***Greater Manchester Area Team***

**2013/14 Patient Participation**

**Local Participation Report**

Practice Details

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| Practice | SIMMONDLEY MEDICAL PRACTICE |
| Completed by | JOAN HIGHLEY |

Patient Reference Group (PRG) Profile

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| Number of face to face members | 18 | |
| Number of virtual members | 0 | |
| **Age & Sex breakdown** | **Male** | **Female** |
| Under 16 - | 0 | 0 |
| 17 – 24 - | 0 | 0 |
| 25 – 34 - | 0 | 1 |
| 35 – 44 - | 0 | 2 |
| 45 – 54 - | 0 | 1 |
| 55 – 64 - | 2 | 4 |
| 65 – 74 - | 2 | 4 |
| 75 and over - | 1 | 1 |
| **Ethnicity** | | |
| White | 5 | 13 |
| Mixed |  |  |
| Asian / Asian British |  |  |
| Black / Black British |  |  |
| Chinese / Chinese British |  |  |
| Other ethnic group |  |  |
| **Employment Status** | | |
| Employed | 1 | 6 |
| Unemployed | 1 | 1 |
| Retired | 3 | 5 |
| *Other (e.g. no of carers)*  1 | | |
| **What the practice did to ensure that the PRG is representative of the practice registered patients** | | |
| Patients repeat medication request slips give us a facility to add a message to the patient. We use this to invite them to join our PRG. This therefore covers all age groups, ethnicities etc. We also invite patients to join the PRG via our video loop in the waiting room , the practice leaflet & the website. We have not had any response from our very small ethnic minority. Many younger patients have been asked verbally & we have offered to meet them at the door for meetings so that they don’t feel alone. Some express an interest but fail to turn up at meetings. The PRG now have their own notice board in the lobby & this always displays the date of the next meeting with an invitation to all patients to join them & to help shape healthcare in the future. | | |
| **Groups that are not represented on the PRG and what the practice did to attempt to engage those groups** | | |
| In addition to the above, verbal invitations are extended by practice staff & PRG members particularly to younger patients. Any suggestions we receive either verbally or in writing can lead to an invitation to join the PRG. Surveys were posted to patients we rarely see together with an invitation to join the PRG. | | |

**2013/14 Priorities**

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| **How we identified and agreed with the PRG priorities for 2013/14 to be included in a local practice survey** |
| The PRG devised a broad- based preliminary survey asking patients what they considered to be the most important aspects of a doctor’s practice. This sample poll was conducted within the surgery by the PRG members at various times. 83 of these surveys were completed. These responses were collated by PRG members & the 3 most important aspects were, in discussion with the practice, included in the full survey.  . PRG members went away & looked at various surveys including questions suggested by the CQC. They met several times in October & November to finalise the survey. It was felt that a long &/or complicated survey would put patients off completing it & even if they took it away with them ,they may not return it. The practice advised, that from previous experience, mailing out surveys was not successful. It was decided that surveys would only be posted to patients if a representative sample was not obtained. |
| **What these priorities were** |
| 1. Clinical Care 2. Opening Times 3. Getting An Appointment.   It was emphasised by the PRG that these were not areas of complaint but to patients they were the important aspects of general practice. It was felt that a detailed survey on these priorities may throw up suggestions which could improve the patient experience. |

**2013/14 Local Practice Survey**

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| **How we agreed with the PRG the content of the local practice survey** |
| In order to ensure a representative response it was agreed that 4 different surveys would be handed out as appropriate.     1. Children up to age 16 years. 2. Young adults age 16 – 18 years. 3. Adults age 18+ years. 4. Adults 60+ years.   The survey would also ask whether the patient was male or female.  Specific questions were asked on;-  Clinical Care – services offered by the practice.  Getting An Appointment.  Opening Hours.  Copies of the surveys are attached. |
| **How we agreed with the PRG the way in which the survey would be conducted** |
| Our practice list size remains around the 3600 mark. We aimed for 3% completed surveys, the same as last year. A closed box with a small opening was placed in reception for completed surveys. This was locked away when the surgery was closed. Our PRG members offered to come into the waiting room at times suggested by the practice to hand out age appropriate surveys. The practice invited PRG members into the waiting room during several normal surgery sessions & also to specific sessions eg – disease management, screening & review sessions as we felt that this would reach not only our general practice population but also our less mobile patients & those with various disabilities.  The system worked very well. |
| **Other methods used to seek the views of registered patients** |
| A count of the returned surveys revealed a shortage in the 2 younger age groups so the practice posted out to randomly selected patients in these age groups, a survey & a stamped addressed envelope. Others were handed out by practice staff to younger patients who visited the surgery.  Patients who attended the surgery were invited to take home surveys to be completed by other family members & this was particularly important for patients who are housebound or rarely attend the surgery.  We always have a sealed suggestion box attached to the wall in the lobby & patients are encouraged to suggest improvements at any time during the year & any suggestions are discussed at practice meetings. |

