



**MANOR VIEW PRACTICE
PATIENT PARTICIPATION GROUP
ANNUAL REPORT
MARCH 2012**

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Format of Patient Participation Group (PPG)

It was decided to form a “virtual PPG” using electronic communication or post for those without email/internet. No patients were excluded or disadvantaged because of lack of “e-access.” Any communication that was sent electronically was sent by post if needed.

Recruitment of participants.

Recruitment for PPG occurred during July and August 2011.

The following methods for recruitment were used:

- ❖ Posters and leaflets in the practice
- ❖ Message on home page of practice website
- ❖ Messages on our electronic information system in the waiting areas
- ❖ Verbal invitations from administrative and clinical staff

Patients could apply to join the PPG either by filling out a paper form or electronically via email or the practice website.

Patients who expressed a wish to be part of the PPG were contacted in early September by email or letter thanking them for agreeing to take part.

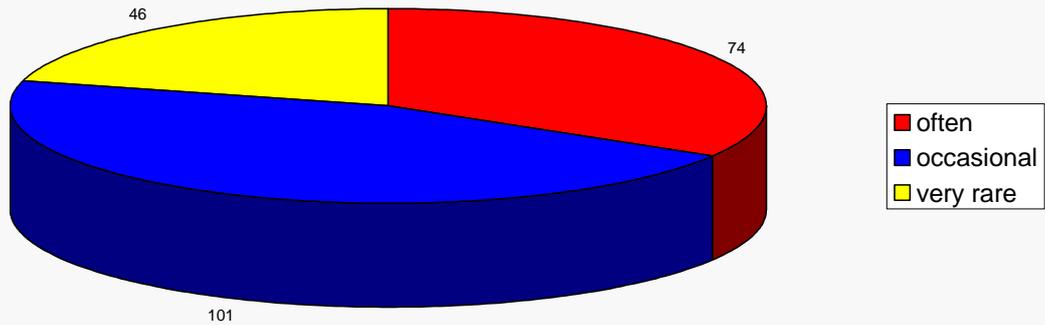
Profile of Patient Participation Group

221 patients responded

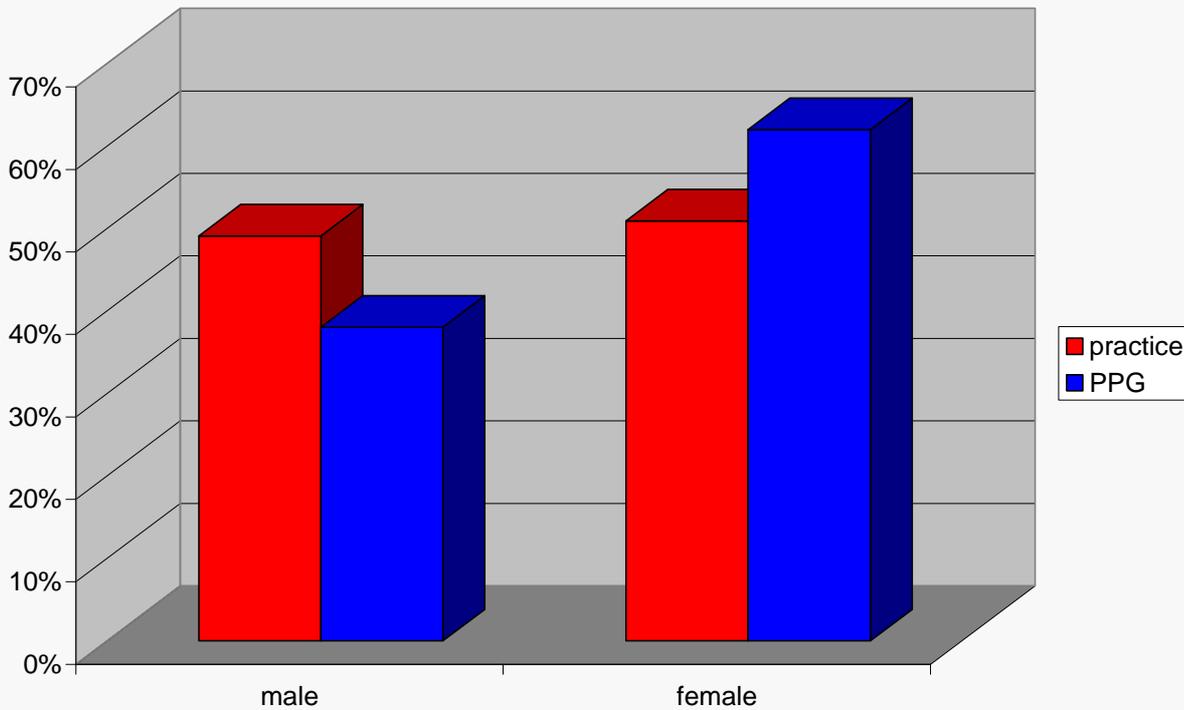
156 wished to participate electronically

