

## Our Patient Participation Group (PPG) Report 2014-15

We are extremely grateful to all members of our PPG group this year for their continuing support of the practice and their feedback. This was especially helpful for our CQC inspection and we would like to say a big thank you from everyone at the practice.

We produce an annual report, which we send to NHS England, publish on our website ([www.574healthcentre.org.uk](http://www.574healthcentre.org.uk)) and display in the waiting areas and email to all our PPG members. NHS England specifies certain things which need to be in the report and these are shown below.

### Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	52	48
PRG	47	53

### Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	21.5	13	16	14	15	14	6	3
PRG	0	5.5	28	28	11	16.5	5.5	5.5

### Detail the ethnic background of the 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	82	32	0	183	12	8	3	43
PRG	3	0	0	4	0	0	0	0

	Asian/Asian British					Black/African/Caribbean/ Black British			Other	
	India n	Pakista ni	Banglade shi	Chine se	Oth er  Asia n	Afric an	Caribbe an	Othe r Black	Ara b	An y oth er
Practi ce	322	62	760	11	200	159	175	35	0	49
PRG	7	0	11	1	3	5	1	0	0	1

### **Steps taken to ensure our PPG represents our practice population**

The group is fairly evenly split male/female with 2 more females than male, we have slightly more males registered at the surgery, but the difference is not great. We were concerned with having an online group that we may exclude some of our older patients, but this has not been the case. It is the younger patients, aged 24 years old and below and the 45-54 year olds who are not as represented as we would like. Some of our PPG (patient participation group) members are parents of children registered at the surgery, so although not explicitly in the numbers, some children are represented.

We have asked all staff to make a special effort with younger patients, to ask them if they would like to join the group, particularly at Chlamydia testing. We now have a new IT system where we can send texts to patients and so we have sent texts asking if any of our patients of these age groups would like join the PPG (250 sent and 2 response so far from the 45-54 year olds, but none from the younger patients). It is also on our website and a poster is displayed in reception. We have met with Olivia Danso from Healthwatch who advised she would look out for any of our patients at the voluntary groups she visits.

The religions of our PPG group are mixed in a way that reflects our practice population, although it must be emphasised that with 38 members, it is a small group.

We are pleased to have a representative of one of our patients who does not speak English as they have previously been unable to give feedback. We are also pleased to have a representative of our patients with severe learning disabilities, who would otherwise not be able to offer their opinion.

We would like to recruit more carers and housebound patients and have asked the district nurses and community matron if they feel any of our patients would be able to join. We have also asked our Primary Care Navigator if she could identify any patients who may be suitable.

We don't routinely collect data about our patient's employment status, so it is difficult to ascertain if our PPG reflects our patient population with regards to employment.

### **Feedback used to identify our priority areas**

We asked our PPG members for their feedback, we looked at the national GP survey; the new Friends & Family test questionnaires and the website [iwantgreatcare.org](http://iwantgreatcare.org); the NHS choices website feedback and the Care Quality Commission (CQC) inspection report.

Below are the 3 areas identified and the actions we have implemented:

1. Action plan priority areas and implementation

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Priority area 1

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**Description of priority area: Premises**

FFT comment identified the surgery as needing painting

CQC identified we should fix the handrail and some of our flooring was starting to bubble up

PPG feedback identified ensuring we have correct equipment & lighting

Timescale- to be completed by the end of February 2015

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**What actions were taken to address the priority?**

Following this we did our own inspection, especially regarding infection control and identified some of the flooring needed re-sealing.

We have now had all areas downstairs, including the toilets, painted. The handrail has been fixed. All the flooring has been resealed.

We are still waiting for the fitters for the flooring that is bubbling to be fixed.

We have reviewed our equipment and lighting, all working and adequate at the present time.

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

Premises are now more appealing to patients and carers and safety improved. Infection control risks lowered.

Response to the FFT comment publicised on the [iwantgreatcare.org](http://iwantgreatcare.org) where the feedback was left

All members of PPG informed by email.

Report displayed in the waiting area and on our website

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## Priority area 2

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### **Description of priority area: Waiting times**

This is building on one of last year's targets to reduce the amount of time patients wait for appointments. We did not ask for any comments regarding this on FFT, but 8 people spontaneously left comments- 4 saying how much waiting times had improved and 4 saying they waited too long.

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### **What actions were taken to address the priority?**

We now offer book on the day appointments from 1-2pm and 6-7pm as well as book in advance appointments.

The new IT system makes it much easier to book longer appointments so we use this more often for more complex patients.

We offer telephone consultations much more often, especially for blood test results.

We try to leave more gaps between appointments in case patients overrun.

Our new IT system sends patients a text to confirm and remind them of their appointment and this helps with patients knowledge of when their appointment is and what time to attend.

There will be times when an emergency does mean appointments over run and reception make a special effort to inform patients of this

Timescale- March 31<sup>st</sup> 2015, also on-going

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

Reduced waiting times improves the patient/ practice relationship and ensures patients are treated promptly.

All members of PPG informed by email.

Report displayed in the waiting area and on our website

We plan to start to ask about waiting times on the FFT in June 2015, once the FFT has become more normalised.

We are adjusting our new IT system so that it is able to give us an accurate report of our waiting times (currently telephone consultations are counted, so the results are not accurate)

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## Priority area 3

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**Description of priority area: IT**

We have a new IT system which enables texts to patients, online booking of appointments and repeat prescription requests, patients can email the surgery, fill out questionnaires online and this year we hope to start EPS2.

This is a change to our way of working and uptake has been quite slow so far

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**What actions were taken to address the priority?**

We have asked PPG members for any opinions.

Posters are displayed in the waiting areas.

Reception and staff are asking patients if they would like to use these services.

We have started to use the text service.

We are awaiting the CCG to get back to us regarding the EPS2

Timescale- March 31<sup>st</sup> 2015 and on-going

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

More use of online appointment booking and prescription requests should help patients to be able to access this service at any time, including when the surgery is closed.

Posters in waiting room, information and links on the website, all PPG members emailed

**Progress made on issues raised last year:**

Issues raised last year were waiting times, Dr Krishna receiving phone calls during consultations and the benefits of using emails to patients.

We have included waiting times in this year's priorities too. When we analysed our waiting time data on our old IT system, they had substantially improved, but we wanted to continue to try and improve further. That 4 patients with no prompting also commented on FFT that they had improved was great news, unfortunately 4 people also commented that they were waiting too long.

Apart from emergencies or urgent medical issues, no patient should be disturbed by phone calls during their consultation any more as we now have dedicated telephone appointment slots in which patients ring and ask for a call back. These have proved very popular with between 5-11 booked most days.

We are still building on the priority to have access to email. All patients can email the surgery through the website and a number of patients do email the nurse and doctor for medical and administrative purposes, but the number could be increased and again we are hoping to build on that this year.