

**Patient Participation Enhanced Service 2014/15**

**Practice Name:** Lockstown Practice

**Practice Code:** M91021

**Signed on behalf of practice:**  **Date:** 26.6.2014

**Signed on behalf of PPG:** **Date:**

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

**Does the Practice have a PPG?**

YES

**Method of engagement with PPG: Face to face, Email, Other (please specify)**

We have face to face meetings every three months in the Surgery

**Number of members of PPG:**

We have 11 members (7 of these are regular attenders to each meeting and 4 others attend when they are available for the meetings)

**Detail the gender mix of practice population and PPG:**

The list for the gender mix of our practice population is attached.

We have 6 male patients and 5 female patients in our PPG.

**Detail of age mix of practice population and PPG:**

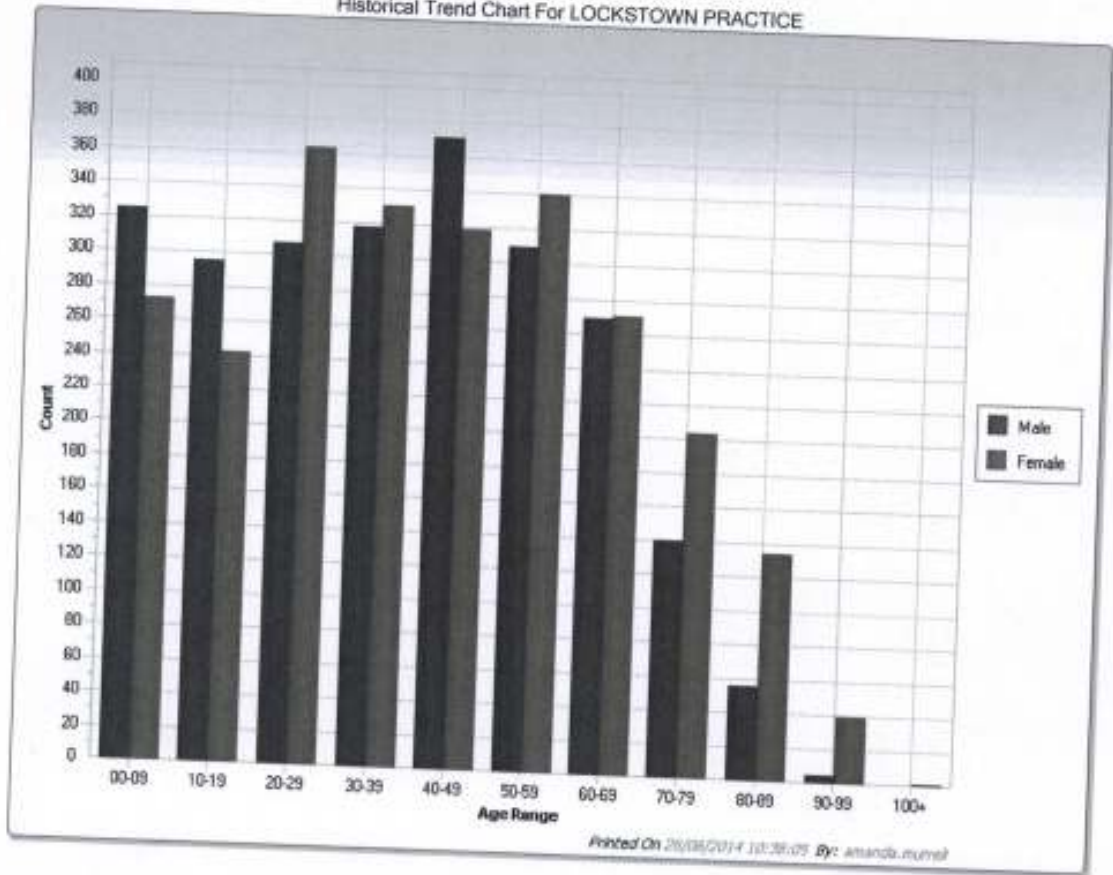
We have two patients that fall into the 45-54 age group, 4 patients that fall into the 55-64 age group, 2 patients that fall into the 65-74 age group and 3 patients in the over 75 age group.

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

The list for the ethnic background of our practice population is attached.

We have 10 White British members and one Indian ethnicity member in our PPG.

Historical Trend Chart For LOCKSTOWN PRACTICE



**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 sent out Newsletters to our patient population in February 2014 which included details of our PPG. The practice website is constantly updated with the dates of our meetings and we also advertise it within the surgery on our noticeboards and Jayex system. All of our GP's regularly encourage patients to attend this group. Dr R Mandal has been successful in recruiting two new members and Dr Wasima has introduced one new member using this method.

**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, we advertise to all our practice and do not feel we need to target a particular group.

**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 an open discussion at the end of each of our meetings to discuss any points our members wish to raise. We also receive feedback via our surgery questionnaire.

**How frequently were these reviewed with the PRG?**

Every three months at our meeting we discuss any feedback we have received and our Practice survey is carried out yearly.

