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## PATIENT PARTICIPATION REPORT 2013/14

**Practice Code:**

C 84016

**Practice Name:**

Oakwood Surgery

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

Oakwood Surgery is based in a mainly residential area of Mansfield Woodhouse, on the outskirts of the town of Mansfield. It has a population of 14107 patients currently. The area ranks as one of the most deprived in the country, with child, pensioner and working age poverty above 10%. It was once a thriving mining village.

Our practice has 9 GP's and is registered as a Training Practice. We have 3 Nurses and 2 HCA's. In addition to routine appointments, we offer a daily dedicated GP on-call service, a weekly GP Minor Surgery Service as well as a Nurse Cryo-Surgery Service and Ear-Syringing Service. We are open from Monday to Friday, between the hours of 8h30 and 19h00.

Our PPG group has 16 members. Currently, the PRG has 16 members, comprising 9 patient-members, 3 GPs and the Quality Supervisor. Additionally, a non-member GP (on a rotation basis) to allow the group and patients to have access to all our GPs in turn. The Practice Population is broadly 50% male/female - the PRG Patient - Members are 56% male & 44 female at present. The group meets every 2 months. Half the meetings are at midday and the other, early evening. The PPG have recently launched a regular PPG leaflet, available to all patients. This gives the surgery a platform to highlight matters of current importance to both the NHS as well as the patients. It is also an opportunity for the PPG to promote its value to the community and attract a broad spectrum of 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 16 members | Difference |
|---|-----------------------------|------------------------|------------|
| <b>Age</b>                                  |                             |                        |            |
| % under 18                                  | 18%                         | 0%                     | 100%       |
| % 18 – 34                                   | 20%                         | 0%                     | -100%      |
| % 35 – 54                                   | 25%                         | 37.5%                  | - 33.33%   |
| % 55 – 74                                   | 24.8%                       | 43.75%                 | + 43.31%   |
| % 75 and over                               | 9%                          | 18.75%                 | + 52%      |
| <b>Gender</b>                               |                             |                        |            |
| % Male                                      | 48.2%                       | 56.25%                 | + 14.31%   |
| % Female                                    | 49.4%                       | 43.75%                 | - 11.43%   |
| <b>Ethnicity</b>                            |                             |                        |            |
| % White British                             | 43.9%                       | 81.25%                 | + 45.97    |
| % Mixed white/black Caribbean/African/Asian | 0.3%                        | 0%                     | -99.7%     |
| % Black African/Caribbean                   | 0.1%                        | 0%                     | -99.9%     |
| % Asian – Indian/Pakistani/Bangladeshi      | 0.2%                        | 6.25%                  | + 96.8%    |
| % Chinese                                   | 0.1%                        | 0%                     | -99.9%     |
| % Other                                     | 0.2%                        | 12.5%                  | + 99.84%   |

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

Currently, *the PRG has 16 members, comprising 9 patient-members, 3 GPs and the Quality Supervisor.* Additionally, a non-member GP (on a rotation basis) to allow the group and patients to have access to all our GPs in turn.

The Practice Population is broadly 50% male/female - the PRG Patient - Members are 56% male & 44 female at present. We are keen to have members who will make a contribution, irrespective of, age, sex or ethnicity.

- There are 9 GPs at the Surgery, 2 of which are female. We have 3 GP PRG members (1 of which is one of our female GPs).
- Our PRG reflects the patient profile for ages 35+: we are looking to recruit wider age range of PRG members and this work is on-going as we have stated above.

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:

To improve access and thus support our quest for a broad spread of members, we have:

- Varied our meeting days and times and continue to adopt an open and welcoming attitude to prospective members.
- See sections above and below

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

We advertise and provide information in the following areas:

- Practice brochure
- Our website
- Notices in the Surgery.
- Articles in our local free newspaper.
- In addition to the above, we recruit by:
- Word of mouth and
- Personal invitation

To improve access and thus support our quest for a broad spread of members, we have varied our meeting days and times and continue to adopt an open and welcoming attitude to prospective members.

### **Setting the priorities for the annual patient survey**

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

- Our PPG group designed the questionnaire, in conjunction with the practice, ensuring that all aspects of NHS guidance were included.
- All the questions were thoroughly debated, as to their relevance to the patient and desired outcomes.
- Each question was also substantiated by meaningful facts, giving the questions relevance.
- Using questions and results from previous year's survey.
- A review of common themes.
- The Group was driven by a wish to support our patients, the Surgery and the services it provides.

## **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)

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

All of the above mentioned points.

How our patient survey was undertaken:

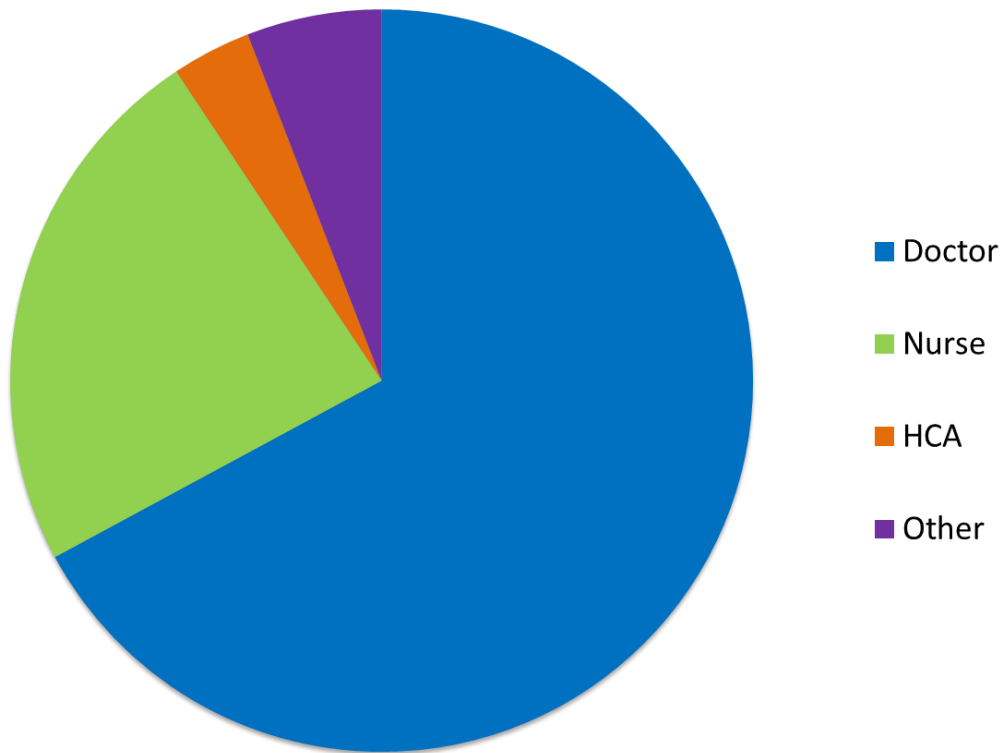
Various members of the PPG volunteered their own time, to sit with patients in the waiting rooms, encouraging them to complete the questionnaires. This also gave patients the opportunity to discuss the practice, the practice services and its staff. In turn, it gave the PPG members the opportunity to provide possible or alternative solutions, allay or address any concerns and generally, to provide a face-to-face interaction with patients.

