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**PATIENT PARTICIPATION REPORT**

**2013/14**

Practice Code:

C84055

Practice Name:

Highcroft Surgery

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| **An introduction to our practice and our Patient Reference Group (PRG)** |
| Arnold is a suburb of Nottingham but with a firm identity of its own, there are many families who have lived in Arnold for several generations; this provides a large number of established family networks. We provide a range of services including minor surgery and family planning services. We currently have three male and five female GPs, two nurse practitioners and a dedicated nursing team.  We currently have a list size of 12,200 patients which has increased by 4% (480 patients) over the past 12 months. We are due to move into a large purpose built Medical Centre in March 2014, with space for further expansion of the practice. This will also give us the opportunity to host a number of clinical services which will be of great benefit and convenience to our patients.  Our Patient Participation Group (PRG) was established in October 2011 with 6 core members. The PPG Committee has seen a number of changes over the years and is now running with a core group of 14 members. Our PPG has a written constitution and has extended its knowledge-base through ‘virtual members’.  Patients are key stakeholders in our practice. They can tell us how our services are perceived and how they can be improved. We regard patient participation as crucial in improving all dimensions of the service we offer: from booking an appointment to quality of care; from the quality of our facilities to the way our doctors and nurses deliver vital care. |

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| **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** | **PRG profile** | **Difference** |
| **Age** | | | |
| % under 18 | 20.2% |  |  |
| % 18 – 34 | 20.8% |  |  |
| % 35 – 54 | 27.4% | 20% |  |
| % 55 – 74 | 21% | 26.5% |  |
| % 75 and over | 10.6% | 53.5% |  |
| **Gender** | | | |
| % Male | 5806 (47.5%) | 60% |  |
| % Female | 6369 (52.5%) | 40% |  |
| **Ethnicity** | | | |
| % White British | 91.5% | 100% |  |
| % Mixed white/black Caribbean/African/Asian | 4% |  |  |
| % Black African/Caribbean | 2% |  |  |
| % Asian – Indian/Pakistani/Bangladeshi | 2% |  |  |
| % Chinese | 0.4% |  |  |
| % Other | 0.6% |  |  |
| These are the reasons for any differences between the above PRG and Practice profiles: | | | |
| Despite a number steps taken by the practice to recruit additional representative patients from varied profiles, we have not been successful yet.  Although we have recruited younger patients to the PRG during the year, it has been difficult to retain their attendance due to work/educational/family commitments. | | | |
| 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 are looking to recruit new PRG members with profiles not yet represented.  We hope this will be achieved by:   * GPs, nurses and admin staff identifying and encouraging patients to participate. * Further promotion via the website * Further information being made available as part of the New Patient Registration Pack * Promoting the ‘virtual’ PRG membership | | | |
| This is what we have tried to do to reach groups that are under-represented: | | | |
| 1. Information given to newly registered patients 2. Advertisement on the website 3. Message on the Jayex Board in the waiting room promoting the group 4. Promotion by all clinicians and admin staff 5. One of our PPG Committee has close connections with a ‘hard to reach’ groups of people, the homeless, so indirectly their voice feeds into our meetings.   Despite all of the above steps to recruit additional, representative patients we have not been successful. However we continue to promote the group and hope new members will come forward. | | | |

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| **Setting the priorities for the annual patient survey**  This is how the PRG and practice agreed the key priorities for the annual patient survey |
| The survey used in 2012-13 was reviewed to gain ideas of what type of questions may be pertinent this year. |

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| **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) |
| The regenerated PPG committee did not have the experience to select the survey questions this year but the minutes show that the questions reflect the areas of concern addressed at their meetings.  The practice also took into account the results of the previous year’s survey and comments/complaints that have been received by the practice over the past 12 months.  A PPG task team met to review the presentation and language of the questionnaire. The questions were reformulated to conform to the principles of The Campaign for Plain English. This draft was presented to the PPG meeting in January 2014 and the final version agreed by all group members present. |
| How our patient survey was undertaken:  The survey was handed out to patients attending the practice during a two week period in January 2014 by volunteer members of the PRG and reception staff. Patients were encouraged to complete the questionnaire before they left.  The results were collated and analysed by volunteer staff members. All data was then converted into graphs for ease of presentation. |
| Summary of our patient survey results:  The patient survey results are available on the website and within the practice.  We double our returns total compared with the previous year. There were 213 responses and on the whole, the results were very positive. |

