



The Mission Practice

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Patient Participation Report 2012/2013

**Produced for the Patient Participation Directed Enhanced Service (DES)
for the GMS contract 2012/2013**

Patient Participation Report (DES) March 2013

The purpose of the Patient Participation Directed Enhanced Service (DES) is to ensure that patients are involved in decisions about the range and quality of services provided and, over time commissioned by their Practice.

It aims to encourage and reward Practices for routinely asking for and acting on the views of their patients. This includes patients being involved in decisions that lead to changes to the services their practice provides or commissions, either directly or in its capacity as a gatekeeper to other services.

Our Practice Patient Participation Group was formed in 2011 and the first meeting was held on 20th October 2011. In order to attract volunteers we put details on our website (including on-line application process), put up a poster in our Waiting Room, put details on our digital patient call system and sent a text message to over 70% of our patients.

We continue to promote the PPG on our media screens, in the practice brochure and on our website where we also post the meeting minutes. The outcomes of the engagement and the views of patients are then required to be published as a Report on the Practice website.

This report summarises development and outcomes of Mission Practice Patient Reference Group (PRG) in 2012/13. It contains:

1. A description of the profile of the members of the PRG

The number of patients in the PRG - There is no minimum number of participants or a minimum percentage of the patient list that must be included. However the PRG reflects adequate representation of the practice population based on existing patients.

The profile of the PRG includes:

- Information on the members by age, sex and ethnicity. Any specific minority groups within the population were identified too.
- The number of times the PRG convened between 01 April 2012 and 31 March 2013.

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

- A brief description of the profile of the practice population. For further info please visit www.apho.org.uk/PracProf/profile.aspx.
- Efforts made to make the PRG as representative as possible
- Description of how we contacted patients to join the group, how we engaged with hard to reach groups such as disabled, housebound patients and what the outcome was.

See screenshot of the practice's population in Fig. 1.

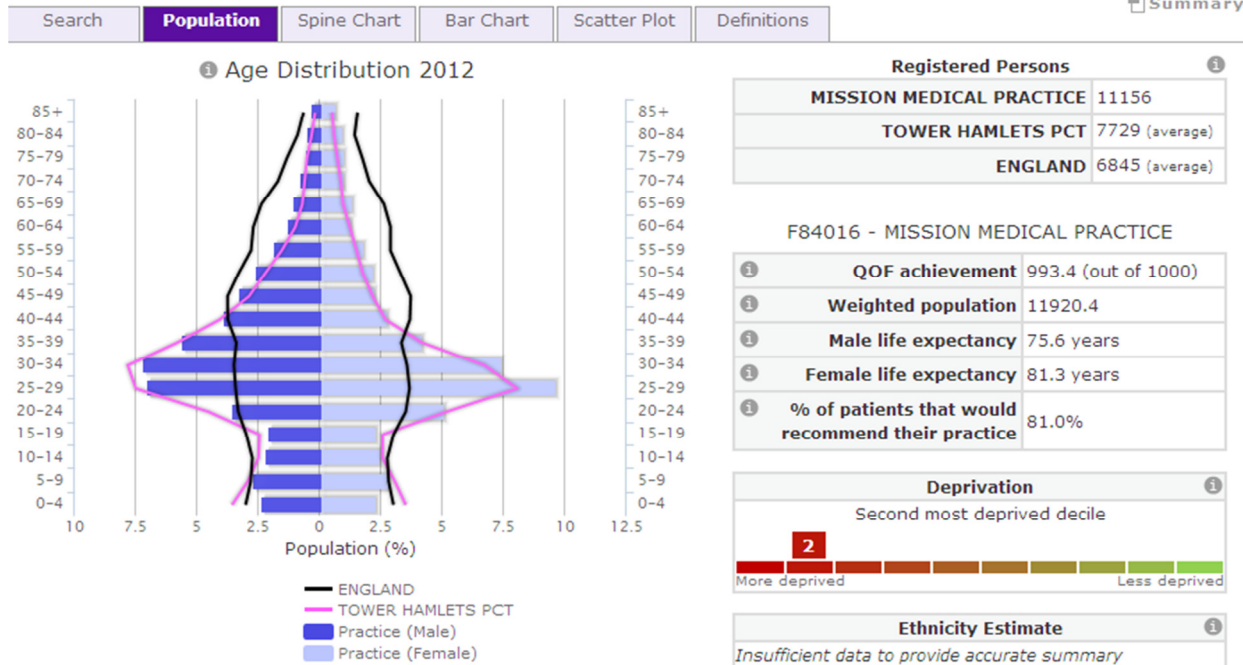
Fig. 1

CCG PCT: Tower Hamlets PCT



Practice: F84016 - MISSION MEDICAL PRACTICE

208 CAMBRIDGE HEATH ROAD, BETHNAL GREEN, LONDON, E2 9LS

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

- Review on priorities and actions taken in year one and discussions about the priority areas based upon that.
- List of issues/priorities in our patient participation report.