In addition to that, members of OS surgery staff actively asked and encouraged patients to complete the survey. They did this opportunistically at the reception desk but also went out into the waiting rooms, and proactively did the same, with excellent results.

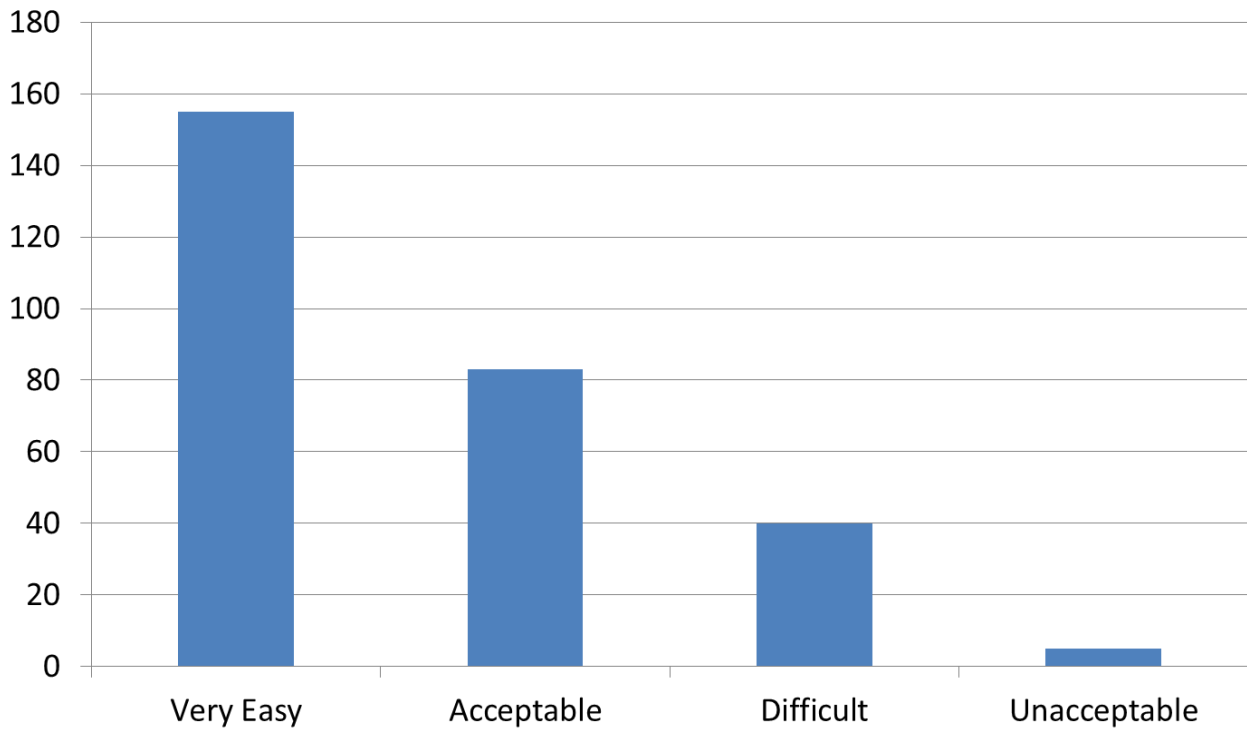
The survey was undertaken over a period of 4 weeks, during the month of December 2013.

We did not ask patients to put their names on the survey questionnaires - thus ensuring anonymity.

