**Local Patient Participation Group Annual Report and Action Plan**

This year’s patient group process has now finished. This document shows how the process has worked over the year and the results of our patient group’s efforts. It is presented differently to previous years and is now just one document. This is presented in a format to demonstrate to NHS England that we have met the criteria as requested but also so that is it readable to our patients.

There are six overall components that we have been asked to demonstrate which you can find in the first table. The sixth component is more detailed and so has been shown in its own table. The third table is our action plan which gives timescales to what we intend to implement as our patient group. There are also two appendices. The first shows the demographics of our patient group at present. The second shows a number of documents which are the surveys we have carried out this year and the results from them.

Our patient group this year came up with twelve different areas that could be looked at. They then voted on their top three. We will be looking at the following three areas in the coming months and reporting back to our patient group on our progress as detailed in the action plan below:

1. Review the appointment system
2. Investigate what new services we could feasibly start at the surgery.
3. Use prescription counterfoils to remind patients when their annual blood tests, blood pressure checks and general check-ups are due.

If you are reading this report, but are not a member of the patient group, and would like to join then please ask at the reception desk in surgery or sign up online via the website.

We look forward to continuing to work with our patient group over the coming year and will be in touch soon to look at how to further improve the process.

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| **Local Patient Participation Group Annual Report Summary** | | |
| Component 1. | Develop a Patient representative group (PRG) | The patient group was formed in 2011 and this is the third year of its existence. Each year group members are actively recruited through advertisement in the practice, local doorstep publications, and on the website. All new patients are also invited to join.  The group is a “virtual group”, which means most members participate online but so as to not exclude those without internet access we also allow members to participate by post providing stamped addressed envelopes for them to send surveys back to us in. This also allows housebound patients to be members of our group. |
| Component 2: | Agree areas of priority with the PRG | Areas of priority for the group are identified by a nationally recognised local patient survey. This gives some suggestions of areas the group may want to look at as well as leaving plenty of opportunity for members to state their own priorities. These are then collated to provide a list of areas for the group to potentially look at. Members are then asked to review this and give further suggestions as to whether any other areas should be added. They are then asked to vote on the top three priorities for the practice to look to implement. |
| Component 3: | Collate patient views through use of a survey | The group are invited to take part in four surveys over the year. These are: **1.** The initial extensive survey. **2.** A review survey to allow members to add in other areas of priority, to give an opportunity for discussion, and also to gather patient views on urgent care which enabled us to gather evidence to use when we review our urgent appointment system. **3.** A voting survey to allow members to directly decide which areas of priority they would like us to look at, whilst again inviting comments and discussion. **4.** A satisfaction survey to be sure we are running the process in a way that the group feels is appropriate. |
| Component 4: | Provide PRG with opportunity to discuss survey findings and reach agreement with the PRG on changes to services | After each survey the group are sent the results of the previous survey and are given the opportunity to pass comment on this in the new survey. They are also invited to make comment online via our patient group section on our website. Each survey encourages members to pass comment to enable discussion on the results.  The third survey asks our group to vote on the top three areas to change and so they are able to reach agreement on the groups priorities. |
| Component 5: | Agree action plan with the PRG and seek PRG agreement to implementing changes | The action plan is decided by the results of the voting survey and is then published online. Postal members are sent a copy in the post.  The satisfaction survey allows our members the opportunity to agree to the action plan. As yet, over the last 3 years, no-one has objected to the outcomes agreed by the group. |
| Component 6: | Publicise actions taken - and subsequent achievement | This annual report and our action plan below are published online and as mentioned are posted out to our postal members. See detailed breakdown of Component 6 in table below as per NHS England request. |

Component 6 Detailed breakdown:

