

MANOR VIEW PRACTICE

PATIENT REFERENCE GROUP

ANNUAL REPORT

2014

“I bless the day I came to MVP. How I wish I had transferred to you before. Every doctor nurse and receptionist with whom I have contact have enriched my days and been constructive in my healing thank you.”

“From experiences related to me by work colleagues I am convinced Manor View is an exceptional practice that provides a level of service seldom, if ever repeated by other surgeries in the Greater London area. I am extremely grateful for this and sincerely hope that the Manor View example will be followed by many other practices.”

Comments from Jan 14 Survey

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Introduction

This is the third annual report of Manor View Practice's Patient Reference Group (PRG).

The purpose of this report is to;

- a. Give details of the outcome of the action plan for 13-14.
- b. Describe the demographics of the PRG and measures the practice has taken to ensure it is representative of the practice population.
- c. Give the results of the patient surveys.
- d. Give details of the two meetings held with the PRG this year
- e. Outline the agreed action plan for 2014-2015.

Outcome of Action Plan for 2013-14

Request from PRG	Practice Response	Outcome
More appointments available to book by internet.	We will enhance and publicise the internet facilities particularly for appointments but also for requesting repeat medications.	We have increased the availability of appointments bookable online and there has been a significant increase in the number of patients requesting repeat prescriptions on line. However, as this years survey shows, more work is needed particularly on publicity of the service.
Improved End of Life care.	We will appoint a clinic lead and organise in- house training.	Dr Harris is the clinical lead and all doctors have undergone additional specific training in end of life care
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 (if there is demand.)	Dr Moore is our clinical lead for carers. Unfortunately we have been unable to identify a carer who will be a "champion" and help run a support group. Never the less we are still planning on running a Carers Support Group in the surgery and we are offering all carers regular health checks.
Information on "running time" of doctors and improvements to waiting room.	We will take down most posters and have a "running late board."	We have taken down a lot of posters and generally tidied up the waiting room. We have introduced a "running late" board which is situated behind the front desk. We are also now advertising on our electronic display screen the number of appointments in the last month when patients did not attend.
More engagement with the PRG.	PRG to meet at least once a year rather than just be a virtual group. The practice will ask PRG 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.	We met with the PRG on 28/11 and 24/2 These meetings were attended by 15 and 11 patients respectively. Questions about PRG meetings were included in the Jan 14 survey.
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.	These have been advertised in the waiting area and on the practice website
Increased engagement with the 16-25 age group as they are under-represented in the PRG.	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 PRG and ask if they have any concerns or questions about the practice.	We have had notices in the waiting room and on the electronic display screens targeting patients age 16-25 and they have also been directly asked during consultations. This has resulted in a small increase in the number of patients of this age in the PRG but the proportion of patients aged 16-25 has fallen as other patients not in that age group have joined the PRG as well in the last year.

Profile of Patient Reference Group 2013-14

2013-14 246 patients.

