**Drs G J Cox, M Karpha, and S L Harman**

**West Oak Surgery**

**319 Westdale Lane**

**Mapperley**

**Nottingham**

**NG3 6EW**

**PATIENT PARTICIPATION REPORT**

**2013/14**

Practice Code:

**84696**

Practice Name:

**West Oak Surgery**

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| **An introduction to our practice and our Patient Reference Group (PRG)** |
| **West Oak surgery is based in a suburban area of Nottingham. It was formed in 1993 by Dr BL Parsons and Dr GJ Cox from 2 practices, one which had been already based in the current premises for nearly 50 years. It has been a very stable practice with the same 2 partners and practice manager. Dr BL Parsons retired in December 2012 and Drs SL Harman and Dr M Karpha replaced her. The last 2 years has seen a growth in size of the registered list from 4500 in 2012, to 5000 in 2014. This has stretched the practice in many ways, and NHS England recommended we ask the PRG for an opinion on our application to close the list temporarily while we organised our resources to cope with increasing numbers. We received a fantastic response from the PRG in both numbers of replies to the email, and in the support for temporary closure.**  **The PRG is a virtual group in that it is based around emails and is now in its third year. There has been a suggestion to the group for an actual PPG with meetings etc, but there has been no support for this.**  **The number of PRG members is growing and on the 17 March 2014 there were 309 members.** |

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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 | 1 | -19 |
| % 18 – 34 | 20 | 15 | -5 |
| % 35 – 54 | 30 | 26 | -4 |
| % 55 – 74 | 23 | 47 | +24 |
| % 75 and over | 7 | 11 | +4 |
| **Gender** | | | |
| % Male | 48 | 43 | -5 |
| % Female | 52 | 57 | +5 |
| **Ethnicity** | | | |
| % White British | Not available | More than 95% | Probably the same |
| % Mixed white/black Caribbean/African/Asian | Not available | Approx 1% | Probably the same |
| % Asian – Indian/Pakistani/Bangladeshi | Not available | Approx 1% | Probably the same |
| % Chinese | Not available | Less than 1% | Probably the same |
| % Other | Not available | Approx 1% | Probably the same |
| These are the reasons for any differences between the above PRG and Practice profiles: | | | |
| 1. Age.  Teenagers, children and working ages are under-represented. This is likely to be due to the pattern of attending the surgery, and interest and time available for giving to the PRG.  2. Ethnicity.  Although ethnicity is recorded at new patient registration, this has not always been the case and so the database is not accurate. EMIS LV does not seem to have a built-in ethnicity search, and manual ethnicity searches did not work. However the practice has a largely white British population with a few Asian, Polish, Afro-Caribbean and Italian families. The Asian group is the one which is increasing but is still very small in comparison. Looking through the names on the PPG email list I counted 11 names that were not standard English names. This is because the practice serves a suburban area which is historically a working middle class area with pockets of deprivation, and there are many 3 generation families living in the area. The PRG is probably representative of ethnicity. | | | |
| 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: | | | |
| The majority of patients are either working, or of retirement age having worked. There are relatively few unemployed. The practice read codes caring status on the patient record. | | | |
| This is what we have tried to do to reach groups that are under-represented: | | | |
| There has been no specific action to target teenagers or children. It is unlikely to be seen as appropriate to target children under 16. The PRG is promoted on new patient questionnaires, on a poster in the waiting room, and in the Newsletter. The 18-55 age group is represented significantly even though it is about 5% less than the practice profile, and so is probably best left to grow naturally and review over time. | | | |

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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 |
| An email was sent to the virtual PRG on 26 September 2013 requesting ideas for questions to put in the annual patient survey. The practice did not have any predetermined priorities and left it up to the PRG members to suggest questions or subjects for questions. |

