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## PATIENT PARTICIPATION REPORT 2013/14

**Practice Code:**

C84150

**Practice Name:**

Unity Surgery

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

Unity Surgery is a small friendly surgery, in the heart of Mapperley. With a list size of only 3850, the team here have the chance to get to know a lot of our patients that they see regularly and this means we have the chance to build up a good relationship with them.

Our Patient Participation Group (PPG) has been running since the middle of 2011. Our group this year initially remained at a total of 5 patients who regularly met at the surgery to discuss issues they felt were important. Due to the small size of the group and the commitments each member had individually, it was decided that our group would merge with Westdale Lane Surgery's PPG (the surgery 0.25miles down the road) and this took place towards the end of the year in 2013. The group has since had two successful group meetings since the merge and this has proved very informative in terms of seeing how another Practice works.

Our group now consists of 13 members including one secretary and one chairperson. Each patient takes it in turn to do the minutes.

This year, as the last two previous years, our PPG members have put forward ideas of how we can develop our patient questionnaire and have supported the practice in implementing any actions as stated in our action plan.

### 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
<b>Age</b>			
% under 18	20%	0%	20%
% 18 – 34	18%	9%	9%
% 35 – 54	30%	0%	30%
% 55 – 74	22%	75%	53%

% 75 and over	10%	16%	6%
<b>Gender</b>			
% Male	50.1%	58%	7.9%
% Female	49.9%	42%	7.9%
<b>Ethnicity</b>			
% White British	98%	100%	2%
% Mixed white/black Caribbean/African/Asian	1%	0%	1%
% Black African/Caribbean	0.1%	0%	0.1%
% Asian – Indian/Pakistani/Bangladeshi	0.1%	0%	0.1%
% Chinese	0.1%	0%	0.1%
% Other	0.7%	0%	0.7%

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

75% of our PPG members are between 55 years and 74. This compares with 22% of our practice population profile. All, apart from one member of our group, are above retirement age and have retired and have the time to spare to attend our PPG meetings. The Practice has attempted to combat this issue by suggesting that the PPG meetings can be held after working hours, such as late Monday evenings when the surgery is undertaking its late night clinic. Since Unity Surgery merged with Westdale Lane, every meeting is held after 6:30pm in a local café which supports the one member who works, to attend.

16% of our PPG are aged above 75, and again, this is down to the members not working and are able to dedicate their time to the group. This figure more closely reflects our practice profile of 10%.

9% of our PPG members are aged between 18-34, and last year, none of this age group were represented in our PPG, however, this year, following our merge with Westdale Lane Surgery, this now more closely reflects our practice population profile of 18%.

None of our 0-17 year olds are represented in our PPG, despite being 20% of our practice population. However, this age group has never been represented in our PPG since 2011.

98% of our practice population base are of British, or mixed British ethnicity, compared with 100% in our PPG. 2% of our practice population is made up of a variety of other ethnicities and none of these groups are represented in our PPG. Over the last three years our average % of British, Mixed British patients is 94%, which shows that minority groups are slightly reducing in number here at Unity Surgery. Despite this, one minority group that is growing is the Other White Background ethnic group. This group has shown an increase of 10-20 patients per year. Not a huge amount, but we are only a small surgery.

Further steps have been taken to try and communicate to other groups (see section below). It has become clear that we need to continue to encourage other ethnic groups to join the PPG; however, as only 2% of the practice population are represented by other ethnic groups, this has proven to be a struggle. Unlike last year, our Minority Groups are not growing.

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:

Our Practice boundaries cover predominantly Mapperley, Carlton, and Gedling and some parts of Netherfield and Arnold. The surgery is based at Mapperley. Looking at the most recent figures relating to the Index of Multiple Deprivation, Mapperley Ward has an overall figure of 62%, which is 60% better than other areas in England. Broken down further these statistics show that Mapperley Ward's Employment is at 83%, which is 80% better than other areas in England, Income Deprivation is 75%, and living environment is 27%. The majority of patients registered at the practice, of working age, do work and therefore we have considered how the practice can help to support those patients who work, to attend our PPG meetings. This is discussed in further detail above.

The practice also has considered how it may be difficult for patients who are carers. We hold a register with all our named carers on, if any patient wished to attend a meeting and struggled to make the set time and date, the practice would do everything possible to ensure that everybody's needs had been met when arranging the time and place of the meeting.

