Patient Participation Enhanced Service 2014/15 Annex D: Standard Reporting Template

London Region North Central & East Area Team

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

Practice Name: Upminster Bridge Surgery

Practice Code: F8262

Signed on behalf of practice: Kay O'Moore

Date: 31.03.2015

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														
Metho	od(s) of engagem	ent with PPG: Fac	e to face, Email, Other (pl	leas	e specify) Em	ail								
Number of members of PPG:89														
Detail the gender mix of practice population and PPG:					Detail of age mix of practice population and PPG:									
	%	Male	Female		%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	
	Practice	48%	52%		Practice	16.5	9	12	12.5	13.5	13	11	10	
	PRG	38%	62%		PRG	0	14.5	16	11	18	16	20	4.5	

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			White		Mixed/ multiple ethnic groups					
	British	sh Irish Gypsy or Irish Other		Other	White &black	White &black	/hite &black White			
			traveller	white	Caribbean	African	&Asian	mixed		
Practice	82%	1%	0	3%	0.16%	0.05%	0.08%	0		
PRG	77.5%	4.5%	0	4.5%	1%	1%	2.5%	0		

		Asia	an/Asian British	Black/Africa	Other					
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	1.3%	0.19%	0.05%	0.4%	0	1%	0	0	0	
PRG	4.5%	2.5%	0	1%	0	2.5%	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 asked patients if they want to join the PRG, we explained that this would be an online group. We asked them if they would be happy to received emails from the practice and give opinions on subjects relating to the practice.

We asked patients for their email addresses. We do not include under 16s as we felt this was going against taught cyber safety.

If we undertake a survey we also hand out paper copies, as some of our patient's do not use email. We also display information in the surgery and produce a newsletter for this 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

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: Friend and family test, patient comments, and GP MORI Survey

How frequently were these reviewed with the PRG? Bi-annually

3. Action plan priority areas and implementation

Priority area 1

Description of priority area: Appointment access

It is always our priority to provide suitable appointment availability. Feedback from surveys and patient comment are good and we strive to continue with this good feedback. During this past year we have seen two local practice closed, this cause a sudden major increase in our practice list size. This caused appointment availability issues. We didn't however have available consulting room to increase our GP capacity initially.

What actions were taken to address the priority?

We relocated the medical records to a secure store cupboard within the building. This freed the old medical records room to be converted into a consulting room.

The whole clinical area was redesigned to provide additional rooms. This took place during the summer and autumn.

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

This has allowed the practice to provide additional GP services and thus allow patient access to develop. We now have more GP appointments and better working consulting rooms.

This development also allows us to have 4 clinicians working together, where previously we could only have 2 clinicians working at the same time.

Notices were displayed within the practice and it was discussed with patients when they visited the practice. Information about additional doctor's is also available on our website.

Priority area 2

Description of priority area: Telephone access

This was an area of criticism in previous patient feedback. Patient often stated that they had issues with contacting the practice via telephone to make appointments etc.

What actions were taken to address the priority?

We researched more advance telephone systems. The system we chose is a BT system. This system is digitalised and allows callers to queue rather than just hear an engaged tone and also allows more than one person to ring out at a time. The system also broadcasts a message whilst people are waiting. The new system also allowed us to keep our normal telephone number and we did not need to move to other numbers such as 0800 or 0845

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

The system now means the phones are answered more quickly and there is less delay. It is much easier to call out so results of tests or referrals to on call physicians or surgeons can be made more easily and quickly. The service was advised by surgery posters and on the practice website.

Priority area 3

Description of priority area:

IT Improvements. Over the past year our computer system had started to slow down and was less efficient, especially during the patient consultations and also when doing searches for clinical audit purposes or drug usage surveys reviews or searches.

What actions were taken to address the priority?

The practice approached our local IT management department and advised them of the problem. As a result of this the local IT management department upgraded our server and other pieces of practice hardware and also upgraded our software to the Microsoft 7 operating system. As a result of this the computers work more quickly and it also allowed us to upgrade the EMIS web software. This means consultations are conducted more efficiently and also audits and searches can be done in a timelier manner. All the practice staff, both clinical and non-clinical also received IT training in the local CCG IT training suite.

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

This allows consultations to be done more effectively, and generally means a more effective and seamless service can be offered to patients and carers.

Progress on previous years

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

<mark>NO</mark>

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

Telephone access, it has taken us a while to resolve this issue as we didn't want to move to a 0800 or 0845 number. Patient's had been quite clear that they would rather keep the old system then be charged more for a call. We finially have been able to find a system that meets all requirements.

Patient's having somewhere to discuss matters privately with the reception staff if they requested too. We always had a facility but we became aware that not many patient realised it was available. So we displayed a poster explaining that if someone wants to speak in private, a more private place away from reception was available. During out recent alterations to the surgery, we have managed to maintain an area for this purpose.

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4. PPG Sign Off

Report signed off by PPG:

NO

Date of sign off: it was emailed on 31st March 2015

How has the practice engaged with the PPG: via email and poster displays in the practice.

How has the practice made efforts to engage with seldom heard groups in the practice population? We have tried to encourage a wide number of patient to join the PPG. But have also remembered that not everyone is email users, so have made available information with in the practice.

Has the practice received patient and carer feedback from a variety of sources? Not as much feedback as we would like has been received, More recently, Friends and family test has provided so very positive written comments.

Was the PPG involved in the agreement of priority areas and the resulting action plan? Not really as the practice identified the problems, such appointment availability, through capacity planning. The telephone had been extensively put to the PPG and patient opinion gained through surveys in the past.

How has the service offered to patients and carers improved as a result of the implementation of the action plan? This has allowed the practice to provide additional GP services and thus allow patient access to develop. We now have more GP appointments and better working consulting rooms. Patient can now access the practice via telephone better.

Do you have any other comments about the PPG or practice in relation to this area of work? It is difficult to engage with patients, when so many surveys from different NHS sources are being requested of them.

This report can be viewed on the practice website:

www.upminsterbridgesurgery@nhs.ukfgv

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