

## **LAYTON MEDICAL CENTRE**

### **Patient Participation Group Report**

#### **Recruitment**

In the summer of 2010 the Practice recruited a Patient Participation Group to help shape the services we offer. The group helped set the process for involvement in motion, and was strengthened in April 2011 by recruiting new members. A new group with clear objectives in place. Two of the original members were invited to join the new group, (the third was no longer interested).

The Practice decided to spend two weeks targeting as many patients as possible (with application forms). The Practice advertised with posters (Appendix 1), in-house, at local pharmacies, library and shops. We discussed setting up a social networking site but decided against this, but used recall letters and prescriptions to reach patients as well as the information screen in the reception area.

An application form was devised (Appendix 2, 2.1) and this was used for the two week recruitment drive, at the end of the two weeks 65 interested patients had applied to join the group.

Due to the excessive numbers it was decided to split into age groups; <20, 20-30, 30-40, 40-50, 50-60, 60-70, 70+ and then randomly pick a male and female from each group to invite to an initial meeting; these patients were written to with a role profile attached (Appendix 3 & 4).

At the first meeting ground rules set out how the group would run (Appendix 5) and a constitution was discussed and would be agreed upon at the second meeting. The group were happy to accept the previous two members as Chair and Vice Chair as it was felt that they had the experience required and a secretary was agreed upon. A date for the following meeting was chosen and although Practice team members were in attendance no minutes were taken at this meeting as it was an informal discussion to ensure the invited patients were happy to move ahead with the required workload.

The Patient group made the decision to meet monthly as they were keen to get the survey underway and a member of the practice management team attends every meeting.

#### **Survey**

Different formats for the survey were viewed and discussed including the previous years Ipsos MORI, gpaq.info and many more. The group decided on questions appropriate to the practice and specific problem areas at the practice known to the group for inclusion in this years patient survey (Appendix 6).

The patient group wished to target the first two weeks in September and drew up a rota whereby two members of the group attended every morning and afternoon to conduct the surveys and speak on a one to one to patients about the group. It was agreed that 250 surveys would be completed across the whole range of the clinics including ante natal, baby vaccinations, chronic disease management and GP surgeries in order to get a cross selection of ages.

The information was collected and members of the group met to collate numbers in October. One member offered to take on the task of putting it into an Excel spreadsheet and producing the survey report as attached (Appendix 7).

## **Results**

A meeting was planned for the end of October when the patient group discussed the findings and came up with areas they would like the partners to address at the next meeting.

These were questions:

- 1 Speed at which the telephone was answered
- 2 Length of time you had to wait for an appointment
- 4 Seeing the doctor of your choice
- 6 How confidential do you think the waiting room is
- 7 Length of time waiting to see a Doctor or nurse

The group also felt that in subsequent surveys they would like to make the questions clearer and not give as many choices for patients to answer.

The partners attended the November meeting and discussed the survey answering questions from the group on the issues raised and it became apparent that the main area of concern was the confidentiality at reception. The senior partner discussed options with a member of the group at the reception desk and on their return he asked the group to come up with some suggestions. A Perspex privacy booth at reception was suggested as was a post asking patients to wait behind for their turn to allow the patient at the desk the necessary privacy.

## **Action Plan**

An action plan (Appendix 8) from the results of the survey was planned around the confidentiality issues around the reception desk would be looked at and the practice would gather ideas and quotes from relevant companies, the design would have to take into account the open atmosphere the practice encourages.

The group discussed firstly trying to divert patients to the lower disabled access section of the reception desk where it was thought patients and staff could speak quietly, flowers were suggested so that it blocked part of the

desk. It was decided that this would be tried for one month and feedback sought on how it worked for the next meeting.

The alternative choices are a confidentiality booth/screen or a stand alone sign to encourage patients to wait away from the reception desk. The practice will also look into playing music and the licensing issues around this once the new information screen is installed by the PCT as this would mask some of the noise and conversations.

The practice aims to have investigated and installed the preferred system within 4 months.