

PATIENT PARTICIPATION REPORT

2013/14

Practice Code:

C84091

Practice Name:

Aspley Medical Centre

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

Aspley Medical Centre is located in purpose built premises on Aspley Lane in Aspley, Nottingham and is a medium sized practice having a patient population of around 6900 patients. There are 3 male GPs, 3 female GPs, 3 practice nurses, 1 Healthcare Assistant and 9 administrative staff.

Aspley Medical Centre aims to provide a high quality service to all patients equally, and have good access and appointment availability to the clinical services it provides.

There has been a small active Patient Participation group for the last 6 to 7 years who meet a few times a year with the Practice Manager and other staff to discuss current and relevant issues at the Practice. The Patient Participation group jointly review the annual results of the patient questionnaire with the practice. The Patient Participation Group is open to new members.

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	1827 (26.63%)	0 (0%)	-26.63% underrepresented in patient group
% 18 – 34	1639 (23.89%)	0 (0%)	-23.89% underrepresented in patient group
% 35 – 54	1763 (25.70%)	3 (42.86%)	+17.16% overrepresented in patient group

% 55 – 74	1185 (17.27%)	2 (28.57%)	+11.3% slightly overrepresented in patient group
% 75 and over	446 (6.5%)	2 (28.57%)	+22.07% overrepresented in patient group
Gender			
% Male	3308 (48.22%)	2 (28.57%)	-19.65% underrepresented in patient group
% Female	3552 (51.78%)	5 (71.43%)	+19.65% over represented in patient group
Ethnicity			
% White British	2354 (34.31%)	5 (71.43%)	71% of patients with ethnicity recorded were white british, which is represented appropriately by the patient group.
% Mixed white/black Caribbean/African/Asian	327 (4.77%)		Under represented
% Black African/Caribbean	329 (4.80%)		Under represented
% Asian – Indian/Pakistani/Bangladeshi	213 (3.10%)	2 (28.57%)	Over represented
% Chinese	8 (0.12%)		Under represented
% Other	79 (1.15%)		
% Ethnicity status refused/not stated	1111 (16.20%)		
% Ethnicity not coded on patients medical records	2439 (35.56%)		

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

As can be seen from the above figures there are differences between the PRG and practice profile, in the areas of age, gender and ethnicity. The significant variance in percentages is partly due to the low number of patients in the patient group, only 7 compared to the practice patient list size of 6860. It is very clear that the under 35 age group is underrepresented and the practice has tried to engage with younger patients by approaching younger patients directly and attempting to communicate via email and phone. However this age group has been hard to engage with about Patient Participation activities, renewed efforts will be made in this area next year.

The Patient Participation group is predominantly white British ethnicity, though this is in line with the percentage of patients coded with a definite ethnicity on their medical records. Efforts have been made during this year to talk with patients other than white British about the activities of the Patient Group and this has caused an increase this year in the Asian/Indian/Pakistani/Bangladeshi representation within the Patient Participation group, though it is recognized that other ethnic groups are underrepresented.

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 practice has not collected data on the status of the patients that are engaged with the Patient Participation Group but is aware that not all groups of patients are currently represented. Some of the members of the Patient Participation Group have offered to act as representatives for other patients who are not able to attend group meetings and engage with the practice; perhaps due to work, family, caring or other commitments. The members of the Patient Participation Group offering to do this have made available their names and contact details for other patients to contact if they wish on flyers in the surgery (handed out with patient questionnaires), and in the practice newsletter.

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

All of the staff at Aspley Medical Centre (Doctors, Nurses, HCA, Reception/admin staff) are aware of the Patient Participation group and will directly talk to patients about the group when appropriate and pass the names of any patients interested to the Practice Manager. The Practice Manager will then contact the patient normally by phone to talk in more detail about the group and see if it is something they would be interested in attending.

Aspley Medical Centre also promotes the Patient Participation group in newsletters and on the practice website.

