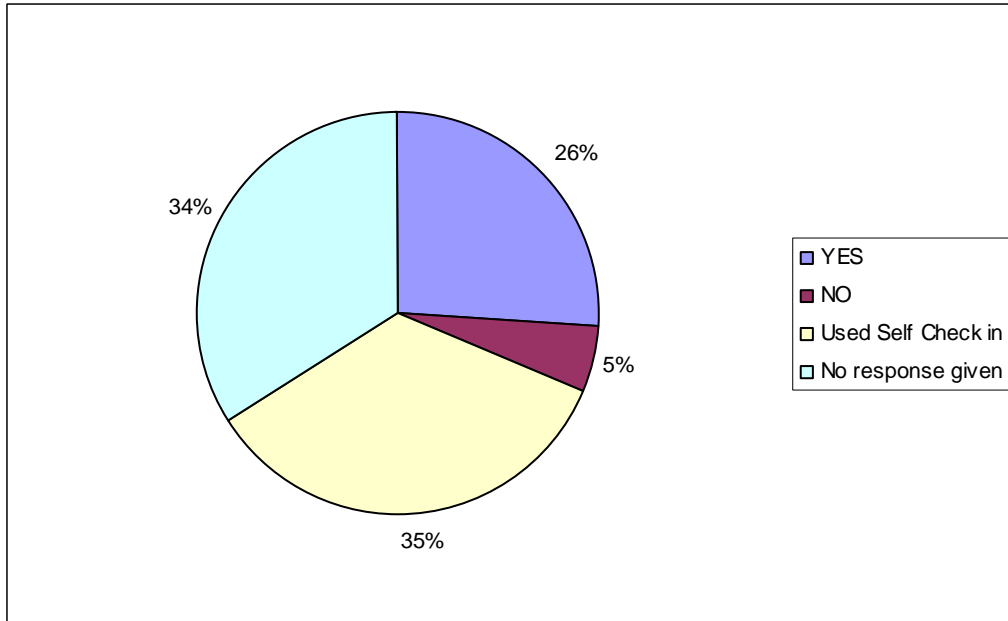


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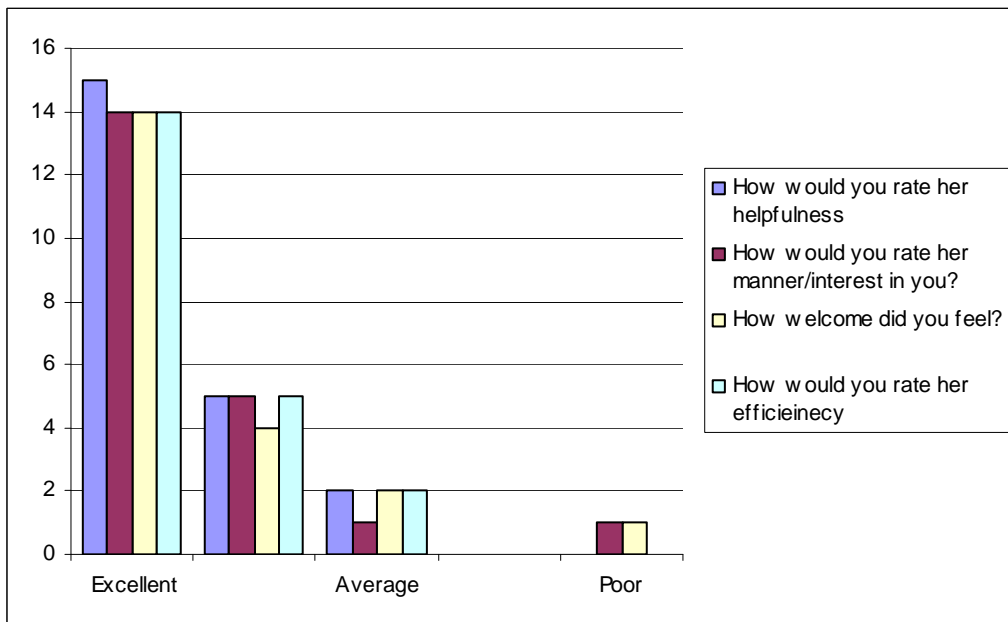
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ONCE AT THE PRACTICE

Q7. When you arrived at the practice today was it clear which receptionist assisted you?



Q8. How would you rate her helpfulness?



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Would you like to make any other comments?

NEGATIVE

- Really don't like the system whereby you can't make an appointment for a doctor
- Today's appointment was good but the system is full of faults
- Suggest you ask different questions
- Questions regards service at practice not really relevant, used self check in so did not speak to a receptionist
- NHS is very bad
- Not happy as appointment was changed without due notice - receptionist apologised
- Difficult to get appointments around police shifts
- Making an appointment with your own doctor on short notice
- I don't usually telephone because it is usually engaged
- I have an urgent medical problem and was referred by my optician to make an immediate appt. I had to call 8 times before I could get an appointment and then I didn't see my own Dr but a locum who misinformed me. Name provided.
- You have to see your own doctor if you can't see him/her you have to wait for a week
- Access to medical staff should be quicker even for non-urgent cases (pt booked appt more than 8 days in advance)
- On previous occasions has great difficulty in getting appointment by phone
- What is the point of coming here at 08:00 for an early appointment to see any Dr. They have already been booked. The appointment system is rubbish. People calling in person should have appointments available same day straight away i.e. 08:30 am. Leave these free for in person callers.
- Dr Grinyer made my appt for xx when I last saw her on xx. When I turned up there was no appt. Nothing available and nothing could be booked with Dr G any day or time. Was very upset as wanted continuity with familiar GP. Have just had xx for xx xx.
- At appt 7 days ago was advised I would received tel call for next appt with Dr Regis and result of blood test. Am still waiting.
- It would be a lot less frustrating ringing for 30 mins solid of there was an automated queuing system so you had an idea of how long it would be.
- Rang from 8-8.15, no reply to came into surgery, Dr rang back.
- Can take a long time getting through to reception by phone

