



## SHIPSTON MEDICAL CENTRE

# Patient and Community Involvement Report 2012/13

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## Introduction

Shipston Medical Centre services a population of approximately 11,450 patients and covers an 8 mile radius of Shipston-on-Stour. The practice population has increased by approx. 200 patients in the past year.

It is the practice's ethos to provide high quality, evidence based and patient centred care for the population we serve. Feedback from patients is valued and we are committed to working with patients to develop and improve the services we provide.

The purpose of this report is to provide an overview of the measures the practice has taken between 1<sup>st</sup> April 2012 and 31<sup>st</sup> March 2013 to involve patients and the community in the improvement and development of the health services we provide.

## Annual Patient Meeting

For many years, on an annual basis, the practice has hosted a patient meeting. In 2012 this took place on 30<sup>th</sup> May between 7pm - 9pm. The meeting was advertised by posters being displayed throughout the locality and in the practice with information also being published in the local town and parish newsletters. The format of these meetings has traditionally been presentations by members of the Medical Centre team, followed by small group discussions which then feedback comments and questions on the presentation topics or any other matters relating to local health services.

At the meeting on 30<sup>th</sup> May 2012 seventy people attended. This is similar to the number we would expect, based on the experience of previous years.

The meeting on 30<sup>th</sup> May 2012 covered the following topics:

- Service developments at the Medical Centre



- The Health and Social Care Bill
- South Warwickshire Clinical Commissioning Group
- Update on the Health and Wellbeing Park
- Patient Involvement

Minutes from this meeting are available on the practice website at <http://shipstonmc.warwickshire.nhs.uk/About-Us/Patient-Involvement> or alternatively copies of the minutes from this meetings and previous annual patient meetings are available on request from the Medical Centre.

## **Patient Reference Group**

### **Role of the Patient Reference Group**

The patient reference group exists to support the practice in ensuring the perspectives of patients are fed into the development of services. The patient reference group has a committee of 12 and the rest of the members are 'virtual' and contacted via email. As well as assisting in the design and collation of the patient questionnaire the group have also supported the practice in providing feedback on a variety of issues, including commenting on draft patient leaflets, developing patient information displays and supporting the development of a screening process for the over 75s.

Additionally, the patient group has developed links with other, similar, organisations, with members of the group also providing representation on the South Warwickshire Clinical Commissioning Group Patient Group and the board of the South Warwickshire Hospitals Foundation NHS Trust. Links with national patient involvement organisations are being developed.

### **Profile of the Patient Reference Group March 2013**

As of March 2013, there were 70 patients recorded as being part of the patient reference group. The tables below give a breakdown of the practice list and the patient group by age groups and gender:



*Breakdown of practice list by Age & Sex (%). March 2013*

Sex	0-16	17-24	25-34	35-44	45-54	55-64	56-74	75-84	85+	Total
Female	7.5	3.5	4.4	6.3	7.6	7.1	7.3	4.7	2.6	51
Male	8.7	3.6	4.1	5.6	7.9	7	6.6	4.1	1.4	49
Total	16.2	7.1	8.5	11.9	15.5	14.1	13.9	8.8	4	100

*Breakdown of Patient Reference Group by Age & Sex (%). March 2013*

Sex	0-16	17-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total
Female	0	0	2.8	4.3	5.7	14.3	20.2	11.4	2.8	61
Male	0	0	1.4	1.5	1.4	7.1	14.3	10	2.8	39
Total	0	0	4.2	5.8	7.1	21.4	34.5	21.4	5.6	100

The patient group continues to be under-represented in the younger age brackets, and over-represented in the older groups. However, arguably the patient reference group is much more representative of the more regular users of the service than the general population.

The National General Practice Profiles available from the Network of Public Health Observatories notes that the practice's population is only 0.6% non-white ethnic groups. Where reported, those members of the patient group identify themselves as white, and therefore the group is not fully representative of the general population.

Additionally, men are under-represented on the patient group, but on the whole men tend to use our services less than women and therefore the group is more representative of regular service users than of the general population.

The practice has built on the work undertaken during the previous year to ensure the group is representative and continues to encourage anyone interested to become a member of the patient group. New members are encouraged to join by advertising the group in the waiting room and targeting patients with personal invitations to join.



## Annual Patient Questionnaire

Before developing our local questionnaire the practice gave careful consideration to what areas of practice activity we might wish to cover in the questionnaire.

The practice felt that feedback from patients about the content of their consultation would be a high priority as this is a significant part of the patient experience and additionally would be a requirement for each of the Doctors of the practice for revalidation. (Revalidation is the process by which the General Medical Council will confirm the continuation of a doctor's licence to practise in the UK).

During the summer the virtual reference group were asked for their suggestions regarding what should be included in the patient survey. These suggestions were discussed with the Patient Reference Group on 4<sup>th</sup> September 2012. The group were also consulted about the practice's suggestion that the bulk of the questionnaire consist of the General Medical Council (GMC) GP Revalidation Questionnaire. The group were in agreement with the practice suggestion and also felt that the areas raised by the virtual patient group would be covered by the questionnaire if three additional questions were included. These were to elicit patient's views on:

- good things about the service and practice,
- things that needed improvement
- any other comments patients wished to make

The patient group felt strongly that the method of administration would affect the level of feedback received, and therefore suggested GPs hand the questionnaire out at the end of the consultation, and that the questionnaires be accompanied by a freepost envelope. It was hoped that this would enable patients to have time to provide a thoughtful response and additionally increase the response rate from that experienced the previous year.



