



PATIENT PARTICIPATION REPORT 2013/14

Practice Code:

C84095

Practice Name:

Oakenhall Medical Practice

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

Oakenhall Medical Practice is a medium sized practice representing a current practice population of 7124 within a commuter town. Oakenhall Medical Practice established a Patient Reference Group in October 2011 and meetings are held on a bi-monthly/quarterly basis. The Patient Reference Group has been invaluable in communicating current patient views and assisting in developing the practice to serve patient's needs within the community, from verbal suggestions to implementation of improvement plans following annual patient surveys.

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	20%	0%	19%
% 18 – 34	20%	0%	19%
% 35 – 54	29%	23%	6%
% 55 – 74	22%	46%	24%
% 75 and over	9%	31%	22%
Gender			
% Male	49%	61%	12%
% Female	51%	39%	13%
Ethnicity			

% White British	70%	100%	30%
% Mixed white/black Caribbean/African/Asian	0.5%	0%	0.5%
% Black African/Caribbean	0.5%	0%	0.5%
% Asian – Indian/Pakistani/Bangladeshi	0.5%	0%	0.5%
% Chinese	0.1%	0%	1.5%
% Other	2%	0%	2%

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

The practice has systematically collected data on ethnicity during normal patient consultations and at new patient registration. We do not have a complete practice profile, but data already attained is representative.

*In the 2001 census the total population for Hucknall is recorded as 29,704 (49% male, 51% female), demographics at that time indicated that white British 94%, Asian 3% and Afro Caribbean 1%. In 2011 the census indicated that the total population for Hucknall had risen to 32,107.

*<http://www.ilivehere.co.uk/statistics-hucknall-nottinghamshire-19158.html> indicates that the population of Hucknall as a whole is older than the national average, however the population of Hucknall is younger than the Nottinghamshire average.

The practice list shows a population of 49% males and 51% females. The Patient Representative Group shows a current representation of 61% Male and 38% female, which therefore shows a comparable representation to the practice population base.

Ethnic grouping is reflected and representative by both the practice's profile and the current members numbers of the Patient Reference Group.

The membership of the Patient Representative Group is reflected in the older age group, but does not currently represent the younger practice population. The practice continues to promote the Patient Representative Group to all patients within the practice population, but wishes to continue to recruit younger members. In order to reach the younger population, the Patient Representative Group attended the local Secondary School open day, where a display table advertised the Patient Representative Group and various health promotions the practice was currently involved in.

*Disclaimer - Please note that Oakenhall Medical Practice does not bear any responsibility or accountability for any inaccuracies subsequently identified in the above demographic data for the 2001/11 census and data obtained from www.ilivehere.co.uk.

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:

*Hucknall has been classified as situated within a deprived area, but with the advent of new tram links, and residential developments, this is now attracting young workers and families due to the commuter environment. 1.5% of the practice population is known to be a carer.

*<http://www.ilivehere.co.uk/statistics-hucknall-nottinghamshire-19158.html> indicates that figures on claiming benefits in Hucknall obtained from the Department for Work & Pensions show that the rate of unemployment in Hucknall is both higher than the average for Nottinghamshire and higher than the national average suggesting

that finding a job in this area may be hard. The rate of claiming any benefit is more than 25% higher in Hucknall than the national average, suggesting that many people may be under employed or on a low salary.

The practice has advertised the Patient Reference Group on the patient call system, new patient questionnaires, posters and on the website. The practice is communicating with patients through newsletters and leaflets. References to the Patient Representative Group are always included.

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

The practice has systematically collected data on ethnicity during normal patient consultations and at new patient registration. We do not have a complete practice profile, but data already attained is representative.

To ensure the patient group is representative of the practice population base, the practice has recruited patients by displaying posters in the waiting room and on the Patient Participation Notice Board: information is included within the new patient health questionnaire, practice website and practice leaflet. A recruitment campaign was also promoted during the annual flu clinics. The Patient Representative Group meetings are advertised on the waiting room patient call screen. All practice staff actively promote and provide information on the Patient Participation Representative Group.

In order to reach the younger population, the Patient Representative Group attended the local Secondary School open day, where a display table advertised the Patient Representative Group and various health promotions the practice was currently involved in.