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| **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 213 responses were collated by volunteer staff members. All data was then converted into percentages and presented in graphs. The free text comments made by patients were also included.  A new PPG task team was formed to:   * evaluate the questionnaire * reflect on the methods of data capture * analyse the results * outline the Action Plan   The Chair of the PPG produced a full report for the next meeting of the PPG and this is available for the public to view on the website. | | | | |
| The key improvement areas which we agreed with the PPG for inclusion in our action plan were:   * Repeat Prescriptions * Online Access via website * Telephone System | | | | |
| We agreed/disagreed about:  There was agreement within the group regarding the areas to include in the action plan.  There was no disagreement within the group | | | | |
| **ACTION PLAN** | | | | |
| How the practice worked with the PPG to agree the action plan:  The survey results and possible action plans were discussed at the monthly PPG meeting on 12th February 2014. It was then discussed further by a task group consisting of 5 PPG members, the Practice Manager and the Assistant Practice Manager.  An outline Action Plan agreed and presented for approval to the full PPG committee. | | | | |
| We identified that there were the following contractual considerations to the agreed actions:  None | | | | |
| 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)** |
| Repeat Prescriptions – a number of free text comments stated that the availability of patients prescriptions continue to cause concern | Electronic Prescribing System to be introduced imminently | Practice Manager | 3 months |  |
| To increase the number of patients using online services offered by the practice (i.e. prescription ordering and booking appointments) | Promoting the benefits of our online services via:   * Jayex Boards in the practice * Message on prescription counterfoil * Information included in the Practice Leaflet * Promotion verbally by GPs/Nurses/Receptionists | Practice Staff | 6 months |  |
| Practice to look at improving the level of service provided to patients telephoning the practice, speed of answering the telephone and ability of patients to get through | Practice to investigate the possibility of having a call stacking system or alternatively ensuring additional reception staff available to answer the phones at busy times | Practice Manager to look at cost implications for both options and report back to PRG | 12 months |  |

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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. *Inability to book online nurse appointments*   **You said:** Practice to look into the possibility of patients being able to book nurse appointments online.  **We did:** Although difficult to make all nurse appointment available online, as a pilot we have made nurse smear clinic appointments bookable online.  **The Outcome was:** Although this is still being reviewed, it is hoped that we will soon be able to make further nurse appointments available online   1. *Improvement of the Repeat Prescription Service*   **You said**: Practice to ensure prescriptions are always ready for collection within the specified time.  **We did**: Clarified when ordered prescriptions would be ready for collection. (i.e. prescriptions ordered after 4pm would not start being processed until the next working day)  GPs now sign all repeat prescriptions before starting morning surgery.  **The Outcome was:** Percentage of patients having difficulty obtaining repeat prescriptions within allotted time has decreased   1. *Introduction of GP Telephone Consultations*   **You said:** Practice to increase the amount of GP telephone consultation appointments available.  **We did:** All GPs now have an electronic “message board” for telephone calls. Patients are also able to book a telephone appointment with a GP of choice  **The Outcome was:** fewer patients requiring unnecessary face-to-face appointments |
| 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:  None |

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| **Publication of this report and our opening hours** |
| This is how this report and our practice opening hours have been advertised and circulated:   * Posted on the Practice website * Summary displayed on the PPG noticeboard in the waiting room * Presented to PRG board members |

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| **Opening times**  These are the practice’s current opening times (including details of our extended hours arrangements) |
| Practice Opening Times:   |  |  |  | | --- | --- | --- | |  | **Opening Time** | **Closing Time** | | Monday | 8.30am (telephones from 8am) | 6.30pm | | Tuesday | 8.30am (telephones from 8am) | 6.30pm | | Wednesday | 8.30am (telephones from 8am) | 6.30pm | | Thursday | 8.30am (telephones from 8am) | 6.30pm | | Friday | 8.30am (telephones from 8am) | 6.30pm |   Extended Hours:   |  |  |  | | --- | --- | --- | |  | **From** | **To** | | Tuesday | 6.30pm | 7.30pm (GP & Practice Nurse) | | Thursday | 6.30pm | 7.30pm (GP & Practice Nurse) | |
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