East Anglia Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: ***FELIXSTOWE ROAD MEDICAL PRACTICE***

Practice Code: ***D83004***

Signed on behalf of practice: ***Martin Pickup (Practice Manager)*** Date: ***27/3/2015***

Signed on behalf of PPG: ***Report distributed to all PPG members. Does not justify calling another meeting merely to discuss this report so not formally signed off. No concerns received from PPG members***  ***about it.***

1. **Prerequisite of Enhanced Service – Develop/Maintain a Patient Participation Group (PPG)**

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| Does the Practice have a PPG? YES / NO ***YES*** | |
| Method of engagement with PPG: Face to face, Email, Other (please specify) ***FACE TO FACE*** | |
| Number of members of PPG: ***22*** | |
| Detail the gender mix of practice population and PPG:   |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | ***49.3%*** | ***50.7%*** | | PRG | ***31.8%*** | ***68.8%*** | | Detail of age mix of practice population and PPG:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | | Practice | ***17.4%*** | ***9.1%*** | ***13.3%*** | ***12.1%*** | ***14.8%*** | ***13.1%*** | ***10.3%*** | ***9.9%*** | | PRG | ***0.0%*** | ***4.5%*** | ***0.0%*** | ***4.5%*** | ***36.5%*** | ***27.3%*** | ***22.7%*** | ***4.5%*** | |
| Detail the ethnic background of your practice population and PRG:   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | White | | | | Mixed/ multiple ethnic groups | | | | Ethnicity | |  | British | Irish | Gypsy or Irish traveller | Other white | White &black Caribbean | White &black African | White &Asian | Other mixed | Not Recorded/Disclosed | | Practice | ***38.6%*** | ***0.4%*** | ***0.0%*** | ***3.0%*** | ***0.4%*** | ***0.2%*** | ***0.2%*** | ***0.3%*** | ***53.3%*** | | PRG | ***100%*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Asian/Asian British | | | | | Black/African/Caribbean/Black British | | | Other | | |  | Indian | Pakistani | Bangladeshi | Chinese | Other  Asian | African | Caribbean | Other Black | Arab | Any other | | Practice | ***0.6%*** | ***0.1%*** | ***0.2%*** | ***0.3%*** | ***0.4%*** | ***0.7%*** | ***0.2%*** | ***0.2%*** | ***0.0%*** | ***0.9%*** | | PRG |  |  |  |  |  |  |  |  |  |  |   ***The Practice estimates that the vast majority of patients whose ethnicity has not been recorded or disclosed are ‘White British’. Overall, this gives a breakdown of approximately 90% White British and 10% All Other Ethnic Backgrounds.*** | |
| Describe steps taken to ensure that the PPG is representative of the practice population in terms of gender, age and ethnic background and other members of the practice population:  ***During 2014, the Practice invited additional patients to join our Patient Participation Group. The invitation was published on the information screen in the waiting room, on the practice website and patients were asked during face to face consultations with GPs/Nurses. Several new members joined the group. Nobody has been refused. Unfortunately, there appears to limited interest to join the PPG despite the minimal commitment required. GPs have tried to persuade a number of patients from ‘non white british’ ethnic backgrounds however no one agreed to participate. Equally, we have tried, without success, to persuade a few more men to join the group. Our net increase of PPG members rose from 19 to 22 during 2014.***  ***Our PPG meets ‘face to face’ however we do accept comments from members if they cannot attend a particular meeting. The Practice did consider setting up a ‘virtual group’ and communicating by email but discarded the idea as many of our older patients do not have access to a computer and indirectly would have been prevented from participating.*** | |
| Are there any specific characteristics of your practice population which means that other groups should be included in the PPG?  e.g. a large student population, significant number of jobseekers, large numbers of nursing homes, or a LGBT community? YES/NO  ***No***  If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful: | |

1. **Review of patient feedback**

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| Outline the sources of feedback that were reviewed during the year:  ***Practice Survey carried out in 2013/14***  ***Friends & Family Test from October 2014 onwards (Summary of responses plus individual patient comments)***  ***Main reasons for practice complaints & compliments***  ***The PPG concluded that overall, our patients appear to be satisfied with the service received however some patients continue to highlight difficulties getting an appointment.*** |
| How frequently were these reviewed with the PPG?  ***Feedback and priority areas were discussed at both PPG meetings held during the year (autumn/winter 2014).*** |

**Action plan priority areas and implementation**

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| Priority area 1 |
| Description of priority area:  ***Improving availability and smooth running of appointments – Promote patients seeing their local pharmacist for over the counter remedies for minor ailments.*** |
| What actions were taken to address the priority?  ***Additional page added to the information screen in the waiting room advising patients of the fact that most local pharmacies can recommend treatments for many minor ailments thus eliminating the need for an appointment with a GP.*** |
| Result of actions and impact on patients and carers (including how publicised):  ***Anecdotal evidence to indicate a slight reduction in demand for GP appointments thus allowing other patients who really do need to be seen at the Practice an improvement in the availability of appointments.*** |