Setting the priorities for the annual patient survey

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

This year when the Patient Participation Group met with the practice manager and discussed the annual patient survey they expressed a strong desire for it to be kept simple and short. In recent years there have been numerous lengthy questionnaires for patients to complete - GPAQ, the national GP patient survey and others produced by various NHS organisations often comprising of many pages, the patient group felt that the length of some surveys put patients off completing the surveys.

The Patient Participation group also wanted the survey to allow space for patients to write their own positive and negative comments/suggestions about the practice. It was seen as a priority to encourage and allow patients to be able to voice their concerns or comments in their own words.

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

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

Following the initial meeting when the need for the annual survey was discussed, the Patient Participation Group met and designed the survey themselves. As mentioned earlier the patients felt strongly it should be kept simple and short. The survey comprised of just 3 questions 1. What do you like most about this practice ? 2. Is there anything about the practice you don't much like ? 3. Can you suggest any improvements to make the practice better for you ?

The patients also felt a short survey would aid analysing the results.

How our patient survey was undertaken:

100 copies of the questionnaire (A5 sized paper) were left at reception for patients to pick up and complete. A box was provided for completed surveys to be posted into. The patient group felt that patients would be more likely to complete the survey if it was given to them by a Doctor, so a few questionnaires were given to each doctor for them to hand out at their discretion. However the doctors were concerned about how much consultation time would be taken up discussing the questionnaire so did not give many out. The questionnaire was made available for 1 month.

The receptionists also promoted the questionnaire when time allowed.

Summary of our patient survey results:

31 questionnaires were received back by the deadline and were analysed by the Patient Group, 7 questionnaires were received later and were read and noted by the Practice Manager.

Of the 31 questionnaire analysed 22 were seen to be very happy with the practice, 8 fairly happy and 1 very unhappy.

There were 9 practical suggestions:

- Provision of a letter box that can be accessed outside normal surgery hours
- Provision of an electronic prescription service
- Provision of more activities for children in waiting rooms
- Over warm waiting rooms
- Longer waiting times that there used to be to get a doctor's appointment
- Loss of a chance for workers to get a Saturday appointment
- Long wait in waiting rooms to see some doctors
- More female doctors would be valued
- Dislike of the automated phone booking system

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 completed questionnaires were handed to the Practice Manager who passed them onto the Patient Participation Group. The Patient Participation Group analysed the results and passed the analysis and questionnaires back to the Practice Manager. The Practice Manager checked the questionnaires and agreed with the analysis of the Patient Group. The Practice Manager also received questionnaires back after the deadline and read and took note of the comments made.

The Practice Manager took the summary of the results to a practice business meeting and discussed the results with the GP partners. The Practice Manager then met with the Patient Participation Group to discuss the actions to be made following the survey.

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

- Provision of a letter box
- Provision of electronic prescription service
- Longer waiting times than there used to be to get a doctor's appointment
- Loss of a chance for workers to get a Saturday appointment
- Long wait in waiting rooms to see some doctors

We agreed/disagreed about:

The Practice and Patient Participation Group agreed that the above 5 key improvement areas were all valid to go into the action plan. Although some of the members of the Patient Group felt that the waiting times in the waiting rooms were acceptable and sometimes very good and that they had had no problems in booking an appointment.

After discussion it was agreed that no action would be taken over the other suggestions:

- **Over warm waiting rooms** *The practice and patient group both agreed that it is very difficult to set the heating to please everyone, different people feel cold and hot in a room of the same temperature. It was felt that the current setting was acceptable for most people and that patients were only temporarily in the premises for a short time mostly.*
- **Provision of more activities for children in waiting rooms** *The practice has had to review providing toys in light of infection control policy and the possibility of infections being passed from child to child via toys. The practice provides a few toys which can be cleaned easily and regularly. Other considerations were that there is not a lot of extra spare space in the waiting room and that there are other patients (often not very well) that are waiting to see the doctors in the waiting rooms. The patient group felt this was acceptable and commented that parents/guardians could bring a small toy with them to entertain their child whilst waiting.*
- **More female doctors would be valued** *Since the questionnaire was devised and handed out, the practice has taken on a new female GP Dr Karen Jenkins.*
- **Dislike of the automated phone booking system** *It was felt by the practice and patient group that this was a choice offered to all patients and that if you didn't like it you didn't have to use it. Some patients have expressed that they really like using the automated system.*