65 wished to participate by post

How often do PPG members attend the practice?



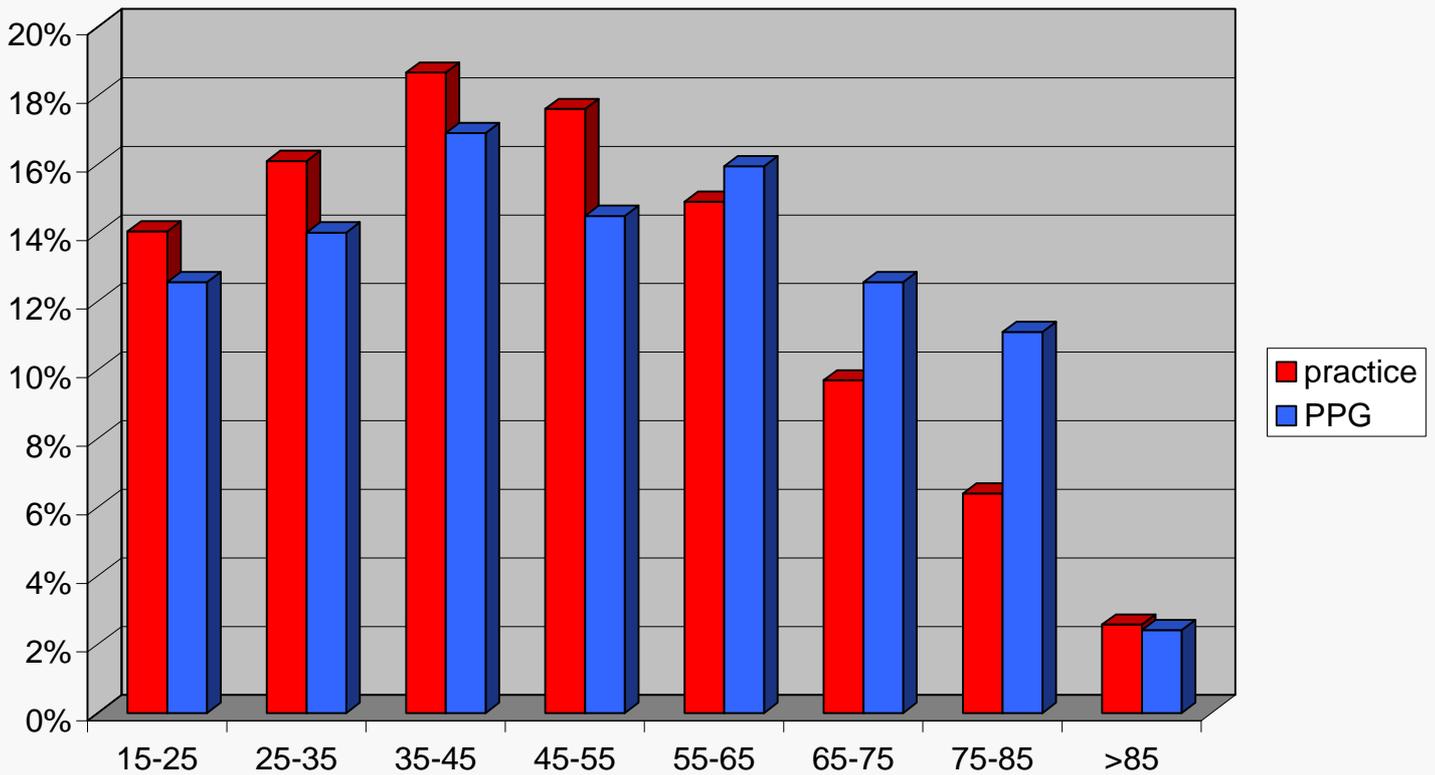
Comparison of gender of PPG with practice



