**Patient Participation Report and Action Plan 2013-2014**

**Description of the structure or process in place for regular engagement with the PPG:**

* Meetings are held on a monthly basis with the full PPG team – 11 meeting held in the last 12 month period.
* Representatives of the PPG meet with a GP Partner a minimum of 3 times per year
* The Practice Manager attends monthly meetings and is the link between the Practice and the PPG

**Description of the profile of the PPG members:**

* The PPG currently consists of 10 female members and 2 male members
* The age range of the members are between 40-80+
* Two members are registered as disabled and one member’s daughter has a disability

**Steps taken by the contractor to ensure that the PPG is representative:**

* The group still has no representative from the younger generation and together with the Practice continue to liaise with the local upper schools with the intention of creating a closer working relationship. Once established the views and opinions of the younger generation with be represented with the group.
* The PPG has notice boards at both sites and the website to promote their role within General Practice and the benefits of having representation from all cohorts of patients. They also have ‘comments boxes’ at both sites and ensure any comments are forwarded to the appropriate person to be dealt with. It also put up a display for ‘PPG Awareness Week’ in June 2013 and the Chair was part of planning the national campaign.
* The PPG attend the Practice at specialist drop in clinics, i.e. flu where they promote and explain the functionality of a PPG committee and how it can assist in improving the patient experience.
* The PPG assist the Practice in carrying out and reporting on patient surveys, which include appointment access, telephone access and patient services.

The results of surveys carried out by the PPG in the autumn of 2013 and January 2014 as attached below.

* The PPG present the results of surveys to staff at the Practice Primary Care Team Event when all staff are present and it presents an opportunity to meet with the team and update staff and the role of the PPG within the Practice and inform them of future events. This often generates useful discussion as to how improvements can be made from all the team with particularly valuable input from the reception staff

**The success of the Wilsden PPG**

Following the success of the Wilsden PPG and their NAPP award in 2012 the team has had numerous requests from other Practice PPG’s to share

how the group work together, how they link with the Practice and what goals have they achieved and what are the goals for the future.

The Chair of the Wilsden PPG was invited to speak at the Bradford District CCG meeting on the 9th April 2013 with regard to the work of a PPG within the Practice setting. Following on from the success of the meeting the Chair was subsequently invited to speak at the Bradford City PPG meeting on the 7th January 2014. The Chair was also invited to a patient involvement afternoon run by the CCG who are placing a high emphasis on patient involvement. The CCG’s are Clinical Commissioning Groups that replaced the Primary Care Trusts and are responsible for the planning and designing of local health services.

The Vice Chair is on the CCG steering committee which is setting up networks of PPG groups locally where experiences and expertise can be shared

**Agreement on priority issues:**

1. Telephone access
2. Appointment availability
3. On Line Services
4. Overall experience of Practice
5. Health Promotion Evenings
6. Links with specific cohorts of patients

**Telephone Access:**

Telephone access is an area that the Practice continues to review with the help of the PPG as contributing factors can affect the outcome of the surveys. Reasons include staff sickness, holidays, staff leaving and the timescales for training new staff.

The Practice has 8 open lines with 4 reception staff, 1 member of the Data Team and 2 administrative staff answering calls and one line out of the loop for the triage GP to begin their calls.

2012/2013 with the help of the PPG the Practice surveyed telephone access in the afternoons as staff levels were and are still reduced by one member of staff and we were concerned of the impact this had.

The survey showed excellent response times overall but with the occasional blip which when questioned was down to an emergency situation within the Practice which reduced again the number of available staff to answer calls.

As planned, this year the PPG survey looked at telephone response times during the lunchtime period. Rotation of staff takes place between 12.00pm and 1.30pm daily and again we were interested to look at the impact for patients.

The Survey results showed that the levels of staff at lunchtime were adequate to provide the correct level of service. The occasional times where the time taken to answer the telephone was over 2 minutes were investigated the reasons were staff dealing with emergency situations and computer problems which impacted on the delays to answering the telephones.

Survey results attached.

**Appointment availability:**

The triage doctor role continues to work well offering telephone calls in the first instance. This ensures that when all on the day appointments have been booked patients who need to be seen on the day can have contact with a doctor. The doctor then makes the clinical decision to book a face to face appointment if required, either on the day or in advance.

**On Line Services:**

From Monday 3rd March 2014 the on-line booking system went live with a percentage of pre-bookable appointments. The system will be reviewed at weekly intervals and it is hoped that more appointments will become available to book on-line within the next 6 months. The Practice is actively promoting the service and as it is linked to the repeat prescribing system it is hoped that we will see an increase in the number of patients signing up. The SMS text messaging service continues to be promoted and hopefully will see increases in the number of patients signing up.

**Overall experience of Practice:**

The PPG once again assisted in the annual flu clinics which were held on a Saturday and 2 evening sessions. As the clinics are open clinics and patients are often held in a queue the PPG assisted in ensuring a smooth flow of patients for each clinical room and at the same time promoting the role of the PPG.

As we continue to be a teaching Practice we require patients who agree to be seen by the GP together with the medical students. The PPG recruited 60 patients from assisting with the flu clinics.

**Health Promotion Evenings:**

The PPG, together with the Practice organised an evening event at which one of the GP partners gave a talk on “a day in the life of a GP” which proved to be an informative evening for patients. The PPG also fed back the results of their most recent telephone access survey. In addition there was input from a CCG member who explained what a CCG is and what it does. This is part of an ongoing desire to keep patients informed of local and CCG activities.

