

## LOCAL PATIENT PARTICIPATION REPORT

### ST JAMES MEDICAL CENTRE

This report is provided in standard format template used by all practices participating in a scheme known as Patient Participation Directed Enhanced Service. The aim is to promote further engagement with patients relating to practice issues

#### 1. A description of the profile of the members of the Patient Reference Group (PRG)

- \* For example the age, sex and ethnicity profile of the Provider's population and the PRG.

(Component 1)

The practice PRG is the Patient Participation Group (PPG). PPG profile is shown below

	Female	Male
Under 21	0	0
21 – 40	2	0
41 – 60	1	0
61 -70	1	1
71+	1	2

#### 2. Steps taken by the Provider to ensure that the PRG is representative of its registered patients and where a category of patients is not represented, the steps the Provider took in an attempt to engage that category

- \* The variations between Provider population and PRG members
- \* How has the Provider tried to reach those groups not represented?

(Component 1)

Features of St James Medical Centre practice population: -

- Patient age sex profile broadly in line with Somerset average, although we have higher proportion of males aged 15 – 34. Compared with national figures we have above average males aged over 65.
- We are a town centre practice and we perceive that have a higher than average cohort of younger patients with alcohol and substance misuse issues.
- We score higher than the Taunton and Somerset averages on deprivation indices'.
- The table below shows a sample of prevalence rates for some key diseases and conditions with 1.0 being the normal expected statistical value. As a comparator, figures for the Taunton and Area Federation of GP practices and Somerset wide practices are shown.

	St James	Taunton & Area Practices	Somerset
Asthma	0.65	0.67	0.69
Diabetes	0.68	0.71	0.71
Heart Disease	0.77	0.71	0.72
Hypertension	0.52	0.55	0.57
Obesity	0.48	0.48	0.47
Depression	1.84	1.51	1.62

The Patient Participation Group (our PRG) is a small core group with a bias to the upper age groups.

Recruitment and retention to the PPG in 2012.13 has proved to be difficult. In the latter half of 12.13 the PPG devoted some valuable time to revisiting their objectives and structure, which was partly in response to a paper from the practice identifying the need for a 'refresh'. Revised terms of reference have been agreed, specific roles identified and the next stage is to embark upon a recruitment drive to increase membership of the core PPG. As part of this process we will need to positively recruit from under-represented groups.

**IF YOU ARE INTERESTED IN JOINING OUR PATIENT PARTICIPATION GROUP PLEASE CONTACT GUY PATEY, PRACTICE MANAGER – Tel 01823 285400 or email to [contact@stjamesmc.nhs.uk](mailto:contact@stjamesmc.nhs.uk)**

Further work has been done to collect email addresses from patients with to enable the practice and the PPG to seek and provide information electronically.

There have been difficulties with this relating to patient confidentiality and the need to ensure that email addresses are current at the point of messaging. The practice clinical system does not support a 'mass' email distribution type approach. We have now developed a way to overcome these issues.

Patients who have supplied us with an email address now form part of a wider reference group and we have analysed their profile and this is shown below (figures as at 14.3.13).

	Female	Male
Under 21	6	2
21 – 40	26	7
41 – 60	33	15
61 -70	33	41
71+	22	33

At the time of conducting our survey, we had not overcome technical issues and assurances around email contacts so we proceeded to survey patients in a manual paper based way.

**3. Details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local patient survey**

\* How were the priorities identified and agreed?

(Component 2)

The PPG was involved in deciding the priority for survey. They had put forward a range of topics:

**Waiting Rooms**

**Information areas** - which do patients find most useful?

On a scale of 1-5 with 5 being highest, how do you rate:-

t.v. screen (St. James)

leaflet/poster areas

PPG noticeboards

newsletters

\* **Website**

Do you visit our website ([www.stjamesmedicalcentre.co.uk](http://www.stjamesmedicalcentre.co.uk))?

How often?

Do you find it useful?

How can we improve it?

\* **Health Pod**

Have you tried using the health pod in St. James waiting room?

Did you find it easy/difficult to use?

Comments welcome.

\* **Health Events**

Would you be interested in attending future events for specific conditions,

e.g.

heart health

mental health

arthritis

obesity

diabetes

These were discussed at PPG meeting in August 2012. The PPG was interested in communicating information to patients. St James waiting room contained a great deal of display material and various information mediums were in use. The practice and the PPG were interested to see how patients preferred to receive information in order to inform future presentation.