ACTION PLAN				
How the practice worked with the PRG to agree the action plan:				
The Practice Manager and a member of the reception team met with the Patient Participation Group, and discussed the comments made by other patients and identified the 5 key improvement areas listed earlier. Actions were agreed at this meeting.				
We identified that there were the following contractual considerations to the agreed actions:				
We did not identify any contractual considerations to take into account with our agreed actions.				
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)
Provision of a letter box that is accessible out of surgery opening hours when outer gate in the railings is locked.	Look into purchase of economical small post box with thin slit that could be attached to the railings.	Practice Manager	3 months	
Provision of electronic prescription service	Practice has already begun preparing to go live with electronic prescription service and will continue with this.	Practice Manager	Go Live with Electronic Prescriptions on 8 th April 2014	
Longer waiting times than there used to be to get a doctor's appointment	Practice is aware of this, is monitoring the situation and trying to improve. However there is a problem nationally with shortage of doctor's appointments and demand for GP appointments is increasing.	Assistant Practice Manager	Will monitor and manage appointments to attempt to decrease waiting times where possible throughout 2014-15	
Loss of a chance for workers to get a Saturday appointment	Practice will look into the feasibility (depending on funding) of providing this service again during 2014-15.	Practice Manager	6 months	
Long wait in some waiting rooms to see some doctors	Practice Manager will talk to doctors who tend to have long waits to see if their appointments could be managed better e.g. catch up breaks scheduled in etc	Practice Manager	3 months	

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”

Safety issue – of very young children running straight through surgery entrance doors onto a very busy road

You said .. you wanted something to be done about the front entrance of the surgery where it was possible for very young children to run out fairly easily onto a busy main road .. **We did** .. inform parents/guardians of the danger, research solutions and finally altered the position of the main entrance gate in the railings so it was not in direct alignment with the entrance door to the surgery..

The outcome was... successful, there have been no further instances of very young children running out into the road since the gate was re-positioned.

Improved communications between practice and patients

You said .. you wanted us to improve communication between the practice and the patients, by means of a regular practice newsletter...**We did**...start producing newsletters... **The outcome was** .. successful, the practice now produces newsletters.

Improve proportional representation of patients in patient groups

You said ...we needed greater proportional representation of the practice population in the patient group...**We did** ... try to recruit minority groups not represented in the patient group and have had some success...**The outcome was** ... the practice has spoken to more patients about the patient group this year and has had some success in gaining engagement and feedback from minority groups underrepresented in the patient group, the practice will continue to work on this area..

Maintain good access for patients to contact the surgery by telephone

You said ... it was a priority to be able to get through to the practice easily on the telephone **We did** ... purchase two extra phone lines in 2013 to increase capacity on the phone lines **The outcome was** ... successful, the practice has scored consistently highly in feedback questionnaires on the ability to get through to the practice on the phone.

Maintain good access for patients to be able to book an appointment with a clinician within 2-4 days

You said ..it was a priority to be able to access appointments and see a clinician within 2-4 days **We did**.. constantly monitor the appointment availability during this last year. There has been an increasing demand for appointments and at times patients have had to wait longer for routine appointments. However the practice has increased GP capacity during the year and is now offering more appointments **The outcome was**the practice continues to work hard to manage appointment availability.

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:

No

Publication of this report and our opening hours

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

This report and our practice opening hours have been published on our practice website. The report is also available in hard copy form, from reception for patients to read at the practice. The results of the patient questionnaire and comments have been published in the latest practice newsletter (March 2014). The practice opening hours are displayed in the main entrance at Aspley Medical Centre.

Opening times

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

Monday 8.30am – 6.30pm

Tuesday 8.30am – 6.30pm

Wednesday 8.30am – 6.30pm

Thursday 8.30am – 6.30pm

Friday 8.30am – 6.30pm

Patients can access services during these times by attending the practice reception desk in person or telephoning the surgery.

Outside of these opening times, patients can use the Patient Partner automated telephone service to book, cancel or check an appointment.