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PATIENT PARTICIPATION REPORT 2013/14

Practice Code:

C84080

Practice Name:

THE MANOR SURGERY (Dr D Charles & Partners)

An introduction to our practice and our Patient Reference Group (PRG)

The Manor Surgery has been established in Beeston for over 50 years. In 1985 it moved to the current premises. We care for a population of approximately 11000 with a higher number of over 45 year olds. There is a relatively low turnover of patients. The majority of the population is white British with a low social deprivation score.

Together with 11 other practices from Eastwood Kimberley Stapleford Beeston Bramcote and Chilwell, the surgery forms Nottingham West Clinical Commissioning Group which serves the health needs of 93000 patients.

The Manor Surgery Patient Participation Group (PPG) was formed in 2010 with an initial membership of only 4 patients. The membership now stands at 15, with 12 members regularly attending meetings and 3 'virtual' members. The group meets bimonthly in an evening to attract and enable working age members to attend. Over the past four years the PPG has been involved in discussions and influenced practice decisions in the following areas:

- Parking
- Footpath to surgery
- Provision of secure bicycle rack
- Re-design to reception desk/area
- Booking of appointments
- Out of Hours services
- Locally available health services
- Flu clinics
- Change of phone system to non-premium rate
- General NHS issues

The Practice Manager is invited to and attends the meetings and one of the GP partners also attends in rotation.

Two of our PPG members also represent the patients of the Manor Surgery at the Patient Representation Group (PRG) hosted by Nottingham West Clinical Commissioning Group (NWCCG). This group is made up of two patient members from the twelve practices that make

up NWCCG and their role is to represent the views and needs of patients to aid the decision making process when commissioning local services.

Establishing the Patient Representative Group

This shows how the practice has tried to ensure that the PRG is representative of the wider practice population. Information is provided here on the practice and PRG profile.

	Practice population profile	PPG profile	Difference
Age			
% under 18	18%	0%	+18%
% 18 – 34	24%	0%	+24%
% 35 – 54	28%	21%	+7%
% 55 – 74	21%	33%	-12%
% 75 and over	9%	46%	-33%
Gender			
% Male	49%	40%	+9%
% Female	51%	60%	-9%
Ethnicity			
% White British	99.91%	100%	
% Mixed white/black Caribbean/African/Asian	0.005%	0%	
% Black African/Caribbean	0.022%	0%	
% Asian – Indian/Pakistani/Bangladeshi	0.023%	0%	
% Chinese	0.020%	0%	
% Other	0.020%	0%	

These are the reasons for any differences between the above PRG and Practice profiles:

There are currently no large ethnic groups within the practice. The practice has a predominantly White British patient base and the PPG is representative of that. A local college has an arrangement with a University in south east Asia and students from there and Nottingham University (part of the

campus falls into the practice catchment area) chose to register with this practice as we have GPs who speak Mandarin, Cantonese and Arabic however there are very small numbers of Black African/Caribbean and Indian/Pakistani/Bangladeshi patients. Two of our members are partially sighted, and two are carers.

In addition to the above demographic factors this is how the practice has also taken account of other social factors such as working patterns of patients, levels of unemployment in the area, the number of carers:

We have agreed to hold PPG meetings in the evenings to facilitate recruitment and attendance of patients of working age. Two of our members are partially sighted, and two are carers. Statistically patients in the age group 17 – 45 tend to visit their GP infrequently, particularly young males and it those groups who are particularly hard to reach, as acknowledged by health campaigners.

This problem has also been encountered and acknowledged by Nottingham West Clinical Commissioning Group when carrying out public open days/meetings to encourage patient involvement in the work of the CCG.

This is what we have tried to do to reach groups that are under-represented:

Although the group has been formed for several years, it has not become complacent and is well aware that certain groups within the practice are under-represented. Two of our members have undertaken to man a desk in the patient's waiting room to encourage enquiries from prospective members. The practice has a dedicated PPG noticeboard in a prominent position in the waiting room which displays activities and actively promotes the need for new members. One of the PPG members has taken on the responsibility of regularly updating this. Clinicians have been asked to bring the group to the attention of patients if appropriate. 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 us 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.

