



Method of engagement with PPG: Face to face, Email, Other (please specify)	<ul style="list-style-type: none"> • FACE TO FACE MEETINGS INDIVIDUAL AND COMMITTEE • EMAIL, • NEWSLETTERS • TEXT MESSAGES • POSTERS IN THE WAITING ROOM • PUBLIC MEETINGS • COFFEE MORNINGS • TRAINING SESSIONS (CPR AND DEMENTIA FRIENDLY)
Number of members of PPG:	<ul style="list-style-type: none"> • 13 ON THE COMMITTEE, • 650 OFFICIAL SIGNED UP MEMBERS, • 3,000 ON PATIENT REFERENCE EMAIL GROUP. • OUR PPG IS KNOWN AS THE FRIENDS OF PARK SURGERY OR 'FOPS'.

Detail the gender mix of practice, population and PPG:			Detail of age mix of practice population and PPG:								
%	Male	Female	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	>75
Practice	11782	12008	Practice	4658	2444	2910	3302	3518	2462	2124	2372
PPG			PPG								
Detail the ethnic background of your practice population and PPG:											
White						Mixed/ multiple ethnic groups					

%	British	Irish	Gypsy or Irish Traveller	Other white	White Black & Caribbean	White & black African	White & Asian	Other mixed
Practice	6433	72		700	27	29	60	41
PPG								

Asian/ Asian British					Black / African / Caribbean / Black British			Other		
%	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any Other
Practice	133	16	16	24	200			20		4444
PPG										

OTHERS NOT RECORDED

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 promotes membership of the FOPS PPG to all new patients and includes an application pack to the group with new patient details. The newsletter is sent via email to all patients with an email address encouraging all patients to join and we plan public meetings that we feel will appeal to a wide age range within the practice population. The newsletter is also available as a hard copy in the surgery and posted to all full members of the PPG.

Posters inviting patients join are displayed in the surgery.

The PPG has been in existence since 1991 and we were one of the first practices to have such a group and invitations to join were sent to every household at that time.

Specific characteristics of the practice population.:

We have a slightly higher than average elderly population and our PPG does reflect that demographic – this has been a natural development as this older age group are higher users of primary care services and have opinions with regard to the services provided that they wish to express. They are also enthusiastic completers of surveys which provides the practice with valuable information when canvassing opinion.

1. Review of patient feedback

The sources of feedback that were reviewed during the year:

Patient questionnaires.

Comment cards in the surgery provided by FOPS and a comment box

Q & A sessions with doctors at public meetings.

Requests for comments via the newsletter.

Requests for comments in response to emailed questionnaires.

Friends and Family Test advertised by text as well as by leaflet and notices in the practice and on the website

Open publication of the Practice Manager's email address.

Website invites feedback from patients.

Reviewed with the PRG

Responses to feedback are discussed at every FOPS committee meeting; the meetings currently convene bi-monthly and minutes are taken. Three new committee members have joined in 2014/15 and we now have 13 on the committee.

2. Action plan priority areas and implementation

Priority area 1

Description of priority area:

The 0844 number is to be changed for a local number

Actions were taken to address the priority:

The 0844 number was taken out of service in October 2014 and the local number that had been being used running alongside the 0844 number became the main surgery number.

Three companies were approached to quote for a new phone system.

Result of actions and impact on patients and carers

Initial feedback has shown dissatisfaction with the queuing the new phone system has created and the fact the phone is often engaged at times of high activity. This was anticipated when we planned to change the system but had no choice due to CCG and public pressure but to revert back to a local number.

The changes have been publicised in the newsletter, on the website and on internal leaflets and posters and we will be asking patients for their views of the change via the PPG and by emailing patients whose email addresses we have.

Priority area 2

Description of priority area:

Improvement of response time to telephone calls particularly from 8 am

Actions taken to address the priority:

The practice is to introduce a communications room from 1 April which will accommodate 8 staff members on the top floor of the practice in a 'call centre' configuration where they can respond to phone calls away from the reception counter. The receptionists at the desks will stop taking external phone calls so that reception and the waiting areas become quiet and less frenetic than they are at present.

This move should mean more time dedicated to responding to telephone calls and thus speeding up response rates.

Result of actions and impact on patients and carers

This has yet to be assessed. The changes have been publicised in the newsletter and we will be asking patients for their views of the changes via the PPG and by emailing patients whose email addresses we have.

Priority area 3

Description of priority area:

Availability of more appointments with patients own registered GP

Actions taken to address the priority:

The practice has taken on 2 new partners and reduced the number of salaried doctors from 6 to 3. Following patient movement this will improve continuity of care for patients with receptionists encouraging patients to see their own named GP wherever possible.

Appointment types are being changed so that bookable, urgent on the day and acute unit on the day appointments are available. We will stop reserving appointments for non-urgent on the day because demand is high for appointments and these are often taken before the day, reducing availability for urgent appointments on the day. This will be experimental to see if it improves the management of the appointments and stops patients ringing at 8 am for a routine on the day appointment, which creates a huge back log of calls (300 on a Monday at 8am).

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

This has yet to be assessed. The changes have been publicised in the newsletter and we will be asking patients for their views of the changes via the PPG and by emailing the 6,000 patients whose email addresses we have.

Comment

In previous years we have been asked to improve access and now have doctors available from 7.30 am on some weekday mornings, on Monday evenings to 8 pm and more doctors are available on Saturday mornings. We also operate the ultrasound service all day on a Saturday provide premises for a urology service.

We were asked to change the phone system to a local number only – this has now been achieved.

A standard form of words for receptionists to use when asking patients for information regarding their condition has been requested – receptionists are trained during their induction with regard to appropriate phrases to use where asking patients for information regarding their condition to better signpost them to appropriate services.

We are planning to run more surveys, to gain patient's views – we have canvassed opinion from patients when advised or asked to do so by our PPG and following discussion with them. For example we wished to change the ratio of the number of bookable and urgent on the day appointments that the practice has available and this was approved by FOPS after discussion.

3. PPG Sign Off

Report signed off by PPG: YES / NO	YES
Date of sign off:	30 MARCH 2015
How has the practice engaged with the PPG:	<ul style="list-style-type: none"> • FACE TO FACE MEETINGS • EMAIL, • NEWSLETTERS, • TEXT MESSAGES • POSTERS IN THE WAITING ROOM • PUBLIC MEETINGS, • COFFEE MORNINGS, TRAINING SESSIONS (CPR AND DEMENTIA FRIENDLY)
How has the practice made efforts to engage with seldom heard groups in the practice population?	Yes, methods describing how we can connect with diverse groups are discussed during committee meetings. Suggestions have included having a FOPS member based in the practice from time to time to speak to various groups of patients, and to email to all patients with an email address in the practice and text messages.
Has the practice received patient and carer feedback from a variety of sources?	Yes, via a variety of methods. Comments from the Friend and Family test have proved very illuminating and patients were interviewed in the surgery by FOPS members to help the older patients complete the survey.
How has the service offered to patients and carers improved as a result of the implementation of the action plan?	Patients express a high level of satisfaction with the surgery generally, whilst continuing to express concerns re access. The practice is making further changes to facilitate this including changing the category of appointments offered with more bookable and less held for non-urgent on the day; more urgent on the day slots are also to be created.