PATIENT REPRESENTATIVE GROUP REPORT – MARCH 2014

PATIENT REPRESENTATIVE GROUP

WHAT IS THE PATIENT REPRESENTATIVE GROUP (PRG)?

The. 'The patient representative group at The Sheldon Practice was set up in August 2011 to understand the views of patients on the services that the Practice offered. The group reviews everything from access to the services both Primary and secondary. It also reviews the standard of service provided by the practice in all aspects including local health needs, to the effect of the changes in the NHS on the practice. It is a virtual group where most of the communication is done by E mail; however representatives also came to the practice to discuss matters. After profiling my practice area for age, sex, ethnicity and minority groups. The Group was formed to include, 1 member (aged 40) from a family (with very young children aged few months to 18 months)) of an Asian background 1 member (aged 28) from family (with children aged 2 – 6 years) an afro-Caribbean background, 2 members over the age of 65 .1 member over the age of 70. 1 member (aged 47) from a family of teenage children. Therefore this group covered most ages, all sexes, ethnicities and minority groups. This year we co-opted a new member to the group who also heads the area neighbourhood watch and has set up a website for patients in the area .He is a retired male who is very proactive in the community welfare

PRG AND PRACTICE PROFILE

Give a description of the profile and then show a breakdown of it

Details for your practice population profile should be available through your practice system. Please note if ethnicity totals do not add up to 100% then please show the remaining % in the 'not stated' box

Demonstrating how a Patient Reference Group is Representative		
Practice Population Profile	**PRG Profile**	**Difference**
Age		
% Under 16 24%	% Under 16 22%	2%
% 17-24 10%	% 17-24 11%	1%

% 25-34 15%	% 25-34 11%	2%
% 35-44 14%	% 35-44 11%	3%
% 45-54 16%	% 45-54 11%	5%
% 55-64 11%	% 55-64 17%	6%
% 65-74 8%	% 65-74 11%	3%
% 75-84 5%	% 75-84 0%	5%
% 85 and Over 2%	% 85 and Over 0	2%
Ethnicity		
White	**White**	
% British Group 89%	% British Group 66%	23%
% Irish 2%	% Irish 0%	2%
Mixed	**Mixed**	
% White & Black Caribbean 0%	% White & Black Caribbean 0%	0%
% White & Black African 0%	% White & Black African 0%	0%
% White & Asian 0%	% White & Asian 0%	0%
Asian or Asian British	**Asian or Asian British**	
% Indian 3%	% Indian 16%	13%
% Pakistani 1%	% Pakistani 0%	1%
% Bangladeshi less than1%	% Bangladeshi 0%	0%
Black or Black British	**Black or Black British**	
% Caribbean 2%	% Caribbean 0%	2%
% African 1%	% African 16%	15%
Chinese or other ethnic group	**Chinese or other ethnic group**	
% Chinese less than 1%	% Chinese 0%	1%
& any other	& any other	
Not Stated % 0%	**Not Stated %**	
Gender		

% Male 53%	% Male 50%	3%
% Female 47%	% Female 50%	3%

STEPS TO ENSURE GROUP WAS REPRESENTATIVE/REASONS FOR DIFFERENCE IN GROUP AND PRACTICE PROFILE

The PRG was designed to be representative as much as possible for age, ethnicity and sex. The Practice being relatively small with a list size of approximately 2135 patients This was done in several ways. The group comprised a white family with teenage children. An Asian family with very young children. An African family with children of junior school age. Another white family with grown up children. A White just retired couple and a white much older couple. This year we co-opted a new member to the group who also heads the area neighbourhood watch and has set up a website for patients in the area .He is a retired white male who is very proactive in the community welfare Both partners of each family were included which made the gender of the whole group approximately equal. The group was a virtual group which communicated by E mail. Because of relatively small numbers of Chinese and Bangladeshi and Pakistani patients and the difficulties that these groups had with E mail and internet access, the Doctor had personal communications with this group by phone and surgery contact to ensure their views were included.

PRG FREQUENCY

How often do you hold the meetings? Dates as evidence would be really useful

e.g.

16th February 2014	*1st meeting – Discussed the success of last year's action plan which was implemented. The group felt we should use last years survey and we should include current issues which were given back by feedback from patients, receptionists and clinical staff alike .One of particular importance in the media affecting patient confidentiality and access to health care.*
17-22nd February 2013	*Discussed and agreed references group's views and opinions.*

	And formulated action plan for issues discussed.
12th March 2014 *27th March 2014th*	*Action plan sent to group for final comments.* *Final action plan agreed to be implemented.*

PRG MEMBERSHIP

Optional name details with consent of members

e.g. Chair – Dr Bhinder Jheeta

Mr E.C computer ID no=493 Mrs J.B computer ID no=353 Mr J F computer ID no=3116 Mr U.S computer ID no=3753 Mrs S.D computer ID no=41 Mr R.R computer ID no=4002

Mr LL computer ID=2696

PATIENT SURVEY

AREAS OF PRIORITY & HOW THEY WERE DECIDED

How did you decide which questions to include in the survey?

