

BUDBROOKE MEDICAL CENTRE

Local Patient Participation Report 2012/13

Introduction

Budbrooke Medical Centre is based in Hampton Magna and provides care to its patients in the rural area between Henley-in-Arden, Kenilworth, Warwick and Wellesbourne. The Doctors and practice staff are committed to providing the best care possible and strongly welcome any comments or suggestion for improvement from their patients. As a result of this commitment, the practice has a Patient Reference Group which provides feedback from our patient population.

Step 1: Develop a structure that gains the views of patients and enables the practice to obtain feedback from the practice population, e.g. a Patient Reference Group (PRG)

There are 100 members of the PRG. They are patients of the practice who have volunteered their time and ideas to help provide the practice with feedback. They have been recruited from both sexes and cover all ages and every ethnicity within the practice. Members with long term conditions and disabilities are represented. As a result we are fortunate to have a PRG which is genuinely representative of our practice registered population.

Step 2: Agree areas of priority with the PRG

Step 3: Collate patient views through the use of survey

Step 4: Provide PRG with opportunity to discuss survey findings and reach agreement with the PRG on changes to services.

Every year the practice undertakes a survey of 50 consecutive patients who attend for an appointment with the Doctor. This provides us with 100 completed questionnaires at the end of the survey period. This number represents 2.5% of the practice population. The start date is chosen at random to avoid any bias.

The survey that is used is the General Practice Assessment Questionnaire. GPAQ is a patient questionnaire which was developed at the National Primary Care Research and Development Centre at The University of Manchester for the 2003 GP contract. Building on several years of development and testing, GPAQ helps practices find out what patients think about their care. It specifically focuses on aspects of general practice that are not covered elsewhere in the Quality and Outcomes Framework - for example, access, inter-personal aspects of care and continuity of care. It has been widely used in the UK and validated over a number of years. GPAQ asks about receptionists, appointments, opening times, communication with doctors and nurses, continuity of care and enablement.

Results of the 100 questionnaires were collated by the practice and a report was reviewed by the practice at a practice meeting of staff in October 2012. The practice scored highly on all questions but there was a slightly lower score relating to the question "How easy is it to speak to a doctor or nurse on the phone at your GP practice?" The practice discussed ways of improving telephone access and decided to find whether there would be any benefit in offering specific time slots for telephone consultations.

A further questionnaire was devised by the practice and sent to the PRG for comment in November 2012. The questionnaire asked questions which would determine whether offering specific telephone consultations with the doctors would be of value to our patients. The PRG thought it was a good idea on which to canvas opinion. The questionnaire was given to 100 consecutive patients attending an appointment in December 2012.

The results of this further questionnaire were collated and were fed back at the next practice meeting of the staff in January 2013 and then a proposal was put to the PRG. It was agreed with the PRG that specific telephone consultations would be offered to patients from 1 April 2013 as this development should improve telephone access to the doctors. Patients would be asked to provide a telephone number on which the doctor of their choice could call them back within a specific half hour time slot at the end of the booked morning surgery. The PRG felt that a half hour time slot would offer greater flexibility to the doctors to allow for emergencies and unexpected overrunning of the morning surgery. The PRG thought this to be a sensible balance between the needs of the patients seeking help and other patients attending the surgery and would enable the doctors to manage conflicting demands and their time optimally.

Step 5: Agree action plan with the PRG and seek PRG agreement to implementing changes

Step 6: Publicise the report and update the report on subsequent achievement

Last year the practice set out to make more patients aware of the existence of the practice website and encourage patients to use it to access the practice's online repeat prescription ordering and appointment booking. We advertised the website in the practice leaflet and by way of a poster in the waiting room. More of our patients now use the practice website to send us emails, order repeat prescriptions and book appointments online.