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PATIENT PARTICIPATION REPORT 2013/14

Practice Code:

C84650

Practice Name:

Boulevard Medical Centre Nottingham

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

Our practice is a single handed GP practice from last 34 years. Majority of our patients are white British and we have 21% ethnic minority people who have described themselves as BRITISH Asians and are from Pakistani and Indian background. We open 5 days a week and have an extended hour surgery on Wednesday evenings. We have been running a patient reference group from last three years. They were white British and two males and two females. Unfortunately one of our patients sadly passed away last year and we had difficulty in finding a replacement. Two PRG members are between 55 -74 and one member is 35-54. They have been registered with our practice from last 30 years and are attending regularly so their views are representative of our practice population

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	17.47%		
% 18 – 34	27.23%		
% 35 – 54	26.08%	1 patient	
% 55 – 74	21.22%	2 patients	
% 75 and over	8%		
Gender			

% Male	939 (53.72%)		
% Female	809 (46.28%)		
Ethnicity			
% White British	79.28%		
% Mixed white/black Caribbean/African/Asian			
% Black African/Caribbean	0.67%		
% Asian – Indian/Pakistani/Bangladeshi	12%		
% Chinese	0.28%		
% Other	7.77%		

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

As most of our patients are British & Mixed British and of different age groups, we have managed to get the right representation in the terms of age group and ethnicity. However we are still displaying the posters & leaflets in case any one else wants to join us. Now the website is live we would like our patients to know that we can still recruit new members. Reports are displayed in the reception rooms that might help us to recruit. Reception staff will continue to inform the patients about the PRG and their roles.

We do not have any young patients in the PRG and as discussed above will discuss this with our PRG for any suggestions. Suggestions of putting an extra questionnaire in the survey has not helped at all. We are disappointed that we are unable to recruit more young patients because of their job comments. We also discussed this with this age group that meetings could be in the evenings or weekends but no one has taken this offer. Practice Manager's conversation with patient in different languages has also not helped.

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:

As discussed above we tried to include every one to participate in the PRG but no one volunteered because of their time commitments. Looking at the practice profile we have the right representation of patients in terms of age group and ethnicity, however we will try to recruit young patients and patients from ethnic minority to join the group. Reception staff, nurse and doctor will inform patients at the consultations and attendance at the surgery. . More emphasis will be laid on young patients and patients from ethnic minority background to join us and practice will show the reports to them so that they know what is involved. We tried to inform most of the patients especially young patients attending the surgery that we are looking for patients to join the PRG. Speaking to patients in different languages has not helped in recruitment either..

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

Practice had left posters in the reception and invited patients to form a patient representative group. No one volunteered. Patients attending the surgery for clinics and collecting prescriptions were given the information and they said that they will let us know, but no body did. We also put the reports in the reception rooms and leaflets at the reception desk and reception staff was actively involved in asking patients to join the PPRG. Practice Manager spoke to patients in three different languages who had shown some interest but did not want to join straight away and wanted to think about it. Explanations were given to the patients at the reception desk that we are looking for the Patients to join the PRG.. We tried to engage young patients and patients from ethnic minority background but there was no success, The practice is currently looking at recruiting and will continue to recruit patients to join the PRG. We will have meetings with the existing PRG members for suggestions. PPRG suggested that we should put a question in this year's patient survey to remind them that to make a difference in the surgery their support and suggestions will be welcome. Out of 100 questionnaires given no one has volunteered. This is one of the priorities to recruit patients from ethnic background. This was discussed at the PRG meeting on 24 March 2014 and no solution was found. They also mentioned that people lead busy lives and do not want to volunteer to do this work. However we are still going to keep it a priority to have more patients on this group. We have a small list size so four seemed to be reasonable number to represent the views of patients. but now we are left with only three and we are finding it hard to replace the one which we lost due to death.

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Setting the priorities for the annual patient survey

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

Practice has been using surveys from 2004 using GPAQ questionnaires. This time practice designed its own questionnaire and some of the questions were used from GPAQ questionnaire which practice had used in the past. Practice looked at the previous feedbacks and used the questions where patients had mentioned that they need to see some improvements on the running of the practice. Practice also looked at GP survey questionnaires and wanted to see whether there were any improvements in the feedback. PRG wanted to add two more questions which they felt might be useful Practice wanted to know that we were able to score highly on the points where we had scored slightly low in the past.

GPAQ questionnaire was not relevant to the small practices which would give us the experiences patients are having about the consultations with the doctor and the nurse, We needed to know that patients have easy access to telephone and appointments

PRG group also wanted this information because they thought that it is important that patients are satisfied with this access.