POSITIVE

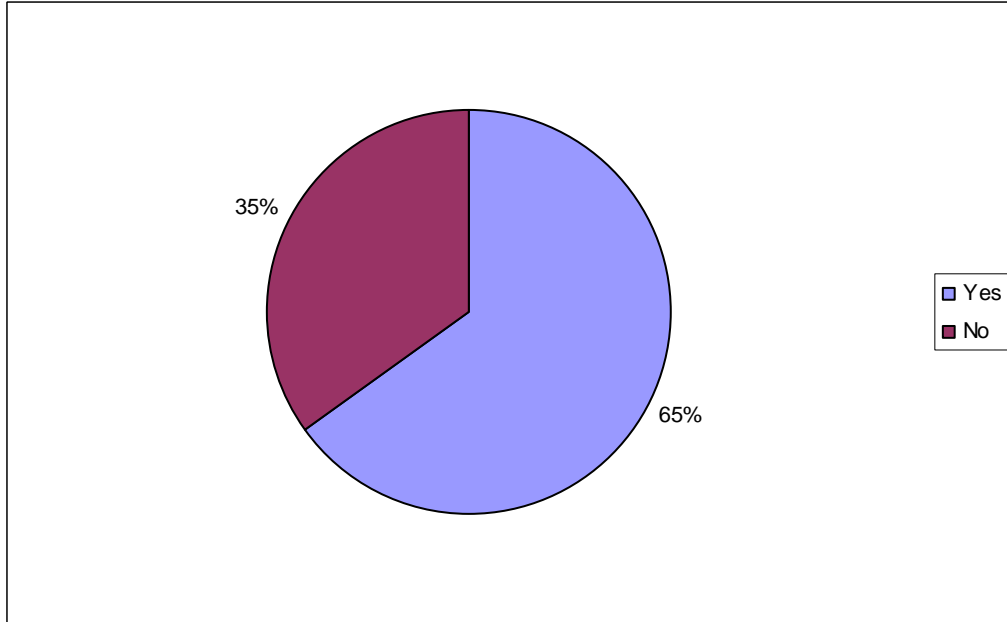
- All good
- Quite happy
- No complaints
- Grateful to all staff for kindness and helpfulness
- Everyone is always helpful and friendly
- Very helpful, no complaints
- Pt mentioned that she has never been told who her Dr was after TK left. No complaints about the treatment
- Always get efficient help
- very helpful and friendly and welcoming
- Was happy to hear from the doctor within an hour of talking to the receptionist
- Found the new appointment system good with Dr phoning back but would prefer an estimated time of call back being given.

Patient Participation DES (PPDES)

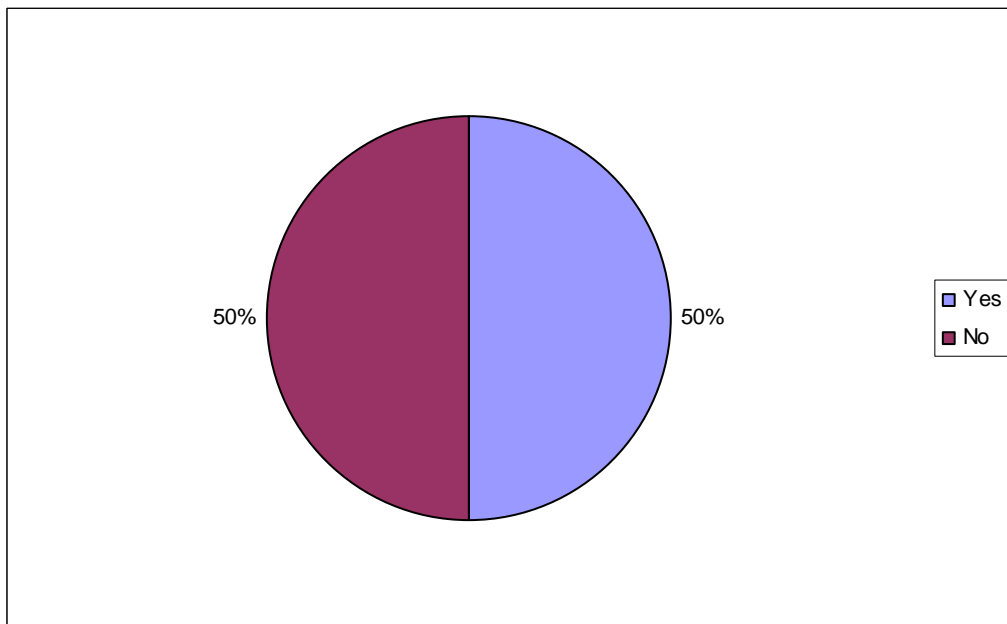
Survey 02 – January 2012, Results

Appendix 2

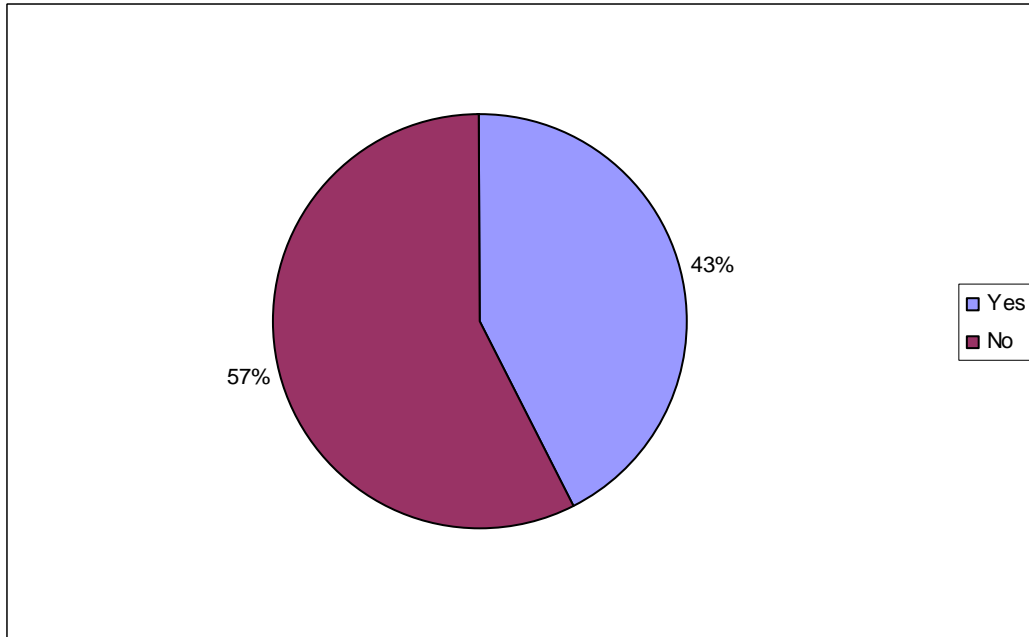
Q1. What do you think are the most important issues on which we should consult patients?



