Practice Name: The Abbotsbury Practice

Practice Code: E86022

Signed on behalf of practice: Abidah Haq – Practice manager Date: 30.3.15

Signed on behalf of PPG: Dorothy Reile – PPG Chair Date: 30.3.15

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 meetings, Email, Telephone. | |
| Number of members of PPG: 12 | |
| Detail the gender mix of practice population and PPG:   |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | 49.41% | 50.59% | | PRG | 25% | 75% | | Detail of age mix of practice population and PPG:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | | Practice | 18% | 10% | 12% | 13% | 16% | 12% | 10% | 9% | | PRG | 0 | 0 | 0 | 0 | 1 | 3 | 7 | 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 | 2135 | 72 | 1 | 349 | 24 | 11 | 35 | 48 | | PRG | 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Asian/Asian British | | | | | Black/African/Caribbean/Black British | | | Other | | |  | Indian | Pakistani | Bangladeshi | Chinese | Other  Asian | African | Caribbean | Other Black | Arab | Any other | | Practice | 468 | 82 | 19 | 61 | 170 | 48 | 23 | 0 | 2 | 81 | | PRG | 1 |  |  |  |  |  |  |  |  |  | | |
| Please note: The practice figures on ethnicity will not total the practice population as we do not have ethnicity recorded for some patients who registered before this became a requirement. However, we try to update records opportunistically when possible. | |
| 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 practice continually appeals to the patient population with a view to joining the group. This is done via the practice website, on the electronic patient call board in the practice waiting area and on the PPG noticeboard in the waiting area.  Clinicians also opportunistically approach patients who they think may be interested in joining the PPG. | |
| 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: N/A | |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:  This year the PPG thought it would be beneficial to liaise with patients in a more personal way as they have used written surveys in the past.  The feedback sources reviewed during the year were face to face patient opinions canvassed by various PPG members in the practice waiting room on different occasions and the FFT results. |
| How frequently were these reviewed with the PRG?  The results of the waiting room survey were collated by the PPG members and presented to the group at the June 2014 meeting.  It was agreed by the PPG and the practice that these would be reviewed bi-annually at the August 2014 meeting and the February 2015 meeting:  “PPG Review Patient Feedback – As agreed by the practice and the PPG members in the May meeting, Janice and Elaine and then Gill and Dorothy visited the waiting area at the surgery to meet and chat with patients of the Abbotsbury practice about:  a) Arrangements on online for consultations and/or prescriptions  b) Texting for communicating of test results and consultation reminder  c) Vaccinations for shingles  d) Joining PPG  After discussion it was jointly decided by the group that feedback from this survey and from the forthcoming “Friends & Family Test” would be reviewed bi-annually – in the August meeting and again in February 2015. ( Extracted from PPG Meeting Minutes 16.6.14)   1. “**Review of Patient Feedback & Action Plan** –   After analysis of the results as presented at the June meeting the following actions have been suggested in response by the practice:   1. **Texting to patients’ mobile phones:** Text alerts will be sent for appointment reminders, flu vaccinations, notification of normal test results, recalls for patients with long term conditions etc. It has been decided by the doctors that it is best practice for them to continue to personally contacting patients where blood results dictate a follow –up appointment as a text may worry people unnecessarily. 2. **Online access for prescriptions and appointments:**   Increase the use of patients’ online access within the Emis system to book appointments and order repeat prescriptions. Achieve this through a concerted campaign to increase the number of patients with a mobile telephone number on their records.  **Publicise on:**   1. Practice Website 2. Noticeboard and overhead message in surgery 3. Word of mouth at reception and during consultations 4. Newsletter 5. **Shingles vaccination: from Sept/Oct onward**    1. Text and phone recall of eligible group – 71-79 catching up programme    2. Opportunistically at consultations    3. Opportunistically give it at flu clinics   On behalf of the practice Dr Joseph thanked the PPG for its efforts in gathering the data to enable the above exercise and asked if the members were in agreement for the practice to implement the action plan. The PPG agreed with proposed actions which will be undertaken in the coming months.  The practice will present an update on the achievements of the plan in February 2015. “(Extracted from PPG Meeting Minutes 11.8.14)  The attached Appendix 1 information update was given to the PPG as part of the meeting below:   1. “Dr Bhattessa updated the PPG on the progress in several areas including:   ***Patient texting:*** An alert has been put on the notes of patients without mobile numbers to increase the uptake.  ***Mobile Number forms:*** Available at reception and on Drs’ desks to hand out in consulting rooms.  ***Use of Patient Chase:***  The use of “Patient Chase” for patient recalls was investigated by the practice but found to be too onerous.  ***Increase in use of texting within EMIS***: This is being used for appointment reminders and notification of results with increasing success, as above.  ***The number of patients over 16 whose mobile numbers the practice do not have has continued to fall:***  16.4.14 = 2434; 9.6.14 = 2139; 22.8.14 = 1881; 26.1.15 = 1623  ***Online access/prescriptions have been publicised:***  This has been done via the website, on the noticeboard/patient overhead in the waiting area, by word of mouth during consultations & in the patient Newsletter.  ***Patients registered for Emis Access appointments have increased:***  1.4.14 = 763; 13.8.14 = 815; 22.9.14 = 976; 26.1.15 = 1659  ***Targeting Eligible Patients for Shingles Vaccinations:*** This initiative commenced on 23.9.14 by texting and phoning the eligible group which consisted of 169 patients, 146 of whom have had the vaccination, 4 have declined and 19 patients still need to have it. This is an uptake of 86%.  ***Flu Clinics:*** Eligible patients are reminded of these at consultations.” (extracted from PPG Meeting Minutes 3.2.15)  The relevant sections of the minutes will be included as above in the report published on the website by 31st March 2015. |

1. Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area:  Seeking patient opinions and consequently increasing online requests for repeat medications and appointment booking with the Abbotsbury Practitioners. |
| What actions were taken to address the priority?  Representatives from the PPG consulted a total of 27 patients across 2 days at the practice.  The availability of the above services was advertised on the practice website, the practice noticeboard, the patient newsletter, verbally by staff, and on the patient call board in the practice. ( See PPG Minutes- 16.6.14) |
| Result of actions and impact on patients and carers (including how publicised):  Due to the concerted drive by the practice to raise patient awareness of this facility, there has been a significant increase  in the numbers using the online service: In 9 months this has risen from 763 patients to 1659 patients-an increase of 117%  ***Online access/prescriptions have been publicised:***  This has been done via the website, on the noticeboard/patient overhead in the waiting area, by word of  mouth during consultations & in the patient Newsletter.  ***Patients registered for Emis Access appointments have increased:***  1.4.14 = 763; 13.8.14 = 815; 22.9.14 = 976; 26.1.15 = 1659 (See PPG Minutes 3.2.15)  **Summary of patient answers about the online access**  Of the 15 people consulted:  7 people will try it and some asked the receptionist for the access form.  2 have regular repeat prescriptions issued directly from the pharmacist  3 do not have a computer  3 are not interested as their partner deals with these issues.  Of the 12 patients consulted on a separate occasion the PPG did not record numbers as above but got a general impression that “younger patients were happy to book online/order repeat prescriptions but older patients preferred to either call in (for prescriptions) or telephone. (for appointments.)”  Remote access has allowed carers to request medicines and make appointments for patients without having to visit the practice or wait on the telephone to do so. |

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| Priority area 2 |
| Description of priority area:  Seeking patient views on and consequently increasing the use of text messages to remind them of appointments and notify  them with the normal results of medical tests e.g. blood tests etc. |
| What actions were taken to address the priority?  Representatives from the PPG consulted a total of 27 patients across 2 days at the practice. Of the 15 patients consulted:   * 9 people thought it was a very good idea and have already registered their mobile number at the practice. * 2 people will try and give their number to reception * 2 people do not use a mobile except in emergencies and prefer to contact the surgery * 2 people are not interested in giving their number to reception   Of the 12 patients surveyed on a separate occasion, the PPG discovered that all the patients that had mobile phones had given their numbers to reception.  The availability of the above service was advertised on:     * The practice website * The practice noticeboard * The patient newsletter * The patient call board in the practice. * There are also permanent notices in the practice alerting patients about the service * Forms are constantly available at reception and in consulting rooms appealing for patients’ updated mobile numbers. * Patients are verbally informed of the service by staff. ( See PPG Minutes- 16.6.14) * Staff alert added on notes of patients without mobile numbers in their records-to increase uptake |
| Result of actions and impact on patients and carers (including how publicised):  Due to the above publicity methods we believe that the information continues to reach a broad range of the population.  This is borne out by an analysis of the numbers of patients for whom the practice now holds a mobile number.  The number of patients over 16 for whom we do not have a mobile number has fallen as follows:  16.4.14 2434  9.6.14 2139  22.8.14 1881  26.1.15 1623  This is an increase in 811 patients with recorded mobiles over 9 months.  The increased use of results texting has meant that patients and carers do not need to ring the practice for the majority of test results which are normal. The texted appointment reminders have decreased the DNA rate from 3% in 2013-14 to 1% this year which means less disruption for patients & carers as they do not have to rebook forgotten/missed appointments. |