Looking at the previous feedback we wanted to make sure that we had learnt from the weaknesses we had in the past. PRG was very impressed with the feedback Patients are happy with the staff , doctor and nurse. Mostly feedback was positive, however we have to continue on making improvements. PRG wanted to use the same questionnaire as last year for comparison. We also did a GMC questionnaire for the doctor which was given to the patients with an envelope who had attended the doctor's appointment. Anonymous envelopes were put in the confidential box for analysis. We also did a Colleague questionnaire for the doctor and results were very good

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:

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How our patient survey was undertaken:

Questionnaire were distributed to the patients attending the surgery in December 2013, January 2014, Feb 2014 and to see the doctor or nurse for dropping and collecting prescriptions. Only 38% % of the questionnaires were returned which is an improvement from last year . They were put in the collection box for collating and summarizing the feedback. We also have a suggestion box in the surgery. On 20th March all the feedback questionnaires were summarized and before the meeting with the other members of PRG on 24 March 2014 our PRG members James volunteered to do the graphs. We are very thankful for the effort and time he has spent doing it. James helped to prepare the spreadsheets for GMC questionnaire and Colleague questionnaire as well

Summary of our patient survey results:

Please see attached sheets

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:

All the questionnaires were summarised and results collated. PRG group was involved in analysis and producing spreadsheets and graphs. Practice produced a report and this was presented to PRG at the beginning of the meeting on 24 March 2014. There was lot of discussion on the results. All the results were given in a summary and the questionnaire and equal opportunity form was also given for comments. Practice manager answered any queries PRG group had regarding the feedback and equal opportunities monitoring questionnaire. PRG was also given the results of GP survey feedback which they found useful James mentioned that he has already seen the survey on website, Details in PRG minutes of the meeting

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

After the discussion on the feedback from questionnaire PRG was given the chance to comment on the results. Each question was discussed in detail and its significance was noted. Negative points were noted and priority list was created. Each representative was asked to give their comments on the questionnaire and its results and priority setting. It was a very interactive session. PRG was allowed to give their comments how we can improve and ways to recruit new members.

We agreed/disagreed about:

We agreed on the results of questionnaires and there waere no disagreements

ACTION PLAN

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

Patients wanted to improve the overall appearance of the surgery Changes were made new flooring in the consulting rooms. Automatic doors installed, however due to builders going bankrupt some of the work is still pending. PCT is looking into it as they were dealing with the builders

Improvement on figures from last year was noticed in the survey that patients can have consultations with the doctor or nurse

There was not much in the survey which patients wanted us to do and PRG agreed with the changes we made Overall patients were happy with the doctor, nurse and staff and preferred to see same doctor every time for the continuity of care.

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

We looked at last years action plan and we had not achieved the results we would have liked to achieve. So we have to use some of the things from the action plan and make sure that we achieve that this year. Some of the improvements we could not make was beyond our control.

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)
Inform patients that practice is offering telephone consultation with the doctor and the nurse	Reception staff to let patients know when they make the appointments Prominent posters in the surgery	All Reception staff	ongoing	Do a survey again in September 2014
Improve the overall appearance of the surgery	Get on with CCG to make contact with new builders as old ones went bankrupt	Practice Manager	By June 2014	Check by June 2014
Dr Kachroo to apply for partner to help with the	Contact LAT and fill in the relevant forms	Practice	Work is in progress	April 2014

work overload		Manager and Doctor		
Recruit more members for the PRG group	Reception staff to talk to patients when they come to see the doctor or nurse	All staff doctor and nurse	Work in progress	ongoing

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”

As discussed above we did not achieve everything last year . Patients wanted to improve the overall appearance of the surgery Changes were made new flooring in the consulting rooms. Automatic doors installed, however due to builders going bankrupt some of the work is still pending. PCT is looking into it as they were dealing with the builders

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We have to improve on patients knowing about the consultation times with the doctor and the nurse

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:	
Mon	8.15-6.30
Tues	8.15-6.30
Wed	8.15 – 7,15
Thurs	8.15 - 12.30
Fri	8.15- 6.30
-	
Practice is open all the time during opening hours. Patients can access the surgery by attending personally or by ringing 0115 9786557. They can make appointments anytime by phone or in person during opening hours. There is a message for patients on how to contact our of hours service for any medical emergencies when the surgery is closed. Traffic light leaflets and posters are displayed advising patients not to attend A&E for minor illnesses	
On the website, surgery doors, practice leaflets and in waiting room etc	

Opening times	
These are the practice's current opening times (including details of our extended hours arrangements)	
Mon	8.15-6.30
Tues	8.15-6.30
Wed	8.15 – 7,15
Thurs	8.15 - 12.30
Fri	8.15- 6.30
-	

