

MANOR VIEW PRACTICE

**PATIENT PARTICIPATION
GROUP**

ANNUAL REPORT

MARCH 2013

Contents

Contents	2
Introduction	3
Outcome of Action Plan for 2011-12	3
Profile of Patient Participation Group 12-13.....	4
Is the PPG this year as representative of the practice population as it was last year? .	6
What measures did the practice take to increase the engagement with the PPG?	6
Priority Setting	7
Main Survey results.....	7
Review of free text comments made in both surveys.	9
Conclusions	10
Formation of Action Plan.....	10
Meeting with PPG	10
Action Plan.....	11
Challenges for next year.	11
Appendix 1 – Practice opening hours and access arrangements	12
Appendix 2 Schedule of Extended Hours Surgeries.....	13

Introduction

This is the second annual report of Manor View Practice's Patient Participation Group (PPG).

Last year the emphasis was on the following:

- Forming a PPG that was representative of the practice population.
- Consulting with the PPG via a survey.
- Devising an action plan of change for the year April 12-13.

This year the practice has been concentrating on the following:

- Ensuring the PPG remains representative.
- Completing the current action plan.
- Improving how the practice communicates with the PPG
- Consulting with the PPG again via another survey
- Devising a new action plan of change for the year April 13-14.

Outcome of Action Plan for 2011-12

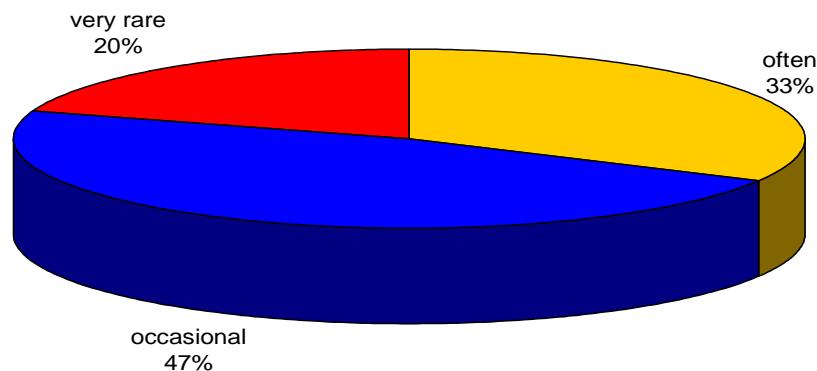
Request from PPG	Practice Response	Outcome
Improve disabled car parking access	The building is owned by the PCT and they are responsible for the car park. Plans are already in place to improve the disabled car parking spaces, but this will involve losing some non-disabled spaces	Together with Attenborough Surgery we are hoping to have new premises. Plans are progressing and whilst there are some major hurdles to overcome we are hopeful that we could have a new building within 3 years. Therefore, it does not make sense to spend significant sums of money on the existing heath centre at present.
Better car parking	Together with Attenborough Surgery we are in active discussion with the PCT with a view to building new premises	
Better services for dementia	Dr Ray will become our lead GP for dementia. We will offer a comprehensive review of every patient with a diagnosis of dementia at least once a year. We will organise in house training to improve our skills in diagnosis and management of early dementia.	We have had 2 training sessions on dementia. One covered diagnosis and early detection and the other management of dementia. All patients on our dementia register will have been reviewed or offered a review
Help with weight loss	Our doctors and practice nurses already see patients for dietary advice and weight loss and are happy to see anyone who see anyone requests help. We will organise in house education to improve the service we offer. We will increase information available on the website and in the practice about weight loss and lifestyle changes and how this help can be accessed locally.	We were due to have a training session with a hospital dietician on 26/2 but this had to be postponed due to staff illness. It has been rearranged for 14/5/13. Information about weight loss, dietary advice and exercise has been placed on our website. We will also advertise this on our information display screens.
More help with dietary advice	We will publish advice on our website and make it available in the waiting areas.	
Internet booking of appointments	We hope to introduce this in the near future	We have introduced both automated telephone booking of appointments and internet booking. The latter will be expanded in the next year
Improved continuity of care by GPs	If a GP wishes to see a patient within 2 weeks, he/she will either make the appointments him/herself or give clear instructions to reception regarding the next appointment. If the GP knows it is not possible to see him/herself for the next appointment that will be explained to the patient before they leave	This has been discussed with all GPs and admin staff

