

Patient Participation Directed Enhanced Service (DES) for GMS Contract

Between February 2011 and February 2012

Part 1

**Fordbridge Medical Centre
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Introduction

This report outlines the formation and findings of the Patient Reference Group (PRG) for the year April 2011-February 2012 for Fordbridge Medical Centre. At the time of publication there were 6738 registered patients; 3378 male and 3360 female (almost a 50:50 ratio). The group discussions were conducted as a focus group to enable clarification of questions asked. This also allowed the group to pool ideas and make recommendations which reflected the ideas largely of the whole group.

Aims and Objectives

The aims are to discover ways to improve the Practice and also to find out what patients perceive as successful. Findings were based on the Practice patient questionnaire conducted in early 2011 and these results were used for the PRG to discuss and assist in collaborating a Practice questionnaire for early 2012.

Terms of Reference

This report is conducted for the DES GMS contract for the NHS. Findings are based on a group of patients at the surgery who requested to join the PRG when advertised in the surgery in April 2011 for the following year.

The report aims to address the ideas and discussions of the PRG in terms of improving the Practice. This report will be published on the Practice website <http://www.fordbridgemedicalcentre.co.uk/> and also a concise version advertised on posters in the surgery waiting areas and leaflets.

Methodology

A questionnaire was conducted in March 2011 which was completed by 100 patients. Following the findings of this questionnaire, a PRG was formed to discuss these findings and allow the PRG to make recommendations to improve the practice. These recommendations could be put into motion to make improvements if deemed viable.

Participants in the PRG were advertised for in the reception area and the group was formed accordingly to meet for discussions during the daytime. These PRG focus groups were conducted 3 times throughout the year with 100%, 75% and 88% attendances.

The PRG itself consisted of the following demographics:

	Male	2
	Female	6
Age Range	18-25	1
	26-40	1
	41-60	4
	61-70	2
	70+	0
Ethnicity	White British	5
	Irish	2
	Other	1

By advertising for PRG members in the reception area, a fair attempt to engage a wholly representative group was made. However, they were restricted to those who were interested in attending or making their views known, to those who had time available and also to those who attended the surgery and saw the advertisement for PRG representatives. Obtaining

patients who were happy to participate in the PRG meetings and also a proportionally representative group proved somewhat difficult. These were due to a number of factors including:

- Work commitments
- Family commitments
- Men appeared more reluctant - this could be due to work commitments
- Age and health restrictions – It was discovered that many elderly patients were unable to attend to due health issues or limited transportation to physically get to the surgery.

To overcome this problem, discussions as whether to conduct a virtual PRG were on this occasion dismissed and a focus group was opted for. Using this methodology ensures:

- High quality data
- Makes targeting/ screening possible
- Focus groups can be conducted in short time scales
- Ability to probe
- Good response rate
- Respondent involvement
- Good idea generator (brain storming)

However it was made aware prior to conducting these focus groups that there were disadvantages.

The disadvantages are:

Disadvantage of Focus Group	Disadvantage of internet surveys and virtual PRG
<ul style="list-style-type: none"> • One focus group session represents only a single data point (not statistically valid) • A group leader may appear and adversely affect overall results • Participants may not attend (risk of failure) • Recruiting is limited - participants must be able to attend and therefore limited to those who can participate. 	<ul style="list-style-type: none"> • Time consuming to collaborate • Doesn't ensure qualified respondent • Biased respondent demographics • Inability to probe (can ask only a couple of questions) • Poor response rates - facility exists for survey to be terminated • Many elderly patients dislike or do not have computer access.

However, compared to the negative problems with conducting a virtual PRG it was justifiable that a focus group was the chosen method on this occasion.

The steps taken to provide an opportunity for the PRG to discuss the contents of the action plan which followed the first meeting were discussed at the second meeting. The second meeting enabled a review of the action plan, the limitations to it could be discussed and the possibilities of satisfying areas raised in the action plan.

The third PRG meeting reviewed the literature and outcomes following the implementation of the action plan and the new patient questionnaire were agreed upon by the PRG.

The outcomes from the PRG and the action plan were then displayed in poster format in the reception area and in leaflet form for all patients visiting the surgery to have access to.

Details of the action plan and proposals arising out of the survey are discussed in the results section of this report.

Results from PRG meetings

The discussions at the PRG were based on the results from the MORI and practice questionnaire conducted in early 2011.