Setting the priorities for the annual patient survey

This is how the PRG and practice agreed the key priorities for the annual patient survey

In common with the other 11 practices of Nottingham West Clinical Commissioning Group, two members of the Manor Surgery PPG attend the NWCCG Patient Representative Group. The group has shown interest in results and common themes arising from the results of each practice's patient survey. Because each practice uses a different format, historically it has proven difficult to produce a matrix which compares practices. The suggestion was made that a sub group of the PRG could design a survey incorporating core questions that all practices could use (further questions could be added by individual practices if required). One of representatives of The Manor Surgery volunteered to be part of the sub group.

The survey questions were to be centred around

1. Patient access (including OOH)
2. Quality of care
3. Ease of appointment booking
4. Customer Service

Designing and undertaking the patient survey

This describes how the questions for the patient survey were chosen, how the survey was conducted with our patients and includes a summary of the results of the survey (full results can be viewed as a separate document)

How the practice and the Patient Reference Group worked together to select the survey questions:

Members of NWCCG PRG consulted with their individual practices to determine areas of interest to be included in the patient survey. This was fed back to the sub group. Following design by the sub group, a draft copy of the suggested survey was cascaded to members of the Manor Surgery PMG, together with an explanation of the aims and ideas of the sub group. All members were happy to use the standardised survey, and understood and agreed the reasons to do so – the better comparison of data. Any changes or suggestions to the format were welcomed and fed back to the sub group prior to finalising the content of the survey. All but one PMG group within NWCCG adopted the standardised survey.

Disappointingly some practices are reluctant to share the results of their survey for comparison.

How our patient survey was undertaken:

The survey was undertaken during a one week period in December 2013. Patients presenting at the surgery to make/attend appointments, pick up prescriptions etc. were asked to complete paper copies of the survey by the reception staff. It was stressed to patients that their replies would be completely anonymous, and a sealed box was provided for completed surveys. Any communication sent out from the practice, e.g. re-call letters etc., enclosed a questionnaire. The practice also had the use of hand held devices provided by NWCCG and a member of the PMG attended the surgery to facilitate

the use of the devices by patients.

Summary of our patient survey results:

See separate attachment.

Analysis of the patient survey and discussion of survey results with the PRG

This describe how the patient survey results were analysed and discussed with PRG, how the practice and PRG agreed the improvement areas identified from the patient survey results and how the action plan was developed:

How the practice analysed the patient survey results and how these results were discussed with the PRG:

The results of the survey were analysed by a data analyst employed by NWCCG. The results of the survey were emailed and posted to PMG members together with patients' ad hoc comments and discussed by the PMG and practice manager at a meeting on Wednesday 20th February 2014.

In general terms, all PMG members were pleased with the results of the survey with no major outstanding areas of improvement highlighted. There still seems to be some confusion from some patients about the availability of appointments and the appointment booking process. Attempts to publicize GPs individual working patterns, surgery times and the appointment booking process have been made in previous years, but it was agreed that it would be useful to have this as on ongoing project.

Comments were also received about car parking. The surgery has always had a car park for the use of patients, however this is limited. With a practice population of 11,000 patients it is unrealistic to expect empty bays to always be available – this is changeable depending on the day of the week, time of day etc. The situation has been exacerbated by the numerous parking restrictions/road works/road closures that have taken place since April 2013 and which are likely to continue until March 2015 due to tram works in the Beeston and Chilwell area. Historically Beeston has had free parking but this has been withdrawn by Broxtowe Borough Council and in addition the large multi storey car park less than 1 minute walk from the surgery has been demolished because of tram works.

