

Oxford Road Medical Centre

Local Patient Participation Report 2012

Total Practice Population

Age								
Under 16	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
791	558	577	569	588	498	354	208	71

Gender	No.
Male	2140
Female	2074

As far as is recorded

Ethnicity											
White British	Irish	Mix Caribbean	Mix African	Mix Asian	Indian	Pakistani	Bangladeshi	Black Caribbean	African	Chinese	Other
822	43	0	0	9	7	142	82	0	5	24	4

Specific care groups e.g. nursing homes, learning disabilities, drug users, carers

Specific Care Group	No. of Patients
Nursing / Care Home	30
Learning Disabilities	22

Patient Reference Group

Breakdown of the Patient Reference Group membership below:-

Age								
Under 16	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
0	1	9	12	7	8	11	7	5

Gender	No.
Male	27
Female	33

Ethnicity											
White British	Irish	Mix Caribbean	Mix African	Mix Asian	Indian	Pakistani	Bangladeshi	Black Caribbean	African	Chinese	Other
53	0	0	0	0	0	4	0	0	0	0	0

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Specific care groups e.g. nursing homes, learning disabilities, drug users, carers

Specific Care Group	No. of Patients
Nursing / Care Home	1
Disabled	1
Learning Disabilities	2

Apart from the under 24 age group, we do not feel that there is a great variation between the practice population and the Patient Reference Group membership.

Leaflets were left in reception asking for volunteers and the receptionists also asked patients attending for appointments. Emails were sent out to all patients for whom we had an email address. An invitation was sent by post to all housebound patients and those in nursing/care homes. A stamped addressed envelope was enclosed for the reply.

A section of our patients on the Learning Disabilities Register and Disabled were telephoned and asked if they wished to participate. Once we had a list of volunteers, we emailed/posted out a list of questions relating to various issues around the surgery times, access, consultations, etc. and asked for comments on the suitability of the questions and if they wished to include any others. Again, a stamped addressed envelope was enclosed for those who had to reply by post.

When replies had been received, we then put together a survey leaflet containing the questions put to the patient participation group for comment and agreement. The survey was emailed out to all patients for whom we had an email address. It was also posted to those who were housebound and in nursing/care homes who had agreed to complete the survey. Again, a stamped addressed envelope was enclosed for the reply.

Approximately 200 surveys were then handed out to all patients who came into the surgery over the course of one week. As very few surveys were received back through the post or by email, we collected the survey replies until 150 had been received. The survey was analysed in house and the results were translated into graph format.

The results and report can be found on the practice website by both graph and percentages in the '[Our Survey Results](#)' section. A Survey Results Leaflet can also be obtained from Reception. These results were sent out to all participants who were asked to comment on the results and our replies to the results and suggestions made. The results of the survey were first discussed during a practice meeting and action points discussed. The results were then emailed to each participant and areas which needed action were highlighted. Suggestions were made as to what action could be taken and participants were asked for comments and/or other suggestions. When all this was done the participants were asked to agree the action plan.

We were asked for Extended Hours surgeries to be kept only for those people who work and were unable to attend during the day. We explained that we had originally done this but appointments were not filled or patients did not attend. Because so many appointments were not filled, we decided to open it up to any patient.

We were also asked for appointments of more than 10 minutes. We explained that due to the high demand for appointments we were unable to offer appointments of more than 10 minutes but if the patient thought that they needed more time, they should ask for a double appointment when booking. No proposals impact on contractual arrangements.

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ACTION PLAN

Action	By	Review
Staff instructed to identify themselves when answering the telephone	Immediately	1 Year
Installation of automatic door for wheelchair access	ASAP	6 Months
Review Practice Website on a quarterly basis and update where necessary	Every 3 months	6 Months