Comparison of ethnicity of PPG with practice

ETHNIC GROUP	PRACTICE	PPG
White	83.2%	83.3%
Mixed	2.3%	1.4%
Black	2.5%	1.4%
Asian	8.1%	10.0%
Chinese	0.1%	0.5%
Other	0.0%	3.6%
Not given	3.9%	0.0%

Comparing age groups of PPG to practice population



Measures taken to ensure PPG is representative of practice population

1. During each week of the recruitment phase the PPG was analysed with regard to age structure and ethnicity and compared to the practice population. Significant discrepancies were addressed by identifying suitable patients who had forthcoming appointments and asking them to join the PPG when they attended.
2. All residential homes were written to on 19/8/11 inviting any resident or their representative to join the group.
3. Known carers were approached during a contact with the practice.
4. Manor View Practice (MVP) has a higher than local average prevalence for learning disabilities, epilepsy and chronic kidney disease. This is based on the latest data from the Quality and Outcomes Framework (QOF) for general practice. The latest prevalence data can be viewed at <http://www.qof.ic.nhs.uk/search/>. We believe that for kidney disease this is because of an over-reporting of minor impairment which simply needs monitoring (which we do) but does not have any health implications for our patients. We do not believe that we have a higher prevalence of the more important stages of chronic kidney disease. We do not feel that this group of patients needs extra attention. The reason for the higher prevalence of epilepsy is because a lot of our patients with learning disabilities have epilepsy. We are not aware of any other diseases or patient group that the practice has a higher prevalence than average.
5. We therefore actively sought to recruit patients with learning disabilities or their carers. We wrote to homes looking after learning disability residents on 19/8/11 and we spoke to the manager of the largest home.
6. The PPG contains at least 2 patients who either have or care for someone with learning disabilities. This equates to 0.9% of the PPG. The prevalence of learning disabilities for the whole practice is 0.55%

We feel we have taken sufficient measures to make the PPG as representative as possible. Any discrepancies are understandable considering the PPG is 1.8% of the size of the full practice population.

Priority Setting

A questionnaire was sent to the PPG on 14/8/11 asking what the priority areas should be for the main survey.

The response rate was 43%

69 responses were received electronically and 26 by post.

The results are as follows:

Clinical care	84%
Communication including telephone access	81%
Ease of getting an appointment	78%
Satisfaction with clinical staff	63%
Satisfaction with reception and admin staff	49%
Appointment times	49%
Accessibility of health centre and parking	46%
Opening times	36%
Facilities and cleanliness inside the practice	34%
Other	14%

