

**Newnham Walk Surgery  
Wordsworth Grove, Cambridge, CB3 9HS.**

**Patient Participation Report 2013/14**



## 1. Our Patient Participation Group

**1.1 If this is the first year of your PRG, has a constituted structure been developed to reflect the practice population and to obtain feedback? How were representatives sought and what work was carried out to engage with any underrepresented groups?**

**1.2 If this is not your PRG's first year, is the PRG still representative of the practice population? If there are underrepresented groups, how does the practice try to engage with them?**

**Our Patient Representation Group is not representative of the Practice population. Approximately one third of our patients are undergraduate students however the Patient Representative Group consists of people much older. We have tried to engage students by placing a public notice in the surgeries inviting them to join the PRG. One member of the group has been an undergraduate student in Cambridge and now lectures them. She is best placed to represent the student voice.**

## Component 2. Method and Process for Agreeing Priorities for the Local Practice Survey

### Component 2

As part of component 2 of the DES Practices are required to agree which issues are a priority and include these in a local Practice Survey.

The PRG and the Practice will shape the areas covered by the local practice survey. The areas covered in the local practice survey will, therefore, need to be agreed jointly based on key inputs and including the identification of:

- Patients priorities and issues
- Practice priorities and issues including themes from complaints
- Planned Practice changes
- Care Quality Commission (CQC) related issues
- National GP and/or Local Patient Survey issues

**2.1 How were the views of the PRG sought to identify the priority areas for the survey questions i.e a meeting, via email, website etc?**

The decision to use the same GPAQ Survey as the previous year was made by the PRG in order to enable a year on year comparison to be made. This decision was made at a PRG meeting held on Monday 20<sup>th</sup> January 2014 at Newnham Walk Surgery.

The PRG have sought to encourage other members of the LCG to use the same survey so that surgeries can compare their results within the LCG.

The PRG felt that the GPAQ survey, although not perfect, broadly speaking covered the areas considered important by the PRG.

**2.2 How have the priorities identified been included in the survey?**

The GPAQ Survey covers areas considered important to the PRG, such as making appointments, Telephone access, the patient experience in connection with the receptionists, the waiting room area, interaction with doctors and nurses. Included was a blank sheet for patients to write any other comments they wished to make.

### **Step 3. Details and Results of the Local Practice Survey**

#### **Component 3**

As part of component 3 of the DES Practices are required to collate patients views through a local practice survey and inform the Patient Reference Group (PRG) of the findings.

The Practice must undertake a local Practice survey at least once per year. The number of questions asked in the local practice survey will be a matter for the Practice and the PRG to agree. Questions should be based on the priorities identified by the PRG and the Practice.

**3.1 Was a survey carried out between 01.04.13 and 31.03.14?**

**Yes the survey was carried out between 27.1.14 and 21.2.14**

**3.2 What method(s) were used to enable patients to take part in the survey (i.e survey monkey, paper survey, email, website link) and why?**

The PRG decided upon a paper survey. Every patient attending the surgery was invited to complete the survey. This ensured that a broad range of views were obtained from a broad range of patients. Their responses related to, their most recent interaction with the surgery and therefore was fresh in their memory.

**3.3 Was the survey credible (was the response rate sufficient to provide 'the reasonable person' with confidence that the reported outcomes are valid)?**

**581 surveys were completed which is approximately one fifth of our capitation. We were satisfied there were enough responses to make the survey results very credible.**

**3.4 Please provide a copy of the survey and the analysis of the results of the survey.**

**Please see attached and available via the Surgery Website:**

**<http://www.newnhamwalksurgery.nhs.uk/2013/04/15/patient-questionnaire-results/>**

## **Component 4. Discussing Survey Results with the Patient Reference Group (PRG)**

### **Component 4**

As part of component 4 of the DES Practices are required to provide the Patient Reference Group (PRG) with the opportunity to comment and discuss findings of the local practice survey and reach agreement with the PRG of changes in provision and manner of delivery of services. Where the PRG does not agree significant changes, agree these with the PRG.