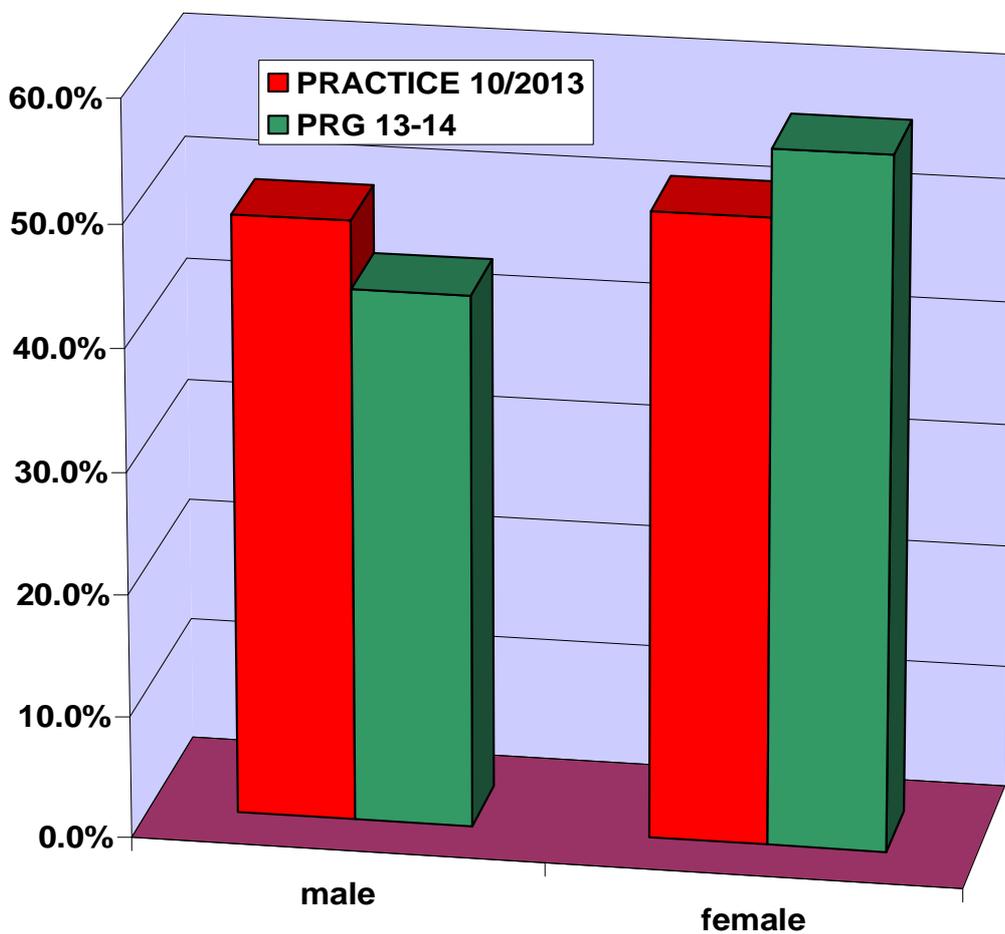
2012-13 200 patients.

2011-12 192 patients.

192 wished to participate electronically.

54 wished to participate by post.

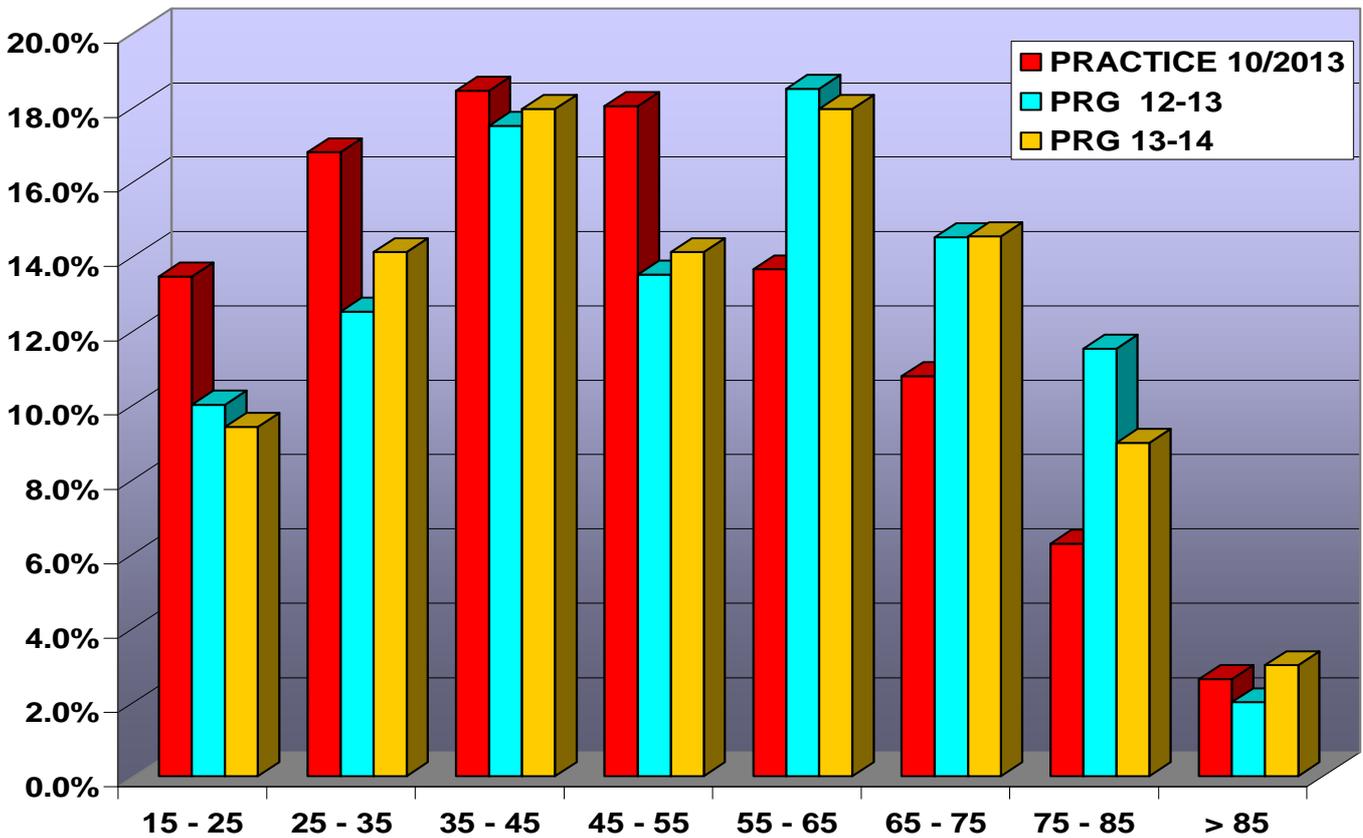
Comparison of gender of PRG with practice