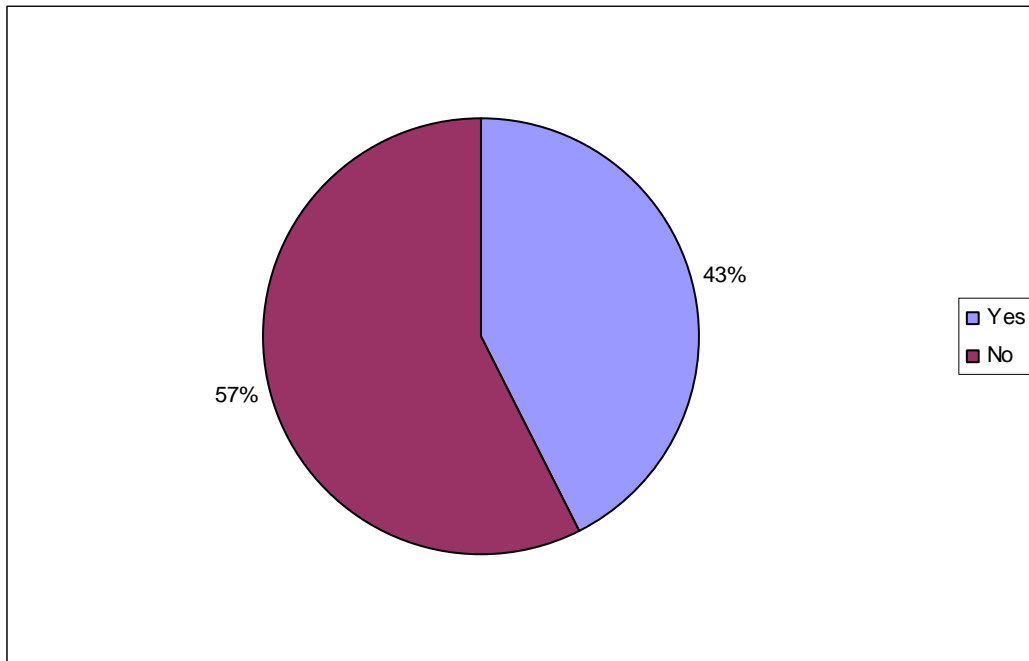
Q2. Are you aware of the changes being made within the Health Service, specifically in the area of GP led commissioning?



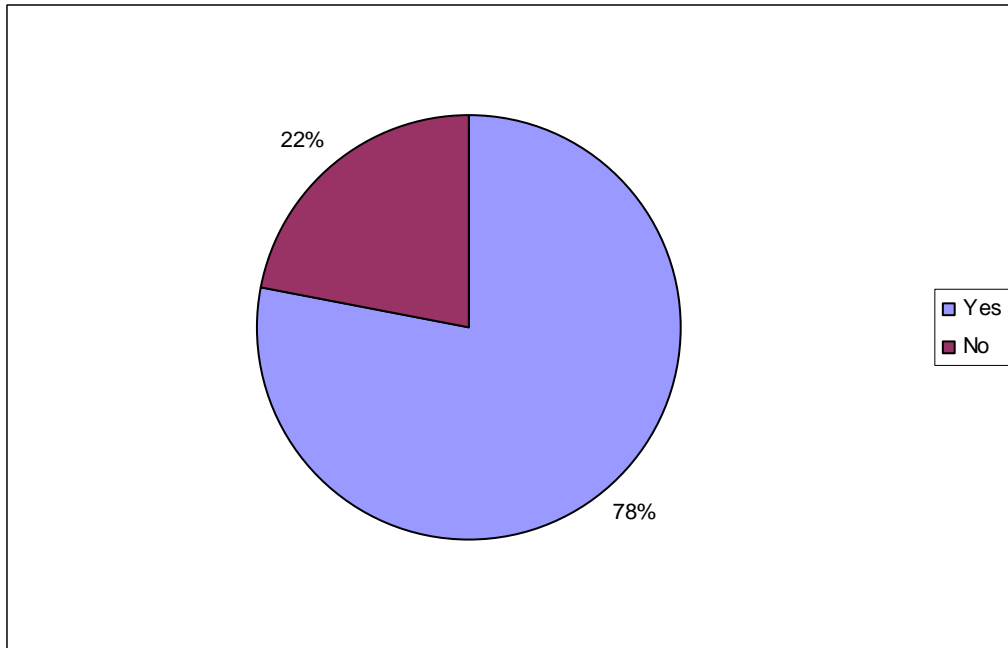
Q3. Do you understand what GP led commissioning means?



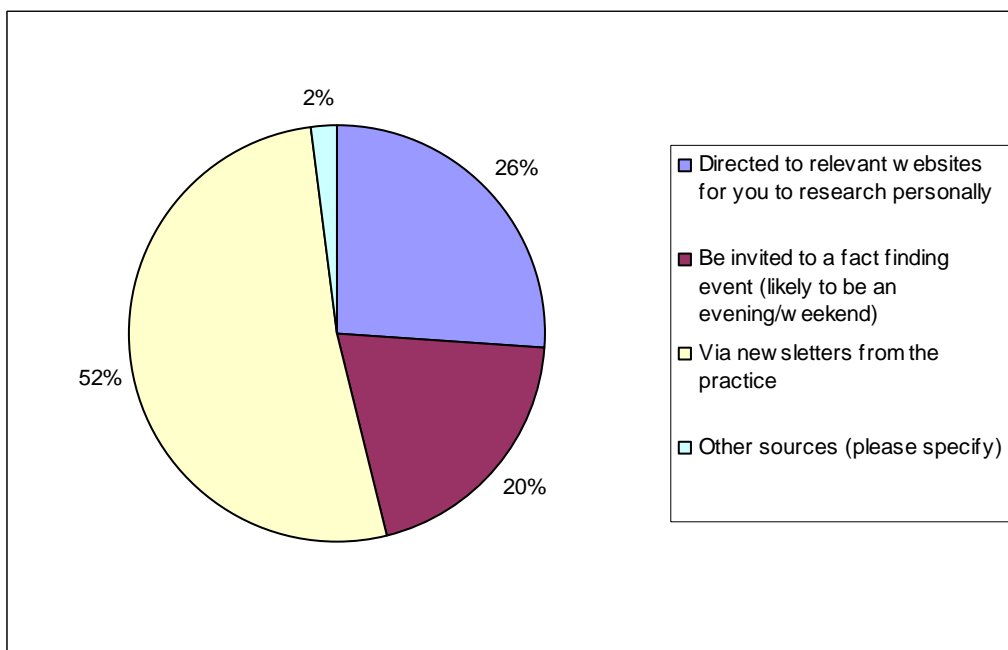
Q4. Are you aware that as part of GP lead commissioning patients will be elected to the Commissioning Board and will therefore be participating in decisions about how Milton Keynes Health budget is spent and which services (e.g.: maternity services, older peoples services, mental health services, GP services and so on) will be purchased?



Q5. Would you like to know more about GP lead commissioning?



Q6. If you answered yes to Question 5 how you would like to find out more?