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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 practice and the Patient Reference Group worked together to select the survey questions in the following way:  Answers from the email sent out on the 26th September 2013 were collated by our practice manager and replied to.  There were 4 suggestions on the following topics:  1. 7 day opening  2. Online booking of appointments  3. emailable or electronic repeat prescriptions to the pharmacy  4. The ability of reception staff to give out medical information from the medical record without having  to bother GPs or nurses.  1. Dr Cox replied to the suggestion concerning 7 day opening stating that as we did not know yet how this would be viable it was probably not yet the time to ask the question assuming many patients would say they wanted 7 day opening.  2. The online booking suggestion was incorporated into the questionnaire.  3. The suggestion relating to pharmacies and repeat prescriptions was incorporated into the  questionnaire.  4. The suggestion relating to the ability of medical staff to give out medical information was answered,  but no suitable question came out of the suggestion.  The virtual PRG was emailed on the 11th February 2014 with the questionnaire information and when and how the survey would be undertaken (website and in practice). |
| How our patient survey was undertaken:  The patient survey questionnaires were given out to consecutive patients in the week following 17th February 2014, and placed on the Surgery website. |
| Summary of our patient survey results: Patient Satisfaction Survey January 2014 **1. A warm welcome. As the first point of contact with the surgery, how polite and helpful do you find the receptionists, on the telephone and at the surgery?**  Very helpful  76%  Fairly helpful  20%  Not very helpful  2%  Not all helpful  0%  Don't know  0%    **2. How effective are the receptionists/secretaries in dealing with your enquiry?**  Excellent  46%  Very good  40%  Good  7%  Fair  4%  Poor  0%    **3. How easy is it to speak to a doctor or nurse on the phone?**  Very easy  42%  Fairly easy  30%  Not very easy  3%  Not at all easy  0%  Haven't tried  23%  No response  2%    **4. If you need to see a GP urgently, can you normally get seen on the same day?**  Yes  55%  No  19%  Don't know  7%  Never needed to  17%  No response  2%    **5a. How important is it to you to be able to book appointments in advance?**  Important  85%  Not important  13%  No response  2%    **5b. How easy is it to book in advance?**  Very easy  55%  Fairly easy  36%  Not very easy  4%  Not at all easy  1%  No response  4%    **Please comment on how you think we can improve on any of the above.**  **6. At your most recent consultation, how did you rate the GPs understanding of your condition / concerns?**  Very good  61%  Good  28%  Fair  6%  Poor  1%  No response  4%    **7a. How do you rate the practice services provided by the Practice Nurse?**  Very good  69%  Good  19%  Fair  4%  Poor  0%  No response  8%    **7b. How do you rate the practice services provided by the Healthcare Assistant?**  Very good  52%  Good  20%  Fair  1%  Poor  0%  No response  27%    **If you are unhappy with any of the above consultations, please let us know why in the box below.**  **8. Which of the following methods would you prefer to use to book appointments?**  In person  14%  By phone  82%  Online (when available)  30%  **9a. How do you find the online repeat prescription service?**  Very easy to use  22%  Fairly easy  5%  Not very easy  1%  Don't know / Haven't tried  67%  No response  5%    **9b. Would you like your repeat items sent to a pharmacy of your choice?**  Yes  49%  No  12%  Not sure  14%  Do not use the same pharmacy each time  15%  No response  10%    **10a. In general, how satisfied are you with the care you receive at West Oak Surgery.**  Very satisfied  75%  Satisfied  19%  Dissatisfied  0%  No response  6%    **10b. Would you recommend West Oak Surgery to someone new to the area?**  Yes  89%  No  3%  Don't know  4%  No response  4%    **Please use the box below to comment on any of your answers.**  **Are you?**  Male  38%  Female  54%  No response  8%    **How old are you?**  Under 18  1%  18 to 24  5%  25 to 34  8%  35 to 44  14%  45 to 54  9%  55 to 64  16%  65 to 74  28%  Over 75  12%  No response  7%    **What is your ethnic group?**  **How often to you visit the surgery?**  Almost weekly  0%  Fairly regularly  11%  Only when necessary  75%  Hardly at all  8%  No response  6% |