4. The manner in which we sought to obtain the views of our registered patients

- Publication of the patient survey.
- The following information were included in the published report:
 - o Assurance that the survey used was based on the priorities agreed by the PRG.
 - o Description of the method that we used to enable patients to take part of the survey.
 - o How results were collected
 - o Statistics, e.g. the number of questionnaires given to patients and the number completed

5. Details of the steps we have taken to provide an opportunity for the PRG to discuss the contents of the action plan

- The number of times and places we consulted with the PRG to discuss the findings of the survey and agree an action plan.

- 6. Details of the action plan setting out how the finding of the survey would be implemented**
- 7. A summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local practice survey**
 - This is incorporated in the action plan.
- 8. Details of the actions which we intend to take as a consequence of discussions with the PRG in respect of the results, findings and proposals arising out of the local practice survey**
- 9. The opening hours of the practice premises and the method of obtaining access to services throughout the core hours and where we have entered into arrangements under an extended hours access scheme, the times at which individual healthcare professionals are accessible to registered patients.**

2012-13 PATIENT PARTICIPATION REPORT

MISSION Practice

A description of the profile of the members of the PRG

The emergence on the PPG has been a tremendous success; It has continued to improve with every meeting and is becoming more popular amongst patients. There is a huge level of awareness that we have created through different media. We are devoted to this group as they serve as first point of patients' voice. We have found that after we displayed a picture of the PPG more of our patients became interested.

We currently have a total of 24 members from different backgrounds and different ages our youngest being 22 and our oldest 87. We are very confident that our PPG is an optimal representative of the practice population according to age profile. However it is not 100% reflective and we are opening our door to accommodate more members.

The 24 members include 9 male and 15 female representatives.

Age profile:

1 member: 17 – 25 years

5 x members: 26 – 35 years

11 x members: 36 – 55 years

4 x members: 56-65 years

3 x members: 66+ years

Different backgrounds. Our PPG is made up as follows:

White British 37.5%

Mixed British 20.8%

Bangladeshi 16.6%

Indian 4.2%

Somali 4.2%

W/B Caribbean 4.2%

Not stated 12.5%

Whilst we feel that our Bangladeshi patients are underrepresented we have made considerable efforts to widen our membership in this community as described below.

<p>The steps taken to ensure that the PRG is representative of our registered patients and where a category of patients is not represented, the steps we took in an attempt to engage that category</p>	<p>A dedicated staff member often goes to our waiting area to communicate with patients and take note of their comments. This contact acts as a type of PPG as we have open discussions in the waiting area. This has been found to be very useful as it allows patients that do not have the time to come to the meeting to have their say. It also allows us to reach people that would not usually get involved in patient feedback and have proven to be rich sources of qualitative information.</p> <p>In addition to this, we have made tremendous effort to attract volunteers by adding this information on our website (including on-line application process); there are posters on the wall of our Waiting Room and notice board. There are also registration details on our digital patient call system and we endeavour to send text messages to over 70% of our patients.</p>
<p>Outline the issues that the practice covered in the local practice survey</p>	<p>We decided to send the survey by post and we kept some copies which were distributed to interested patients. In line with survey ethics, we informed the respondents about the rationale behind the survey and seek their consent to participate. We had a few people declining to participate due to their literacy level. The staff members spared some time to read out the survey to some patients who couldn't read English because of the concentration of non-English speakers in our locality.</p> <p>From previous experience, patients complained about the ambiguity of the questions and we tried to resolve that by making the questions short and easy to understand.</p>
<p>Details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local practice survey</p>	<p>It was difficult for the PPG group to decide priorities as the survey proved that our patients were happy with the service they received. The overwhelming reason for their happiness was due to our well trained receptionists' relationship with the patients and the reassuring feeling factor they tend to disseminate onto them.</p> <p>Although the patients felt good about the service offered, we felt there is always room for improvement. Therefore we decided to make the follow up survey more informative and awareness oriented. The practice was very keen in engaging patients to help deliver and design services around the needs of its patients. The practice was keenly interested in ensuring that before it sought the views of its patients on the priority areas, the group understood its roles and responsibilities and why as a group they are central to everything the Practice does.</p>

	<p>The PPG were interested in elementary issues regarding their patient experience with regards to appointments, telephone access, seeing a GP of their choice. The above issues had previously been discussed at PPG meetings and the members agreed that it would like to survey patients on these priority issues, which they wanted to be included in the survey.</p>
<p>The manner in which we sought to obtain the views of our patients</p>	<p>Prior to the survey the practice displayed posters in and around the surgery notifying patients of the survey and its purpose. It also advised patients that the survey would be assisted and supported by its PPG members. Patients were asked upon arrival to the surgery if they would be happy to participate in the local survey. The Practice looked at targeting various groups of patients and different times of the day (baby clinic, chronic disease clinics, and general routine appointments with GP/Nurses).</p> <p>The Practice also used its website to notify patients about the on-going survey and result of the previous report, which also enabled patients visiting the website (for prescriptions, information etc.) the opportunity to participate.</p> <p>A view of what the patients at Mission Medical Practice think about the services it receives from the GPs, Nurses and staff. We also used feedback from complaints, significant events, comments and suggestions by patients (through our website feedback form) to help inform some of the priority areas.</p> <p>The survey was designed to avoid any ambiguity and worded in a manner to ensure that patients fill it well and main areas of priority were covered. We used the post and reception staffs were handy in distributing this at the reception desk. Also, we had staff members offering to help patients with literacy skill fill the questionnaire in order to capture opinion from all diverse respondents.</p> <p>Results were collected from the survey through paper questionnaires and analysis was based on descriptive statistics. We had a few responses from the letter sent out (25%) but the face to face method was a huge success with about 90% response rate and 95% information capture rate from those who volunteered to take part in the survey.</p>

