

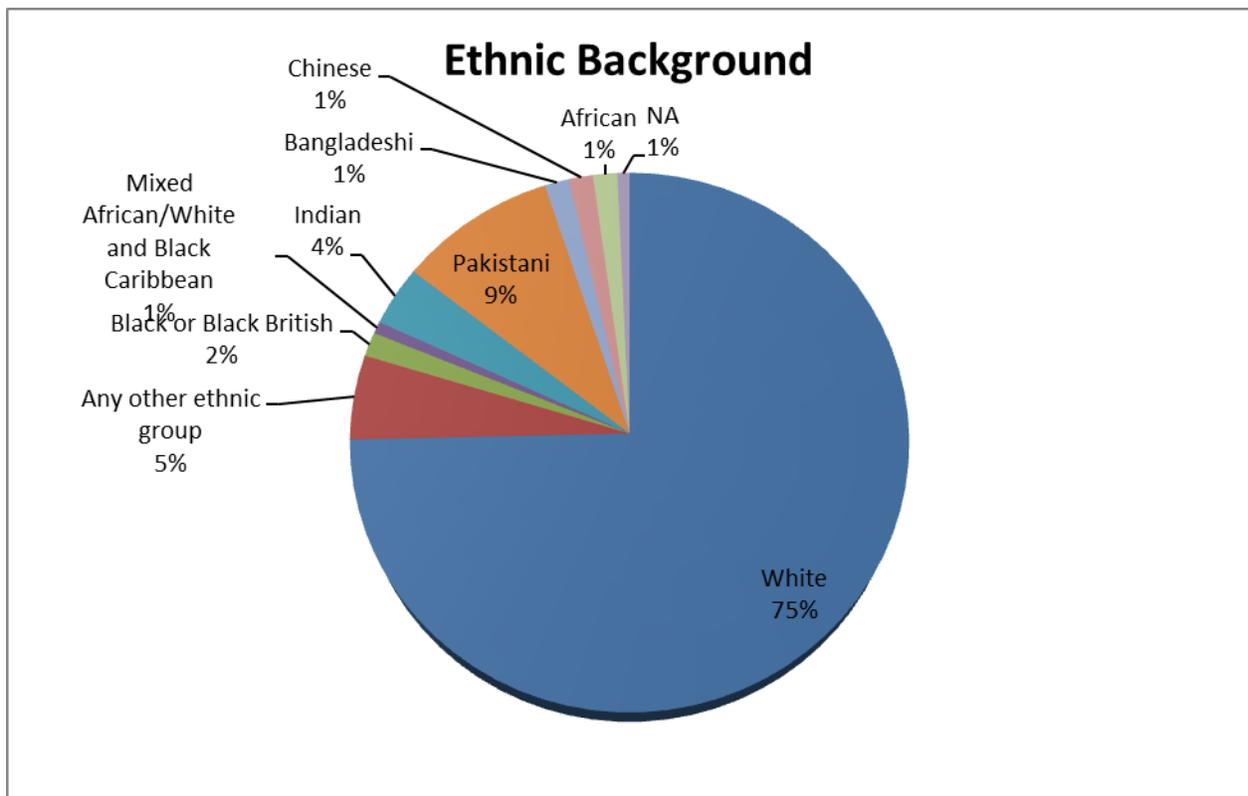
## 2013/14 Patient Participation Local Participation Report

### Practice Details

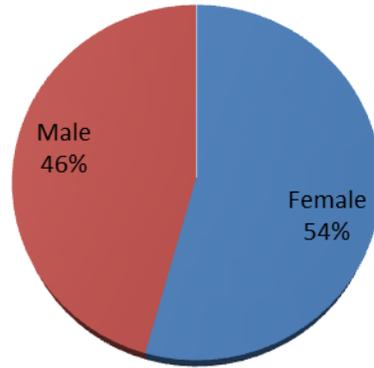
Practice	Corkland Road Medical Practice
Completed by	Marc Squires

