***Quayside Medical Practice***

**Standard Reporting Template – Patient Participation DES 2014/15**

**Surrey & Sussex Area Team**

Practice Name - Quayside Medical Practice

Practice Code – G81016

Signed on behalf of practice: Karen Ford Date: 18.3.15

Signed on behalf of PPG: Dr Alex Tait (Patient / PPG Chair) Date: 30.3.15

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

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| Does the Practice have a PPG? YES / NO | Yes |
| Method of engagement with PPG: Face to face, Email, Other (please specify) | Face to face and email |
| Number of members of PPG: | 18 |

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| Detail the gender mix of practice, population and PPG: | Detail of age mix of practice population and PPG: |
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| --- | --- | --- |
| % | Male | Female |
| Practice |  49.6 | 50.4  |
| PPG |  30 |  70 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | >75 |
| Practice |  19.3 |  9.5 | 13.2  | 11.7  | 14.5  | 12.5  | 10.7  | 8.6  |
| PPG |  0 | 0  | 0  |  10 |  10 |  20 |  40 |  20 |

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| Detail the ethnic background of your practice population and PPG: |
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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 |  88.5 |  0.7 | 0  | 6.1 | 0.7  | 0.5  | 0.5  | 0.6  |
| PPG |  100 |  0 | 0  | 0  | 0  | 0  | 0  | 0  |

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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 |  0.3 | 0.2  | 0.2  | 0.3  | 0.5  | 0.4  | 0.1  | 0.1  | 0  | 0.3  |
| PPG |   |   |   |   |   |   |   |   |   |   |

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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: |
| The practice PPG was established in July 2011 following a rigorous recruitment campaign which aimed to recruit a membership fully representative of the practice population. Although some founding members of the group have since resigned for a variety of reasons, including moving outside of the practice catchment area, the group has welcomed new members, which has served to broaden the patient demographic. Any member of the group who feels they are no longer able to commit to attending meetings regularly has the opportunity to remain on the agenda / minutes circulation list and contribute virtually.Members of the group range in age from 35 to 83 years, 70% of who are female. The demographic provides representation for patients with long term chronic conditions, disabilities, carers, mature citizens and young families. The group nevertheless remains committed to widening the membership and in particular encouraging engagement from the under 30s.  |
| Are there any specific characteristics of your practice population which means that other groups should be included in the PPG? e.g. large student population, significant number of jobseekers, large numbers of nursing homes or a LGBT community? YES/NO |
| No |
| 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: |
| Analysis of free text comments in Patient Survey and monitoring of progress of Patient Survey Action Plan.Standing Agenda item at PPG meetings - Patient Stories; Practice Level and Provider Level.Friends and Family Test Results, in particular free text comments provided in response to open question:“We aim to provide a comprehensive resource of health information via our website, electronic notice board, practice booklet and waiting room displays to help all our patients maintain a healthy lifestyle. Is there additional information that you would find helpful and how would you like to receive it?” |

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| How frequently were these reviewed with the PRG? |
| The PPG has met at quarterly intervals through the year; 11.3.14, 5.6.14, 2.9.14, 4.12.14, 5.3.15. There is a structured agenda for each meeting, with standing items for; **Notes of Previous Meeting** - review of actions agreed previously, **Moving Forward** - to set direction for the PPG and review progress against the agreed Action Plan, including patient feedback, **Practice News** – to provide update on service developments in the practice and review monthly responses to the Friends and Family Test, **Patient Stories** – to receive and discuss feedback on issues and concerns raised at both practice and provider level - where appropriate, provider level concerns are escalated to the High Weald Lewes Havens CCG Quality team.  |

1. Action plan priority areas and implementation

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| **Priority area 1** |
| Description of priority area: |
| Improved phone access, particularly at peak times for booking appointments. |
| What actions were taken to address the priority: |
| A robust review of the administrative rota was undertaken, which included consultation with receptionists who were able to identify key pinch points in call handling capacity across the day. A revised rota was fully implemented by October 2014 which provided for an improved level of cover throughout the day for both front and back desk operation.  |
| Result of actions and impact on patients and carers (including how publicised): |
| The receptionists report a reduced level of expressed patient dissatisfaction of getting through to the surgery over the phone. There have been no formal complaints raised over phone access since the rota change. |