Comparison of ethnicity of PRG with practice

<u>ethnic group</u>	<u>practice</u>	<u>PRG12-13</u>	<u>PRG 13-14</u>
<u>White</u>	<u>83.2%</u>	<u>84.8%</u>	<u>82.5%</u>
<u>Mixed</u>	<u>2.3%</u>	<u>1.4%</u>	<u>1.6%</u>
<u>Black</u>	<u>2.5%</u>	<u>1.4%</u>	<u>2.4%</u>
<u>Asian</u>	<u>8.1%</u>	<u>8.5%</u>	<u>9.3%</u>
<u>Chinese</u>	<u>0.1%</u>	<u>0.5%</u>	<u>0.4%</u>
<u>other</u>	<u>0.0%</u>	<u>3.3%</u>	<u>3.7%</u>
<u>not given</u>	<u>3.9%</u>	<u>0.0%</u>	<u>0%</u>

Comparing age groups of PRG 2013-14 to 2012- 13 and to practice



What measures did the practice take to ensure the PRG is representative of the practice population and what were the outcomes?

- ✚ We were aware that patients aged 16-25 and patients of black ethnicity were under-represented in the PRG. These patients were “targeted” for recruitment by asking them in consultations and additionally for the 16-25 year old by publicity.
- ✚ We also encouraged all patients who are carers to join the PRG as they were under-represented.
- ✚ There were no patients with learning disabilities who were members of the PRG. Manor View Practice has a higher number of patients with learning disabilities than average and it is important their views are represented. We wrote to all patients whom we know have learning disabilities inviting them to join the PRG or for a relative or carer to do so on their behalf.
- ✚ We also wrote to all patients of the practice who we have “flagged” as being housebound and to all residential and nursing homes in our catchment area to invite patients to join the PRG or for a relative or carer to do so on their behalf. We do not have a higher incidence of housebound patients or patients living in residential homes (other than those with learning disabilities) but we felt it was important that these patients know about the PRG and can participate if they want.
- ✚ Our analysis of our practice profile showed that there were not any other groups of patients that needed specific attention for engagement with the PRG.

Outcomes:

- ✚ Other than the 16-25 age group the age stratification PRG this year is closer to the practice population.
- ✚ The ethnicity of the PRG is closer to the practice population.
- ✚ 6 patients (out of a total of 72 patients) with learning disabilities have joined the PRG this year.
- ✚ 6 Carers (out of a total of 82 on our carers register) have joined the PRG this year.
- ✚ One residential home expressed an interest in its residents becoming involved but did not take it further.
- ✚ 7 housebound patients are now members of the PRG.

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

- ✚ Two meetings were held with the PRG; the first meeting was to decide the priorities for this year’s survey and the second meeting was to discuss the outcomes of the surveys and the proposed action plan.
- ✚ The first meeting was held in the afternoon which was a suggestion from last year’s PRG feedback. The second meeting was also held in the afternoon but this was responding to answers in the questionnaire.
- ✚ The main questionnaire this year including questions about attending a PRG meeting.

Meeting with PRG 28/11/13

This was a meeting to discuss priorities for this year's questionnaires.