Profile of Patient Participation Group 12-13

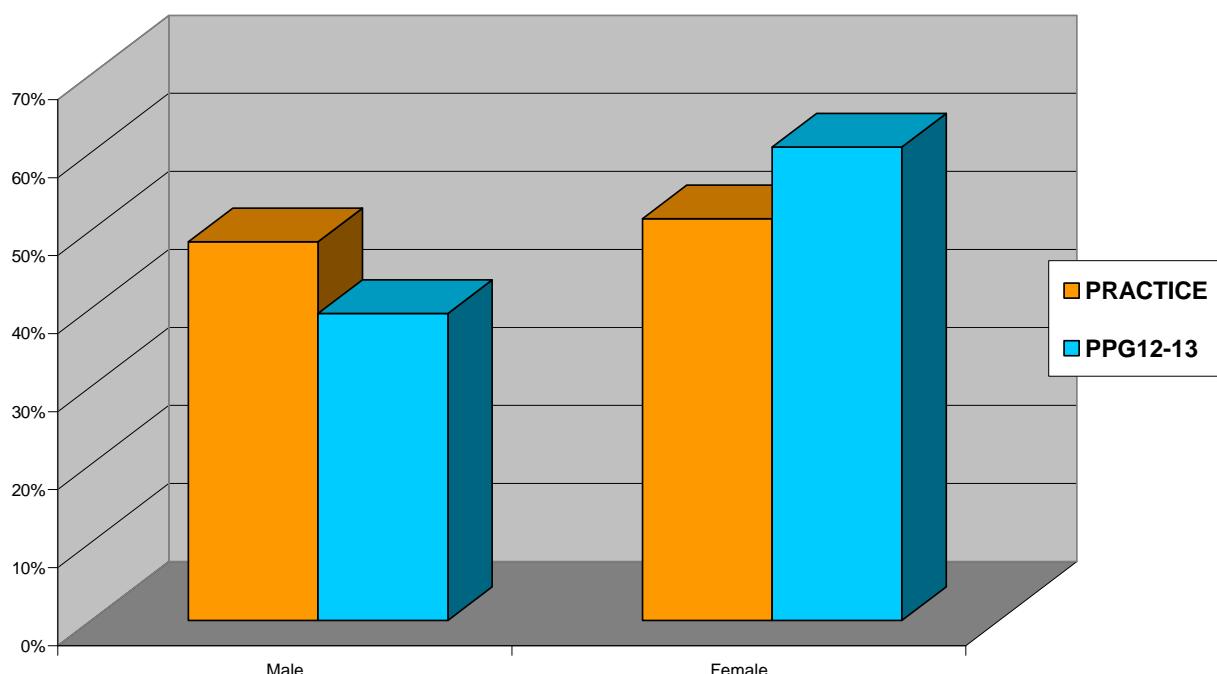
2012-13 200 patients.
2011-12 192 patients.

154 wished to participate electronically
46 wished to participate by post

How often do PPG members attend the practice?