**4. The manner in which the Provider sought to obtain the views of its registered patients**

- \* What methodology was used to agree the questions, the frequency, the sample size, distribution methods to ensure the views of all patient are represented and undertake the survey?

(Component 3)

The questionnaire was developed by the PPG to be succinct and quick to complete. Recent previous experience with surveys had indicated a greater reluctance of the part of patients to participate than has been the case in the past. The final questionnaire amalgamated some of the ideas put forward by the PPG i.e. covering patient information within the surgery and externally through the website.

The questionnaires were made available in the waiting room and at different times. For example we targeted a childhood immunisation clinic session.

Questionnaires were also given to midwives and district nurses to try and increase the mix of responses. The survey was not just about information available in the survey but also on the practice website.

The information below shows the profile of responders to the questionnaires.

Of those taking part in the survey 97 % completed at least one section of the demographic section. This breaks down as follows:-

Gender

	Female	Male	Unknown
Gender	54%	43%	3%

Age

Under 21	21- 65	Over 65
9%	69%	22%

Ethnicity

Only 76% of responders provided their ethnicity of which 94% stated British and 6% other.

Disability

	Yes	No
Registered disabled	8%	92%

**5. Details of the steps taken by the Provider to provide an opportunity for the PRG to discuss the contents of the action plan in Section 7 (of this template)**

- \* How was the PRG involved in agreeing the action plan?
- \* Were there any areas of disagreement, and if so how were these resolved?  
(Component 4)

The results of the survey were analysed and a report was taken to the PPG meeting on 19<sup>th</sup> February for discussion and action planning.

Prior to the survey there was a feeling that the St James waiting room was ‘cluttered’ with information and that patient information was perhaps better placed in one central area of ‘hub’. In reality this did not emerge as a priority for patients although it was noted that patients had not experienced such a facility.

PPG members were very clear that they felt the way ahead with information provision was to develop email communication and to point patients to the website. The practice had identified numerous technical / governance difficulties in developing a safe process but recognised and accepted that it had not given this matter sufficient priority.

The PPG members also favoured the development of waiting room TV content, particularly around health promotion.

**6. A summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local patient survey**

(Component 4)

The tables below provide the key data collected from the survey.

Table 1 – Waiting room information

We asked patients to rank the usefulness of the items listed in the first column

	1 - Not useful	2	3	4	5 – Very useful
TV Screen	10%	15%	31.0%	22%	22%
Leaflet / poster area	2%	5%	38%	36%	19%

PPG Noticeboard	2%	18%	33%	28%	19%
Newsletters	5%	21%	47%	15%	12%
Health information displays	3%	10%	25%	37%	25%

We can see that in overall terms most responders find all the different mediums useful, in that more than 50% scored 3 or more. At the upper end of usefulness, newsletters appear to be the least favoured.

Leaflet / posters and health information displays were rated the most useful.

Table 2 – Practice Website

We asked patients about how often they accessed our website.

Of the total questionnaire responders 98% completed the website section. The table below gives a further breakdown under each column.

	Never	Once per week	Once per month	Once per 6months	Once per year
Which of these best describes how often you use the website?	70%	5%	10%	11%	4%

This shows that the significant majority of patients surveyed do not use the website.

Table 3 – How we display notices

We're keen to know how patients wanted us to present our waiting room information.

Of the total questionnaire responders 93 % completed this section. The table below gives a further breakdown under each column.

	As they are currently displayed	Available in a dedicated information point	No preference	I don't access the waiting room
How would you prefer written based information to be displayed?	45%	17%	33%	5%

The outcome is that majority of patients surveyed are content with the current method of display e.g. throughout the waiting room.

### **Discussion and Conclusions**

The data shows that there is good evidence for retaining a broad spread of information mediums in patient areas. Newsletters, which are a more traditional medium, appear to be in less favour, although it may be that electronic versions could enhance this? The PPG noticeboard is well received and this encouraging.

The web site is under used. If this is to become a mainstay information resource, it needs more promotion and a reason(s) for patients to view regularly.

We had thought that it may be a good idea to adopt a less cluttered approach to notices within the waiting room and relocate them within a dedicated information point. The survey findings don't necessarily support this view. It is of course possible that such a facility may be well received once experienced and we could pilot this at the new branch surgery.