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 practice's Patient Representative Group is in its third year. The practice hosts. A patient chairs the meeting and the Practice Manager takes the minutes. An agenda is prepared in consultation with the chair, Patient Representative Group members and the practice.

The practice met with the Patient Representative Group on the 17th of September 2013. The group discussed and agreed it was important to continue to develop and plan around the needs of the patients. The Patient Representative Group indicated that areas that could be investigated by a patient survey included patient access to the practice and clinical staff. The group felt a focus on obtaining patients views on recent change to a full appointment service was important in order to assess current services standards and identify any areas of improvement. The group also felt that it was important to review areas implemented in last year's action plan.

The Patient Representative Group considered selected priorities and to ensure the priorities focused upon current patient views and needs selected the following priority areas to be the focus for the patient survey:

- Review of Revised morning surgery session
- Service provided by GP's Nurses and Administration Staff
- Opinion of current surgery telephone system/
- Time of telephone access for booked appointments
- Review of implemented radio/music license.

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)

The practice met with the Patient Representative Group on the 17th of September 2013. The Patient Participation Reference Group discussed and agreed that the priority this year was to develop a plan around the needs of the patient's, which would continue to improve service standards and patient access at the practice, therefore the questions within the survey reflected this.

Following a full discussion and establishing the key priority areas, the Patients Representative Group agreed that the questions in the survey would cover the following agreed areas:

- Review of confidentiality in the waiting room following the addition of the radio (music licence) in the waiting room.
- About the practice – asked for patient's assessment of access to the practice, including newly implemented fully booked appointment system, telephone system and access on the telephone and access to the practitioner.
- About the Practitioner and Staff – asked for the patient's assessment and overall satisfaction, with their experience during the practitioner/patient consultation and the treatment received by patients from the practice staff.

A copy of the questionnaire has been attached (Appendix 1).

The Patient Representative Group and the practice discussed and agreed how the survey would be undertaken and when. It was agreed that the survey would be conducted from October 2013 to December 2013, allowing all patients the opportunity to complete an anonymised questionnaire. It was agreed that the standard to attain of completed patient questionnaires should be 200. It was also agreed that to establish a fair representation of patient views details of demographic responses of gender, ethnicity and age groups would also be collated.

The questionnaire was made available to all patients attending the surgery, either through the surgery staff, or by their placement in the waiting room – in order to provide opportunity to all patients. Pens were made readily available. Reception staff opportunistically invited patients to complete questionnaires, including during surgery sessions and flu clinics. Members of the Patient Reference Group attending the flu clinics and assisted in handing out the questionnaires. They also assisted in informing patients why the practice was conducting the survey and how the results would assist in development of services in the practice. A message was placed on the patient call in system to advertise the practice survey was currently in operation.

Patients were advised that the questionnaire could be completed at the surgery or at home. The completed anonymised form was then placed by the patient, into a receiving box located in the waiting room to maintain anonymity and confidentiality.

The Practice Manager collated all anonymised forms and placed an identifying number on each form in the event of post auditing and checking of results.

How our patient survey was undertaken:

The questionnaire was made available to all patients attending the surgery, either through the surgery staff, or by their placement in the waiting room – in order to provide opportunity to all patients.. Pens were made readily available. Reception staff opportunistically invited patients to complete questionnaires, including surgery sessions and flu clinics. Members of the Patient Reference Group attended the flu clinics and assisted in handing out the questionnaires, informed patients why the practice was conducting the survey and how the results would assist in development of services in the practice. A message was placed on the patient call in system to advertise the practice survey was currently in operation.

Patients were advised that the questionnaire could be completed at the surgery or at home. The completed anonymised form was then placed by the patient, into a receiving box located in the waiting room to maintain anonymity and confidentiality

The Practice Manager collated all anonymised forms and placed an identifying number on each form in the event of post auditing and checking of results.

The survey responses were entered onto an Excel spread sheet by an associated student to the practice to ensure appropriate validation of the data. When all responses had been entered, calculations were performed using the functions within Excel software. The Practice Manager produced a tabulated document through the use of Microsoft Word. The Practice Manager made all the results available for discussion within the next Patient Participation Group meeting.

