

# *The Harvey Practice*



## Patient Reference Group Report 2011 / 2012

Our Practice population profile is mainly elderly mixed with younger families. There are a proportion of carers in the practice. There is a small degree of ethnicity and there are infants, school aged children, teenagers, workers, those not in employment and the retired. The practice deals with very few drug users. The practice does not have many university students on their records as generally when students attend university they register with their university GP. We do have some patients with learning difficulties. We have attempted to be inclusive in engaging with our practice population for the purposes of the Patient Reference Group.

During 2011/12 the Practice has undertaken a survey in order to gauge patient satisfaction with the services we offer. The numbers for the survey needed to be manageable and cover as many different groups of patients in the practice as possible. In the first instance it was felt that 150 patients could be a representative sample. In addition the GPs of the Practice offered to the management the names of 8 patients who it was felt would be representative as a committee and eventually 6 of these patients became the committee for this project.

In the first instance we looked at our age, sex and ethnicity of patients and identified a pro rata profile from this. Receptionists were then asked to “find” patients who fitted the profile e.g. female, aged 40-65, and ask them if they would be prepared to take part in an on-line survey. These patients then completed a form giving the practice their email address. There were patients that fitted the profile but who did not have email facilities and to be inclusive a postal group was also set up whereby questionnaires were to be sent by post. From the patients identified from the age, sex, ethnicity register there were carers for other patients, patients with Coronary Heart Disease, Stroke, Transient Ischaemic Attack, Asthma, Chronic Obstructive Pulmonary Disease and others. We also have patients with learning difficulties and they were also included.

These identified patients were then asked to let us know what their priorities were. This was left deliberately broad so that patients could cover all aspects of primary care including facilities, staff, systems, services

etc. These patients were advised that once we had received their priorities we would analyse these and then send them a questionnaire relevant to these priorities as determined by the committee. They were advised that the Practice would be looking at things that were achievable in order to improve.

Once these were received back from patients they were analysed and both positive and negative comments from both sites were sent to the committee in order that they could attend a meeting on the 23rd November to discuss these priorities with the Practice Manager and the Senior Partner, Dr. Cartwright, with a view to designing a questionnaire.

After discussion at the meeting the committee decided that it was apparent that patients were not getting the information provided by the practice. From this it became apparent that the biggest priority was to get information to patients and the committee decided that they wished to devise a questionnaire around how people found out their information about the Practice and the best way to communicate with them.

All patients on registration are given a practice brochure and these are available from reception.

The Practice Manager was asked to design a questionnaire in order to obtain patients' views on communication. This she did and sent it for approval/amendment to the committee. The final version, once approved, was then sent to the email group and the postal group. Unfortunately, the responses to the questionnaire were not as many as hoped for and really did not give a representative sample. Therefore it was decided to give the questionnaire to patients in the surgery. It was determined that 25 consecutive patients of each partner (a total of 150) should be surveyed. The reason for the "consecutive" patients was important in order that the choice of patients to questionnaire was not left to receptionists and that a rounded view could be obtained.

The results of the questionnaire were then analysed by Practice staff and then sent to the committee for their consideration. Whilst email, texts, notice boards, brochures et al were considered, the overriding theme was that a Practice newsletter should be written and left in the waiting room for patients to read whilst they were waiting for their appointment with the clinicians.

Whilst all patients are given a practice brochure, which gives the website address, when they register it was surprising how few knew the contents of either the brochure or the website and had read the advice on the services available in the Practice and how to use them. With this in mind it was felt

that the newsletter in the main should reiterate what was stated in the practice brochure but should include any new information that had not been included in the brochure e.g. new appointments to the clinical team. The results of the survey were sent to the committee and they asked the management to devise an action plan so that a newsletter is published twice yearly by the Practice in July and January (Summer and Winter editions). The committee wanted the newsletter written in plain English with explanations of any medical words that had to be included e.g. phlebotomist – person who takes blood.

The action plan was devised by the Practice Manager who is to take responsibility for the production of the newsletter. The action plan is shown below and has been approved by the committee. We will be sending the action plan to those in the email group and the postal group who responded to the questionnaire in order that they are aware of what has taken place. The newsletter will also be published on the website and will be available to people by email if they wish this and if they provide the Practice with their email address.

We are now looking forward to our first revised edition in July of 2012. Watch this space.....!

### **Action Plan from the Harvey Practice Patient Participation Group questionnaire**

To ensure that relevant information is delivered to patients in the form of a newsletter to enhance communication.

1. Practice Manager to revive “The Pink Tablet” - a newsletter that was previously redundant. Patients are to be advised in the newsletter of recent innovation in the practice and also to be given information as to what services are provided and how they should be used. The newsletter is to be in plain English with little reference to clinical words. Where these are necessary they are to be explained e.g. phlebotomist – nurse who takes blood. The newsletter is to include updates of personnel and updates on job roles.

#### ***Action: Practice Manager***

2. Practice Manager to ensure that two issues per annum are delivered to waiting rooms for patients to read. It is suggested that the editions

be in July and January each year (Summer and Winter editions).

***Action: Practice Manager***

3. Practice Manager to ensure that editorial is received from both clinical and administrative staff for inclusion in the newsletters. This to be received no later than June/December each year. "News" that occurs in the month of preparation of the letter is to be included as a "newsflash" and not left until the following newsletter.

***Action: Practice Manager***

12th March, 2012