<p>Details of the steps taken by the practice to provide an opportunity for the PRG to discuss the contents of the action plan</p>	<p>We had a meeting on 11th of October, 2012 where we discussed areas to explore for the imminent survey which include the telephone queuing message, preferred GP in week, receptionists' protocol for answering phone calls, support for PPG, attachment to prescriptions, recruitment for PPG – wider ethnic group etc.</p> <p>The practice received analysis of the local patient survey which pinpointed the areas where the practice had scored well and also those areas where improvements might be needed. The report detailed a page by page guide to the interpretation of the practice report to aid the practice and PPG in understanding the results.</p> <p>The results were discussed in detail at a meeting on the 7th of February, 2013 which enabled the PPG to compile an action plan based on the findings/results. The Practice was able to agree an action plan with the support of the PPG which was approved by the group.</p>
<p>Details of the action plan setting out how the finding or proposals arising out of the local practice survey can be implemented and, if appropriate, reason why any such findings or proposals should not be implemented.</p>	<p>See Appendix 1</p>
<p>A summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local practice survey</p>	<p>See Appendix Fig. 2 – 14</p>
<p>Action Plan</p>	
<p>Changes we intend to take as a consequence of discussions with the Patient Representative Group in respect of the results, findings and proposals arising out of the local practice survey</p>	<p>Patients were asked a total of 16 questions (a copy of the questionnaire is attached for reference) with regards to the practice; the practitioner; the staff and areas around appointments, complaints, awareness and demographic data. We acknowledged some areas of improvement as follows below:</p> <ul style="list-style-type: none"> • Help work with the Practice to reduce the number of Did Not Attend (DNA) appointments, which may help with access appointments • Improve the appointment system

	<ul style="list-style-type: none"> • Telephone Access • Need for a Standby Chaperone • More training for reception staff <p>See Appendix 1 for detailed action plan</p>
<p>Outline actions taken on issues and priorities as set out in the Local Patient Participation Report 2011-12 (where the practice participated in the Scheme for the year 2011-12 (year 1)).</p>	<p>We undertook extra training sessions for our reception team to improve patient relationships with staff which stood at 69% from last year. Areas covered were relating with patients, caring for those who use the service, respecting and involving patients in accordance with outcomes 1 & 4 of CQC compliance.</p> <p>We have also improved our telephone service and patients were quite happy about the response rate. We have also changed the process to what happens when you press 3 to try and come through to reception, -to be kept in a queue rather than having to call back and press 3 again if the line is busy.</p> <p>We have updated the opening times/ information and worked on our telephone system worked on reviewing the data that is collected from the phone monitoring system when it has been consulted.</p> <p>The practice worked day in day out to ensure that there is a high level of awareness about health education and campaigns with the aid of leaflets, flyers, screen messaging and word of mouth. We are dedicated to a continuous display of health promotion DVD in the waiting area. The doctors/nurses and HCA also recommend patients to attend relevant lectures.</p> <p>In terms of waiting times, we endeavour to monitor the Doctors' consultations and review to see if they are running to time or not and If the same doctor keeps running late their consultation time is to be increased.</p>

PRACTICE OPENING HOURS AND ACCESS

Practice Opening/Closing Times

Mon: 08.30-18.30
Tue: 08.30-19.30
Wed: 07.00-19.30
Thur: 08.30-19.30 *(Closed: 13.00-16.00)
Fri: 08.30-18.30

Phone Line Opening/Closing Times

Mon-Fri: 08.30-18.30 *
(Closed: 13.00-14.00 Mon-Wed)
(Closed: 13.00-16.00 Thur)

Patients can access services in our core hours, via reception. There is also information on our website. We are currently reviewing what services are available. When the practice is closed patients are able to book appointments via our automated telephone system or they have the option to be forwarded to our out-of-hour's service. We have outlined in the practice leaflet these processes, depending on the circumstances of the patient's complaint of what to do when feeling unwell. A leaflet called 'Get the right treatment' is available in the practice. (Please refer appendix C to view a copy of our practice leaflet.)

Extended Hours

Practice is required to provide details of any extended hours provided and details of the access to healthcare professionals during this period.

The practice extended hours

Tue: 18.30-19.30
Wed: 07.00-08.00 and 18.30 to 19.30
Thur: 18.30-19.30
Sat: 08.30-12.00

Patients can gain access to healthcare professionals during extended hours by booking an appointment with our reception team or throughout the automated telephone system.