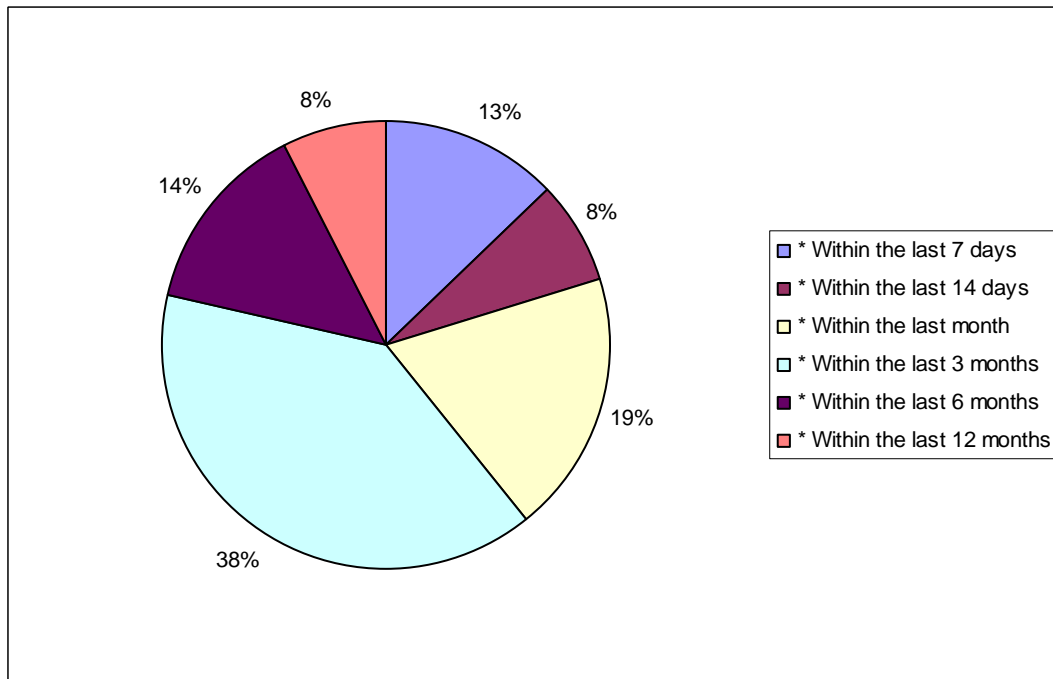
Patient Participation DES (PPDES)

Survey 03 – February 2012, Results

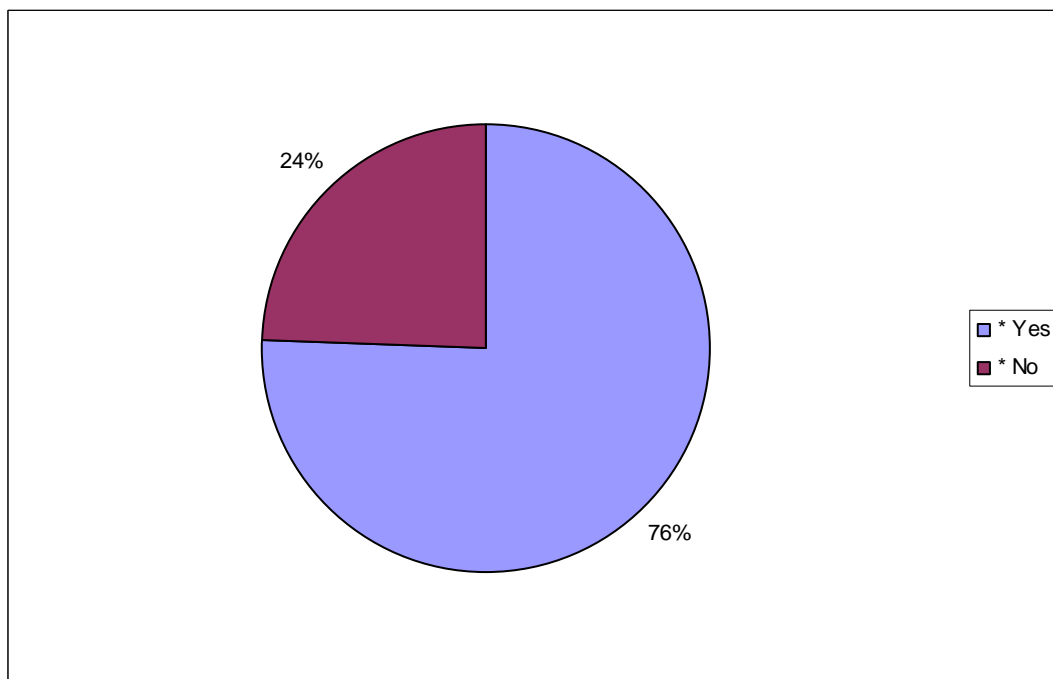
Appendix 3

Thinking about the last time you booked an appointment with the doctor:

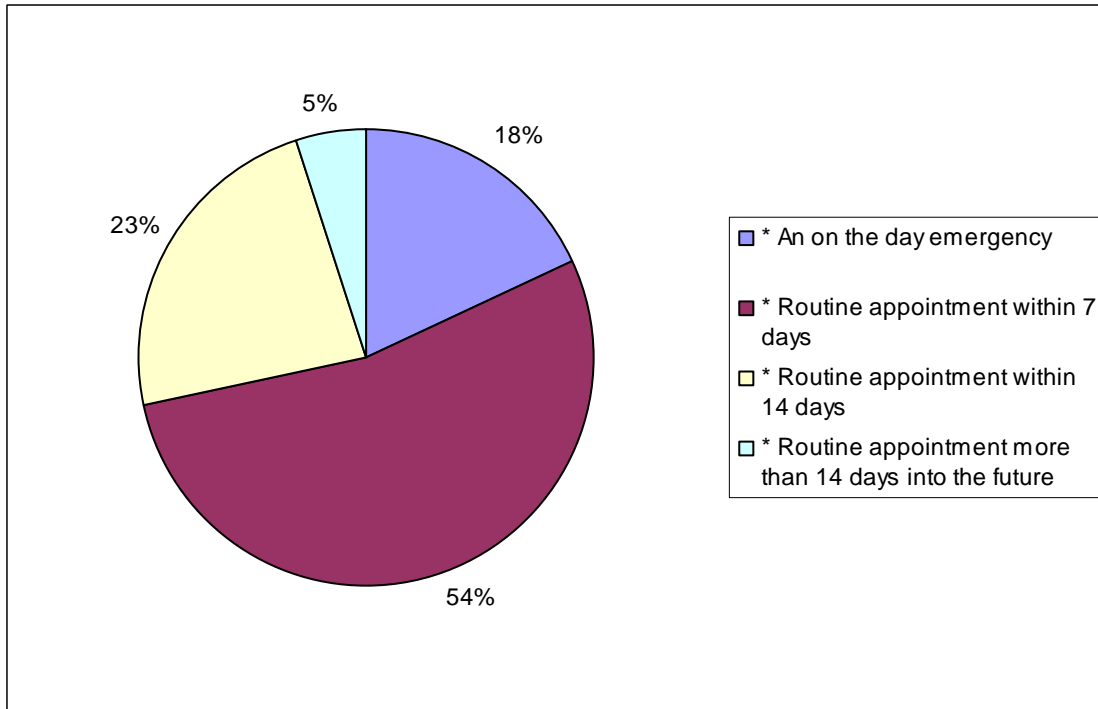
Q1. When was the last time you tried to book an appointment with a doctor?