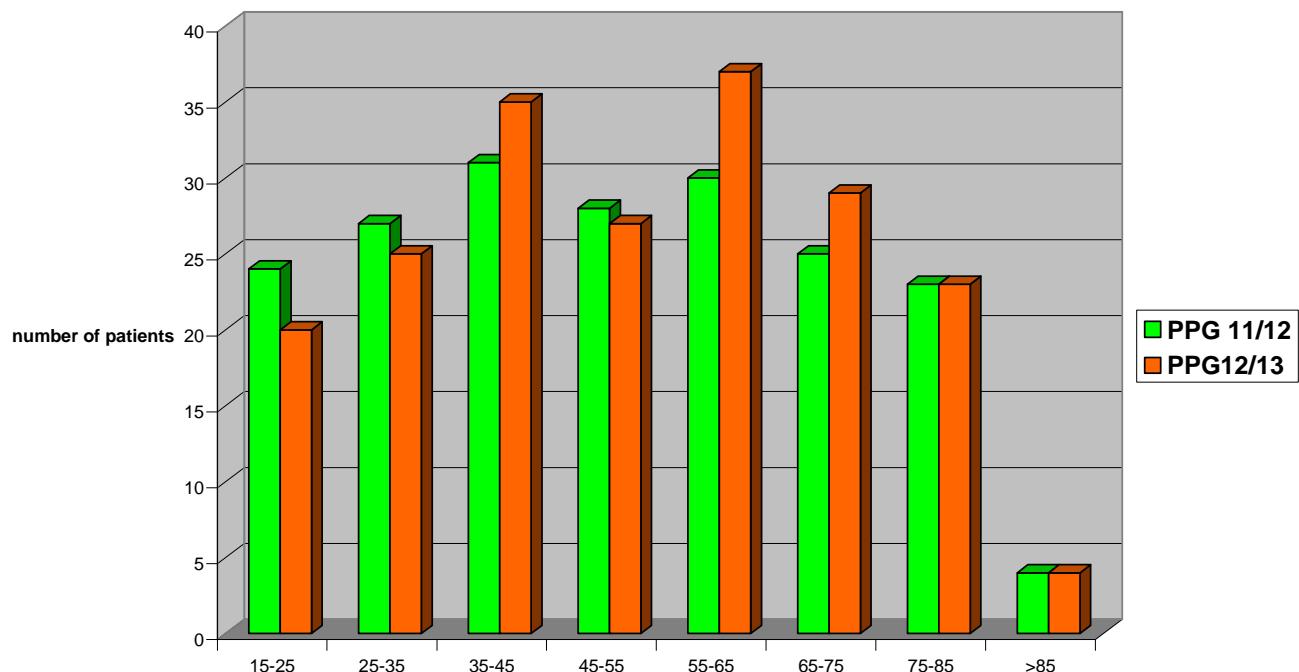
Comparison of gender of PPG with practice



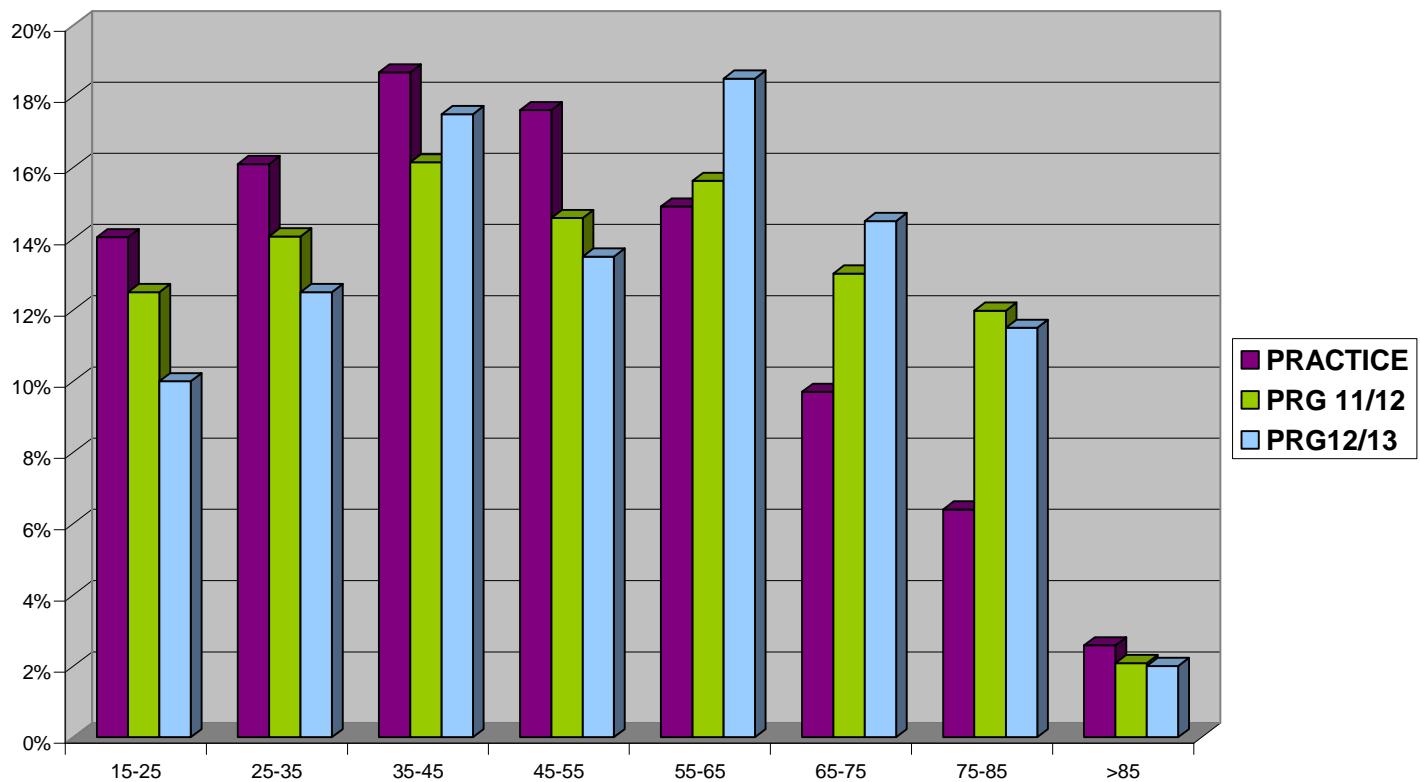
Comparison of ethnicity of PPG with practice

