

## Patient Group Report 2015

West Yorkshire Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Carlton-Phoenix Practice Code: B83012-B83071

Signed on behalf of practice: (Graham Symonds)      Date: 30/3/2015

Signed on behalf of PPG: (DF/AR/DS)

Date: 30/3/2015

1. Prerequisite of Enhanced Service – Develop/Maintain a Patient Participation Group (PPG)
2. Does the Practice have a PPG? YES

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

Number of members of PPG: 7

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	50	50
PRG	43	57

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	>75
Practice	25	10	14	14	13	10	7	7
PRG	-	-	14	14	29	29	14	-

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	41	-	1	5	1	-	1	1
PRG	57	-	-	-	-	-	-	-

	Asian/Asian British				Black/African/Caribbean/Black British			Other		
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	2	41	-	-	3	-	-	-	-	3
PRG	-	43	-	-	-	-	-	-	-	-

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 group is largely representative but efforts continue to be made to encourage more young members particularly through the expanding CASH clinic. The group has been advertised in waiting rooms, through consultations and on the website. Flyers are given out including the dates of future meetings. New patients and those who complain are invited to join the group. The group has been advertised in waiting rooms, through consultations and on the website. The group have a dedicated notice board in the centre. It remains difficult to attract younger members largely due to timing issues.

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:

2. Review of patient feedback

Outline the sources of feedback that were reviewed during the year:

Patient survey, Friends and Family test, complaints.

How frequently were these reviewed with the PRG?

Quarterly

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Appointments

What actions were taken to address the priority?

Introduction of triage on Monday mornings

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

Around 30 requests for appointments have been dealt with by GP's without an appointment being needed each Monday morning thus reducing the pressure on appointments.

Priority area 2

Description of priority area:

Telephone service

What actions were taken to address the priority?

The Carlton and Phoenix systems have been merged and access is via a local (01274) number. The capacity of the system has been increased and staff rotas changed to provide maximum coverage in the mornings. We are increasing the number of staff available to take calls first thing and simplifying menu options to ensure that those needing attention same day get through first.

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

The change for patients was minimised by using the existing Carlton number. There was a message and a divert for those using the old (0844) Phoenix number. Posters were also put up.

Priority area 3

Description of priority area:

Merger of Carlton and Phoenix Practices

What actions were taken to address the priority?

The Patient Group has been briefed throughout the merger process and their input has been welcomed. They are fully supportive of the plans. Patients at large have been informed and invited to comment. The plans have been greeted with enthusiasm. Assurances have been given that patients will not be forced to go to one site or the other and that their usual GP will remain available to them.

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

Two site operation and current opening hours will be maintained. This will provide a choice of surgery but also accommodate preference for a particular site. We can offer core and enhanced services at both sites to better manage capacity and access. This will give:

Greater responsiveness e.g. opening times will be unaffected and in fact extended for Carlton patients using Allerton Health Centre

Increase in clinician skill mix, benefitting patients and reducing referrals by re-structuring clinical leadership, harmonising clinical practice, adopting new ways of working and using data to improve clinical productivity

Advance booking and booking with a GP of choice

Improved telephone access through a system with better connectivity between sites and greater capacity and removal of the Phoenix 0844 number

Improved access to GP and Nurse appointments

Improvement in patient consultation times

Better use of space, even better if funding for re-configuration can be obtained

Better organisation and co-ordination of services

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):

Appointments and telephone service have been the main priorities right from the start. The merger has come into play over the past 18 months. In 2012/13 there was much focus on the move to the new centre in Gurlington, which was reported on last year.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 30/3/2015

How has the practice engaged with the PPG:

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

Apart from White British and Pakistani, other groups are small and disparate. A contact has been made within the local community centre which may help with this. The main concern remains young people in general. The use of facebook/twitter has been rejected, though existing channels do not seem to be working at present.

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

Yes. The Integrated Care Team meetings have enhanced this. Although feedback is quite specific, it has raised general issues about how we communicate with different groups.

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?

The merger meant that there needed to be a re-focus on delivering to a larger number of patients across the two sites. It is fair to say that improvements have been slow to come through as operational practices are harmonised.

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

Appointments and telephone service will continue to be issues, though full completion of the merger will enable a focus on other areas:

Online services

Electronic prescriptions

Links with Community Centres

Customer Care Strategy

We envisage a stronger link between the group and staff in general rather than just management, less meeting time and more practical activity (communication and facilitation).

More detailed analysis of the population needs to be done to improve targeting and impact.