

## Patient Participation DES Report

### Key objectives

The purpose of the Patient Participation DES is to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned by their practice. It aims to encourage and reward practices for routinely asking for and acting on the views of their patients. This includes patients being involved in decisions that lead to changes to the services their practice provides or commissions, either directly or in its capacity as gatekeeper to other services. The DES aims to promote the proactive engagement of patients through the use of effective Patient Reference Groups (PRGs) and to seek views from practice patients through the use of a local practice survey. The outcomes of the engagement and the views of patients are to be published on the practice website.

#### Step1

#### Develop Patient Reference Group

- Evidence of knowledge of practice population
- Evidence of attempted engagement of groups not currently involved in PPG
- The practice should try to ensure that specific care groups are reflected in the representative group wherever possible. (care homes etc)
- Practices should particularly ensure that they comply with the Equality Act when developing a PRG.

The Spinney is a training practice which has a practice population of 6720 patients as of March 2012. The age/sex break down is detailed at the end of this report.

We are open between 8am and 6.30pm week days and 8am to 12 noon on a Saturday. Outside of these ours our patients in need of emergency treatment are seen by St Helens Rota Out of Hours Service.

Our patient group has been established for many years. The group comprises of 5 men between the ages of 46 and 71 and 4 women between the ages of 51 and 67.

We saw the DES as a great opportunity to extend our group to include those who wouldn't normally be represented.

Our practice list size is predominantly white british (967%) with a small cohort of ethnic minorities (4%) the majority of which are polish.

We have campaigned in the waiting room for more volunteers for our PPG by means of quarterly **newsletter**

[..\PPG\Newsletter\Winter 2012.pub](#)

which is created by our PPG, **notice board**, which is purely dedicated to recruitment and information for PPG candidates and remains so all year round.

Additionally we have an open invite

	<p>on our <b>website</b> front page which offers patients the opportunity to join either in person or electronically and gives the minutes of the last meeting and the date of the next meeting. Additionally we have targeted patients who attend our <b>family planning/sexual health clinics</b> as this is usually a younger demographic. We also hand out newsletters to all our <b>Saturday surgery</b> patients as a way of accessing patients we don't access through the week. Our PPG has provided <b>recruitment drives</b> during surgery times in the waiting room and have also set up a PPG <b>suggestion box</b> in the reception area for people to put themselves forward for the group or to provide their email address for the virtual group.</p> <p>We have seen our group increase in size minimally and still feel that that group is not representative. Never the less we make the group accessible to all by offering a virtual membership for those who work through the day or who are unable to get in to the practice.</p> <p>We have sent newsletters to our care homes but they are still not represented.</p>
<p><b>Step 2</b> <b>Agree areas of priority with PRG</b></p> <ul style="list-style-type: none"> <li>• The PRG will shape the areas to be covered by the local GP practice survey.</li> <li>• Patients should be asked their suggestions for the survey as well as criteria that is of importance to the practice.</li> </ul>	<p>We met with the group to discuss how they would like the questionnaire changed and the areas of their priority. The group wanted no changes. <a href="#">..\..\PPG\PPG Minutes 050912.doc</a></p> <p>It was agreed that we would once again focus on access.</p>
<p><b>Step 3</b> <b>Collate patient views through the use of a survey</b></p>	<p>The survey was started in February 2013 and was paused for the process of this report. It will continue however for another two weeks after the</p>

<ul style="list-style-type: none"> <li>The practice must undertake a local practice survey at least once a year. The number of questions asked in the local practice survey will be a matter for the practice and its PRG to agree. Questions should be based on the priorities identified by the PRG and the practice.</li> </ul>	<p>reports completion. Public Involvement Department revealed our questionnaire didn't ask re demographics. The only amendment to the questionnaire was that the survey now housed demographic information. An example can be found here: <a href="#">Practice Survey.doc</a></p> <p>70 questionnaires were completed the questionnaires were given out on Saturday's as well as through the week and sent to our care homes also (non returned).</p>
<p><b>Step 4</b>  <b>Provide PRG with opportunity to discuss survey findings and reach agreement with the PRG on changes to services</b></p> <ul style="list-style-type: none"> <li>Practices should respond to the outputs of the latest local practice survey by providing the PRG with an opportunity to comment on and discuss the findings of the survey</li> <li>Other relevant information may include themes from complaints received by the practice or CQC feedback if and when available</li> <li>If the local practice survey points to the desire for significant change in a service or services provided, or in the way in which services are delivered, the practice must, before it makes the change, seek the agreement of its PRG to any proposals it makes.</li> <li>Where a practice proposes any significant change to a service or services they provide to which PRG agreement has not been obtained, the practice must obtain the agreement of its local PCT (or similar body to which the power to agree such change may have been delegated by the PCT) to its proposals.</li> </ul>	<p>All PRG members were emailed the results of the practice survey and posted to the members who did not have email addresses. As the last meeting was held in mid March the group did not want to meet again until May to discuss the results. The Practice Manager has left an open door policy prior to the meeting to discuss the results.</p> <p>The minutes of the meeting in May will sit here as soon as they are available.</p> <p><a href="#">MayMinutes.doc</a></p>

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

- Following the discussions in Step 4, an action plan will be agreed with the PRG. The practice should then seek the agreement of the PRG in implementing the changes and where necessary inform the PCT. Steps 4 and 5 could take place at the same meeting, at separate meetings via an email group, or a combination of these or other methods.

Action points agreed by the PRG:

- To meet in May and review results.
- To consider separate survey dedicated to Patient Partner/phone system.

Age/Sex Distribution Chart : 10 yearly bands

