

Standard Reporting Template

Devon, Cornwall and Isles of Scilly Area Team
 2014/15 Patient Participation Enhanced Service – Reporting Template


Practice Name: Drs Nash & Uglow

Practice Code: L82007

Signed on behalf of practice:

Date: 24th March 2015

Signed on behalf of PPG:



Date: 24th March 2015

1. Prerequisite of Enhanced Service – Develop/Maintain a Patient Participation Group (PPG)

Does the Practice have a PPG? YES													
Method of engagement with PPG: Face to face, Email, Telephone, Letter													
Number of members of PPG: 7													
Detail the gender mix of practice population and PPG:					Detail of age mix of practice population and PPG:								
%	Male				%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	48.06				Practice	17.6	7.64	9.15	9.90	14.26	15.34	15.15	10.8
PRG	42.85				PRG	0	0	14.28	0	0	28.57	57.14	0

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	3017	4	0	19	0	1	2	1
PRG	7							

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	0	0	0	0	2	2	1	0	0	358
PRG										

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 population is 98.95% British. It is difficult to engage other ethnic backgrounds. This year we are going to try and attract some younger members who are parents of young children. The practice newsletter will be published in the surgeries, and also in the local Camelfordian magazine, an appeal will be made on the newsletter.

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:

Practice Survey, Practice Away Day in May, Friends and Family

How frequently were these reviewed with the PRG?

At quarterly meetings

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

A new building or an extension to current premises is needed in order to carry out basic services to patients.

What actions were taken to address the priority?

In February 2014 there was a public meeting arranged by Camelford Forum, this was attended by Julia Cory from NHS England, Julia is involved with Premises matters. Medical provision in Camelford was discussed including dental health. The town is growing with more new houses planned, all services need to increase their capacity to cope. Julia Cory agreed to have a meeting with Drs Nash & Garrod at the surgery for further discussions

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

Julia Cory attended the surgery on 25th February along with Ian Turnbull (Premises) to discuss the way forward. Neither NHS England nor Dr Nash and Dr Garrod were happy to take on the 25 year head lease for new premises, although at that time funding was not available. In the last month practices have been given the opportunity to apply for funding for a new building or extension. Funding will be available over the next 4 years. The practice has expressed an interest. There is a public meeting on March 10th at Clease Hall, Camelford to discuss healthcare provision in the Camelford area. David Purser from the Kernow Commissioning Group will attend. Dr Nash and Sue Rabson will also attend. A poster advertising this meeting to patients is displayed in all three surgeries.

Priority area 2

Description of priority area:

Lack of appointments as shown by survey. Patients had complained that they couldn't phone today for an appointment tomorrow, this was causing difficulties with working patients, as they were unable to arrange time off to see the GP on the same day Wednesday was also a very busy day with just one GP working.

What actions were taken to address the priority?

The appointment system was changed so that some appointments were released 24 hours before the clinic started, in order to alleviate this problem.

A trial was carried out using a locum for Wednesday afternoons, unfortunately this surgery was at Delabole as that was the only room space available. There was some uptake of this service but the appointments were not always used due to the difficulty of patients travelling to Delabole, then the locum we used decided to leave so the project came to an end. If the problem arises again in the future, it may be possible to add an additional clinic to help with the work.

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

The 24 hour book ahead appointments remain and have been appreciated by patients. The practice timetable is in the practice brochure, on the website and is available for patients to take a copy from the surgeries.

The pressure on Wednesday appointments eased once the summer was over, but this system may need to be used again through the summer this year if necessary

Priority area 3

Description of priority area:

Patients were complaining that they were unable to get through on the phone to book appointments or for urgent matters, due to the fact that the phones were constantly engaged.

What actions were taken to address the priority?

It was suggested that the surgery do not take prescription repeat requests by telephone, but to use Online ordering, fax, prescription counterfoil delivered to the surgery or posted to surgery. Having made some enquiries, most other surgeries in the area already had this in place. The Patient Group were asked their opinion by email and letter. There were concerns about housebound and elderly people and patients who lived in outlying areas. It was decided that patients who were unable to come in and those without a family member to assist, would be able to telephone as usual. This is noted on the patient screen, so that the reception staff can identify them. The patient group was happy with this decision.

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

The telephone lines are very much quieter now, this enables the receptionist to deal with patients in the surgery more efficiently. Patients are able to contact the surgery by telephone with greater ease. More patients have opted to use the Repeat Dispensing scheme whereby, if they are on regular medication with few changes, the doctor can prescribe 6 months worth of prescriptions at a time and send them to the chemist for dispensing on a monthly basis. A lot of patients have taken up the option of ordering on the internet via SystemOnline. The surgery has received very few complaints about this since its inception in September 2014.

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):

New Premises – During 2012 talks were held regarding two proposed developments at the old Primary School site, Highfield Road and a site at Victoria Road by Walker developments. Both sites had plans to include a medical centre, however the Primary Care Trust was to be replaced in April 2013 by NHS England and funding had not been made available for premises. There is a public meeting on 10th March 2015 to discuss the future of healthcare provision in the Camelford area and some funding is now available over a period of four years, it may be possible to utilise this.

Newsletter – patients were not aware that a newsletter existed. This is now displayed in the Camelford Library and a copy is sent to the 'Camelfordian', the local magazine distributed to local residents, as well as a copy on the Town Noticeboard at the entrance to the car park.

Appointment Availability – it is very difficult to increase the number of appointments available given the constraints of the building. The structure of the appointment system has been changed to allow patients to book 24 hours ahead, rather than on the same day. This has been applied to two appointments per surgery, in an effort to accommodate working people. A trial was undertaken having an extra clinic at Delabole on a Wednesday with a locum, but this was not entirely successful due to patients having to travel.

Patient Information – following an early meeting of the group in July 2010, the group suggested we have an information folder with local information about services that may be helpful to new patients, not yet familiar with the area. The folder is still in operation and is updated from time to time as services evolve.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 24th March 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?

It has been difficult to attract new members to the group. We are hoping to attract some young parents this year so gain some feedback on childcare and maternity services

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

Feedback has been from the practice survey, however this has been replaced with the Friends and Family Test that started in January 2015, so far 70% are extremely likely to recommend the practice to others, 20% likely to recommend and 10% neither likely or unlikely. There are some very positive comments about the staff and GPs, lack of new premises and one comment about prescription ordering.

Was the PPG involved in the agreement of priority areas and the resulting action plan?

The PPG have been involved with all 3 areas as described above. We await the outcome of the meeting on 10th March regarding new premises.

How has the service offered to patients and carers improved as a result of the implementation of the action plan?

A new building or an extension is on ongoing project that may go forward with the release of funding over the next 4 years. Appointment availability is a constant challenge, but this is reviewed regularly to try and meet patient requirements

Do you have any other comments about the PPG or practice in relation to this area of work? No further comment to make, awaiting development regarding premises funding.