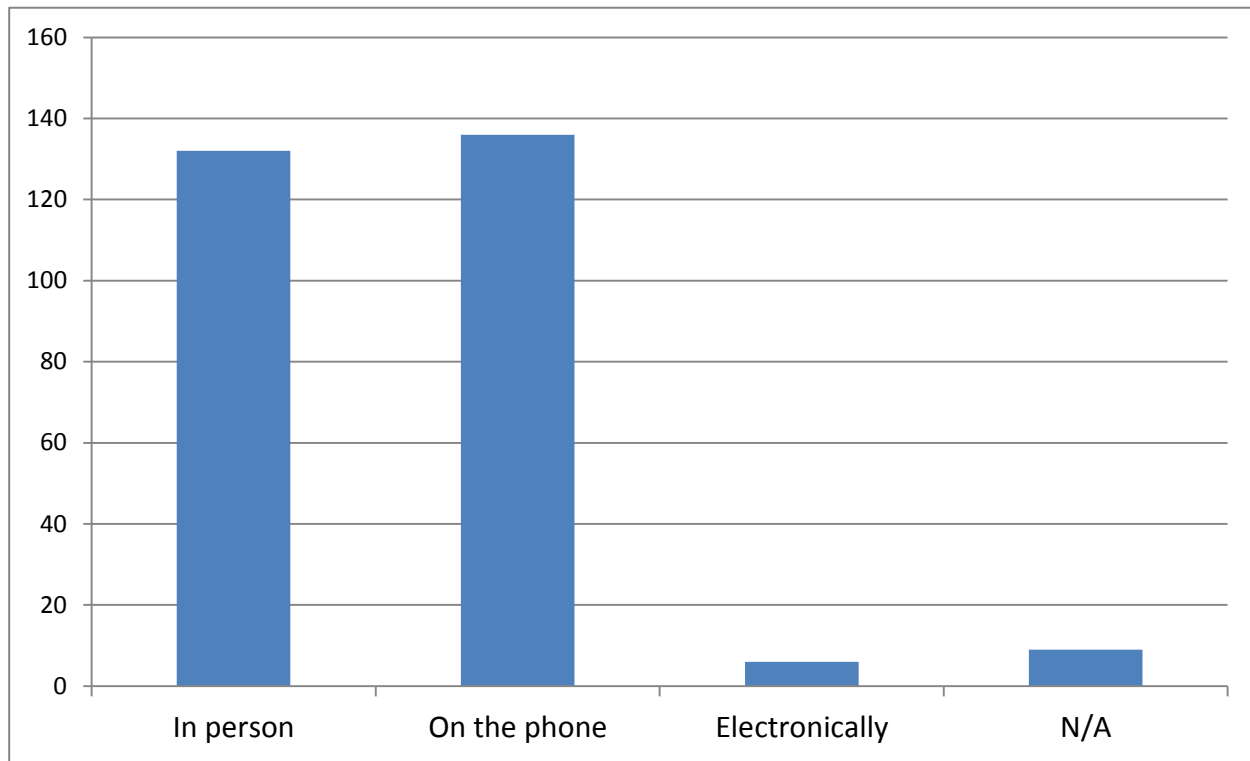
Summary of our 284 patient survey results:  
I am here to see a...



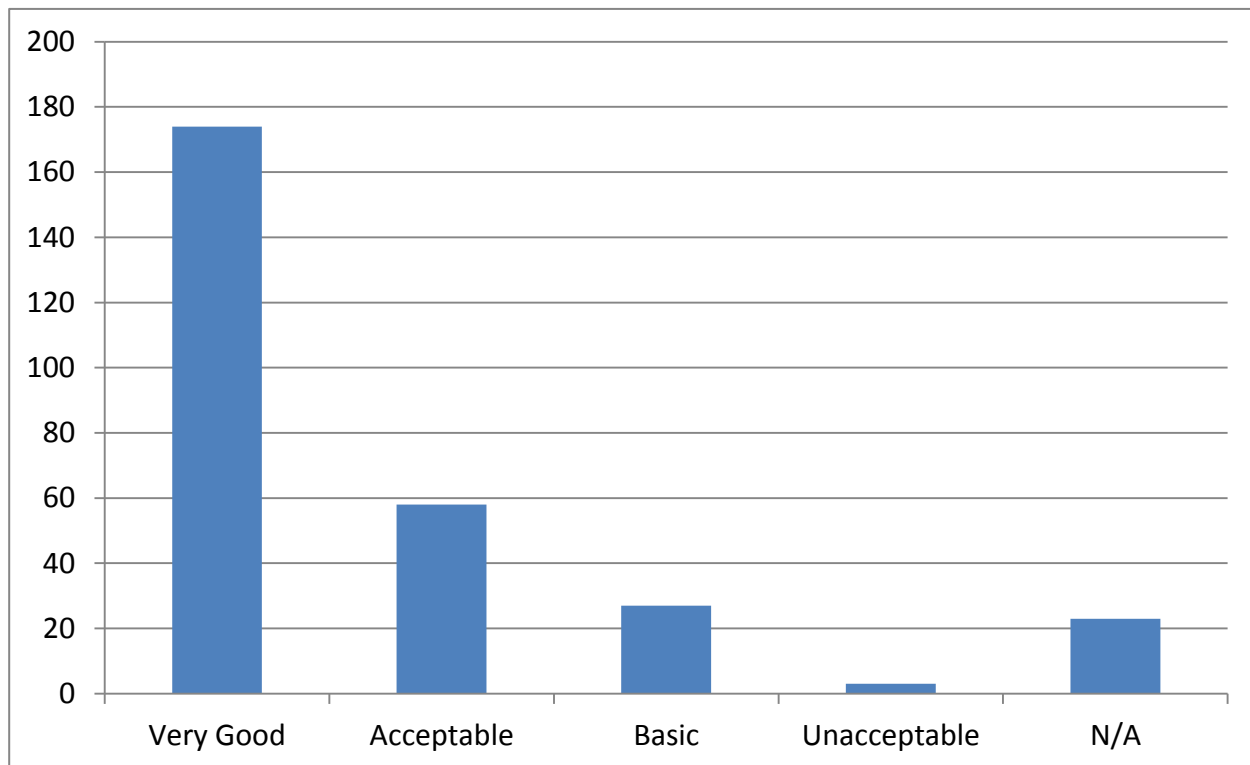
Q1. How easy did you find it to book your appointment?



