

**2011/12 Local Patient Participation Report**  
**16 March 2012**

Dr Victoria Muir's Practice

Belgrave Medical Centre

13 Pimlico Road, London SW1W 8NA

## **Patient Representation Group (PRG)**

### **Formation:**

In 2011, Dr Victoria Muir's practice created a Patient Representation Group (PRG). This group is made up of current patients, the Principal GP, Practice Nurse and an independent facilitator. Its purpose is for patients to let us know how we can improve the quality and provision of our care for all registered patients.

To recruit patients, the practice advertised the formation of the PRG on its website, in the Practice Leaflet, on the reverse of appointment cards, and through posters that were displayed in the surgery's consultation rooms. In addition, the practice drew patients' attention to these notices and encouraged them to consider joining the group.

The practice has taken steps to ensure that the PRG reflects the make-up of the practice population in terms of age, ethnicity, social factors and health needs, and to ensure that minority groups are represented.

### **PRG Profile and Practice Population Profile:**

#### Ethnicity

<b>Ethnic Group</b>	<b>Practice Population</b>	<b>PRG</b>
White British; White Irish; White Other	3721 (72%)	7 (64%)
Indian/British Indian; Pakistani/British Pakistani; Bangladeshi/British Bangladeshi; Asian Other	443 (9%)	0 (0%)
Black African; Black Caribbean; Black British; Black Other	339 (7%)	4 (36%)

Mixed Background	140 (3%)	0 (0%)
Arab/British Arab	121 (2%)	0 (0%)
Other	342 (7%)	0 (0%)
Not stated	37 (1%)	0 (0%)

### Age

<b>Age group</b>	<b>Practice Population</b>	<b>PRG</b>
0-15	828 (15%)	0 (0%)
16-39	2453 (45%)	0 (0%)
40-74	2009 (37%)	9 (81%)
75 +	218 (4%)	2 (18%)

### Gender

<b>Gender</b>	<b>Practice Population</b>	<b>PRG</b>
Male	2515 (46%)	3 (27%)
Female	2993 (54%)	8 (73%)

### Long Term Conditions (LTCs)

	<b>Practice Population</b>	<b>PRG</b>
Patients with LTCs	968 (18%)	6 (55%)

## Disabilities

<b>Disability</b>	<b>Practice Population</b>	<b>PRG</b>
Using wheelchairs	9 (>1%)	1 (9%)
Using hearing aids	54 (1%)	1 (9%)

## Carers

	<b>Practice Population</b>	<b>PRG</b>
Is a carer	88 (2%)	1 (9%)

## Employment

<b>Employment status</b>	<b>Practice Population*</b>	<b>PRG</b>
Employed	818 (89%)	5 (45%)
Unemployed	64 (7%)	3 (27%)
Retired	36 (4%)	3 (27%)

*\*Note: percentages are of the number of patients who have provided this information, not of total registered patients.*

## **Differences between the practice population and members of the PRG:**

The main variation between the practice population and members of the PRG concern ethnicity, age and gender; individuals from Asian backgrounds, those aged 35 and below, and men are poorly represented by the PRG. The practice and current members of the PRG are actively encouraging members of these under-represented groups to join the PRG. In addition, the practice continues to advertise the PRG to all registered patients, both online and through print media.

## **2011/12 Practice Survey**

### **How the priorities were set:**

The first task for the PRG was to determine which issues should be incorporated into the 2011/12 Practice Survey. After discussing several potential areas of improvement presented by the Practice, the PRG concluded that the priority areas are the following:

1. Creating written care plans for patients, to improve management of long-term conditions.
2. Providing more information to patients on local services.
3. Creating an opportunity for telephone consultations at the surgery.

### **How the questions were drawn up:**

An independent facilitator drafted the 2011/12 Practice Survey, using the PRG's three priority areas as a guideline for its content. The PRG amended and approved the survey before it was sent out to patients.

### **How the survey was conducted:**

The survey was active from 01 October 2011 to 30 January 2012 (4 months). It was available at the surgery, via post, and online. The results were collated by Internet GP, the company that manages our website. Internet GP have an established online survey system.

### **Survey results:**

In total, 179 patients completed the survey (3.25% of the practice's approx. 5,508 patients). The results show clear demand for the development of Written Care Plans (for the management of long-term health conditions), for information on local services, for telephone and/or Skype consultations, and for improvements to disabled parking nearby.

**Please see Appendix I for complete survey results.**

## **2012/13 Action Plan**

### **Agreement of the action plan:**

The PRG discussed the survey results on 16 February 2012, and agreed on an action plan for implementing the desired changes.

The PRG agreed on the following necessary actions:

1. Improve disabled parking near the surgery.

The Practice will research current parking regulations, and write to Westminster City Council if more disabled parking is considered necessary. Progress will be communicated to patients through the Practice Leaflet.

