

Croydon CCG Area Team

2014/15 Patient Participation Report

Practice Name: Eversley Medical Centre

Practice Code: H83020

Signed on behalf of practice:

Signed on behalf of PPG: 

Date:

Date: 27.3.15.

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

Does the Practice have a PPG? YES / NO: YES

Method of engagement with PPG: Face to face, Email, Other (please specify): Face to face meetings and email

Number of members of PPG: 67 as at March 2015

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	5324	5500
PPG	70.14	29.85

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	25-54	55-64	65-74	>75
Practice	23	11	18	15	14	9	6	4
PPG	0	6	12	13	18	24	18	9

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	10%	1%	0	10%	2%	1%	1%	1%
PPG	28%	4%		16%	3%			

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any Other
Practice	4%	1%	1%	1%	4%	7%	6%	2%	2%	1%
PPG	9%	6%			9%	6%	10%			

	Not stated
Practice	
PPG	7%

Please note these may not add up to 100 due to rounding up/down

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:

As a practice with an already ethnically diverse patient population, we considered that the main challenge for the practice would be to significantly increase the PPG membership overall. However we also took steps to target specific patient groups which we considered to be underrepresented. For example mothers with young children were specifically identified in the hope that their membership of the PPG would put forward views and opinions on how our services are meeting the needs of children and young families. Our front line staff (nurses, receptionists and doctors) as key stakeholders in this initiative were tasked with opportunistically informing patients about our PPG and its benefits to them and to the practice. The measures taken to increase membership particularly for underrepresented groups are detailed below:

- The nursing team were asked to encourage PPG sign –up when children were brought for routine immunisations, they were given special invitations, and posters were placed in the nurses waiting area
- The reception team were made aware of the particular need to engage with younger patients, carers and those not in the British ethnic group
- Patients new to the surgery are given information about the PPG and given the opportunity to join on registration with the practice
- Patients expressing dissatisfaction with any aspect of the service are made aware of the PPG and how the group could help to discuss issues and influence change in a positive and constructive manner

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: N/A

2. Review of patient feedback

Outline the sources of feedback that were reviewed during the year:

Sources of feedback which have been discussed specifically or have contributed to discussion in PPG meetings include: Patient Surveys carried out in Spring and Autumn 2014; priorities set by PPG in September 2014, complaints; the Suggestions Box; verbal comments made to surgery staff; Friends and Family Test

How frequently were these reviewed with the PPG?

The first PPG meeting of the year was September 2014, then November and December. PPG meeting attendees then agreed to meet every other month, with the most recent being February 2015 and the next scheduled for April 2015.

3. Action plan priority areas and implementation

Other feedback received from the sources cited earlier gave us a list of the main possible areas important to our patients. PPG members attending the meeting in September were asked to rank these in order of priority, and from these we identified the three main priority areas. A survey was devised, based on these three subjects.

Description of priority area: the Appointment System

What actions were taken to address the priority?

From the survey results overall satisfaction was good, with 48% stating they could see the GP of their choice on the same day and a further 6% the following day. However satisfaction ratings for this were a surprise to the PPG members, who generally agreed it was hard to see this as anything other than excellent, but only 29% of respondents selected this rating. It seems clear that patients' expectations vary widely and that is something which can be hard to address. In response to patient feedback we had a few months earlier changed the appointment system to allow a limited number of pre-booked appointments with each GP again. This was being well received and PPG members thought it a positive step. Some PPG members were not aware of this, or unclear of what options they had if they could not see their GP of choice straight away. We know that changes can often take a while to be felt, but communicating them well is key too.

Also, PPG members were told online booking of appointments would be coming in the next few months – again this was well received.

PPG members felt strongly about the number of wasted appointments and there will probably be further discussion on this. In the meantime they requested we reinstate the notices giving the number of appointments not attended.

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

Reception staff are trained to always fully explain the appointment system to patients, make sure they go through all the options and never assume that the patient knows our procedures or what to do next. If we cannot give an appointment with their GP of choice, patients are offered an appointment with another GP or a telephone consultation with either their GP of choice or the Duty

Doctor. Patients are not routinely asked to call back later, or another day, unless it is their preference. As a result, patients are able to see or speak with a GP the same day if they have an urgent problem. If after a phone consultation the doctor feels they need to see the patient, we have appointments set aside. This means we have greatly reduced the number of patients having to wait until after surgery for an emergency appointment.

Online appointment booking will be with us in the next few weeks.

