

Coleridge Medical Centre
Dr Dilley & Partners

Patient Participation DES - Local Participation Report

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The Practice Report

The local participation report, produced at the end of each financial year, concludes the activity undertaken in the year to engage with a patient participation group (PPG), seek the views from practice patients through a survey and analyse the results and produce an action plan.

The following questions must be answered as part of the requirements of the PPG direct enhanced service

A description of the profile of the members of the PPG.

The current group has eleven members and includes working and retired patients, students, parents and carers (including a parent carer).

Ethnicity	Age	M/F
White British	Over 74	female
White British	45-54	female
White British	55-64	male
White British	45-54	male
White British	45-54	male
White British	35-44	female
White British	Under 20	female
White British	Under 20	female
White British	Under 20	female
White British	Under 20	female
White British	Under 20	female

The steps taken by the contractor to ensure that the PPG is representative of its registered patients and where a category of patients is not represented, the steps the contractor took in an attempt to engage that category.

The group is representative of a variety of patient groups including those with chronic and long term conditions. However we are aware that ethnic minority groups and men are underrepresented. We will continue to encourage patients from underrepresented groups to join our patient group.

We are currently building a database of patients using our new web site (live from December 2013). The new web site enables online registration to a virtual patient group. As membership of this virtual group grows it should become diverse and more representative than the smaller patient group.

Details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local practice survey

We agreed with the patient group to commission exactly the same survey as the one used in the preceding year, including five practice questions about communication. This gave the PPG group the ability to accurately compare like for like, year on year.

The manner in which the contractor sought to obtain the views of its registered patients

The CFEP survey was distributed to patients when they visited the practice, during a period of 3 weeks during July 2013. Completion of the survey was encouraged by willing volunteers from the Ottery Help Scheme (a local charity).

375 surveys were completed and sent to an independent organisation for validation and analysis. This figure represents 2% of the total practice population.

Details of the steps taken by the contractor to provide an opportunity for the PPG to discuss the contents of the action plan.

Once the survey results were received they were distributed to the whole practice team and members of the patient group. The results were analysed and discussed and feedback was invited at patient group meetings.

Details of the action plan setting out how the findings or proposals arising out of the local practice survey can be implemented and if appropriate reasons why any such findings or proposals should not be implemented

Findings to address:

1. See a practitioner within 48 hours – this area was identified as unsatisfactory in the previous patient survey and the practice has been working on improving access.
2. See practitioner of choice – a low score that decreased slightly from the previous year and was under review as part of on-going work to improve access.
3. Waiting times – have increased slightly. This can be addressed with patient and GP education.

A summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local practice survey

46% patients said they were able to see a practitioner within 48 hours – compared to 43% in the 2012 survey.

45% of patients said they were able to see a practitioner of choice, compared to 46% in 2012.

53% of patients were satisfied with waiting time, compared to 51% in 2012

Details of the action which the contractor

- And if relevant NHS England intend to take as a consequence of discussions with the PPG in respect of the results, findings and proposals arising out of the local practice survey; and

- Where it has participated in the DES for a year (1April-31 March) or any part thereof, ending 31 March 2013, has taken on issues and priorities as set out in the Local Patient Participation Report.

1. Patients still said it was difficult to see practitioner within 48 hours. We explored ways in which we could meet increasing demand within existing capacity and available resources. We visited other practices and looked at existing models of access.

2.

During Winter/Spring of 2012/13 we put together an improvement plan. Working model was devised during Spring/Summer 2013 and implemented during December 2013. Therefore the results of the July 2013 reflect access under a different system.

We have agreed with our patient group that we will run a short survey during Summer 2014 to determine the success, or not of this new system and whether or not access has improved.

3. Patients said it was difficult to see a practitioner of choice – we have taken steps to improve access to practitioner of choice by: encouraging patients to see their own doctor (for quality and continuity of care) and giving them a named alternative GP if their own is away. Implementing the new system of access has had the added benefit of making GPs more accessible to their own patient list.

Implementation of the new access system has tried to address both of the above issues by ensuring patients are directed to the right clinician for the right treatment, the first time.

Waiting times – we monitor waiting times and identify individual practitioners who run late. We have some useful conversations to explore consulting styles, patient lists and other pressures. We also ran a promotional campaign to encourage patients to use one appointment for one problem and to book a double appointment for a complex or multiple problems.

Actions completed from last year's plan:

1. You asked us to turn off the music in the waiting room, we consulted with our patient group and with staff and the outcome was that the music should stay. Why? Because it creates a nice atmosphere in the waiting room and it makes it more difficult to overhear conversations.
2. You asked us to provide water in the waiting room. We are happy to do this and advertise that water is available on request. In hotter months patients are able to help themselves to water from reception.
3. You asked us to provide more information on self care. We have installed an information system on our waiting room TV. We display a rolling programme of up to date health related information. We have also updated our web site. We have taken down out of date practice information and replaced it with easy links to NHS Choices. This is a patient friendly, up to date NHS web site containing a wealth of information on all health related matters.

The opening hours of the practice premises and the method of obtaining access to services throughout core hours

The practice reception desk is open from 08:00 until 19:00 and the telephone lines are open between 0830 and 1330 and 1400 to 1800. Patients can use online services to book appointments, order repeat medication and communicate with the practice. The practice has a system of text reminders for booked appointments.

Where the contractor has entered into arrangements under an extended hours access scheme, the times at which individual healthcare professionals are accessible to registered patients

Early morning (before 0800) and late evening (after 1830) appointments are available. The GP service runs on Monday pm, Tuesday am and pm, Wednesday pm, Thursday am and Friday am. An early morning Practice Nurse service is available on Friday mornings.