Main Survey results

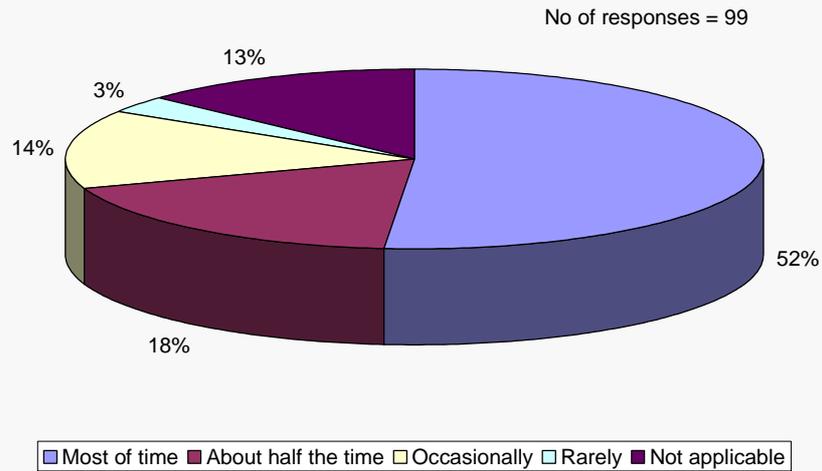
The main survey was sent out on 6/12/11

The response rate was 45%

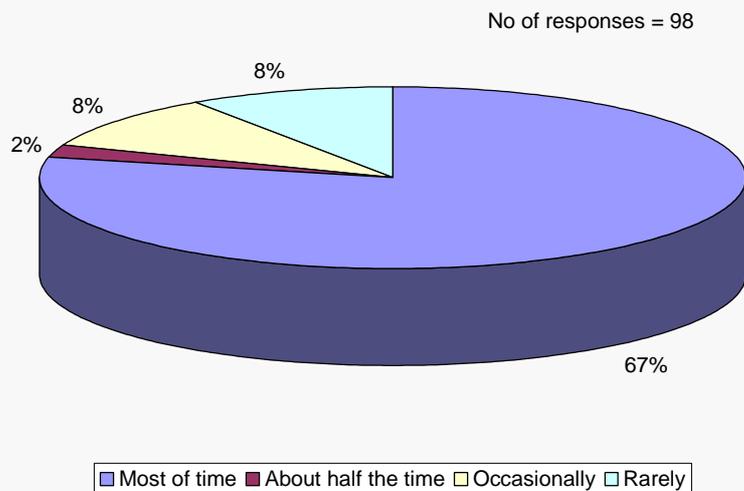
75 responses were received electronically and 26 by post.

The results are as follows:

If you wish to see the same doctor for an ongoing problem- how often can you get another appointment with that person?

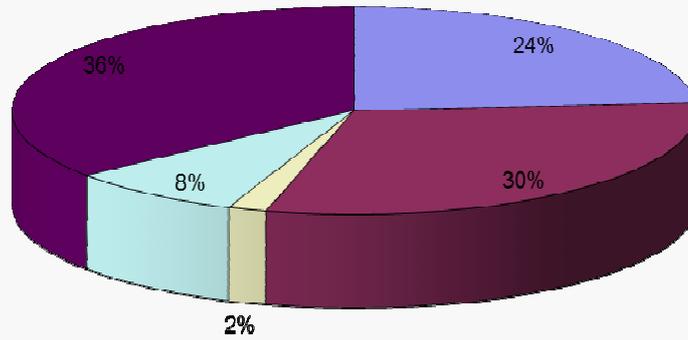


When another appointment is advised how often does the doctor ask you to make the appointment before you leave the practice?



If you have been unable to see the doctor of your choice - what were the reasons? Select all answers that apply to you

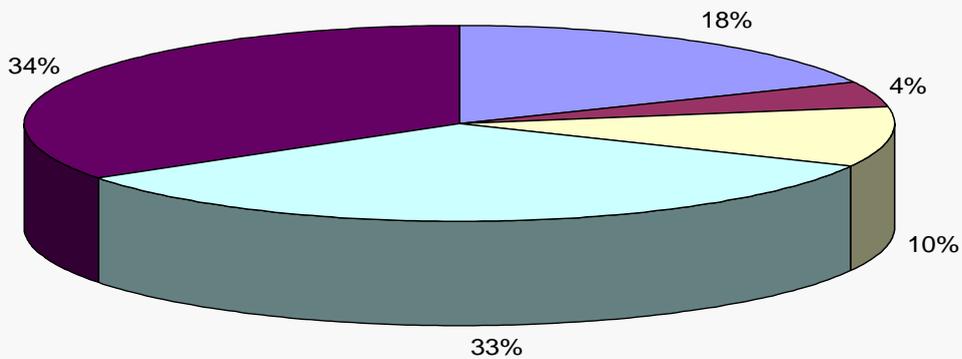
No of responses = 109



- I did not make the appointment straight away and when I did the doctor was not available
- I did try and make an appointment straight away but the doctor was not available
- I did not know that I needed to make another appointment
- At the time it was not clear this was an ongoing problem
- Not applicable

If you need to be seen again within the next 2 weeks how often has that doctor made the appointment themselves?

