**BEECHWOOD MEDICAL CENTRE**

**LOCAL PATIENT PARTICIPATION REPORT**

**Date**: 20th February 2012

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**Background**

**The Practice signed up to this DES based on the criteria laid down in the specific DES document, however no version, date, or therefore document control is established on the initial document therefore it is not easy to audit that we are in fact still operating to the original DES although no amendments have been seen. Since then, other documents have appeared although also no demonstrating any dating or formal external document control whereby parameters have been laid down for compliance that are not obvious from the original DES. We have two versions of a document entitled ‘Local Patient Participation Report Template’ the latest having been first notified on 09/02/12 via a link notification. We also have a document entitled ‘ Patient Participation DES’ quoting ‘evidence required for each component’ which has differing titles for each component from the document entitled the report template.**

**In summary, we have done our best to abide by the DES and embody the spirit of the requirements, however the guidance documentation supporting it’s delivery has been a little inconsistent and sometimes delivered a little late in the process, which has inhibited our full compliance beyond our control. We would like to think that this fact is considered when making judgement of our overall compliance.**

**As we were working from the original DES I will adopt it’s component definitions for our report.**

**All auditable evidence mentioned can be found in the appendices at the back of this document. Where the website is cited this can be verified at www.beechwoodmedicalcentre.co.uk**

**1. Component 1 - Establish a Patient Reference Group (PRG) comprising only of registered patients using best endeavours to ensure that it is representative.**

**Evidence-**

**As at 1st October 2011 the patient list size was 7288. Our Practice is located in Ovenden, Halifax, officially rated as a deprived area for the purposes of local authority development. The profile of our patients is mostly low salaried or unemployed people with a broad range scale, however our most frequent visitors are considered to be in the middle to old-aged category.**

**The Patient Reference Group was advertised for all registered patients through surgery posters, the practice leaflet, the Practice website, and by direct mailing to members of previous similar groups. We offered to refund any travel costs and to provide refreshments for all Group members.**

**This activity resulted in seven registered patients agreeing to join the Group. Of these four are females and three are male. The age range of the PRG members is 34-74. The PRG is run by the Practice Manager to ensure consistency and structure and wherever possible the Office Manager and a based clinician also attend for balance and integrity purposes. The PRG has met formally three times since September 2011, on 27th October 2011, 12th December 2011, and the 06th February 2012. Meetings are formally recorded, minutes sent out to participants, Practice Partners and uploaded onto the website. Meetings are adequately spaced to enable actions to be concluded prior to the next meeting. The terms of reference of the Group are the relevant DES documentation as associated supporting documents, which were described in detail at the first meeting and subsequently reviewed at all meetings thereafter during the introduction sequence for clarity of purpose.**

**Looking at the volume of volunteers and the age profile we would make the following comments. Given our demographic it is difficult to get real numbers attending the PRG. Historically such groups have delivered little change locally and therefore is the need to effect cultural change to gain worthwhile volunteers and this will not occur overnight. We intend to undertake some more aggressive recruitment to the Group in 2012 but this will only be achieved by a clear demonstration of real change this time around.**

**With regard to the age profile we would prefer some younger members however again getting these patients motivated is difficult. We have considered financial reward for attendance but on balance felt that anyone taking up such an offer may be of limited value in that their input would probably be limited in terms of effort and not motivated by a genuine desire to improve the service, more likely their motivation being just pure financial gain.**

**On the positive side, those members that do participate have mostly been on our list for a very long time. That means that they genuinely understand the limitations of what we do and have a genuine desire to drive change for the better.**

**We have managed to give out over 400 practice leaflets in the last four months and so the message is out there in that format. At any given time there are normally at least four posters advertising the PRG in the reception area. As for the website, historically we have only had around 300 ‘hits’ per month, but we have a new poster campaign in place and awareness is growing with hits increasing accordingly. In light of the poor historical use of the website we have not opted for a virtual PRG at this stage.**

**2. Component 2 – The reaching of an agreement with the PRG on issues which are a priority and the inclusion of such issues in the local practice survey.**

**Evidence-**

**This action was taken at the formal meeting on the 27th October 2011, the minutes of which are attached. The Chair detailed a list of considerations as guided by the DES documentation and national survey guidelines, and then asked those present to add any further items that they wished to be highlighted for consideration. This included a review of the current complaints list.**