Practice Declaration

The Practice confirms that the above report is a true and accurate reflection of the work undertaken as part of the Participation DES 2012/13.

Signed and submitted to the PCT on or before 31 March 2013 and published on the Practice website.

Name: Akin Faleye

Signed:

Designation: Data Administrator

Date: 26th March 2013

Summary of any evidence including statistical evidence relating to the findings or basis of proposals arising out to the local Practice survey

Fig. 2

Offered appt within needed time frame

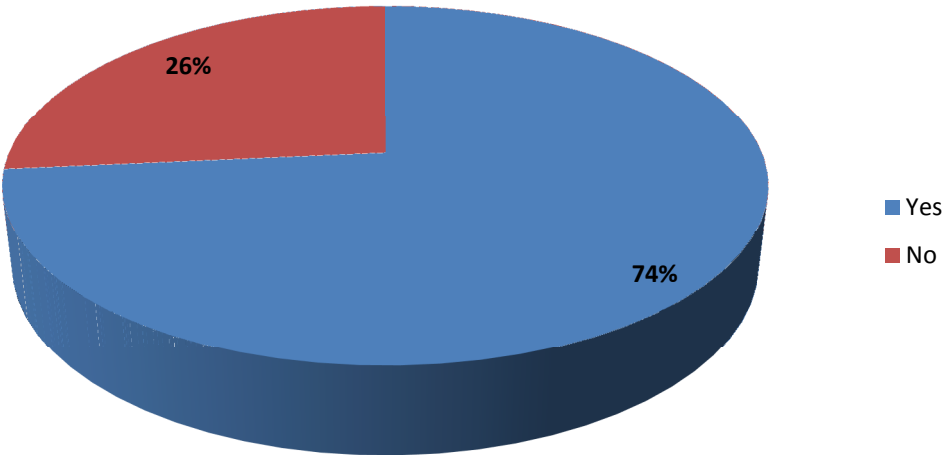


Fig. 3

Awareness abt tel. consultation and its usage

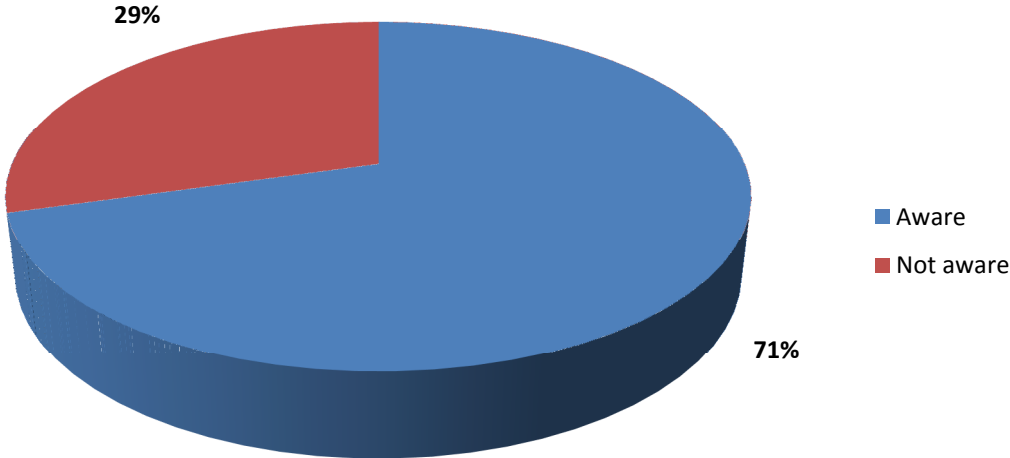