15 patients attended. In attendance from the practice were Liz Webb (Assistant Practice Manager), Dr Paul Davis (lead GP for PRG), Elaine Lardner (Senior Practice Nurse) and Shirley Lacey (Senior Receptionist) Minutes of the meeting are available on our website www.manorviewpractice.co.uk/ There were no specific requests/suggestions for questionnaires.

Patients mainly wanted to hear from us not give feedback and main topics were CCG, building development and carers.

Most feedback was complimentary and most patients extremely happy with MVP.

Priority Setting

- A questionnaire was sent to the PRG in Dec 13 asking what the priority areas should be for the main survey.
- The response rate was 38.5% (last year was 43%.)
- 46 responses were received electronically and 13 by post.
- Respondents could tick as many categories as they wished.
- The results are as follows:

Ease of getting an appointment	14.3%
Clinical care	12.7%
Continuity of Care	10.7%
Communication including telephone access	10.4%
Satisfaction with clinical staff	8.8%
Accessibility of health centre and parking	8.8%
Appointment times	7.2%
Opening times	6.8%
Satisfaction with reception and admin staff	6.5%
Improvement in existing local health services	4.6%
Provision of new local health services	3.6%
Facilities and cleanliness inside the practice	3.3%
Other	2.3%

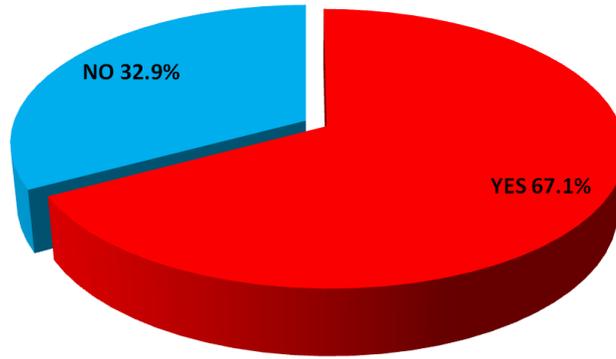
- The results of this survey combined with the feedback from the PRG meeting indicated that there were no specific areas that needed more detailed attention in the main survey.

Main Survey results

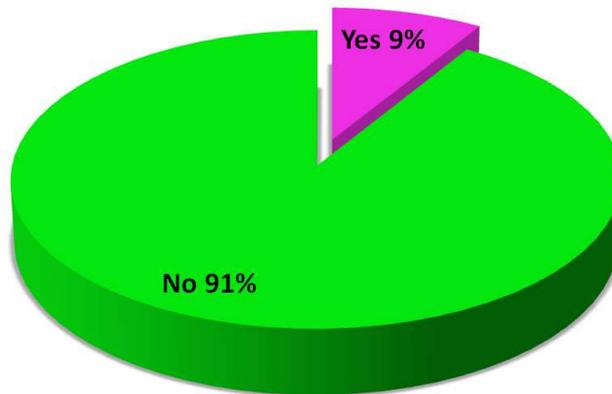
- The main survey was sent out in early Jan 2014.
- A total of 246 questionnaires were sent out.
- 192 electronically - 78 replies = 41% response rate.
- 54 postal- 21 replies = 39% response rate.
- Overall response rate – 40% - last year was 32%.

The results are as follows:

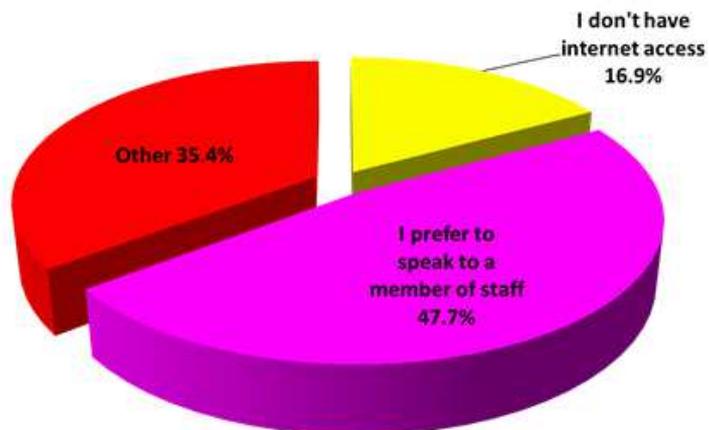
Are you aware that you can book routine appointments via the internet?