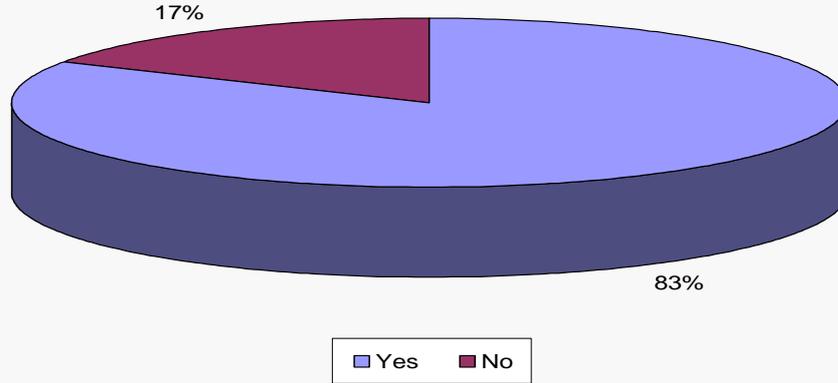
No of responses = 99



- Most of time
- About half the time
- Occasionally
- Rarely
- Not applicable

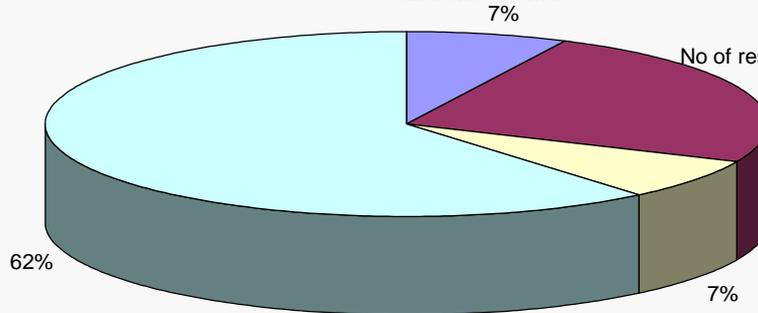
Do you feel the practice does enough health promotion and screening?

No of responses = 95



Please consider these suggestions for our telephone system and chose one.

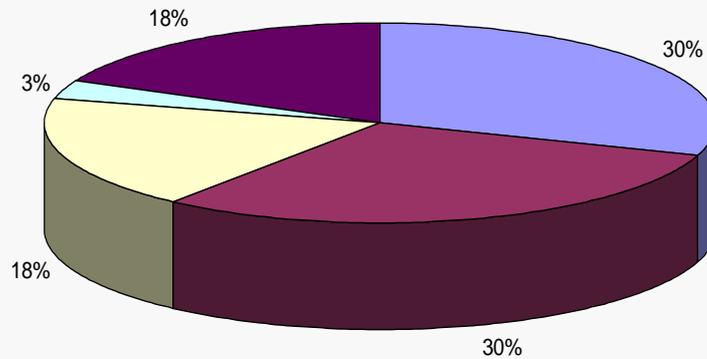
No of responses = 98



- Have more telephone lines but may take longer to be answered.
- Have an automated system permitting quicker connection but then being placed on hold.
- More staff answering telephones but less staff doing other tasks such as dealing with patients at reception and processing prescriptions.
- Leave the system as it is.