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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 patient survey results were manually put into the Website software which analysed and presented the results.  The results were analysed further and these results made into a document “Key findings and Action Plan”.  The comments were also collated under each question heading and made into a document “Practice Survey Comments”  These 2 documents were emailed with a covering explanation to the virtual PRG for comments and suggestions as to further action points to include in the action plan. |
| The key improvement areas which we agreed with the PRG for inclusion in our action plan were:  The 2 documents below were sent to the PRG for their comments. The 2 documents are an analysis and report containing proposed action points based on the results of the survey, and a selection of representative comments contained in the survey with our replies to these comments.  **West Oak Surgery Patient Satisfaction Survey Report 2013-14**  **Key Findings and Action Plan 18/3/14**  There were 163 responses.  (1)We asked for feedback on the welcome received in terms of politeness and helpfulness both at the surgery reception and on the telephone by the practice reception staff. 96% said they were fairly helpful or very helpful. Last year a similar question about welcome yielded 89% positive so we are counting this as a significant improvement. However there were a number of comments which were not so positive, and interestingly there was further encouragement to “smile”. This had been an action plan for last year, and had been talked about in a practice meeting.  **Action 1. Practice manager to look at updating customer care training and for everyone to practise smiling!**  **Time frame: customer care training during 2014.**  **Action 2. GPs and practice manager to look at staffing levels and workload**  **Time frame: during 2014.**  (2).We asked how effective are the receptionists or secretaries in dealing with enquiries. This was a similar to last year and the result was with 86% excellent/very good response compared to 88% last year. There were no comments that raised any issues of note.  (3). We asked how easy patients found it to speak to a doctor or nurse on the phone. Of the 77% who had tried, most (72%) had found it very easy or fairly easy. The upsurge in telephone consultations over the last year probably reflects this. Interestingly 23% had not tried. 3% did not find it easy. There were quite a few comments relating to the more general issue of phone access and requesting more phone lines  **Action 3. GPs will pilot using their mobile phones for telephone consultations to free up phone lines around midday.**  **Time frame: discussed at practice meeting 26th February and put into immediate effect.**  (4). We asked whether patients found they could normally be seen on the same day if needing to be seen by a doctor urgently. This was a slightly different question to last year’s around the same topic. Last year 91% said they did not have difficulty making an appointment when they needed to be seen as an emergency, whereas this year 55% said they could normally be seen on the same day, 19% said definitely could not, the others either didn’t know, or had never needed to.  The use of telephone consultations may confuse the results as there has been a huge increase. Reassuringly we have the lowest use of A&E attendances in the North and North East CCG over the last year. We would love to be able to provide a same day service for all urgent problems but due to the increase in patient list size and possible increasing demand it has clearly not happened this year. Surprisingly there were no specific comments relating to urgent consultations.  **Action 4. GPs and practice manager to look at provision of urgent slots.**  **Time frame: during 2014.**  (5a and 5b).We asked how important is it to be able to book appointments in advance and then how easy is it to book in advance. 85% said it is important to be able to book in advance and 91% said it is either very easy or fairly easy to book in advance. There were comments requesting that we never move to same day system, and a number of comments requesting the online booking of appointments.  Online booking of appointments has been an objective for a number of years, and became one of last years action points. This has now been activated and online booking of some afternoon appointments is finally available. We have found initially that it is not very flexible, but are hoping that with the change to EMIS Web later this year it may become more so.  (6). We repeated the question about patient’s clinical experience. We asked them - at your most recent consultation, how did you rate the GPs understanding of your condition/concerns? 89% rated the last consultation good or very good but sadly 1% poor and 6% fair. There were comments about the lack of experienced female GP since Dr Parsons has left and Dr Harman is on maternity leave. There were one or two frustrated patients which considering the thousands of consultations we have per year is to be expected, but not desired. There were quite a few very nice comments about the GPs.  (7a and 7b) We asked the patients about their clinical experience with our Practice Nurse, and our Healthcare assistant.  88% rated our Practice Nurse as very good or good, and of the 73% that rated our Healthcare assistant, all bar 1% rated her as good or very good. There were very few comments about either of them.  (8). We repeated the question about which methods do patients use to book appointments as it was interesting that last year there had been a drop in the number of patients wanting to book online to 8%. This year it had increased significantly to 30% although the majority (82%) still want to use the phone. Last years action point was to set up the online booking system and this has now been done. The comments reflected this desire to see online booking.  (9a). The online repeat prescribing request system has now been going for some time. We decided to ask whether patients were finding it easy to use. Interestingly 67% hadn’t tried or didn’t know, which perhaps reflects the increase over the last year in the pharmacy order and collection repeat prescription service which in many cases needs no effort at all. Of the 28% who had used it only 1% had not found it very easy. There were no comments relating specifically to this.  (9b). We then asked about the pharmacy repeat prescribing service and asked - would you like your repeat items script sent to a pharmacy of your choice? The response was lower than we expected with only 49% saying yes. 15% stated they did not use the same pharmacy each time, 26% said no or not sure, and there was no response from 10%. There were a few comments but these were more statements of fact eg “my repeat prescriptions are already sent to the pharmacy”  (10a and 10b). These questions were more general satisfaction questions, but relating to the care, and whether patients would recommend the surgery to someone new in the area. Of the 94% who responded all said they were either satisfied or very satisfied with the care they receive at the surgery. 89% stated they would recommend the surgery to someone new in the area, 3% said no and 8% didn’t know or did not respond. Comments were generally complimentary. There were 2 positive comments relating to newcomers to the area.  The findings of the survey were discussed at a full practice meeting on 25th February 2014. The above report and actions will be forwarded to the Virtual Patient Group for their comments. These will be taken into account in the final version of this report and action plan and published on the practice website prior to March 31st 2014.  **2013-4 Practice Survey Comments**  Q1 A warm welcome. As the first point of contact with the surgery, how polite and helpful do you find the receptionists, on the telephone and at the surgery?  You said: again certain receptionists are rude and put me off ringing  ….the practice is friendly and the staff welcoming….  I am sometimes asked of my problem which I do not agree…  More smiles please  We are always treated with good humour and a laugh  Our reply: There were a number of comments about the manner of the receptionists at reception and over  the telephone. This was fed back to them at the practice meeting on the 26th February 2014.  They have all been on customer service training courses in the past, but perhaps this should be  revisited. With increasing telephone use due to a number of reasons they can be very busy  fielding a number of people at once, which is a management issue. We will look at this carefully  over the coming months.  Thank you for the positive comments of which there were plenty.  Q2. How effective are the receptionists/secretaries in dealing with your enquiry?  You said: There were no specific comments relating to this question, comments were general eg “staff very  helpful”  Our reply: This question although giving us a very positive response didn’t throw any light on specific  problem areas due to the lack of specific comments.  Q3. How easy is it to speak to a doctor or nurse on the phone?  You said: …phone can be engaged for long periods  More than one phone to contact on so it’s not engaged  Doctors are busy but if the need is great they will call back  Overall service is excellent. It is difficult but telephone consultation works.  Our reply: Phone issues were discussed at the practice meeting on the 26th February. There were at least 2  issues here, with plenty of comments especially about difficulties with getting through to  reception generally.  The lack of phone lines is a problem for everyone especially around midday as clinicians want to  phone out for telephone consultations, and patients want to phone in. More phone lines however  means having more staff on duty to answer them, which needs careful planning. As an interim  measure the GPs agreed to use their personal mobiles to do telephone consultations freeing up the  2 surgery lines. The effect of this will be evaluated later in the year.  Over the last year we have seen an upsurge in the use of telephone consultations which can be  booked on the day or the day before. Due to these it has now become unusual for the GP morning  surgery to finish before 12:30 – 1pm or sometimes 2pm on a Monday, and because some of  these are as complicated as a face to face consultation they can run very late! This has shortened  the afternoon space for doing visits and paperwork before afternoon surgery, so time constraints  limit free telephone access to any GP. However there is a GP on call who will take urgent calls,  and reception staff try and use their wisdom and experience to find a suitable clinician to answer  calls.  Q4. If you need to see a doctor urgently, can you normally get seen on the same day?  You said: there were no specific comments about urgent appointments.  Our reply: surprisingly there were no specific comments about this. We do actively adjust the combination  of booked, urgent and same day slots to meet demand especially on Mondays and following  bank holidays and Xmas week.  Q5a. How important is it to you to be able to book appointments in advance?  You said: prefer appointment system at this surgery, please don’t change.  