## **Administration of Questionnaire**

The patient questionnaire was administered between Monday 1<sup>st</sup> October 2012 and Friday 28<sup>th</sup> December 2012. The questionnaire was handed to patients by the GPs at the end of the consultation with an accompanying business reply envelope. Each GP was provided with 50 copies to distribute and encouraged to do so over a period of 2 days giving a copy of the questionnaire to each patient seen.

## **Results**

A total of 318 responses to the patient questionnaire were received. This represents feedback from 2.7% of the total practice population, and 63.6% of those provided with a questionnaire. This response rate is above the level stated by the GMC as being statistically significant for the purposes of revalidation.

The full report of the survey findings can be found on the practice website at <http://shipstonmc.warwickshire.nhs.uk/About-Us/Patient-Involvement>.

The results of the patient questionnaire were discussed at the Patient Reference Group meeting on 19<sup>th</sup> February 2013. The Patient Reference Group were complimentary about the very high level of positive feedback contained in the questionnaire.

The practice suggested a series of actions to be taken after consideration of the feedback contained in free-text comments in the questionnaire. These are overleaf. The patient group discussed these and agreed that they were appropriate.



### ACTION PLAN

Survey Finding	Agreed Action	Responsible person/s	Date for completion	Date completed
Discussion of free-text comments	Information poster to inform patients of actions taken by the surgery to prevent the cat coming into the building.	Rachel Vial	30 <sup>th</sup> April 2013	
Discussion of free-text comments	Continue to liaise with wider NHS organisations and other relevant bodies, making the case for new premises.	Dr Jane Gilder	Ongoing	
Discussion of free-text comments	Liaise with the telephone company to change the initial telephone message.	Kirsty Andrews	30 <sup>th</sup> April 2013	
Discussion of free-text comments	Investigate if any improvements can be made to the clarity of the tannoy system.	Kirsty Andrews	31 <sup>st</sup> May 2013	
Discussion of free-text comments	Flag records of patients who have hearing difficulties highlighting the need for patients to be collected from the waiting room, instead of using the tannoy.	Rachel Vial	31 <sup>st</sup> May 2013	
Discussion of free-text comments	Reception staff to advise patients when they check in at reception if their clinician is running late	Lynne Woodward	Ongoing	



## **Patient Survey 2012-2013**

The actions agreed with the patient group as a result of the previous year's survey had all been completed in accordance with the timescales identified.

Please see the 2012-2013 report, available at

<http://shipstonmc.warwickshire.nhs.uk/About-Us/Patient-Involvement> for

further details of these actions.

The patient group have received regular reports on progress towards achievement of the agreed actions. They are in agreement that the actions identified last year as a result of the patient questionnaire have been completed.

## **Other activities to promote patient and community involvement**

In serving the community of Shipston-on-Stour and the surrounding area the practice also maintains links with a number of community organisations and undertakes other activities that help us engage with the community we serve. A list of some of the activities undertaken over the past 12 months is appended below:

- Dr Williams is a member of the board of Shipston Home Nursing, our local hospice at home charity
- Dr Pritchard and Rachel Vial, Practice Manager, are both members of the committee for Drug Action Shipston (DASH)
- Rachel Vial has been guest speaker for a number of organisations
  - Methodist Church Women's Group meeting on 1<sup>st</sup> November 2012
  - The Rotary Club on 20<sup>th</sup> March and 27<sup>th</sup> November 2012
- Dr Pritchard has been guest speaker for a number of organisations
  - Stroke Association on 21<sup>st</sup> January 2012
  - Senior Citizen's Action Network (SCAN) on 8<sup>th</sup> May 2012
  - Dementia Café on 7<sup>th</sup> September 2012
  - Visually Impaired Club (VIP) on 29<sup>th</sup> October 2012





- In Partnership with the Leisure Centre the practice piloted a swimming referral scheme.
- A number of GPs have led education sessions for new mothers about minor illness at the Children's Centre.
- The practice worked with the Stour Valley Lions to provide a diabetes awareness event, and also with the Rotary Club to heighten awareness of stroke and high blood pressure.

## **Shipston Medical Centre Opening Times**

Shipston Medical Centre is open between the hours of 8am and 6:30pm Mondays to Friday.

Additionally on a Thursday we are open until 8pm with pre-bookable GP appointments and nurse appointments being available between 6:30pm and 8pm. A full dispensary service is also available within the Medical Centre at that time.

A limited number of pre-bookable appointments with a GP are also available on a Saturday morning.

Reception is available on 01608 661845 throughout our core ours of 8am to 6:30pm Monday to Friday. Repeat medication requests can be made by leaving a message on our dedicated telephone line 01608 662733 24 hours a day.