

# Coleridge Medical Centre Dr Dilley & Partners

## Patient Participation DES – Local Participation Report

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### B. Document Details

<b>Classification:</b>	
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### C. Document Revision and Approval History

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**Coleridge Medical centre**  
**Dr Dilley & Partners**  
**Local Participation Report**  
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**Practice profile:**

Age range	Female	Male
0-16	1446	1565
17-26	677	729
27-36	678	627
37-46	1151	1091
47-56	1234	1151
57-66	1275	1201
67-76	1028	941
77-86	618	521
87-96	189	146
97-106	9	5

**Ethnicity**

Ethnicity	Patient Count
(9S8..) Bangladeshi	1
(XaE4B) Ethnic group not given - patient refused	1
(Xaluh) White Scottish	1
(XaJR3) Pakistani or British Pakistani - ethnic category 2001 census	1
(XaJSE) Polish - ethnic category 2001 census	1
(Y9930) Race - British	1
(9S...) Ethnic groups (census)	2
(9S1..) White - ethnic group	3
(XaFwF) Other white ethnic group	4
(XaJQz) White and Black African - ethnic category 2001 census	4
(XaJRA) Other - ethnic category 2001 census	5
(XaJRW) Other Asian or Asian unspecified ethnic category 2001 census	5
(XaQEa) White British - ethnic category 2001 census	6
(XaJR4) Bangladeshi or British Bangladeshi - ethn categ 2001 census	8
(XaJR9) Chinese - ethnic category 2001 census	8
(XE0oc) Race: Not stated	8
(XaJR7) African - ethnic category 2001 census	9
(XaJQy) White and Black Caribbean - ethnic category 2001 census	13
(XaJR0) White and Asian - ethnic category 2001 census	16
(XaJR2) Indian or British Indian - ethnic category 2001 census	16
(XaJR1) Other Mixed background - ethnic category 2001 census	19
(XaJQw) Irish - ethnic category 2001 census	25
(XaJR5) Other Asian background - ethnic category 2001 census	26
(9SZ..) Ethnic groups (census) NOS	30
(XaFwD) White British	35
(XaJQx) Other White background - ethnic category 2001 census	132
(XaJQv) British or mixed British - ethnic category 2001 census	3956
(XaJRB) Ethnic category not stated - 2001 census	4066

**What steps the Practice has taken to ensure that the PPG is representative of its registered patients and where a category of patients is not represented then what steps have been taken by the Practice in an attempt to engage with those patients:**

#### **Representation**

Forming a virtual group was considered initially, but there were problems with sending group emails using our clinical system. There was also a concern that we may be canvassing patients who although registered here, make infrequent use of the surgery facilities or have little interest in it.

We therefore decided to go for quality rather than quantity initially, and form a small group of 10 patients who were individually invited by the GP's for their potential suitability, based on their knowledge of them as patients as well as individuals. One or two individuals were members of a former patient group, used when analysing the CFEP patient surveys for QOF.

**The group is representative of a variety of patient experience including:** Young people, parents, over 60's, retired, elderly, disabled, and carers.

**How the Practice and the PPG determined and reached agreement on the issues which had propriety within the Local Practice survey:**

The Patient group was newly formed last Autumn, and we communicated via email to agree the use of a patient survey to be run in December. A good general survey was chosen and agreed based on a patient's experience of a visit to the surgery for an appointment. An additional short survey was also agreed containing five questions of our choosing of specific relevance to the Practice. The five additional questions were agreed with the Patient Group, who had been invited to put forward their own ideas and suggestions.

**A description of how the Practice sought to obtain the views of its registered patients**

We confirmed with our patient group their agreement to use the CFEP-IPQ survey. Having considered a variety of survey tools including some online models, we felt confident to recommend to the group the use of the fully validated CFEP-IPQ survey. It offers a good comprehensive study. The feedback we receive from CFEP is well presented and contains a variety of reports which summarise the results well, and also make a useful tool for group discussion.

In line with DOH guidance 25 completed surveys were collected for every 1000 patients making a total of 406 for our Practice list size. The survey was run over a period of 3-4 weeks from late December to early January 2012, and distributed to patients attending the surgery by Patient volunteers, and in their absence Reception staff.

