

**Patient Participation Directed Enhanced Service**

**2012/13**

**Practice Details**

Practice Name	<b>Marus Bridge Practice</b>
Practice Code	<b>P92642</b>
Completed By	<b>Sharon Chamley</b>
Contact Telephone Number	<b>01942 481506</b>
Email Address	<b>Sharon.chamley@gp-p92642.nhs.uk</b>

**Component One – Develop a Patient Reference Group**

<b>Patient Reference Group profile</b>		
Show how the practice demonstrates that the PRG is representative by providing information on the PRG profile		
Number of Face to Face Members	7	
Number of virtual members	49	
Age & Sex breakdown	Male	Female
Under 16 -	0	1
17 – 24 -	0	1
25 – 34 -	1	4
35 – 44 -	3	9
45 – 54 -	6	5
55 – 64 -	8	12
65 – 74 -	2	3
75 – 84 -	0	1
Over 84 -	0	0

<b>Ethnicity</b>		
White	20	36
Mixed	0	0
Asian or Asian British	0	0
Black or Black British	0	0
Chinese or other ethnic group	0	0
Other (e.g. no of carers/ no of unemployed/retired etc)	<p>Male Members include:</p> <p>1 x Disabled 2 x Employed 5 x retired 3X unemployed</p> <p>Remainder status not recorded</p>	<p>Female Members include:</p> <p>1X Disabled 1 x Full time Carer 1 x retired 15 x employed 1x unemployed 2 X Students</p> <p>Remainder status not recorded</p>
<b>Differences between the practice population and members of the PRG</b>		
<p>Please describe variations between the practice population and the PRG.</p> <p>Our face to face group (7) were established prior to the PRG des and comprises of a carer, employed, unemployed, disabled and age ranges between 44-79.</p> <p>I have ensured that our patient participation group is representative of our practice populations as much as possible. Though ethnicity of our patients is predominately White/British, with only 4 other ethnicities recorded in our system, the practice used personal knowledge to identify and invite individual patients of other ethnicity than White/British. Unfortunately this was unsuccessful.</p> <p>I have also been mindful of recruiting members with different employment statuses to ensure opinions where varied not bias. We have members who are employed, unemployed, retired, a full time carer and students all who contribute differently to the group.</p>		

If there is a variation what did the practice do to ensure that every effort was made to get a representative number of patients on the group?

As we already had a face to face group we decided a virtual group would appeal more to those out of reach patients who maybe do not attend surgery often or are housebound. Opportunity to communicate via email, telephone, post was offered and detailed in the recruitment materials.

Every effort was made to ensure we had a representative number of patients involved with the group and we are still actively recruiting more. We used several techniques to advertise the group and contacted patients in various ways.

We did a 'Your Practice needs You; campaign – posters – message added to right hand side of scripts. Message on our electronic board in the waiting room.

This would initially broadcast to a large and vast range of patient's old, young, different ethnicities, and employment statues. We thought it was important to give every patient the opportunity to join the group if they wish. This included handing out our PRG leaflet to parents with babies/young children at baby clinic/immunisation clinics, elderly patients at the anticoagulant clinic and pregnant women during ante-natal clinic.

Active encouragement/recruitment by reception team particularly younger people and patients of non white ethnicity were contacted individually.

All new patients were (and still are) automatically given a leaflet and form to complete to join if so wish - this would also reach a good selection of patients.

We also invited by email all patients who we hold a email address for. This proved to be very successful.

Patients who don't normally attend surgery for example housebound patients and all patients based in residential care, random selection of younger people (aged 16-30) could be classed as "out of reach" patients and decided to send leaflets to them, explaining the group and suggested we could contact them by post/telephone or email if they struggle to come to surgery. Unfortunately this section of patients have proved to be the most difficult to recruit.

In addition our Patient Group (face to face) suggested a comments/suggestions box in reception of which only a group member has access to and these are then discussed at the Patient group meetings and feedback via email, Patient Group noticeboard.

I have attached sample of a few documents used in this process. Please note our practice has chosen to describe our Patient Representative group as our Feedback Group.



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## Component Two – Validate the survey and action plan through the local patient participation report

### Priorities

Please describe how the PRG agreed what the priorities were e.g. included in the local practice survey

All members of our PRG have agreed to be contacted via email. Our face to face patient group agreed that reviewing last years survey would be beneficial to see if the action plan put in place was successful. Therefore the Practice Manager emailed a draft copy of last years survey explaining this to the Feedback Group for discussion/suggestions – everyone who responded agreed keep the same survey questions for easy comparison.

## Component Three – Collate patient views through the use of a survey

### Patient Survey

Describe how the questions were drawn up for the survey

As described above a meeting was held with our face to face group and together with the responses from the Feedback Group to finalise the survey questions – the survey was amended slightly to include questions around practice staff training.

How was the survey conducted? (e.g. how many surveys were distributed, how were they distributed, how many were completed)

We agreed to aim for 100 questionnaires to be completed; this proved to be successful and received 100 responses. They were handed out to all patients who attended for an appointment between 15-25<sup>th</sup> January 13.

What were the survey results?

See attached



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Describe any other methods in which the views of registered patients were sought.

- The practice is using the virtual group as a 2-way communication portal whereby

patients can freely email the practice (Practice manager) who will then discuss anonymous feedback every quarter at either Patient Group face to face/practice meetings as appropriate. Patients are notified by email/posters/electronic board/website (in progress) of any actions taken as a result of such feedback.

- Feedback forms constantly available in reception
- Suggestion/comment box in reception with notice that only Patient Group members have access to
- Practice manager available to discuss issues with patients also to discuss things that patients are pleased with
- There is a feedback form on the website/also for general comments/issues etc

**Component Four - Provide the PRG with an opportunity to discuss the survey findings and reach agreement with the PRG on changes to services**

<p><b>Agreed Actions</b></p> <p>How did you provide the PRG with the opportunity to comment and discuss the findings of the local practice survey?</p> <p>A meeting was first held with our face to face patient group to discuss the results and was agreed to summarise the main issues raised and any comments along with a draft action plan. A copy of the survey results along with a draft action plan was emailed to all PRG members for comment/discussion.</p> <p>The vast majority of the PRG members were pleased with the results and had no further comment.</p>
<p>Were there any disagreements?</p> <p>No</p>
<p>How were any disagreements resolved?</p> <p><b>See above</b></p>

**Component Five – Agree an action plan with the PRG and seek PRG agreement to implementing changes**

<p><b>Action plan</b></p>
<p>How did you agree the action plan with the PRG?</p> <p>Via email.</p>
<p>What did you disagree about?</p>

Are there any contractual considerations to the agreed actions?

No

Please include a copy of the agreed action plan including a summary of any further action to be taken.



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### **Component Six – Publicise actions taken and subsequent achievements**

#### **Local patient participation report**

Please describe how the report was advertised and circulated.

This was advertised in reception on the various notice boards, circulated between the group and many of them have family members registered with the practice. Also this will be uploaded on the practice website.

Please provide your website address and a link to where the report is located on the practice website

[www.marusbridgepractice.nhs.uk](http://www.marusbridgepractice.nhs.uk)

#### **Opening Hours**

Confirm opening times of the practice premises and method of obtaining access during core hours. This should include arrangements under extended hours where applicable.

	AM		PM
<b>Monday</b>	08:30		20.00
<b>Tuesday</b>	08:30		18:30
<b>Wednesday</b>	08:30	13:00	closed
<b>Thursday</b>	08:30		18:30
<b>Friday</b>	08:30		18:30

Staff both administrative and clinical is available between these times. Telephone access is available from 8 am onwards.