Summary of our patient survey results:

The Practice Manager collated all anonymised forms and placed an identifying number on each form in the event of post auditing and checking of results.

The survey responses were entered onto an Excel spread sheet by an associated student to the practice to ensure appropriate validation of the data. When all responses had been entered, calculations were performed using the functions within Excel software. The Practice Manager produced a tabulated document through the use of Microsoft Word. The Practice Manager made all the results available for discussion within the next meeting of the Patient Representative Group on the 21st of January 2014 which met to primarily discuss the results of the patient survey.

The results of the patient feedback for each question were measured by a practice mean percentage score of patient ratings that were: yes, no, poor, fair, good, very good or excellent.

The Practice Manager made available to the group the results of the survey in total amounts and percentages, patient comments including details of demographic responses of gender, ethnicity and age groups:

About the practice

Do you prefer the current full appointment system? Yes 94 (56%) No 73 (44%)

Have you experienced an improvement in waiting time in surgery to see the GP/Nurse? Yes 109 (77%) No 32(23%)

Were you able to access an appointment for a non-urgent consultation? Yes 130 (89%) No 16(11%)

On the day: 33 (34%) within 2 days: 25 (26%) within 2 weeks: 38 (39%)

Were you assisted appropriately with an urgent/emergency consultation or telephone consultation that day? Yes 57 (80%) No 14(20%)

Were you offered a telephone consultation with a GP for simple advice or a non-urgent issue? Yes 19 (27%) No 50(73%)

Would you be happy to accept an offer of a telephone consultation? Yes 113 (72%) No 44(28%)

Would it be helpful if a limited selection of appointments were made available later in the day as well as 8am? Yes 145 (92%) No 12 (8%)

Would you prefer a telephone queuing system? Yes 78 (49%) No 82(51%)

Did the receptionist approach your telephone enquiry/appointment request with sensitivity? Yes 123 (91%) No 12 (9%)

Do you think the radio/music has improved confidentiality in the waiting room? Yes 129 (82%) No29(18%)

About the doctor/nurse

My overall satisfaction with the doctor/nurse is:

Poor: 2 (1%) Fair: 9 (5%) Good: 27 (17%) Very Good: 42 (26%) Excellent: 85 (52%)

The doctor/nurse's explanation of things to me were:

Poor: 2 (1%) Fair: 9 (5%) Good: 29 (17%) Very Good: 45 (28%) Excellent: 79 (49%)

The extent to which I felt reassured by the doctor/nurse is:

Poor: 4 (2%) Fair: 12 (7%) Good: 25 (15%) Very Good: 46 (28%) Excellent: 80 (48%)

My confidence in the doctor/nurse's ability is:

Poor: 2 (1%) Fair: 9 (5%) Good: 26 (16%) Very Good: 42 (26%) Excellent: 85 (54%)

The respect shown to me by the doctor/nurse was:

Poor: 2 (1%) Fair: 5 (3%) Good: 26 (16%) Very Good: 41 (25%) Excellent: 87 (55%)

The amount of time given during consultation is:

Poor: 2 (1%) Fair: 18 (11%) Good: 28 (17%) Very Good: 45 (28%) Excellent: 70 (43%)

About the staff

The manner in which you were treated by the reception staff is:

Poor: 4 (8%) Fair: 9 (5%) Good: 44 (27%) Very Good: 53 (33%) Excellent: 51 (31%)

Respect shown for your privacy and confidentiality is:

Poor: 5 (3%) Fair: 18 (11%) Good: 36 (23%) Very Good: 53 (34%) Excellent: 44 (29%)

Gender

Male: 61 (37%) Female 87 (52%) Not specified 19 (11%)

Age Group

Under 16	17-24	25-34	35-44	45-54	55-64	65-74	75-84	Over 84
1 (1%)	9 (5%)	7 (4%)	21 (13%)	42 (25%)	26 (15%)	36 (21%)	20 (20%)	7 (4%)

Ethnicity

White – British Group	149 (96%)
Mixed – White & Asian	1 (1%)
Black or Black British – African	3 (2%)
Other Ethnic Group	2 (1%)

