

Nene Valley Medical Practice
D81020

Patient Participation Report 2013/14

1. Our Patient Participation Group

1.1 If this is the first year of your PRG, has a constituted structure been developed to reflect the practice population and to obtain feedback? How were representatives sought and what work was carried out to engage with any underrepresented groups?

This is now our third year of having a Patient Participation Group – we welcome the contribution they give to Practice Development and the support they give staff.

1.2 If this is not your PRG's first year, is the PRG still representative of the practice population? If there are underrepresented groups, how does the practice try to engage with them?

We have had a number of new members during the year. After patients make contact either via our website or direct to the Practice our chairman makes contact with them and invites them for a taster session/meeting.

It is becoming more difficult to accept new members as our PPG will potentially become too large and we feel that this would be to the detriment of the very effective PPG we have at the moment.

We have found it more difficult to encourage our younger patients. We have tried to put on talks such as child immunisations aimed at young families so we can talk to them about our PPG and membership but they have not been well supported. However some talks have been well supported Managing Stress and Anxiety (30-50 year olds) which did attract a younger audience and "Lets get moving" for our less mobile patients. We do have a list of volunteers/patients who help with events but do not wish the commitment of monthly meetings. We did however, try and target the younger patients as part of the survey i.e. attending immunisation clinics.

Guidance Notes: Practices must strive to engage and encourage feedback from patients that extend beyond a mix of just age/sex and ethnic origin. These could include patients from marginalised or vulnerable groups such as elderly patients, patients with a learning disability or other disability and those with various social factors such as working patterns, employment status and carers etc.

Component 2. Method and Process for Agreeing Priorities for the Local Practice Survey

Component 2

As part of component 2 of the DES Practices are required to agree which issues are a priority and include these in a local Practice Survey.

The PRG and the Practice will shape the areas covered by the local practice survey. The areas covered in the local practice survey will, therefore, need to be agreed jointly based on key inputs and including the identification of:

- Patients priorities and issues

- Practice priorities and issues including themes from complaints
- Planned Practice changes
- Care Quality Commission (CQC) related issues
- National GP and/or Local Patient Survey issues

2.1 How were the views of the PRG sought to identify the priority areas for the survey questions i.e a meeting, via email, website etc?

The PPG reviewed last years survey and felt that we should use it again this year as all of it was relevant. (This was developed within the Borderline LCG). The PPG felt that this would allow direct comparison year on year. It was again agreed within the Borderline LCG that Surveys should be similar allowing direct comparison between surgeries

2.2 How have the priorities identified been included in the survey?

The PPG particularly wanted to see improvement in the areas that were highlighted in the Action Plan last year

Telephones

Increase the number of patients using online booking

Notify patients of waiting times should clinicians be running late

Everybody in the Practice as well as the PPG contributed to our Action Plan

We particularly wanted to see if our push on Internet Access (appointments and repeat prescriptions) had been successful.

Our PPG felt confident that the Survey proposed would enable us to make comparisons and move us forward.

Step 3. Details and Results of the Local Practice Survey

Component 3

As part of component 3 of the DES Practices are required to collate patients views through a local practice survey and inform the Patient Reference Group (PRG) of the findings.

The Practice must undertake a local Practice survey at least once per year. The number of questions asked in the local practice survey will be a matter for the Practice and the PRG to agree. Questions should be based on the priorities identified by the PRG and the Practice.

3.1 Was a survey carried out between 01.04.13 and 31.03.14?

Yes

3.2 What method(s) were used to enable patients to take part in the survey (i.e survey monkey, paper survey, email, website link) and why?

Mainly paper but patients can also leave feed back on our website. Also patients are able to give us their e-mail address and we can e-mail the survey to them for completion. Blank copies were left in our waiting room.

3.3 Was the survey credible (was the response rate sufficient to provide 'the reasonable person' with confidence that the reported outcomes are valid)?

Yes well over 100 patients surveyed from all age/ethnic backgrounds. 12000 patients 120 surveyed 1%

3.4 Please provide a copy of the survey and the analysis of the results of the survey.

As attached

Component 4. Discussing Survey Results with the Patient Reference Group (PRG)

Component 4

As part of component 4 of the DES Practices are required to provide the Patient Reference Group (PRG) with the opportunity to comment and discuss findings of the local practice survey and reach agreement with the PRG of changes in provision and manner of delivery of services. Where the PRG does not agree significant changes, agree these with the PRG.