**2013/14 Local Practice Survey Results**

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| **An overview of the results of the local practice survey is detailed below** |
| The survey results showed very high levels of patient satisfaction with the care & services offered by the practice. No major issues were apparent & there were very few areas for improvement noted.  The full practice survey report is attached & can also be viewed on the practice website.  It seems that a few patients are unaware of all the services we offer, although these are detailed in the practice booklet & on the website. It may be that the lack of awareness is because patients have never needed to use a particular service or have not asked to use it. Some clinics are inappropriate for patients to use if they are under the care of the hospital.  A few patients have misunderstood the facilities & services available:-  “Appointment with the same doctor”. We would always be able to offer an appointment with the same doctor if the patient requested this, except during periods of annual leave. If patients don’t request a particular gp, they are offered the next available gp appointment.  “Health checks for over 75s eg mammograms, blood tests. I am concerned that after 74 it doesn’t matter. There must be a good reason for this but it makes you feel useless” This seems to be a lack of patient knowledge. Blood tests requested by the clinical staff are always done, whatever the patient’s age, Mammograms can be requested by patients over the catchment age & we do have breast screening leaflets in the waiting room.  “Phone is easier than online for making appointments” No reason was given for this comment. The practice & many patients believe online gp appointments are easier to make than making them by phone, as all available appointments are shown & patients can choose a time convenient to them with the gp of their choice. It isn’t practical to open nurse appointments online due to the vast diversity of services the nurses offer & the varying lengths of appointments.  Commissioning problems we, as a practice, are unable to deal with, eg Podiatry no longer available at George Street.  This will be taken to locality meetings but we do offer a community podiatry service at the practice & patients who qualify for this service are personally offered appointments here.  A copy of the full survey results is attached & is also available on the practice website.  www.simmondleymedicalpractice.co.uk |
| **How we provided the PRG with the opportunity to discuss the findings of the local practice survey** |
| The practice provided:-  The use of our library for the PRG to discuss, formulate, collate & produce the report & spreadsheet, on all occasions when asked by the PRG.  Refreshments.  All stationery.  All the surveys were printed in the practice on practice equipment.  CQC guidance on practice surveys.  GP & practice management time to advise when requested by the PRG on survey content & results & later to agree the action plan.  Postage costs for patients who were sent a survey via royal mail. |
| **How we agreed an action plan with the PRG based on the findings of the local patient survey** |
| Core members of the PRG met twice with Dr Tatineni & a practice manager to discuss the survey findings & agree an action plan.  It was apparent that the survey revealed very few areas in which the practice could improve. Having explained to members of the PRG which findings we could not influence & were out of our control these were excluded eg out-of-hours provision. Lack of funding also excluded an extension of surgery times.  We then went on to discuss which suggestions would most benefit our patients. There was unanimous agreement on 3 priorities:-   1. The surgery was to provide a wheelchair. Whist this will not benefit a huge number of patients, it will be of enormous benefit to patients who have difficulty walking. The walk from the waiting room to the nurse’s room, in particular, is a long one & perhaps a painful one for some patients. If we can remove this struggle by purchasing a wheelchair it will be much appreciated. 2. The practice agreed to update the terminology used in the practice booklet when it is reprinted. It was apparent that clinical terminology eg, IHD, CVA is not understood by many of the practice population. If they don’t understand the terminology, then this will contribute to a lack of knowledge of services available at the practice. The practice will also review the content of the surgery website & the video loop to bring about the same improvements. 3. There is considerable frustration amongst patients that an X-ray facility & an Out-Of-Hours facility is not provided at the Glossop Primary Care Centre. The benefit of these services to our patients would be huge as the trek through the traffic jams to Ashton is already unacceptable & getting worse. Commissioning of these services has previously been out of our hands, but with localities becoming responsible for their own commissioning, these facilities should now be given consideration. It was agreed that our practice representative at locality meetings would bring this important matter up at the regular locality meetings. |
| **Areas which were highlighted from the findings of the local practice survey where we were unable to take any action and why** |
| More nurse appointments – after discussion between the PRG & the practice, it was agreed that this will be considered along with the new GP contract, after the end of this QOF year. This year has been considerably difficult for us because of nurses’ sick leave & a shortage of qualified locum practice nurses. We will discuss a revision/redistribution of duties with our nurses & assistant practitioner.  Drinks machine available for patients – this was considered to be an unnecessary expenditure at the moment by the PRG & the practice. Cash flow has been difficult this year because of the delay in payments to the practice by the various finance departments & the lack of remittance advices. Hopefully patients are not in the waiting room long enough to need a drink but the practice always has plastic cups available if anyone wants a drink of water. If the financial situation improves, consideration will be given to the provision of a drinks machine.  Extended opening times. Our practice was the last one in the area to stop opening on Saturdays. This was because we were only getting 2 or 3 patients per session & the cost of gp, nurse & receptionist time was high. We already extend all our surgeries to accommodate any patient wanting to be seen that day & with the advent of walk-in centres at Piccadilly Station & Ashton & the Go-To-Doc service, it was agreed that we would wait & see what happens locality wise with the provision of services, out of core hours.  There is a need for a T1 diabetes support group for children & teenagers. We only have 3 patients who would qualify for this service. All are reviewed at the hospital. There is also a young people’s diabetic service provided by the new Integrated Diabetic Service so it was decided that this problem was probably now resolved. |

