Practice Profile

1 Location

The Practice area covers a substantial portion of West Southampton and, although close to the natural beauty of the New Forest and Solent, is predominantly an urban practice. The new partner will be based at our Cheviot Road Surgery.

2 Premises

Shirley Avenue Surgery is centrally positioned in the Shirley Area and has a self contained flat above it. It accommodates five GPs, a Practice Nurse Treatment Room, two further consulting rooms used by various health professionals, the Reception Supervisor's office, reception offices, upstairs offices and a large meeting room. There is car parking for staff and patients. The surgery freehold is owned by the Partners and attracts notional rent.

The Cheviot Road Surgery is situated on the 1950's Millbrook Council Estate. It accommodates six GPs, a Practice Nurse Treatment Room, another consulting room used by various health professionals, the Practice Manager's office, reception offices, office accommodation for the District Nurses, Typist's office and a large meeting room. There is car parking for staff and patients. The surgery is leasehold and attracts notional rent.

3 Catchment Area / List Size / Demography

The Practice has approximately 15100 patients with 7300 registered at Shirley Avenue and 7800 at Cheviot Road. Both surgeries have experienced an increase in list size in the past 10 years with a particularly large rise at Shirley Avenue. List size growth has been reduced and stabilised in the past year by a controlled process of contraction of our practice area. We run a system of individual lists. Partners are responsible (during their working week) for patients registered with them and also provide cover for other partners' patients when the latter are outside their times of responsibility. There is appropriate remuneration for the respective list sizes and duties. All partners are timetabled to attend administrative and in-house educational meetings.

The composition of Shirley Avenue patients is highly diverse and significant demographic changes have occurred in the past 10 years due to influence of immigration. Although there is still a larger proportion of elderly and middle class owner-occupiers at the Shirley surgery compared to Cheviot Road Surgery, we have seen a marked rise in young eastern Europeans (predominantly Polish) and other nationalities in recent years and as a result our birth rate and paediatric practice has increased substantially.

The majority of patients served by the Cheviot Road Surgery live on the Millbrook Park council estate and this results in a higher proportion of council tenants with a higher level of deprivation than in Shirley. The Cheviot Road patient population has high numbers of children, single parents, teenage pregnancies and unemployment.

Both areas have good access to the surgery by public transport. Main employers in the area are Southampton General Hospital and Southampton Docks.

BREAKDOWN OF PRACTICE POPULATION

Age			1									
groups	0-4	5-16	17-24	25-34	35-44	45-54	55-64	65-74	75-84	85-89	90+	Totals
Males	616	1168	780	1262	1219	1025	728	454	268	70	24	7614
Females	533	1136	827	1279	1067	881	710	458	385	112	73	7461
Totals	1149	2304	1607	2541	2286	1906	1438	912	653	182	97	15075

4 The Team comprises of 11 partners (8 whole time equivalents)

Dr Tony Kelpie MA MRCGP DCH DRCOG joined the Practice in 1984. Tony is on the GP commissioning group, and is chair of the PCT prescribing group. He is also a GP Appraiser and was previously on the LMC. Tony is married with three children. He is a 5 session partner based at Cheviot Road Surgery.

Dr Tim Patten MA MB BS MRCGP DRCOG trained at Oxford and St. Mary's Hospital, Paddington. He worked for four years in Somerset before joining the Practice in 1988. His main work interest outside routine clinical care is teaching medical students throughout their training. He co-ordinates the Year 1 clinical teaching at Southampton Medical School. Tim is married with three children. He is an 6 session partner based at Cheviot Road Surgery.

Dr Michael Stringfellow BM MRCP MRCGP trained in medicine in Southampton and qualified in 1982. After a period of training in general medicine he joined the Practice in 1990 and has continued to enthusiastically pursue the general nature of Primary Care. Leisure interests centre around interests and activities of his six children and also include endurance cycling, sub aqua, fly-fishing, sailing and joinery. Michael is an 8 session partner based at Shirley Avenue Surgery.