4.1 How were the survey results discussed with the PRG and any proposed outcomes agreed?

Two PPG members analysed the results and a working party was set up. The working party was made up of the Chairman, 2 PPG members the Practice Manager and Assistant Practice Manager. The results were discussed in detail (question by question – comment by comment). From this meeting an action plan was drawn up see attached and put forward for full discussion with the results of the actual survey at our February 2014 PPG meeting

Component 5. Agreeing an Action Plan with the Patient Reference Group (PRG)

Component 5

As part of component 5 of the DES the practice is required to agree with the PRG an action plan setting out the priorities and proposals arising out of the local patient survey. They are also required to seek agreement from the PRG to implement any changes and where necessary inform the PCT.

5.1 What action plan was agreed and how does this relate to the survey results?

Four main themes came out of the survey

Telephone Access – still our % are low compared to all other areas of the Practice

Inner entrance Doors – focus has moved from the external doors (electric doors now in situ)

Privacy at Reception – patients concerned at being overheard when speaking to a receptionist
External Parking – outside the Practice Premises Many complaints about the on street parking outside the Practice gates

5.2 How was the PRG consulted to agree the action plan and any changes?

The PPG were fully involved in the Survey and it was very much “their survey”

They were fully consulted both in the working party and full PPG meeting. The PPG wrote the action plan

5.3 If there are any elements that were raised through the Survey that have not been agreed as part of the action plan what was the reason for this?

We have not acted on every comment but have taken the main themes through to the Action Plan.

The action plan was fully agreed with the Surgery

5.4 Are any contractual changes being considered? If so please give details and confirmation that these have been discussed with the AT.

No

Step 6. Publishing the Local Patient Participation Report

Component 6

As part of component 6 of the DES the practices is required to publicise this Local Patient Participation Report on the Practice website and update the report on subsequent achievement *by no later than 31/03/2014*. A copy must also be sent to the AT by then.

6.1 Are there any further actions that have occurred from the:

2011/12 Action Plan

1.Telephone endeavour to answer more promptly

2.Face at the reception desk

3.Access to Building

1 and 2 . Two new receptionists employed. Looked at telephone set up made options clearer and messages shorter

3 New electric doors installed at a cost of £15k

2012/13 Action Plan

1 Telephone system

2 Increase Internet access

3 Ensure patients are informed if wait time more than 20 mins

Continue to endeavour to work on our telephone answering – look at costs of new system. New system purchased March 14

We have continued to push internet access via messages in the Practice and on our website. Last year 38% booked appointments online this year 41% our target was 45%

Reception Team now inform patients if waiting time greater than 20 minutes

In addition the Practice is required to provide details of Practice opening hours and how Patients can access services through core hours

6.3 What are the practices opening hours and how can patients access services during core hours

8am-6.30pm In person, website, telephone.

Where a Practice is commissioned to provide Extended Hours the Practice is required to confirm the times at which patients can see individual health care professionals

6.4 Do you provide extended hours? If so, what are the timings and details of access to Health care Professionals during this period.

We have extended hours that cover a variety of times – early mornings, Saturdays and late evenings.

Most are done by GP's but we do have two experienced Nurses running extended hours clinics.

These appointments can be booked via our website, by telephone or in person. We have a 5 week rolling rota which covers

7am-8am (Tues – Thurs)

6.30pm – 8pm (Tues- Fri)

8.00am – 11.00am (Sat)

7. Practice Declaration – *this is only required as part of the report submitted to the AT*

The Practice confirms that the above report is a true and accurate reflection of the work undertaken as part of the Participation DES 2013/14 .

Signed and submitted to the PCT and published on the Practice website on behalf of the Practice by:

Name:David Mucklin.....

Signed: ...David Mucklin.....

Surgery code:D81020.....

Date:05/03/2014.....

Website:www.nenevalleysurgery.org.uk.....

FOR AT USE ONLY

Date Report Received by the AT: _____ Receipt Acknowledged by: _____

Report published and evidenced on Practice website by required deadline: _____