Continued

**7. Details of the action plan setting out how the finding or proposals arising out of the local patient survey can be implemented and, if appropriate, reasons why any such findings or proposals should not be implemented. Include details of the action which the Provider,**

- **and, if relevant, the PCT, intend to take as a consequence of discussions with the PRG in respect of the results, findings and proposals arising out of the local patient survey**
- **where it has participated in the Scheme for the year, or any part thereof, ending 31 March 2012, has taken on issues and priorities as set out in the Local Patient Participation Report**

(Component 5)

<b>Findings / Proposals or PRG Priority Areas</b> <i>'You said...'</i>	<b>Action to be taken</b> (if no action is to be taken provide appropriate reason) <i>'We did...'</i>	<b>Lead</b>	<b>Timescale</b>	<b>Progress</b> <i>'The outcome was...'</i>
<b>The 11.12 survey looked at how patients travelled to the surgery</b>				
Ensure adequate cycle parking facilities at new premises	Include in design brief	Practice Manager	On-going	Site finding discussions on-going
Locate on or close to bus route if at all possible	Include as part of site finding	Practice Manager	On-going	Features as part of consideration re new site finding
Attempt to maximise on site car parking at any new location	Discuss with planners and developers. Ensure close to other public car parks	Practice Manager	On-going	A potential town centre site was rejected partly on parking and access grounds
<b>12.13 Survey – Patient Information</b>				

Resolve technical issues to enable mass emailing of patient with practice information	Emails to be entered into patient registration details, attach code, create searches, create off system distribution lists, ensure governance of system	Practice Manager	April 13	
Continue to collect patient email addresses to add to expand patient reference group	Campaign to collect email addresses -leaflet with patient letters -new patient registration information	Assistant Practice Manager	On-going	
Seek to develop functionality of waiting room TVs re patient information	Review systems available	PPG	August 2013	
Develop a patient information hub at the new branch surgery, possibly to include Internet access to health sites	Determine content, materials, access arrangements etc.	PPG	August 2013	
Promote the use of the practice website	PPG nominated rep to be trained in management of website for updating, expansion and promotion	PPG	On-going	

**8. The opening hours of the practice premises and the method of obtaining access to services throughout the core hours.**

- \* Please provide details of the Practice opening hours and how patients are able to make appointments/access services or provide a link to the relevant page(s) of the Practice website where this information can be found

**St James Medical Centre**

Monday	8.30am to 6.30pm
Tuesday	8.30am to 6.30pm
Wednesday	8.30pm to 1.30pm and 3.00pm to 6.30pm
Thursday	8.30pm to 6.30pm
Friday	8.30pm to 6.30pm

(Emergency cover from 8.00am-8.30am is available through the main telephone line 01823 285400)

**Orchard Medical Centre (Branch Surgery), Norton Fitzwarren**

Monday	8.30am to 1.00pm and 2.00pm to 5.00pm
Tuesday	8.30am to 1.00pm and 2.00pm to 5.00pm
Wednesday	8.30am to 1.00pm
Thursday	8.30am to 1.00pm and 2.00pm to 5.00pm
Friday	8.30am to 1.00pm and 2.00pm to 5.00pm

The above information can be found on the practice website under “opening hours”, along with information on appointments, home visits, test results and prescriptions. For on-line appointments / ordering prescriptions the patient has to register with “EMIS Patient Access” which will allow them to use this function.

**9. Where the Provider has entered into arrangements under an extended hours access scheme, the times at which individual healthcare professionals are accessible to registered patients.**

- \* If providing, please confirm details of the extended opening hours provided by the Practice or provide a link to the relevant page(s) of the Practice website where this information can be found

**The Practice provides an ‘extended hours’ service**

We hold a surgery on Saturday mornings at St James 9.00am -12.00noon (for pre-booked appointments only). These are for pre-booked appointments and are aimed at assisting those patients who work away of find it more difficult to access appointments during normal surgery hours.

We hold evening surgeries on alternating Wednesday & Thursday evenings. There is a four

weekly cycle being three sessions at St James and one session at Orchard Surgery.

**Date Report Published:** 18<sup>th</sup> March 2013

**Web Address of Published Report:**

[www.stjamesmedicalcentre.co.uk](http://www.stjamesmedicalcentre.co.uk)