

RICHMOND MEDICAL CENTRE (M89007) - PATIENT REPRESENTATIVE GROUP REPORT - MARCH 2013

WHAT IS THE PATIENT REPRESENTATIVE GROUP (PRG)?

The patient representative group at Richmond Medical Centre was set up in September 2011 to understand the views of patients on the services that the Practice offered. The group reviews everything from access to the services, to local health needs, to the effect of the changes in the NHS on the practice. It is an open membership group that encourages involvement and attendance from all areas of the practice community.

PRG AND PRACTICE PROFILE

Demonstrating how a Patient Reference Group is Representative		
Practice Population Profile	PRG Profile	Difference
Age		
22% Under 16	0% Under 16	-22%
8% 17-24	0% 17-24	-8%
12% 25-34	0% 25-34	-12%
16% 35-44	0% 35-44	-16%
15% 45-54	10% 45-54	-5%
10% 55-64	10% 55-64	0%
9% 65-74	80% 65-74	+71%
5% 75-84	0% 75-84	-5%
3% 85 and Over	0% 85 and Over	-3%
Ethnicity		
White	White	
47.6 % British Group	90% British Group	+42.4%
0.7 % Irish	0% Irish	-0.7%
Mixed	Mixed	
0.6% White & Black Caribbean	0% White & Black Caribbean	-0.6%
0.5 % White & Black African	0% White & Black African	-0.5%

0.7% White & Asian	0% White & Asian	-0.7%
Asian or Asian British	Asian or Asian British	
1.6% Indian	0% Indian	-1.6%
2.4 % Pakistani	0% Pakistani	-2.4%
1.4 % Bangladeshi	0% Bangladeshi	-1.4%
Black or Black British	Black or Black British	
0.3% Caribbean	10 % Caribbean	+9.3%
0.2% African	0% African	-0.2%
Chinese or other ethnic group	Chinese or other ethnic group	
0.1% Chinese	0% Chinese	-0.1%
1.1% & any other	0% & any other	-1.1%
Not Stated 42.8 %	Not Stated 0%	+57.2%
Gender		
50% Male	60% Male	+10%
50% Female	40% Female	-10%

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

The PRG recognises that it could be more representative of the practice population. In particular we would like to engage with younger patients. Whilst the ethnicity of patients and the PRG is predominantly white British we also recognise that additional members from ethnic minorities would be advantageous.

During the last year we have launched several initiatives aimed at widening patient understanding of, and participation in, the practice PRG. These have included posters in reception, PRG members meeting patients during the winter flu clinics, and information on the practice website. We also included questions about the PRG in our 2012/2013 survey.

The action plan for 2013/14 (see below) includes a continuing commitment to raise patient awareness of the PRG and to recruit new members.

PRG FREQUENCY

The PRG has agreed to a minimum of 4 meetings per annum; with ad hoc meetings also possible if the need arises.

25 th April 2012 (full minutes available)	Monitoring of the Action Plan and involvement in inter-practice and public health initiatives (e.g. Healthwatch and the Solihull wide PPG meetings)
25 th July 2012 (full minutes available)	Monitoring of the Action Plan and discussion of subjects for the next patient survey.
3 rd October 2012 (full minutes available)	Monitoring of the Action Plan, engagement with flu clinics, and review of the draft survey questionnaire.
16 th January 2013 (full minutes available)	Monitoring of the Action Plan, review of flu clinics, final draft of survey questionnaire.
20 th March 2013 (full minutes available)	Report on 2012/13 Action Plan. Discussion of survey results and agreement on 2013/14 Action Plan.
Next Meetings 24 th July 2013	

PRG MEMBERSHIP

The current PRG members are...

Mr. Winston Bennett

Ms. Irene Chamberlain

Miss Michelle Courtney

Mrs. Winifred Dunn

Mrs. Carolyn Gilbert

Mr. Ian Jenkins

Mr. Peter Leslie

Mr. David Porter

Mr. Peter Prescott

Mr. William Wood

PATIENT SURVEY

AREAS OF PRIORITY & HOW THEY WERE DECIDED

PRG members were asked to reflect on possible priority areas and to discuss options with other patients. The ideas submitted were collated by the Practice Manager, discussed at PRG meetings, and a draft document was circulated for final comments and amendment. It was agreed that patient access to services would be the main focus of the survey .

SURVEY PROCESS

The survey took place between during the month of February 2013. Questionnaires were generally available in reception and via the practice website, reception staff encouraged patients to complete a questionnaire when visiting the practice. Questionnaires were posted to house bound patients and to a mixed group of 25 to 30 year olds.

RESULTS

217 patients completed the questionnaire, equivalent to 3.8% of registered patients. The results were summarised in graph format and full details are available in a separate document (RMC_PatientSurveyResults2012_2013.pdf) and on the practice website.

REPORT ACTION PLAN 2012/13

A summary of the outcomes for the action plan agreed for the year April 2013 to March 2013 is...

1. Increase the use of text messages:
 - 55% of patients now have a mobile number registered with us
2. Roll-out of the in-house dermatoscope service:
 - the dermatoscope was purchased (Summer 2012) and is in use
3. Renew parking bay marking:
 - completed in May
4. Re-launch the practice website & increase patient awareness:
 - a possible service provider has been contacted, however, progress has been limited.
5. Install a patient suggestion box in reception:
 - completed in May
6. Establish permanent financial support for the in-house phlebotomy service
 - the 2012 review of practice funding by the PCT cited the our in-house phlebotomy service in our

successful appeal against a reduction in overall practice funding

7. Relocate the ECG machine to the treatment room:

- complete and fully operational (April 2012)

- a new network point and computer shelf were installed in the treatment room and the ECG equipment was transferred from Nurse Room 4.

8. Increase patient awareness of the role of the PRG:

- details of the PRG members, contact details, and the action plan are displayed in reception and can also be found on the practice web site

- the details include photographs of PRG members

- the patient survey included questions about the role of the PRG

- PRG members met with patients at this winter's flu clinics

Action Plan 2013/2014

The following action plan was agreed after consultation and discussion with the PRG and includes consideration of the results of the practice survey...

1. Recruitment
 - a. 2 new doctors (part-time)
 - b. PRG – especially younger members (via posters, website, personal contacts)
 - c. Time scale – Q2 2013

2. Appointments
 - a. Additional appointments
 - b. Introduce revised doctor/nurse sessions
 - c. Time scale – Q2 2013

3. DNAs (patients who Do Not Attend appointments)
 - a. Reduce the number of DNAs
 - b. Stricter adherence to the practice DNA protocol (with due consideration to vulnerable patients)
 - c. Patient Information
 - d. Time scale – 2013/2014

4. Problem prevalence (the percentage of practice patients with a particular disease)
 - a. Identify problem areas with relatively low prevalence (3 to 6 areas)
 - b. Capture additional patients in these areas
 - c. Time scale – 2013/2014

ACCESS

OPENING HOURS

Mon 8am-6.30pm
Tue 8am-7.30pm
Wed 7am-6.30pm
Thu 8am-6.30pm
Fri 8am-6.30pm

EXTENDED HOURS

Tues evening 6.30pm to 7.30pm

Wed morning 7am to 8am

ACCESS TO SERVICES

Appointments for all services can be booked via telephone from 8.30 am to 1pm and 2pm to 6.30pm. (tel: 0121 743 2159 & 0121 742 8304) Monday to Friday.

Doctor's appointments can also be booked on-line via the practice website at www.richmondmc.co.uk.

PUBLICATION OF THE REPORT

Copies of this report and the associated patient survey results are available in reception and on the practice website at www.richmondmc.co.uk.