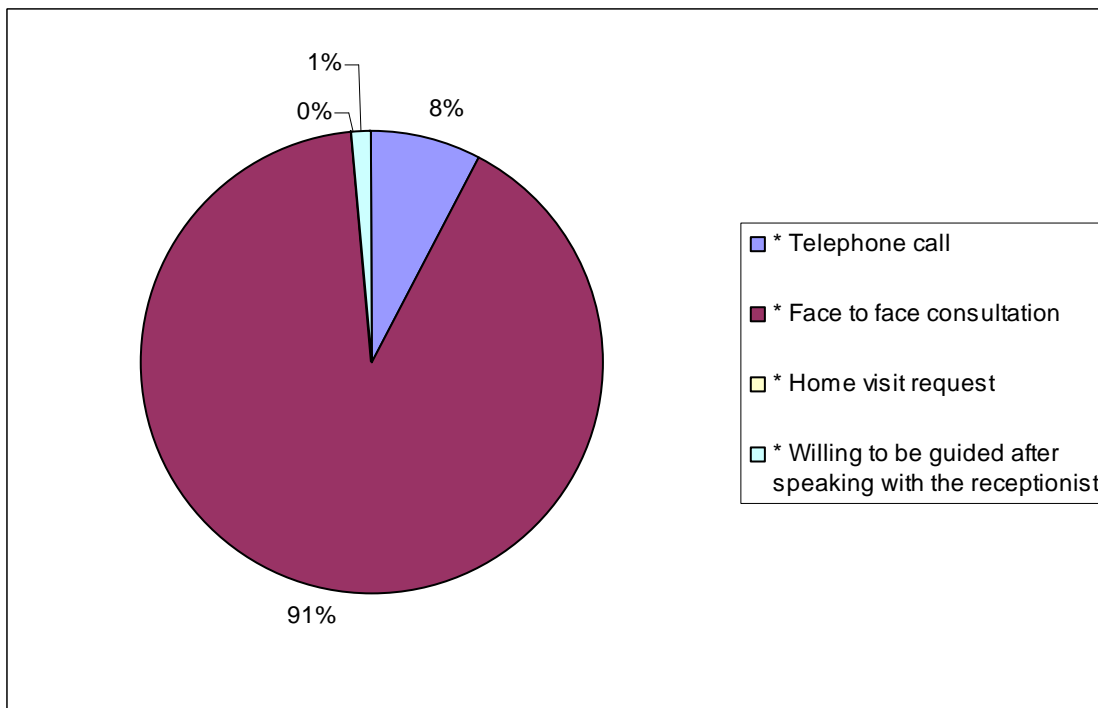
Q2. When you contacted the surgery did you have an idea of an appointment date and time that you wanted?



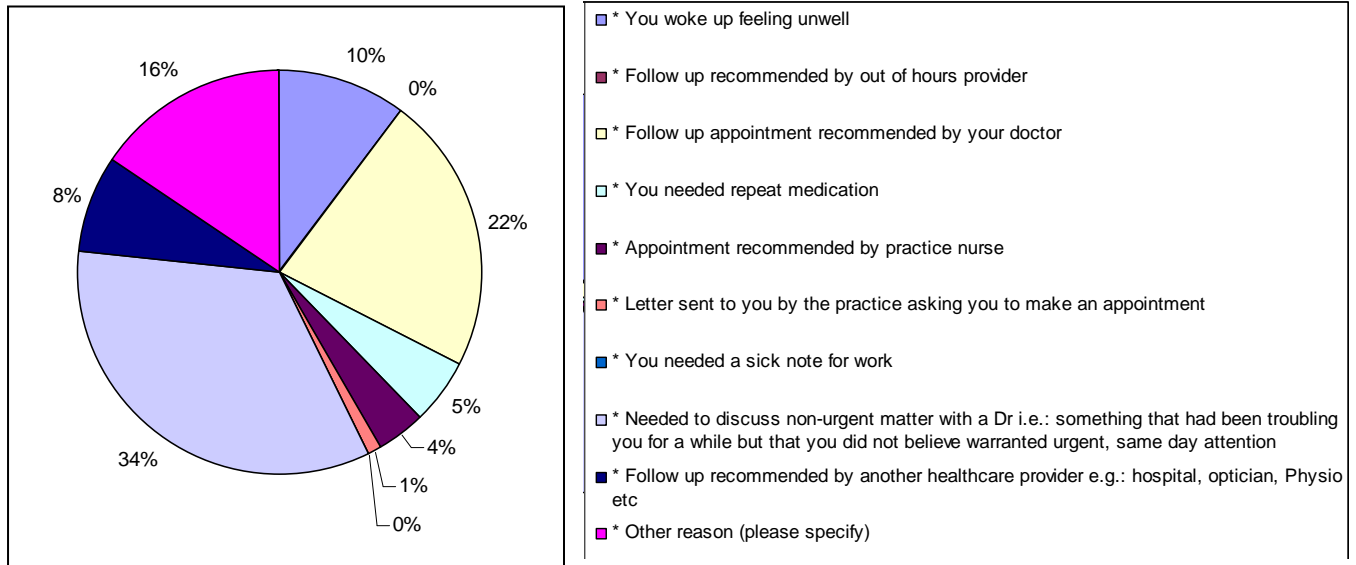
Q3. How urgent did you believe your need for an appointment was?



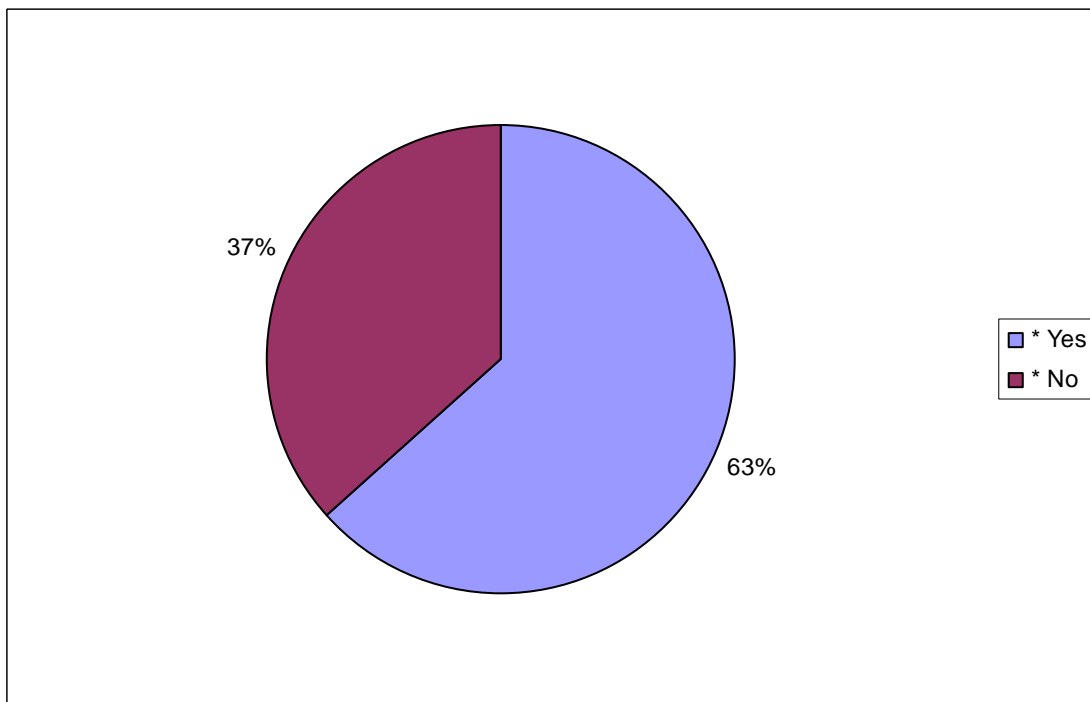
Q4. What kind of appointment did you want?