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| Priority area 2 |
| Description of priority area:  ***Improving availability and smooth running of appointments – Try to educate patients about the pressure upon appointments, arriving in good time, cancelling appointments in good time so they can be reallocated to someone else and limiting the consultation to 1-2 ailments and not expecting the GP to resolve numerous issues in one 10 minute appointment.*** |
| What actions were taken to address the priority?  ***Additional page added to the information screen in the waiting room advising patients that the Practice is struggling to meet the high demand for appointments. Accordingly, asking patients to arrive in good time, to cancel appointments no longer needed in good time and to limit the consultation to 1-2 ailments and not expecting the GP to resolve numerous issues in one 10 minute appointment.*** |
| Result of actions and impact on patients and carers (including how publicised):  ***Anecdotal evidence to indicate a slight improvement in availability of appointments, fewer ‘failures to attend’, smoother flow of patients and improvements of GP’s keeping to time.*** |

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| Priority area 3 |
| Description of priority area:  ***Improving availability and smooth running of appointments – Toughen up the ‘failed to attend policy’ of ‘3 strikes and you’re out’ to ‘2 strikes and you’re out’*** |
| What actions were taken to address the priority?  ***This suggested priority was considered by the Practice Partners however they were uncomfortable to implement it.*** |
| Result of actions and impact on patients and carers (including how publicised):  ***Partners felt that the current ‘failed to attend policy’ of ‘3 strikes and you’re out’ is reasonable and to change it would adversely impact upon some of our patients.*** |

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| Priority area 4 |
| Description of priority area: ***(Replacement for priority area 3 above which was declined by the Practice Partners)***  ***Improving availability and smooth running of appointments – Maximise SMS text messaging to remind patients about their appointment.*** |
| What actions were taken to address the priority?  ***A poster has been displayed near the self checking in screen asking patients to inform the receptionist their mobile phone number to enable the practice to send SMS text reminders the day before their appointment.***  ***The SMS texting facility within the clinical computer system has been enabled with regard to ‘text reminders’.*** |
| Result of actions and impact on patients and carers (including how publicised):  ***Too early to confirm impact however it should help to reduce ‘failed to attends’ and thus reduce the number of appointments that are booked a second time. The benefit for patients will be to slightly increase appointment availability.*** |

Progress on previous years

If you have participated in this scheme for more than one year, outline progress made on issues raised in the previous year(s):

***2012/13 Priorities***

* ***Review mix of appointment types. More pre-bookable appointments might take the pressure off the telephone in the morning. – The mix of appointments have been periodically reviewed and altered as necessary throughout the year.***
* ***Review phone system as very difficult getting through at 8.00am. - Telephone system itself was not the problem. There are 6 lines plus a further 2 lines for staff to phone out without going through the call queuing system. This number of lines are sufficient for most medium sized companies. Delays at 8.00am were the result of the very high demand for appointments. The review of appointments and slight increase in pre-bookable appointments marginally reduced the volume of telephone calls at 8.00am and spread the calls out to other times of the day.***
* ***Repair potholes in asphalt driveway. – Contractor employed and a large area of asphalt was replaced plus several large potholes filled.***
* ***Appoint female doctor – The practice interviewed and appointed a female GP in March 2014.***

***2013/14 Priorities***

* ***Review number of appointments that can be booked online. - Mix of all appointment types periodically reviewed during the year. Aim of this priority was to take the pressure off the telephone system reducing the need for patients to ring at 8.00am.***
* ***Promote the website. - Highlighted on the information screen in the waiting room. Once patients have a username and password it enables them to request repeat prescriptions and book ‘online’ appointments via the website.***
* ***Changes to reception desk to improve confidentiality. - Carpenter employed to make some modifications to the reception desk. Layout of the building severely limits what can be done. Reduction to glazed area and small cowling added. Room divider purchased to block conversations being overheard.***
* ***Repair external street light. – Electrician employed and some lamp components replaced. Unfortunately, the lamp has recently ceased working again so the practice will need to arrange for it to be fixed.***
* ***Replace chairs in waiting room - All the textile chairs in the waiting room were replaced with vinyl chairs.***

1. **PPG Sign Off**

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| Report signed off by PPG: YES/NO ***NO***  ***Report distributed to all PPG members.***  ***Does not justify calling another meeting merely to discuss this report.***  ***Therefore not formally signed off. No concerns received from PPG members***  ***about it.***  Date of sign off: |
| How has the practice engaged with the PPG:  How has the practice made efforts to engage with seldom heard groups in the practice population?  ***Practice periodically invites patients to join the PPG and specifically patients from ‘other ethnic backgrounds during face to face consultation s with GPs.***  Has the practice received patient and carer feedback from a variety of sources?  ***Yes***  Was the PPG involved in the agreement of priority areas and the resulting action plan?  ***Yes***  How has the service offered to patients and carers improved as a result of the implementation of the action plan?  ***Anecdotal evidence that there has been a slight improvement however the high demand and availability of appointments remains a concern.***  Do you have any other comments about the PPG or practice in relation to this area of work?  ***No*** |