

2014/15 Patient Participation Enhanced Service Report

Practice Name: THE CROOKES PRACTICE

Ulle

Practice Code: C88079

Signed on behalf of practice:

Signed on behalf of practice:	n		D	ate:	25/2/15
Signed on behalf of PPG:	Ann	Budle	D	ate:	23/2/15
Prerequisite of Enhanced S	Service – Dev	relop/Maintain a Patien	t Participation Group (PPG)		
Does the Practice have a PPG?	YES				
Method of engagement with PPG: Face email but we have one member who ha	to face, Email, s to be contacte	Other (please specify) ed by letter or telephone as	EMAIL – LETTER – TELEF she does not have a computer.	PHON	IE . We mostly contact the group by
Number of members of PPG: 14					·
					·

Detail the gender mix of practice population and PPG:

%	Male	Female	
Practice	3744	3843	
PPG	5	9	

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	1346	628	1654	1324	1046	729	478	382
PPG	0	0	0	0	3	5	3	3

Detail the ethnic background of your practice population and PPG:

White						Mixed/ multiple ethnic groups					
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed			
Practice	5137	60	0	271	24	10	47	54			
PPG	14	0	0	0	0	0	0	0			

	Asian/Asian British						can/Caribbean/I	Other		
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	61	35	4	78	118	20	17	3	0	72
PPG	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:

• We offer this to all our patients via notices in waiting areas, on the web site, through NHS choices, Newsletters, and slips given out by GP's, midwives and community staff.

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

If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:

 We are in a student residential area but all patients are made aware of the group in the same ways i.e. website & posters in reception area. We have not been successful in recruiting students to the group, although a large number of this group use our online services.

2. Review of patient feedback

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

- Email, letter, telephone conversations and face to face meetings.
- Concentrating on key areas of appointment accessibility and online access & services.
- We also consulted the PPG regarding the questionnaire reports from each year and posted out a hard copy to each member and also an email link. The groups comments are asked for and either actioned upon if possible or an explanation of why we cannot make the changes if that is the case.
- We asked for their feedback on the extraction of information from patient notes.
- We asked for feedback on increased online access to records

How frequently were these reviewed with the PRG?

• We have consulted the group four times over the last year. Everyone in the group is initially contacted to see what areas they think we should be focusing on; we then review their comments and email again if needed.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Consultation re: Appointments and accessibility (inc telephone number)

What actions were taken to address the priority?

One of the main issues raised from the PPG Surveys for the last three years has been the issue of booking suitable appointments. As a result we have concentrated on improving our appointments system for patients by looking at ways to improve access.

- After a period of consultation with patients and exploring other models of working (ref five year forward view) we appointed a second Nurse Practitioner who sees acute patients alongside our existing practitioner in special clinics which run both morning and afternoon each day with a gp working alongside in case the nurse practitioner requires a second opinion or advise. This allowed us to change the appointment access for all the GP's by allowing 1day, 3 day, 5 day and 7 day in advance appointment availability, as well as on the day appointments and a mix of bookable appointments up to 5 weeks in advance.
- We have employed an extra nurse to run practice nurse clinics, we have a Health Care Assistant and a Phlebotomist all
 to increase patient access to nursing services, as the last survey also showed that we may not have enough nursing
 capacity although we did an audit of our nurse capacity compared with surrounding practices and ours was higher per
 1,000 patients than most others practices nearby.

- We have promoted the online booking service through our reception staff and the up take has improved as in the 2013/14 survey and we now have 59.1% patients registered to use this service.
- We have a local telephone number now which is well advertised around the surgery and on our website so that patients
 who don't want to use to call-queue 0844 number no longer have to. As soon as we are out of contract with the
 company supplying our 0844 number we will stop using this number.

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

- We have now improved access for patients and patients are happier with the service since the appointment system
 changes have been in place. It is much easier for patients to be seen both urgently and to book advanced appointments.
- Nurse Practitioners have the time they need to spend with patients to prevent conditions getting worse and have the knowledge needed to treat patients with acute conditions which has freed up time for the GP's to spend on more complex cases.
- One of the problems raised in previous surveys was not being able to book to see the go of choice, this has also improved
 as we have freed up more gp time with the addition of more nursing staff.
- We have advertised the Nurse Practitioners in the surgery and online and our reception staff have actively encouraged
 patients to see them, once they have been seen by the nurses they often prefer to see them rather than a gp. We did this
 because take up of the service was initially slow.
- GPs have more time to deal with more severe illness, chronic problems, reviews and mental health issues.
- The addition of a local rate appointments telephone number has improved telephone access for patients and carers.

Priority area 2

Description of priority area:

Consultation re: Patient online services.

What actions were taken to address the priority?

- Practice needed to be complaint by 5/11/14 and have an E-declaration. We emailed our declaration to the PPG to get feedback on how clear it was.
- A copy of our declaration along with an explanation about what it was and why we had to have it was emailed or posted to the group in October 2014. We asked for comments and feedback.
- The group was happy with the plan and statement we had for services. Feedback was positive about online services, but
 we did make some changes to the advertising after feedback from the group. We were asked to make sure that patients
 who didn't want to use the online service knew that they would still be able to access services as they always had done i.e
 by telephone or in person.
- We used the PPG to pilot the scheme prior to it going "live" and this proved useful.

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

The declaration was displayed in our reception area and posted on our website by the deadline. It sets out what patients
and carers can expect from our online services and we have now also actioned the online access to services part of the
declaration.

Priority area 3

Description of priority area:

Consultation about on line access to a summary of patients own notes.

What actions were taken to address the priority?

We emailed the group to ask if they would pilot the service for us, not all did but the ones that did where happy with the
record they could see and sent us feedback on it. Once we had feedback we extended the service to all patients and
advertised it on our web site and in the practice. We produced information leaflets and forms to be completed for access as
patients do not receive access automatically, they have to complete a for and our Patient Services Manager has to grant
them access after we have seen proof of ID and signed the agreement.







Contractual Patient Online statement of intentTregistration form.doc

System On Line Brochure, doc

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

- Our website and leaflets explain the service along with screen shots to show patients what they can see and do online.
- Patients who apply will be given access to a summary of their notes. It will give them the ability to check part but not all of their record and will show medication and sensitivities recorded. Patients will be able to check on medication they are not sure of.

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 previous year's action plan:

Key Actions and benefits

- 1. We have advertised our Nurse Practitioner service better to patients and encouraged their use.
- 2. We have dealt with our appointments access problems.
- 3. We have increased our practice nursing capacity.
- 4. We have given our reception staff more training and information on what the nurses can do.
- 5. We have put up our local rate telephone number around the surgery and it is clear on the website.
- 6. We have added two "telephone queries" on the end of every GP surgery so they can deal with patient's queries in a more timely fashion and so increasing satisfaction
- 7. We improved our patient education methods including having a "where should I be seen" section on our website and leaflets in reception and information on what the chemists provide and also self-help areas.
- 8. We have set up on the online SystmOne log in for patients to ask questions and also we have put several questionnaires to encourage feedback and this has proved very popular.
- 9. We have tried to encourage more patients to use our online booking service we have 4640 patients registered to use our online services out of a practice population of 7615.
- 10. We have also used the group to test mail outs to patients, the most recent one being a letter about Prescribed Medication changes. The PPG can guide us very well on how practice patients will view and understand letters we mail out to them and we can amend the material as needed.

4. PPG Sign Off

Report signed off by PPG: YES NO
Date of sign off:
25/2/15
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?
All - a done of the charge made have made a very positive impact to my family, fresh & reighbours - egiving a indication that charges one making a depression to the Practice population.