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

As last year, the practice sends out letters asking if patients would be interested in joining the group. These letters were sent to randomly picked patients initially, however following our first year's PPG report we took the decision to randomly contact patients who were under-represented. We also have a poster asking patients to contact reception if they would like to volunteer with the group. In addition, we also have details on the surgery website explaining who the group is and asked for people to contact us if they would like to join.

We also discuss the group with patients who ask us about the surgery; many patients feel that they would like to give something back to the surgery and we generally encourage patients to think about whether they would like to join at this point.

We have also emailed a number of randomly selected patients asking them if they would consider joining the group, as this is the quickest and easiest way of contacting some of our younger patients who are under-represented.

This year, we also chose to add a message to a number of patients who had ordered a repeat prescription. This meant that our invitation to join the group, reached many more people than the previous years.

On our patient survey it is clearly stated that our PPG have created the survey and asked if other patients would like to join to the group. This survey was left out in reception for a number of weeks, and was picked up by a number of patients, from all age and ethnic groups.

Language barriers have been discussed at a previous PPG meeting as a reason why some ethnic groups may not wish to participate. It was also highlighted by a member of the PPG that there was nobody with a disability represented in the group. All of these factors were taken into consideration when deciding how to communicate with different groups. Should a number of our Practice population base have spoken Polish, it would have been useful to send out a letter in Polish and we could make use of our interpreting service at the surgery, in order to communicate during meetings.

It was agreed that the invite letters that are sent to random patients would specify that times of the meetings can be arranged to suit individuals who work.

### **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 PPG chose all of the priority areas. It was decided that the survey needed to incorporate some of the same questions as last year, and the year before, as many of these areas are ongoing and feedback needs to be sought regularly about these areas. This year, these priorities were set, and agreed, via email.

As the previous two years, in order to seek the views of the PPG it was explained the reasons as to why this survey had been created and asked for direct input into what the members of the PPG felt was important to them, and therefore important to other patients not represented at the PPG. Members of the PPG were asked to think about their views on the priority areas and to contact the Practice Manager by telephone, letter, and email or in person, to express their views.

It was agreed that a brief description of what had been achieved as a direct result of the patient's comments and results of the questionnaire from last year should be included on this year's questionnaire. It had previously been mentioned by the group that patients get bored with filling in surveys all the time and that it would motivate people to fill one out if they could see how the practice had acted on previous information and suggestions given. We believe that the number of surveys returned were greater because of this.

### **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:

It was relatively easy to decide upon the design of the patient survey this year, the members who suggested changes, only suggested very minor changes and those members who were happy with the content from the year before were happy for the survey to be almost exactly the same as last year. This is because they felt that these were still the same key areas that they felt were important to a patient.

The area included cleanliness, reception, access to the surgery, access on the telephone to a clinician and obtaining results on the telephone, specific questions about the last GP the patient saw and also whether the surgery can be improved in any way.

The priority areas have been directly reflected in the questions; each priority area has been given a section. Firstly, the survey asks the patient about themselves, the second section asks questions about reception and access. The third section of the survey reflects the quality of care from a doctor; the fourth section asks questions about the care the patient receives from the nurse/HCA and the final section gives the patient an opportunity to provide feedback, and offer suggestions.

In addition, we felt that we wanted to provide some feedback as to what we, as a practice, decided to do with the results of the last patient survey. We did not want patients to feel that they were completing surveys for no reason and that we were taking all feedback from our patients seriously. We wanted to show that we have acted on some of the suggestions made in the previous year's survey. The results last year indicated that a number of patients found it difficult getting through to a doctor on the phone. As a result of this, the practice implemented a new Telephone Rota; patients are 'booked in' to speak to a doctor between 12pm-12:30pm each day. We hope that patients have found this to be an improvement on the previous system and the feedback from patients and staff has been very positive.

#### How our patient survey was undertaken:

The patient survey was distributed much earlier in the year than the previous two years. This is because the practice wanted as many patients to complete the survey as possible

This year, not only were the surveys placed on the front desk at reception, but they were also placed around the waiting room with a pen. We noted in our first year that due to the surgery having a self-arrival touch screen, many patients were not actually going up to the front desk at reception and could come and visit the GP without having to converse at all with a receptionist. We felt that by leaving the surveys near the seating area, these would not go unnoticed by the patients. We also left copies of the survey directly below the touch screen so that patient's attention was drawn to the survey.