Number of Patient Comments, feedback and Suggestions

Subject	Number of Patient's Commenting
Appointment System	
Prefer non-appointment system	13
Improve appointment system/require more appointments	8
Prefer new appointment system	7
Able to book appointments in person/keep appointments for patients who walk in	1
Would like to book appointments for 48 hours ahead	1
Would like to arrange appointments on-line	2
Appointments to be available with same GP	1
Telephone	
Telephone not answered promptly	2
Suggest new phone/more phone lines	20 (queuing system NO: 3 Yes: 2)
Other Comments	
Less crowded noticeboard	1
Improve confidentiality in waiting room	3
Improve communication to patients	1
Improve general flu clinics	1
Practice provides good service	7

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:

The practice met with the Patient Representative Group on the 21st of January 2014 to review the results of the survey.

Copies of the patient feedback report together with anonymised comments were made available to all patient representative group members. All members were invited to discuss the feedback report and to make comments.

The Practice Manager identified that there had been 175 survey responses and all surveys had been included, although not every question was answered, or if there had been ambiguity in the answer this had been omitted. The Practice Manager made available to the group the results of the survey in total amounts and percentages, patient comments including details of demographic responses of gender, ethnicity and age groups. The results of the patient feedback for each question were measured by a practice mean percentage score of patient ratings that were: yes, no, poor, fair, good, very good or excellent.

The Patient Representative Group discussed each question individually in order to provide a detailed conclusion of patient's opinions.

The Practice Manager indicated that in October early patient feedback indicated that there was a lack of GP appointments and patient access by the telephone was difficult, that the practice had made immediate changes and made more appointments available and had initiated a review of telephone systems. The Group wished to know whether the changes had made an improvement in patient access. The Practice Manager indicated that there were now more morning sessions, when GP appointments had been surplus to patient demand and the number of emergency appointments was reduced as a consequence. The group discussed in detail the availability and number of patient appointments available. The meeting also discussed patient's opinions on telephone systems; as a result the practice invited telephone providers to submit proposals for a new telephone system.

The Patient Representative Group agreed that the results reflected that confidentiality had been improved by the addition of music in the waiting room.

The Practice Manager discussed that as consequence of the changes made in the appointments system, during the implementation of the patient survey, that the survey may not reflect a current true picture of patient opinions at this stage.

The Patient Representative Group agreed that it was important to continue to improve patient access both in surgery and telephone and a continuing review process should be put in place. Following discussion, an agreement was made with the Patient Representative Group of changes in provision of how service is delivered which would reflect the areas where service, access, communication and comfort could be improved in line with current patient needs.

The following areas were agreed with the Patient Representative Group:

- Improve patient communication
- Promotion of telephone consultations
- Review and continued improvement of the appointment system
- Continuing patient survey as a measure of patient opinions/feedback
- Ensuring an equal representation of patient's opinions

- Promotion of new patient computer system and patient self-check in system.

There were no significant changes or contractual considerations not agreed by the Patient Representative Group that needed agreement by Nottingham North And East Clinical Commissioning Group or NHS England (Derbyshire and Nottinghamshire Area Team)

The Patient Representative Group agreed that a poster could be displayed on the Patient Participation Notice Board to communicate the survey results (Appendix 2).

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

The practice met with the Patient Representative Group on the 21st of January 2014 to review the results of the survey.

The Patient Representative Group agreed that it was important to continue to improve patient access both in surgery and telephone and a continuing review process should be put in place. Following discussion, an agreement was made with the Patient Representative Group for changes in the provision of how service is delivered, which would reflect the areas where service, access, communication and comfort could be improved in line with current patient needs.

The following areas were agreed with the Patient Representative Group:

Patient Communication

Following the review of the patient survey in Autumn 2013 and discussion by the Patient Representative Group of patient's comments, it was agreed to continue to improve patient communication in order to provide clearer information to patients. It was agreed that the means of communication would be by newsletters, leaflets, practice website and opportunistically by reception staff.

