

Donnington Medical Partnership

Patient Participation DES

Report 2014

Aims of the patient participation group / project

The purpose of creating our Patient Participation Group was to ensure that we involve patients in decisions about the range and quality of the services we offer.

As the end users of the health centres services, our patients are in a unique position to be able to share ideas on what services and ways of working would suit them best. These ideas can help both the patients and also the practice itself.

How we constructed our patient participation group

We took a range of steps to advertise our patient group and invite people to join. Where possible we have attempted to ensure these methods have led to the broadest spectrum of patients being aware of the group.

These methods included:

- Posters in the waiting rooms at both health centres
- Join up forms and notices on the reception desks so anybody getting help at reception could see them and join up.
- Posters and join up forms next to the self check in machine at DHC so those who did not go to reception could still have the opportunity.
- We added scrolling banner adverts on the website, and also added the message to our rolling news feed.
- Directly promoting the group to patients being served at the reception desks or seen by a doctor.
- As the process went on, where we felt there was a group of patients not represented we attempted to target them specifically via the clinicians serving them or direct approach from admin staff.

How we found out what issues were the most important to our patients to then include in our main patient survey

We wrote to all the members of our patient group and asked them to complete a short questionnaire to help us prioritize the areas of focus for the main survey.

The members were also given the opportunity to add any other issues which they felt should be considered in the main survey.

The main issues identified were:

| | |
|----------------------|-------|
| Clinical care | 5.9% |
| Routine appointments | 6.8% |
| Urgent appointments | 5.3% |
| Reception issues | 15.4% |
| Phone access | 14.0% |
| Web/online access | 19.1% |
| Opening times | 15.1% |
| Premises | 18.4% |

These areas were reflected in the survey with the addition of specific questions about being involved in decisions with clinicians and about the opportunity for views to be made known.

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How we constructed and conducted our main patient survey

The survey from the previous year was amended in the light of feedback and newly identified areas relevant to the Essential Standards. Questions were designed so that they could be compared to previous years where possible. We included a specific open question about appointments and generic open questions.

The survey was made available to all patients at the receptions at both sites. Copies were also sited at the self check in screen at Donnington and copies were sent to all members of the patient group.

Patient participation group meeting – How we reviewed the survey results and formed an action plan

After we had conducted the full patient survey and collated all the results, we invited all the members of the patient participation group into the health centre for a meeting.

The purpose of this meeting was to review & discuss the results with the patient group, and then to form an action plan based on the ideas we discussed.

We created & agreed a provisional action plan at the meeting. This was then formalised after discussion within the practice following the patient group meeting. Copies of the provisional action plan were sent to the whole group including those who were not able to attend the meeting. We also asked for any further comments or suggestions from those who were not able to attend the meeting before we finalised the plan.

What actions are we going to take as a result of the patient survey & patient meeting?

Our action plan was based on the results of the patient survey and the ideas discussed at the patient group meeting.

1. Premises: Review

- a) lighting in foyer of DHC. Patients struggling to see/read, especially in winter (carried forward from 2013) – difficult to read especially in winter
- b) Carpets in waiting areas access at both sites – concern over appearance
- c) Front door access at both sites – difficult for those with pushchairs or disabilities

2. Provide online access for patient comment or feedback.

This was suggested by the patient group as more useful than the suggestion box as a method of receiving continual feedback & building on the work of the patient survey to make it easier, and actively encourage patients to give feedback all through the year.

3. Improve the management of the website and waiting room screens at DHC to increase patient information and awareness.

The new screens and the website could be maintained and updated more regularly to keep patients better informed about services and developments in the practice as well as the opportunity for the practice to comment on media stories. This would obviate the need for a newsletter.

4. Review online services advertising at Richards Medical Centre.

Carried forward from 2013. - it was felt that a more prominent advertising campaign could encourage more people using Richards Medical Centre to access online services. This would speed up access for these people, and also free up the phone lines for those who do not have internet access.

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5. Create a simple mobile phone number collection system - possibly using some form of simple card system or the check in screen at DHC.

Carried forward from 2013 when it was noted that 66% of patients felt that an appointment confirmation at the time of booking would be a good idea & help them. In addition, it was felt that increased use of text messaging might be useful to patients and potentially reduce DNAs

6. Review the configuration of the automated phone system at DHC.

It was recognised that telephone access is still the preferred method of communication for most patients. In order to provide the most effective and efficient service it would be useful to review the use of the system including the automated messages and the time for certain services to be available including the telephone prescription line.

7. Review telephone access to RMC

The RMC has a much less sophisticated telephone system that should be reviewed and alternatives considered.

8. Review appointment provision and booking system for :

Doctors

Nurses

Phlebotomists (NB fasting and glucose tests)

The waiting time for routine doctor appointments was considered to be a significant issue with waits of over a working week.

Demand for nurse and phlebotomy appointments continues to grow. A review should aim to understand the overall demand, pressure points, how to meet the need for urgent appointments and the appropriate timing of appointments e.g. fasting blood tests.

9. Review H&S around childrens books.

This follows the use of a heavy book as an object to be thrown and risking potential harm to another patient.

What actions have we already taken as a result of this meeting and survey?

This section will be updated periodically throughout the year with updates.

How to access services

The opening times of the practices are listed below:

Donnington Health Centre

Monday: 8.00am - 6.00pm

Tuesday: 8.00am - 6.00pm

Wednesday: 8.00am - 6.00pm

Thursday: 8.00am - 6.00pm

Friday: 8.00am - 6.00pm

Saturday: 8.40am – 12.15 pm (Pre-Booked appointments with doctor and nurse only)

Sunday: Closed

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Richards Medical Centre

Monday: 8.00am - 6.00pm

Tuesday: 8.00am - 6.00pm

Wednesday: 8.00am - 6.00pm

Thursday: 8.00am - 6.00pm

Friday: 8.00am - 6.00pm

Saturday: Closed

Sunday: Closed

Within the core hours of 8:00 – 18:00 access to most services can be made by phoning either practice or coming in to the relevant health centre. At Donnington there is a dedicated phone line for repeat prescription requests which is open between 11 – 14:00 Mon – Fri, except on Tues where it is open between 11 – 13:00 due to staff training.

Patients are also able to access repeat prescription ordering, appointment booking, and various other services via our website 24 hours a day.

Extended Hours services

We offer an extended hours clinic with both a Doctor and a Practice Nurse on a Saturday morning. These clinics are for pre-booked appointments only.

The doctors operate these on a rota basis, and whilst the receptionist will know the gender of the doctor who will be providing the clinic they may not know which specific doctor this will be.

When booking an extended hours practice nurse appointment the receptionist will always check with the patient what service they require and make sure the available nurse is qualified to carry out the required treatment.