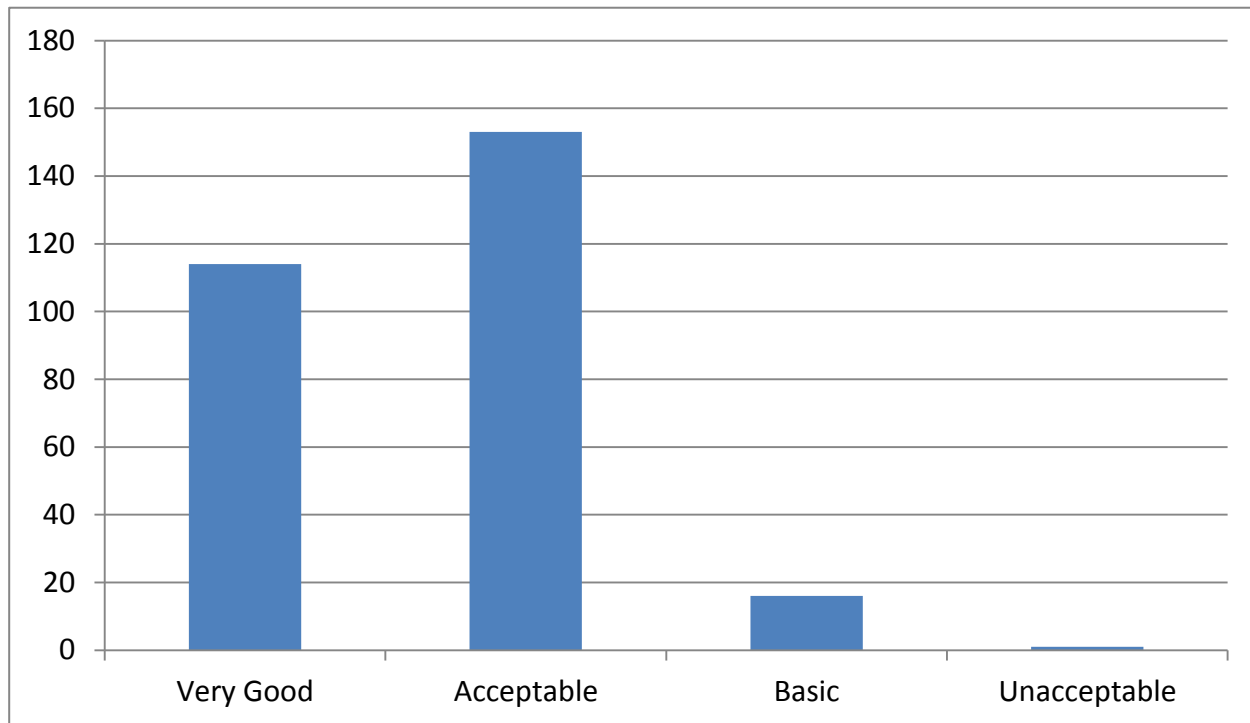
Q2. How did you book your appointment today?



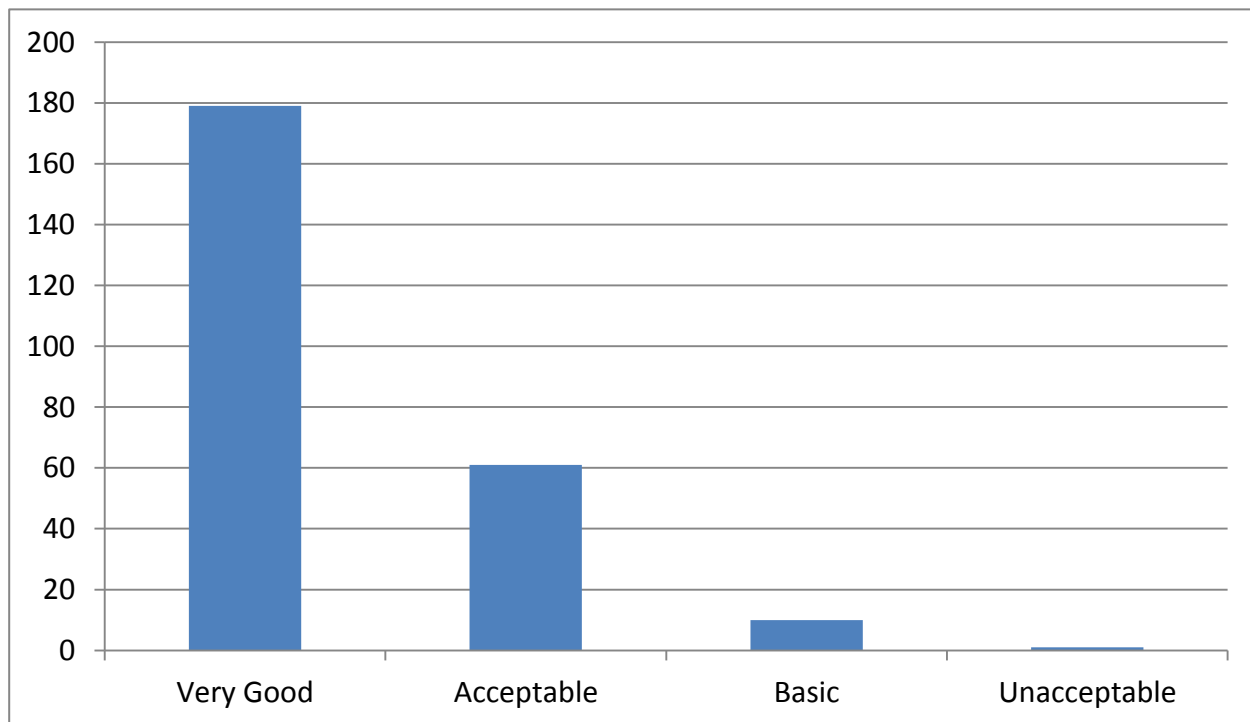
Q3. How did you rate the receptionists greeting to you today?