The Patient Representative Group met on the 18th of March 2014 for to review the improvement area and to set a timescale. The Group suggested and discussed whether it would be feasible to hold a promotional topic session/coffee afternoon to promote health issues, such as blood pressure and child health, initially for an hour with the Practice Nurse/Health Visitor in attendance with an information table. All group members agreed with this revised action and set an achievable timescale of 6 Months.

Telephone Consultations

Following the review of the patient survey in Autumn 2013 and discussion by the Patient Representative Group of patient's comments that the majority of patients would be happy to accept an offer of a telephone consultation, It was agreed a priority area would be the promotion of access to the GP Partners and Nurses with a telephone consultation.

The Patient Representative Group met on the 18th of March 2014 for to review the improvement area and to set a timescale. The Group discussed and agreed that promotion would include the patient call in system, practice website, leaflets and opportunistically by Practice Staff. All group members agreed with this action and set an achievable timescale of 2 Months.

Review of Appointments System

Following the review of the patient survey in Autumn 2013 and discussion by the Patient Representative Group of patient's comments, that the majority of the patients did prefer the full appointment system and had found an improvement in the waiting time to see the GP or Nurse.

Comments had been received about the management and availability of appointments, which the practice made an immediate improvement upon in December 2013.

The Patient Representative Group agreed there was a need for a continual review of the appointment system in order to meet patient's needs, therefore the practice will provide an on-going evaluation of the appointment system and implement the necessary improvements.

The Patient Representative Group met on the 18th of March 2014 for to review the improvement area and to set a timescale. All group members agreed with this action and set an achievable timescale of 12 Months.

Patient Views/Opinions

Following the review of the patient survey in Autumn 2013 and discussion by the Patient Representative Group of patient's comments, the group discussed that some of the survey questions may not be entirely reflective, due to the change made in the appointments system in December 2013, it was felt that there was a need to continue with the Autumn survey, to identify any changing patient opinion or views until the next survey. It was agreed that the survey questionnaires would continue to be made available in the reception waiting room and that surveys would be discussed on a quarterly basis.

The Patient Representative Group met on the 18th of March 2014 for to review the improvement area and to set a timescale. All group members agreed with this action and set an achievable timescale of 1 Month.

Future Patient Survey

Following the review of the patient survey in Autumn 2013 and discussion by the Patient Representative Group of patient's comments, the Group discussed whether the survey was reflective. The Practice Manager advised that not only were survey questionnaires handed out by reception staff randomly, they were also made available in the reception waiting room and that a group member had also attended a flu clinic and had handed out questionnaires in order to attain fair representation. The Group discussed that views of patient who do not attend the practice regularly, or who only access the practice by telephone were as important. It was agreed that in the Patient Survey of 2014, the practice will forward at least 10 patient surveys randomly to those patient who do not access the practice regularly.

The Patient Representative Group met on the 18th of March 2014 for to review the improvement area and to set a timescale. All group members agreed with this action and set an achievable timescale of 10 Months.

New Patient Computer System and Self-Check in Screen

Following the review of the patient survey in Autumn 2013 and discussion by the Patient Representative Group of patient's comments, the Group discussed the improvements that the practice were making to enhance the patient experience in access to the practice by the introduction of the a new patient computer system and the addition of a patient self-check in screen.

The Patient Representative Group met on the 18th of March 2014 for to review the improvement area and to set a timescale. The Patient Representative Group discussed and agreed to promote the new systems through leaflets, patient call in system, website. The group also agreed that patient may require assistance in the use of the new patient self-check in screen and a number of group members agreed to attend the surgery in April 2014 to help assist any patient wanting to use the patient self-check in screen. The practice agreed that a Receptionist would also be available to assist patients.

All group members agreed with this action and set an achievable timescale of 3 Months.

There has been no disagreement with the Patient Representative Group on any of the actions in the action plan.

We agreed/disagreed about:

There were no significant changes or contractual considerations not agreed by the Patient Representative Group that needed agreement by Nottingham North And East Clinical Commissioning Group or NHS England (Derbyshire and Nottinghamshire Area Team)

The Patient Representative Group agreed that a poster could be displayed on the Patient Participation Notice Board to communicate the survey results.

The Patient Representative Group met on the 18th of March 2014, who discussed and confirmed that they were in agreement with the key improvement areas identified above and that there were no areas that were disagreed.