Dr Caroline Whitehouse MB ChB qualified from Bristol University in 1987. She married in 1989 and her husband is a Professor in Geography at Southampton University. She has two daughters born in 1994 and 1997. Caroline worked in South Wales until joining the Practice in 1992 as a GP Trainee and later that year she joined as a Partner. She is the lead GP in the Practice for audit and practice based education and particularly enjoys the pattern of working with each doctor looking after a specific list of patients. She is a 4 session partner, based at Cheviot Road Surgery.

Dr Wilma Boddeke Arts DTM MRCGP DFFP is a Dutch national. She joined the Practice in June 1998. She trained at the University of Amsterdam qualifying in 1989. Wilma did various SHO jobs in the Netherlands whilst training for her Diploma in Tropical Medicine before going to work in Ghana for 3.5 years in a district hospital. In 1996 she and her husband came to the UK and did her GP Registrar year in the Practice. She worked as a clinical assistant in the Genitourinary clinic in Southampton for 5.5 years. Wilma is involved with medical student teaching. She is a six session partner based at Cheviot Road Surgery.

Dr Ruth Mortimer BM MRCGP DFFP DRCOG joined the Practice in June 1998. Originally from Thame, Oxfordshire she did medicine at Southampton University graduating in 1992. She did the Southampton VTS and a registrar year at another local practice. Ruth is married with 3 children born 2002, 2005 and 2008 and enjoys playing tennis, travelling and walking. She has responsibility for the Practice leaflet. She is a four session partner based at Shirley Avenue Surgery.

Dr Mike Donnan BM MRCGP joined the Practice in June 2000 and has lived in Southampton for most of the past 35 years apart from forays to Hong Kong and Sydney. Mike is married with two young children. Time for sport, leisure and family is a priority. He is a 7 session partner based at Shirley Avenue Surgery.

Dr Laura Raafat MBChB, MRCP, DFFP, MRCGP joined the Practice in May 2006. After qualifying from Birmingham University she trained in Medicine in Worcester and Eastbourne. This was followed by a year in Palliative care in Havant and GP training in Southampton and the New Forest. Laura is married with 2 small children and enjoys walking, swimming and spending time with her family. She is a five session partner at Shirley Avenue Surgery.

Dr Miriam Hattersley was recently appointed in April 2011 as an additional partner at Cheviot Road Surgery. Miriam trained in Southampton and is married with a young family. Miriam is a 5 session partner.

Dr Hassan Khan joined the practice in December 2011 and is based at Shirley Avenue Surgery.

Dr Kaman Chan joined the practice in January 2012. She is based at Cheviot Road Surgery.

Mrs Cathy Rooke, Practice Manager is responsible for the management of all non clinical aspects of the Practice business. This includes finance, premises, staff, IT, purchasing supplies and equipment, compliance with all appropriate current legislation, NHS directives, liaising with Southampton City PCT and other external organisations. The Practice Manager is supported by a Senior Administrative Assistant, an IT Assistant and a Reception Supervisor who works at both Cheviot Road & Shirley Avenue Surgeries. There is strong cohesion amongst West Southampton Practice Managers with a good support structure.

Practice Nurses

Currently there are four part time nurses employed, with a total of 42 hours/week nursing cover at each surgery.

Healthcare Assistant

A Healthcare Assistant based at our Shirley Avenue Surgery, supporting our Practice Nurses

Phlebotomists

Blood tests are offered at both surgeries. INR testing is also available for registered patients who are taking Warfarin medication.

Reception Staff / Typists / Admin Support Staff

Nearly all of our receptionists, typists and admin support staff are part time. They work at specific surgeries but they are contracted to work at either. Some of these staff are trained in BP monitoring & venesection & do in house clinics in these areas.

District Nurses

The District Nurses and support staff are based in the Cheviot Road surgery but serve all the patients of the practice. They are employed by Southampton City PCT.

Community Matron

We work closely with the local community matrons and collaborate in the Complex Care LES. Quarterly Complex Care MDT meetings are held with Dr Ian Gove, the community Matrons and District Nurses.

Health Visitors and Midwives

The Cheviot Road surgery is served by Sure Start. Health visiting services are now locality based with health visitors based at various sites in our practice area.

