Practice Name: The London Road Surgery

Practice Code: F81041

Practice website address: **www.thelondonroadsurgery.co.uk**

Signed on behalf of practice: Cally Hayes Date:26th March 2015

Signed on behalf of PPG: Virtual Group therefore signature not possible

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

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| Does the Practice have a PPG? YES |
| Method of engagement with PPG: Email |
| Number of members of PPG: 384 |
| Detail the gender mix of practice population and PPG:

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| --- | --- | --- |
| % | Male  | Female  |
| Practice | 49% | 51% |
| PRG | 44% | 56.5% |

 | Detail of age mix of practice population and PPG:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 |
| Practice | 16% | 8.13% | 11.46% | 11.18% | 14.52% | 12.55% | 13.87% | 12.06% |
| PRG | 0 | 0 | 0.3% | 1.6% | 4.9% | 7.3% | 36.7% | 49.2% |

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| Detail the ethnic background of your practice population and PRG: We have many patients who do not wish for their ethnicity to be recorded; therefore these results reflect those who do and therefore should not be considered a true reflection of our population or indeed that of the PRG.Those with record of ethnicity: Whole Practice = 30.7%; PRG = 61.2%

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|  | White | Mixed/ multiple ethnic groups |
|  | British | Irish | Gypsy or Irish traveller | Other white | White &black Caribbean | White &black African | White &Asian | Other mixed |
| Practice  | 1369 | 17 | 8 | 17 | 8 | 13 | 13 | 70 |
| PRG |  | 23 |  | 98 | 9 | 11 | 11 | 11 |

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|  | Asian/Asian British | Black/African/Caribbean/Black British | Other |
|  | Indian | Pakistani | Bangladeshi | Chinese | Other Asian | African | Caribbean | Other Black | Arab | Any other |
| Practice | 19 | 14 | 6 | 7 | 32 | 26 | 1 | 11 | 0 | 74 |
| PRG | 13 | 5 | 4 | 8 | 20 | 26 | 9 | 3 | 0 | 3 |

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| 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 do not discriminate with regards to recruitment to the practice PRG.****Posters are displayed in the surgery for all patients to see and to request to join the group.****Messages are added to prescriptions to ask for members.****Information is posted to all newly registered patients offering them the opportunity to join the group.** |
| 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 – although we are often told we have a large number of nursing home patients although in comparison to other local practices this is not the case.If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:n/a |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:Emails from the patients groupComments and compliment received from ANY patientFriends and Family TestIPSOS MORI NHS SurveyGP Appraisal responsesComplaints |
| How frequently were these reviewed with the PRG?Annually and on request |

1. Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area:Difficulty in getting an appointment; differing means of booking appointments to increase access |
| What actions were taken to address the priority?Text messages sent regarding online accessNew telephone hold messaging alerting patients to availability of online bookingAdvertising of online services on our websiteIn house publicising of online servicesAddition of online application forms with every new patient registrationWe are in the trial implementation stage of adopting WEBGP which is an additional facility to reduce the need for a face to face appointment. |
| Result of actions and impact on patients and carers (including how publicised):Online access has increased in 2014/15 from 6.5% to 15.7%This has enabled more patients’ access to booking appointments without the need to come to practice or phone in. |

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| Priority area 2 |
| Description of priority area:Appointment availability/telephone consultations |
| What actions were taken to address the priority?a) A new phone provider and system to be selected and installed in line with previous plans.Done; BT Mitel system installed with North Supply contracted to provide the recording facility. b)Implement the use of telephone consultation appointmentsDone;Criteria developed by Partners for patients to have telephone consults and this has been implemented these are for use for NON ACUTE issues and mainly used for reviews. They acan also be used for giving out of results.We will continue to monitor and develop. |
| Result of actions and impact on patients and carers (including how publicised):Increased appointment availability as patients who do not require a face to face appointment can be reviewed over the phone thus leaving more appointments available for those who do need face to face review.This has been advertised in house; the slots are only open to those who are clinically appropriate and therefore mass advertising was not deemed appropriate. |

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| Priority area 3 |
| Description of priority area:Booking an appointment; appointment availability; Help increase availability by reducing DNA' s |
| What actions were taken to address the priority?1) New phone system to monitor and reduce traffic.2) Reduce DNA’s by increasing text updates/reminders and therefore increasing text enablement through prescription messages, advert on phone system, advert on line and promotion by reception3) Policy implemented whereby we write to repeat offenders with impact of DNA’s |
| Result of actions and impact on patients and carers (including how publicised):Text messaging reminder service in operation but due to poor sign up not utilised as regularly as expected; plan to increase consent and sign up for text messaging. This has now increased to 33.2% of our patients having consented and using text message alerts/reminders. This is a great increase and has been due to the review of the New Patient Questionnaire and a concerted effort by reception to endeavour to request this at each contact. We have now adopted a policy where multiple DNA's in a short period of time, with no warning or contact will result in a letter from the surgery outlining the impact of DNA's.  |

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):

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| --- | --- | --- | --- | --- |
| Booking an Appointment | 1) Ensure rota’s created and agreed and are applied to system every 5 weeks; this allows patients to book 6-8 weeks in advance.2) New Phone System to allow less call traffic ensuring patients can get through to book an appointment3) Increase online access to allow more appointments to be booked in this way | Partners Cally HayesMonitoring by Cally HayesImplementing by ReceptionCally HayesReceptionSecretarial | OngoingOngoingOngoing | 1) Done.Rota’s are always done in this time frame except in exceptional circumstances of staff absence, unplanned sickness etc2) Done.Cally Hayes to continue to monitor and develop as necessary.3) Service is advertised on pour hold feature on the new phone system and on our website.Reception are now tasked with recommending this option to patients at each contact.Added to new patient questionnaireSet prescription messages every 6 months. |
| **Premises** | Premises relocation in development with Basildon Town Council; this is now in progress and we are awaiting a final commissioning and build timeframe | Cally HayesPartnersBasildon Town Council NHS England | Ongoing deadline for build start is June 2015 | Outline plans agreedDetails plan submitted (February 2015)Awaiting planning committee decision |

1. PPG Sign Off

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| Report signed off by PPG: YES/NODate 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?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? |