Ethnic group	Practice	PPG11-12	PPG 12-13
White	83.2%	83.7%	84.8%
Mixed	2.3%	1.5%	1.4%
Black	2.5%	1.5%	1.4%
Asian	8.1%	9.4%	8.5%
Chinese	0.1%	0.5%	0.5%
Other	0.0%	3.5%	3.3%
Not given	3.9%	0.0%	0.0%

Comparing age groups of PPG 2012-13 to 2011- 12



Comparing age groups of PPG to practice



Is the PPG this year as representative of the practice population as it was last year?

Overall yes. There are some changes in the age distribution and the practice recognises that the 16-25 year group are more under-represented than last year and more than any other group. We will attempt to address this in next year's action plan.

What measures did the practice take to increase the engagement with the PPG?

- The main questionnaire was shorter and the questions simplified.
- A meeting was arranged for the PPG to meet practice staff. All PPG members were invited when they received the main questionnaire.

Priority Setting

A questionnaire was sent to the PPG on 24/9/12 asking what the priority areas should be for the main survey.

The response rate was 38.5% (last year was 43%)

64 responses were received electronically and 13 by post.

Respondents could tick as many categories as they wished.

The results are as follows:

Clinical care	51%
Communication including telephone access	44%
Ease of getting an appointment	61%
Satisfaction with clinical staff	39%
Satisfaction with reception and admin staff	34%
Appointment times	35%
Accessibility of health centre and parking	45%
Opening times	45%
Facilities and cleanliness inside the practice	14%
Other	9%

