

Patient reference group report 2013/14

Profile of the practice

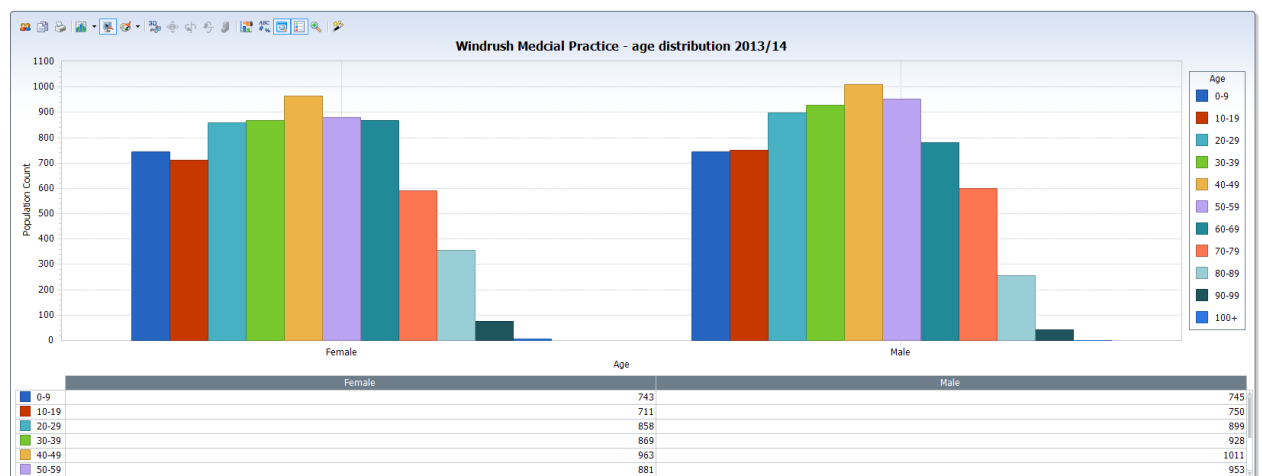
The Windrush Medical Practice provides services to approximately 13,800 patients. We look after patients living in the town of Witney and the surrounding villages. West Oxfordshire has a significantly increasing population and as a result we are an expanding practice. We moved into new purpose built premises on the 12th March 2012.

Our reception currently opens at 8.20 and surgeries run from 08.30 am – 6.30 pm Monday – Friday. We offer extended hours on a Friday, when appointments can be booked from 7.00 am – 7.00 pm.

The Practice has 10 doctors (six male and four female). All of the male doctors work full time and the female doctors part time. We are a training practice so we have medical students and other young doctors undergoing vocational training in general practice from time to time.

Patients can access the surgery in person, via the telephone or the practice website at www.windrushmedicalpractice.co.uk We dispense to patient who live more than a mile from a pharmacy, (approximately 18%) of our patients. It is possible to book appointments and order repeat prescriptions online after registering for these services.

The practice population is mostly White British, with negligible numbers of other ethnicities.



Patient involvement

The Windrush Medical Practice has had a patient group since 2007.

The committee have kindly produced a short report below to explain what areas of the practice they have been involved in, which this year has included carrying out a patient survey, the results of which can be seen at the end of this report.

With the patient group we hold an annual public meeting in the autumn. This year the patient group arranged for a speaker from the 111 service to attend which was interesting for both practice staff and patients.

The practice wishes to thank the patient group for supporting the practice.



WITNEY WINDRUSH PATIENTS' GROUP

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The Windrush Medical Practice has had a Patients' Group since 2007.

The Group currently comprises twelve registered patients who are all volunteers. Four are male and eight are female. One is in the 20-30 age band, one in the 30-40 age band and the remainder are over 60 years of age.

STEPS TAKEN TO ENSURE PRG IS REPRESENTATIVE

All members are from the white ethnic group although one originates from the Middle East.
Three are in employment and nine are retired.

Two have children less than five years of age.
Two are caring for relatives to enable them to live independently.
Their experience is varied and useful incorporating senior posts in the Church of England, social work, local Government and three people who between them have over eighty years of experience working for the NHS.

The Patients' Group is open for any patient to join. Members meet every six weeks in order to provide a continuous feedback to the Practice on the variety and quality of the services provided by the Practice.

At present, two members are "virtual" members and this aspect of membership is currently being reviewed.

ACTIONS TAKEN BY THE GROUP AND PRACTICE

The Practice moved into new premises in March 2012: the Patients' Group had provided considerable input to the design and development of these and have been pleased with the results.

A "Have Your Say" system provides an opportunity for all patients to feed back to the Practice with concerns and ideas. One request was for the provision of pedestrian supports from the car park to the Centre's main entrance which the Practice worked hard to supply.

It is clear that there are still many patients who are not able to use computers. With many forms only available on-line, the Group works to provide paper copies of forms and back-up details in the information area.

There is considerable pressure within Witney for a direct bus service to run from the town to the hospitals in Oxford. The Group is actively pursuing this with the County Council in the knowledge that many patients would find this extremely useful.