2. Develop written care plans for the better management of long-term health conditions.

Principal GP and Practice Nurse will draft three (3) Written Care Plan templates and a draft template for pro forma for patients after consultations. There will be a 1-month trial of these templates in July 2012, and full implementation will occur in March 2013.

3. Explore the potential of telephone and/or Skype consultations.

The Practice will engage in a 1-month pilot of telephone consultations in July 2012. Full implementation, if considered feasible at earlier stages, will occur in March 2013.

### **Disagreements:**

There were few disagreements in this PRG meeting. Disagreement was largely based on how to interpret the survey results. For example, Q18 asks if telephone or Skype consultations would be of use to patients, but the two possible answers ('yes' or 'no') do not allow patients to specify which form of these consultations would be useful. In the end, the PRG agreed to pilot a telephone consultation system and look into conducting a Skype pilot in the future.

**Please see Appendix II for our 2012/13 Action Plan.**

## **Opening hours and services available**

### **Opening hours:**

Monday: 08:00 – 20:00

Tuesday – Thursday: 08:00 – 19:00

Friday: 08:00 – 18:30

Saturday: 09:00 – 14:00

### **Services available:**

**Comprehensive screening** for men and women of all ages, including tests for sexual health, prostate and heart disease.

**NHS Health Checks** every 5 years for everyone aged between 40 and 75.

**Women's Health:** cervical screening, contraceptive advice, maternity care, advice regarding menopause and mammograms.

**Chronic illness Care:** regular follow-up care for a range of conditions including cardiovascular disease, hypertension and stroke, mental health problems, asthma and COPD, thyroid, cancer, memory problems and epilepsy.

We work in partnership with **specialist services** in the locality for anti-coagulation monitoring, patients with learning disorders, complex neurological problems, diabetes, alcohol and smoking misuse, minor surgery, fertility and maternity.

**Baby Clinic** for childhood immunisations, development checks and parenting advice (no appointment necessary).

**Phlebotomy:** routine blood tests by appointment, as arranged by your doctor.

**Travel advice** tailored to your journey, such as immunisations and malaria tablets. We are a registered yellow fever vaccination centre.

## Appendix I: Results of the 2011/12 Practice Survey

Q1: What is your age?

Possible Responses	Number	Percentage
Under 18	4	2%
18-25	11	6%
26-40	48	27%
41-65	78	44%
Over 65	38	21%

Q2: What is your gender?

Possible Responses	Number	Percentage
Male	112	63%
Female	67	37%

Q3: Which ethnic group do you belong to?

Possible Responses	Number	Percentage
White (British, Irish, European, Other White Background)	149	86%
Mixed (White/Black Caribbean, White/Black African, White/Asian, Any other)	5	3%
Asian/ Asian British (Indian, Pakistani, Bangladeshi, Chinese, Any other)	15	9%
Black/African/Caribbean/Black British (African, Caribbean, Any other)	5	3%
Other	Melanesian, Chinese/Indian, Mauritian, Middle East	

Q4: Do you have a physical or mental health condition that has lasted or is expected to last at least 12 months?

Possible Responses	Number	Percentage
Yes	57	32%
No	123	69%

Q5: If you answered 'yes' to Q4, what is the type of disability or health condition that applies to you?

Possible Responses	Number	Percentage
Physical disability (e.g. wheelchair use, difficulty using arms)	12	23%
Sensory disability (e.g. serious visual or hearing impairment)	6	12%
Mental health condition (e.g. depression, schizophrenia)	30	58%
Learning disability (e.g. Down's Syndrome,	7	13%
Other	0	0%

Q6: How do you rate the way you are treated by Reception?

Possible Responses	Number	Percentage
Very Good	117	65%
Good	42	23%
Fair	13	7%
Poor	7	4%
Very Poor	0	0%

Q7: If you needed any interpreting support, was this provided or offered to you?

Possible Responses	Number	Percentage
Yes	38	48%
No	41	52%



**Q9: How do you rate the hours that the practice is open for appointments?**

Possible Responses	Number	Percentage
Very Good	129	72%
Good	47	26%
Fair	4	2%
Poor	1	1%
Very Poor	0	0%

**Q10: How were you informed of practice services and times?**

Possible Responses	Number	Percentage
Website	61	36%
Practice Leaflet	53	32%
Reception	76	45%
Poster in Window	34	20%
Other	word of mouth (8), Reception (2)	

**Q11: What would you do out of hours, in an emergency?**

Possible Responses	Number	Percentage
Go to Casualty	108	60%
Contact the Out of Hours Service	62	35%
Contact NHS Direct	45	25%