In the PRG meeting of 16th February 2014 (Virtual communication by E mails) we decided that last year we looked at 5 priorities most relevant to the Practice and we chose 1.Decor of the Practice, 2, Offer of choice of hospital services to patients and 3. Have a dedicated Notice board in the waiting room regarding suggestions and complaints. The agreed action plans were carried out successfully.

This year we decided to look at the areas that have caused a great concern for patients via feedback from Practice staff, clinicians and patients themselves. These relate to 1. Access to the Doctor 2.Ease of getting referral to other services especially Mental Health and Counselling. And finally 3

Access to patient data by I care and giving patients choice and

information.

SURVEY PROCESS

It was decided that as group we needed to work on priorities that were having most impact on services to patients as discussed above.

RESULTS

The views were sent to the PRG via E mail.

CONCLUSION:

Access to Practice,

We need a system where patients could speak to the Doctor to cope with the demand of increasing appointments. The receptionists felt that a large amount of patients did not need an appointment but a quick word With the Doctor could solve their problem or query.

Ease of getting referrals etc.

A lot of patients were having problems getting access to psychotherapy and counselling services was the feedback from the Practice staff, i.e. locum Doctors, Midwife, Drug worker ,Practice Nurse, and Dr Jheeta. This service needed to be improved.

Media Coverage of I care Data. Private companies having access to patient data.

DISCUSSION ABOUT RESULTS

The Group felt that the Practice had progressed well over the last few years .The Group was pleased that significant changes had been made in the Practice over the last few years with the action plans that had been implemented.

1.ACCESS TO PRACTICE

Although previous surveys had revealed the practice had a good access to services, it was felt that a lot of problems of patients could either be solved or discussed over the phone without actually seeing the Doctor and this would save a lot of time and resources both for the patients and the practice. This feedback was given by both patients and receptionists alike. The Group discussed how this could be implemented.

2. EASE OF GETTING REFERRED TO SERVICES such as psychotherapy and counselling.

Clinical Practice staff had noticed that there was great difficulty in getting access to counselling and psychotherapy services. A lot of patients were under a lot of stress in their work place and personal and domestic circumstances and all they needed was someone to discuss these issues with. Dr Jheeta made enquiries and was able to offer a service but we need to decide how we were going to implement this.

3. I CARE DATA and patient anxiety about date being used by private companies.

Again with the big media campaign about I care data on buses and newspapers and a flyer sent to each household, it was felt patients were not informed properly of the implications of such data release and needed more information.

The conclusion of the discussions about the results were:

1.ACCESS TO PRACTICE

A doctor triage system via a telephone would be very useful.

2. EASE OF GETTING REFERRED TO SERVICES such as psychotherapy and counselling.

There was a great need for better access to this kind of service.

3. I Care Data.

Patients must have more information about this so they could make an informed choice.

ACTION PLAN

Layout an action plan for your surgery based on your PRG meetings and your survey findings. Explain how you agreed the final action plan

1.ACCESS TO PRACTICE

Action plan

A Doctor triage time. Held for 30 minutes a day, say 11-1130am. Patients can ring for over the phone advice at a dedicated time daily.

Implementation:

A) Poster in waiting room?

b) Leaflet to hand out to patients?

c) Advertise on Practice website?

a) Was chosen. To put a poster in the waiting room advertising the triage system.

2. EASE OF GETTING REFERRED TO SERVICES such as psychotherapy and counselling.

Dr Jheeta had made enquiries and was able to get open access to this service called “HEALTHY MINDS”

Implementation;

A) Poster in waiting room?

b) Leaflet to hand out to patients?

c) Advertise on Practice website?

a) Was chosen. To put a poster in the waiting room advising patients the address and phone number of service.

3. I Care Data.

Due to the confusion about this Dr Jheeta had produced a self explanatory Document which could be given to the patients.

Implementation:

a) Leaflet to include Document?
b) Make leaflet available on Practice website and B26 Neighbourhood web site?
c) Poster of Document on waiting room.

As this was very important for patients, a b and c were chosen.

