

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	2540	6	0	69	34	10	8	19
PRG	19	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
Practice	0	1	1	9	13	19	5	3	2	0
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:

We emailed target groups ie carers, ethnic minorities, patients with occupations, unemployed, patients with Learning Disability, those who are retired, those with a carer, our 16-18 year old population, those over the age of 65 and those aged 20-30. We re-emailed these groups 3 months later.

We also posted letters inviting our patients with learning disabilities to join our Patient Participation Group, ensuring that our letters were friendly, short, colourful and easy to read.

Since January 2015 we have added an invitation leaflet to our Friends and Family Survey for a month's trial. An Invitation has been added to our surgery website to attract patients.

We have used a large notice on a flipchart board in the entrance to our building for all our patients to see, and also used an area on our noticeboard in the waiting room.

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 have discussed emailed responses, responses via survey monkey, Friends and Family Survey, Suggestion Box, Website, and also the PPG Group.

How frequently were these reviewed with the PRG?

Every three months, however monthly from Jan 2015 – Mar 2015.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Waiting Room – We did receive a number of comments regarding this area looking a little drab, in need of refurbishment. It was also felt that something for children to do ie toys, magazines, books would be nice. An information TV screen would also be useful, and also the need for more privacy.

What actions were taken to address the priority?

Actions Taken:

Attention to the paintwork;

Acquire a health channel TV to give health promotion to patients, Practice Information to be screened, in addition to current information regarding timing of appointments.

To look into more wall toys for Creche, giving consideration to infection control.

Acquire audible screen for reception desk to provide privacy and promote confidentiality.

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

Creating a better environment for adults and children as well as delivering Health Promotion and Practice Information to patients, enabling us to give patients a welcoming and friendly experience. The three Priority Areas chosen for improvement will be displayed on our noticeboard in the waiting room and on our website.

Priority area 2

Description of priority area:

We received comments/suggestions regarding our appointments ie. Need for late appointments, online appointments, and more appointments. Some patients were being seen late after appointment times.

What actions were taken to address the priority?

An audit of our appointments shows that some doctors take longer than others. For the ones running late on a regular basis, gaps would be added to their surgeries, giving them time to catch up.

We welcome a new Partner to our Practice to share the workload and offer more appointments to our patients. Other expansion of services includes a Nurse Practitioner to help manage the need for urgent appointments, and our Health Care Assistant service has grown to offer more varied services to our patients.

It was felt we could add more internet appointments including offering online more appointments in general clinics and all Tuesday late evening appointments. We allowed patients to view and book four weeks of internet bookable appointments rather than just two weeks.

We decided to start to send texts to patients when they had not attended their appointments, in an effort to encourage patients to cancel their appointment when no longer needed and therefore reducing demand and waiting times. It was also felt that letting patients know about monthly statistics of patients who did not attend via the notice board in the waiting room and website would be beneficial.

A new health promotion channel TV information system which will inform patients when clinicians are running late will also be beneficial.

A bulleted notice advertising our late evening appointments/ internet appointments will be posted in the waiting room, on our website, and on the right hand side of our repeat prescriptions, as many patients are unaware of our services.

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

Availability of More appointments especially on line.

Clinics running to time resulting in less waiting for patients. The three Priority Areas chosen for improvement will be displayed on our noticeboard in the waiting room and on our website.

Priority area 3

Description of priority area:

Some comments were left regarding our Reception Staff. It was felt that staff could be more lenient in cases and could be unapproachable and some more friendly than others.

Queuing at Reception was a problem when staff were on the phone and no one helping with the patients in the queue. It was also felt that the telephone could be answered more promptly. The PPG raised the possibility of answering the phone within an agreed number of rings.

What actions were taken to address the priority?

Comments were shared and discussed with staff in January. (9)

Less negative comments were left in February (2)

Following a staff meeting it was decided that staff would request help from staff in the back office, when a queue is formed so patients weren't standing too long, waiting. Staff were to be encouraged to be more polite, more helpful, less bossy, less unapproachable, more friendly, all in all encouraging them to give our patients much better customer service, we are after all here to help.

More help has been organised to ensure calls are answered in a prompt and timely manner.

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

All our patients will experience a friendly welcome and be dealt with in a polite, friendly and timely manner.

The three Priority Areas chosen for improvement will be displayed on our noticeboard in the waiting room and on our website.