It would be helpful to book appts eg for day off work – had to phone at 8am when already on  journey to work  please do not go to same day appointments as other surgeries in the area  Our reply: we have always felt it important to be able to book in advance and have never moved to the  complete same day system. As per Q4 we do limit booked slots on some days to cope with the  extra same day demand. How far in advance patients can book depends on how much time the  staff have had to set up the surgery slots but we try to keep 2-3 months at least in advance.  Patients may be asked to phone early if there are no booked slots left eg for a Monday, there may  be same day slots free but these can only be booked on the same day  Q5b. How easy do you find it to book in advance.  You said: would be good if could progress to online booking of slots or some slots. Helpful if can’t get  through on phone if busy.  Online booking would be good  Our reply: this was discussed at the practice meeting on 26th February 2014. Our practice  manager has set up an online booking system which is accessed via the same portal as the online  repeat prescriptions requests. The system does not seem to be very flexible at present and so she  has limited the slots to afternoons. We are changing computer systems later this year so perhaps  that will allow more flexibility.  6. At your most recent consultation, how did you rate the GPs understanding of your condition/concerns?  You said: the best GP I have ever used  More female GPs please, trainee may be nice but lacks experience.  Dr Karpha is very patient and respectful, much appreciated.  I don’t seem to get straight answers  Doctors very caring and understanding  Our reply: Thank you for all the kind words. Dr Harman the female partner is away on maternity leave till  October 2014. This year has been very busy for us and we felt that we needed an experienced  GP maternity locum for her which is why Dr Bratt was asked to fill this role for the year, and  he had his own compliments in the comments section. I guess there will always some who are  frustrated by their illness or how it is managed, but please let us know so we are at least aware.  7.a. How do you rate the practice services provided by the Practice nurse  You said: I can see the nurse at 8am, why can’t I see a Dr!  Our reply: there were no specific comments about the range of services provided by Cathy our practice  nurse. She starts at 8am voluntarily in order to help with the increasing demand. The GPs are  wary of starting earlier, as there is a suspicion they may just end up working a longer day.  7b. How do you rate the practice services provided by the Healthcare assistant?  You said: Elaine ..very nice and puts you at ease  Our reply: Thank you for the nice comments about Elaine. There were no specific comments about the  service she provides.  8. Which of the following methods do you use to book appointments?  You said: I prefer to phone as I believe I can explain myself ..  There were a number of requests for online booking of appointments.  Our reply: the points raised by the comments for this section are already covered in Q3 and Q5b. Most  people still prefer to use the phone to make appointments  9a. How do you find the online repeat prescription ordering service?  You said: there were no specific comments relating to this  9b. Would you like your repeat items script sent to a pharmacy of your choice?  You said: I’ve had prescriptions go missing or not delivered in the past so prefer to drop off/collect from  doctors &post or deliver myself to company providing products  my repeat prescription is already sent to the pharmacy  Our reply: over the last year all pharmacies have been canvassing for patients custom by trying to get them to  sign up to the repeat prescription order and collection service. Feedback to us has been generally  good but some people have had mixed experiences. One recurrent theme is that some patients  assume the pharmacy knows when medication is changed by the GP and do not notify the  pharmacy themselves of any change. Another theme is that some pharmacies seem to order repeat  medications without appearing to ask the patients first and so end up ordering unwanted  medication leading to waste. Reception staff have had significant extra work caused by this  system, and due to the confusion caused by the above examples, some unhappy patients!    10a. In general, how satisfied are you with the care you receive at West Oak Surgery?  You said: been here years, always been excellent  2 people who miss Dr Parsons and wish she was still working  Our reply: It would be impossible not to miss Dr Parsons as she had been working here since  1988! Thank you for all the nice comments which included being well run, friendly and caring.  10b. Would you recommend West Oak Surgery to someone new in the area?  You said: I have already recommended you to several people  From what I have experienced so far I would recommend practice to someone new in the area  Our reply: There were only 2 comments related to this question and thank you for the positive  answers. We have mixed feelings about new patients at present because the practice list size is  growing too big! This is impacting on workload throughout the practice. We are applying to NHS  England to temporarily close the list while we develop a robust long term strategy to help us  provide the same quality of service whilst dealing with more patients. |
| We agreed/disagreed about:  The above report, annual survey results, and the document containing individual patient comments and our replies was emailed to the PRG on 19 March 2014 for their comments. By 29th March there had been 4 replies to this email all in support of the actions proposed. |

