**BEECHWOOD MEDICAL CENTRE**

**LOCAL PATIENT PARTICIPATION REPORT**

 **ANNUAL REPORT – YEAR 2 – 2012/13.**

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**Date**: 23rd March 2013.

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 2012 to 31st  March 2013. 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 usae 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 have managed to grow the PRG to 15 members an increase of over 100%. During the same period the patient list size has risen from 7288 to 7563 a total of 275 therefore the PRG has grown well in relation to the relative growth of the patient list size. The PRG membership has grown through active promotion. During Year 2 we have printed 10,000 information leaflets which include one side dedicated to information and recruitment for the Group. It is also advertised on our screens in the reception area, in our practice leaflets, and on our website.

The group now consists 7 women and 8 men, roughly a 50:50 split which almost replicates the patient list gender breakdown. The age range of the PRG is 36 to 76. 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 20% 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.

Four meetings of the PRG have been held during 2012/13 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, action and action with members of the PRG as directed by the Directed Enhanced Service for Patient Participation Scheme’.

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| **GP Capitation Report** |
| **Period Ending 22 Mar 2013** |
| **GP:** | Totals | **Health Authority:** | Kirklees and Calderdale |
|  |  | **Practice:** | Beechwood Medical Centre |
| **Age Range** | **Male** | **Female** | **Total** |
| 0 - 16 | 966 | 955 | 1921 |
| 17 - 24 | 446 | 469 | 915 |
| 25 - 34 | 538 | 627 | 1165 |
| 35 - 44 | 515 | 512 | 1027 |
| 45 - 54 | 524 | 504 | 1028 |
| 55 - 64 | 344 | 329 | 673 |
| 65 - 74 | 220 | 235 | 455 |
| 75 - 84 | 107 | 168 | 275 |
| 85+ | 26 | 78 | 104 |
| Total | 3686 | 3877 | 7563 |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Prepared on:**  | 22 Mar 2013 |

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| **Report Results: Ethnic Origin at 22/3/13 (Liz)** |
| **Ethnicity** | **Patient Count** |
| (XaJQv) British or mixed British - ethnic category 2001 census | 4073 |
| (XaJQw) Irish - ethnic category 2001 census | 23 |
| (XaJQy) White and Black Caribbean - ethnic category 2001 census | 14 |
| (XaJQz) White and Black African - ethnic category 2001 census | 16 |
| (XaJR0) White and Asian - ethnic category 2001 census | 8 |
| (XaJR2) Indian or British Indian - ethnic category 2001 census | 4 |
| (XaJR3) Pakistani or British Pakistani - ethnic category 2001 census | 9 |
| (XaJR4) Bangladeshi or British Bangladeshi - ethn categ 2001 census | 1 |
| (XaJR6) Caribbean - ethnic category 2001 census | 2 |
| (XaJR7) African - ethnic category 2001 census | 8 |
| (XaJR9) Chinese - ethnic category 2001 census | 10 |
| (XaJRA) Other - ethnic category 2001 census | 14 |

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 meeting dated 24th September 2012 will reveal substantial evidence that the core agenda for this meeting was to achieve this component objective. During this meeting 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 17 questions and a copy of the survey is reproduced below.

Beechwood  Medical Centre – Patient Survey 2012

        Version 1 – Dated 02/11/12

        Objective: To obtain as much useful information as possible to help us understand our customers needs and improve our service to them.

      Patient name                                                                male/female                                            age

* + 1. 1. Are patients happy with the appointments system, in particular a) waiting times, b) telephone consultations c) telephone triage
		2. If not why not  a)                                                   b)                                                    c)

* + 1. 2. Are patients happy with how and when they are informed of test results. If not, what would they like?
		2. 3. Are patients happy with appointment methodology, do they prefer telephone to staff, automated system, and would they like online capability?
		           (more than one preference is fine)

            Happy ?   yes / no              prefer staff  yes/ no       automated   yes/ no             prefer online if available    yes/no