Fig. 4

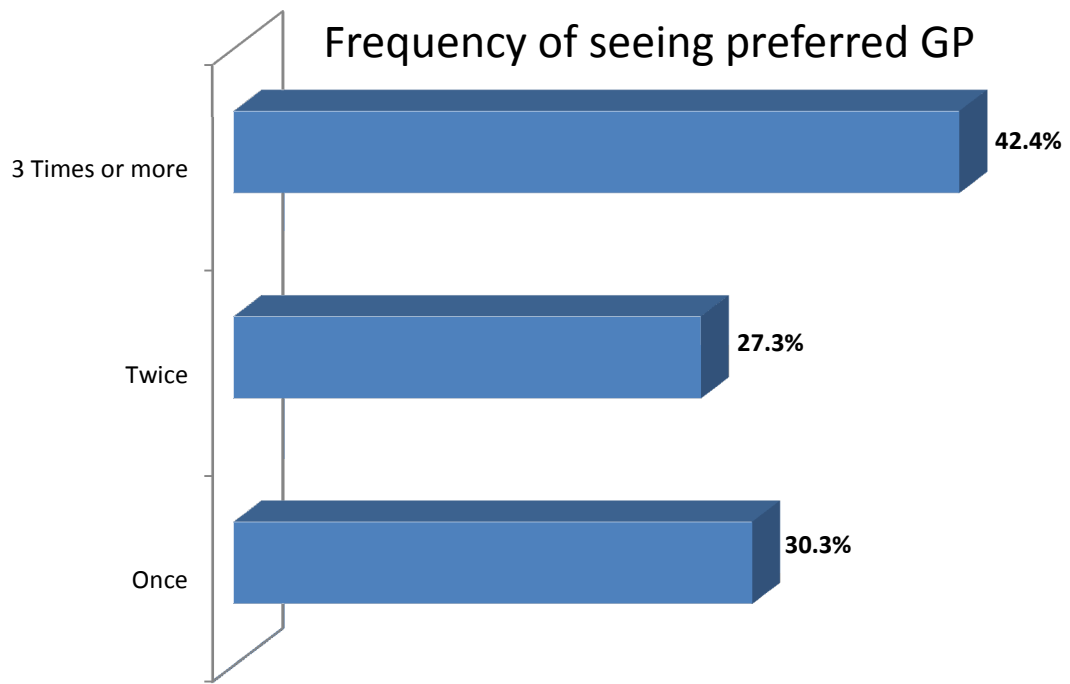


Fig. 5

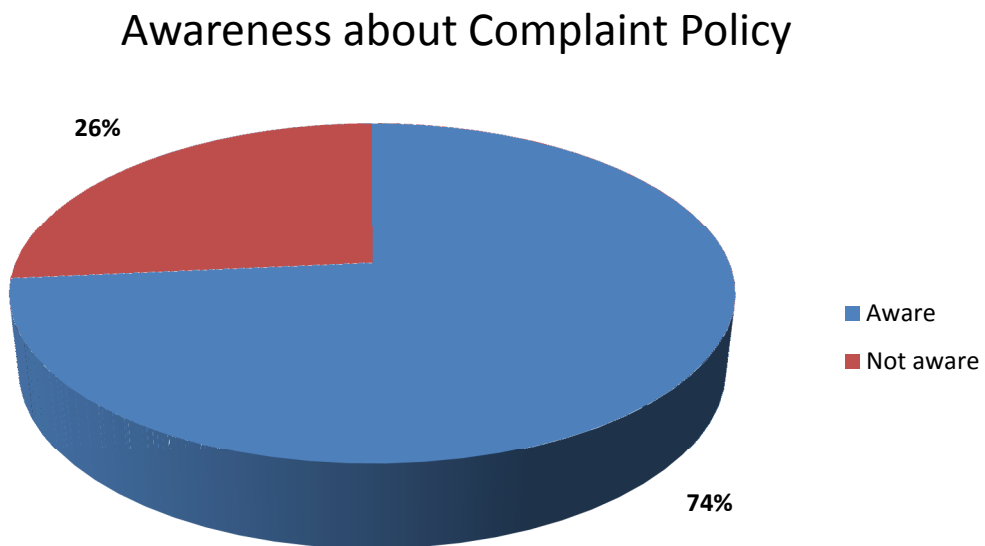


Fig. 6

Preference for means of sending test results

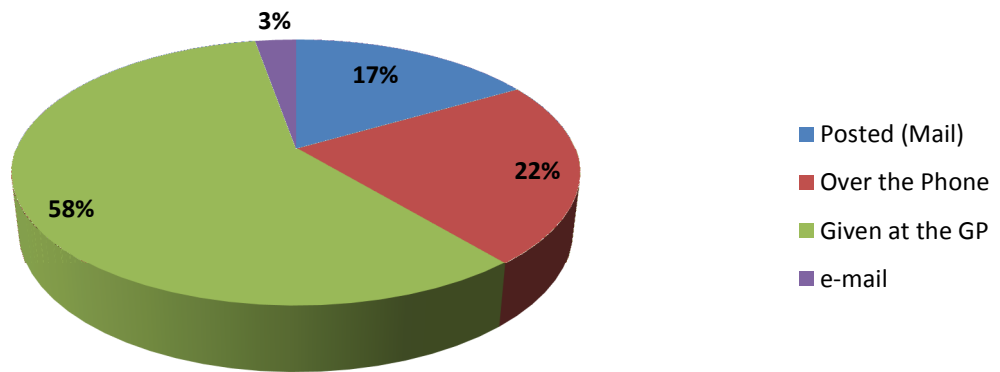


Fig. 7

Would you like screen information about health promotions

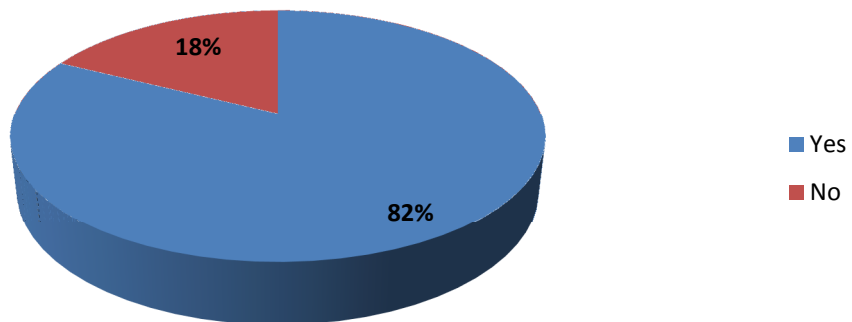


Fig. 8

Overall satisfaction about our service

