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| **2013-14 PATIENT PARTICIPATION REPORT** |
| **Queens Road Partnership** |
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| A description of the profile of the members of the PRG  |   The PPG currently has 27 members, 2 less than last year. The profile of the group is tabled below.

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| --- | --- | --- | --- | --- |
| **Age** | **< 35** | **35-50** | **50-65** | **>65** |
|  | **1** | **6** | **14** | **6** |

|  |  |  |
| --- | --- | --- |
| **Sex** | **Male** | **Female** |
|  | **2** | **27** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Ethnicity** | **White** | **Irish** | **Black caribbean** | **Black African** | **Asian** | **Mixed British** |
| **No. of pts** | **13** | **1** | **5** | **5** | **2** | **1** |

**There is representation on the group from disabled patients, The practice rate of clams for disability living allowance is 44.2 per 1000, about average for Lewisham CCG. DAT service users and mental health service users are also represented..****The PPG is now a virtual group. We have continued to communicate with patients virtually on 3 occasions as well, to obtain feedback and discuss practice services and development.** |
| The steps taken to ensure that the PRG is representative of our registered patients and where a category of patients is not represented, the steps we took in an attempt to engage that category |  **We are happy that we have made every effort to recruit patients from all sections of our practice population during last year and continue to use the mechanisms detailed below to ensure our PPG is as representative as possible.****Patients have been recruited to the group in the following ways:*** **Via posters in the reception area on the Patient Group Notice board**
* **Through our connections with the local NXGT (New Cross Gate Trust)**
* **Via direct invitation from clinicians at appointments**
* **Invitation to new patients from reception staff**
* **Directly in writing to those who have left contact details or expressed an interest at reception**

 **Male members are still under represented, although our practice profile is roughly equal between male and female. We plan to increase virtual meetings and feedback this year to encourage the younger/male population to engage with the group.** |
| Details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local practice survey | The PRG reviewed last year’s Action plan in February. Telephone access is still reported as well below average despite introducing a triage system whereby the doctor rings the patient back using a practice mobile. This has been analysed further and will be reviewed again in the new financial year. We have invested substantially in further repairs and redecoration at 387 Queens Road and external decoration at 296 Queens Road. We are grateful to NXGT (New Cross Gate Trust.) for their assistance in repairing the damp wall and renewing the flat roof at 387 Queens Road. Priorities this year:* Access – refining the telephone triage system
* Premises: Exploring the option to locate to temporary buildings on the new site
* Continuity of care

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| The manner in which we sought to obtain the views of our patients |  The survey was carried out using the IPQ (Improving Practice QuestionnaireThe IPQ is a well-established questionnaire widely used in the UK.Since 2004, over 3,000,000 patients have completed an IPQ providing valuable patient feedback to over4,000 practices and over 16,000 health practitioners, many of these practices and health practitioners having completed the survey on more than one occasion.Extensive published validation studies (please see http://www.cfepsurveys.co.uk/library/publications.aspx )have established that the IPQ is a reliable and sensitive tool: accurately measuring patient satisfaction in designated areas and is sensitive to change - if the IPQ is carried out on more than one occasion any change in patient perception of service can be clearly and reliably monitored.The PRG were keen to have a reliable comparison to get a true measure of progress. Hence they agreed they would like to use the same comprehensive questionnaire which covers all the priorities of concern. The survey was given out at both surgery sites over a period of a week to ensure patients seeing a doctor, nurse or other healthcare professional were able to respond. For example they were available in baby and ante natal clinics, counselling clinics, CAB sessions, in order to sample as broad a group of patients as possible. Staff took time to explain what the survey was for, that it would not affect clinical care for the patient and was completely confidential in order to encourage as many patients as possible to respond. There were also posters put up and leaflets given out to explain what the survey was about. Patients whose first language is not English were encouraged to take the survey away, if they had help with translation elsewhere and return it to the surgery at a later date. A total of 380 questionnaires were given out, with 240 responses. |
| Details of the steps taken by the practice to provide an opportunity for the PRG to discuss the contents of the action plan  |  The PRG were asked to review the findings in March and to agree an action plan. The survey results had been published on the Patient Participation Group notice board in reception. Other patients wishing to be informed, who have provided email addresses, have been forwarded the results and their comments invited. . |
| Details of the action plan setting out how the finding or proposals arising out of the local practice survey can be implemented and, if appropriate, reason why any such findings or proposals should not be implemented. |  The mean score for the practice survey this year was about same as last year overall. This is disappointing, particularly as we have been striving to improve our telephone access and appointment system. In all but one of these areas we are in the lowest quartile nationally. Despite this we received a number of positive comments and good feedback.The PRG felt that we should continue with our efforts and recognised the hard work of the practice team. |
| A summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local practice survey |  See survey results |
| **Action Plan** |
| Changes we intend to take as a consequence of discussions with the Patient Representative Group is respect of the results, findings and proposals arising out of the local practice survey |  Further analysis of access using the data and report generated from the Primary Care Foundation ‘Improving Access & Urgent Care in General Practice’ audit. To include looking at the use of the practice nursing team and consultation rates and how this impacts on the balance of same day and pre booked appointments.Additional reception training to signpost patients to the most appropriate healthcare professional. |
| ii. where it has participated in the Scheme for the year, or any part thereof, ending 31 March 2012, has taken on issues and priorities as set out in the Local Patient Participation Report |  .We will look at the opportunity to relocate to our new site in portacabins pending Lewisham Council and NXGT procurement of a developer for the healthy living centre scheme. Work will be undertaken to provide greater continuity of care, particularly for elderly patients or those with chronic disease.  |
| The opening hours of the practice premises and the method of obtaining access to services throughout the core hours and extended hours arrangements (the times at which individual healthcare professionals are accessible to registered patients. |  Practice opening times are:8:00 am to 6:30 pm Monday to FridayClosed Saturday and SundayDuring these times patients may contact the practice in person or by telephone. For non urgent or administrative problems the practice can be contacted via email.The practice participates in Extended Access. The extended access times are from 6:30 to 8:00 pm on Tuesday, Wednesday and Thursday. These times are by appointment.  |