

Patient Participation Report 2012/13

Stage One						
1						
Practice Population:	10990					
			Sex: 5394	Male	5596	Female
Age:	Under 16's	1812				
	17 - 25	1105	36 - 45	1466	56 - 65	1252
	26 - 35	1748	46 - 55	1585	66 +	2022
Ethnicity:	10109	Caribbean	78	Pakistani	84	
British, Mixed British		African	75	Eastern European	103	
English		Mixed Black	3	other:		
Scottish	20	Chinese	220	other:		
Welsh		Japanese	4	other:		
Indian, British Indian	175	Arabic	119	other:		
<p>Are there any specific Minority Groups within the Practice Population?</p> <p>There are no large ethnic groups within the practice. A local college has an arrangement with a university in South East Asia and students from there and Nottingham University prefer to register with this practice as we have a GP (Dr L Mok) who speaks Mandarin and Cantonese. We also attract Arabic students and their families attending Nottingham University as we have a GP (Dr Abou-Shameh) who speaks Arabic.</p>						

Validating that the patient group is representative of the practices population base. **Payment Component 1**

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Patient Representative Group Profile (PRG):							
			Sex:	Male	6	Female	9
Age:		Under 16's					
		17 - 25	36 - 45	1	56 - 65	2	
		26 - 35	46 - 55	1	66 +	11	
Ethnicity:		Caribbean		<i>other:</i>			
British, Mixed British		14	African		<i>other:</i>		
English		Mixed Black		<i>other:</i>			
Scottish		1	Chinese		<i>other:</i>		
Welsh		Japanese		<i>other:</i>			
Indian, British Indian		<i>other:</i>		<i>other:</i>			

What steps has the practice taken to recruit patients and to ensure it is representative of the practice profile?

The Manor Surgery PPG was formed in 2010 with an initial membership of only 4 patients.

The PPG has increased in membership over the past year from 12 members to 15. Unfortunately during the last year one of our founder members passed away.

Recruitment to the group is ongoing with a designated PPG noticeboard in a prominent position in the surgery waiting room. One of our members has taken responsibility for updating the noticeboard. We take the opportunity to publicize the group at every opportunity with a regular feature in our practice newsletter (one of our latest members joined after reading an article in the practice newsletter) – members have written articles about their involvement and updates about national changes and the Patient Representative Group of the Clinical Commissioning Group. Information about the group is also published on the practice website www.themanorsurgery.com

Our oldest member (90 years old!) actively approaches patients in the waiting room when she has cause to visit the surgery, and a further 2 members have made themselves available in the surgery to publicize the group and answer questions.

Validating that the patient group is representative of the practices population base. Payment Component 1

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Compare the PRG with your practice profile and describe the differences between the practice population and membership of the PRG?

It is recognized that we desperately need to attract younger members of the practice population, however the practice and the Beeston area as a whole has a high proportion of residents over 65 and in that way we can be seen to be representative of our practice population. Similarly Beeston is not an ethnically diverse area, only 0.07% of our practice population is not British or Mixed British. Our population from south east Asia tends to be transient, only remaining in the area whilst they attend further education.

Meetings of the PPG are held in the evening to enable younger working age patients to attend.

*Validating that the patient group is representative of the practices population base. **Payment Component 1***

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Please explain any differences in section 3 above and the efforts of the practice to communicate with groups not represented?
*(this is required even **if** the practice has chosen to use a pre-existing PRG)*

Although the group has been formed for several years, it has not become complacent about the challenge of attracting new members and ongoing membership is a regular discussion item.

Statistically patients in the age group 17 – 45 tend to visit their GP infrequently, particularly young males and it those groups that are particularly hard to reach, as acknowledged by health campaigners.

We routinely add a PPG flier/newsletter when sending out any correspondence from the practice to patients and receptionists are able to answer questions of anyone who enquires about the group.

Similar problems of engagement have been encountered by the PRG of the CCG.

Stage Two

Agreeing Priorities

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How has the practice sought the PRGs views of priority areas?

The PPG meets bi-monthly with a publicized agenda to which PPG members and practice members are encouraged to contribute.

During the past year difficulties regarding vacancies in attached staff (District Nurses, Midwives, and Health Visitors) in the Beeston and surrounding area have caused some concern to the practice because of patient safety, and these concerns have been discussed with and supported by the PPG. The PPG representative to the CCG PRG has raised this successfully.

Communication and use of clinical IT systems has been raised as a priority, particularly the ability of patients to book appointments and order repeat prescriptions via the practice website. The PRG has undertaken an audit of local practices to determine the availability of this service and to identify different clinical systems used. Members of the PRG have met with one clinical supplier (EMIS) and have plans to meet with another (TPP) to discuss the development of services available to patients

Access to the surgery has been identifies as a priority, primarily additional lighting in the car park and the entrance to the surgery. PPG have been supportive of changes.

