**BEECHWOOD MEDICAL CENTRE**

**LOCAL PATIENT PARTICIPATION REPORT**

**ANNUAL REPORT – YEAR 3 – 2013/14.**

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**Date**: 10th March 2014.

1. **Introduction.**

The Beechwood Medical Centre (BMC) signed up to the NHS Calderdale Directed Enhanced Service (DES) for Patient Participation for the period 1st April 2013 to 31st  March 2014. Under the terms of this DES the BMC is required to file an annual report, this document is written in order to fulfil that requirement. The DES consists of six component requirements and this report will detail the actions of the BMC with regard to each component individually.

1. **Component 1 – Establish a Patient Reference Group (PRG) compromising of only registered patients and use best endeavours to ensure that the PRG is representative.**

**Evidence –** In Year 1 the BMC managed to establish a PRG consisting of 7 patients. In Year 2 we managed to grow the PRG to 15 members, in Year 3 the membership now totals 17. During the last year the patient list has grown from 7563 to a total of 7921, a rise of 358. Therefore whilst the patient list has grown by around 4% the PRG membership has grown by around 13% which means that the ratio of PRG members to list size has improved during the year.

The group now consists 7 women and 10 men, roughly a 35:65 split which is slightly in favour of males compared to the patient list gender breakdown. The age range of the PRG is 37 to 77. It can be seen from the capitation report table provided below that this age range does represent well over 50% of the age range of the patient list and if we consider that a further 25% of the list are officially categorised as children or over the age of 85 then it is reasonable to state that the PRG does represent the core patient list. The Group has considered how to get membership from the younger adult demographic and did consider ‘appearance’ money, however this idea was rejected on the basis that members attending for financial reward might not be focused on the task at hand.

With regard to the ethnicity PRG members they are all of white British ethnicity and the second table below demonstrates that of those patients whose records are coded that this ethnic background represents the vast majority of our patient list. We do operate an equal opportunities and non-discriminatory policy towards both religion and ethnic background for PRG membership. The BMC also operates a comments/complaints/suggestions box in the reception area and a full complaints investigation procedure.

Table 1: Registered List as at 10/03/14

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| --- | --- | --- | --- |
| **Age Range** | **Male** | **Female** | **Total** |
| 0 - 16 | 991 | 995 | 1986 |
| 17 - 36 | 1156 | 1226 | 2382 |
| 37 - 77 | 1624 | 1633 | 3257 |
| 78 - | 103 | 193 | 296 |
| 119+ | 0 | 0 | 0 |
| Total | 3874 | 4047 | 7921 |

Table 2: Ethnicity of List as at 10/03/14

Ethnicity Total

White British 4521

White European 195

White not stated 210

White & Black Caribbean 21

White & Black African 13

Asian 26

Status below 10 or not recorded 2935

Four meetings of the PRG have been held during 2013/14 and these can be found on the website at [www.beechwoodmedicalcentre.co.uk](http://www.beechwoodmedicalcentre.co.uk) .

With regard to the terms of reference it is documented as follows;-

‘To ensure the highest levels of clinical care are provided to BMC patients through direction communication, consultation, agreement and action with members of the PRG as directed by the Directed Enhanced Service for Patient Participation Scheme’.

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1. **Component 2 – Reaching an agreement with the PRG on issues which are a priority and should be included in the local practice survey.**

**Evidence -**  A review of the minutes of the PRG meetings dated 07th October 2013 and 2nd December 2013 will reveal substantial evidence that the core agenda for this meeting was to achieve this component objective. During these meetings those present were invited to offer up issues/suggestions/comments/questions to be included in the survey. The Chair used a flip chart to capture all of the issues raised and then the Group talked through each one to agree wording for the patient survey questions. The end result was 15 questions and a copy of the survey is reproduced below.