The key improvement areas which we agreed with the PRG for inclusion in our action plan were:

1. Re-decoration to some practice areas, in particular the waiting room. Some patients had commented that the practice was looking 'tired' and need some TLC.
2. As in previous years, to make patients aware of GP availability and differing booking processes. Promotion of the flexibility of appointment times – early morning and evening appointment available with a selection of doctors.

3. Open letter to patients re parking

We agreed/disagreed about:

No disagreement within the PPG

ACTION PLAN

How the practice worked with the PRG to agree the action plan:
Following the scrutiny of the results of the survey the action plan was agreed by all members of the PPG together with practice representatives

We identified that there were the following contractual considerations to the agreed actions:

No contractual considerations.

Copy of agreed action plan is as follows:

Priority improvement area Eg: Appointments, car park, waiting room, opening hours	Proposed action	Responsible person	Timescale	Date completed (for future use)
Observation by patients that areas of the practice were overdue some maintenance	Re-decoration and improvement to public areas	Practice Manager	To be completed by 31.3.2015	
Better communication with patients regarding individual working patterns of GPs and reminder re options regarding booking an appointment.	On-going item in practice newsletter. Hand out 'How to Book an appointment' at reception (to also be included in correspondence sent out from practice)	Practice Manager	Hand out to be produced by 31.5.2014, but information ongoing	
Car Parking	Open letter to patients	Practice Manager/Senior Partner	31.5.2014	

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Review of previous year's actions and achievement

We have summarised below the actions that were agreed following the patient survey 2012/13 and whether these were successfully completed or are still on-going and (if appropriate) how any have fed into the current year's survey and action plan:

“You said We did The outcome was”

1. **Improvement to reception area – the reception desk has been totally replace by an open plan desk with a lowered area for disabled access
A section of the reception area has been made into a ‘privacy room’ for use of patients who may wish to discuss details with receptionists in a more confidential area.
COMPLETED**

2. **Displays regarding on-line access for appointment booking and re-ordering of prescriptions have been put in prominent places in the waiting room/internal doors. Receptionists proactively inform patients that they are able to book appointments/order prescriptions on line. Standing item in the practice newsletter. There is a message on prescriptions.
COMPLETED**

3. **There has been greater involvement by the PPG in production and content of the practice newsletter. One of the PPG members has taken responsibility for producing the newsletter and instigating articles etc.
COMPLETED**

Where there were any disagreements between the practice and the PRG on changes implemented or not implemented from last year's action plan these are detailed below:

There were no disagreements.

Publication of this report and our opening hours

This is how this report and our practice opening hours have been advertised and circulated:

The practice opening hours are advertised via the practice website, www.themanorsurgery.com NHS Choices website, practice information leaflet, notice board outside entrance to surgery, practice

newsletter.

This report has been posted on the practice website, an enlarged copy displayed on the designated PPG noticeboard in the waiting room, hard copies have been printed and are available to patients in the waiting room and at reception.

Opening times

These are the practice's current opening times (including details of our extended hours arrangements)

Monday 08:00 – 20:00

Tuesday 07:00 – 18:30

Wednesday 08:00 – 18.30

Thursday 08:00 – 13.00 Practice telephone lines are still open between 13.00 and 15.00, but
15:00 – 18.30 the doors to the surgery are closed to enable staff training

Friday 07:00 – 18.30

Patients can telephone or present in person at the surgery to access core services during surgery opening hours. Appointments and prescription requests can be made on line 24 hours a day, 365 days a year. Patients may also chose to contact the practice by fax (e.g. to order a prescription).

Outside of the above hours the Out of Hours service will manage the patient's needs where possible. Patients can telephone the surgery line on 0115 9076960 where instructions of how to contact the Out of Hours service are given. That information is also available on the practice website. The current instructions on how to contact the Out of Hours provider is to telephone Freephone 111.

Drs Mannion, Easson, Shapiro and Prabhu rotate to offer appointments up to 20:00 each Monday

Dr Charles offers appointments from 07:00 each Tuesday, and Drs Mok and Read offer appointments from 07:00 each Friday.