Clinical personnel in the practice have changed within the last 3 years with the retirement of 2 GPs and the re-location of 1 other. The practice has successfully recruited replacement GPs, but the PPG were curious on how this change of personnel may impact of the patient's perception of quality of consultation.

The value of the role of an unpaid career is often overlooked but actually saves the DOH/NHS millions of pounds nationally. The CCG have made it one of their targets to try and identify 'hidden careers' and offer support. The PPG wished to find out more information about information/help that is offered within the practice.

OOG care – there is a local/national drive to inform patients about the correct NHS service to use if care is needed OOH. The PPG wished to find out the percentage of patients who had accessed care when the surgery was closed, which service was used and satisfaction levels.

Validate through the local patient participation report. **Payment Component 2**

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Please describe how the priorities for the survey were selected - do these reflect those set out by the PRG?

The questions asked in the patient questionnaire were devised and selected by the PPG. The practice did not use a commercial package.

The questions were based around 5 areas set by the PPG – accessibility, quality of consultation, communication, needs of careers and use of OOH services.

Validate through the local patient participation report. Payment Component 2

Stage Three

Survey

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How has the practice determined the questions used in the survey?

Accessibility: the PPG wanted to determine the views of the practice population with regard to both the physical access to the surgery (particularly to understand the needs of those patients who may have a disability) and also accessibility with respect to gaining access to a clinician, either by face to face or by telephone.

Quality of Consultation: Over the last 3 years, three long standing and popular GPs have retired/left the practice and have been replaced by 'new' GPs. It was believed useful to ascertain the current level of satisfaction bearing in mind this factor.

Communication: the PPG wished to find out how well patients receive information through the current channels and in particular if patients were aware of the practice website and the facility for booking appointments/ordering prescriptions on line, also general practice information/health promotion that is promoted via the practice newsletter.

Needs of Careers: Careers are recognized as valuable members of our community who are currently not always identified. The PPG wished to find out what the perception was of available help.

OOH Care: The PPG wished to investigate the % of people who have accessed OOH care, which service and their level of satisfaction.

Validate the survey through the local patient participation report. Payment Component 3

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How have the priority areas been reflected in the questions?

The survey contained 27 questions in total; 10 dealing with accessibility, 7 with quality of consultation, 4 with communication, 3 with careers and 3 with OOH services.

The survey was slightly longer than the previous year when one of the drivers in the design had been that the survey should not be too long. Previous MORI surveys were felt to be too long and onerous. Gender and age data was collected to verify match with patient population.

Validate the survey through the local patient participation report. Payment Component 3

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Describe the Survey - How and when was the survey Conducted?

The survey was carried out over a period of 4 weeks from early January to early February.

Patients attending the surgery to make/attend appointments, collect prescriptions etc were asked by receptionists to complete a questionnaire. Any communication sent out from the practice e.g. re-call letters etc enclosed a questionnaire.

Receptionists clearly pointed out that the survey was anonymous.

Validate the survey through the local patient participation report. Payment Component 3

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What methods practice has used to enable patients to take part?

As above – the survey was brought to the attention of patients by reception staff and posted randomly to patients.

*Validate the survey through the local patient participation report. **Payment Component 3***

Stage Three continued

Survey

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How has the practice collated the results?

The results were collated by the Practice Manager and admin staff at the surgery.

*Validate the survey through the local patient participation report. **Payment Component 3***

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How were the findings fed back to the PRG?

The results of the survey were reviewed at the PPG meeting on 20th February 2013. The meeting was attended by 10 members of the PPG and the Practice Manager

Validate the survey through the local patient participation report. Payment Component 3

Stage Four

Results

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Please describe survey results:

As per the previous year 400 surveys were distributed (3.64% of practice population) and 336 returned, however 7 of these were 'spoiled'. (2.99% of practice population). The Practice Manager expressed disappointment that less surveys were completed than in the previous year, however the PPG were extremely satisfied by the return. A member of the group who works for a large multi national company as a customer services project manager stated that his company would be thrilled by this result.

Accessibility: The comments were 90% positive but 10% of patients had indicated that the external access to the building would benefit from changes – unfortunately no comments were added to explain what changes. Several patients had written in the comments section at the end of the questionnaire about the difficulty parking, so it was presumed that possibly that was what was meant? Some patients had made comments about the reception area needing improvement – in particular the need for a private area.

96% of patients completing the questionnaire rated the opening hours of the surgery to be good/very good or excellent, and there were no negative comments about the telephone system.

Although the Manor Surgery has 8 GP partners, several of these work part-time to offer a male/female choice and patient friendly appointment times. Unfortunately this also means that GPs are not available every day and that is reflected in the answers to question 9 – ‘how long do you normally have to wait to get an appointment with a GP of your choice’ Although 67% of patients state that they are normally seen within 2 days, 32% waited 3 days and 1% 4-7 days. This is mitigated however by the ability to see any available doctor on the same day – 98% of patients rated this good or higher.

Pleasingly levels of satisfaction with quality of consultation had not dropped at all from the previous year despite the loss of long serving, well respected and popular GPs.

