|  |  |
| --- | --- |
| **2012-13 PATIENT PARTICIPATION REPORT** | |
| **Queens Road Partnership** | |
|  |  |
|  |  |
| A description of the profile of the members of the PRG | The PPG currently has 29 members, 3 more than last year. The profile of the group is tabled below.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Age** | **< 35** | **35-50** | **50-65** | **>65** | |  | **3** | **6** | **14** | **6** |  |  |  |  | | --- | --- | --- | | **Sex** | **Male** | **Female** | |  | **2** | **27** |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Ethnicity** | **White** | **Irish** | **Black caribbean** | **Black African** | **Asian** | **Mixed British** | | **No. of pts** | **14** | **1** | **5** | **6** | **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 PCT. DAT service users and mental health service users are also represented.**.**  The PPG has met twice for face to face meetings this year in December 2012 and March 2013. 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 in last year’s report to ensure our PPG is as representative as possible. Male members are currently 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 December. Despite the group agreeing that some progress had been made by the access group in improving appointments there was still a view that we could do more particularly around telephone access. The fabric of the building was still a major cause for concern but some funding to make further repairs has been obtained from NXGT (New Cross Gate Trust.)The PRG was pleased that the information boards had been kept up to date but so far no progress had been made on members of the PPG assisting patients in the practice to inform them about services. Still a perceived general lack of knowledge about specific things eg. Text messaging. This had been in use since June when we migrated to EMIS web but group members were largely unaware.? System operating correctly. It was agreed that the priorities remain the same this year and that the same questionnaire be used as last year so we can compare “like with like”. Priorities remain:   * Appointments and access * Patient / Clinical care * Environment/Premises   . |
| The manner in which we sought to obtain the views of our patients | The survey was carried out using the IPQ (Improving Practice Questionnaire  The 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 over  4,000 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 build on improvements made last year and also to compare “like with like” 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 two weeks 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 405 questionnaires were given out, with 287 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 met 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 the same as last year overall. Telephone access was perceived to be worse (a 16% drop) Patients were dissatisfied with the ability to see a doctor of choice and with the difficulty in speaking to a doctor on the phone. Waiting times were felt to be too long. |
| 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 | Introduction of a new appointment system to incorporate telephone triage by doctors.(Start date 15 .4.2013) Patients will not be asked to call back for an appointment and will not have to attend the practice early in the morning to ensure they are seen. It will be quicker for the reception team to deal with appointment requests so phone calls will be answered in a more timely fashion and therefore it will be easier to contact the practice by phone. Calls back from doctors will not use the patient lines. Early and late appointments will still be available as well as pre bookable appointments. |
| 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 | Funding has been secured to repair the damp wall on all three floors of the building. The work is scheduled to be undertaken during April 2013.  Practice text reminders have been in place since June 2012 but this service is to be advertised to patients to raise awareness and to encourage patients to update the practice with mobile numbers and respond to texts.(June 2013)  To discuss further the use of PPG members to signpost patients to information & services available at the practice. Confidentiality issues to be explored. |
| 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 Friday  Closed Saturday and Sunday  During 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. |