

PATIENT PARTICIPATION REPORT 2013/14

Practice Code:

C84051

Practice Name:

Orchard Medical Practice

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

Orchard Medical Practice has been based within Mansfield Community Hospital since moving from Crow Hill Drive in November 2012. Since that time the Partnership has grown and a female GP joined the Partnership in April 2013. The practice hopes to further expand the Partnership, nurses and services from April 2014.

Orchard Medical Practice's Patient Participation Group has been running for a number of years now and is well established. The Group meet each month and discuss a variety of topics of health promotion as well providing valuable input in to changes that happen within the practice. This year the Group have very much been a part of our forthcoming merger with Drs Law & Mountcastle in April 2014. Both groups have met together and look forward to merging both PPG Groups in April. We have also had a PALS representative come and talk to the group this year to introduce their services.

Our group hold at least three fundraising coffee mornings each year with tombola's and cakes for sale, this also helps to recruit new members to the group.

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	Difference
Age			
% under 18 - 21%	2604	0	2604
% 18 – 34 - 21%	2604	0	2604
% 35 – 54 - 28%	3473	3	3469
% 55 – 74 - 20.09%	2493	15	2465
% 75 and over -- 9.9%	1227	3	1113
Gender			
% Male - 47%	5829	6	5823
% Female - 53%	6574	15	6559
Ethnicity			
% White British/mixed British n – 73%	9178	15	9163
% Mixed white/black – 0.7% Caribbean/African/Asian	71	0	71
% Black African/Caribbean			
% Asian – Indian/Pakistani/Bangladeshi- 0.9%	122	0	122
% Chinese 0.19%	24	0	24
% Other- 2.29%	285	0	285

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

The practice has found that the current membership reflects the types of patient who have a certain level of free time and have the flexibility in the day time. The meetings which are currently held at a lunchtime once a month suits all members of the current group. If new members were to join the group that felt strongly that they could only attend an evening meeting then the situation would be reviewed. Currently the membership of demographics of the PRG mainly reflects the practice profile who are of retirement age

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:

The practice provides late evening appointments on one day in the week.. The practice also provides pre-bookable appointments on a Saturday morning also. This provides those that have different working patterns more availability of appointments. Patients can also book and cancel their appointment on line now making it a more flexible.

Carers are encouraged to register to get the support they need, we currently have 254 carers registered

Levels of unemployment in the area is a problem and we encourage patients by having leaflets within the practice to try and help alleviate this problem. Referring them to the 'fit for work' scheme is also encouraged to get the help and support they need.

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

Advertise on the website
Advertise through our newsletter
Advertise through call screens/ leaflets in surgery

Setting the priorities for the annual patient survey

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

The PRG agreed the key priorities based on our previous surveys and patient feedback throughout the year, the key priorities the group felt were then decided and included in to this year's survey, these were only marginally different to last year.

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:

The practice discussed the questions in our October 13 meeting. Both the practice and the group members looked at last year's survey and action points and if appropriate brought them in to this year's survey.

How our patient survey was undertaken:

The survey was undertaken electronically by hand held & a free standing electrical device with the questions on with the help of our staff and PPG members around to help anyone. A paper copy was available upon request.

Summary of our patient survey results:

Our PPG members felt the results were mainly good and were pleased patients seemed happy since the move to the Mansfield Community Hospital in November 2012. Everyone at a group meeting was free to express their opinions.

Analysis of the patient survey and discussion of survey results with the PRG

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:

How the practice analysed the patient survey results and how these results were discussed with the PRG:

These results were given to our PRG group at December 13 so individual members could take a look at them in their own time. The group then discussed these results at our January 14 PRG meeting. All members were given an opportunity to express any views with regard to the survey.

The key improvement areas which we agreed with the PRG for inclusion in our action plan were:

The telephone system – more incoming telephone lines and more staff to answer them

Car Parking – How will the current merger affect car parking for patients

More late appointments – more appointments available in the evenings

Texting patients – Collation of mobile telephone numbers so text messages can be send as a reminder for appointments or inform if a patient does not attend their appointment.