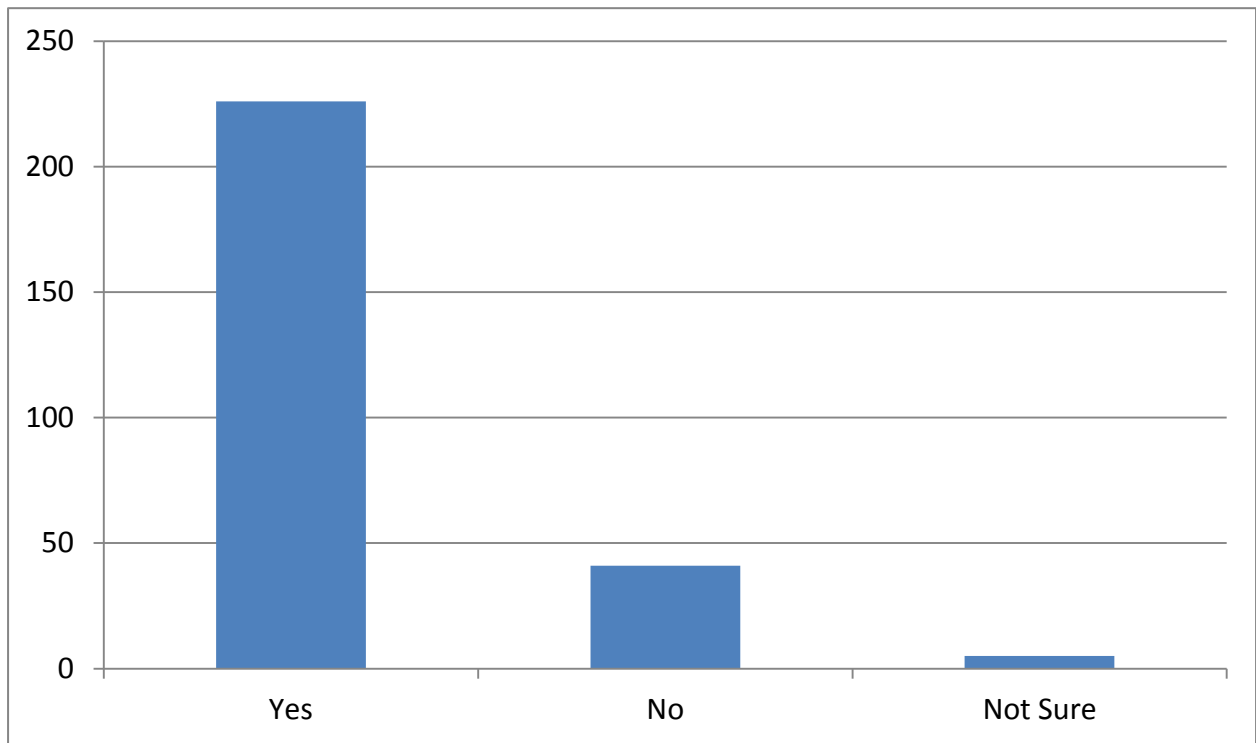
Q4a. How comfortable do you find the waiting areas within the practice



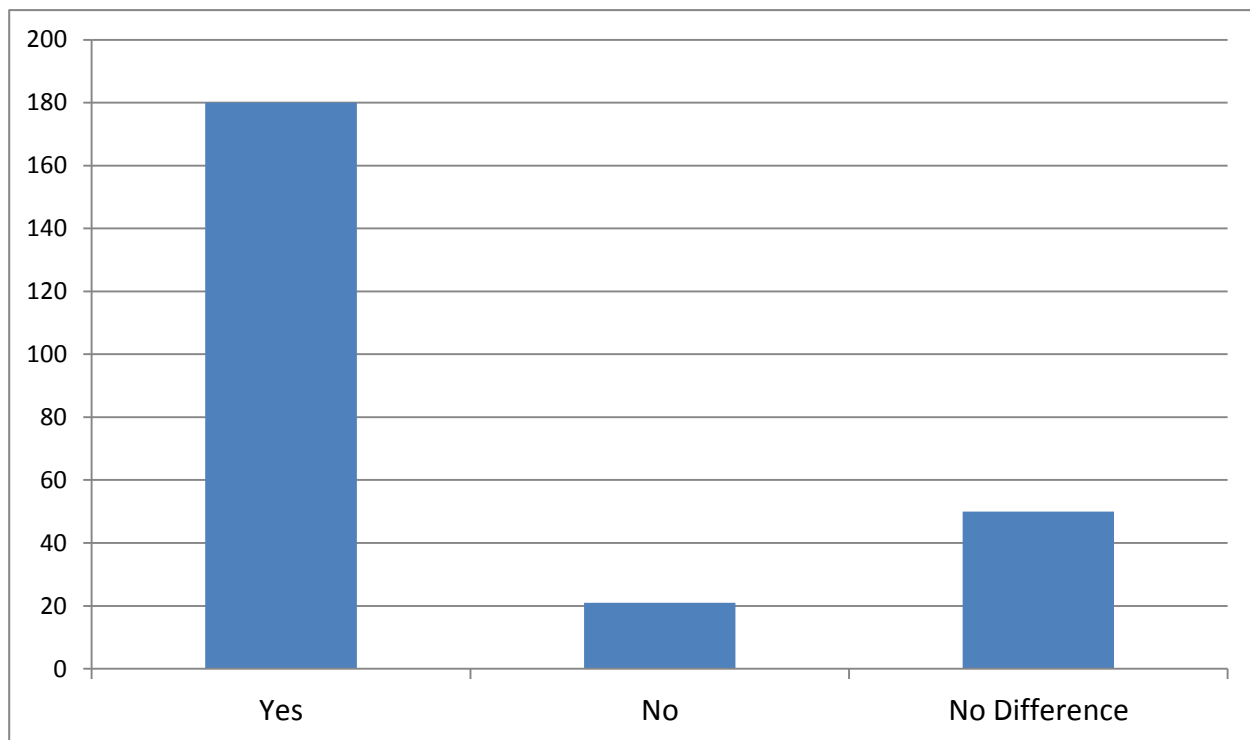
Q5. How would you rate the care you received today?



Q6a. Were you aware of the number change?