**4.1 How were the survey results discussed with the PRG and any proposed outcomes agreed?**

**The Survey results were discussed face to face by the PRG with Dr Townsend, salaried GP and Dr Fiona Cornish.**

**Survey results were sent out before hand.**

**Essentially the results were good and the PRG noted this.**

**The areas that needed to be addressed were; the patient access via telephone availability of Doctors Appointments.**

**The PRG noted that recently a Partner had retired since the last survey. The PRG requested if the practice had plans to address this?**

**The PRG also asked if pre bookable telephone appointment slots could be made widely available.**

## **Component 5. Agreeing an Action Plan with the Patient Reference Group (PRG) *Guidance***

***Notes: Agree an action plan with the Patient Reference Group (PRG) and seek PRG/AT agreement to implement changes.***

### **Component 5**

As part of component 5 of the DES the practice is required to agree with the PRG an action plan setting out the priorities and proposals arising out of the local patient survey. They are also required to seek agreement from the PRG to implement any changes and where necessary inform the PCT.

**5.1 What action plan was agreed and how does this relate to the survey results?**

**Improving telephone access to the surgery.**

**Doctor Appointment availability.**

Following a GP's Retirement in January 2014, the Practice is trialling various options in additions to an increased number of sessions worked by our salaried GP. Additionally the practice no longer hosts the Community Gynaecology Service which was managed and run by the retiring GP which absorbed a lot of resource. Doctor availability will be continually monitored by the Partners and the Management team as requested in the Action Plan.

5.2 How was the PRG consulted to agree the action plan and any changes?

At the PRG meeting on the 10<sup>th</sup> March.

5.3 If there are any elements that were raised through the Survey that have not been agreed as part of the action plan what was the reason for this?

Telephone contact with patients for help and advice is available within the practice. As a practice we do not offer pre bookable telephone slots/sessions. However in certain circumstances a telephone consultation is appropriate and a receptionist will arrange this with the doctor's agreement. It was also felt that telephone consultations had the potential to detract away from face to face consultations.

5.4 Are any contractual changes being considered? If so please give details and confirmation that these have been discussed with the AT.

No

## Step 6. Publishing the Local Patient Participation Report

### Component 6

As part of component 6 of the DES the practices is required to publicise this Local Patient Participation Report on the Practice website and update the report on subsequent achievement **by no later than 31/03/2014**. A copy must also be sent to the AT by then.

6.1 Are there any further actions that have occurred from the:

2011/12 Action Plan – Action is complete

2012/13 Action Plan – Car Park Revamp, Boundary Car park fencing replaced. Guttering cleared on a regular basis. The Practice has sort advice with regards to the flooding problems during heavy periods of rain. We have been informed that the entire car park with need to be dug up and more robust drainage put in. There are concerns with the amount of clay soil and the foundations by doing the excavations. This work will be extremely disruptive for patients and staff. The Practice continues to

monitor the situation, but because of the economic climate, it is not a viable proposition at the current time. Remedial action to add more shingle has not proved to be of benefit.

In addition the Practice is required to provide details of Practice opening hours and how Patients can access services through core hours

**6.3 What are the practices opening hours and how can patients access services during core hours (8am-6.30pm)**

**Newnham Walk Surgery - Access in person or by telephone until 18:00**

Monday 08:00 – 20:00  
Tuesday 07:00 – 18:00  
Wednesday 08:00 – 18:00  
Thursday 07:00 – 18:00  
Friday 08:00 – 18:00

**City Centre Medical Practice (Branch Surgery) – Access in person or by telephone until 16:00**

Monday to Friday 09:00 – 16:00

Both Newnham Walk Surgery and City Centre Practice remain open during the day and this includes access by telephone until 18:00 hrs. At 18:00 the telephones are automatically switched over to the Out of Hours Service at Urgent Care Cambridge via the 111 service.

Where a Practice is commissioned to provide Extended Hours the Practice is required to confirm the times at which patients can see individual health care professionals

**6.4 Do you provide extended hours? If so, what are the timings and details of access to Health care Professionals during this period.**

The surgery provides extended hours:

Monday 18:30 -20:00 GP Appointments

Tuesday and Wednesday 07:00 – 08:00 GP & HCA Appointments

**7. Practice Declaration – *this is only required as part of the report submitted to the AT***

The Practice confirms that the above report is a true and accurate reflection of the work undertaken as part of the Participation DES 2013/14 .

Signed and submitted to the PCT and published on the Practice website on behalf of the Practice by:

Name: Dr Fiona Cornish

Surgery code: D81005

Website: <http://www.newnhamwalksurgery.nhs.uk/>

Signed: .....

Date: 26.3.2014

**FOR AT USE ONLY**

Date Report Received by the AT: \_\_\_\_\_

Receipt Acknowledged by: \_\_\_\_\_

Report published and evidenced on Practice website by required deadline: \_\_\_\_\_