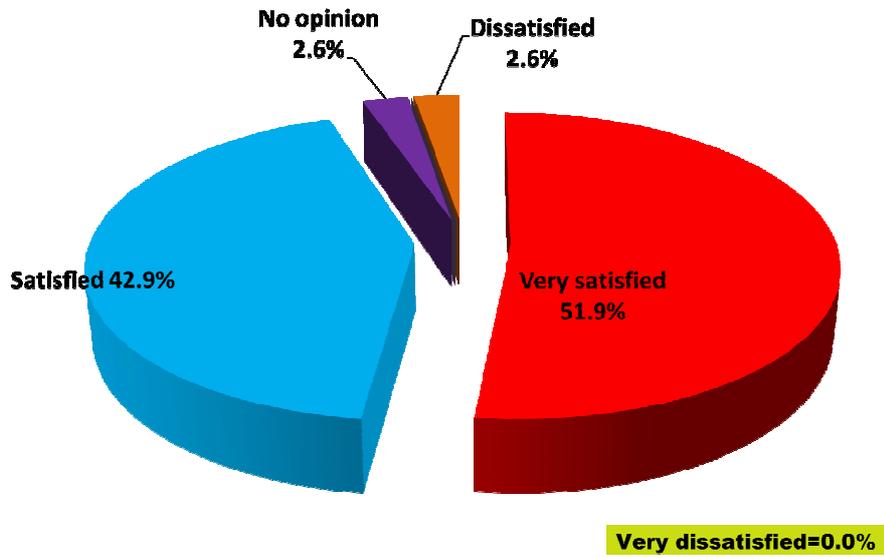
Have you booked an appointment on line?



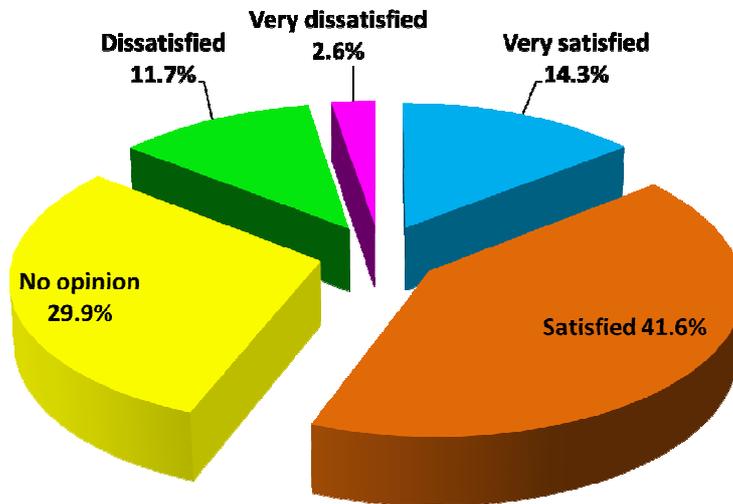
If you have not used the online booking service please tell us why.



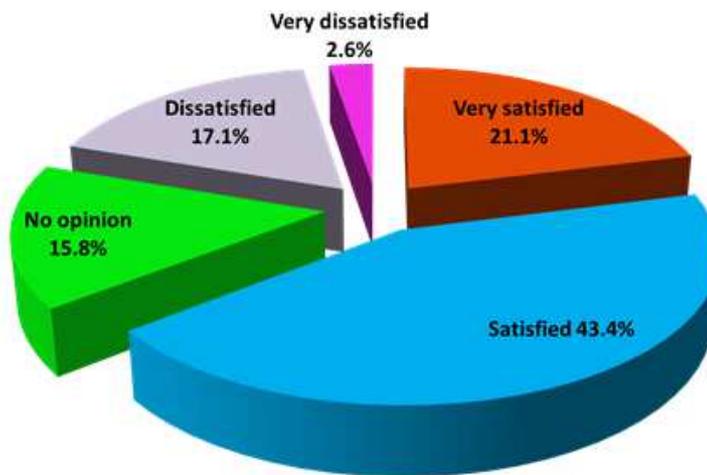
Are you satisfied with the clinical services provided by Manor View Practice?