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| Priority area 3 |
| Description of priority area:  To increase the awareness and uptake of the Shingles vaccines for the eligible patients. |
| What actions were taken to address the priority?   * The practice conducted patient searches to identify the eligible groups * The eligible groups were contacted by text and telephone to alert them about the availability of the vaccine * This was advertised on the patient noticeboard in the practice waiting area and on the patient newsletter * The vaccine was also offered & administered opportunistically at routine consultations and in the flu clinics |
| Result of actions and impact on patients and carers (including how publicised):   * The eligible groups were contacted by text and telephone to alert them about the availability of the vaccine * This was advertised on the patient noticeboard in the practice waiting area and on the patient newsletter * Out of 169 eligible patients, 146 have had the shingles vaccination, 4 have declined,19 patients need to have it-this is an uptake of 86%   With the practice taking the initiative to contact patients, it has meant that the patients and any carers have not had to worry about remembering to book an appointment. The result is that hopefully future shingles cases will be greatly reduced in this age group. |

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):

**2013-2014:** The survey showed that a majority of the respondents welcomed an online appointment booking and prescription request facility

This was duly introduced and continues to be offered to patients to enhance accessibility, flexibility and patient choice.

**2012-2013:** The survey showed that a majority of the respondents welcomed further information on 6 main topics.

Consequently, some open afternoons were arranged to publicise and signpost some of the information highlighted in the survey

Newsletter articles on some of these topics will continue to be included over the course of the year.

**2011-2012:** The results of the survey indicated that patients were interested in a quarterly newsletter, incorporating a variety of topics.

The newsletter was introduced and managed by the PPG with practice input where required, a process which has continued very successfully on a quarterly basis. The practice provides support by printing the newsletter and providing information and articles as requested by the group.

1. PPG Sign Off

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| Report signed off by PPG:  Yes  Date of sign off: 30.3.15 |
| How has the practice engaged with the PPG:  How has the practice made efforts to engage with seldom heard groups in the practice population?  Has the practice received patient and carer feedback from a variety of sources?  Was the PPG involved in the agreement of priority areas and the resulting action plan?  How has the service offered to patients and carers improved as a result of the implementation of the action plan?  Do you have any other comments about the PPG or practice in relation to this area of work?  In response to the questions above:    The practice continues to advertise the need for new PPG members via all the usual practice channels – website, practice noticeboard, newsletters and opportunistically when seeing patients.  The practice solicits patient and carer feedback via NHS Choices, the practice website comments box, the suggestions box in the reception area and through a review of the practice complaints system. The FFT survey is completed by a range of patients attending the practice premises. This includes people from all age groups, ethnicities, and varying personal/medical circumstances.  The PPG was involved in the agreement of the priority areas during meetings earlier this year: PPG minutes April 2014:  “Dr Bhattessa informed us that the NHS has requested Practices to collaborate with PPGs to undertake a review of patient feedback during the year. The patient feedback could be in the form of a survey, canvassing patient opinions etc. The aim is to raise patient awareness about what their Doctors can and do offer. The PPG needs to agree with the practice how and when this will be done. (This request is probably as a result of the recent disclosure that many people will attend A&E rather than wait for an appointment with their GP.  At the Abbotsbury Practice we are fortunate as “the waiting time” for a consultation is rarely beyond a couple of days: many patients at other surgeries in the area do have to wait a matter of weeks.) The members agreed that this topic would be discussed in detail and a confirmed action plan agreed in the next meeting on 12th May, 2014.” (PPG minutes 14 April 2014)  PPG Minutes May 2014:  “Patient Awareness and NHS Survey – Dr Joseph took the floor and expanded on the basic details Dr Bhattessa had provided at the April 2014 meeting:  Essentially, we needed to agree a review of patient feedback-what will be reviewed, how this will be done and how frequently we will need to review?  After some thoughts by the PPG since the previous meeting, together with information from Dr Joseph, (representing the practice), discussion and agreement in this meeting, the following points were decided:  In essence the idea is that the PPG meets with the Abbotsbury Practice patients in the waiting area to seek their opinions on -  1 – Online ordering of medications and/or arranging consultations with the Abbotsbury Practitioners  2 – Texting patients to remind them of appointments and notifying them with the normal results of medical tests e.g blood tests etc  3 – Talk to those aged either 70 or 79 about the opportunity to have the shingles vaccination.  4 – Anything else patients wish to talk about  5 – Asking people from underrepresented groups (e.g. young parents, young men, people with long term conditions) if they would like to join the PPG.” (PPG minutes 12 May 2014)  The service offered to patients and carers has improved as a result of the implementation of the action plan as we have achieved an improvement in the key priorities which were targeted at the beginning of the year. This is vindicated by the fact the results of the FFT survey where the overwhelming majority of patients have cited the ease of securing an appointment.  We also process a large number of our repeat prescriptions faster than the contractual stipulation which is facilitated by the online request system.  The PPG are always very willing in wanting to help the practice improve patient satisfaction and meet patient needs where possible. |

Completed and returned to NHS England by no later than 31 March 2015