**With regard to priorities all topics formally agreed as requiring entry into the patient survey questionnaire were afforded the same level of priority. This rationale was accepted by the Group as the historical evidence was that actual complaints were statistically low, and that the Practice in general had a reasonably proactive approach to change.**

**The main areas of complaints or reported events at the start of the process were referrals and clinical issues and these were therefore included in the survey.**

**Projects being considered by the Practice which may have required consideration when formulating the survey questions were outlined by the Chair at each meeting. These included customer service training for the staff, an upgrading of the website, and the possible introduction of an integrated telephone 24/7 booking system.**

**Once the survey questions had been agreed (importantly the exact wording was set by the PRG patient members) it was documented and circulated amongst the PRG for a factual accuracy assessment.**

**The survey was then conducted on two of our busiest days in November 2011, on a Tuesday and Friday using a paper method , with two external and independent marketing staff used to ensure impartiality. This survey was conducted in the reception area targeting random patients who had arrived for booked or walk-in appointments on those days. 102\* patients were surveyed and when questioned the PRG members felt that this was an adequate number and was representative of the patient views considering their own history, experience and opinions.**

**\*This number is not consistent with the number quoted on the Report Template document notified to us on the 09/02/12, three months after the survey was conducted. On the basis that we were not aware of the 25 per 1000 ‘requirement’ at the time of the survey we would ask for some consideration in this area. We will of course meet this requirement in 2012.**

**3. Component 3 – The carrying out and collation of the findings of the local practice survey, informing the PRG of the findings.**

**Evidence-**

**The findings of the patient survey were analysed and collated by the PRG Chair in documented format with detail and commentary, and distributed to the PRG members and the Practice partners in advance of the PRG meeting scheduled for the 12th December 2011.**

**4. Component 4 – Provide the PRG with an opportunity to comment and discuss the findings of the local patient survey, reaching agreement with regard to changes in the provision of primary medical services and where relevant notifying the PCT**

**Evidence –**

**At the meeting on 12th December 2011 the findings were discussed line by line with the PRG members discussing the analysis presented and either accepted the findings or requested further information and representation. The objective of the meeting was to agree an action plan for presentation to the Practice Partners of areas where the evidence suggested that change was needed. This plan was agreed and documented in the minutes of the meeting which were then forwarded to the Partners so that they could consider their responses to be presented to the PRG at the next scheduled meeting on 06th February 2012.**

**Again no specific item was given a higher priority than any other, and no areas were identified where Group agreement could not be reached. The Group was invited to vote on any contentious issues but at no stage was there anything other than complete agreement.**

**Furthermore there were no items in the action plan which required any immediate fundamental changes to the provision of primary medical services and therefore the PCT were not notified of any intention to change the service provision.**

**5. Component 5 – Agree with the PRG an action plan setting out the priorities and proposals arising out of the local patient survey seeking agreement of that Group to implement changes and where necessary inform the PCT.**

**Evidence –**

**At the PRG meeting on 6th February 2012 the PRG proposed action plan was presented to Dr M Rastall, Partner by the Group. The objective was to discuss the proposed plan line by line, and seek Dr Rastall’s agreement, on behalf on the Partners, to accept the proposed plan or justify non-compliance in areas where the Partners felt that the proposed changes were either not justified or were not feasible for other regions.**

**This objective was achieved and D r Rastall spent some time with the Group justifying the position of the Partners in certain areas of disagreement. Full agreement was reached by all present on the financial definition of the action plan and these actions are now to be taken forward to closure. At present none of these actions are deemed worthy of requiring PCT authorisation.**

**6. Component 6 – Publicise actions taken and subsequent achievement**

**All meeting minutes and reports pertaining to the patient participation DES are posted on the Practice Website, distributed to PRG members and now forwarded to the PCT. Some actions have already been closed, e.g. the advertising of minor surgery.**

**Our opening hours remain 0800-1830 Monday-Wednesday and Friday, and 0800-1700 on Thursdays. Extended access is available on alternate Mondays and Tuesdays between 1830-2030.**

**In compiling and publishing this report with it’s associated evidence we believe that we have fully met the requirements of the DES.**