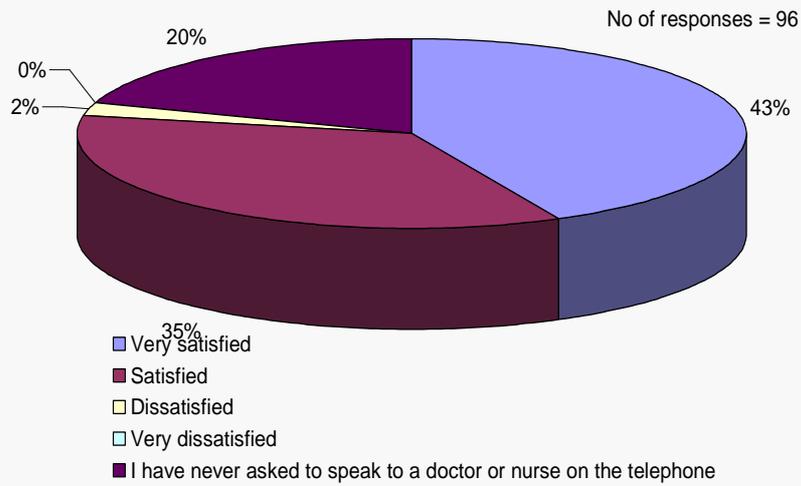
If we introduced internet booking of appointments how often would you use it?

No of responses = 99

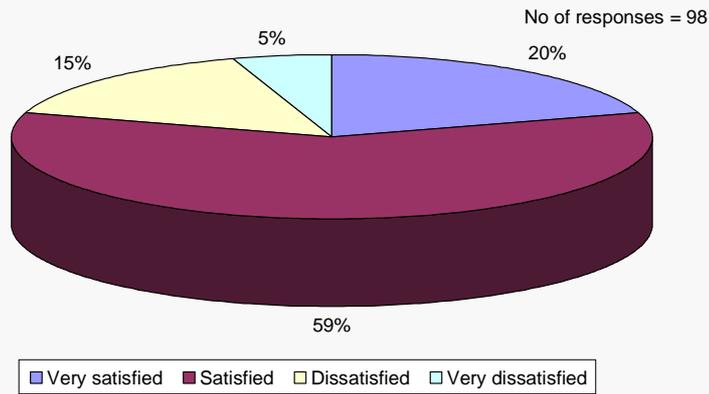


- All of the time
- Most times
- Sometimes
- Rarely
- Never

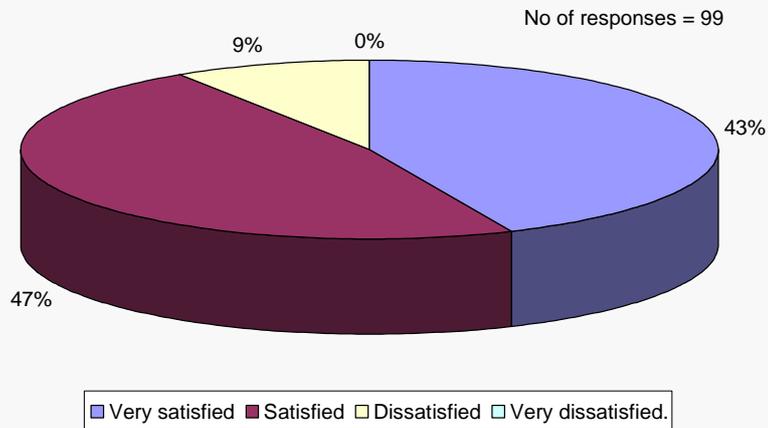
**If you have asked to speak to a doctor or nurse,
how satisfied have you been with our response and service**



**When you request a ROUTINE appointment with a doctor or nurse,
generally speaking how satisfied are you with the choice of appointments?**