### Patient Reference Group (PRG) Profile

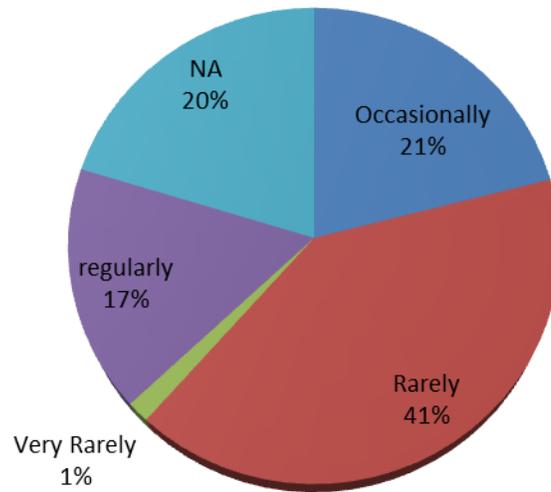
Number in PRG: 138 Patients

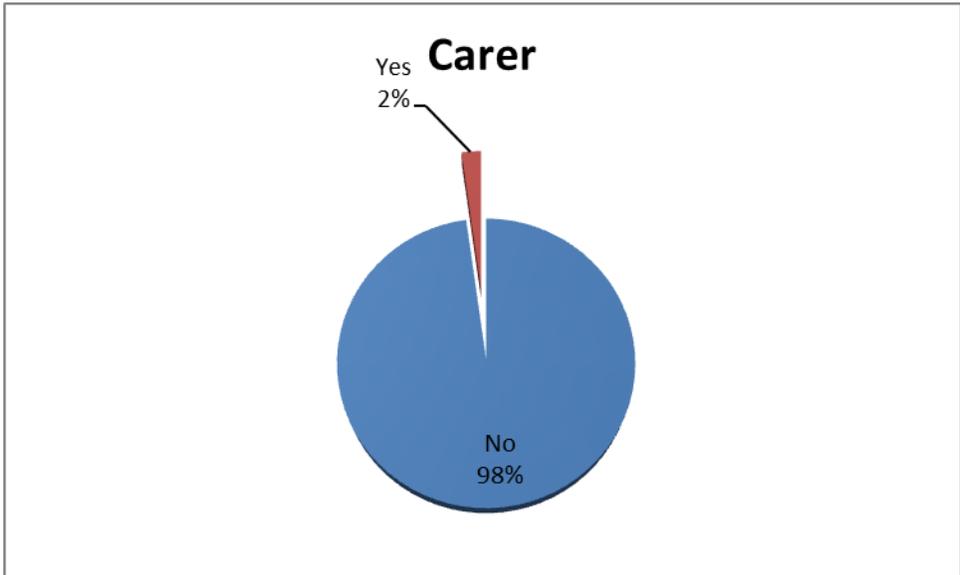
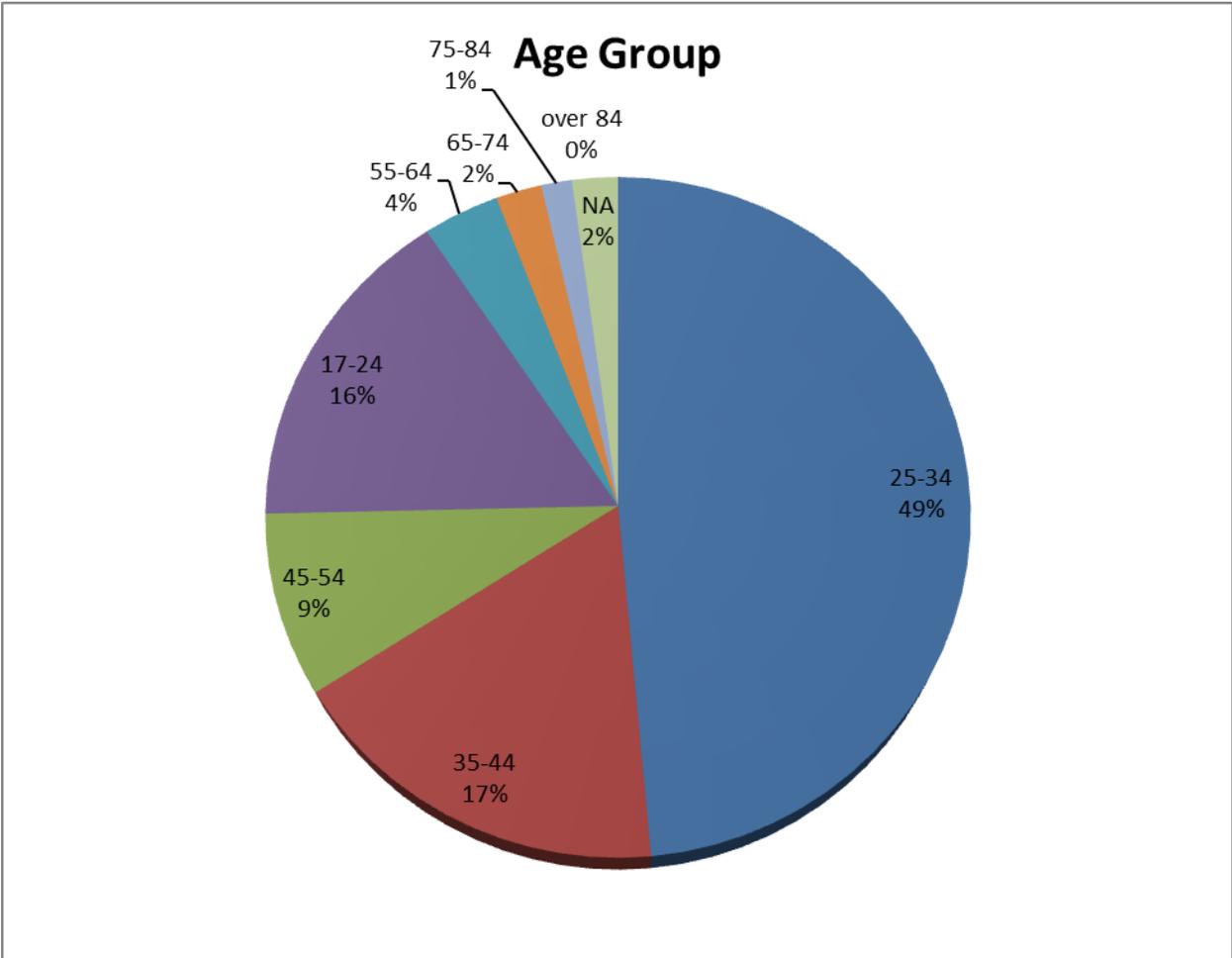