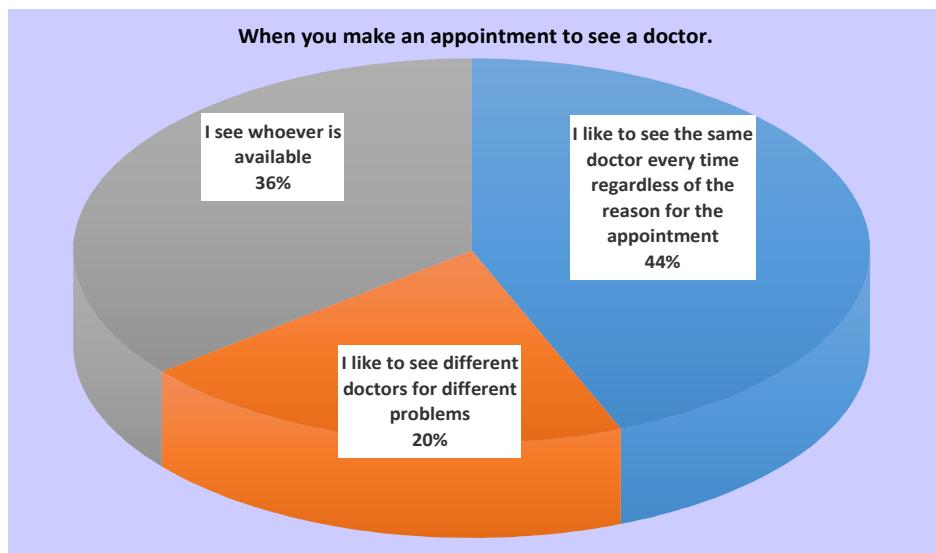
Main Survey results

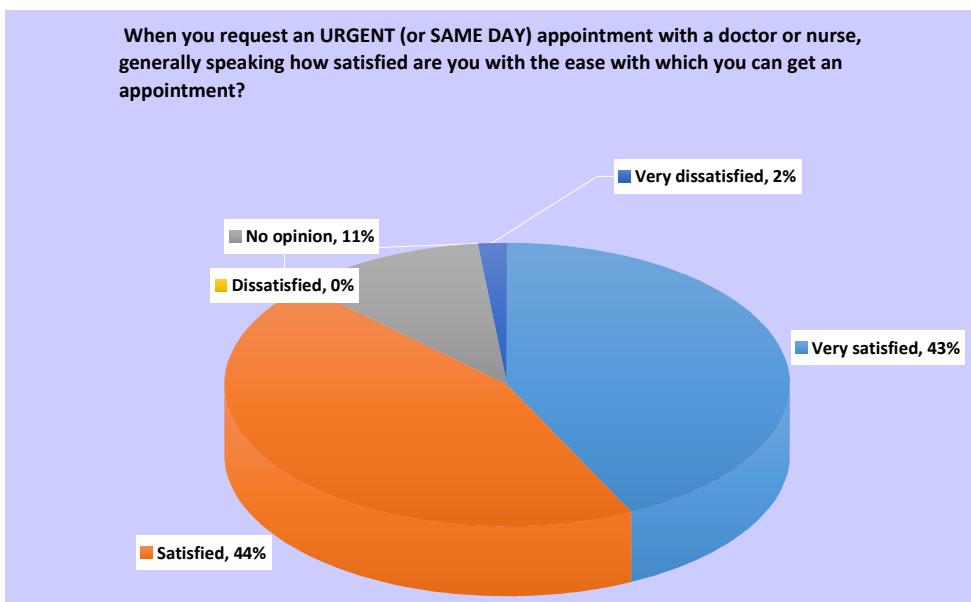
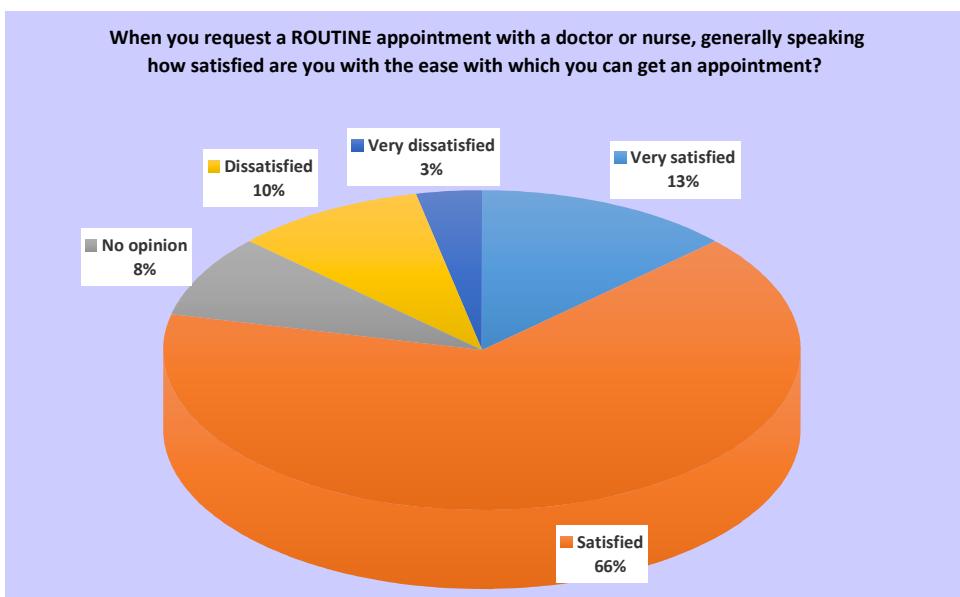
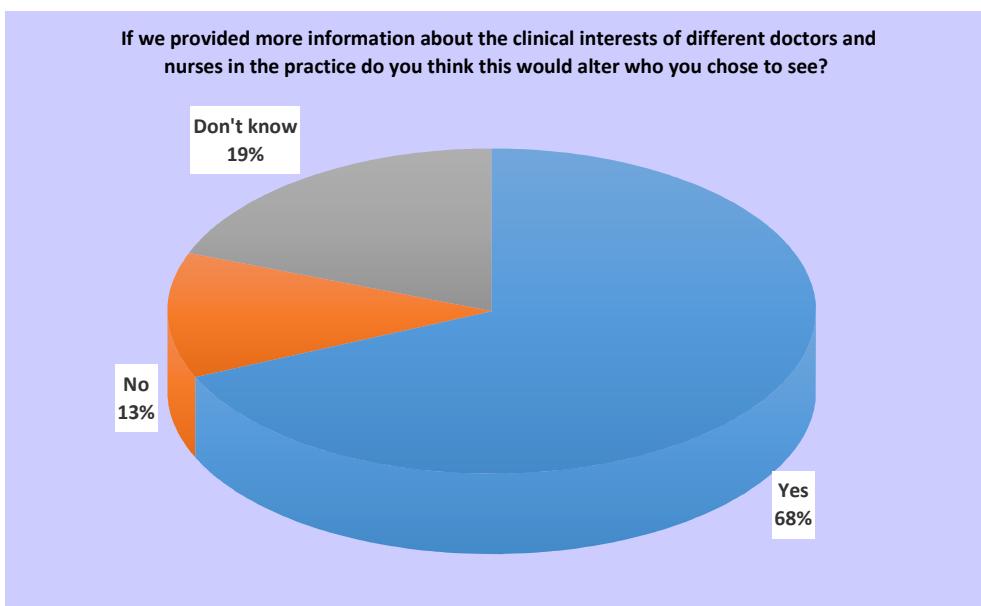
The main survey was sent out on 8/1/13