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| Component 6 – Publicise actions taken and subsequent achievement | | |
| A. | Description of the profile of the members of the patient group | The patient group currently has 41 members. The demographic breakdown is shown in a table in appendix 1 of this document. This is roughly representative of our current patient demographics for the practice. However, we feel the group is under representative of ethnic minority groups and we will look to actively recruit patients from this demographic group. |
| B. | The steps taken by the contractor to ensure that the PRG 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 patient group (and invitation to join it) is advertised extensively. There are adverts in the surgery in poster form, on our digital notice board and also a message is on our call board. There is a dedicated patient group page on our website and the notice board section also invites patients to join. We have at times advertised in local businesses and also once or twice a year advertised in the local “gazette” which is delivered to every household within our practice area. All new patients that join the practice are invited to join the patient group as well. We feel that this process should offer all groups of patients that are existing patients, and those that are new patients, the opportunity to join our patient group. As our current demographics of the group do not truly represent all ethnic groups we will engage with the current patient group as how best to approach further recruitment within the next patient group year process. |
| C. | 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 used the same initial extensive survey in previous years, encouraging open ended questions so members could fully express their views. We specifically asked about some areas for consideration but with space for their own ideas. We used the results of this to identify the priorities of the group.  The results showed we again shared some priorities but that also the group has ideas we had not previously considered. These ideas were added to further surveys for our group to add items for discussion and we then asked them to vote on the areas that were priorities for them. |
| D. | The manner in which the contractor sought to obtain the views of its registered patients | The local survey was very comprehensive and also gave a number of opportunities for our group to give open ended responses on a number of issues related to the surgery such as the building, appointment processes, and services offered. These open responses gave members the opportunity to raise any issues they felt had not been addressed by the survey. We also asked patients to vote on five specific areas that had been considered issues in previous years. Along with reviewing the main survey results and open ended responses, nine initial key themes were identified.  A second survey was done to show these areas to the group and give opportunity for comments on them and to ask them if there were any other areas they wanted to vote on. We also asked about member’s opinions surrounding urgent care to get a patient’s perspective on this. This survey expanded the voting options for the third survey from nine to twelve. These are listed below in section G.  The third survey asked group members to vote on their top 3 priorities for us to address from the list of twelve. It also gave them opportunity to feedback again. |
| E. | Details of the steps taken by the contractor to provide an opportunity for the PRG to discuss the contents of the action plan | All surveys sent throughout the year via post and online invited patients to make comment to encourage discussion at all stages. They were also encouraged to use the online discussion/feedback form in the patient group section on our website: [www.rooleylanemedicalcentre.co.uk](http://www.rooleylanemedicalcentre.co.uk). |
| F. | Details of the action plan setting out how the finding 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 | The action plan for implementation of the top three priorities of our patient group are shown below in a separate table showing expected timescales and who is responsible from the surgery staff for each area. We are happy to look at implementing all three of the priorities identified. |
| G. | A summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local practice survey | Appendix 2 of this document includes the following documents:   1. The initial survey and results including the open ended responses. 2. A summary document of the open ended responses and extensive replies to each of them. 3. The second survey and its results. 4. The third survey and its results – what the patients actually voted for us to change. 5. The end of year satisfaction survey to see how our group members felt about the whole process.   Our postal members were given results of each previous survey with each new one, and were sent results of the voting as well as the action plan.  As a result of the first two surveys our members were asked to vote on the following areas (shown in no particular order):   1. A dedicated patient group information board to be maintained by a group member. 2. Toys in the waiting room. 3. Reviewing the appointments system 4. A review to look at the feasibility of automatic doors or improved doors coming in and out of reception. 5. Investigating possibilities of interactive services in surgery for those without online access at home – such as a dedicated tablet for patient use. 6. Investigating possibilities of web based consultations such as use of skype. 7. Investigating what new services we could feasibly start at surgery. 8. Using the group more often when possibilities of new services come up – such as rapid response surveys, which would mean more surveys each year and may need the group membership to expand to be more validated. 9. Ask the group to help us actively recruit new members. 10. Reviewing the prescription service 11. Having a patient group station at the yearly Saturday flu clinics. 12. Using prescription counterfoils to remind patients when their annual blood tests, blood pressure checks and general check-ups are due.   The group voted for the following three areas to be implemented (in order of preference):   1. Review the appointment system 2. Investigate what new services we could feasibly start at the surgery. 3. Use prescription counterfoils to remind patients when their annual blood tests, blood pressure checks and general check-ups are due.   The end of year satisfaction survey showed that the majority of respondents were either satisfied or very satisfied with the whole process (77%). All members felt that the format should stay the same but one did feel that perhaps we should have a face to face group meeting sometimes rather all being in the “virtual format”. This is something we can look at for the forthcoming patient group year. Some group members were not happy with how the group process had been implemented or were undecided on this matter (38%). All respondents did however want to continue in the group. Comments from the group included some areas that we could look at in the next year. |
| H. | a.) Details of the action which the contractor, and, if relevant, the PCT, intend to take as a consequence of discussions with the PRG in respect of the results, findings and proposals arising out of the local practice survey  b.) Where it has participated in the Scheme for the year, or any part thereof, ending 31 March 2013, the practice has taken on issues and priorities as set out in the Local Patient Participation Report | 1. We intend to review the areas that our patient group have asked us to look at, identify a lead for each one and give a reasonable time frame for progress to be reviewed or action to have been taken. This is detailed in the next table titled “Action Plan”. 2. Last year’s priorities were: 1. Tackle missed appointments.2. Message on the announcement board when Doctors are running over 30mins late. 3. Create a formal queuing line. They have all been implemented. Numbers 2 and 3 were implemented within 2 months. Missed appointments have been tackled by increasing the numbers of patients signed up to our text message alert system, writing down appointment times on appointment slips and being more positive to patients about when their appointments are. This is as a result of reviewing evidence on how to encourage patients not to miss their booked appointments. |
| I. | The opening hours of the practice premises and the method of obtaining access to services throughout the core hours | The practice core opening hours are Monday to Friday 0800 – 1800. Extended hours are detailed in the section below.  Our appointment structure is as follows:  We operate a book in advance service for routine appointments with a Doctor. Appointments can be booked up to one week in advance. That is to say for any given weekday then the appointments for the following week on that day become available for booking ahead. We also have 3 slots per surgery that are released 3 working days in advance.  Urgent appointments are available each afternoon to any patients who feel they need to see a Doctor or Nurse Practitioner on the day. We will also have some availability every morning for seeing under 5s in an urgent appointment.  Three telephone slots are available at the end of all routine morning sessions and some afternoon sessions. These do not have time restrictions on when they are released for booking.  Nurse and Health care assistant appointments are bookable up to two weeks in advance.  Our Nurse practitioner has a mix of on the day and book in advance appointments every morning.  Counselling and Physiotherapy services are bookable by seeing a Doctor and being referred to those services.  Smoking cessation services are available for direct booking by patients.  Our Practice leaflet details all of our available services. |
| J. | 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. | Extended hours appointments are available for those who work or find it difficult to attend during normal opening hours. These are in the form of early morning appointments from 0710 until 0800. They are available on a number of mornings each week. There are both Doctor and Nursing appointments available at these times. |

