London Region North Central & East Area Team

Complete and return to: england.lon-ne-claims@nhs.net no later than 31 March 2015

Practice Name: The Rise Group Practice

Practice Code: F83039

Signed on behalf of practice:  Date: 23/3/15

Signed on behalf of PPG: Colin Leys (signed electronically via e mail) Date: 17/3/15

1. Prerequisite of Enhanced Service – Develop/Maintain a Patient Participation Group (PPG)

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| Does the Practice have a PPG? YES |
| Method(s) of engagement with PPG: Face to face, Email, Other (please specify) - E Mail and Face to Face at quarterly meetings |
| Number of members of PPG: 29  |
| Detail the gender mix of practice population and PPG:

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| --- | --- | --- |
| % | Male  | Female  |
| Practice | 47 | 53 |
| PRG | 42 | 58 |

 | Detail of age mix of practice population and PPG:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 |
| Practice | 19 | 27 | 17 | 15 | 16 | 12 | 7 | 5 |
| PRG | 0 | 10 | 31 | 21 | 10 | 14 | 7 | 7 |

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| Detail the ethnic background of your practice population and PRG:

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| --- | --- | --- |
|  | White | Mixed/ multiple ethnic groups |
|  | British | Irish | Gypsy or Irish traveller | Other white | White &black Caribbean | White &black African | White &Asian | Other mixed |
| Practice  | 2078 | 296 | 0 | 933 | 178 | 91 | 59 | 111 |
| PRG | 18 | 4 | 0 | 1 | 0 | 0 | 0 | 1 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Asian/Asian British | Black/African/Caribbean/Black British | Other |
|  | Indian | Pakistani | Bangladeshi | Chinese | Other Asian | African | Caribbean | Other Black | Arab | Any other |
| Practice | 50 | 12 | 91 | 28 | 130 | 266 | 189 | 263 | 0 | 127 |
| PRG | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 |

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| 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:The group was advertised in our waiting room and on our website. All things being equal, this should have ensured that the membership reflected the community that we serve in terms of age, gender and ethnicity. Whilst the vast majority of our patients do speak English, we did have the poster translated into some of the most common languages we hear and this no doubt assisted take up. We also asked our patient facing staff to ensure all patients were aware of the opportunity, taking particular care to include those from minority groups. We were ready to become even more focused should the need have arisen and had plans to translate into more languages and even go out into the community to advertise our group. In the event, the group which formed was, and remains, reflective of our patient base in terms of age, sex and ethnicity and we are fortunate to have such a good mix.  |
| 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? NoIf you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful: |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:Patient SurveyComplaintsWebsite feedbackFriends and Family Test resultsPPG member experiences and feedback |
| How frequently were these reviewed with the PRG?The group agreed on formal annual reviews but progress and issues are discussed informally throughout the year as necessary. |

1. Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area:Telephone answering needs to be improved. |
| What actions were taken to address the priority?We commissioned a new telephone system which makes it easier for us to manage call flows into the organisation. We enjoy functionality we have never had before. We are able to use IVR to route calls around the office, overflowing them to back up staff where necessary. For the first time, we enjoy a full suite of management information so we can monitor call flows both retrospectively and in real time which enables us to roster staff and arrange call overflows to maximum effect. |
| Result of actions and impact on patients and carers (including how publicised):Whilst the new system has already been installed and is up and running, it is currently working alongside our old number so it is difficult to assess the impact it has had. It has been publicised via posters in our waiting room and also by way of scrolling message on our wall board and has also been reported on our website here <http://www.therisegrouppractice.co.uk/ppg.asp> The old system will be decommissioned on 31st May and detailed feedback will be sought (and published) after that. |

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| Priority area 2 |
| Description of priority area:Too long to wait for an appointment. |
| What actions were taken to address the priority?We have added an extra GP session (on a Wednesday morning) and additional appointment slots in the evenings for both GPs and Nurses. We have also removed the 4pm embargo on some next day slots which patient feedback confirmed was not working well. |
| Result of actions and impact on patients and carers (including how publicised):Our statistics show a steady improvement in appointment availability. We track on a weekly basis how long a caller would have to wait for the next available GP appt. Since the above actions were taken, the wait (in days) has been 6, 4, 7, 3, 4, 5, 4, 4, 4 and currently stands at 3. This is an encouraging trend which has been publicised by e mail to our PPG and on our website here <http://www.therisegrouppractice.co.uk/ppg.asp>

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| Priority area 3 |
| Description of priority area:Improve the responsiveness of our patient facing staff. |
| What actions were taken to address the priority?We are in the process of procuring effective medical receptionist training which will cover not only the provision of excellent customer service but also some of the softer skills (empathy, reassurance, communication etc) that these jobholders particularly need.We have identified a number of suitable providers and are discussing cost, logistics and timings with them. |
| Result of actions and impact on patients and carers (including how publicised):This initiative, having been agreed with our PPG, has been publicised in our waiting room and on our website <http://www.therisegrouppractice.co.uk/ppg.asp> Training dates will also be published when known and we will seek feedback on the results at that time. |

Progress on previous years

Is this the first year your practice has participated in this scheme?

No

If you have participated in this scheme for more than one year, outline progress made on issues raised in the previous year(s):

A lot of the actions we have taken over recent years have concerned “access”.

These include:-

* Opening our telephone lines between 1pm and 2pm
* Staggering the start and finish times of some GPs to achieve a wider spread of appointment times
* Publishing better our appointment system, especially with regard to our walk in emergency service and extended hours commitments
* Incorporate the facility for patients to book telephone appointments with a GP where a face to face consultation is not necessary
* Opening up appointment slots 6 weeks in advance, so that non urgent appointments are not forced to take up earlier slots
* Restricting a small number of appointments each day for booking no earlier than 4pm on the day before
* Coach and mentor our receptionists in educating patients regarding the correct use of our urgent walk in service

With one exception, all of these actions have been integrated into our work pattern and have achieved improvements for patients and their carers. The only one which did not work well was the restriction of some appointments for booking no earlier than 4pm on the preceding day. This was trialled but found not to be popular. In fact, this turned out to be a cause of frustration to patients, many of whom would be asked to call back at 4pm only to find that the phone system was jammed at that time and, by the time they got through, the few appointments that had been available were gone.

1. PPG Sign Off

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| Report signed off by PPG: Colin Leys (signed electronically via e mail)Date of sign off: 17/3/15 |
| How has the practice engaged with the PPG: Regularly via e mail and in quarterly meetingsHow has the practice made efforts to engage with seldom heard groups in the practice population?We don’t feel we have any “seldom heard groups” – our PPG make-up is reflective of our population and the feedback we receive (eg via complaints) comes from all sectors, sexes and age-groups. We always offer translation services where necessary.Has the practice received patient and carer feedback from a variety of sources?YesWas the PPG involved in the agreement of priority areas and the resulting action plan?YesHow has the service offered to patients and carers improved as a result of the implementation of the action plan?There are now more appointments available in total; they cover a wider spread of hours; and there is less time to wait for the next one. Additionally, there is now the ability to opt for a telephone consultation rather than a face to face one. The practice is now contactable on the telephone from 8am – 7pm with no gaps and the new telephone system will improve the practice’s performance in this area. Do you have any other comments about the PPG or practice in relation to this area of work?NoPlease note that our PPG have contributed to the review of our performance, the development of our action plan and the contents of this report. Furthermore, the final version has been circulated to them and made available to our other patients via our website and the availability of paper copies in our waiting room. We have also shared the availability of this report with our CCG and local Healthwatch. |

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