The response rate was 32% (last year was 45%)

51 responses were received electronically and 14 by post

The results are as follows:







Review of free text comments made in both surveys.

We received a large number of very helpful comments which gave quite a cross section of views. The comments were sent to all staff to read and were discussed at a practice meeting on 8/2/13. There were some recurrent themes which are as follows:

- Internet booking of appointments.
- End of Life care.
- Support for carers.
- Information about individual clinical interests and expertise of doctors and nurses.
- Waiting room environment.
- Better information when a doctor running late.

Conclusions

1. Under half of the respondents like to see the same doctor each time with the majority choosing to see different doctors for different problems or seeing whoever is available. However over two-thirds of respondents felt that if they had information about the clinical interests of the doctors and nurses it would alter who they chose to see.
2. The majority of respondents were satisfied with ability to obtain routine and urgent appointments.
3. The majority of respondents were satisfied with the practice's premises and facilities (excluding the car park.)
4. Patients would like us to improve our End of Life care and support for carers.
5. There is a demand for more internet booking of appointments.
6. There is a need to provide more information on whether doctors are running late and to improve the way information is displayed in the waiting rooms.
7. Patients would like to know the clinical interests of the doctors and nurses.
8. The 16-25 age group are under-represented in the PPG.

Formation of Action Plan

The results were discussed at the staff meeting on 8/2/13 and a draft plan was devised. This was discussed at the meeting of the PPG (see below.) After that meeting the action plan was sent to all members of the PPG for consultation and approval. The PPG had an opportunity to comment and no comment was considered approval. No suggestions were received to make any changes to the action plan. We have therefore concluded that the PPG approved of our action plan.

Meeting with PPG

On 13th February we held a meeting to which all members of the PPG were invited. The invitation was included when the main questionnaire was distributed. 11 patients replied that they would be attending but sadly only 4 patients came. In attendance from the practice were Jackie Grieves (Practice Manager), Liz Webb (Assistant Practice Manager), Dr Paul Davis (lead GP for PPG), Elaine Lardner (Senior Practice Nurse), Shirley Lacey (Senior Receptionist) and Kath Chatfield (Receptionist). The meeting was an opportunity for patients to discuss anything about the practice. A variety of topics were covered and minutes of the meeting are available on our website (<http://www.manorviewpractice.co.uk/ppg.aspx>) At this meeting there was a discussion of our proposed areas of improvements for next year. Other than suggesting that next year we ask the PPG when would be the most suitable time of day for a PPG meeting all the patients present said they were happy with the plan and no changes were advised.

All present thought the meeting was useful and should be repeated with efforts made to improve the attendance.