**2013/14 Action Plan**

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| **2013/14 Action Plan (and how this relates to the findings of the local practice survey)** |
| 1. Wheelchair to be provided by the surgery. Highlighted in the survey results under the heading “Services or facilities you would like to be available “ was the comment “ surgery needs a wheelchair”. It is something the practice has thought about in the past but following the survey, it was made a priority so that the patient experience is improved for those who have difficulty walking. 2. The survey revealed a lack of patient knowledge concerning the services available at the practice although this could be because they’ve never used the service. It was also clear that abbreviations were not always understood by patients. It was suggested at the meeting between the PRG & the practice that we would clarify things when our practice booklet is reprinted. It was also suggested as a joint venture between the PRG & the practice that 1 of the waiting room notice boards should be used as a “Did you know that the practice provides ………..” initiative so that patients can be made aware of smoking cessation, weight management, travel vaccinations etc   Both these suggestions will be acted upon.  3. “X-ray machine would be appreciated in Glossop” was a comment on “services you would like  available” Comments relating to opening hours indicated that there was some dissatisfaction  with the current out-of-hours provision & patients would obviously like access to their own gp at  all times.  At our action plan meeting we discussed the impracticality of doing these things in isolation. What was needed, we decided was a locality initiative to commission these services & base them at the Glossop Primary Care Centre. Dr Tatineni will discuss these at locality level. |

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| **Significant changes we have made / plan to make to the services the practice provides** |
| The practice has already bought a folding wheelchair which is easily accessible for practice staff. A notice has been placed on 1 of the notice boards in the waiting room, in the notice board outside & in the lobby to inform patients that we have a wheelchair & if needed, they should ask at reception. The video loop, the practice website & the practice leaflet will also be amended.  We plan as mentioned on page 9 to start implementing point 2 of the action plan from April.  Dr Tatineni will add the commissioning of these suggested services to locality meeting agendas. |
| **How we publicised the local patient survey results and action plan to our registered patients** |
| The results of our local patient survey & our action plan have already been published on the practice website. A notice to this effect is displayed in the waiting room together with information advising patients that they may request a copy of the survey results at reception. The video loop & practice leaflet will also be updated accordingly. |
| **Link to practice website where this report and related information can be found** |
| **www.simmondleymedicalpractice.co.uk** |
| **2012/13 Action Plan – overview of progress against last year’s action plan** |
| Saturday morning surgery – discussed but put on hold as it was felt that Saturday opening would become part of the standard GP contract. If this does not become the case, it is possible that a locality arrangement will be made for Saturday opening.  Access to a female GP – implemented. We now have a female GP partner & 2 female GP registrars.  Automated door opening & lower section at reception for wheelchair access – discussed at length many times but not yet implemented because of the cost involved & disruption to reception. Cash flow has been extremely difficult this year, as we have spent a lot of money on making all our clinical areas & the waiting room, CQC compliant with polyflooring, wipeable chair covering & in clinical areas, elbow taps |

**Patient Access**

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| **Practice Opening Hours** |
| Monday 08.00 – 18.30  Tuesday 08.00 – 18.30  Wednesday 08.00 – 17.30  Thursday 08.00 – 18.30 \*  Friday 08.00 – 18.30  \*on the 3rd Thursday of every month, the surgery closes at 12.30 for staff training. |
| **How to access services throughout core hours i.e 8.00am – 6.30pm Monday to Friday** |
| Our services can be accessed by visiting the surgery or by phone. The ability to order repeat prescriptions &/or make a GP appointment can also be accessed online. Several posters are on display advertising this online facility & forms are available for completion, at reception. Requests for home visits are always accepted by reception staff & passed to a GP for appropriate action.  From 18.00 Monday - Friday, at week-ends & Bank Holidays patient access is via Go-To- doc. However, although the surgery is open on Wednesday afternoons, clinical care is provided by Go- To – Doc, so our phones are switched over to them at 12.30. The same arrangement applies on the 3rd Thursday of every month, as the practice participates in the TARGET training sessions. This is an automatic divert system, so our patients only have to make 1 phone call to the surgery number.  Our suggestion box in the lobby is available for suggestions on how we can improve patient access & any other relevant service. The suggestion boxed is opened regularly & any suggestions discussed. |
| **Extended Hours** |
| The practice is not open out of core hours. Our phones are switched over to an automatic divert to Go-To - Doc. |