**Newton Way Medical Practice**

**Patient Participation report – DES 2011/2013**

**Description of the structure or process in place for regular engagement with the PRG:**

The Practice meets with the group several times a year and in the interim communicates via email on specific issues. The group members also have access to the email addresses of all members so they can communicate to raise ad hoc issues and ideas.

Recently it has been discussed about launching a virtual group to run alongside the physical group to reach to a wider audience, in particular to the younger generation – see later.

**Description of the profile of the PRG members:**

The Patient group comprises 8 patients and a pool of 7 members of staff including GP’s, a nurse, the practice manager, admin and reception. The profile of the group is predominantly older but we do have one younger member who brings valuable input especially on the IT side. The group meets on an evening to ensure it is suitable for everyone. The profile has recently been reviewed and it has been discussed that a virtual group might be of interest, particularly to the younger age group, where they can get involved but don’t need to attend meetings. To gauge possible interest in this area we included an extra question on our recent satisfaction survey – see later.

The profile of the group is;

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender** | **Age range** | **Ethnicity** | **Disability** |
| Male | 30-40 | British | No |
| Male \* | 40-50 | British | No |
| Male \* | 40-50 | British | No |
| Male | 50-60 | British | No |
| Male | 60-70 | British | No |
| Male | 60 -70 | British | No |
| Female \* | 40-50 | British | No |
| Female | 50-60 | British | No |
| Female \* | 50-60 | British | No |
| Female \* | 50-60 | British | No |
| Female \* | 50-60 | British | No |
| Female \* | 50-60 | British | No |
| Female | 60-70 | British | No |
| Female | 60-70 | British | No |
| Female | 60-70 | British | No |
| \*= Staff members |  |  |  |

**Steps taken by the contractor to ensure the PRG is representative:**

The Practice did feel that the group was not entirely representative and does wish to attract younger members.

We intend to target specific groups and use the new premises build as the catalyst to achieve this – targeting the healthy living agenda as something this age group would be interested in getting involved in.

Also consider launching a virtual group – our customer survey indicated there was interest in this.

**Specify the steps taken to reach agreement on priority issues:**

The group has met over the year and raised and addressed issues of concern which came out of the previous patient survey undertaken in the financial year to 31 March 2012.

The action plan from the previous year was reviewed and progress discussed;

* On line registration - objective was to increase awareness – the practice has increased on-line registrations and now 32% of patients have registered. Group agreed to continue to actively promote, particularly via web-site – action point following this year’s survey.
* Newsletter – objective to improve content and circulation. Group has been involved with content and this will continue.
* Waiting times – agreed to put notice in reception which was done as well as putting messages on call board – issues raised again in this year’s survey and action proposed – see later
* Premises - still on-going in securing new premises – see later.

Late in 2012 the group agreed to look at priority issues, both new ones and those still outstanding to consider again in a new local practice survey. The group members met with the practice members and from those discussions the group came up with 6 additional questions for the survey, 3 around communication, 1 around the new premises and 2 around compliance.

The methodology in reaching agreement was based around major themes;

* Patients priorities and issues
* Practice priorities and issues
* Planned practice changes
* Compliance issues

**Description of manner taken to obtain views:**

The survey was commissioned with CFEP who were given the questions to redesign into survey speak.

The survey was undertaken in the practice in early January 2013 and a member of the patient group helped out with issuing of the surveys to patients. 239 surveys were completed asking a total of 34 questions around access, the patient experience with the specific medical practitioner, premises, privacy, handling of confidential information, communication and handling of complaints.

**Summary of evidence i.e. themes from patient views:**

90% of all patient ratings about the Practice were good, very good or excellent – with 41% saying excellent.

The Practice scored higher than the national average on all questions, both comparing against all practice sizes and against our own practice size of 8,000 – 10,000 patients.

Comments were also asked for on the survey and these gave us meaningful data of where improvements could be made.