## Gender

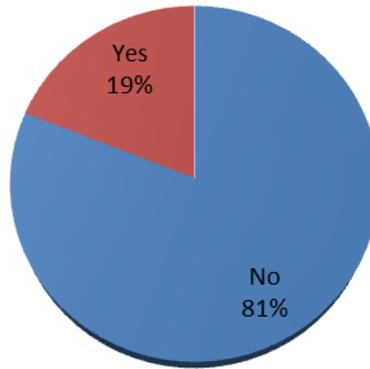


## Surgery Attendance

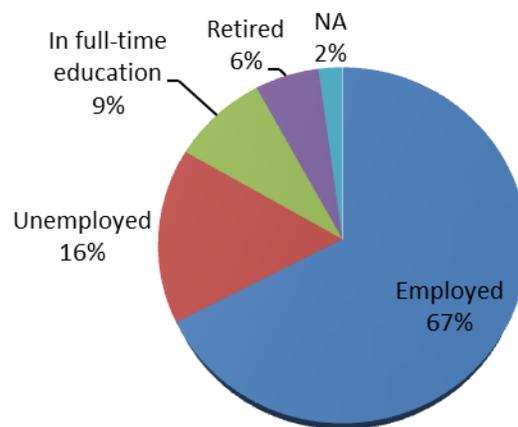




## Disability/Chronic illness



## Employment Status



## **What the practice did to ensure that the PRG is representative of the practice registered patients**

In order to ensure that the Patient Reference Group (PRG) was representative of the practice registered patients we utilised a specially designed application form to collate a profile of the make-up of the PRG. This enabled us to breakdown data such as the different ethnic backgrounds that our patients most closely identify with for example. We also broke the data down around other useful areas such as age, gender, and employment status and reviewed our patient's status as a carer or how frequently they attended the practice.

We then drew together this information and assembled it into a series of pie charts (\*as above), so that we would be able to see at a glance how well represented each age range, gender, ethnic group were for instance.

This information was necessary to collect as it was essential to try to obtain feedback from a cross section of our patients and this was deemed a useful way of monitoring this. We held a practice meeting in order to ensure we had the whole practice team on board and to make staff aware of the need to encourage a wide a range of patients to join the PRG. Discussions were held about which patients we felt may be more and those who may be less inclined to participate and how to best reach those harder to reach.

In addition to this we also took the steps of displaying posters (some in different languages) in all of our clinician's rooms and the waiting area to try to 'catch the eye' of patients. They were directed to reception (who had pens, forms and boards readily available to encourage patients to sign up there and then) and who were also directed to assist with filling in the form if there were disability or language issues.

Forms were placed in each of the clinician's rooms ready to be given to patients who they thought may be interested or who expressed an interest in the services offered at the practice and all clinicians were actively involved in encouraging a cross section of patients to sign up during clinics where possible.

From our discussions in the practice meeting it was felt that inviting patients personally to join the group would be very effective, and therefore in addition to forms being placed in accessible areas, the Practice Manager or one or two members of the reception team would approach patients waiting in

reception during quiet times, opportunistically to see if they were interested. Particular focus was given to patients from those groups that we predicted (and later could see from the data we had collected) were unlikely to be well represented on the PRG.

Also the Practice Manager would opportunistically invite patients to join at the point of dealing with suggestions, complaints and a range of discussions with patients.

**Groups that are not represented on the PRG and what the practice did to attempt to engage those groups**

We have a diverse patient population in our practice, with people of different ethnicities, ages and also those with a wide variety of health and social care needs. Through a good marketing campaign and the efforts of our practice team we found through our analysis of the data collected (\*as above) that most groups were well represented on the PRG.

As highlighted in more detail above, extra effort was made in order to try and reach those with different languages displays posters for example in reception encouraging them to sign up to the group or posters at a lower level to encourage those patients with disabilities or eye sight issues.

As part of our discussion at the practice meeting we also felt it was vital to try to have representation from those patients with disabilities and to have carers represented so this information was also recorded and monitored.

## 2013/14 Priorities

### **How we identified and agreed with the PRG priorities for 2013/14 to be included in a local practice survey**

The purpose of this setting up this group was to try to encourage patients to be involved in making some of the decisions about the range and quality of services that we provide and hopefully over time direct which services are to be commissioned by the practice.

By facilitating this group it enabled us not only to provide them with information about the services we currently offer but also allows us to routinely ask and act on the views of our patients.

To ascertain the priorities for this year we focused on a broad range of areas that we had been given feedback on through discussions and suggestions, complaints and other methods. There were lots of ideas gained through our red suggestion box for example (found on the entrance wall in reception) and contributions were also taken from comments made via NHS Choices.

### **What these priorities were**

We focused therefore on the key concerns raised and found these priorities to be around:

1. Providing more convenient access for patients through the week.
2. Ability to book appointments online.
3. Continuous issues with getting through to the practice via the telephone system.
4. A general feeling that we were understaffed.