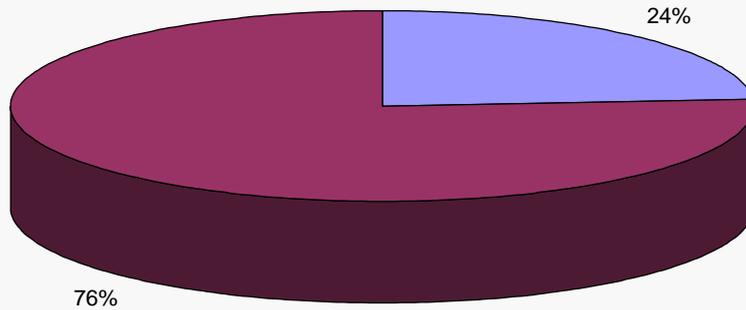


**When you request an URGENT (or SAME DAY) appointment with a doctor
or nurse, generally speaking how satisfied are you with the choice of
appointments?**



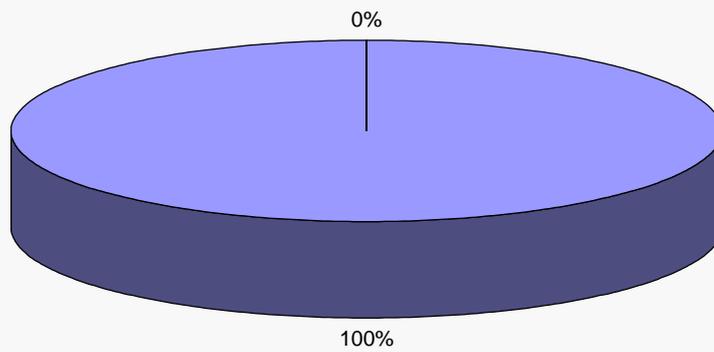
Have you used commuter appointments?

No of responses = 96



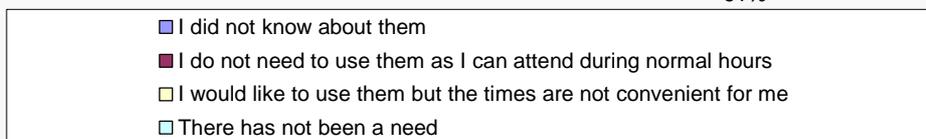
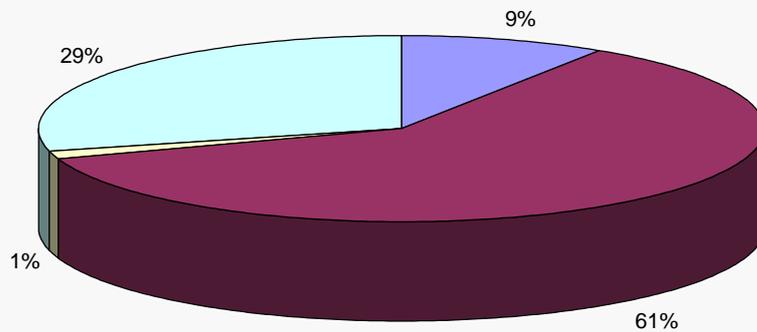
Was the choice of commuter appointment times satisfactory?

No of responses = 24



If you have not used commuter appointments please tell us why.

No of responses = 76



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 24/2 where all staff were present.

There were some recurrent themes which are as follows:

- ❖ Disabled car parking
- ❖ Car park and access to the building
- ❖ Hygiene facilities
- ❖ Telephone access and internet booking of appointments
- ❖ Email access to clinicians
- ❖ Continuity of care
- ❖ Improved services for patients with dementia
- ❖ Help with dietary advice and weight loss