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| **ACTION PLAN** | | | | |
| How the practice worked with the PRG to agree the action plan:  The Survey report with proposed actions was emailed to the PRG on 19th March. 4 replies were received all in support of the proposed actions. | | | | |
| We identified that there were the following contractual considerations to the agreed actions:  No contractual considerations identified. | | | | |
| 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)** |
| Reception staff | Update customer care training | Practice manager | During 2014 |  |
| Reception staffing | Look at reception staffing and workload | Practice manager | During 2014 |  |
| Telephone access for patients | GPs to use mobile phones for telephone consultations to free up lunchtime phone access. | GPs. | Started on 26th February 2014. |  |
| Provision of Urgent appointment slots | Review the provision of urgent appointment slots. | GPs and Practice manager | During 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: |
| Action 1  You said: to the receptionists, always remember to smile  Our action: The practice manager reminded staff to smile at the practice meeting on 27th March 2014.  Action 2  You said: 8% thought they would like to book appointments online We thought that although there was a drop in numbers of patients wanting to book online from 16% the previous year to 8% , we felt it was an important step forward and one we had been wanting to do for some time.  Our action: We said we would introduce this within the next year. This happened in March 2014 and is now available.  Action 3  You said: 91% felt they did not have difficulty making an appointment when they needed to be seen in an emergency. We thought as it was not 100% we ought to look at the situation.  Our action: We said we would produce more patient education about what constitutes an emergency and further promotion of booking telephone consultations by September 2013. Promotion of telephone consultations has taken place via newsletter, poster in the waiting room, and is in the practice leaflet. There is a poster in the waiting room about emergency consultations.  Action 3a (labelled 4 in last years report)  You said: 91% felt they did not have difficulty making an appointment when they needed to be seen in an emergency we thought as it was not 100% we ought to look at the situation and wondered whether offering telephone consultations later in the day would offer a viable alternative.  Our action: Dr Cox discussed the potential of having other sessions for telephone consultations later in the day with the other GPs during informal discussions and at clinical meetings. We felt that continuing with the current system was the only workable way forward as we did not want to reduce the number of normal bookable face to face consultations.  Action 4  You said: the clinical experiences at the practice were by and large positive. We wondered if patients were aware of what services are available for them.  Our action: the practice manager made a point of reminding herself to continue to have a range of posters in the waiting area and information in the Newsletter about the range of services to patients such as travel advice, well person checks and smoking cessation clinics. A letter from the surgery and New Leaf has just been sent to all smokers promoting the New Leaf clinic held once a week at the surgery.  Action 5 and 6.  You said: are items such as chair handles regularly disinfected?  Our action: discussions were had at the practice meeting of 27th March 2013 as to the most practical way in which to do this. The Healthcare assistant, and reception staff disinfect reception surfaces, door handles and touch screen every day at the end of each evening session. Chair handles have not been added to this as yet and a ticklist was not introduced. This will be added for discussion at the next practice meeting.  There is a larger notice asking patients to use the sanitiser gel after using the touch screen.  Action 7.  You said: 86% had no concerns about privacy being compromised. We felt that it would be opportune to remind patients that they could ask to speak to receptionists away from the counter if they felt uncomfortable about something they need to ask or say.  Our action: we think a reminder has been sent in a Newsletter but have been unable to access the back issues of the Newsletter to check so this remains as an item for the next Newsletter. |
| 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:  The report has been made available at the reception desk, and has been published on the practice website. |

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| **Opening times**  These are the practice’s current opening times (including details of our extended hours arrangements) |
| The practice is open 0800 to 18:30 Monday to Friday. There is no lunchtime closure. The practice has been closing on the 4th Wednesday afternoon of each month for in-service training for the last year, and is likely to continue with this for the foreseeable future.  The practice has not participated in the extended hours arrangements. |