

**Dr Weatherhead & Associates
Southwick Health Centre**

Patient Participation Report 2011/2012

The Practice has signed up to the Patient Participation Direct Enhanced Service (DES) for the two year period from April 2011 to March 2013. The aim of the DES is to ensure that patients are involved in decisions about the range and quality of services provided and commissioned by their practice.

We encourage feedback from patients in a number of ways:

- Posters in the waiting room
- Information in our Practice Leaflet
- Canvassing patients whilst in the surgery
- Personal invitations to patients
- Invitation letters and notices of the meeting available to all at Reception.

Sunderland Teaching Primary Care Trust have developed the Practice website and just this year the Practice has received training in order to take on the maintenance of the site and have more freedom to make it a more useful tool to our patients, please visit the site at www.weatherheadgp.nhs.uk .

Patient Participation

This year we received 12 expressions of interest from patients who were willing to form a Group. Of the 12 patients who expressed an interest in forming a PRG, 7 were female and 5 male; 4 aged 35-44; 2 aged 45-54; 3 aged 55-64; 3 aged 75 and over. All are white British background.

Only 2 patients actually attended the face to face meeting, along with the Practice Manager, Practice Nurse and Lead GP. Some of the topics discussed at the meeting included access to doctor appointments; using extended access appointments for patients who work; surveying patients who do not attend their appointment and ensuring that the information displayed on the Jayex board is kept up to date.

Health Quality Check

In conjunction with Sunderland People First and the Health Quality Checkers, we have worked with our patients with learning disabilities to gauge their experience of attending the surgery. Each patient was sent an information pack explaining the purpose of the health quality checkers, an invitation to take part, a questionnaire for completion either by themselves or someone who supports them and an SAE for return. Patients were given an option of completing a questionnaire, a face to face interview at a place convenient to them, a telephone interview or an invitation to a group session. Out of the 25 packs posted 9 questionnaires were completed and returned and one visit took place. Practice staff also took part in the process by completing a questionnaire on their experiences, 6 out of 10 were submitted and 7 interviews were conducted.

The results of the questionnaires and interviews were marked against a set of pre-defined standards and for each standard recommendations for improvement were made:

Standard 1: I am involved in my care at all times

Standard 2: My care, treatment and support is planned to meet my needs

Standard 3: I get good care and feel safe

Standard 4: I get good care from staff who are trained and know how to do their job well

Standard 5: I get care from a service which carries out regular checks to make sure they are doing a good job

Some of the recommendations made will help to improve on the information we hand out to patients; make information more accessible; improve the message we give to patients on how to make appointments; offer training for staff which is focussed around learning disabilities needs; and adapt practice information to make it easy to read.

As well as feedback on the services provided the health checkers also commented on their experience of visiting the health centre and suggested areas for improvement. The suggestions have been referred to the PCT and they are happy to make reasonable adaptations to improve the premises.

This project was excellent and we would like to thank Sunderland People First, the Health Quality Checkers and all of our patients and their Carers who took time to complete questionnaires and attend interviews. It is hoped that we will continue to improve on the services we offer.

Action taken to date

Year 1 – April 11		Planned implementation	Date achieved
Step 1	Establish a Patient Reference Group	By December 2011	4.11.11
Step 2	Agree areas of priority with the PRG	By December 2011	4.11.11
Step 3	Collate patient views through the use of a survey	August 2011	8.9.11
Step 4	Provide PRG with opportunity to discuss survey findings and reach agreement with the PRG on change to services	September 2011	8.9.11
Step 5	Agree action plan with the PRG and see PRG agreement to implementing changes		
	Extended access – priority to appointments should be given to workers or Carers/family members who work. Suggest that some appointments are only bookable by the Doctor or Nurse.		Jan 12

	It was suggested that patients who present with a number of issues should be asked to make another appointment and maybe book a longer appointment at their next visit to avoid doctors running late in their surgeries. To be discussed at a clinical meeting.	Jan 12
	Use of the Jayex board to advertise that early morning and/or late evening appointments are available for people who work	Feb 12
Step 6	Publicise actions taken and subsequent achievement	March 12

Year 2	Action Plan	Implementation
	It was suggested that patients who do not attend their appointment are sent a questionnaire to determine the reason why	By June 12
	Review all practice literature/information in line with recommendations arising from the Health Quality Checkers Report	By June 12
	Develop the practice website and encourage patients to use it to offer feedback on services	From April 12 - ongoing
	Establish a Virtual Patient Group in order to encourage more patient to become involved who may not be able to attend face to face meetings.	From May 12

Thank you to everyone who has offered feedback and support to the Practice throughout 2011/12. We look forward to your continued support in the coming year.