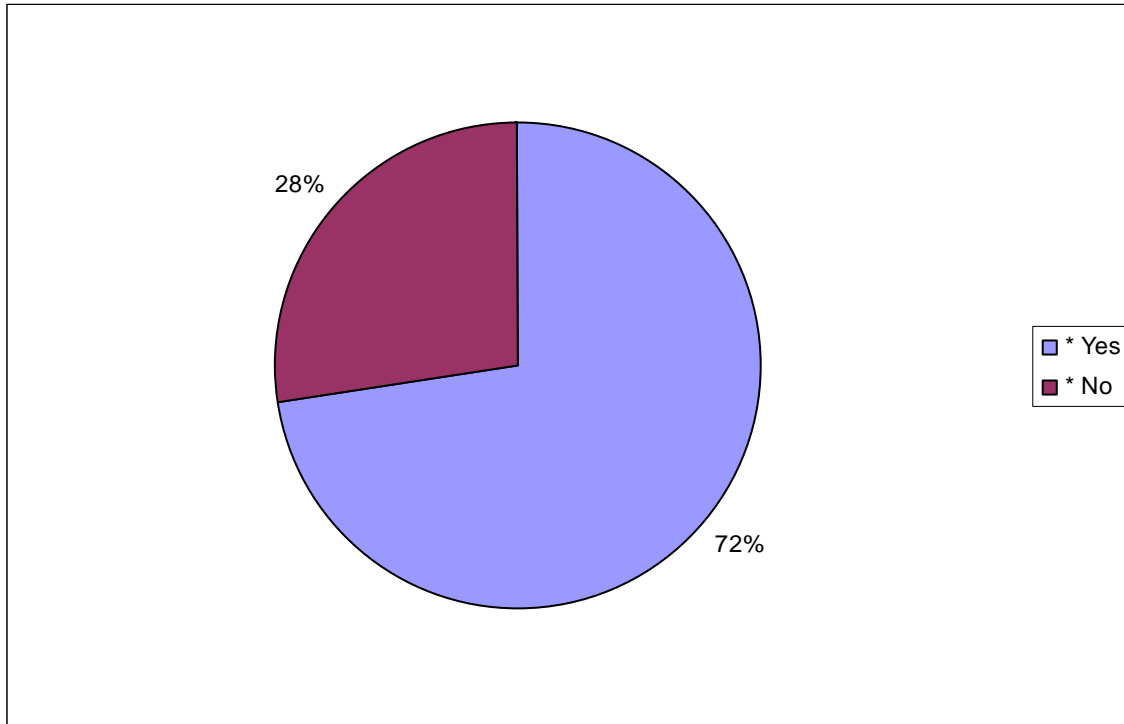
Q5. Broadly speaking, why did you need an appointment?



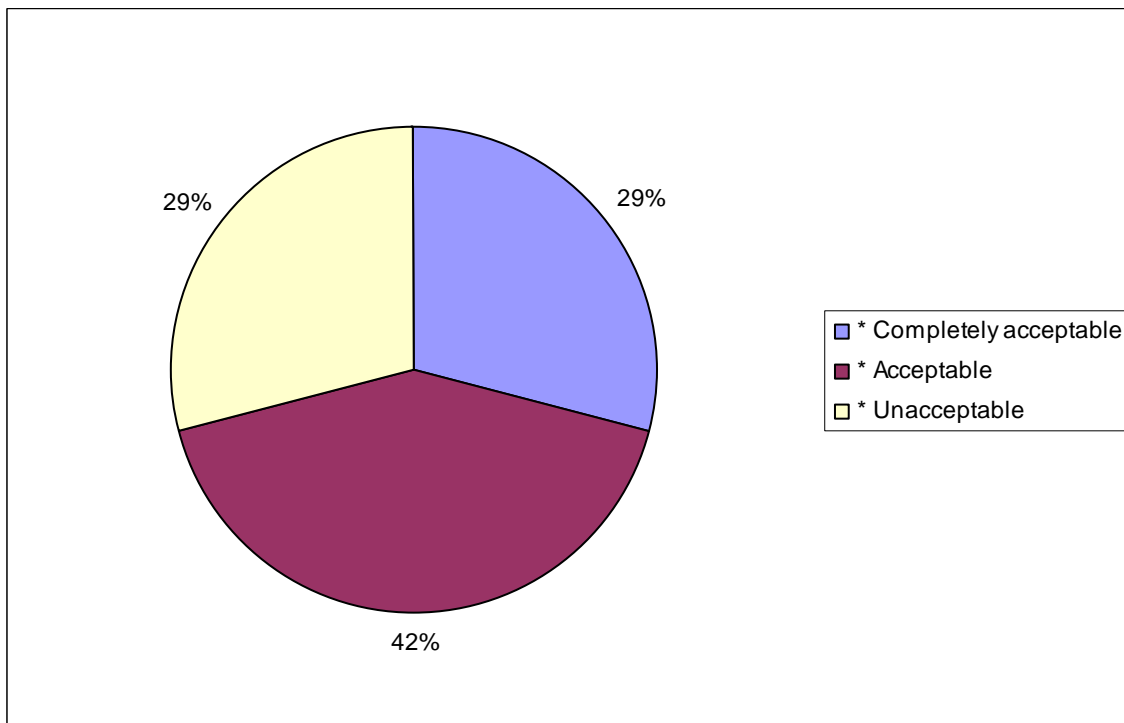
Q6. Did you get the appointment you wanted?



Q6. If no, were you offered an alternative?