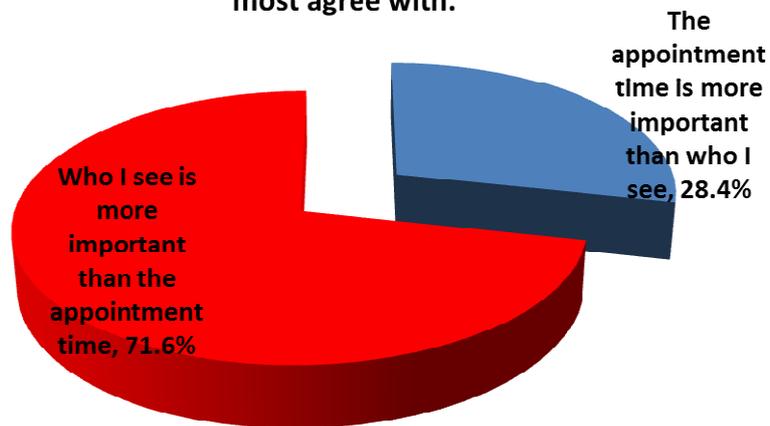
Are you satisfied with the provision of NHS services in the local area?



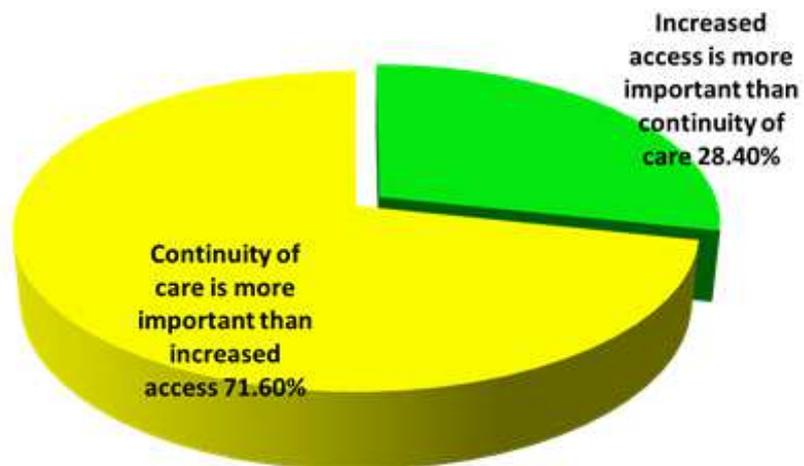
How satisfied are you with the ability to get a ROUTINE appointment with a doctor of your choice?



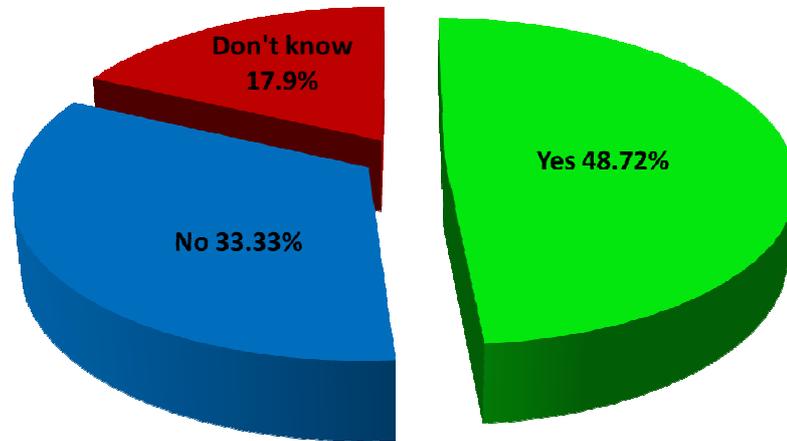
When requesting a ROUTINE appointment with a doctor please select the statement below that you most agree with.



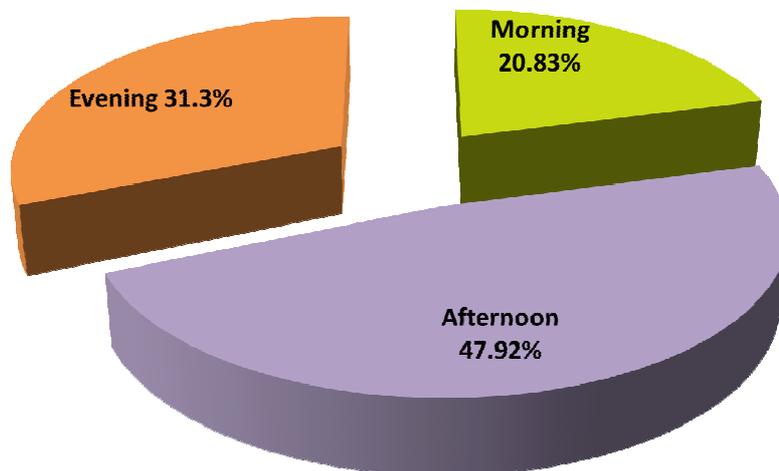
There have been suggestions that GP surgeries should be open more hours. If a surgery is open longer it is harder to provide continuity of care. Please select the statement below that you most agree with.