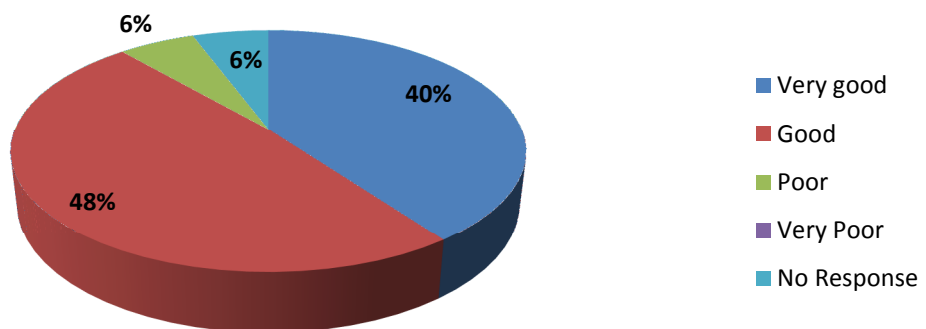


Fig. 9

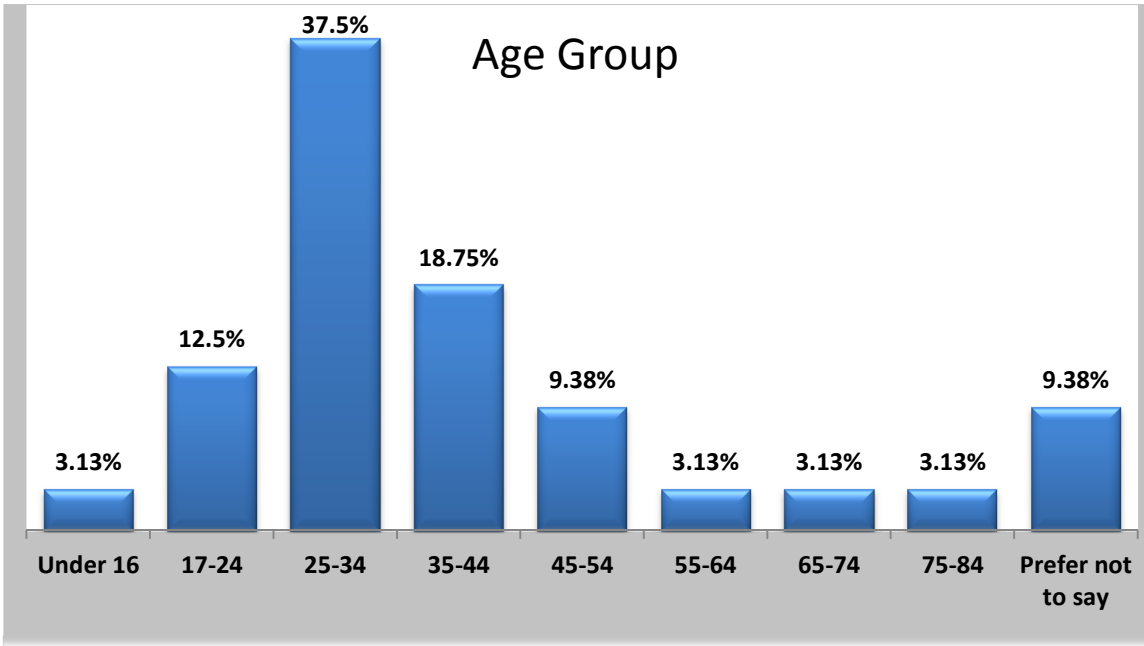


Fig. 10

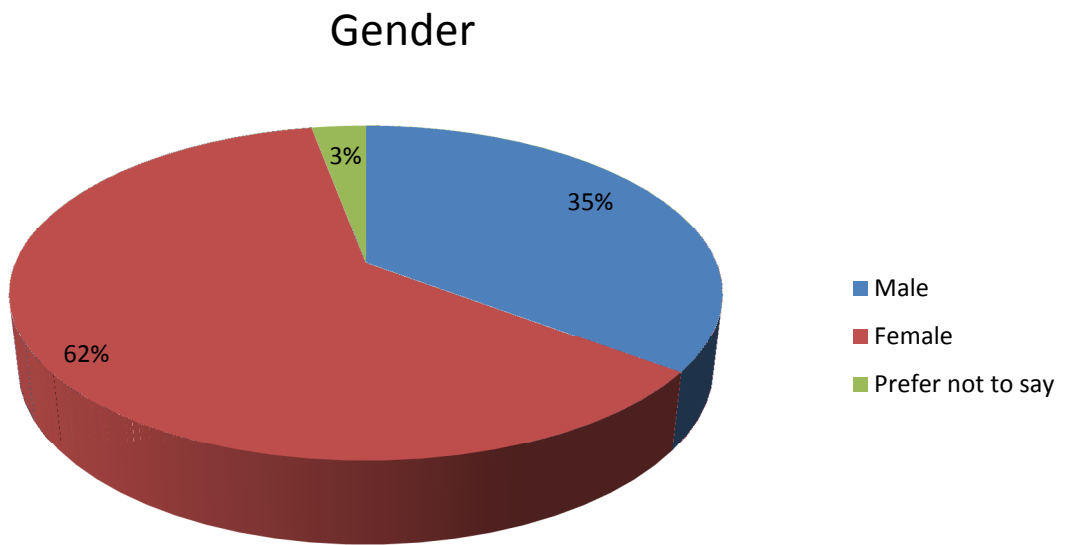


Fig. 11

Disability

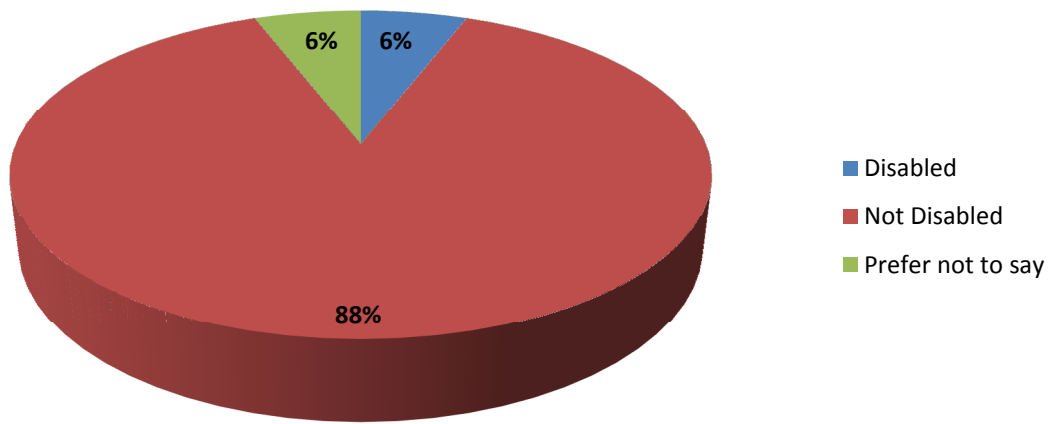


Fig. 12

Employment Status

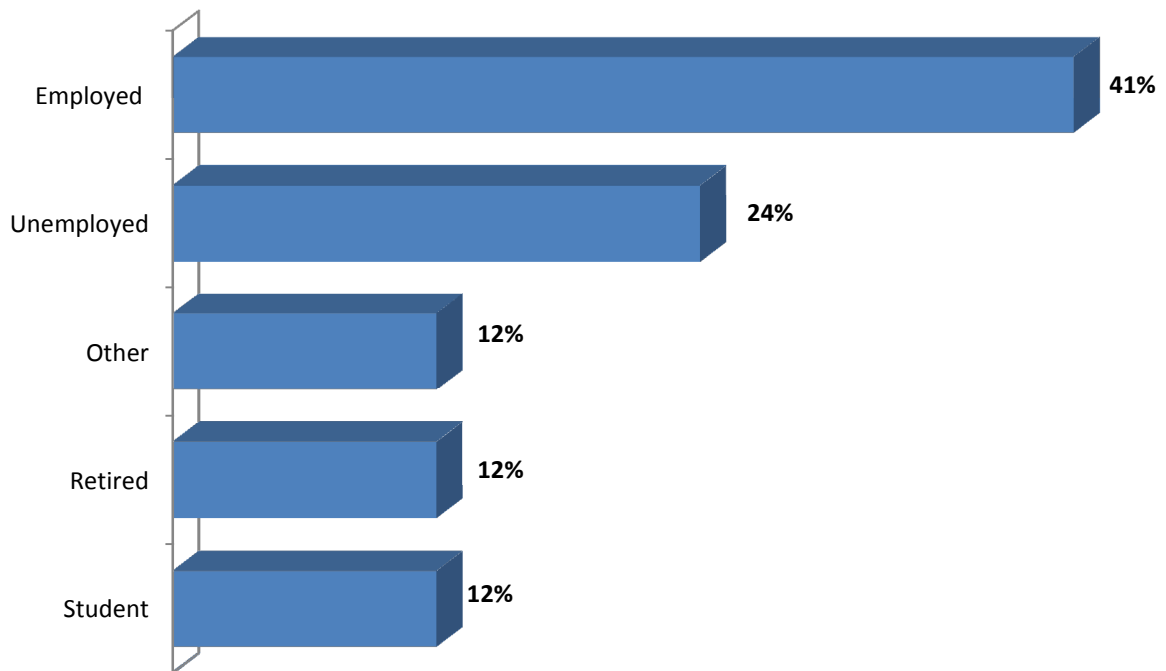
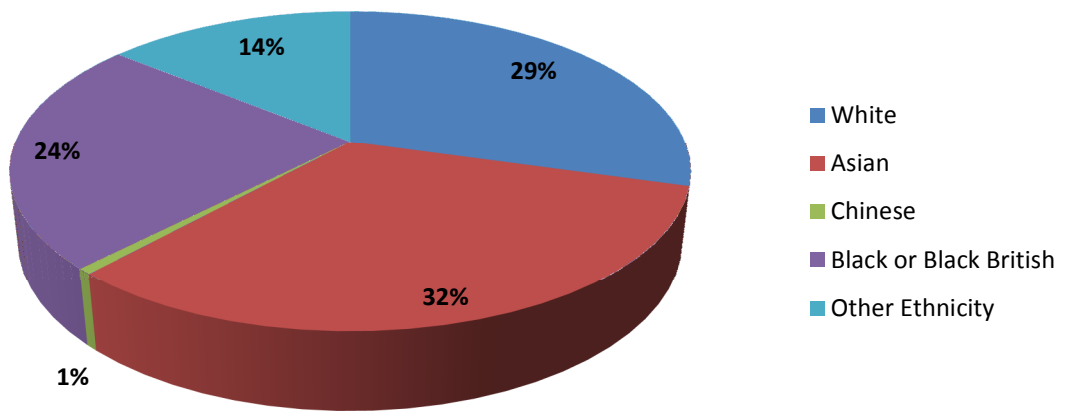