Following the discussion, the members of the PRG discussed if the MORI survey results were a consistent reflection of patient views and to gain ideas for Practice improvement and highlight priority areas.

The findings from the PRG discussions were used to identify priority areas and to compile an action plan.

Action Plan and Recommendations for Priority Areas

1. A majority of patients were unaware of all the services offered by Fordbridge Medical Centre and felt they needed more advertising. This was remedied by advertising services available on an eye catching notice board in the downstairs waiting room. The practice website was also more strongly advertised.
2. Some patients requested more parking facilities but overall 100% on both surveys felt it was “easy” or “very easy” to get into the building. As a result the parking spaces were repainted to increase the number of patient parking spaces. Unfortunately, further space for parking cannot be increased onsite as land is limited. However, there are plenty of free parking facilities within 50 metres.
3. Many patients wanted to book appointments more easily over the telephone and some felt (45% on the Mori survey and 10% in our

practice survey) it was either “not very easy” or “not easy at all” to get through on the phone to book appointments. Our PRG initially agreed there was an element of difficulty but those who visited the surgery in person found it easier. It was suggested that frequent patients know of easier times to phone the practice. Despite this, our practice survey, PRG group and the MORI results display that most patients like to make appointments over the phone or in person. The results of the MORI, Practice survey and the PRG illustrated a need to change this. These changes came about in 2011 when a new telephone information and automated appointment booking system was implemented.

4. Most patients surveyed and the PRG group felt that gaining an appointment 2 weeks in advance was not too difficult. However, Fordbridge Medical Centre offers the ability to book appointments up to 8 weeks in advance. It transpired two members of the PRG did not know that it was possible to do so. It was felt that this needed to be more advertised and receptionists were also happy to inform patients booking appointments of this. This needs to be ongoing.
5. It was pleasing to discover that 100% of patients questioned in early 2011 felt the surgery was clean. This was a great testament to the staff and cleaner.
6. Outcomes from the MORI survey, PRG and Practice questionnaire felt they generally did not have to wait too long. However, it was pointed out in the PRG that waiting times could be made to feel shorter if the amount of reading material in the waiting rooms were increased. This has been adhered to by increasing the amount of up to date magazines in the waiting areas.
7. Most patients surveyed by our practice and by MORI felt they were able to see a regular GP of their choice. It was raised in the first PRG meeting that this could still be improved despite such a positive outcome. Clearly GP's and nurses do have to take holiday and maternity leave but Fordbridge have managed to use a small amount of regular locum GP's who begin to have regular patients return to see them, thus creating an enhanced continuity in care. It is something the

Practice is very proud of and 100% of the PRG felt by the third meeting was true.

Summary of Recommendations & Implemented Changes from the Priority Areas & Action Plan

Major Changes

- New telephone system installed to allow automated booking of appointments.
- Parking redesigned to allow access for more cars and increased disabled bays
- Increased continuity of care by building relationships with regular GP locums.

Minor Changes

- Advertising services online and in the waiting areas
- Increased literature in waiting area
- Increase information regarding booking appointments up to 8 weeks in advance.

Conclusion

The action plan has been implemented over the past year and the PRG felt in the third meeting that the changes had been implemented. However, future patient surveys and PRG meetings will illustrate the success of these changes and also bring rise to future changes that will need to be made continuing into the second year.

Overall, the Practice has strongly benefited from having a face to face PRG group and endeavours to continue this not only in focus group format but a virtual PRG as well to increase participant numbers.

Further Information

The opening hours of Fordbridge Medical Centre are:

Monday	08.00 - 18.00
Tuesday	08.00 - 18.00 18.30 -20.00
Wednesday	08.00 - 13.00
Thursday	08.00 - 18.00 18.30 - 20.00
Friday	08.00 - 18.00
Saturday	Closed
Sunday	Closed

To obtain access to services throughout the core hours, appointments can be made by telephone or in person. The surgery is also open throughout these times.

Extended Hours Access Scheme

The times at which individual health care professionals are accessible to registered patients is available outside normal surgery hours, out of hours cover is provided by Harmoni on 0300 101 305.

Alternatively, patients can attend the [Walk-in Centre at Ashford Hospital](#), which is open 24 hours a day. Please note that the walk-in centre is not

suitable for children less than 2 years of age or pregnancy problems.

If there is a medical emergency patients should dial 999 for an ambulance or attend their local Accident and Emergency department.