Visitors to the Group meetings in this year have included the Dispensary Manager and the manager of the new Emergency Multi-Disciplinary Unit. Their input has been both informative and useful. Following a request from the Chair of the Group, one of the Doctors visited a meeting: this was very productive and it has been agreed that a Doctor will endeavour to visit the Group twice a year.

The Group is willing and able to provide additional manpower to assist with the management of queues at flu clinics and similar events.

In addition, draft Policies from the Commissioning Group and Practice are reviewed by the Group with facilities for feedback as appropriate.

The Newsletter for patients is produced three times a year and contains information relating to the Group's activities with features from the Practice on many topics include changes in staff, new research projects, etc.

The Practice paid for the Group to join the National Association for Patient Participation. However, this was not felt to be beneficial and so will not be continued. There may be an opportunity for the Group to join with other similar committees in the locality; work is being undertaken in this respect.

The last patient news letter is available to view on our website www.windrushmedicalpractice.com

March 2014

Patient survey

This was carried out by the Windrush Patient group on behalf Practice, and has proved to be generally very successful.

The number of returns (100+) has been very encouraging, but the age and gender distribution of respondents is unbalanced and does not reflect a true opinion of the Practice profile. The WPG will need to review methods used for distribution of the questionnaires for future surveys to correct this issue.

Survey Methodology

Two methods were used to collect data for the survey which was provided anonymously, unless the respondent specifically wished to identify themselves:

1. Twenty five topical questions were included, seeking opinion in the range from poor to very good and with a 'non-applicable' option to provide a broad opinion. This data was presented to the practice using a Radar Chart using consolidated data to provide a concise overall view from the full data available.
2. A free text box to allow comment about any of the 25 survey questions or to provide any other general comment from the respondent.

Survey Outcomes

The patient group collated the results of the survey and presented them to the practice at meeting held with the practice manager, the GP business partner and the GP specialist registrar.

The overall response from the 25 questions was generally positive, with only questions 2 and 4 having negative responses outweighing positive.

The comments entered in the free text boxes provided both positive and negative feedback with **many positive compliments** about the practice, balanced by a few areas of concern, requiring review.

Action plan

The practice is re-assured to find that their recent internal review had already highlighted the issues identified by the patient survey which were:

Ease of contacting the practice by telephone and chances of seeing a doctor/nurse of your choice

The practice action plan includes:

To ease the wait time, improve continuity of care and reduce the number of times patients have to call back for an urgent/same day appointment, new doctors have

been recruited and all doctors now hold a personal list. This has increased the number of GP appointments by 90 per week and reduced the number of locums being employed.

Patients generally prefer to see their own doctor. This provides continuity and supports quality. Patients are being encouraged to wait to see their own doctor. Information about this will be published in the patient newsletter, the practice website and on the practice information screens in the waiting room.

The reception team are undergoing training to help them triage patients into clinics, rather taking messages which require the doctor to call the patient back. New protocols have been introduced to support this and the escalation of urgent calls.

Patients tying up telephones asking us to chase hospital appointments or results from visits to hospitals or to tell us about problems they are having with other services. We have published information on our website to enable them to do this for themselves. We also give out information about this when referring.

We have freed up the dispensary line for prescription and medication queries. For safety and clinical governance reasons (it is possible to make a mistake when recording the name of a drug over the telephone) patients can no longer request repeat prescription requests by telephone.

We have reviewed our skill mix and increased our nurse & health care assistant appointments by 167 a week. We have identified a number of patients (more than 2000) that come in several times a year for different tests. We are streamlining services so that they only need to come in once.

Where someone other than the doctor is qualified to provide care we are working to ensure that they see that patient. We have increased the number of diabetic nurse appointments we offer.

We continue to promote our on-line system to booking appointments and ordering repeat prescriptions via our website.

We have increased our patient services team capacity by an extra 37 hours per week and changed the structure and working practices to increase efficiency. We have introduced an email feedback system of positive and negative patient outcomes to help team leaders monitor the impact of our systems on patient care.

We have allocated one member of staff to work with the patient group to ensure that we communicate information to our patients via our waiting room screens, website and the patient newsletter.

Other areas of concern highlighted in the patient survey in no particular order include:

Lack of privacy at the reception desk – we will put on signage to make patients aware that we have an interview room next to the reception desk should they wish to speak privately to the receptionist.

Prescription pick up from local chemist erratic - We cannot influence this but Chemists are now required to sign for every prescription they collect so that we can confirm that the prescription is with the chemist.

Dispensary only available to some patients – unfortunately the legislation does not allow us to dispense to patients who live within a mile of a chemist (as the crow flies). We would love to be able to dispense to all of our patients.

Lack of direct line to the dispensary - The dispensary has a dedicated line but no longer take repeat prescription requests over the telephone for reasons of safety and clinical governance. The patient group committee will remind patients of the different methods they can use to order repeat prescriptions in the next newsletter.

We thank our patients for the feedback.