

BETTS AVENUE MEDICAL CENTRE

2 Betts Avenue, Benwell, Newcastle Upon Tyne. NE15 6TQ

Tel : (0191) 2742767 Fax : (0191) 2740244

Kenton Medical Centre, Sherringham Avenue, Kenton, Newcastle-Upon-Tyne. NE3 3QP

Tel : (0191) 2461546 Fax : (0191) 2461550

Website : www.bettsavenue.net e-mail : bettsavenue@nhs.net

Drs : D. A. Black, M. Bone, A. J. M. Podogrocki, N. A. Kerry, M. Symon

Practice Manager : Julie Wade Assistant Practice Manager: Margaret O'Neill

PATIENT PARTICIPATION REPORT MARCH 2012 (YEAR 1)

Betts Avenue Medical Centre has had a long standing Patient Forum which incorporates patients from both surgeries (Benwell and Kenton).

Since the introduction of the Patient Participation Direct Enhanced Service3 (DES) in 2011 the practice has held 3 Patient Reference Groups (PRG) meetings.

The first meeting looked at Patient Priorities as well as updating the patients on the practice activities. The new DES was explained to the group and patients contributed their ideas of how to advertise the PRG and gain more members. It was agreed to use:-

- Posters
- Life Channel TV Slides (Kenton only)
- Jayex Board
- Flyers with prescriptions
- Word of mouth

Priorities of the group were identified as:-

- Patients Charter
- Patient Survey
- Podiatry
- Did Not Attend (DNAs)
- Repeat Medication.

Patient Charter Patients thought this was a very good idea as it would clearly display what the patients expect of the practice and what the practice would expect of the patients – work got underway as to what should be included on the charter. The draft has been presented to the group and they are all very happy with the final product. Consortia are finalising the printing of the charter in order to display in the practices. Due to the work carried out by the practice, the remaining practices in the Consortia are looking to adopt Betts Avenue Charter for their own practices.

Practice Survey to effectively improve services for the patients. It was agreed that the practice manager would draft up a survey with the ideas the patients had suggested and present it at the next PRG meeting. The survey was agreed at the next meeting in October, the group were happy with the questions. The survey was then completed in February 2012 over a two week period. The results were interesting with more women completing the survey than men, patients were happy with the practice but communication could be better. Patients were not aware of the online service as well and very few had visited the website. With this in mind, the practice is going to make the practice booklet more available to patients and will be leaving self help information in the waiting rooms as well as advertising the services the practice offers routinely. The practice also launched a newsletter in late 2011 which will continue quarterly for patients to be kept up to date with practice information.

The results of the survey are attached.

Patient Participation leaflets were also distributed with the survey and a good variety of patients have expressed an interest in joining the group, even if they can not attend the meetings they joined the 'virtual group' in which they can still participate in the issues raised.

Podiatry Patients raised an issue with Podiatry and the lack of appointments and appointments being cancelled. As the podiatry patients are diabetic they cannot cut their own toenails and some patients were ending up paying to have private treatment. It was explained that unfortunately this was not within the remit of the practice, however the practice manager would raise this with the Consortia to see if anything can be done.

David Thorne, Chief Executive from Newcastle Bridges Consortia came to the PRG in October and explained the situation with regards to podiatry costs and the lack of actual podiatrists. The Consortia will be taking on a Diabetes project in which David asked for volunteers to help redesign the podiatry pathway.

A meeting has been arranged with Julian Given and 2 patients from the PRG for 16th March to discuss the podiatry issues and to commence the Diabetic project.

Did Not Attend the patients were keen to assist the practice in reducing the number of Nurse and Doctors appointments patients miss at the surgery. The practice understands that patients may miss one or two appointments, they after all are only human and may have genuine reasons for this, however the practice does have a high number of patients who regularly do not attend their appointments and this prevents other patients from using these appointment slots. The practice does have a Do Not Attend policy and do write to patients informing them that they have missed an appointment as well as displaying the amount of time has been lost due to patients not attending. The practice has introduced a free text message service which can remind patients of their appointments, but for confidentiality reasons, patients need to sign up to the service.

Repeat Medication A patient raised a query that medication that was no longer needed, the medication was returned to the chemist but they informed the patient that the medication would have to be destroyed as it had been dispensed. The practice then initiated a policy that when medication was requested, the Receptionist would go through each item with the patient to ensure they are getting what they require. This has proved to be very successful as it has reduced wasted medication significantly and also makes patients much more aware of what medication they require.

Conclusion

The practice is aware that work with young people needs to be moved forward. Work with Excelsior Academy will be commencing shortly.

Communication between the practice and the patients could be better. The practice is looking into having the Practice Booklet professionally printed so that these can be given to new patients and also to leave in each reception area for patients to take home.

The Patient Participation (or Patient Reference Group) is an essential part of the practice to ensure that patients are kept well informed and the practice looks forward to working with the patients again in 2012/2013.

Practice Manager
March 2012