Other Attached Staff Include :-

- Community Psychiatric Nurse
- Counsellors
- A Chiropodist holds a weekly private clinic at our Shirley Avenue Surgery.

5 IT Systems

We have now updated our clinical system is EMIS Web.

DOCMAN document management system is used for filing correspondence. The practice has operated paperless clinical records since 2007.

6 Appointment System

The normal appointment length is 10 minutes with additional time being allowed for specific procedures. A percentage of appointments are reserved for book on day and urgent appointments. Patients can now book appointments online, using EMIS Access.

We have also installed an automatic checking in machine, so that patients do not have to queue at the counter to book in.

Visits are the responsibility of the patient's doctor. Outside that doctor's hours of duty, visits are shared by other partners for morning requested visits and the late visit requests are assessed by a Duty GP. Duty doctor responsibility is approx 10% for a 6 session partner.

7 Surgery Opening Times

Both surgeries are manned from 07:45 and the doors open to our patients from 08:30 to 18:30. The surgeries do not close for lunch except for staff meetings.

8 Services

Essential Services as defined in the nGMS contract. Historically our referrals have been to the hospitals in Southampton.

- Additional Services Cervical screening, contraceptive services, vaccs and imms, child health surveillance, maternity medical services and minor surgery.
- **Enhanced Services** Quality information preparation, advanced access, childhood immunisations, flu immunisations, minor surgery, INR monitoring, IUCD fitting, Nexplanon, minor injuries, smoking cessation, pneumovax, near patient testing and counselling.
- **Out of Hours** The practice does not participate in the Out Of Hours LES/DES. We currently provide an extended hours service under the terms of the LES providing Saturday morning surgery sessions.
- **Teaching** We are an established teaching Practice for undergraduate medical students and student nurses.

PATIENT PARTICATION GROUP

1: Develop a Patient Participation Group

1.1 The composition of Shirley Avenue patients is highly diverse and significant demographic changes have occurred in the past 10 years due to influence of immigration. Although there is still a larger proportion of elderly and middle class owner-occupiers at the Shirley Surgery compared to Cheviot Road Surgery,

The majority of patients served by the Cheviot Road Surgery live on the Millbrook Park council estate and this results in a higher proportion of council tenants with a higher level of deprivation than in Shirley. The Cheviot Road patient population has high numbers of children, single parents, teenage pregnancies and unemployment. This was taken into consideration when forming our group and it was felt that because the patient demographics were different at each surgery, our group should be made up of some patients from each one.

1.2 To advertise our group we placed posters in our waiting room and posted a notice on our website, which we will continue to update. The doctors and staff also asked patients if they would like to join our new group.

1.3 We now have ten patients in our group. Only three of these after registered at our Shirley Avenue Surgery. The other nine are registered at Cheviot Road.

Last years Aims:

During the past year our group has evolved from a virtual group to an actual working group. The PPG group has supported us with our patient questionnaires and as a result we received good constructive feedback from patients. Last year the patients fed back at both our practices, that they were having difficulties getting through on the phone. This has improved greatly over the past year and very few patients complained about this in our latest questionnaire. Another area for improvement was to have new flooring fitted in all the clinical rooms

We are pleased to say that both of these aims have been achieved.

Patients can now book appointments online, which reduces the amount of calls coming in to the surgery. Extra staff training in telephone techniques has also taking place during the past year, to improve the quality of care for the patients.

2: Priority Areas for this year:

2.1 Our patient survey was based around our availability and the services we offer. Mainly looking at our appointment, telephone access, opening hours and how long patients wait to be seen. These are all areas that we are always looking to improve and value feedback from our patients. To define the questions for our survey a letter was sent to the group on 31st December 2013. The group agreed to use a similar format as previous questionnaires to make it easier to collate but a few changes were made to some questions. We have a high number of single parents and unemployed at the practice and our group is advertised for anyone to join, regardless of status.

2.2 The method used to identify the areas to be considered and the priority areas agreed with the PRG and the rationale for making those decisions

To identify the areas for our questionnaires we looked back at patient feedback on our previous surveys.

2.3 To agree the priorities a meeting was arranged with group members, to ask for feedback and suggestions of how improvements can be made in the areas of concern. All members of the group were invited to attend. This meeting took place on 5th February 2014.

