London Region North Central & East Area Team

Complete and return to: [england.lon-ne-claims@nhs.net](mailto:england.lon-ne-claims@nhs.net) no later than 31 March 2015

Practice Name: The Greenwood Practice

Practice Code: F82007

Signed on behalf of practice: Dr. John Lee Date: 30th March 2015

Signed on behalf of PRG: Via e-mail with PRG members Date: 30th March 2015

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

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| Does the Practice have a PPG?  **YES - PRG** | |
| Method(s) of engagement with PRG: Face to face, Email, Other (please specify)  **Email** | |
| Number of members of PRG: 99 | |
| Detail the gender mix of practice population and PPG:   |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | 5672 | 5805 | | PRG | 37 | 62 | | Detail of age mix of practice population and PPG:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | | Practice | 1928 | 964 | 1353 | 1354 | 1715 | 1528 | 1381 | 1254 | | PRG | 0 | 2 | 12 | 20 | 17 | 30 | 18 | 0 | |
| 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 | 9675 | 60 | 0 | 397 | 52 | 38 | 50 | 43 | | PRG | 89 | 1 | 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 | 392 | 106 | 9 | 99 | 180 | 223 | 93 | 30 | 0 | 0 | | PRG | 3 | 1 | 0 | 2 | 0 | 3 | 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:   * We advertise for our PRG in the surgery with leaflets in Reception and notices on the Noticeboards. * We have contacted our Nursing/Residential Homes but no patients were interested in joining the group. * Patients giving suggestions and/or complaints are offered the opportunity to join the PRG | |
| 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: | |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:  Patient Survey  FFT  Patient Complaints  Patient Suggestions |
| How frequently were these reviewed with the PRG?  The annual survey questionnaire is shared with the PRG before being given out in the surgery so that they can make suggestions or comments on the contents. The results are shared before publication on our website.  Other information/suggestions/comments are shared as and when necessary |

1. Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area:  Waiting Times to see Doctor of Choice  This is a perpetual problem, although there is a slight improvement in this year’s figures |
| What actions were taken to address the priority?   * Continue to publicise the number of DNA appointments * Encourage patients to be more flexible when choosing a doctor to see * Continue to offer telephone advice at the end of morning surgery * Audit of appointment availability |
| Result of actions and impact on patients and carers (including how publicised):  We are continually monitoring appointment availability.  We are about to start offering appointment booking “on line” and hope this will encourage patients to choose a different doctor.  This will be advertised by a poster in the surgery. |

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| Priority area 2 |
| Description of priority area:  Getting through to the Surgery to Get Appointment  We have limited resources, i.e. staff and phone lines, so patients tend to complain they have difficulty in getting through to the surgery to book an appointment. |
| What actions were taken to address the priority?   * We extended the length of time the line for making appointments is open. * We are about to offer booking “on line”. This will be used by the computer literate and should, therefore, free up the phone lines for those who do not like technology. |
| Result of actions and impact on patients and carers (including how publicised):  We shall publicise on-line services with posters in the surgeries and leaflets in reception.  We shall need to look at this again once the service has been running for a period. Obviously its success will depend on how many patients choose to sign up for the service. |

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| Priority area 3 |
| Description of priority area:  Disabled Access to surgery:  Although there is a Disabled Access to the surgery at both sites, a patient’s carer at Gubbins Lane had complained that he was unable to get his mobility scooter into the building without bumping over the door frame. He suffered with a bone disease and was worried regarding the consequences.  He needed to get into the surgery to collect prescriptions for the patient. |
| What actions were taken to address the priority?  Various options were looked at:   * There was no way to alter the current entrance door frame * We offered to send prescriptions electronically for delivery but this was declined * We investigated the use of a “roll-up” device to cover the ridge in the door-frame, but following risk assessment this was considered to be a greater risk to the remaining patients |
| Result of actions and impact on patients and carers (including how publicised):  We have installed a “wi-fi” bell and have mounted it at waist level on the outside of the building. With this device, the carer, and any other of our patients, can ring the bell and a member of staff will go to the door to provide assistance.  The carer has specifically rung us to express his gratitude and the bell is being used considerably. |

Progress on previous years

Is this the first year your practice has participated in this scheme?

NO

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

**Waiting Time for an Appointment**:

* we have offered appointments with other Healthcare professionals to those who cannot wait
* we offer telephone consultations at the end of morning surgery
* we have tried to educate patients regarding the importance of cancelling appointments, to cut down on DNAs

We feel we have had some success as our survey figures have improved, but the waits still cause concern for some patients

**Opening Hours**

* we continue to publicise our opening hours
* we publicise the hours and phone numbers for the weekend HUB via posters and on our telephone answering machine
* we use the evening HUB for patients requesting emergency appointments

We are perturbed to note that our survey again shows that our patients would like us to open at “weekends” when we do, in fact, open alternative Saturdays. We can only assume that they would like us to open 7 days a week, which is unrealistic.

**Clinical Care**

* no changes were made

We are pleased that our annual survey continues to show that our clinical care is mainly considered very good/excellent.

This is also reflected in comments received on FFTs forms.

However, all complaints are discussed at Practice Meetings to facilitate continual learning.

1. PPG Sign Off

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| Report signed off by PRG: via email  Date of sign off: 30th March 2015 |
| How has the practice engaged with the PRG:  **E-mail**  How has the practice made efforts to engage with seldom heard groups in the practice population?  **By communicating via e-mail, we feel we can include those who cannot get to the surgery**  Has the practice received patient and carer feedback from a variety of sources?  **Yes: PRG, FFT Feedback, Patient Complaints, Patient Suggestions**  Was the PPG involved in the agreement of priority areas and the resulting action plan?  **Yes – PRG were approached before setting survey questions, with setting actions and agreeing this Plan**  How has the service offered to patients and carers improved as a result of the implementation of the action plan?  **We have had some success with access to a doctor of choice but patient demand and expectation is continually growing and is sometimes unrealistic. We will continue to monitor.**  Do you have any other comments about the PPG or practice in relation to this area of work?  **We are grateful to our PRG members for their input and feedback.** |

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