**Action Plan for 2014**

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| Area of priority | Lead Member(s) of Staff | Action and expected timescale |
| 1. Review the appointment system | Practice Manager and Dr. Manby | This is an extensive piece of work. We have already undertaken an appointments audit and are awaiting the results within the next month. We intend to hold a practice “away day” style meeting for clinical and clerical staff to discuss appointments and how they are used. We will also look at if there are better ways for appointments to be used.  Review of progress:  We will review this in June 2014 and report back to the patient group on our progress around this time. |
| 1. Investigate what new services we could feasibly start at the surgery. | Dr. Manby | We have already looked to see if there are any services we can start using our own nursing staff for such as ear syringing that is currently done by the district nurses. We are looking to enrol and start with the electronic prescription service whereby patient’s prescription can be sent electronically by a secure server directly to the pharmacy of a patient’s choice. We have already met with local pharmacies to check they are able to do this. We are also looking at other services that we might be allowed to look to run by the local CCG.  Review of progress:  Dr. Manby to report back to the patient group in June 2014. |
| 1. Use prescription counterfoils to remind patients when their annual blood tests, blood pressure checks and general check-ups are due. | Office Manager | We are looking at the IT system to see how best to implement this. We will start by adding it at all reviews of those with long term conditions. |

**Appendix 1 – Patient group demographics**

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| **Postal** | 12 |  | **TOTAL** | 41 |  | **PPG Group Demographics From March 2014** | | | |  |  |  |  |  |
| **Online** | 29 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | **TOTAL** |
| **MALE** | 17 | **FEMALE** | 24 |  |  |  |  |  |  |  |  |  |  | **41** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **AGE:** | **under 16** | 0 | **17-24** | 2 | **25-34** | 3 | **35-44** | 4 | **45-54** | 7 |  |  |  | **41** |
|  | **55-64** | 14 | **65-74** | 11 | **75-84** | 0 | **over 84** | 0 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **MARITAL STATUS:** | |  | **Married** | 15 | **Widowed** | 3 | **Divorced** | 5 | **Single** | 5 | **Not Stated** | 13 |  | **41** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **ETHNICITY:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **White** |  | **Mixed** |  |  | **Asian or** |  | **Black or** |  | **Chinese or** |  | **Not stated** | 4 |  |  |
| British | 34 | White & Black Carribean | | | Asian/British | | Black/British | | **Other Ethnicity** | |  |  |  | **41** |
| Irish | 1 | White & Black | |  | Indian | 1 | Carribean | | Chinese | 1 |  |  |  |  |
| Other |  | White & Asian | |  | Pakistani |  | African |  |  |  |  |  |  |  |
|  |  | Other |  | 1 | Bangladeshi | | Other |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Main language spoken:** | | | **English** | 16 | **Polish** |  | **Urdu** |  | **Arabic** |  | **Hindi** |  |  | **41** |
|  |  |  | **Italian** |  | **Czech** |  | **Other** |  | **Slovakian** |  | **Not stated** | 25 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **New demographics from postal group only** | | | | |  |  |  |  |  |  |  |  |  |  |
| **Number of children:** | | **0** | 2 | **1** | 2 | **2** | 6 | **3 or more** | 2 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Accomodation type:** | | **House** | 9 | **Flat** | 2 | **Bedsit** |  | **Bungalow** | 1 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Housebound:** | | **Yes** | 1 | **No** | 6 | **If health is bad** | | 5 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Are you a carer:** | | **Yes** | 1 | **No** | 11 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Do you have a carer:** | | **Yes** | 2 | **No** | 8 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Have a disability?:** | | **Yes** | 6 | **No** | 6 |  |  |  |  |  |  |  |  |  |

**Appendix 2**





