

## **Dr Dineen and Partners**

### **The Holbrook and Shotley Practice**

#### **The Practice Patient Participation Group**

1. Following the publication of the Patient Participation Directed Enhanced Service early in 2011/12, the Practice agreed to establish a Patient Participation Group (PPG). It was agreed that most communication would take place by email but that face to face meetings would be held as deemed necessary.
2. The Practice Manager wrote a general invitation of interest (attached), copies of which were left in waiting rooms of both surgeries and which was put on the Practice website.
3. Staff were informed of our wish to establish a PPG and were asked to draw the attention of patients to the notices. (See Staff Newsletter dated 22.7.11 attached). In particular they were asked to help to ensure representation of the groups which visit the surgery less frequently, eg working age men.
4. Clinicians and PPG members were asked to suggest the names of patients in particular groups who might be asked if they wished to join the PPG. As a result the Practice Manager wrote to several patients who might be interested and as a result membership grew to include a student, a parent of a young family, a resident in a care home and a male of working age.
5. The PPG as it finally emerged from this process at the end of the summer 2011 consisted of 20 patients who had either volunteered after seeing the general invitation, or in response to a direct approach. There are currently 20 members of whom 7 are male. Ages range from a teenager to someone in their tenth decade and one member uses a wheelchair. One member is normally housebound and relies on home visits. There are two parents of young families and a man who commutes to work in London. It has been made clear at all stages that there is no limit on the numbers of members and late expressions of interest have been accepted immediately. Some members have professional skills and experience in health and social care and charities, while others have no background knowledge.
6. The Group was sent the format of the CFEP Patient Survey which the Practice has used in the past and was asked to develop further, more local areas to be surveyed. Subjects for these additional questions were received through the autumn of 2011. Suggestions about the Out of Hours Service were not felt to be appropriate as the Practice has no direct control of this, but other suggestions were formatted appropriately with the help of a member of the PPG who has professional experience in survey work. The five additional questions were agreed by the PPG by email and sent to the survey company.
7. The patient survey (the standard CFEP survey plus an additional sheet containing the five questions agreed by the PPG on the ease of getting into the

surgery buildings, the Dispensary Service, the ease of getting repeat prescriptions, Home Visiting and use of the website to book appointments or order repeat medications) was carried out in December 2011 in both surgeries.

8. Results on the standard and additional survey questions were received in mid January 2012 and were sent in full by email to the PPG members.
9. The PPG members met in person on Wednesday 15<sup>th</sup> February 2012 to discuss the results, the draft report on the survey and a draft Action Plan (minutes attached). In the light of the comments made in the meeting, the Action Plan was amended. The report on the survey and the Action Plan were subsequently posted on the Practice Website (copies attached).
10. The Practice Manager asked for assistance in the proposed action on improving patient information systems in waiting rooms, and several PPG members have volunteered their own or colleagues' experience to help on this. Another who works in the charity sector has volunteered to draw up a list of support organisations for publicity via the Practice.
11. In 2012-13 the Patient reference Group continued to work to support the practice, particularly in the area of improving patient education and communication by the establishment of presentations in the waiting rooms on large TV screens. One member recommended a local firm which provided the screens and presentation systems, and two others provided practical support in creating and formatting slides on the screens.
12. During the year one member left the Practice area and another resigned due to age and infirmity. However a new member joined the Group. At March 2013 the number of patients on the Group numbers 19.
13. Further areas of the practice service to be surveyed were suggested and added to the basic Improving Practice Questionnaire which was distributed to patients in January 2013. The additional areas were Reception services, support to family carers, information on options for further treatment, Nursing services and information on other services provided eg minor illness, minor injury, minor surgery.
14. As a result of the Patient Survey, a further meeting of the PRG was held in March 2013 and an Action Plan was developed and agreed.