**A description of how the Practice sought to discuss the outcomes of the local survey and the Practice's action plan together**

Once the survey results were received they were distributed to the GP's, all staff and members of the patient group. Feedback was invited, and a meeting was arranged the following week with the patient group.

The GP's also met to discuss the results, and discuss their thoughts and ideas for further action in conjunction with the proposals and suggestions from the patient group meeting. This was followed by a meeting with all staff to gather further feedback and start to develop an Action Plan. Once completed the Action Plan was forwarded to all GP's, staff and Patient group members, for consideration and agreement before being finalised.

**A description of the findings or proposals that arose from the local Practice survey and what can be implemented and if appropriate reasons why any such findings or proposals should not be implemented**

In summary quality of care remains excellent but access as judged by our scores has continued to fall significantly.

Three years since last CFEP the surgery has had to deal with a number of problems; illness amongst staff, salaried doctors coming and going, senior partner reducing hours and an increased turnover of staff.

On the day acute management system has been a success for doctors but seems to be poorly understood by patients.

Most patients do not know we offer extended hour surgeries.

Most patients are unaware of the pressure the surgery is under from number of calls, appointments per patient/year and the relative inequity of funding of practices in Devon.

Access to the car park remains an issue.

**A summary of any evidence including statistical evidence relating to the findings or basis of proposals arising out to the local Practice survey:**

29 patients said the wait to see their own GP was unacceptable. Example of comments: 2 wanted appointment soon but not urgent, 1 comment said unable to get urgent appointment with own GP so when to walk in centre, 1 comment re ability to see own GP at short notice due to acute illness, 1 comment too many part time GP so takes longer to see them.

6 patients wanted evening appointments. Example of comments: 1 comment on more appointments out of school hours.

10 Open on Saturday morning

4 patients were unaware of newsletter and information on services. 1 comment web site difficult to access.

17 patients said running late/wait in surgery unacceptable. 3 comments re text/informing patients of the wait, 1 comment on longer appointments. 4 patients commented on difficulty getting through on the telephone.

7 patients commented on difficulties accessing the car park.

3 patients found it difficult to hear the PA system. 2 commented on the waiting area, uncomfortable seats and more seats are needed.

1 comment on hand gel in waiting room.

**A Description of the action which the Practice, the PCT intend to take as a consequence of discussions with the PPG in respect of the results, findings and proposals arising out of the local Practice survey.**

Large PR campaign to promote on the day service and advertise extended hours (for WORKING patients). Emphasise the good service Devon Doctors offer on Saturdays, Sundays and evenings and that many partners work for DDOC. Explain our commitment to individual or shared lists and how this works with the acute service.

Regular feedback by newsletter/website and notice board about numbers of calls taken (750 on a Monday etc) and other activities. More efforts to promote self help amongst our patients either through better information or direction to our website or other on-line resources.

Addressing waiting in surgeries by our committing to starting on time but also advertising (or advising certain patients) need to book longer appointments for complex or multiple problems. We could audit quarterly to see how we are doing.

Encourage patients to use alternative car parks eg council car park next door to surgery and free 2 hour parking at Sainsbury's. Other ideas like sharing spaces with neighbouring organisations to be pursued further but without creating patient expectation at this stage.

Increase the numbers or positions of speakers in the waiting room. Doctors will try to use the calling board.

Hand gel in waiting room, outside toilets and by front door would be popular.

An article by a doctor in the newsletter would be welcome. Many patients do not seem to see our newsletter or website and we must promote both as much as possible.

**A description of the opening hours of the Practice premises and the method of obtaining access to services through the core hours:**

Saved in PA Management Folder >Patient Participation

The practice reception desk is open from 08:00 until 19:00 and the telephone lines are open between 0830 and 1330 and 1400 to 1800. Patients can use online services to book appointments, order repeat medication and communicate with the practice. The practice has a system of text reminders for booked appointments.

**A description of any extended opening hours that the Practice has entered into and which health care professional are accessible to registered patients.**

GPs are available via pre bookable appointments on Monday and Thursday evenings after 1830. Early morning GP pre bookable appointments are available before 0800 on Tuesday and Friday mornings. All GPs take part in offering extended hours appointments.

The practice intends to publicise the local participation report on the practice website and in the practice newsletter.