

Standard Reporting Template

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

Practice Name: Rosmellyn Surgery

Practice Code: Y01050



Signed on behalf of practice:

Date: 10th March 2015

Signed on behalf of PPG:

Date:

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

Does the Practice have a PPG? YES /NO
Method of engagement with PPG: Face to face, Email, Other (please specify)
Number of members of PPG: 12

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	50	50
PRG	30	70

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	20	11	10	13	15	13	10	8
PRG	0	0	0	0	NK	NK	NK	NK

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	White &black African	White &Asian	Other mixed
Practice								
PRG								

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

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:

We have continually advertised to encourage patients to join the group via email, newsletter, word of mouth, recruiting complainants and by whole patient list mail-shot. Unfortunately, all this effort has not resulted in a good cross-section; we had a young mother who resigned after a year, a wheel-chair bound gentlemen who has resigned and two other members who found themselves unable to continue. We continue to look for new members, one of whom has joined this month. We do not have a complete data set for our population by ethnic origin, but it is fair to say that by far the majority of people registered with us are of White British origin which reflects the local population. The age mix shown is correct according to the latest statistics available (2013) and all PRG members, without being specific, are over the age of 45.

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

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:

We have conducted 3 separate surveys of patients attending this year, all of which have included what is now the FFT. We continue to run the FFT. The results have been reviewed with the PRG at each meeting. Subjects covered included: FFT, access, general satisfaction, satisfaction with consultation and satisfaction with staff.

How frequently were these reviewed with the PRG?

At each PRG meeting, generally 3 monthly.

3. Action plan priority areas and implementation

Priority area 1
<p data-bbox="203 387 589 419">Description of priority area:</p> <p data-bbox="203 459 470 491">Telephone Access</p>
<p data-bbox="203 611 887 643">What actions were taken to address the priority?</p> <p data-bbox="203 683 2047 866">We conducted a second survey of patients attending (almost exclusively, appointments are booked via the telephone), to verify the national survey results. The local survey gave overwhelming feedback that the time taken to answer calls, to call back where appropriate, and to offer an appointment where required, were all satisfactory or better. Questions in the survey covered: ease of getting through, telephone consultation, and a question asking how previous changes had affected access.</p>
<p data-bbox="203 1058 1312 1090">Result of actions and impact on patients and carers (including how publicised):</p> <p data-bbox="203 1129 1570 1161">We did not take any further action on this as the PPG agreed that the results did not merit action.</p>

Priority area 2

Description of priority area:

Quality of service

What actions were taken to address the priority?

We decided to investigate how people felt they were treated when attending the surgery and conducted a survey asking about the welcome on arrival, whether we listen to patients carefully, if we discussed care options, managed care effectively and a question on general satisfaction.

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

Again, the responses were overwhelmingly favourable and demanded no restorative action. However, we also started to encourage patients to place feedback on the NHS Choices website. Results promulgated in the waiting room.

Priority area 3

Description of priority area:

Explaining decisions to patients

What actions were taken to address the priority?

We learned from a small number of patients in a survey that they did not feel that the allocation of care (to a nurse or specific doctor) when not their first choice, was always fully explained. We have tried hard to encourage that this is discussed appropriately with patients during their telephone consultation.

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

We intend to re-survey this specific question in the new financial year as the current FFT questionnaire already places a burden on patients which we find is unwelcome.

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):

We have been pleased with previous year's responses to surveys, which, on the whole, have given above national average scores and shown no specific weak areas. Nevertheless, we have agreed with the PRG that the least strong areas would be useful to look at and so we have concentrated on trying to get feedback on which to build. These areas centred around the ability of patients to contact us and the dislike of a small number to our Duty Doctor system.

In fact, the surveys which focussed on telephone access all gave us good feedback that the system was working well – there was virtually no negative comment in our local surveys.

The area that keeps coming up is that of our Duty Doctor system; the very few negative comments almost all focus on this. In essence, we have a system whereby a patient who either insists on needing to see a doctor, or who will not help the receptionist field their needs or requests, and who is not asking for a pre-organised follow up appointment, is put on the Duty Doctor list for a call back.. The return calls by the GP are normally within an hour, and more often within half an hour. At times, patients get a call even quicker. The advantages of this system affect everyone concerned: clinical need is targeted accurately to the best clinical resource, therefore, doctors and nurses get accurately focussed clinics; patients often do not need to attend surgery or, if they do, have a clear plan of action for when they come in and, where bloods or other tests are needed, these are conducted in an appropriate order (this results in fewer trips to the surgery for patients); finally, but not least, receptionists are far better placed to manage calls and receive much less stress.

Having reviewed the survey comments (which are few and far between) the PRG continue to endorse our system as fair, effective and innovative, and strongly support us continuing. We remain open-minded and flexible to further evolution of the system, but it will remain in place as a very strong tool for accurate and effective allocation of resource to need.

4. PPG Sign Off

Report signed off by PPG: YES/NO

Date of sign off: 10th March 2015

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?

We meet physically 3 or 4 times a year as a group.

We offer a comprehensive website, messages on prescription slips, periodic (normally 2 or 3 a year) newsletters.

Our feedback from new patients especially is positive, and we have significant numbers of patients from vulnerable groups because, we are told, we have a reputation for looking after them well. Our new Sainsbury's Branch Surgery, a joint venture with Sunnyside and Alverton surgeries, offers more choice to patients and is proving popular.