* + 1. 4. What specialist services would patients like to access in-house that aren t currently available?
		2. 5. Do patients think that the current services available are advertised adequately?    y/ n
		3. 6.  Do patients think they fully understand what minor surgery is available or would they like more detailed information?  y/n
		4. 7. Do patients think that Beechwood staff  have the right attitude and do the staff always identify themselves adequately?    Y / n  If no explain
		5. 8. Should reception be manned all of the time   ( y/ n ) and when it is manned is the level of staff adequate.  (  y/ n)  If not at what times should it be improved, e.g. from 2pm on wards for prescription collection?
		6. 9. Are questions asked on the phone by administrative staff appropriate?  y/n     if not why not?
		7. 10. Do patients like the idea of having the Pharmacy onsite and are they aware of what services are available there?  y/n
		8. 11. Do patients like the new seating arrangements in reception, if not why not?    y/n
		9. 12. Should the advertising screen in reception be bigger?     y/ n

13. If the waiting room is full and you are needed to sit in the area close to the Doctor’s rooms would a second appointment information screen be necessary?

y/n

* + 1. 14. Is the car park adequate  ( y / n) and would it benefit from allocated spaces being marked out for patients? Y / n

* + 1. 15. Is the lighting sufficient in the waiting area?   y/n   if not why not?
		2. 16. Where should the self assessment area be relocated to?            Would you use it more if it were a) hosted  -  y/ n  b) in a private room?  Y / n
		3. 17. Do you want/read more magazines in the waiting room?  Y / n
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 2012 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 190 patients were interviewed and completed a survey. With a list size of circa 7500 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 10th December 2012. New members were 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 10th December 2012 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 10 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 4th February 2013 (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.
	1. Proposal - Target waiting times for the first routine GP appointment with the first Doctor available to be no more than 7 days. A plan to be in place should this target not be achieved.

Agreement – This proposal was accepted. It was agreed that the methodology for correction if required would be that the seven day target needs to be breached for two consecutive months. At this point the BMC Partners will take action to return the waiting time requirement during the third consecutive month. Monthly waiting time analysis to be shared with the PRG at every meeting to ensure compliance with this plan.

* 1. Proposal – Market 24hr/7 day a week internet and telephone appointment booking capability.

Agreement – This action was agreed. The BMC will during the next twelve months advertise these services within the reception area and beyond through posters, leaflets, and the BMC website. Actions taken will be presented to the PRG at every meeting.

* 1. Proposal – Upgrade the Minor Surgery Banner with more detail.

Agreement – Dr Rastall and the PRG discussed this at length but struggled to define what extra could be added. Dr Rastall undertook to review the banner and upgrade it if more useful information could be displayed. The PRG will be updated at the next meeting.

* 1. Proposal – Annual rolling programme of customer service training for administrative/reception staff.

Agreement- This action point was agreed and a minimum of two training sessions per year will be conducted.

* 1. Proposal – Reception to be manned permanently.

Agreement – This action point was agreed. However, due to staff sickness or other unplanned situations it could not be unilaterally guaranteed. The BMC will roster staff to man reception permanently as a matter of routine. It will also ensure that staff have guidance on giving priority to patients when pharmacy staff are present requesting time consuming prescription work.

* 1. Proposal – Larger information screen in reception.

Agreement – This action point was agreed. A new larger screen has already been ordered.

* 1. Proposal – A plan to install a second Jayex screen should demand require it.

Agreement – This action point was agreed. The BMC will continue to monitor demand and review with the PRG. I t was also suggested that a Risk Register be generated by the BMC for such events. This was also agreed and the BMC will share this register with the PRG going forwards.

* 1. Proposal – Review car park options with specialist advice.

Agreement – This action point was agreed. A debate ensued on what a worthwhile solution might look like when compared to the estimated cost. It was agreed to budget £500 for an outline specialist report to be reviewed by the PRG.

* 1. Proposal – Trial Self Assessment Area outside Room 9.

Agreement – This action point was agreed and an element of hosting will be introduced.

* 1. Proposal -Install a new text only TV in reception for patient information and to improve patient experience.

Agreement – It was agreed to price up this proposal for further review.

**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 2013.