ACTION PLAN

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

A full consultation and discussion of the results of the practice survey was held during the Patient Representative Group meeting of 21st of January 2014 and an action plan was discussed and agreed for each area of improvement to meet with patient current needs. A further meeting was held on the 18th of March 2014 to review the Action Plan and to confirm and discuss the appropriate timescales for the implementation of the Action Plan.

A full consultation and discussion of the results of the practice survey was held during the Patient Representative Group meeting of the 21st of January 2014 and an action plan was discussed and agreed for each area of improvement to meet with current patient needs. A further meeting was held on the 18th of March 2014 to review the Action Plan and to confirm and discuss the appropriate timescales for the implementation of the Action Plan.

At the meetings held on the 21st of January and 18th of March 2014, the mutually agreed priorities for and action and intervention included:

1. The practice will continue to improve patient/practice communication with newsletters/leaflets, practice website, reception staff and introduction of promotional topic sessions/coffee afternoons e.g. blood pressure, child health, age UK etc.
2. The practice will improve the patient experience and access to the GP's with the promotion of the availability of telephone consultations, opportunistically by staff, patient call in system and practice website and leaflets.
3. The practice will continue to provide ongoing review, evaluation and improvement in the appointment system to meet the needs of the patients.
4. The practice will continue to reflect on patients opinions by the continued availability of the Autumn survey questionnaire in the patient reception waiting room.
5. The Practice will ensure fair and equal representation of patient's views and comments by forwarding the autumn survey questionnaires for 2014/15 to at least 10 patients who do not regularly attend surgery.
6. The practice will improve the patient experience in the promotion of new patient computer system and patient self-check in screen.

A copy of the agreed action plan is shown below.

There were no other elements raised in the survey that could not be addressed or implemented by the practice.

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

There were no significant changes or contractual considerations not agreed by the Patient Representative Group that needed agreement by Nottingham North And East Clinical Commissioning Group or NHS England (Derbyshire and Nottinghamshire Area Team)

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)
Practice Communication	Production of newsletter/leaflet, updating practice website and introduction of promotional topic sessions	Practice Manager	6 Months	
Telephone Consultations	Promotion by Practice Staff, website and leaflets and patient call in system	Practice Manager	2 Months	
Review of Appointments System	Practice will provide a continuing review of the appointments system and implement changes as necessary	Practice Manager	12 Months	
Patient Views/Opinions	The practice will continue to make available the 2013/14 Autumn Survey to provide an ongoing measure of patients views	Practice Manager	1 Month	
Future Patient Survey	The practice will make available future patient surveys to at least 10 patients who do not attend surgery regularly	Practice Manager	10 Months	
New Patient Computer System and Self-Check in Screen	The practice will promote new systems through leaflets, patient call in system, website and attendance by Receptionist/Patient Participation Group members in the Reception Waiting area.	Practice Manager	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:

The Action Plan agreed by the Patient Representative Group and the practice for 2012/13 included the following four improvement areas which was felt to address the current patient's needs at that time. A full consultation and discussion of these improvement areas were discussed with the Patient Representative Group on the 18th of March 2014 and the discussion points are outlined as follows:

Access to 'on the day' GP Appointments

Following the patient survey in 2012/13 patient's comments identified difficulty in contacting the practice at 11am, many citing working hours as the issue. The Patient Representative Group identified that the patient experience would be improved by changing the time of patient access for 'on the day' appointments by telephone from 11am to 8am in order for equal opportunity for all patients to access telephone appointments.

It was agreed that on the 1st of July 2013 that the practice would change telephone access for GP appointments from 11am to 8am and this change would be reviewed in the patient survey of 2013/14. This action was implemented by the practice on the 1st of July 2013.

The Patient Survey of 2013/14 early indications and comments showed that this change had a detrimental impact on the telephone system at 8am and patient's wished the reinstatement of a number of appointments being available to book at a later time in the day. Therefore the practice in December 2013 made a selection of appointments available to pre-book at 1pm.

This action is still on-going as identified in 2013/14 Action Plan and a further improvement area has been identified.