Following the success of the previous year’s arthritis evening the PPG organised for speakers to come in and talk once again about the disease, medication and what appliances are available to assist patients with their ever day life.

The PPG and the Practice are currently looking at Health Promotion Evenings and are researching the subject matter that they feel would give the most benefit to the patients. Further details will be displayed on the PPG notice and within the Practice.

The PPG continue to liaise with the Practice to look at ways in which it can assist in the delivery and promotion of health care as one of the links to the patient population.

**Links with specific cohorts of patients:**

The PPG are currently setting up links with the mums and babies/health visitors within the Practice and contacts at all the local upper schools.

It is felt that the 2 cohort of patients identified are not represented within the PPG but also are the cohorts that are not always represented on surveys with regard to what they want and expect in relation to services available.

**Extended Hours:**

The Practice continues with the early openings on a Tuesday and Thursday morning and all of these remain open to book in advance.

The Practice and the PPG will continue to work together to enhance the level of patient care, assessing and acting on patient feedback through surveys, comments boxes and face to face contact with patients.

**Survey Results Autumn 2013**

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| **Appointments** | |  | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
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**Comments from the survey result sheets**

|  |
| --- |
| No computer |
| Always told no advanced appointments available |
| Always told no advanced appointments available |
| not allowed advanced appointments |
| Not on line |
| Need appointments for working people outside normal hours |
| Not made an appointment recently |
| Was not aware of advanced appointments booking |
| Was not aware of advanced appointments booking |
| Want to book an appointment in advance |
| Was not aware of advanced appointments booking |
| Tried to book advanced appointment but very limited in number |
| V Poor appointments. No its not allowed (adv App.) V Poor |
| Never use phone always go to surgery for 7:50 ish |
| Not been able to book advanced appointment |
| Not been able to book advanced appointment |
| Don't have a computer |
| not allowed advanced appointments |
| Tried to book in advance unsuccessfully |
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**Lunchtime Survey Results**

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| **Monday** | **13/01/2014** | **Surveyor:** |  | **Staff manning phones** |  |
| **Time** | **Engaged** | **In queue** | **Total Response** | **Comments** | |
| **Y/N** | **Y/N** | **Time mm:ss** |
| 12:00 | N | Y | 4min 25secs |  | |
| 12:20 | N | Y | 55 secs. |  | |
| 12:40 | N | Y | 30 secs. |  | |
| 13:00 | N | Y | 2min19 secs. |  | |
| 13:20 | N | Y | 10 secs. |  | |
| 13:40 | N | Y | 45 secs. |  | |
| 14:00 | N | Y | 12 secs. |  | |
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| **Tuesday** | **21/01/2014** | **Surveyor:** |  | **Staff manning phones** |  |
| **Time** | **Engaged** | **In queue** | **Total Response** | **Comments** | |
| **Y/N** | **Y/N** | **Time mm:ss** |
| 12:00 | N | Y | 20 sec | Very polite. | |
| 12:20 | N | Y | 22 sec | Very polite & cheerful (good morning??) | |
| 12:40 | N | Y | 1 min 5 sec | Very polite. Small hold up due to swapping computers due to not printing. | |
| 13:00 | N | N | 20 sec | Very polite, all computer problems fixed (Sue H). | |
| 13:20 | N | N | 6 sec | Very polite, different receptionist. | |
| 13:40 | N | Y | 4 min 13 sec | Very polite & cheerful | |
| 14:00 | N | N | 4 sec | Very polite & cheerful | |
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| **Wednesday** | **15/01/2014** | **Surveyor:** |  | **Staff manning phones** |  |
| **Time** | **Engaged** | **In queue** | **Total Response** | **Comments** | |
| **Y/N** | **Y/N** | **Time mm:ss** |
| 12:00 | N | Y | 2 min |  | |
| 12:20 | N | N | 5 sec |  | |
| 12:40 | N | N | 10 sec |  | |
| 13:00 | N | N | 5 sec |  | |
| 13:20 | N | N | 15 sec |  | |
| 13:40 | N | Y | 2 min |  | |
| 14:00 | N | N | 5 sec |  | |
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| **Thursday** | **23/01/2014** | **Surveyor:** |  | **Staff manning phones** |  |
| **Time** | **Engaged** | **In queue** | **Total Response** | **Comments** | |
| **Y/N** | **Y/N** | **Time mm:ss** |
| 12:00 | A/MC | Y | 2 min | All receptionists very pleasant. No problems at all. 2 minutes the maximum time I had to wait for a reply | |
| 12:20 | N | N | immediate |
| 12:40 | N | Y | 1 min |
| 13:00 | N | N | immediate |
| 13:20 | N | N | 30 sec |
| 13:40 | N | N | 30 sec |
| 14:00 | N | N | 30 sec |
|  |  |  |  |  |  |
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| **Friday** | **17/01/2014** | **Surveyor:** |  | **Staff manning phones** |  |
| **Time** | **Engaged** | **In queue** | **Total Response** | **Comments** | |
| **Y/N** | **Y/N** | **Time mm:ss** |
| 12:00 | N | Y | 42secs | Then put on hold 1 min 10 sec (New person being monitored) | |
| 12:20 | N | Y | 2 min 39 sec |  | |
| 12:40 | N | Y | 3 min 51 sec |  | |
| 13:00 | N | N | 2 sec |  | |
| 13:20 | N | N | 11 sec |  | |
| 13:40 | N | N | 4 sec |  | |
| 14:00 | N | N | 6 sec |  | |
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**Lunchtime survey Graph**

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