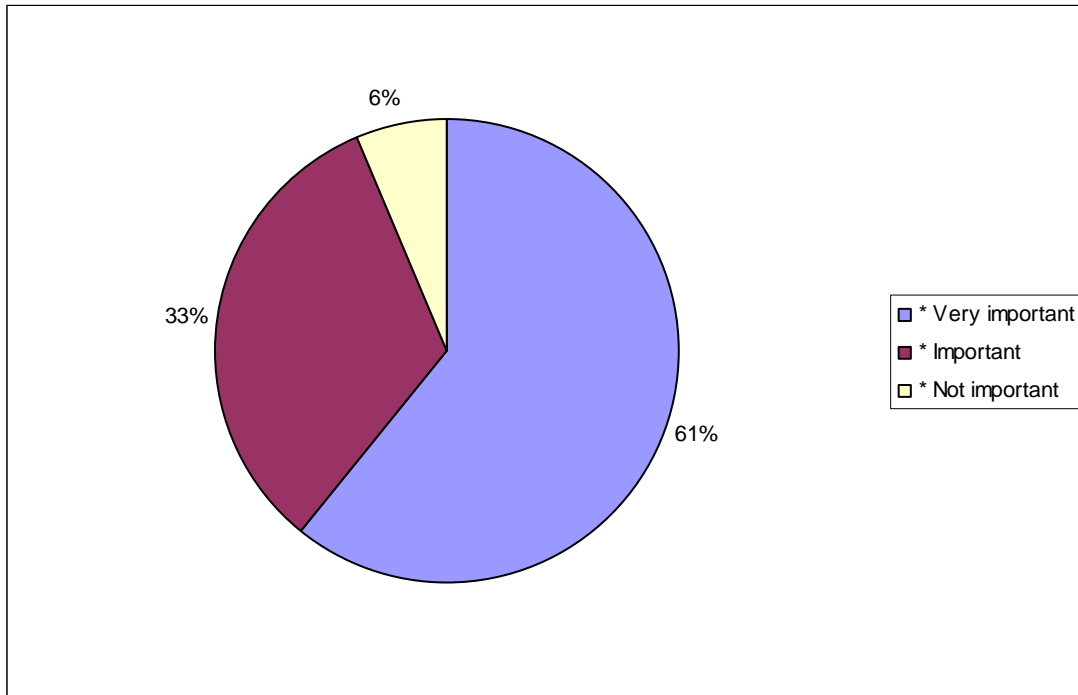
Q7. If you were offered an alternative, did you find the alternative...



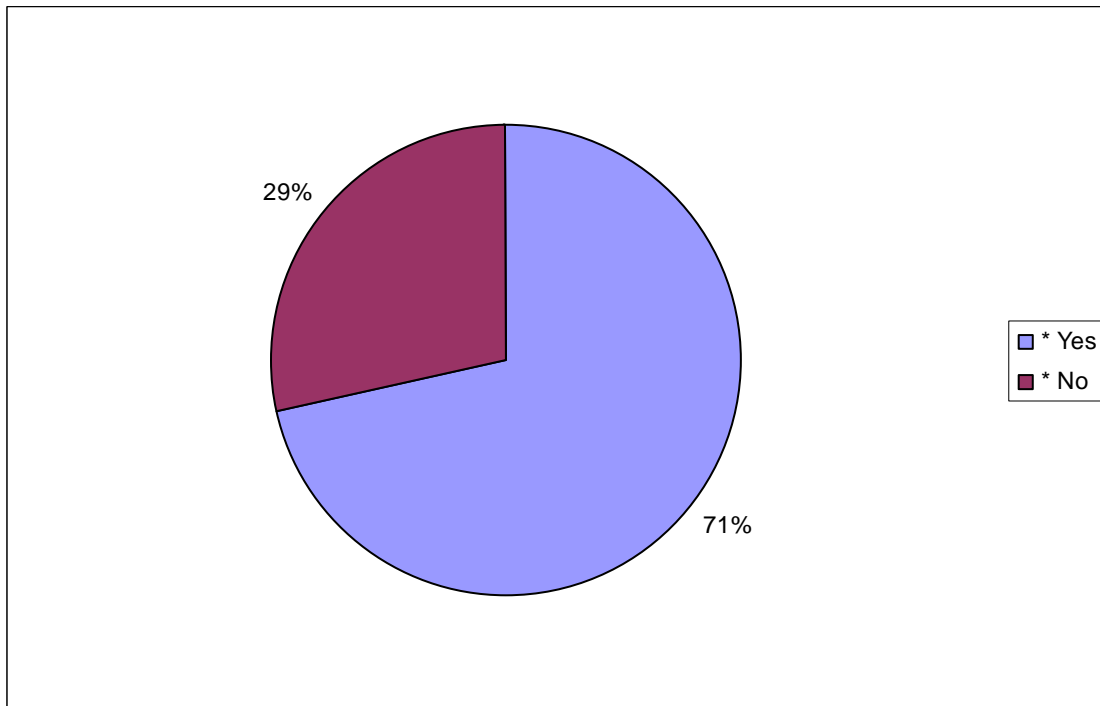
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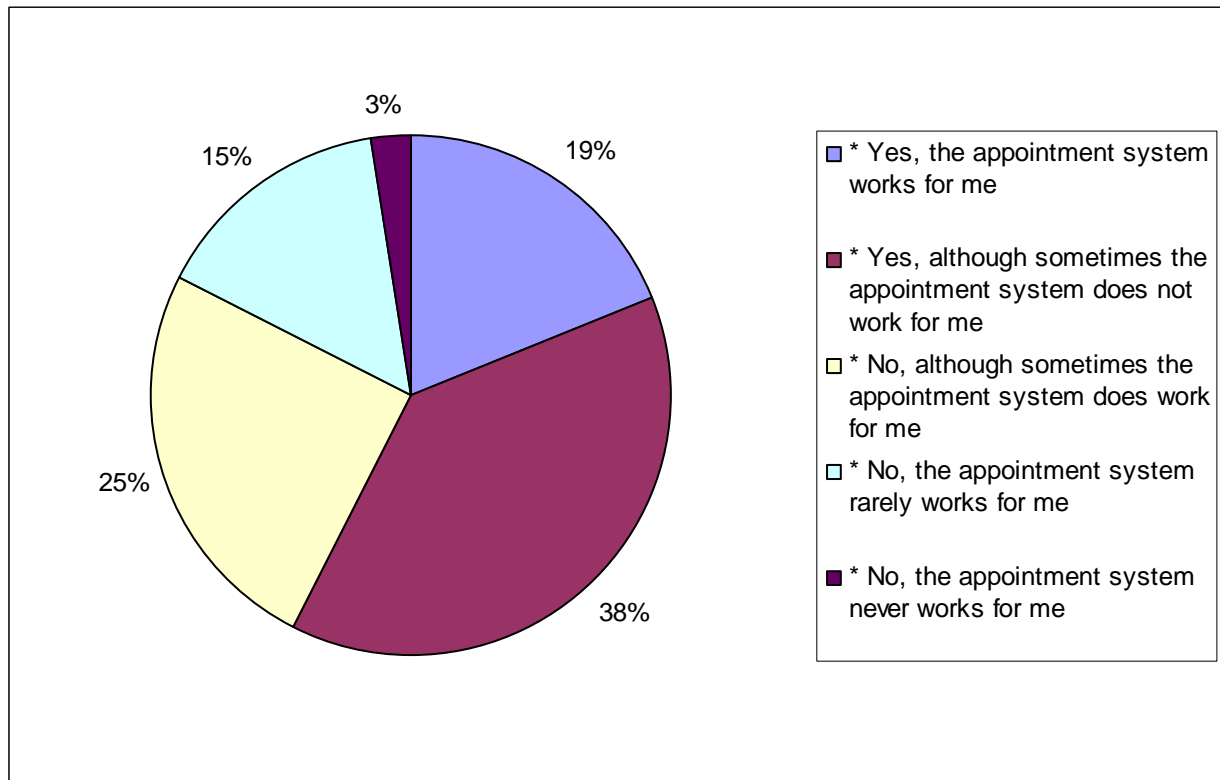
Q8. How important is it to you that for routine, ongoing and/or longer term conditions that you see the same doctor?