Fig. 13

Ethnicity



Appendix A - Action Plan

Area of Improvement		Recommendation	Action required	Practice Lead	Time frame of changes	Comments /Achievements
1.	Wider ethnic group in PPG	Expand the ethnic group at PPG Improve the Involvement of the Local Minority group	<ul style="list-style-type: none"> Use of official invites to attract other ethnic minority groups Promote the PPG in more attractive to this group 	Akin	April 2013	
2.	Improvement of telephone system	Review the telephone system queue system to offer appropriate options for patients when calling in	<ul style="list-style-type: none"> Define options to be provided Change the queuing message to “all our operators are busy” 	Sandra	April 2013	
3.	Website update	Updating our website regularly for different events and information	<ul style="list-style-type: none"> Constant website update to keep the patients aware of current activities 	Akin	On-going	
4.	Meeting reminders	Reduce the number of meetings DNA	<ul style="list-style-type: none"> Send text reminder for meetings plus letters if possible 	Akin	On-going	
5.	Appointments	Reduce the number of Did Not Attend Appointments (DNA)	<ul style="list-style-type: none"> Look at increasing use of text messaging service as a reminder to patients not to forget their appointment Display reminders to patients each month on the number of wasted appointments via posters, newsletter and website updates 	Sandra	On-going	

			<ul style="list-style-type: none"> • Communicate any changes to staff and patients as feedback is crucial 			
6	Health Promotion	Improve Health Promotion Campaigns	<ul style="list-style-type: none"> • Use screen message at the waiting room to improve patients' awareness about health campaign • Posters on the notice board – Currently in use but a bigger image needed. • Provide more health promotions lectures a month on different topics and make these available via the website. 	Lydia	On-going	
7	Waiting times	If a Doctor is running late, the patients in the waiting area are to be informed.	<ul style="list-style-type: none"> • To monitor the doctors' consultation and review to see if they are running to time or not. 	Sandra	Currently	

Patients' Comments.

- I haven't used telephone consultation for follow ups, med reviews and any other advisory needs before but would like to use it in future if suitable
- Generally a good service - waiting room could be more welcoming, usually friendly service
- Always told telephone service is for urgent / emergency issues only
- I don't have a preferred doctor; they are all very good to me
- I am a new patient in the surgery and found this practice to be excellent and professional. I am extremely pleased I chose the practice
- I would like the test results to come more faster
- Waiting to be seen by a doctor is really bad and there is no day appointment
- Sometimes very hard to get through on the phone
- I have been coming to this surgery for many years and it has steadily improved a whole lot over the years
- I have been a patient for many years as were my parents and it has always been very good. We have had excellent service over the years
- I am very happy with the doctors and staff
- Excellent doctors. Always feel I get the best care & feel very reassured
- All the doctors are lovely and difficult to say how they could 'improve'
- Keep up the good work!
- I have been coming to this surgery for many years & I find it very helpful, kind and very satisfactory with treatment
- On-line appointments service could be better
- The Practice has improved enormously in the last few years
- Don't try to mend something that isn't broken!
- This is a lovely practice, the best I've known!

9. When you are waiting for your appointment, would you like to have information regarding how long the waiting time is?

Yes

No

SECTION C

Overall Satisfaction.

10. Please tell us how satisfied you are with the overall care and service you receive from Mission Practice.

Very Good

Good

Poor

Very Poor

SECTION D

Demographic.

Gender: Male

Female

I prefer not to say

Your age:

Under 16

17 – 24

25 – 34

35 – 44

45 – 54

55 – 64

65 –

74

75 – 84

Over 84

I prefer not to give my age

Do you have a disability?

Yes

No

I prefer not to say

Are you:

Employed

A student

Retired

Unemployed

Other

Please specify your ethnicity. Tick as appropriate

White British Irish Other White (e.g. European)	
Asian or British Asian Indian Pakistani Bangladeshi Other (Asian background)	
Chinese Chinese	
Black or Black British Caribbean African Other (Black background)	
Other Ethnicity Other than listed above I do not wish to state	

Any further comments or suggestions?

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Thank you for taking the time to complete this questionnaire



Appendix C