Communication – also pleasingly, the numbers of patients using the practice website, reading the practice newsletter and aware of the PPG has increased hugely from the previous year.

Validate the survey and findings through the local patient participation report. Payment Component 4

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Explain how the PRG was given opportunity to comment?

The responses and comments pertaining to each question were discussed individually at the PPG meeting on 20.2.2013. Minutes were taken and responses documented.

Validate the survey and findings through the local patient participation report. Payment Component 4

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What agreement was reached with the PRG of changes in provision of how service is delivered?

1. Access - Improvement to reception area.
2. Communication – reminder of days/times of work of individual GPs. Promotion of extended hours
Awareness of patients of online facilities

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*Validate the survey and findings through the local patient participation report. **Payment Component 4***

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Were there any significant changes not agreed by the PRG that need agreement with the PCT?

No changes in service provision were identified as a result of this survey.

*Validate the survey and findings through the local patient participation report. **Payment Component 4***

Stage Four continued

Results

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Are there any Contractual considerations that should be discussed with the PCT?

No contractual considerations need to be discussed with the PCT.

*Validate the survey and findings through the local patient participation report. **Payment Component 4***

Stage Five

Action Plan

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How did you consult with the PRG about the action plan?

The action plan was drawn up by the practice manager and members of the PPG at the meeting on 20.2.2013 following the review of the survey results.

*Consulting on the Action plan with the PRG and seeking PCT agreement where necessary. **Payment Component 5***

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Please give a brief summary of priorities and proposals agreed with the PRG arising out of the practice survey:

1. Improvement to reception area – reception desk needs to be opened up to be made more user friendly, desk height to be altered for disabled access. Consideration of how a privacy area could be constructed.
2. PM to write answers to queries posed by patients following the survey – in particular parking.
3. Practice to be proactive in promoting on line services available to patients – currently appointment booking and the ordering of repeat prescriptions.
4. Practice newsletter – standing order item re appointment booking, days and surgery times worked by individual doctors.

Consulting on the Action plan with the PRG and seeking PCT agreement where necessary. Payment Component 5

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Were there any issues that could not be addressed? - if so please explain

The issue of parking will be answered in the open letter to patients as discussed with PPG. There is no feasible way for the surgery to provide additional car parking. The situation has been exacerbated by the numerous road works/road closures that have been/are being undertaken in the Beeston & Chilwell area over the past year and will continue for at least another year because of the extension of the tram system. Historically Beeston had free parking but this has been withdrawn by Broxtowe Borough Council and in addition the large multi story car park less than 1 minute walk from the surgery has been demolished because of tram works. The Manor Surgery is fortunate in that it is able to provide some free parking for patients, but not enough for a list size of 11000. Other surgeries in the Beeston area do not have any car parking for patients.

Consulting on the Action plan with the PRG and seeking PCT agreement where necessary. Payment Component 5

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Has the PRG agree implementation of changes and has the PCT been informed (where necessary)

The PPG has agreed the implementation of changes and there is no need to inform the PCT.

*Consulting on the Action plan with the PRG and seeking PCT agreement where necessary. **Payment Component 5***

Stage Six

Review of actions from 2011/12

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Detail information on actions taken and subsequent achievement from Year One and directly link these to feedback from patients – eg “You said.... We did The outcome was.....”

1. Completed – additional signage to promote facilities requested by patients – e.g. bicycle rack requested and constructed. Positive feed back from bicycle users.
2. Completed – addition of practice web address added to practice documentation – added to appointment cards, letterheads etc
3. Completed – review of contents of newsletter – PPG members write articles for newsletter promoting group, update patients of local developments regarding changes in the NHS from 1.4.2013. Articles written about appointment system, introduction to new GPs – e.g. hours of work, special interests etc
4. Display unit identified for waiting room – to be fitted when re-decoration etc completed – summer 2013.

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Explain whether there was any disagreement with the PRG on any of the actions in the action plan – this must be publicly highlighted with the practice’s rationale for deviating from the suggested plan

No disagreement with the PPG

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Publication of Report

Please describe how this report has been publicized/circulated to your patients and the PRG

Copies available in the waiting room and on line via the practice website.

A copy emailed/posted to PPG members.

Enlarged copy displayed on PPG notice board

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Additional Information

Opening Times

Confirm Practice opening hours - explain how patients can access services during core hours?

Monday 8.00am - 20.00

Tuesday 7.00am – 18.30
Wednesday 8.00am - 18.30
Thursday 8.00am – 13.00
15.00 – 18.30
Friday 7.00am – 18.30

Patients can telephone or present in person at the surgery to access core services. Appointments and prescription requests can be made on line 24 hours a day, 365 days a year.

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Where the practice offers extended opening hours please confirm the times that patients can see individual health care professionals?

Drs Mannion and Abou-Shameh offer a late evening surgery each Monday up to 20.00.

Dr Charles offers appointments from 7.00am each Tuesday and Drs Mok and Read offer appointments from 7.00am each Friday.