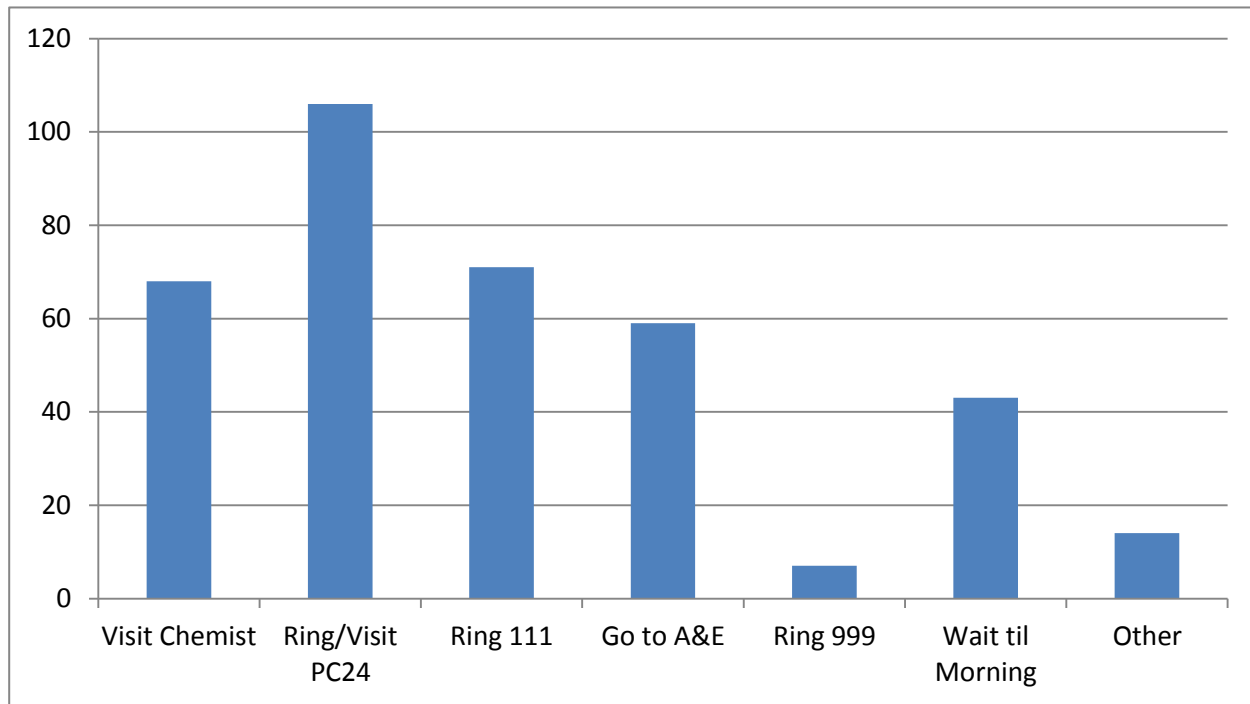


Q6b. Has this been a positive improvement for the surgery?