Once a year the practice meets with the Patient Reference Group to discuss the practice's current performance and future plans. As a participant in our surveys you are invited to this meeting. Are you interested in attending?



If you would like to come to the meeting what is the best time of day?



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:

Comments relating to Manor View Practice;

- # Wait for routine Dr appointments.
- # Waiting time for blood tests.
- # Lack of knowledge about internet booking.
- # Dissatisfaction with internet appointment availability.
- # Continuity of care/access.

Comments relating to local NHS service provision (not provided by the practice)

- # Foot health services.
- # Community nursing and care at home after hospital discharge.

All the comments on local NHS health services will be forwarded to Herts Valleys Clinical Commissioning Group.

Conclusions

1. The majority of respondents did not know about the ability to book appointments on line. Only one in ten have used the service and the level of satisfaction for those that have used it was lower than for other aspects of the practice.
2. Over 95% of the respondents are satisfied with the clinical services provided by the practice.
3. Over 2/3rds of the respondents are satisfied with local NHS services.
4. Just under 2/3rds of the respondents are satisfied with the ability to get a routine appointment with a doctor of their choice. The practice feels this level of satisfaction should be higher.
5. Slightly more respondents feel that when they book a routine GP appt the doctor they see is more important than the timing of the appointment.
6. Over 2/3rds of respondents feel that continuity of care is more important than increased access.
7. Less than half of the respondents were interested in attending a meeting of the PRG.

Formation of Action Plan

The results were discussed at the staff meeting on 31/1/14 and a draft plan was devised. This was sent to all members of the PRG for consultation and approval together with an invitation to attend a meeting of the PRG on 24/2/14. The action plan was being discussed at that meeting but any member of the PRG who could not attend the meeting was invited to comment before the 24/2/14 and no comment was considered approval. No suggestions were received to make any changes to the action plan.

Meeting with PRG Feb 14

On 24th February we held a meeting to which all members of the PRG were invited. 9 patients attended. In attendance from the practice were Jackie Grieves (Practice Manager), Liz Webb (Assistant Practice Manager), Dr Paul Davis (lead GP for PRG), Elaine Lardner (Senior Practice Nurse) and Shirley Lacey (Senior 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 www.manorviewpractice.co.uk/ At this meeting there was a discussion of our proposed areas of improvements for next year. All the patients present said they were happy with the plan and no changes were advised.

Action Plan for 2014-15

Request from PRG	Practice Response
More information about the internet appointments booking service and improved internet appointment availability	We will increase the publicity for this service. We will review the availability of appointments bookable online.
Reduced waiting time for routine GP appointments	<ol style="list-style-type: none"> 1. We will increase the number of routine GP appointments. 2. We will ensure that the number of routine appointments increase in line with any rise in the list size. 3. We will introduce minor illness nurse appointments to free up some GP appointments.
Improvements to anti-coagulation service (this was not mentioned in the surveys but has been mentioned on several occasions by a number of patients)	By April 2015 all patients on long term warfarin will be offered the opportunity to have their monitoring either at Manor View or at another local GP practice if we are not able to run an in house anti-coagulation service
Improvements to various NHS local services not run by Manor View e.g. foot health and community nursing.	We will pass these to Herts Valleys Clinical Commissioning Group (HVCCG.) Manor View is a member of HVCCG and the CCG is responsible for commissioning local NHS services.

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 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 online 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 and rarely there are three or one doctor 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 Fri
Week 2 of month	Wed and Fri
Week 3 of month	Tues Thurs and Fri
Week 4 of month	Tues, Wed and Thurs
Week 5 of month (when arises)	Wed and Fri

Sometimes this schedule has to be altered due to staff availability. The schedule is complex to ensure that all the doctors do their share of commuter appointments, that we offer enough commuter appointments on as many different mornings as we can

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.