## 2013/14 Local Practice Survey

### **How we agreed with the PRG the content of the local practice survey**

Our aim is to be 'proactive in promoting the engagement of patients' through the PRG and the whole process is about involving patients in decisions that leads to changes the practice provides or chooses to commission. Therefore we sent out bulletins highlighting the issues, themes and concerns that had already been raised, asking them to reflect on them and offer their views and ideas on any possible changes. We asked the question, 'Do you think this should be a priority for us and please tell us what your needs are?' We notified them that we intended to seek views of patients through the use of a local practice survey and that the content would hopefully be decided in conjunction with them.

### **How we agreed with the PRG the way in which the survey would be conducted**

As part of the initial contact re this, we asked for ideas on how they felt the survey should be structured. There wasn't actually any feedback given on this and so it was determined that the survey would be sent to patients who had signed up to the PRG via email and also (for those who had requested it, or asked for one having seen the posters around the practice), a hard copy was issued.

### **Other methods used to seek the views of registered patients**

Copies were held in reception and a great idea from one of our receptionists was that it should henceforth be attached to all new application forms and that new patients would be encouraged to join the group as part of the initial contact and at the new patient health check with the HCA .

We continued to regularly offer to hold an open session (face to face etc.) for any members who felt this would be more helpful if we were able to form a regular group. Again another practice meeting was held that explored how it was going and all staff were encouraged to encourage patients to complete the survey. Finally a laminated copy of the survey was pinned to the notice board to attract attention and other opinions still regularly sought through our red box/leaflet system.

## 2013/14 Local Practice Survey Results

**An overview of the results of the local practice survey is detailed below**

### **1. Convenient access for patients**

As a result of large intake of new patients from a nearby practice that had closed down, there had been regular reports of continued difficulties in obtaining appointments. Whereas previously our patients had generally enjoyed access to see their GP within 2-3 days there was now occasionally a wait of up to a week. Patients were looking for more access at times convenient to them and expressed annoyance that we were closed on Wednesday for half day. They also highlighted the need to be seen more quickly for urgent issues that arose.

### **2. Issues with the telephone system**

One of the other major concerns highlighted was the telephone system. Patients were frustrated that they could not get through on the telephones. They felt that there was not enough staff on to cover the lines, not enough lines and most frustratingly that staff were simply not even answering.

### **3. Online booking of appointments**

There continued to be a great deal of interest in being able to book appointments and also repeat prescriptions online (another feature available via the clinical system). They generally felt that this would be easier to make/cancel appointments at their own convenience, particularly with ongoing issues with the telephone system.

### **4. Increase staff levels**

Much of the frustration seemed to stem from an impression that we were understaffed.

**How we provided the PRG with the opportunity to discuss the findings of the local practice survey**

We then proceeded to examine which of the changes to services we felt we could implement at this stage as a result of the surveys findings. The results were sent out to the PRG in the bulletin and feedback requested. Verbal discussions also took place with a number of members opportunistically.

**How we agreed an action plan with the PRG based on the findings of the local patient survey**

After the discussions had taken place, we set out details of our action plan to combat these issues. The results and proposed actions were sent out to the PRG and we agreed upon what improvements could be made in the immediate future.

**Areas which were highlighted from the findings of the local practice survey where we were unable to take any action and why**

Yes, there was some feedback around offering Extended Hours in addition to the issues patients were facing regarding access. However given the rapid expansion in the amount of GP, Nurse sessions we were offering in order to provide an efficient service, alongside the increase in reception staff, it was felt we wouldn't be able to offer 'Extended Hours' this year but that we would certainly examine it again the following year of the PRG still felt there was a need.

## 2013/14 Action Plan

### 2013/14 Action Plan (and how this relates to the findings of the local practice survey)

#### 1. Convenient access for patients

In order to accommodate the influx of new patients and offer a service at convenient times for our patients we will open on Wednesday afternoons, providing both additional GP and Nurse sessions on that day.