**Q12: Do you think a Written Care Plan would benefit patients in the communication and management of long-term conditions?**

Possible Responses	Number	Percentage
Yes	169	94%
No	10	6%

**Q13: Which format would you prefer for the Written Care Plans?**

Possible Responses	Number	Percentage
Information sheet completed by GP during consultation	150	92%
Information sheet completed by patient during consultation	16	10%
Other	Combination of above (4)	

**Q14: What local information would be of use to you?**

Possible Responses	Number	Percentage
Social Services	50	28%
Language Groups	9	5%
Faith Groups	7	4%
Specialist Groups	76	42%
Other	55	31%

**Q15: Would you like us to have an individual at the practice to liaise with these local services and groups?**

Possible Responses	Number	Percentage
Yes	65	36%
No	114	64%

**Q16: Would you like us to have a confidentiality-protected internet forum?**

Possible Responses	Number	Percentage
Yes	79	44%
No	100	56%

**Q17: Would you like to be part of our 'volunteer bank'?**

Possible Responses	Number	Percentage
Yes	40	22%
No	140	78%

**Q18: Omitted from results (names of volunteers)**

**Q19: Would telephone or Skype consultations be of use to you?**

Possible Responses	Number	Percentage
Yes	131	73%
No	48	27%

**Q20: Do you think improvements need to be made to disabled parking near the surgery?**

Possible Responses	Number	Percentage
Yes	81	45%
No	0	0%

## Appendix II: 2012/13 Action Plan

2011/12 Action Plan

12.03.2012

The purpose of the 2011/12 Practice Survey was to determine which areas of practice improvement are most important to registered patients. After reviewing these results, the Patient Representation Group (PRG) agreed that the practice should take the following actions:

1. Improve disabled parking near the surgery
2. Develop written care plans for the better management of long-term health conditions
3. Explore the potential of telephone and/or Skype consultations

This Action Plan outlines the measures the practice endeavours to take in order to implement these improvements.

### A. Disabled Parking

31.03.2012 Seek advice from knowledgeable PRG member on current disabled parking regulations in Practice area. PRG suspects that those with a disabled parking permit can park on a single yellow line, thus reserved disabled parking spaces may not be necessary.

30.04.2012 Receive advice from PRG member.

30.06.2012 **Publicise:** If those with a disabled parking allowance can park on a single yellow line, inform patients of this (either via appointment cards, on a Reception poster, or in the Practice Leaflet).

If more disabled parking spaces are considered necessary by PRG member, send request letter to Westminster City Council.

31.07.2012 Follow-up with Westminster City Council if necessary.

30.08.2012 Discuss progress at PRG Meeting.

### B. Written Care Plans

31.05.2012 Principal GP and Practice Nurse to draft three (3) Written Care Plan templates to be given to patients as 'handheld records' for the management of long-term health conditions. These three templates will focus on diabetes, asthma, and a mental health condition. A PRG working group is willing to assist.

Principal GP and Practice Nurse to draft template for pro forma for patients after consultations, which would note, for example,

instructions on how to do further tests, and any changes in medicine.

- 29.06.2012 Dr Victoria Muir's Practice to begin 1-month trial of Written Care Plans, and amend where necessary.
- 29.07.2012 End trial of Written Care Plans. Discuss trial at PRG Meeting, and amend draft Written Care Plans if necessary. Consider developing Written Care Plans for additional health conditions.
- 30.11.2012 If drafting additional Written Care Plans, complete drafts and begin 1 month trial.
- 31.12.2012 End trial of new Written Care Plans.
- 10.02.2013 Final versions of Written Care Plans to be discussed at proposed PRG Meeting.
- 31.03.2013 Full implementation: use final versions of Written Care Plans.

### **C. Telephone and/or Skype Consultations: Telephone Consultation Pilot**

- 31.03.2012 Independent facilitator to draft proposal on how to manage telephone consultations at Dr Victoria Muir's Practice. This document will also present advantages and disadvantages.
- 30.04.2012 Proposal discussed at Practice Meeting.  
Aim: to discuss if telephone consultations are feasible to implement, and to identify any further issues that need to be addressed (e.g. privacy) before starting pilot.
- 15.05.2012 Complete final proposal. This proposal should now address the further issues identified at Practice Meeting, if there were any.
- 29.06.2012 Final proposal discussed at Practice Meeting.  
Begin pilot.
- 29.07.2012 End pilot.
- 30.08.2012 Discuss audit of telephone consultation pilot.
- 31.03.2013 Full implementation, if considered feasible at earlier stages.  
Begin discussion of developing Skype consultations.

In addition to addressing these three areas, we will also act to make the PRG more representative of the practice, in particular by recruiting members who are male, of an Asian background and/or aged 39 or under.