TABLE OF FINAL AGREED ACTION PLAN

Action	*Task*	*Timeline*
A Doctor triage time. Held for 30 minutes a day, say 11-1130is. Patients can ring for over the phone advice at a dedicated time daily	To put a poster in the waiting room advertising the triage system. .	*From commencing 1st April 2014*
Patients can get open access to Healthy Mind services such as psychotherapy and counselling. Dr Jheeta had made enquiries and was able to get open access to this service called “HEALTHY MINDS”	. To put a poster in the waiting room advising patients the address and phone number of service.	*Immediately*
Patients have access to a simple self explanatory Document about I care data and making a sensible choice.	Leaflet to include Document. Make leaflet available on Practice website and B26 Neighbourhood web site Poster of Document on waiting room. See leaflet below	*By 1st April 2014*

Medical Records update

, “Concerns over patients medical records”.

Overview of SCR, CCR and Care.data

SCR

- A national shared medical record containing allergies, adverse reactions and medications.
- Currently being used in Acute organisations across the country.
- Access is based on legitimate patient relationship
- Spine based application.
- Access through the use of a Smart card.
- Opt out code **9NDo or XaXj6 (System One)**

URL for Opt form: www.nhscarerecords.nhs.uk/optoutian14.pdf

CCR

- A shared medical record containing allergies, adverse reactions, medication, diagnostic results.
- Utilised in Birmingham, Sandwell and Solihull only.
- Access will be users specific and based on legitimate patient relationship.
- Content of medical record will be tailored per clinician and organisation.
- Key benefits around Children/Adult Safeguarding, Frail Elderly, Urgent Care, Resource allocation and Patients Safety.
- Single sign on, non Spine based application.
- Opt out code **pnd1 (EMIS Web), 93C1 (LV,INPS)** or **XaKRw (System One)**

ULR for Opt form: http://ww.midlandscentralcarerecords.nhs.uk/component/docman/doc download/123

Care.data

- Care.data is a NHS England nation programme.
- Care.data will collect both identifiable and non-identifiable patient information from GP practices.
- Coded data such as symptoms, diagnoses, drugs, lab results is to be extracted.
- In formation to be managed and anonymised by the Health and Social care Information Centre (HSCIC)
- Utilised for planning and research purposes.
- Opt out from secondary use of GP patient identification data **9Nu0** or **XaZ89 (System One)**
- Opt out from disclosure of personal confidential data by Health and Social Care Information Centre **9Nu4** or **XaaVL (System One)**

URL for Opt form: http://medconfidential.org/wp-content/uploads/2014/01caredata trifold.pdf

The detailed information above may appear quite long and perhaps difficult to digest, however, it would be remiss of me not to keep you informed of all the relevant information. The final piece of information, **Care.date**, is perhaps the one that is causing the most concern at this present time because this is a national database of all medical records.

ACCESS

OPENING HOURS

List your opening hours

Monday 8.45-7.30pm **Tuesday, Thursday, Friday** 8:45 - 6:45	
Wednesday	8:30 - 12:30

EXTENDED HOURS

List your extended hours. Useful to put if they require a different booking system or are specialised clinics

Extended surgery hours Monday night until 7.30pm

ACCESS TO SERVICES

Telephone number, address, how to access services (e.g. appointment booking, emergency appointments, out-of-hours)
Services

Well Baby Clinics

The Health visitor is available on the 2nd and 4th Monday of the month 1.30pm-3.00pm.

Baby Immunizations

Every Monday 1.45pm-3.00pm

Home Visits

These should be for those patients who are too ill to come to the surgery and must be requested before 10.00am. Patients requesting urgent home visits will speak to the Doctor on the telephone, the Doctor will then visit the patient.

Minor Surgery and Joint Injections

Please see Doctor to arrange these.

Counselors Available

See Doctor to discuss seeing the counselors.

Well Woman and Well Man Service Available

Make appointment with Nurse.

Cervical Screenings Available

Using **LIQUID BASED CYTOLOGY**. Book with Nurse.

CPN Available

Accessed via Doctor.

Out of Hours and Emergencies Tel: 0845 675 0568
Urgent calls only – Please use this service only in emergencies

This service is provided by 'BADGER' this is an organization run by the experienced G.P's, who provide phone advice or consultation at one of the Primary Care Centre's based at Heartlands Hospital and the old General Hospital. House visits are also available for housebound patients and those who are too ill to come to the surgery. Your nearest casualty is at Birmingham Heartlands Hospital (open 24 hours) or Solihull Hospital for injuries, sutures or major trauma.

PUBLICATION OF THE REPORT

Say where the re the report can be found. Details of website. Hard copies available in Surgery. Copies sent to other organisations (dental/opticians/pharmacy/voluntary organisations.

http://www.sheldonpractice.co.uk/