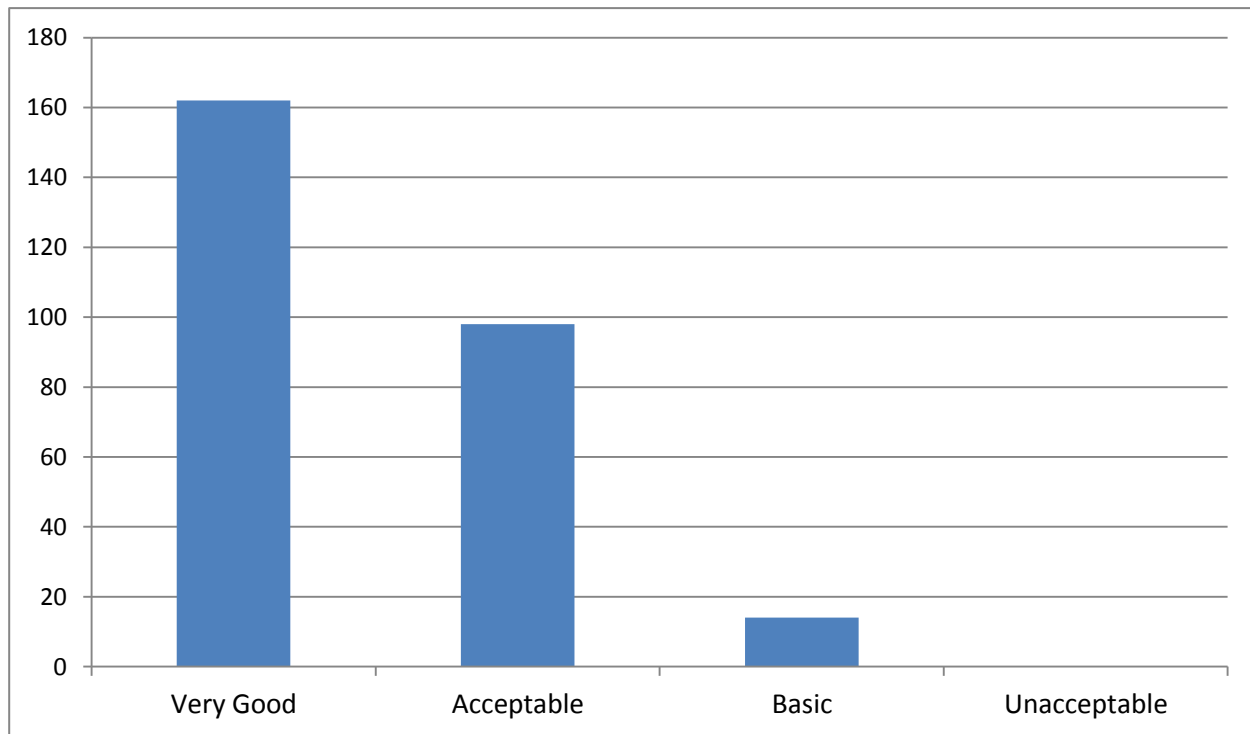




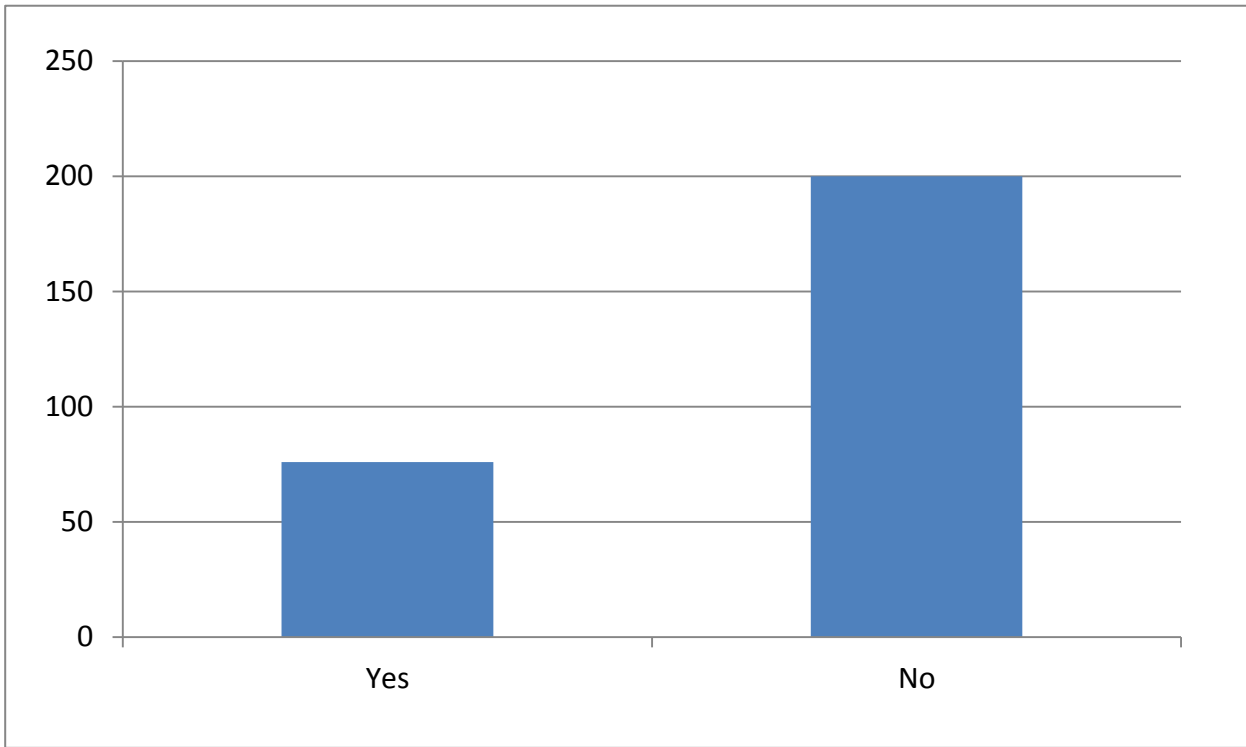
Q7. Which other service would you use if the surgery was closed?



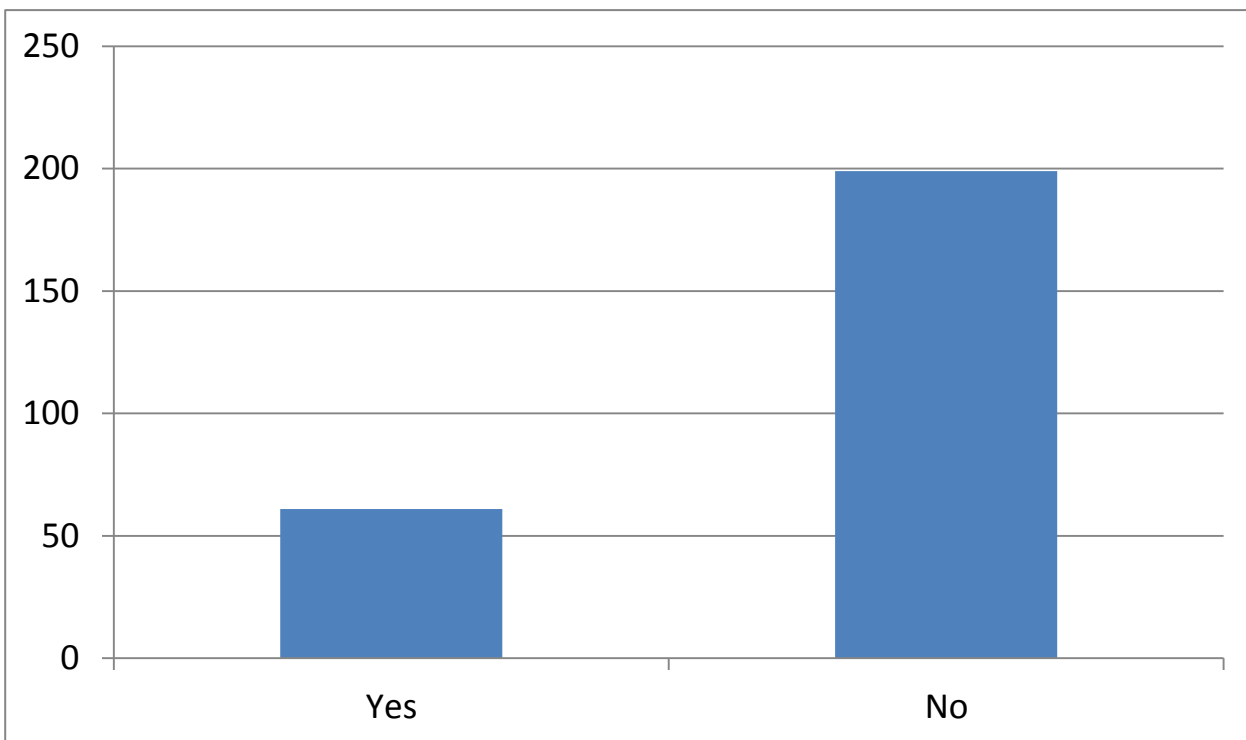
Q8. Overall, how do you rate the service you receive from Oakwood Surgery?



Q9a. Were you aware of the PPG?



Q9b. Would you like further information about this group and what its aims are?