Waiting Room Chairs

Following the patient survey in 2012/13 patients had voice comments regarding the seating arrangements and comfort of the seating. This comment was also seconded by the Patient Representative Group, therefore it was agreed to improve the comfort of the waiting room with a rolling programme of replacing the waiting room chairs with particular emphasis on chairs with arms.

The practice has purchased chairs with arms. Two chairs have been placed in the Phlebotomy and Treatment room. The Patient Representative Group agreed that the chairs purchased so far have improved the waiting room.

The practice will continue to purchase more chairs with arms.

Improve Patient Communication

Following the patient survey in 2012/13, the Patient Representative Group discussed with the practice that it was important to maintain and improved practice communication, therefore it was agreed to implement a quarterly newsletter.

The first newsletter was produced in April 2013 and the practice continued to produce further newsletters through the year. The Group and Practice both agreed that this had a particular importance this year in communicating changes in the appointment system and informing patients about the planned computer system change due in April 2014.

This action is still on-going as identified in 2013/14 Action Plan and a further improvement area has been identified.

Improved Access to Reception Staff

Following the patient survey in 2012/13, the Patient Representative Group discussed with the practice and identified the importance of improving the patient experience positioning a receptionist at the main reception desk after morning surgery and prior to evening surgery, instead of all patients attending the prescription desk.

The practice immediately applied this change from the 1st of April 2013 and the main reception desk was manned by a receptionist from 8am until the 6.30pm.

The Patient Representative Group felt that this improvement area had changed the atmosphere of the practice and has improved the patient experience at the practice. The practice also agreed that this implementation has been very successful.

In conclusion both the Patient Representative Group and the Practice felt that all identified improvement areas from the 2012/13 Patient Participation Report had been achieved and were successful.

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 between the practice and the Patient Representative Group on changes implemented or not implemented from last year's action plan.

Publication of this report and our opening hours

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

In order to publicise the Patient Participation Report as extensively as possible, this report has been circulated to all members of the Patient Participation Group during the PPG meeting of 18th of March 2014 and those not in attendance a copy has been posted via Royal Mail. The report was posted on the practice website: www.oakenhallmedicalpractice.co.uk. A poster has been displayed in the waiting room with a final report and copies have been made available to patients to collect from the Reception Desk. A condensed report and action plan will be included within the quarterly newsletter. The report will also be made available to members of the Nottingham North and East Clinical Commissioning Group and NHS England (Derbyshire and Nottinghamshire Area Team).

Date Posted on Website: 31 March 2014

The practices opening hours are publicised as extensively as possible. The practice maintains patient communication through the practice patient leaflet, practice website, waiting room patient call screen and NHS choices. The practice also opportunistically publicise the opening hours via practice staff and newsletters/leaflets,

Opening times

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

Practice Opening Hours:

Monday	8am- 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm

- GP consultations are available from 8.30am – 6.30pm Monday to Friday.
- Nurse consultations are available from 8am – 6pm Monday to Friday.
- Reception Staff are available from 8am – 6pm to assist patients with appointments, prescriptions, home visits and other queries. Reception staffs are accessed by telephone or by personal attendance at the practice.

Extended hours are not currently available at this practice.

Practice Survey – Autumn 2013 (Appendix 1)

Oakenhall Medical Practice are committed to improving patient services and care standards and has received huge assistance and feedback from the practice’s Patient Participation Group over the past year. The Patient Participation Group and the practice would once again welcome your honest feedback.

Once completed please return this survey to reception and place in the survey box.

Please mark the box like this ✓ with a ball point pen. If you change your mind just cross out your old response and make a new choice.

Who was your appointment with today?

(Please circle) Dr Myers/Dr Gilmore/Dr Roughton/Dr Sturrock/Practice Nurse/Phlebotomist (blood test)

About the practice

We changed to a full appointment system on the 1st of July 2013 **Yes** **No**

Do you prefer the current full appointment system?

Have you experienced an improvement in waiting time in surgery?
to see the GP/Nurse?

Were you able to access an appointment for a non-urgent consultation?
(Please Circle) On the day/within 2 days/within 2 weeks

Yes **No** **Not Applicable**

Were you assisted appropriately with an urgent/
emergency consultation or telephone consultation that day?