Notices about wasted appointments have been reinstated. There are also notices about the new appointment system in the surgery, on our website and our Newsletter.

Description of priority area: Ability to see the GP of your choice

What actions were taken to address the priority?

To some extent this is very much linked with the Appointment System, and so some of the actions for us are the same: to make sure everyone is aware of their options and that everyone has the same, positive experience from when they first contact the surgery until they leave. If a patient cannot see their GP of choice they can see another GP or have a telephone consultation with their GP or another GP and staff know to offer and explain this.

Sometimes patients can be reluctant to see a different GP for various reasons. Careful questioning from our receptionists can help decide what is best for the patient in each case.

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

Again, the changes were publicised in our Newsletter. Staff training and development is important and the Reception Supervisor is able to provide immediate advice if required.

Description of priority area: Telephone Access

What actions were taken to address the priority?

From the Autumn survey it was clear that experiences varied widely for patients trying to get through on the phone, with similar numbers rating it excellent or very good as those rating it poor or very poor. The majority of delays were first thing in the morning, then from 9.30am -11.00am and third busiest was reported as 2.00pm - 4.00pm. Unfortunately our reporting software which gives more accurate data including, numbers of calls during these periods is unavailable due to certain technical issues. We have more reception staff than ever before: just a few years ago we had two receptionists all day. Now, when fully staffed, we have six people handling calls between 8.30am and 9.00am, then four for the remainder of the morning and three for the rest of the day. In May of this year the practice phone lines will be open and available to patients from 8.00am.

We have changed our phone message to ask non-urgent calls to be made after 11.00am

At the request of the PPG we have changed our lunchtime message too.

Virtual queuing or being notified of your place in the queue was again flagged as desirable by the PPG. This has been under review for a while, and we would very much like to be able to offer the latter, but there could be heavy financial penalties for us to switch providers so still needs consideration.

Online appointment booking (coming soon) should help reduce telephone call volumes.

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

Once we have our IT upgrade we will be able to report on numbers of calls, busy periods and response times, and we will run a poster campaign to show any progress. But until then we have to go by less tangible options. To our staff, it feels much improved. PPG meeting attendees also felt it had improved. Reception are getting hardly any verbal comments about long waiting times: in fact it is more likely to be the opposite, and patients are surprised at how quickly their call has been answered.

Of course there are still times when we get delays. Sometimes it is staff shortages, or staff dealing with emergency situations.

Sometimes it can be IT or technical problems, and sometimes it just gets really busy, really quickly. But, good telephone access is our aim and it will always be under review.

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):

One way we have progressed is regarding membership numbers and sustained interest. In the past we struggled to increase membership numbers and although patients signed up, many did not respond to further contact. So, many of the issues we looked at in previous years were from sources of feedback other than the PPG. This year we had a concentrated recruitment drive for a few weeks, as well as the initiatives described earlier. Happily the membership increased significantly as a result. Some members still do not interact actively, others contribute by email only, either because of preference or other commitments. However we now also have an established group which is meeting regularly. Every one of these members is making a valuable contribution to the Practice.

The issue of telephone access and appointments have unfortunately been recurring themes over the years and the practice has made efforts to address these problems, first of all by recruiting more reception staff. We now have 4 receptionists with an additional 2 members of staff managing the phones in the first hour and usually a minimum of 3 members of staff for the rest of the day. This represents a major change in our working practices and a significant financial investment from the practice.

With regard to our appointment system this remains a challenge for our practice and we have taken the decision to continually keep this under review. We hope that this approach will enable us to respond quickly to the changing needs of our practice population. In 2013 we introduced same day appointments, reserving a small amount for patients who needed to book appointments in advance. Further feedback from our patients indicated that this system was not satisfactory. We have taken this on board and now offer a range of appointments, some bookable on the day as well as in advance. We also offer telephone consultations with a GP on the same day. In April we intend to offer a certain amount of appointments bookable on line.

Our PPG identified communication as an area where improvement could be made. We have as a practice reflected on how we provide information and acknowledge that any work in this area should be focused on ensuring that we communicate in a timely, effective manner and not on the quantity of information provided. We also recognise the need to ensure that key messages are not lost in the volume of available information and that we communicate with the target patient group in a manner which suits their specific needs.

4. PPG Sign Off

Report signed off by PPG: YES/~~NO~~

Date of sign off: S. Anwaruljil - 27.3.15

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?

I have read report and agree with with everything that has been stated.

