

Standard Reporting Template

Devon, Cornwall and Isles of Scilly Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: COLERIDGE MEDICAL CENTRE

Practice Code: L83095

Signed on behalf of practice: DR NIGEL DE SOUSA Date: 12TH MARCH 2015

Signed on behalf of PPG: M MORTIMER Date: 13TH MARCH 2015

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											
Number of members of PPG: 10											
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	17.98	7.43	7.28	10.55	15.60	14.07	14.86	12.24
PRG	20	80	PRG	0	40	0	10	30	10	0	10

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	41.78	0.19	0	1.08	0.08	0.09	0.13	0.15
PRG	100	0	0	0	0	0	0	0

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other(unknown)
Practice	0.10	0	0.05	0.05	0.17	0.04	0.01	0.01	0	56.10
PRG	0	0	0	0	0	0	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:

It is difficult to develop a diverse group of willing volunteers in an area that is predominantly white British and over the age of 45. We have recognised this difficulty and recognised that patients from other, vulnerable and diverse groups are not represented. During 2014/15 we have continued to collect email addresses and encourage patients to sign up to electronic services with a view to moving to a virtual patient group. At this stage the number of patients signed up to electronic services is enough to take this forward. We believe by moving to a virtual group we will be able to capture the views of patients who would not otherwise engage with the practice and who belong to minority, diverse and vulnerable groups within our population. We will be consulting with our PPG on this during our meeting with them in May 2015.

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? YES/NO
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:

We agreed with the PPG to commission the same survey as last year but without the option to include five additional questions that the group wanted to ask. Using the same questionnaire as last time enables us to accurately compare like for like, year on year.

The CFEP survey was distributed to patients when they visited the practice, during a period of three weeks in September 2014. Completion of the survey was encouraged by volunteers from the Ottery Help Scheme. A total number of 367 responses were gathered and analysed externally by CFEP UK Surveys Limited.

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area: Hand rail each side of the entrance to the building</p>
<p>What actions were taken to address the priority? We have received quotations for this work and have instructed a building firm to commence work.</p>
<p>Result of actions and impact on patients and carers (including how publicised): Unable to comment at this stage but it is hoped that less mobile and disabled patients will benefit from this improvement to premises accessibility.</p>

Priority area 2

Description of priority area:

Advertise early morning and late evening slots

What actions were taken to address the priority?

Early morning and late evening appointments are advertised on our web site and in our practice leaflet. However we will consider other ways of getting this information to patients.

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

By reminding patients that we offer extended hours they will be much more aware of our availability. We are planning to run an article about extended hours in our next practice newsletter, due for publication April 2015. Our newsletter gets reprinted (space permitting) in the local parish newsletters. The same article will also be repeated on our website, Facebook and Twitter.

Priority area 3

Description of priority area:

Repeat the article about Nurse Practitioners and perhaps include a case study so that patients really understand the Nurse Practitioner service.

What actions were taken to address the priority?

The Nurse Practitioners have been asked to submit an article for the next practice newsletter.

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

We hope that by raising the profile of our nurse practitioner service, patients will be more aware of the services available and that can be accessed, often without the need to see or speak to a GP first. We are planning to run an article about the service in our next practice newsletter, due for publication April 2015. Our newsletter gets reprinted (space permitting) in the local parish newsletters. The same article will also be repeated on our website, Facebook and Twitter.

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):

From last years' survey the action points were:

See practitioner within 48 hours –any patient with symptoms that require treatment from a clinician IS triaged on the day and if necessary seen within 48 hours. However in order to accommodate this service without any additional resources, inevitably access to routine services can be delayed.

See practitioner of choice – we now have a system that allows patients to see doctors other than their registered GP. It is hoped that patients will remain with that GP until their health is stable and that episode of care is complete.

Waiting times – we continue to address running late both with our clinicians and with patients. We do our best to run to time. However it is very difficult for our doctors to deal with more than one problem in a 10 minute consultation and for our nurses to deal with “while I’m here” requests. With this in mind we ask patients with multiple or complex problems to book longer appointments. A clinician may ask a patient who needs more time to book another appointment and return at a later date. We have also stopped allowing our doctors to be interrupted during consultations. Therefore patients should allow their doctor plenty of time to complete administrative work eg signatures on forms, reports, letters etc. as “urgent” requests cannot usually be accommodated. If a clinician is called out to an emergency patients in the waiting room are notified that there will be a delay.

We have compared the results from last year's survey and can demonstrate a slight improvement:

51% of patients said they could see practitioner within 48 hours, compared to 46% last year.

51% of patients said they could see a practitioner of their choice, compared to 45% last year.

61% of patients were satisfied with waiting times, compared to 53% last year.

4. PPG Sign Off

Report signed off by PPG: YES/NO

Date of sign off: 13TH MARCH 2015

How has the practice engaged with the PPG:

We meet face to face and in addition communicate via email.

How has the practice made efforts to engage with seldom heard groups in the practice population?

Questionnaires were available for any patient to take and the volunteers targeted groups in the waiting room when particular clinics were running eg parents attending baby immunisation clinics

Has the practice received patient and carer feedback from a variety of sources?

We believe so.

Was the PPG involved in the agreement of priority areas 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?

We believe our improvements will raise awareness of the services on offer to improve access to clinicians. The handrails will improve access to our building.

Do you have any other comments about the PPG or practice in relation to this area of work?

The practice will continue to engage with patients via our Newsletter, Blog, Twitter and Facebook page. Patients also have the opportunity to complete the Friends and Family Test questionnaires either in the practice or online via our website.