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| **Priority area 2** |
| Description of priority area: |
| Development of on-line access for booking appointments and ordering repeat prescriptions. |
| What actions were taken to address the priority: |
| On-line access was actively promoted by the practice via its website and electronic display board. It was also promoted at flu clinics so as to maximise the opportunity of large captive audiences. The number of registrations was monitored by the practice Clinical Data team on a monthly basis so as to quantify progressive take up. An analysis of the number of appointments booked and repeat prescriptions ordered was undertaken to determine the ratio of registered patients using the system and which functionality. The data set was subsequently reported to the CCG by the Practice Business Manager. |
| Result of actions and impact on patients and carers (including how publicised): |
| The data collection process identified that 12.93% of the practice population had registered for on-line access but only 50.78% of those had activated their accounts. It was noted that the higher rate of usage (3:1) was for ordering repeat prescriptions. It was also noted that although the appointment slots set aside for on-line access were not routinely being fully accessed, they were nevertheless being fully used to provide same day appointments over the phone / face to face. It was therefore agreed to continue with the same mix of appointment slots whilst the number of activated users increased and for spread of usage to remain under review. On-line access continues to be actively promoted by the practice via its website and electronic display board. |

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| **Priority area 3** |
| Description of priority area: |
| Improved access to same day appointments, particularly those requested by patients as urgent. |
| What actions were taken to address the priority: |
| A robust review of the process for providing same day appointments was undertaken, which included consultation with both receptionists and doctors. Receptionists highlighted the challenges of managing requests from patients for an “urgent” appointment, in particular the clinical appropriateness of the request. Doctors highlighted the need to ensure that all appointments allocated on an “urgent” basis were clinically appropriate so as to manage patient demand on a clinical need basis and ensure equality of access for all patients.  |
| Result of actions and impact on patients and carers (including how publicised): |
| The protocol for allocating appointments was updated to provide receptionists with a script to support them with non-clinical triage of requests and parameters for adding patients to the daily Urgent List. The allocation of appointments within the Duty Doctor’s surgery was adjusted to provide greater capacity and to ensure that any patient who needed to be seen clinically on the same day would be. Patients continue to have the opportunity to access a same day appointment if they express their need is urgent. |

**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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| Free text |
| Since forming, the PPG has contributed directly to the quality of care the practice delivers by:* Designing the Patient Survey, analysing the results and making service recommendations based on these results
* Recommending the implementation of name badges for all members of the reception team
* Recommending that the front doors open at 8.25 am to enable patients’ appointments to start on time
* Recommending improved communication of late running times during surgeries
* Reviewing the contents of the practice website and electronic notice board in the waiting room
* Providing a representative to attend the Lewes Havens Locality Patient Participation Forum
* Providing representatives to attend health forums and sundry patient engagement events, including the commissioning of new local services
* Maintaining standing agenda items for all meetings to ensure the PPG continues to move forward
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1. **PPG Sign Off**

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| Report signed off by PPG: YES / NO | Yes |
| Date of sign off:  | 30.3.15 |
| How has the practice engaged with the PPG: | The practice promotes the PPG on its website and on the electronic display board in the waiting room. Additionally, the dates of all meetings are published and the notes of all meetings made available on both. The Practice Business Manager provides administrative support to the PPG and routinely attends all meetings as well as a Clinical Partner of the practice. The Practice Business Manager liaises with the Chair of the PPG over drafting of the agenda for each meeting and review of actions taken from the previous meeting. Patient stories received by either the Chair or Practice Business Manager are collated and tabled as a standing item on each agenda.  |
| How has the practice made efforts to engage with seldom heard groups in the practice population? | Promoting the PPG at flu clinics. Encouraging patients who raise concerns, particularly if they are from minority / seldom heard groups, to become involved with the PPG either by attending meetings or virtually. |
| Has the practice received patient and carer feedback from a variety of sources? | The PPG membership includes both patients and carers.  |
| Was the PPG involved in the agreement of priority area and the resulting action plan? | Yes |
| How has the service offered to patients and carers improved as a result of the implementation of the action plan? | Over the past year the practice has successfully introduced SMS texting to reduce missed appointments, an upgraded booking in machine, on- line access for appointments and repeat prescriptions and increased call handling capacity during peak hours, all of which have improved accessibility to both appointments and reception services in general. |
| Do you have any other comments about the PPG or practice in relation to this area of work? | The PPG recognises the need to explore other ways of promoting the group and engaging with a broader demographic of the practice’s population. In so doing it aims to become more representative of patient need by recruiting a wider membership. The PPG acknowledges the support it receives from the practice and its commitment to respond to patient feedback and drive delivery of high quality patient care. |