#### Summary of our patient survey results:

Of the surveys returned, most patients were very satisfied with the overall care received at Unity Surgery; 65% were very satisfied, 22% were fairly satisfied and 13% were neither satisfied nor dissatisfied. 1 patient ticked the box that they were very dissatisfied, however, their response on the rest of the survey highlighted that they were very happy or very satisfied with all aspects of the surgery and therefore we took this very dissatisfied comment to be incorrect. We have taken this survey out of the analysis until we have contacted the patient to confirm their result. No other patient expressed that they were quite or very dissatisfied.

39% were fairly happy with the opening hours, 31% were happy with the opening hours and 30% were very happy with the opening hours. This has changed slightly from 2012 when we first undertook our survey. 60% felt they were happy with the opening hours compared to 15% who were fairly happy. Our opening times have not changed and this could be down to patient expectations of opening times being greater than two years ago. One of our PPG members expressed that "generally as time goes on and patients talk to each other and read articles in the press, comparisons will be made and expectations will rise - which it may or may not be possible to satisfy..."

Opening hours is an example, there are surgeries offering appointments on Saturday mornings, before and after work – Unity is probably too small to offer all of these. However, is this an opportunity to share with another practice "out of hours" appointments?"

87% of patients felt that it was very easy to access the surgery and the remaining 13% felt it was fairly easy.

92% felt that the Practice was very clean, and the remaining 8% felt it was fairly clean. This is a big improvement on 2012, where only 60% felt it was very clean and 39.5% felt it was fairly clean and 0.5% felt the Practice was not at all clean. The Practice believes this is due to having employed a new cleaner and also that the PPG group has actively taken steps to improve the 'cluttered' look of the waiting room after the results of the first survey in 2012 had been analysed.

40% of patients felt it was fairly easy to get through to reception on the telephone. 20% felt it was very easy. However 24% felt it was either not very easy or not at all easy. The remaining patients expressed that they did not know or left this part of the survey unticked. This seems to have become more of an issue since 2012, as back then the majority of patients felt that it was easy to get through to reception on the phone.

Some patients expressed that they found it either very easy or fairly easy to be put through to a doctor or nurse on the phone and this is a much better response to 2013's survey where patients expressed directly that they felt it was difficult to get hold of a doctor to speak to on the phone. The high majority

of patients felt that they did not know how easy it was to speak to a doctor, nurse or obtain results over the phone as they had not needed to try.

Overall, 80% expressed that the quality of care received by the doctor was good or very good; this is compared to 75% in 2012. This included time spent with the patient, asking the patient about their symptoms, listening to their problems, explaining the course of action, involving the patient in their care, showing care and concern and taking the problem seriously. However, some patients reported that it was neither good nor poor, particularly in the areas of spending enough time with the doctor, listening to the patient, and taking the problem seriously. However this result amounted to only 7% of the overall results. 3 patients expressed that they felt that the doctor rated as poor at asking them about their symptoms, however, they did not leave the doctors, or their own name, so we are unable to follow up on this result. 90.9% of patients were treated well or very well by the Practice Nurse, the remaining patients did not answer this question or had not seen the Nurse to be able to comment. Nobody expressed that they were unhappy with the way that the Practice Nurse treated them.

The majority of patients expressed that they could either see their doctor of choice within 2 or 3 days. 30% expressed between 4-7 days, 10% the very next day and 5% the same day.

58% of patients expressed that they were only aware of some of the services both the Nurse and HCA offered 27% expressed they did not know all of them. This is a very similar result to 2012 in which it was noted that many patients were not aware of all the services available.

There were no negative comments expressed on any of the questionnaires this year, there were some positive comments ("Great bunch of people") and some good ideas for the Practice to consider, such as:

"Would like more continuity with doctors who seem to come and go, no-one knows you or your background"

"It would improve confidentiality if the receptionists came to the 'window' to answer queries.

### **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:

As the PPG had merged with another Practice, it was not felt appropriate to discuss our patient's views amongst another Practice's patients; therefore, the results were discussed via email with only Unity Surgery's PPG members.

The PPG agreed on chosen areas to focus our attention and then agreed on how the Practice could react to the feedback.

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

It was agreed amongst the PPG to focus on the following areas:

- How can we make it easier for patients to contact reception?
- How can the Practice increase patient knowledge about the Practice Nurse and HCA services?

- How can the Practice ensure that the reception team consider confidentiality at all times?

