**Patient Participation Directed Enhanced Service**

**Plan and Back-up Documentation**

**Step 1 – Develop a Patient Reference Group (PRG)**

As the practice has tried before to develop a Patient Participation Group without success, we decided that the best way to reach a good cross section of our community would be to try to set up a Virtual Group.

Process – we advertised the fact that we were interested in setting up a Patient participation group and all staff encouraged involvement from patients. We also added this information on the Right Hand Side of Prescriptions, we sent leaflets out to our local pharmacies and we advertised on our Website. Patients who were interested were asked to complete a form with their current details including their E-mail address (for any patients interested in taking part with no internet connection we were happy for them to take part via post).

Representative population – To do this we gained an understanding of our Practice profile in including age/sex, QoF prevalence factors, APHO Practice Profile, Ethnicity, Careres, Disability, Dispensing patients. We also looked at the Castle Morpeth Health profile for 2008 and the Executive summary from the Northumberland Indices of deprivation.

After consulting all of the above information a sheet was produced which highlighted the relevant representative areas for the surgery. Once we had a list of participants, they were matched against the representative criteria established. Particular effort was then made to attract patients from under-represented areas and a few additional patients agreed to take part in the Reference Group.

**Step 2 – Agree Areas of Priority with the PRG**

We used suggestions in the Patient Participation DES, to identify areas of priority. We thought about our priorities as a practice, we looked at future changes within the practice and recent results from the GPAQ Survey. As a result of this we felt the five main areas which could be covered were: -

Quality of Care

Access to services

Dispensing/prescriptions

Patient Education/health Promotion

Premises

We then E-Mailed out the Patient Reference Group and asked them to mark each area in order of preference and the area which scored the highest was chosen as our first priority area.

**Step 3 – Collate patient views through the use of a survey**

Following agreement with the PRG on the priority area of “Quality of Care” we developed a survey using examples from GPAQ and other practice surveys which looked at specific areas around “Quality of Care”.

The survey as circulated to the Patient Reference Group asking them to complete and return it to us via E-Mail.

As part of the outcome of this process we decided that we would get feedback from patients on the actual survey, the process of completing it and whether they felt the survey had been appropriate. This would help us to assess whether the survey was credible in the view of the patients.

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

Once the surveys were received back into the practice they were collated in terms of results and comments. The practice developed a “draft action plan” and both the results of the survey and the draft action plan where circulate to the PRG with a request for feedback.

Comments were requested on both the questionnaire itself and the process we used to gather the information (to check validity of the process) and on the findings and the draft action plan. The action plan suggested a number of changes and these were shared with the group to gain their approval of these changes before implementation.

**Step 5 – Agree action plan with the PRG**

Following the discussions above we sought comment and agreement on the draft action plan. In general we received positive comments on the plan and agreement from the group. The only area where there was slight concerns was regarding the training of a member of the reception team to do phlebotomy. This is something that we see as vital to our development as a practice. The individual will go through rigorous external training and will then receive an extended period of internal mentoring and training. It is vital to our development that our Practice Nurses are used more efficiently within the practice, using their skills and experience more efficiently.

**Step 6 – Publicise actions taken – and subsequent achievement**

A Patient Participation Report was published on our Website and a copy is enclosed.

 **Local Patient Participation Report – March 2012**

*Introduction*

A Patient Reference Group was set up to gain the views of the patients of Gas House Lane Surgery. The practice initially looked at the profile of the practice in order to gain a representative sample – the following issues/documents were considered in obtaining a representative group: -

* Practice profile including Age/Sex
* Disease prevalence figures
* Ethnicity
* Disability
* Castle Morpeth Health profile
* Executive summary from the Northumberland Indices of deprivation

*The Patient Participation Group*

The PRG at present has 40 members with ages ranging from 27 years of age to 90 years of age. It consists of 14 males and 26 females. The group is representative in terms of the number of patients with disabilities, those who are carers and patients in particular disease areas. A push was made to attract more representation from male patients and in particular those under the age of 20 and ethnic patients. A sample of such patients was invited directly to join the group by letter.

*Priority Areas and the Patient Survey*

The practice developed a wide range of possible priority areas and these were circulated to the group for comments via E-mail. Participants were asked to mark them in terms of their preference and the highest scoring area was agreed as our first priority area. A survey was developed and circulated to the group to complete.

*Survey Responses and Action Plan*

Responses were collated and a “draft action plan” developed by the practice. The group was asked to comment on the survey process, on the survey results and on the draft action plan. Participants were asked whether they agreed with the action plan and whether there were any changes they would like to make. A copy of the action plan is attached for information. Most of the action plan has resulted from comments made on the questionnaire rather than as a response to the statistical results which in almost every case ranged from an 80 – 100% positive response.

*Practice Opening Hours and Extended Hours*

The practice is open weekdays from 8.00 am to 6.00 pm. We also have extended hours operating on a number of mornings from 7.00 am.