PATIENT PARTICIPATION REPORT
2013/14

Practice Code: 84602

Practice Name: Mapperley Park Medical Centre

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

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.

(Round to nearest whole number)	Practice population profile	PRG profile	Difference
Age			
% under 17	14	0	14
% 17 – 25	6	0	6
% 26 – 35	19	0	19
% 36 – 45	22	19	3
% 46-55	17	19	2
% 56-65	9	50	41
% 66 and over	14	13	1
Gender			

% Male	56	77	21
% Female	44	23	21
Ethnicity			
% White British	52	64	12
% Mixed white/black Caribbean/African/Asian	1	0	1
% Black African/Caribbean	10	14	4
% Asian – Indian/Pakistani/Bangladeshi	5	14	9
% Chinese	0.4	9	8.6
% Other	8	0	8

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

We have repeated our method of inviting patients to join the patient participation group using a random number generator. Because of an under-representation of non-white patients who accept invitations to our meetings, we have selected half of our invitations from randomly chosen ethnic minorities.

This has resulted in a better weighting for ethnic minorities in the PRG this year. This has encouraged us to preferentially invite female patients for our next cycle.

The PRG is over-represented in the 56-65 age group, and under-represented in the under 35 age groups. It is not clear whether this is a small numbers effect, but we will make an effort to over-invite this age group for the next cycle.

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:

We have chosen to hold our PRG meetings at 6pm on a Tuesday. It is difficult to choose a time that would be suitable for everybody. There is one former who cannot now come because he has a regular commitment at this time.

We are aware that this is tea time for families, and when we invite patients we will offer a place to a partner if this would help attendance in this group.

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

We contact people via telephone to explain the invitation and the processes of this feedback, and encourage them to participate.

Setting the priorities for the annual patient survey

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

We set out with the GPAQ that benchmarks our practice nationally. We choose areas where we are

least strong for focus, discussion, developing a survey, the results of which we will discuss at a subsequent meeting.

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 GPAQ survey indicated that 26% of patients waited far too long to be seen compared with 9% at Nottingham and National levels. 21% were unhappy about being overheard as they talked to receptionists by other patients in the waiting room.

How our patient survey was undertaken:

We issued our patient survey on waiting time and being overheard to 53 consecutive patients to fill in while they were actually in the process of waiting and overhearing.

Summary of our patient survey results:

11 out of 53 patients could overhear conversations, but none of the overhearing on that occasion seemed medically sensitive. 45 out of 53 did not feel uncomfortable about the possibility of being overheard, 2 had felt inhibited from saying all they wanted to say, and 1 felt bothered by being overheard. 5 felt they could be overheard, but were not too worried about it.

Regarding waiting time, 48/53 said the wait was “reasonable in the circumstances”: 5 said it was “too long”, and 2 said it was “far too long”.
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Both these results were better than the GPAQ score, which was completed by patients out of the context of the actual surgery attendance.

We decided as a result of this not to change our open access policy, despite the increase in waiting time. However, we will place a card on the reception counter inviting the patients to talk to the receptionist in a side room if they have a confidential matter to discuss.

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:

By counting the answers.

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

To advertise the side room for confidential conversations with the receptionist.
We agreed/disagreed about: We took the comments and suggestions on board, and there were no disagreements.

ACTION PLAN				
How the practice worked with the PRG to agree the action plan: By mutual consent.				
We identified that there were the following contractual considerations to the agreed actions: Consideration due to preserving patient confidentiality.				
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)**
Being Overheard	Side room available	Julie Guest	2 weeks	
Waiting time	Possible introduction of texting of patients their approximate appointment time	Dr Stevens	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 ……"

Last year we discussed obtaining a second partner in the context of similar concerns about the waiting time. We have not managed to appoint a partner because doctors choose better remunerated practices. Additionally, in the last 12 months the practice has been required to re-open the list to new patients under government regulation. While this has been helpful at offering an incoming doctor a larger practice to share, it has been at the expense of workload for all members of staff including the GP. We are acutely conscious of the need to offer an acceptable service to our patients while contending with these difficulties.

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 were no disagreements.

Publication of this report and our opening hours

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

The report is published on our website and there is a hard copy in the waiting room. Practice opening hours are on the website and in the practice leaflet.

Opening times

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

Monday	8.30 -1.00	2.00 – 6.30
Tuesday	8.30 – 1.00	2.00 – 6.30
Wednesday	8.30- -1/00	2.00 – 6.30
Thursday	8.30 – 1.00	Closed
Friday	8.30 – 1.00	2.00-6.30

We have open access to the doctor between 8.30 and 11.15 each morning, and by appointment in evening surgery. Telephone for appointments, come in person for open access. If it is for someone over 80 or under 11, you can ring us for advice when to come down in the morning. This is to avoid very long waits for families with ill children and the elderly.