Standard Reporting Template

Devon, Cornwall and Isles of Scilly Area Team 2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Knowle House Surgery

Practice Code: L83089

Signed on behalf of practice:

Date: 30.3.15

Signed on behalf of PPG:

Date: 30.3.15

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

Does the Practice have a PPG? YES

Method of engagement with PPG: Face to face, Email, Post, Telephone

Number of members of PPG: 13

Detail the gender mix of practice population and PPG:

%	Male	Female		
Practice	46%	54%		
PRG	53%	47:%		

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	21%	9%	11%	12%	14%	12%	10%	11%
PRG	0	0	0	15%	8%	15%	31:%	31%

Detail the ethnic background of your practice population and PRG:

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean African		White &Asian	Other mixed
Practice	96%	1%	0	0	0	0	1%	0
PRG	100%	0	0	0	0	0	0	0

		Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other	
Practice	1%	0	0	0	0	1%	0	0	0	0	
PRG	0	0	0	0	0	0		0	0	0	

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:

Ethnic Background taken from held records (Although Ethnicity has not been recorded for all patients)
The PPG is advertised on Posters, On Newsletters, You can apply via the web site. The Practice Manager will also periodically sit in the waiting room and discuss possible participation with patients.

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? NO
If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:

2. Review of patient feedback

Outline the sources of feedback that were reviewed during the year:

A Patient survey was undertaken. The survey was constructed from questions devised by the Patient Group and captured by electronic means in conjunction with the University of Exeter Research Department. (Copy of results will be posted with this template.)

How frequently were these reviewed with the PRG? In Two PPG Meetings. One to discuss the results and review last years action plan, One to come up with an an action plan for the coming year.

3. Action plan priority areas and implementation

Priority area 1 Description of priority area: To Replace the 0844 number with a local number What actions were taken to address the priority? Practice approached the Phone company and switched the telephony to a BT Line Result of actions and impact on patients and carers (including how publicised): Immediate Cessation in patients Grumbling and complaining about having to pay for calls. Publicised by poster/ telephone recorded message and flyers

Priority area 2

Description of priority area: To Promote the Use and advertising of Electronic booking and prescription requests.

What actions were taken to address the priority?

Flyers on patient waiting area seats, Posters, Word of mouth, Newsletters. Text Messaging (As yet still to start)

Also Advertised on Practice web site and Practice Leaflet

Result of actions and impact on patients and carers (including how publicised):

Gradual increase in patients using the system

Increase in patients booking on line 45.02% up from 12% in the 1st Quarter

Increase in repeat prescription Requests 425 up from 184

Increase in Active on line patients 44.58% from 36.44%

Publicised in this report and newsletters at reception.

Priority area 3

Description of priority area: To Increase Awareness and advertising of Extended hours surgeries – Tues evening, Thursday evening. Early start Weds morning, Thurs morning (Tamerton Surgery)

What actions were taken to address the priority?

Flyers on patient waiting area seats, Posters, Word of mouth, Newsletters.

Also Advertised on Practice web site and Practice Leaflet

Result of actions and impact on patients and carers (including how publicised):

These appointments have always been popular amongst our patients yet survey feedback still has comments about after work/school appointments

Extended Hours Surgeries being fully booked allowing access to our patient outside of traditional surgery hours.

Publicised in this report and newsletters at reception

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):

Action Plan 2014/2015

- 1 Complete the construction of the outside canopy for the use of invalid carriage users. (To park under during inclement weather) Achieved Canopy built
- 2 Liaise with Telephone Company to revert 0844 number to local number. Achieved telephone now BT line 01752 705090
- 3 Publish reception telephone answering times. Achieved Displayed both main waiting area and waiting area 2
- 4. Consider Flexibility in 4 week advance booking. Partially achieved. 5 weeks can be booked on GPs orders
- 5. Explore if LED board in waiting Room can interact with clinical system and display GP waiting times. Not achieved although preliminary discussions have taken place with software supplier.
- 6.To further advertise Internet services Achieved figures up slightly but will need more work.
- 7.To contact Derriford and explore how the use land line messages to remind patients of appointments. Not Achieved Although land line reminder messages are used for certain clinics.
- 8. Possibility of voluntary Concierge service to aid patients attending Surgery. Not Achieved due to lack of willing volunteers

PPG Sign Off 4.

Report signed off by PPG: YES/NO

Date of sign off: Shahin 50/03/15

How has the practice engaged with the PPG:

How has the practice made efforts to engage with seldom heard groups in the practice population?

Has the practice received patient and carer feedback from a variety of sources?

Was the PPG involved in the agreement of priority areas and the resulting action plan?

How has the service offered to patients and carers improved as a result of the implementation of the action plan?

Do you have any other comments about the PPG or practice in relation to this area of work?

The Practice strives to engage patients in many ways. The Patient Group is advertised on the web site, In the Practice Leaflet and via posters. The Practice Manager will periodically sit in the waiting area and engage patients and attempts to recruit a variety of patients. At 13 members the group feels big enough to represent feed back without becoming to large and unwieldy. New members are always welcome to join.

Patient and carer feed back is received via word of mouth, Patient complaints and suggestions, Patient Group feedback and feed back to patient group by other patients and primarily from the annual PPG satisfaction survey (This year assisted by the University of Exeter). Also the results of the national MORI poll.

The PPG devised the questions for this years patient satisfaction survey and it was incorporated into a research study that was being run by the University of Exeter. This allowed the practice to dispense with paper surveys and patients could answer the questions via tablet devices within the waiting area. The feed back was monthly allowing real time intervention as areas were highlighted. (Copy of final results available on website)

Services offered are considered to be improved. The main dissatisfaction with the practice seemed to be with the 0844 number and this has been replaced by a local line. Through out the real time feed back the number of grumbles about the telephone line goes from numerous to nil.

The canopy is popular amongst invalid carriage users during inclement weather.

Uptake of electronic services and extended hours surgeries is slowly on the rise although more work is needed in these areas.

There is an increase in the use of text reminders and voice message reminders although this seems to have had no real impact in numbers of patients failing to attend appointments.

Publishing telephone answering response times has produced an interesting debate. As a result Reception rotas are being investigated and reorganised into a shift system. It has also identified understaffing and a recruitment process is about to be undertaken. Highest telephone activity in one day 612 calls

The PPG is very valued by the surgery an we are grateful for those patients who give up their valuable time to be part of the process.