**Name of survey tool used:**

CFEP National survey, including specifically designed practice questions as agreed by the patient group.

**Summary of action plan discussion:**

The patient group were sent the findings of the survey and all the patients’ comments so they could analyse them.

A week later the group met with the practice members to discuss the findings and to agree an action plan for improvements.

**Findings or proposals arising and action plan / summary of agreements;**

|  |  |
| --- | --- |
| **Patient experience issue / findings** | **What the PRG group propose to address this** |
| How would patients like us to communicate with them;  SMS - 71% said yes  Email - 57% said yes | The practice started to obtain consent in August 2012 and have 8.1% of patients who have agreed so far. Will continue to make inroads into getting consent;   * Consent forms in new patient packs * Icon link on web-site with electronic approval * Member of patient group to do recruitment session in practice |
| Building issues;  81% said parking  8% said general access  10% said waiting area  25% said privacy | Many problems highlighted (as with previous survey).  These will be addressed by the new premises which have received PCT approval and are now moving forward.  The plans will be put up in reception to encourage feedback and involve patients in the build process and in the decision re provision of extra services |
| Opening hours | Some patients were unaware of late night openings.  Agreed to promote this especially to the working population via;   * Website * Texting * Messages on out-going mail |
| Waiting times | A couple of comments were made that sometimes consultations are delayed. Whilst we have a notice in reception and on the call board, it was felt that if the reason was explained to patients they may be more understanding of any delay;   * Agreed to put notice on GP’s door if running late to apologise and explain why |
| Wait for blood tests | A couple of comments were made regarding waiting times for blood tests.  This issue had already been identified by the practice and additional capacity created in the nurses clinics to alleviate the pressure on the phlebotomy clinics. |
| Would patients be interested in a virtual patient group;   * 26% said yes * 46% said no | Whilst a high percentage said no it was felt this could be due to the demographic of the patients who completed the survey - 42% surveyed were over 60, 41% 25-59 and 11% under 25.  It was felt that if more young people had been asked this question the % could have been higher. As this is the age group we want to attract to the group, the practice will look at launching a virtual group, in addition to doing another survey later on in the year which will be sent out on email and put on the web-site to reach a wider audience. |
| Web-site improvement | Agreed to continue to improve content and layout – whilst functional feeling it could be laid out better with icon links to things like on-line bookings, obtaining consent, repeat prescriptions. |

**Summary of evidence relating to the findings:**

The survey results have been placed on the Practice web-site www.thesurgerynewtonway.co.uk and in the Practice reception.

**NEWTON WAY MEDICAL PRACTICE**

**Opening times and access to services**

**The Practice opening hours are displayed in our Practice leaflet and on our web-site as follows;**

|  |  |
| --- | --- |
| **Monday** | **8.15 am – 6.30pm \* 6.30pm – 7.30pm** |
| **Tuesday** | **8.15am – 6.30pm** |
| **Wednesday** | **8.15am – 6.30pm** |
| **Thursday** | **8.15am – 6.30pm \* 6.30pm – 7.30pm** |
| **Friday** | **8.15am – 6.30pm** |

* **Late night opening (alternate weeks)**

**Access to services**

Newton Way Surgery is open Monday to Friday from 8.15am until 6.30pm.

Patients can access reception directly or call through to the surgery to access services during these times (although phone calls are answered by the Out of Hours service after 6pm and between 8.00am and 8.15am).

The surgery number is 01274 581979.

We don’t close for lunch although one Thursday each month we close for in house education between 1pm and 4pm. Prior notification of our closure is advertised in the surgery and Out of Hours telephone cover is provided during this time.

Appointments can be booked either on the day up to 12 weeks in advance. Patients can book appointments in person , over the phone or on-line through our web-site.

For those patients who work or who find it difficult to attend during these “core hours” we offer some extended hours appointments on Mondays and Thursdays, on alternate weeks up to 7.30pm. These sessions are covered by all the GP’s on a rota basis.