

Delivering Directed Enhanced Service Specification
North Yorkshire PCT
Patient Reference Group Scheme

Quakers Lane Surgery, Richmond, North Yorkshire
October 2011

Mission:

The key drivers towards delivering service excellence with patient focus, is to produce experience based evidence in line with the requirements of the DESS, to help us understand better what is happening on a day to day basis within practice, seeking to engage and involve a broad sector of patients in service allocation decisions and develop a structured process to inform these actions with patient choice and aspirations being both our focus and intended priority.

Monitoring Requirements:

We need to: -

- Demonstrate our fully representative demographic patient profile, including minority groups, in establishing the Patient Reference Group
- Describe how priority areas were set
- Describe how views of the PRG were sought and survey/action plan developed
- Describe the survey methodologies chosen, to canvas opinion
- Provide Survey results
- Supply evidence of an Action Plan of proposed changes, including an explanation of why any areas have not been addressed
- Confirm Access - opening hours (and extended hours)
- Confirm Website address/ development

Process Goals:

To develop a business case for using real time patient feedback and manage how it will be resourced

- To improve and monitor how we engage with and respond to patients
- To uphold best practice at all times
- To use patients as allies, to talk to patients, to generate and maintain interest in giving feedback
- To find out about under performing areas
- To monitor quality of services, over time

- To assess patient reaction to any innovation or changes
- To raise awareness of changes at the practice
- To assess services they might value in the future
- To consider how staff will be updated with feedback analysis

Quakers Lane Surgery – PRG Patient Survey

Summary – An Outcome Based Evaluation, using patients as stakeholders and allies to improvement, drawing on experience and feelings – rather than attitudes and opinions

Planning

- Develop a practice profile involving the right ‘solution-led’ people
- Identify data required/consider existing complaints topics
- Under or over 10 questions?
- Patients should be required to answer ‘more immediate, relevant questions’ rather than just confirming what we already know
- Questions will not make assumptions and should not be seeking confirmation that patients are ‘grateful’
- Consider translation? Large print version? Vulnerable groups?
- Sampling/analysis process will be sufficient to provide confidence that reported criteria and outcomes, are valid

Methodology - Keep it simple - Pilot?

- Flexible functionality – Choice of answers
- Multiple choice – pick one only
- Multiple Choice – pick any that apply
- Free Text/ Open ended comments
- Scaled Responses – 3-10 point scales to measure patient satisfaction
- Randomise Order - to reduce colouration of results?
- Tabular – up to 8 rated questions displayed on the same screen for longer surveys
- Routed questions – links to other responses
- Utilise images and graphics for children’s surveys or special needs groups

Design survey functionality and collection of real time data

Decide how, where and when?

1. Online/text/electronically
2. Telephone – by members PRG?
3. Hard copy/post
4. In surgery with GP's and nurses
5. At reception/involve staff early in the process
6. In the waiting area/ before or after consultation?
One to one interviews by PRG members to reassure patients, maintain enthusiasm, and attract a high level of feedback
7. Notice boards

Survey Emphasis

- Focus on areas we can change and areas where knowledge about patient opinion is low
- Assessment by practice that methodologies chosen are appropriate and credible
- Emphasise, 'your participation makes a difference'
- Your feedback improves treatments for other people
- You are an individual – you are a patient – it's your answers/ experiences we report
- Tell us about your experiences with medicines etc etc?
- Clinical Care – flu vaccination, blood tests, home visits, repeat prescriptions, disease management, diabetes, out of hours service pharmacy service, practice nurse services, surgery hours, surgery reception (welcome?) doctor/patient relationship, children's health, disability issues, vulnerable groups, continuity of care outcomes?

Capture and Manage Data - Audit platform? Method?

Validation

- Produce Output Reports and Statistical Analysis
- 'You said – we did' feedback cycle
- Look for commonality between patients and staff
- Consider work needed with the team – how will staff be kept informed and updated with feedback analysis?
- Review research – understanding a qualitative approach?
- Any other interviews/ observations needed?
- Do all staff buy into this? Any proactive actions required?

Actions

- Prioritise and decide on changes with PRG/ practice professionals/partners
- Consider if changes are sustainable? Cost effective?
- Explain actions as a result of feedback
- Consider staff training, if applicable
- Introduce new measures (Action Plan to steer through the critical stages)
- Thank patients for input
- Increase communications with patients/Develop Communications Plan
 1. Develop Website?
 2. Develop Practice Newsletter?
 3. Assess services which might be developed in the future

Evaluation

1. Assess the positive evidence of the changes made
2. Measure the impact of the changes and focus thinking in these areas
3. Set performance/improvement goals and informal targets

Summary

Create a continuing 'Benefit - Cycle'

Questions, Feedback, Analysis, Actions, Improvement, Professional Reputation/Enhancement -- questions

A credible, validated process which delivers

- A real understanding of what patients think
- Enterprise wide feedback, enabling truly patient/customer focussed services to allow Quakers Lane Surgery to be ready for practice accreditation whenever it comes
- A basis for GP revalidation proposals when /if they are introduced.

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