Action Plan for 2012-13

Request from PPG	Practice Response
More appointments available to book by internet.	We will enhance and publicise the internet facilities particularly for appointments but also for requesting repeat medications.
Improved End of Life care.	We will appoint a clinic lead and organise in-house training.
More support for carers.	We will advertise for a carer's champion. We will appoint a clinical lead for carers support and together they will set up a carers support group to meet regularly at the practice (as long as there is the demand.)
Information on "running time" of doctors and improvements to waiting room.	We will take down most posters and have a "running late board."
More engagement with the PPG.	PPG to meet at least once a year rather than just be a virtual group. The practice will ask PPG members (as part of next year's surveys) whether they are interested in attending a meeting and what would be the most convenient time in order to improve attendance.
Information on the clinical interests of doctors and nurses.	We will advertise a list of individual interests and specialities on the website and in the practice.
Increased engagement with the 16-25 age group as they are under-represented in the PPG.	We will target this group when they are attending the practice or via the website. We will ask them if they wish to join the PPG and ask if they have any concerns or questions about the practice.

Challenges for next year.

Comparing 2012-13 with 2011-12 there were less patients responding to the questionnaires and for the priority setting survey less respondents thought there specific areas of concern than before. Additionally the response and attendance at the PPG meeting was very disappointing. Yet the surveys show that the practice enjoys high levels of patient satisfaction. The challenge for the practice next year is to improve the engagement of PPG members with PPG activities. For the last 2 years the practice has had to conform to the requirements of the Direct Enhanced Service for Patient Participation. This is a national scheme devised by the Department of Health. It is not known yet what requirements we will have to meet next year but they will influence how the practice interacts with the PPG in future.

Appendix 1 – Practice opening hours and access arrangements

The practice is open from 08:00- 18:30 Monday- Friday

1. Telephone access:

Appointments and all other non emergency enquiries: 01923 247446

Emergencies: 01923 225224

Whenever the surgery is closed the emergency number is always operational and gives details of how to access help out of hours.

2. Front desk

This is open from 08:00 to 18:30, unless there is an early morning surgery when it is open from 07:00. Please see Appendix 2 below for schedule of early morning appointments.

On rare occasions the front desk is shut from 13:00-14:00 for staff training.

3. Fax 01923 213270.

4. Website – www.manorviewpractice.co.uk-

5. E mail.

There is an enquiry facility for non –clinical matters via the website.

Patients can use the email mvp.medicalrecords@nhs.net to inform us of non urgent clinical information such as their smoking status, blood pressure, weight etc. It is not to be used to request appointments, referrals or prescriptions and is not to be used to request that a clinician contacts a patient.

6. Repeat prescriptions

These can be requested by in person, by post, via local chemist, by fax, by email.

(manorview.repeats@nhs.net), via the website or via Vision On line Services (see below.)

7. Making and Cancelling Appointments- in addition to the standard methods of telephone and coming to the practice patients can do the following:

Appointments can be made and checked via Vision On line Services and Patient Partner.

Appointments can be cancelled via voicemail or text to 07531 262447, via Vision On line Services, via Patient Partner (see below) and via the website.

8. Patient Partner – an automated telephone service that is operational on our main tel number – If a patient prefers to speak to a receptionist-simply press 5.
9. Vision On line Services – For on -line appointment booking/cancelling and repeat prescriptions. Patients are required to sign a form to have access to this service which is only available at our reception.

Appendix 2 Schedule of Extended Hours Surgeries

1. Extended hours surgeries (also known as commuter appointments) are for routine matters and only bookable in advance.
2. All the doctors undertake extended hours surgeries in proportion to their availability during the normal working week.
3. There are usually two doctors consulting at each surgery.
4. Weekday commuter surgeries are held 07:00-08:00 on two or three mornings a week usually according to the following schedule.

Week 1 of month	Tues and Thurs
Week 2 of month	Tues and Wed
Week 3 of month	Tues and Thurs
Week 4 of month	Tues, Wed and Thurs
Week 5 of month (when arises)	Tues and Thurs

- . Sometimes a Friday is substituted for another day of the same week. This is to improve the range of days that are available to patients. The schedule is complex to ensure that the all doctors to do their share of commuter appointments.
- 5. Weekend commuter surgeries are usually held on the first Saturday of the month and the third Sunday of the month both from 08:30-10:00.

Occasionally the schedule is altered for Bank Holidays or staff availability.