

The Harvey Practice
2014/15 Patient Reference Group Report

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, EMAIL AND NEWSLETTES														
Number of members of PPG: 137														
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	48.7%	51.3%			Practice	15.8%	7.6%	9.3%	11.5%	14.5%	14.7%	14.4%	9.0%	
PRG	50.4%	49.6%			PRG	0.7%	3.8%	5.9%	14.2%	23.8%	16.3%	22.2%	11.1%	
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	91%	1.0%		1.2%		1.3%	1.9%							
PRG	92.6%	0.7%			0.7%	0.3%	1.5%							

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	2.0%			0.5%						1.1%
PRG	2.0%			0.7%						1.5%

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:

All patients are asked at time of registration if they wish to register to become part of the PRG, posters are displayed in both waiting rooms and information about how to join is given on our website. Our list is an open list and therefore we feel this allows a mix of races, gender etc. to join our group.

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:

Not applicable, the main focus of our practice is a large elderly population who visit the practice regularly, as you will see by the age mix of PRG members we do struggle to get representation from the under 35 age group. We advertise membership of the patient reference group in the practice, on our newly published website and in our bi annual newsletter. An application form to join the PRG is distributed in every new patient pack.

2. Review of patient feedback

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

Sources of feedback were received from email contact with the PRG asking for ideas, comments and suggestions for improvement and followed by a face to face meeting with the committee.

We have a suggestions box in both reception areas; the few suggestions dropped into these boxes have been actioned instantly and so therefore do not form part of an action plan.

We have a comments/suggestions link on our new website.

We now have the Friends and Family test available for all patients, this is available via an on line link via our website and is available in paper copy in receptions. We have had a good up take for Friends and Family test and results are published on our website.

How frequently were these reviewed with the PRG?

Communication takes place with the PRG on an ongoing basis; they are regularly sent emails asking if they have specific ideas or suggestions. They are sent an electronic copy of the Harvey Practice newsletter when it is published. Additional communication however occurs when the practice needs to convey something to the group or when group members feel they wish to communicate with the practice.

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Design of reception desk at Broadstone site. It is considered that the reception desk at the Broadstone site could be improved in terms of design/layout in order to improve safety for staff, confidentiality and disabled access.</p>
<p>What actions were taken to address the priority?</p> <p>This piece of work has been discussed by the practice before, however it does pose a cost pressure to the practice. New designs/lay out will be explored and costed. The practice could consider applying for funding through a NHS England scheme in the future.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>Not applicable until such time as changes are implemented.</p>

Priority area 2

Description of priority area:

Patients felt that they would benefit from the practice providing some information on Lasting Power of Attorney, in regards to where they can obtain further information and what services the practice offer in this regard.

What actions were taken to address the priority?

Information in regards to lasting power of attorney has been added to our Winter 2015 version of the Pink Tablet. Posters are being developed for the waiting areas and full information will be published on our new website shortly.

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

Patients, relatives and carers will be more aware of the services that the practice offer in regards to LPA.

Priority area 3

Description of priority area:

Clarity around appointment length. Some members of the PRG had stated that mixed messages have been given out in regards to the length of a standard appointment.

What actions were taken to address the priority?

Information has been added to Winter 2015 version of the practice newsletter.

Posters are displayed in receptions

Further information will be detailed on our website.

As a side point and for additional clarity we shall display information about the appropriate use of our on the day telephone triage system, this ensures that all patients that need to speak to a GP on the day get access to one.

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

Additional clarity provided to patients so no on the day problems arise.

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):

- Waiting room provision for parking of patients in wheelchairs - In place at both sites.
- Notice at Broadstone site on outside front door indicating to patients that on request the doors can be widened (as far as possible) to enable wheelchair/double buggy access - In place.
- Above notice to include mention of patients being able to use the bell for the disabled to call for attention - In place
- Doors at Broadstone are heavy – investigate bi fold concertina door - This has been investigated, however would cost in the region of £10,000 and unfortunately this level of expenditure is not feasible at present.
- Consider purchase of booster seats for Merley surgery to make banquette seating of a more suitable height for those patients requiring this facility. –Purchased and in situ.
- To assist confidentiality at Merley as sliding partitions have been reinstated at reception desk; consider a ‘position closed’ sign to improve queuing and enabling patients to queue further into the building and away from the vestibule door – in place.
- Acoustic hood for Broadstone – Now being considered as larger piece of work, however may not be achievable due to cost implications.

4. PPG Sign Off

Report signed off by PPG: YES by email

Date of sign off: 26.03.15

How has the practice engaged with the PPG: Yes

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

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

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? It will do

Do you have any other comments about the PPG or practice in relation to this area of work? No