It is not practical to consider increasing any admin costs in the surgery. At this point in time, there is no capacity to put another phone line in, and then employ another member of staff to man this phone line. At the moment the surgery has two lines. These are busiest between 8:30am and 11am. One possibility is to encourage patients to phone outside of these busy hours to ensure that the phone line is less busy. It is also a possibility to have set times to ring the surgery for certain queries, for example, 8:30-11am is set aside for ringing about urgent/same day appointments and home visits, 11am-12:30pm is to ring to speak to a doctor or nurse, and after 2pm could be to obtain any results. This may prove difficult to implement and monitor, unless the Practice purchased a new phone system, in which when the patient calls they are immediately directed to a pre-recorded message which asked them to press 1 to make an appointment, press 2 to request to speak to a doctor and 3 to obtain results.

The PPG agreed that it would be very beneficial for the Practice to put up posters and leaflets stating what services are on offer at the Practice. This could also be put on the website and included in more detail in the Practice leaflet, which is given to each newly registered patient.

The receptionists currently undergo annual confidentiality training in addition to full training in this issue on induction and during their online Information Governance training. The Practice's CQC report expressed that, despite the surgery having a small waiting room, whereby it was relatively easy to listen to other's conversations, the reception team were particularly good at being considerate to people's privacy and confidential information. However, the patient who left the comment about receptionists remaining in their seat whilst answering queries is a very valid one and one that the Practice will take to the next non-clinical meeting and will be discussed amongst all the reception team.

In response to the comment about the doctors coming and going – Unity Surgery has been lucky enough to have constant doctors over the last 8-9 years; however, we lost 2 longstanding doctors in the autumn of 2013. These were two very well-liked and respected doctors who had been at Unity for a long time. Since then, we have replaced one of the doctors with another salaried doctor, but have chosen to employ a long term locum to replace the second doctor. This locum doctor recently left to move to Australia and we have had to employ another locum, so it is understandable that some patients feel that there has been no continuity. Hopefully, the situation will soon settle. As one PPG member expressed: "Patients do like consistency – it's reassuring, particularly to people with long standing conditions".

We agreed/disagreed about:

The action plan was agreed. It was also agreed that the Practice should be actively seeking to continue to seek the views of patients in addition to the annual patient survey to ensure a higher number of views are sought.

There was nothing that the PPG members disagreed about.

<b>ACTION PLAN</b>				
How the practice worked with the PRG to agree the action plan:				
The Practice read (via email) the suggestions of all the PPG members who offered a view on the action plan. These views were then shared with the other members of the group, who were then asked to comment and offer any response or further input.				
We identified that there were the following contractual considerations to the agreed actions:				
There were no contractual considerations made.				
Copy of agreed action plan is as follows:				
<b>Priority improvement area</b> Eg: Appointments, car park, waiting room, opening hours	<b>Proposed action</b>	<b>Responsible person</b>	<b>Timescale</b>	<b>Date completed (for future use)</b>
Training	All reception staff will receive another session on confidentiality to include the comment about remaining in their chairs while speaking to patients at the reception desk. This will also be marked as a significant event and will be discussed at clinical and non-clinical meetings to share the learning.	Practice Manager / Assistant Practice Manager	6 months	
Telephone Access	The Practice will consider the implications of purchasing a new telephone system in which it can specify to patients phoning in, at what time to ring regarding certain issues.  The Practice will also put up posters highlighting the busiest times to phone, to encourage patient's to ring outside of these times.	Practice Manager / Assistant Practice Manager / Dr A Khan	3 months	
HCA / Nurse Services	The Practice will put more information onto the Practice website stating what services are on offer at Unity Surgery and this will also be put within the Practice Leaflet and on	Practice Manager / Assistant Practice Manager	1 month	

	posters in the waiting room			
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### 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 .....”**

#### APPOINTMENT TIMES

Patients were not sure what our opening times were, many felt that the surgery needed to stay open longer to accommodate patients who worked. A lot of patients did not know that the practice was open until 8:30pm on a Monday evening and therefore this information will be more prominently displayed within the practice; on the notice board and on the front door, in addition to the website and the practice leaflet.

All of the above mentioned actions have been taken. It is not apparent whether or not more patients are aware of the Monday night surgeries, however, nobody has given any feedback expressing that they were not aware.

#### OUT OF HOUR ACCESS

A practice leaflet will be distributed to patients informing patients of who to contact when they need advice and help out of hours.