Q9. Would you say you understand our appointment system?



Q10. Would you say that you like the appointment system?

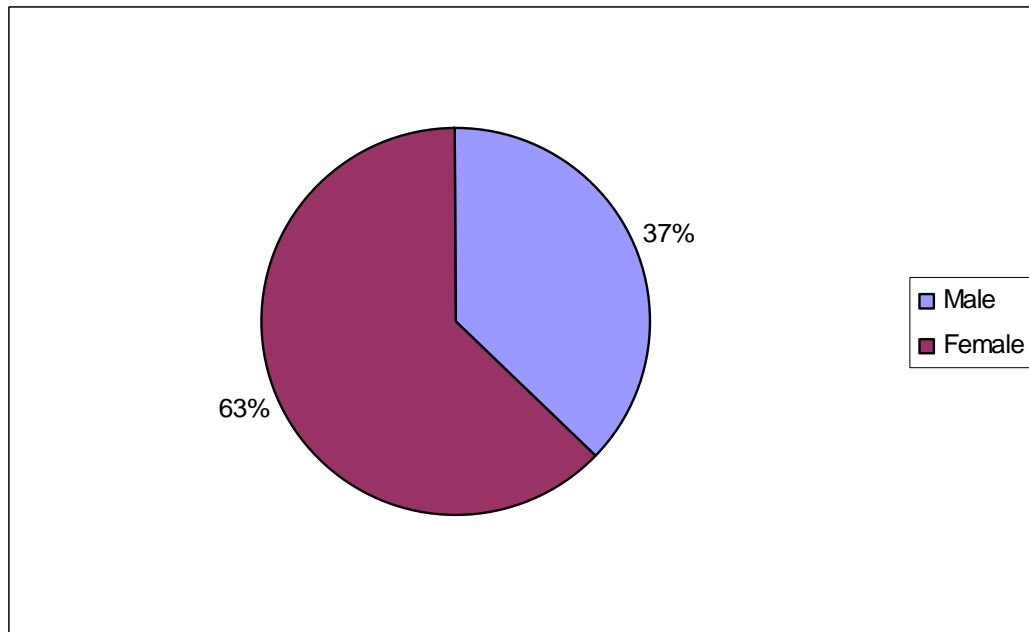


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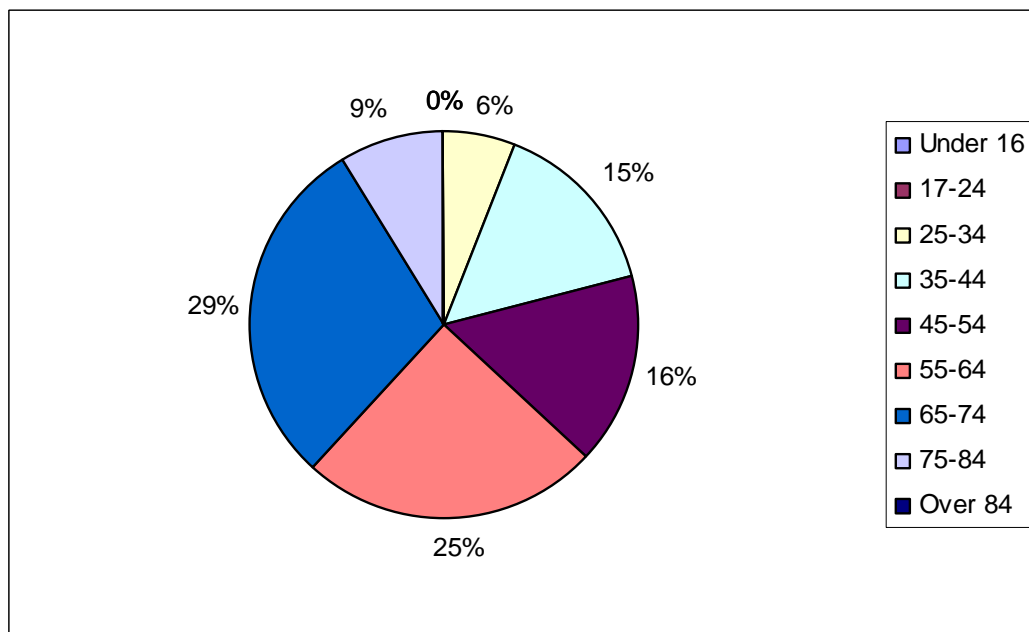
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Demographics of Respondents

Gender:



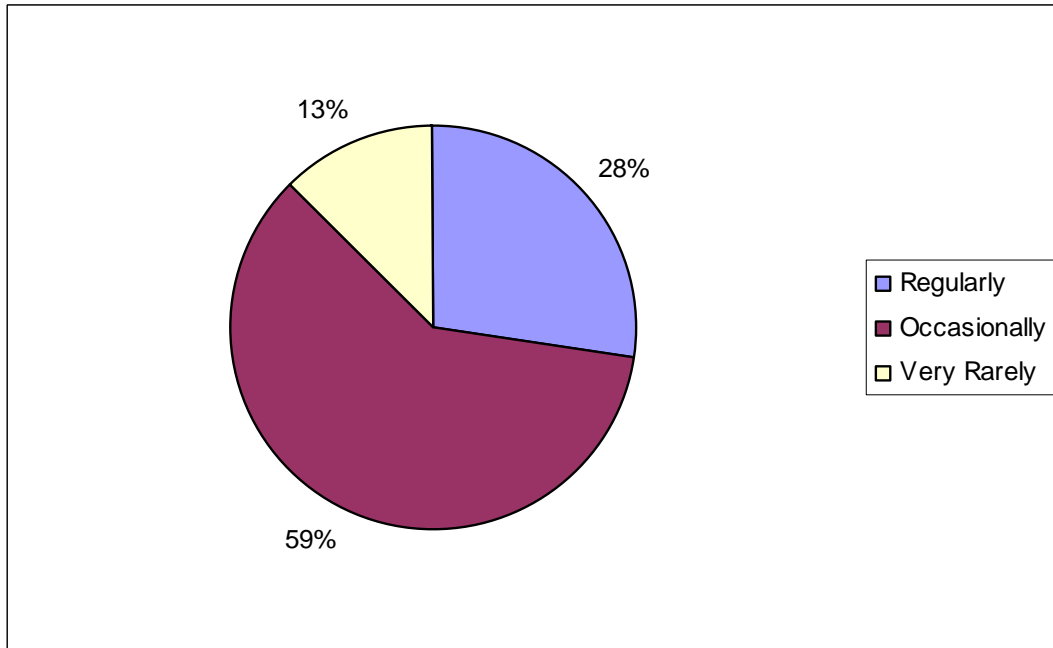
Age



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Attendance



Ethnicity