* 1. How long did you wait (i.e. what date did you request it) for today’s appointment?
  2. What kind of appointment did you request? E.g. routine, emergency, review,etc
  3. Is seven days a reasonable waiting time for a routine appointment? (A routine appointment is defined as one for a condition which can wait without serious or long-term detrimental affects to the patients health)
  4. Do you believe that the BMC staff care about you?
  5. If you use it, are you getting a good service from the on-site Pharmacy?
  6. Are prescriptions handled correctly? If not please give examples of errors
  7. Do you have any concerns regarding the condition of the flooring in the reception area?
  8. Do you have any concerns regarding the serviceability of the public toilets?
  9. Have you been referred recently? If so what was your experience of the service and information given by the BMC?
  10. How would you describe the service and attitude of the BMC staff in general?
  11. Would you consider joining the Patient Reference Group or the Calderdale Health Forum
  12. How aware of you of what is going on at the BMC? What would be the best way for us to inform you of changes to services, e.g. Saturday opening
  13. Do our present opening hours meet your needs, if not why not?
  14. Is the BMC closing at 5pm on a Thursday an issue for you?
  15. Have you ever attended for an emergency appointment? If so were you aware of the potential delay in being seen?

1. **Component 3 – Carry out survey and collate findings of practice survey and inform PRG of findings.**

**Evidence –** The survey was carried out at various dates and times in November 2013 in order to get a good cross section of opinions. Survey staff were recruited with some experience of marketing activity but with no direct commercial link to the BMC. To generate more interest all participants were entered into a cash draw for participating in the survey. In total 210 patients were interviewed and completed a survey. With a list size of circa 7750 at that time and a requirement to survey 25 patients per 1000 patients, this requirement was met. The PRG Chair collated all of the survey findings and sent them out with a commentary to members two weeks before the PRG meeting scheduled for 2nd December 2013. One new member was present at this meeting and they were given the same information on the day of the meeting.

1. **Component 4 – Provide PRG with an opportunity to discuss and comment on the findings of the survey and to reach agreement on any changes that should occur as a result.**

**Evidence -** The minutes of the PRG meeting that took place on the 2nd December 2013 give clear evidence that the survey results were discussed in full. This was achieved by the Chair again using flip chart and facilitating broad discussion on the survey results and then documenting actions to be proposed to the BMC Partner representative with a view to agreeing a formal action plan to be taken forward. These minutes are available on the BMC website. The conclusion was that 7 actions should be proposed at the next meeting with the BMC Partner present for discussion and agreement.

1. **Component 5 – Agree with the PRG an action plan arising from the results of the local practice survey.**

**Evidence –** The minutes of the PRG meeting that took place on 27th January 2014 (again available on the BMC website) give clear evidence that a plan of action was agreed between the PRG and Dr Mark Rastall , Partner on behalf of the BMC. That plan is replicated below;-

1. Action Plan Proposals and Agreements Reached.

The action plan from the last minutes was reviewed and Dr Rastall’s view/agreement required where necessary.

2.1 Dr Rastall agreed to the need for patient education with regard to appointments and welcomed the input of the Practice Champions.

2.2 Dr Rastall also agreed to ongoing staff training and assured the group that this did in fact take place.

2.3 Unfortunately there was no-one present from the pharmacy at the meeting but the need for their attendance was discussed and it was agreed that they should be invited to the next meeting. Some discussion took place regarding personal experiences and Dr Rastall said the practice would investigate whether or not the pharmacy had a significant event procedure to record events in order to learn from them.

2.4 It was agreed that the comments box be brought to the top of the online prescription request form so that comments were not missed. L Coulson also informed the group that staff training had been given on this issue.

2.5 With regard to reception area flooring the PRG members felt that this represented a health hazard due to difficulty in keeping it clean and request that it be replaced. The BMC Partners have subsequently agreed to this request.

2.6 It was assumed that E Summers had written to prospective members because of the wording of the latest invite letter.

2.7 Flyers had been delivered over the last few weeks. Dr Rastall again agreed with the input of the Champions with regard to the patient education plan.

**7 Component 6 – Publicise this report on the BMC website.**

**Evidence –** This report was sent to the BMC website providers for publication with a request to do so by no later than 31st March 2014.