Leaflets are left in reception but they are also given out to every newly registered patient. This has proven to be successful at preventing patients attending A&E inappropriately when they could have chosen another service available. In addition to distributing leaflets the Practice has run regular audits, looking at why the patients are attending A&E, at what time and what day to see if there are any patterns emerging. Any patients that are frequent attenders to A&E are contacting and asked to come in to Practice to see if we are able to offer them any further support and refer them to other pathways. Posters and leaflets have been left in reception detailing the NHS 111 service and this has also been publicised on the Practice website.

The receptionists have also been trained in signposting patients to other out of hour services where possible.

The latest audit that has taken place at Unity has shown a significant decrease in A&E attendances.

#### SPEAKING TO A GP ON THE TELEPHONE

A practice protocol will be created to ensure that staff inform patients of when they can speak to a GP on the telephone. Currently the GPs take phone calls during lunchtime following their morning surgery. They do not take calls at any other point unless it is urgent. If a patient calls once, and the GP is not yet free, they are asked to call again 10 minutes later. If they call again and the GP is still not free, the patients contact details are taken and the patient is then called back by the GP when they are free. If the patients call at lunchtime, this is when the GP is usually free to take calls as they have finished seeing patients. However, if the clinic has run over, they may well still be seeing patients when the patient calls. The GP also has to work through their daily paperwork and go out on any visits. This may need to be explained to the patient if they become frustrated that they cannot be put through directly to the GP when they call. If a patient calls in the morning and wishes to speak to a GP, they will speak to one that day, but if the patient calls in the afternoon and it is not an urgent call, they will be asked to call back the next day at lunchtime.

The Practice has initiated a new Telephone Rota. Each GP on that day has an additional rota that

starts at 12pm and finishes at 12:20. If patient wish to speak to a GP that day, they are advised to call in the morning, they get booked into the rota at a specific time, and they are then asked to call back at that specified time. If the GP cannot take the call at that time, the patient is informed that the GP will return their call later on that afternoon. This has not only gone down well with patients, but the receptionists find that it is much more efficient, before, patients were continuously ringing back and were continuously told to keep calling until the GP was free. The GPs have also noticed a positive effect, as the phone calls are split more fairly between them.

#### EMERGENCY/URGENT APPOINTMENTS

As it was felt that there was not enough clarity around these appointments, this information will be cascaded to all the receptionists who can inform patients when they call. Unity Surgery have routine bookable appointment slots and emergency/urgent slots that cannot be used until the day. Most patients now know that they can call on the day, if they need an appointment that cannot wait until the next day, and they will be offered an urgent/emergency appointment. However, because there are often very few routine bookable appointments left during the week, it is inevitable that many patients will call and ask for an emergency appointment when it is not an emergency because they do not want to wait longer than 7 days for the next available routine bookable appointment. It has been decided that these appointments will no longer be called 'urgent/emergency appointments' but 'on the day / same day' appointments that are released for booking from 8:30am that day. Patients who ring early enough will be given an appointment whether it is urgent or not. It is felt that this may also prevent some inappropriate attendances at A&E. However, patients will be advised that if they call later in the day, the choice of doctor or time of appointment becomes more restricted and that patients will not expect to be fitted in late in the afternoon if they call as late as 5pm and want to be seen that very day. In these cases, doctors will only see patients who are in need of an appointment that cannot wait until the next day.

Staff have been trained and now call these appointments same day/ on the day appointments. It is still expressed that these appointments are for issues that cannot wait until the following day but Unity has not seen a real improvement in the amount of these appointments being made. Unity is just in the process of undertaking an audit around these urgent/same day requests.

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:

This report, in addition to our action plan, summary of results and a copy of the patient questionnaire has been publicised on our website, along with our opening hours.

Our opening hours are also on the NHS Choices website and also on our front doors and within the Practice leaflet.

## Opening times

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

### Opening Times

Monday	8.30am - 1.00pm, 2.00pm - 6.30pm
Extended Hours Monday	6:30pm – 8:30pm
Tuesday	8.30am - 1.00pm, 2.00pm - 6.30pm
Wednesday	8.30am - 1.00pm, 2.00pm - 6.30pm
Thursday	8.30am - 1.00pm
Friday	8.30am - 1.00pm, 2.00pm - 6.30pm

Patients are asked to call 111 directly if they need urgent, but not lifesaving, medical advice when our surgery is closed.

If the patients ring our telephone number during closed hours, they are advised to put the phone down and ring 111. This way, the patient, and the Practice are not charged for the call.

This advice has been published on our website and there are numerous NHS 111 posters and leaflets within the waiting area.