**3. Action plan priority areas and implementation**

**Priority area 1**

**Description of priority area:**

Missed appointments (DNA rates)

**What actions were taken to address the priority?**

Our PPG were concerned about the impact missed appointments were having on the running of our surgery. These wasted appointments extend the waiting times for others and valuable clinician time. We implemented new systems to combat this issue. All appointments booked by our regular non-attenders were highlighted on the system in yellow to indicate their previous failure to attend. This enabled our reception staff to contact them 24 hours prior to the appointment to confirm attendance.

We also have a mobile telephone that can be texted to cancel unwanted appointments throughout the day and evenings. As a surgery we are keen to promote Patient Access to all of our patients.

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

Each month our total missed appointments are advertised in the surgery along with a breakdown for which clinician. This visual information has made patients more aware of the amount of wasted time, which in turn has made them more conscientious in cancelling unwanted appointments. There has been a steady decline in missed appointments which we are hoping to further improve.

**Priority area 2**

**Description of priority area:**

Reduce waiting times for blood tests whilst Health Care Assistant is on annual leave or sick leave.

**What actions were taken to address the priority?**

In order to maintain an effective Phlebotomy service we needed to address the need for cover due to annual/sickness leave. Therefore, we have now got an additional fully trained Receptionist/Phlebotomist who will have clinics added when our regular HCA is unavailable and there is also another Receptionist who has also completed the first part of her Phlebotomy training.

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

Due to the additional staff cover (our Practice Nurses are also able to assist). Our waiting time for blood tests is never more than around one week. Also our urgent blood tests can be accommodated if they are required within a few days. This information is not readily advertised and our phlebotomy appointments are not available on patient access but the availability for patients is very apparent. It has, however, been put on our PPG report which is available in surgery and on our website.

**Priority area 3**

**Description of priority area:**

We have addressed patient access and safety on the surgery car park.

**What actions were taken to address the priority?**

We had difficulties on the shared car park with Willenhall Chart Centre following the redesign and landscaping of the front of their building. They had placed stone chippings where the shrubbery used to be and this was spreading over the new slabbed pathway and causing a trip hazard. There were also uneven cracked slabs. Following consultation with the Chart Centre, this area has now been improved and small barriers have been placed around the stone chipping beds along with new and re-laid paving slabs.

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

There is now safe access for patients attending the Surgery and also a clearly marked out pedestrian walkway painted on the car parking area.

**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):**

Our DNA rate has reduced and we are more focussed on ensuring that this continues. We continually ask our members for suggestions and responses have included fines and removal from the practice list for habitual offenders.

We now have a committed core of PPG members who attend all meetings and continue to encourage the participation of other patients. This year we have seen six new patients attend the meetings.

**4. PPG Sign Off**

**Report signed off by PPG:**

YES

**Date of sign off:**

Annual report discussed at our March 2014 meeting

**How has the practice engaged with the PPG:**

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

Our newsletters were sent out to all our practice population to ensure all were reached. This newsletter included details of our PPG.

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

We regularly receive feedback from our members and also patients who are happy with changes we have implemented in surgery. One of our new PPG members joined the group because of the improvements he had witnessed in surgery and he wanted a 'behind the scenes' view of how we worked.

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

Yes, we discussed all changes we are making and they were noted at our meetings.

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

We now constantly monitor the needs of our patients, whether it is appointment availability or reaching housebound patients. Suggestions are assessed and implemented where appropriate.

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

The PPG is invaluable in bringing suggestions, however small, to the surgery from a patient perspective. These contributions would not be spoken about during clinician appointments but our meetings give them a platform. The meetings are quite informal and therefore not intimidating. Patients feel relaxed enough to offer help and support.

African - ethnic category 2001 census	14
Any other group - ethnic category 2001 census	9
Baltic Estonian/Latvian/Lithuanian - ethn categ 2001 census	2
Bangladeshi or British Bangladeshi - ethn categ 2001 census	3
Black and White - ethnic category 2001 census	1
Black British - ethnic category 2001 census	4
British Asian - ethnic category 2001 census	1
British or mixed British - ethnic category 2001 census	3938
Caribbean - ethnic category 2001 census	98
Chinese - ethnic category 2001 census	4
English - ethnic category 2001 census	12
Ethnic category not stated - 2001 census	2
Greek - ethnic category 2001 census	5
Indian or British Indian - ethnic category 2001 census	428
Irish - ethnic category 2001 census	13
Italian - ethnic category 2001 census	3
Kosovan - ethnic category 2001 census	1
Other Asian background - ethnic category 2001 census	19
Other Black background - ethnic category 2001 census	8
Other Mixed background - ethnic category 2001 census	27
Polish - ethnic category 2001 census	19
Turkish - ethnic category 2001 census	3
Vietnamese - ethnic category 2001 census	1
White and Asian - ethnic category 2001 census	4
White and Black Caribbean - ethnic category 2001 census	55

Lockstown Practice –M91020		
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Age	M	F
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00-09	325	272
10-19	295	242
20-29	307	363
30-39	317	330
40-49	371	318
50-59	309	340
60-69	269	271
70-79	140	204
80-89	56	134
90-99	4	39
100+	0	1

Practice population
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