Were you offered a telephone consultation with a GP for
simple advice or a non-urgent issue?

Would you be happy to accept an offer of a telephone consultation?

Would it be helpful if a limited selection of appointments were made
available later in the day as well as 8am?

Would you prefer a telephone queuing system?

Did the receptionist approach your telephone enquiry/
appointment request with sensitivity?

Do you think the radio/music has improved confidentiality
in the waiting room?

About the doctor/nurse **Poor** **Fair** **Good** **Very Good** **Excellent**

My overall satisfaction with the doctor/nurse is

The doctor/nurse’s explanation of things to me were

The extent to which I felt reassured by the doctor/nurse is

My confidence in the doctor/nurse’s ability is

The respect shown to me by the doctor/nurse was

The amount of time given during consultation is

About the staff	Poor	Fair	Good	Very Good	Excellent
The manner in which you were treated by the reception staff is	<input type="checkbox"/>				
Respect shown for your privacy and confidentiality is	<input type="checkbox"/>				

Any comments about how this **practice** could improve its service?

This additional information will help to make sure we try to obtain a representative sample of views of patients that are registered at this practice.

Are you? Male Female

Age Group	Under 16	<input type="checkbox"/>	17 - 24	<input type="checkbox"/>
	25 – 34	<input type="checkbox"/>	25 – 44	<input type="checkbox"/>
	45 – 54	<input type="checkbox"/>	55 – 64	<input type="checkbox"/>
	65 – 74	<input type="checkbox"/>	75 – 84	<input type="checkbox"/>
	Over 84	<input type="checkbox"/>		

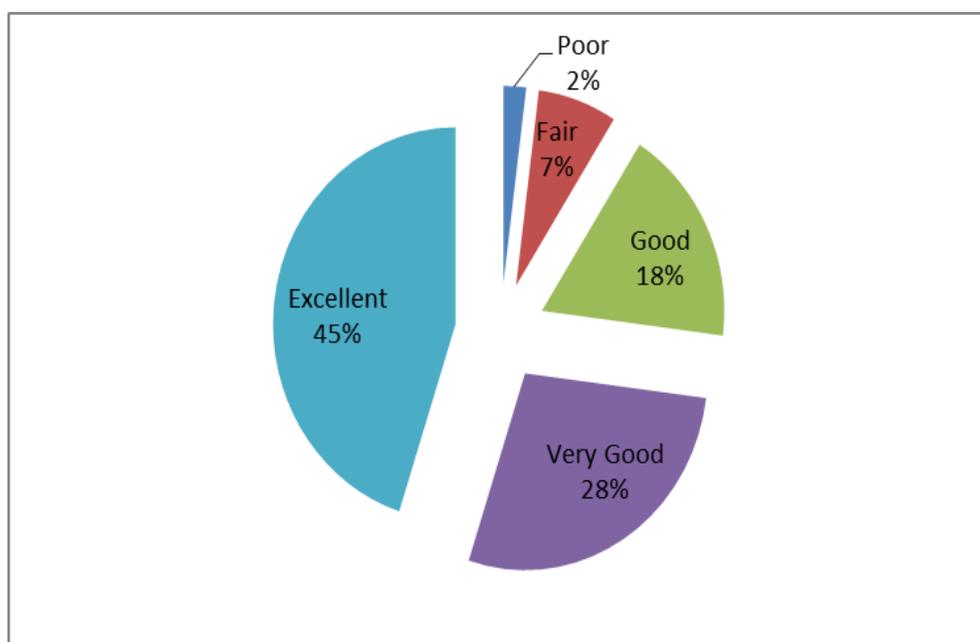
White				
British Group	<input type="checkbox"/>	Irish	<input type="checkbox"/>	
Mixed				
White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Asian <input type="checkbox"/>
Asian or Asian British				
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Black or Black British				
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	
Chinese or other ethnic Group				
Chinese	<input type="checkbox"/>	Any Other	<input type="checkbox"/>	

Thank you for your time and assistanc

Oakenhall Medical Practice

Patient Experience Survey

Results 2013/2014



91% of all patient ratings about this practice were good, Very good or excellent.

The results of this survey will help us to provide the best possible service to you.