Conclusions

1. Continuity of care is of a satisfactory level 70% respondents could get to see the same doctor for ongoing care. If a patient could not get to see the doctor of their choice for follow up nearly half of those did not try and make an appointment before they left the surgery even though over 67% of the respondents recall being asked to make an appointment straight away. It should be noted that just over 33% of respondents did try and make an appointment before they left but the doctor was not available and 67% of replies the doctor rarely or never tried to make the appointment themselves.
2. The PPG feels that the practice does enough health promotion but a number of respondents asked for help with weight loss and dietary advice.
3. There is a wish to improve services for dementia.
4. The majority of the PPG feel that leaving the telephone system as it is, is the best option of those offered.
5. The majority of the PPG were in favour of internet booking of appointments. As expected, those who responded by post were not in favour with 60% stating they would never use it, but 70% of those who responded electronically would use it all or most of the time.
6. Over 75% of the PPG were satisfied with telephone communication with clinicians.
7. Over 75% of the PPG were satisfied with the choice of routine appointments.
8. 90% of the PPG were satisfied with the choice of same day appointments.
9. Only a quarter of the PPG had used commuter appointments and those that had said they were 100% satisfied with the choice of appointments. For those that had not used these appointments 90% were either because the patient could attend during normal working hours or there was no need. A small minority did not know about the commuter appointments and there was only one respondent who felt the commuter appointment times were not acceptable. This strongly indicates that there is no need to change our current schedule of commuter appointments.
10. Disabled parking spaces and the car park in general are not adequate.

Formation of Action Plan

The results were discussed at the staff meeting on 24/2/12 and a draft plan was devised. This 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. Only 3 comments were received and these were all supportive with no suggestions to make any changes. We have therefore concluded that the PPG approved of our action plan.

Action Plan

Request from PPG	Practice Response
Improve the hygiene facilities for patients, particularly near the automatic touch – screen log in.	14 alcohol dispensers have already been introduced throughout the whole practice as a response to comments from the PPG.
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
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.
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.
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
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
Email communication with clinicians	This has caused a lot of discussion and the doctors are concerned about introducing this. They feel that the patients have access to the GPs via telephone and face-to face, all the doctors already feel that they have a large volume of patient communication to deal with and email would only increase that. There are additional concerns that patients will use email in place of a consultation with the possibility of clinical errors and that it will not be possible to respond in the time frame that the patients will want. For these reasons we have decided not to introduce email communication with clinicians this year. We acknowledge that some patients would want it and therefore we are going to look into it further by approaching practices that do or have used email and see if we can find a system that would work for Manor View.

Appendix 1 – Practice opening hours and access arrangements

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

1. Telephone access

From 08:30 to 13:00 and from 14:00 to 18:30 all the telephone lines are operational these are:

Appointments (1): 01923 247446

Appointments (2): 01923 247447

Enquiries: 01923 251389

Emergency no: 01923 225224

Between 08:00-08:30 and 13:00-14:00 and 18:00-18:30 only the emergency number is operational 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 08:30 to 18:30, unless there is an early morning surgery when it is open from 07:00. Please see 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-. This includes an email enquiry facility for non – clinical matters.

5. Repeat prescriptions can be requested by in person, by post, via local chemist, by fax, by email (manorview.repeats@nhs.net) and via the website.

6. Appointments can be cancelled via voicemail or text to 07531 262447 and via the website

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

The schedule is complex to allow 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.
6. Occasionally the schedule is altered for Bank Holidays or staff availability.

Appendix 3 – Responses to specific questions

Some respondents asked specific questions which we are happy to answer.

- ❖ Which GP has a specialist interest in diabetes? – Dr Pattar.
- ❖ Do we run menopause clinics? – Dr Gordon runs a women’s health clinic on a Wednesday morning and this includes menopausal problems.
- ❖ Do we offer well man checks? - Yes via the nurse.
- ❖ Problems accessing the district nurses- We are not responsible for the community nurses and they no longer have offices in Bushey Health Centre- we will pass on these comments to that service.
- ❖ More baby clinics and advice for children. This is the domain of the Health Visitors. As with the community nurses we are not responsible for the health visitors and they no longer have offices in Bushey Health Centre- we will pass on these comments to that service.
- ❖ Why does the practice only give 2 months for each repeat prescription and why does the practice sometimes prescribe different drugs to the hospital? Setting the repeat prescriptions at 2 months supply is a directive from the Prescribing Team of the Primary Care Trust. It was set at two months because it’s known that there is an unacceptable amount of wastage if the default is 3 months supply each time. Likewise we will only suggest a different drug to that recommended by the hospital if we have been asked to do so by the PCT. All practices are expected to follow these directives as much as possible and we get criticised if we do not.