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| <b>Analysis of the patient survey and discussion of survey results with the PRG</b><br>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: |
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| How the practice analysed the patient survey results and how these results were discussed with the PRG: <ul style="list-style-type: none"><li>• At the PRG meeting of the 4<sup>th</sup> of February 2014, the report and results were considered in detail and a final Patient Participation Report was compiled, in readiness for publishing on the Surgery’s website, as well as in the forthcoming local free magazine.</li></ul> |
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| The key improvement areas which we agreed with the PRG for inclusion in our action plan were: <ol style="list-style-type: none"><li>1. Customer care. Although it is acknowledged that all staff already provide a very good level of service, it was agreed that small improvements, make big differences, especially at the first point of contact.</li><li>2. Continuity of care. It was agreed that GP’s would be encouraged where possible, to ensure continuity of care. For example, if a GP has requested an x-ray or a blood test, that as far as possible, the follow up appointment, to be conducted by the same GP.</li><li>3. Space in waiting rooms for disabled people. The design of the building is not ideal for ease of movement, at the best of times. Space will be freed up for wheelchairs, pushchairs and motorised scooters, to be able to move into and out of the building with more ease, particularly at busy times.</li></ol> |
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| We agreed/disagreed about:<br><br>All the above-mentioned were agreed and there were no issues, which could not be agreed on. |
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| <b>ACTION PLAN</b> |
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| How the practice worked with the PRG to agree the action plan: <ul style="list-style-type: none"><li>• The survey report findings were e-mailed to all the PRG members.</li><li>• The findings are to be presented to the PR and to compile a Patient Participation Report and an action plan.</li><li>• At the PRG meeting of the 4<sup>th</sup> of February 2014, the report and results were considered in detail and a final Patient Participation Report was compiled, as well as an action plan, in readiness for publishing on the Surgery’s website.</li></ul> |
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| We identified that there were the following contractual considerations to the agreed actions:<br><br>None. |  |   |                  |                                 |
|--|--|---|------------------|---------------------------------|
| Copy of agreed action plan is as follows:  |  |   |                  |                                 |
| Priority improvement area<br>E.g.: Appointments, car park, waiting room, opening hours                     | Proposed action  | Responsible person  | Timescale        | Date completed (for future use) |
| Customer Care  | Make small but necessary improvements                                      | Caron Meek  | Within one month | 28.02.2014                      |
| Continuity of care   | Follow-up appointments to be conducted by the same GP where ever possible. | All doctors to use the follow-up system that is already in place to allow for continuity of care. | On-going         | On-going                        |
| Space for disabled persons, in the waiting rooms   | Freeing up space in both the downstairs waiting rooms.                     | Carla Tucker (QS)   | Within one month | 19.02.2014                      |
|  |  |   |                  |                                 |

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| <p><b>Review of previous year's actions and achievement</b></p> <p>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:</p> <p><b>“You said ..... We did ..... The outcome was .....”</b></p> <p>Focus from PRG survey focused on the following areas:</p> <p><i>Continue to maintain accessibility for patients telephoning the Surgery in a timely and cost-effective manner.</i></p> <ul style="list-style-type: none"> <li>- The contract with the Surgery's telephone provider was review in 2013.</li> <li>- The Patient Reference Group has been involved in formulating our plans for telephone access for our patients following the expiry of the current contract. The PRG group's recommendations for the practice to return to a local 01623 number and to remove the queuing system, was implemented.</li> <li>- This has resulted in reduced cost for the patient when contacting the surgery, as well as not being help in a queuing system. The response from patients has been favourable.</li> </ul> <p><i>Continue to promote on-line booking of appointments.</i></p> <ul style="list-style-type: none"> <li>- The surgery staff has actively promoted this alternative form of contact with the surgery, by floor-walking, the website, the local news letter and leaflets with application forms, prominently displayed. The uptake has been significant, compared to before promotion. On-going.</li> </ul> |
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*Encourage patients to use the on-line repeat-medication service or local pharmacy order and collection service.*

- As above. On-going.

*In the process of recruiting an additional GP, to make more appointments available.*

- This was achieved. However since then 2 GP's have reduced their surgeries and one has resigned as a partner, so we are back to square one. The position has been advertised. Once filled, we'll be able to offer additional appointments, more than currently available.

*The practice is now registered as a training practice and will probably acquire 1, possibly 2 registrars in the autumn and this will make more appointments available.*

- Since the surgery has successfully been accredited, we have received our allocation of registrars. By the end of April 2014, we will have trained 2 registrars. They have also run their own surgeries, helping to make more appointments available.

*Manage expectations of availability of appointments, by providing clear communication of number of appointments each GP has per day and per week. This will be stated on the surgery's website, on the notice boards and in specific leaflets to deal with complaints, related to the perceived lack of appointments.*

- All of the above has been achieved.

*To design a specific leaflet for patients to manage expectations and educate them on the availability of alternative options.*

- This has been done

*Promoting the 'Pharmacy First Scheme' where there is no need for an appointment with a GP, for repeat prescriptions.*

- This is an on-going task.

*Publishing all of the above information, in the locally distributed 'Woodhouse Warbler' newsletter.*

- This is an on-going task too.

*Health Care Assistants are receiving on-going training, enabling them to provide more disease monitoring (a non-decision making role), which frees up more appointment time with the Practice Nurses and in turn frees up more appointment time for the GPs.*

- Achieved and on-going.

*A system is in place where GP's refer to patients to reception to make follow-up appointments, for a specific time in the future, with the same GP.*

- This system will be consistently adopted by the GPs, to improve continuity of care.

*To help to support the continuity of care, we need our patients to support the practice by cancelling those appointments they can no longer attend, rather than simply not attending, which wastes precious appointments.*

- Monthly numbers of 'missed' appointments to be posted on the website and on the notice board, to indicate a cause of perceived lack of 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:

None

## Publication of this report and our opening hours

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

They have been placed on our website, displayed on our waiting room notice boards and in the local newsletter that goes to every house hold in Mansfield Woodhouse.

## Opening times

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

Patients may access our services during the following hours:

The Surgery is open from 8.00am to 6.30pm each weekday for core services. Patients are requested to contact us between 8:30am and 6pm to book an appointment, apart from Wednesday - 8.30am to 5.30pm. We offer an emergency option on our telephones to contact us in for emergencies from 8:00am and 6:30pm - outside of these times, emergency calls are re-directed to our Out of Hours Service. Currently, although we do not open between 12:45pm and 1:45pm, the Surgery may be contacted in an emergency by telephone (Option 1) or by ringing the emergency bell in the Surgery.

- Patients may contact us by telephone, calling at the Surgery, e-mail, on-line or via post.

We offer a range of a range of routine appointments to see a Doctor:

- Monday, Tuesday and Thursday from 8.30am to 7.00pm
- Friday from 8.30am to 6.30pm and
- Wednesday 8.30am to 12 noon.
- Additionally, telephone consultations are available for patients who prefer to just speak with a doctor, rather than attend the surgery.
- Appointments to see our Nurses and Health Care Assistants (HCAs) are available for 8.30am to 7pm for each weekday, apart from Wednesday, when appointments are available until 12 noon.
- For urgent appointments, patients are requested to contact the Surgery at 8.30am. Urgent problems are seen as soon as possible on the same day, usually by our Duty Doctor.
- We offer a mobile phone-text appointment confirmation as a reminder service.