In order that patients can be seen more quickly for urgent issues we also will ensure that a small amount of appointments were held back each day for morning and afternoon appointments for urgent access. We also will hold a few more slots free on Monday's as feedback suggests this is a very difficult time to obtain urgent access after the weekend.

*Timescale: With immediate effect.*

#### 2. Issues with the telephone system

The main issue with the telephone system is that the voicemail/message system had broken and the phone company were unfortunately unable to get it up and running again (as they notified us it was an old system). Therefore a decision has been made to purchase a brand new state of the art telephone system, offering advice, call queuing and very importantly extra lines. One of the main problems with the old system was not lack of staff to answer the calls but lack of actual lines available to come through on. Once the messaging system had failed then unfortunately the line just rang through as if not being answered (when our staff when are actually on the line).

*Timescale: Purchase made as a result of these findings. New phone system installed within a month.*

### **3. Online booking of appointments**

We agreed that we would implement the EMIS Patient Access system as is available to us and EMIS (our clinical system) have been contacted to get assistance with this. There was a great deal of interest in being able to book appointments and also repeat prescriptions online and it was noted that this would assist the freeing up of the telephone lines, queues at reception and also assist the reception team processing repeats prescriptions.

**Timescale:** *Set up and running by November 2013*

### **4. Increase staff levels.**

After the recent influx of patients from the nearby closing practice, the workload has increased on a variety of fronts for both clinical and administrative staff members. Therefore we have now increased administrative staff on reception at all time by 50% to ensure the workload is manageable and patients can continue to have a consistently great service level. In conjunction with opening additional hours on Wednesday afternoon we have also increased the amount of GP sessions from 27 to 31 per week and also now offer additional Nurse appointments on Wednesday afternoons.

**Timescale:** *With immediate effect.*

### **Significant changes we have made / plan to make to the services the practice provides**

As detailed above.

### **How we publicised the local patient survey results and action plan to our registered patients**

Details of the results were included in the PRG bulletin, and posters advertising the results were available at reception as well as being displayed around the practice. Posters were also displayed

stating 'You suggested it, we did it' as this was felt to be a useful way of encouraging patients to sign up and contribute to the PRG by demonstrating that we were actively listening to their concerns.

**Link to practice website where this report and related information can be found**

<http://www.corklandroadmedicalpractice.co.uk/>

**Patient Access**

**Practice Opening Hours**

**Monday:** 8.30am – 6.30pm  
**Tuesday:** 8.30am – 6.30pm  
**Wednesday:** 8.30am – 6.30pm  
**Thursday:** 8.30am – 6.30pm  
**Friday:** 8.30am – 6.30pm

**Out-of-Hours**

There is always a doctor on call outside surgery hours in case of emergency. If you need a doctor urgently when the surgery is closed, please call 0161 336 3252 and you will be connected to our out-of-hours provider, Go-to-Doc who will be able to assist you further.

Patients may book appointments with doctors or nurses by ringing the surgery, or at the reception desk or via the online booking system 'Patient Access' (further details at reception). We offer face-to-face and telephone appointments. If you require a same day appointment, it is best to ring as early as possible. Where demand for appointments is heavy, you may be offered a telephone appointment with the GP on call and they will arrange to see you if necessary.

### **Extended Hours**

We do not currently offer extended hours at this stage, but are happy to consider this over the next year if there is continued evidence of patient demand. We will of course be reviewing this with the PRG in the new year.

We do have arrangements in place already to increase access to Primary Care in the evening for our patients as part of our GP provider organisation (Manchester Primary Care Ltd, MPC Ltd) This is extended access which offers access to Primary Care 6-8pm Monday to Friday and also between 9-12pm on Saturday and Sunday mornings.

This is currently offered at 'The Range Medical Practice' which is reasonably central to our local area. The appointments can be easily made via our own reception team and will hopefully suit people who might prefer an evening appointment or need an urgent one at short notice. Please ask at reception for more details.