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):

Since forming in 2012 our Patient Participation Group has helped the Medical Centre to find out the views of our patients and where possible, act on them.

Due to some areas becoming worn/tired or just in need of updating since being built in 1994, our Patient Participation Group helped us look around our building with fresh eyes and suggested improvements. Following these suggestions has brought about a modern, clean new look to the Medical Centre making it a friendly and welcoming environment for our patients.

Each year has highlighted issues regarding the availability of internet appointments, the availability of a private room if patients need confidentiality, the availability of late evening appointments. Despite advertising of these services, there are pockets of our Practice Population we have not reached. To this end we are giving out to patients an ever changing bulleted list of our services, this will also be advertised on our website and on the right hand side of our repeat prescriptions.

Clinics sometimes running late is an ongoing concern, further adjustment of clinic times will take place to combat this. Current clinic information to be added to the new TV information channel to keep patients more informed.

Patients who would recommend us to their family and friends has risen from 87% in 2013, to 95% in 2014, which we feel is exceptional and we are very proud of.

Our response from the Friends and Family Test in the month of January revealed a massive 422 patients were 'extremely likely' to recommend us to their family and friends with a reassuring 241 patients who were 'likely' to recommend us. Compared with 50 patients who were either 'neither unlikely or likely', 'unlikely', 'extremely unlikely', and 'don't know'.

We are coming across patients in February who have already completed this in January and not inclined to complete it at every visit, therefore numbers will reduce month on month, however comments that patients have left when completing the test have been invaluable feedback for discussion with our Patient Participation Group and will pave the way for further improvements to be made to our services.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 19.3.15

How has the practice engaged with the PPG:

The practice hosts regular PPG meetings - usually monthly but dictated by business needs. The purpose of the meetings can be summed up as seeking feedback from service users in a structured manner in order to assist the practice's decision-making process on delivering improvements to their services.

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

The practice takes care to engage with seldom-heard groups. In particular, they have sent personal invitations to people with learning disabilities asking if they would like to join the Patient Participation Group. Where the relevant information is held they have also emailed people from the ethnic groups represented in the practice and to 16-18 year-olds, issuing a similar invitation. The practice also undertakes various activities such as: disseminating information of value to returning service veterans such as the 'Combat Stress' initiative; promoting Health Walks and other similar initiatives; engaging with Sheffield Healthwatch to access a wider range of issues.

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

The practice has been proactive in seeking feedback, conducting regular patient surveys for some years, drawing on the expertise of PPG members to develop appropriate questions, to analyse responses and to draw up action plans to address key issues of concern to service users. PPG have been fully engaged in this work and have been proactive in engaging with a

wide variety of participants to ensure feedback is as representative as it can be. Analysis of data drawn from the responses shows that these came from a range of age and ethnic groups and included a balance between the sexes.

Additionally, the recent Family and Friends survey included a question asking if respondents had considered joining PPG and if so how they could do this.

5. Was the PPG involved in the agreement of priority areas and the resulting action plan?

Feedback from questionnaires has always been reviewed at PPG meetings and key areas for action are jointly identified, along with actions required to deliver the necessary changes. Progress is reviewed at subsequent meetings and is removed from review when the group agrees the issue has been adequately addressed.

6. How has the service offered to patients and carers improved as a result of the implementation of the action plan?

Action to deliver improvements are ongoing in several areas including :

Action to reduce surgery waiting times when patients attend for an appointment and to ensure they are kept informed if a doctor is unavoidably running late.

Ensuring receptionists routinely offer an appointment with an alternative doctor to any patient who has requested to see a particular doctor where no such appointment is available within a short period

Enhancing delivery of community services by adapting premises to offer improved facilities for use by external service deliverers.

Offering a wider choice of appointments which can be accessed online.

Improvements to the exterior of the surgery and improving access to the parking space for patients with a Disability badge.

Providing off-line receptionist training to ensure face-to-face patient contact is uniform and meets the standard required by the practice.

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

Structures are in place to monitor and maintain the quality of receptionist services. The senior receptionist has carried out one-to-one interviews with all receptionists to discuss patient feedback on the service they provide and to offer guidance and coaching on handling difficult interviews. Quality is to be monitored by ongoing review of patient feedback. PPG is very happy with this approach.