We agreed/disagreed about:

No-one disagreed with any of the results.

ACTION PLAN				
How the practice worked with the PRG to agree the action plan:				
The practice worked together with the group by have a representative from the practice at the PRG group to agree the action plan.				
We identified that there were the following contractual considerations to the agreed actions:				
Nil				
Copy of agreed action plan is as follows:				
Priority improvement area Eg: Appointments, car park, waiting room, opening hours	Proposed action	Responsible person	Timescale	Date completed (for future use)
Telephone System	More incoming telephone lines needed in a morning with the equivalent amount of staff to answer them.	Partners/ Practice Manager	6 months	
Car Parking	Ensure when the practice merges there is still adequate parking for patients	Partners/ Practice Manager	6 months	
Appointments	More late evening appointments are offered throughout the week	Partners/ Practice Manager	6 months	
Phlebotomy Appointments	More phlebotomy/nursing appointments required	Partners/ Practice Manager	6 months	
Text Messages	Reduce the amount of DNA's by routinely asking for an up to date mobile number so an appointment reminder is sent. If a patient DNA's a text could also be sent routinely.	Partners/ Practice Manager	3 months	

Review of previous year's actions and achievement

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:

“You said We did The outcome was”

Please see below

Improving Patient Satisfaction

Updated Practice Year 2 Action Plan 12/13

Area for Improvement	Recommendation	Action required	Comments /Achievements
New telephone System	Monitor the new telephone system and evaluate level of improvement	<ul style="list-style-type: none"> • Conduct a patient survey 6 months after installation to assess patient satisfaction • Conduct a staff/doctor survey to assess their satisfaction with the telephone system. 	<p>A survey was completed in October – December 13 to assess patient satisfaction with regard to the appointment system. Unfortunately this had not improved despite putting more staff on the reception lines in a morning and offering 7 day pre-bookable appointments</p> <p>Staff felt on the whole the telephone lines were a lot busier with patient demand on the whole increasing.</p>
Appointment System	<ul style="list-style-type: none"> • Consider on line appointment booking system for patients • Continual renewal of appointment system • Monitor, report & analyse DNA figures from the previous year 	<ul style="list-style-type: none"> • See appointment system – review to ensure that online booking is feasible • Trial of procedures to improve patient access <ul style="list-style-type: none"> ○ 50% of current on the day appointments to be pre-booked ○ Consider extending • Regular monitoring & analysis of DNA figures • PRG active involvement • Quantifiable reduction in DNA figures by March 2014 	<ul style="list-style-type: none"> • Patients can now book on line for appointments, which we constantly advertise. • More pre-bookable appointments were offered, but the demand for patients ringing on the day has increased • DNA's are regularly monitored and patients contacted to inform them they had an appointment and to 'keep it or cancel it'. There has been a slight improvement in reducing DNA by doing this
	Review of Practice Appointment System	<ul style="list-style-type: none"> • Review of appointment system to help improve access and manage patient demand • Practice to look at matching capacity to demand • Communicate any changes to staff and patients as feedback is crucial 	<ul style="list-style-type: none"> • The appointment system has been reviewed and a further female GP available to offer appointments • In December 2013 the practice became a training practice with Dr Wagstaff, a Registrar offering appointments also. • Communication via the website and patient newsletters are updated regularly.

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:

There have not been any disagreements with any decisions made, our PRG group are extremely supportive and work with the practice to achieve good patient care.

Publication of this report and our opening hours

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

Within the practice, paper copy
On our website
In our practice booklet
Word of mouth

Opening times

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

Practice opening hours 8.10 am – 6.30 pm Monday – Friday – phone lines open from 8 am

Extended Opening Hours

Tuesday 6.30 pm – 8.00 pm

Saturday 8.30 am – 11.30 am