2.4 A letters were sent out on the 6th February 2014 asking for feedback from other group members who were unable to attend the meeting. Although the group is small, they have offered good constructive feed back.

3: Patient Survey:

3.1 100 of our patients were asked in January to complete our questionnaires about the services we offer. All questionnaires were completed and returned.

The feedback was then put into spreadsheets for collating. Once we had all our results, we looked to see what the most positive and negative feedback was. Our aim was to find out from our patients where their areas of concern are. Once we had established this, our group could focus on these areas. We will then create another questionnaire, only targeting them, with the help of our group.

3.2 Before the questionnaires were circulated the group was asked if we were asking the right questions in our survey. The following questions were asked.

- Are we asking the right questions on our questionnaire? (questionnaire enclosed)
- Could the questionnaire have been set out differently? (If so, your suggestions would be helpful)
- Do you have any suggestions on how we deal with the negative areas?

The group feedback was good and they did change some of the questions and also the layout of the questionnaire.

3.3 *100* patients were surveyed and we have noted that most of the feedback from our patients was positive, with only a few suggestions for improvement The main three were:

- Waiting for a long time, in the waiting room to be called in for your appointment
- Reception staff to answer phones more promptly
- Music/magazines in the waiting room

It is always good to have constructive feedback from patients, positive and negative. This helps when making decisions about the way we run our practice.

4: Survey Results:

4.1 A meeting was held on 5th February to look at the actions taken from lasts year's patient questionnaires and to discuss the results and feedback from this year's patient questionnaires

4.2 The patient feedback was discussed in some detail and in general, most feedback is very good. Although we did have some negative feedback, this was only from a handful of patients.

4.3 The response from the group members was very positive. Some suggestions were made by the group. These suggestions were

- 1: Ensure there are notices to inform patients that breastfeeding is welcome at the surgery
- 2: Put a sign in the waiting room to inform patients that baby changing facilities are available
- 3: A seasonal news letter for patients

4.4 None of the improvements we are making will have an impact on our contractual agreement with NHSH

5: Plan of Action:

5.1 The action plan is:

- a. Produce a poster to say breast feeding is welcome
- b. Produce a poster to say baby changing facilities are available
- c. hold another In-house training for staff on telephone technique and multitasking
- d. Discuss the possibility of some kind of /news letter for patients

5.2 An indication of the priorities (if appropriate)

Our priority is to ensure phones are answered promptly and patients receive useful information about the practice and services that we offer to the patients

5.3 The timeframe for implementing the changes

March 2014 – Produce the posters for the waiting rooms April 2014 – Staff in-house training on telephone technique May/June 2014 – Information leaflets/News Letter

6: Publicise actions taken and subsequent achievement

Our questionnaire responses have been collated and feedback has been put on the notice boards in the waiting areas. We have also added the results to both our websites, uploaded these onto the NHS Choices websites and set a copy to all members of our PPG.

The members of our PPG are a good reflection of our practice population and can be broken down in the following age groups.

25 & under	26 – 59	60 – 74	Over 75
0	5	3	2

Males = 3, Females = 7 Ethnicity = 8 White British, 2 Mixed British

- To find our group we advertised on our Website, in the practice and sent letters to patients.
- Areas chosen for the survey were areas that have been flagged before as matters needing attention
- Members of the group were asked to complete a questionnaire and also asked for the comments via a separate letter.
- We have three main proposals that we can action and we will carry out all these actions over the next 6 months
- A collation of the results is attached to this report
- Actions that will be taken as a direct result of the patients questionnaires are: Install a baby changing unit, re-decorate the waiting area. Look at the appointment structure
- Our core opening hours are from 08:00 am to 18:30 pm. We do not close over the lunchtime period or divert our telephones during these times.
- We participate in the Extended Hours Scheme and provided clinics for pre-bookable appointments every Saturday morning.
- Our PPG is a small group of 10 members who are there to support the practice in improving the services that are offered to the patients. Any decisions made will be with the full backing of the partnership. Any disagreements will be discussed with the partners and the final decision will rest with them.