Sandy Lane Surgery

PATIENT PARTICIPATION REPORT 2013/14

Practice Code:	C84637
Practice Name:	Sandy Lane Surgery

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

The PPG has become a well-established vibrant part of the Practice. The group meets on a regular basis, publishes a newsletter every two months, conducts the Patient Survey, has its own area of the Practice Website and has recently established a Virtual PRG system.

During the last year group has become autonomous, with a Chairman and Secretary now in post and together they generate their own formal Agendas and Minutes as well as forward planning to improve the quality of provision within the Practice.

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 pr		Difference				
Age							
% under 18	1349 = 22.3%	0 22.3% Under represe					
% 18 – 34	1378 = 22.7%	0	22.7% Under represented				
% 35 – 54	1735 = 28.6%	3 = 30%	1.4% Over represented				
% 55 – 74	1182 = 19.5%	4 = 40%	% 20.5% Over represented				
% 75 and over	416 = 6.9%	3 = 30%	23.1% Over represented				
Gender							
% Male	3078 = 50.8%	4 = 40% 9.2% Under represented					
% Female	2982 = 49.2%	6 = 60%	10.8% Over represented				

Ethnicity						
% White British	5433 = 89.7%	10 = 100%	10.3% Over represented			
% Mixed white/black Caribbean/African/Asian	15 = 0.2%	0	0.2% Under represented			
% Black African/Caribbean	0	0				
% Asian – Indian/Pakistani/Bangladeshi	82 = 1.4%	0	1.4% Under represented			
% Chinese	21 = 0.3%	0	0.3% Under represented			
% Polish / Latvian	305 = 5%	0	5% Under represented			
% Other	35 = 0.6%	0	0.6% Under represented			
None Disclosure	169 = 2.8%	0				

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

The immediate surrounding area to the Surgery contains many traits of social deprivation, within a town which figures at the lower end of the National scale of social need. Volunteering and recruiting of volunteers is exacerbated by such factors which makes it difficult to find interested patients. Taking a pro-active approach towards under-represented groups has fundamental complexities when considering patient privacy. The PPG recognises this recruiting problem and is attempting to address it within the current development plan.

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 Group rotates its meeting times so as to not dis-advantage working patterns.

The PRG has needed to become established and find its own level of resilience / buoyancy. The group has now achieved this and has identified addressing the disparity between PRG and Practice profiles within the current plan.

Communication is at the key of PRG development and the newsletter provides a route to reaching under-represented groups without breaching patient confidentiality.

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

Articles and ads. in the newsletter. Word of mouth at suitable times when patients visit the Practice.

Establishing a virtual PRG within the Practice Website.

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 working with the Practice Manager discussed relevant areas and agreed the key issues Subsequent to the discussions the questionnaire and its delivery were agreed by the group.

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 questions were formulated to address the quality of service provided: i. From initial contact with the Surgery ii. Amount of waiting times. iii. Quality of interaction with Doctors, Nurses, Reception staff and other support professionals. etc.

The PRG decided to conduct a paper survey in preference to using Tablet PC's and the timing of the survey was discussed and chosen so as to be at busy clinic times in order to achieve a high response

How our patient survey was undertaken:

Paper copies were presented to Patients at the reception area and representatives of the PRG also attended a number of clinics in order to distribute the questionnaire and answer questions.

Summary of our patient survey results:

The Survey Report is a summary of the results:



PPG Patient Survey 2013 amended versio



Survey Report 2013 JC's Amended Version





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:

The PRG Secretary entered the survey results into a bespoke designed piece of software running on a tablet PC. The PC information was duly entered into a spread sheet with numerical and graphical charts then being generated. The tablet PC and database work were accomplished with valuable support from the Mansfield and Ashfield Clinical Commissioning Group.

Further analysis was conducted by the PRG and the data along with a resume was distributed to the full group and discussed at the February 2014 PRG meeting. From these discussions improvement Areas for the 2014 / 15 development plan were agreed.

The development plan was written up and distributed to the group for final consultation.

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

All seven areas detailed on the attached action plan.



We agreed/disagreed about:

There was not any disagreement, however, the original plan had six areas and after discussion the PRG wished to include a seventh: Reduction in the number of people who found it very difficult when telephoning the surgery for appointments.

ACTION PLAN

How the practice worked with the PRG to agree the action plan:

Discussions with Practice Manager at full meetings and meetings with the PRG Secretary as well as other individual PRG members.

We identified that there were the following contractual considerations to the agreed actions:

N/A

Copy of agreed action plan is as follows:

Action plan attached in our own format.



Priority improvement area Eg: Appointments, car park, waiting room, opening hours	Proposed action	Responsible person	Timescale	Date completed (for future use)

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"

Ability to get through to the Surgery by telephone – More receptionists employed - limited number of pre-booked appointments available to book therefore more on-the-day appointments available.

Promotion of on-line booking of appointments – 309 patients had signed up to this as of March 2013 – the figure now is 464 patients.

Time spent waiting to see a particular GP – The GP has now increased her appointment times to 15 minutes per patient from 10 minutes.

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:

No

Publication of this report and our opening hours

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

On Practice Website, advertised in our Newsletter, collection from Reception, and advertised on our PPG Notice Board in Surgery

Opening times

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

At of time of publication – Feb/Mar 2014 hours were Mon, Wed, Friday – 8.00am – 6.30pm
Tuesday and Thursday 8.00am – 7.30pm
Nurses – Saturday once a month – 8.30am – 12.00pm

New Hours from April 2014 – Monday – Friday 8.00am – 6.30pm

Nurses and Two GPs – Saturday once a month – 8.30am – 12.00pm

This is advertised on our website