

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	3509	3200
PRG	22	31

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	
Practice	984	746	2637	1268	538	283	148	105	
PRG	0	1	8	6	8	8	9	13	

Detail the ethnic background of your practice population and PRG:

	British Irish	Gypsy or Irish traveller	Other white	White &black	Mixed/ multiple ethnic groups	White &black African	White &Asian	Other mixed
Practice	478	7	0	1444	32	13	17	283
PRG	17	0	0	3	2	0	0	

	Indian Pakistani	African Caribbean	Bangladeshi	Other Black	Chinese	Arab	Asian/Asian British	Other	Black/African/Caribbean/Black British	Other
Practice	400	71	958	418	183	136	48	65	21	0
PRG	2	0	12	1	1	1	1	0	0	

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 has a very active PPG . To ensure that patients are representative from our practice population the practice uses the following methods to engage and communicate with patients:-

Methods used to Invite patients to join the PPG 1) face to face 2) via email 3) by letter 4) via the LED board 5) By posters 6) by text messages 7) By the practice website 8) and by joiner forms promoted at the point of registration.

Patients within the category of 25-34 years of age are underrepresented at our PPG meetings. The practice specifically targeted this group again by sending out over 2,000 text message invitations to encourage participation to attend PPG meetings. The PPG facilitator also sent out letters to encourage patients within this underrepresented group to attend meetings and provide feedback. This letter was handed out by one of the senior receptionists who would target people within this group. Some of these patients have asked to be notified of PPG meetings by email only, and this is done through the practice email account. They are also offered the opportunity of receiving feedback. The PPG also agreed to promote the meetings to patients within this underrepresented group.

The practice nominated the lead receptionist to individually target vulnerable patients from seldom heard groups in our case it was those patients with mental health conditions. Prior to the PPG meetings, patients from this group said that they would like to attend however they did not do so. The practice continues to encourage these patients to attend and share their views on the practice through patient surveys and face to face contact.

Patients from the Chinese speaking population for whom English is not their first language is another group that is underrepresented .Therefore the PPG facilitator provided a letter for reception to target this group at every interaction .The letter encouraged patients from this group to get involved in the decisions about the range, shape and quality of services that are provided at the practice. Joiner forms were given out and patients from this group were contacted by the method of contact they chose i.e;- email, letter, or by telephone.

Patients with protected characteristics as defined by the Equality Act 2010 are also encouraged participate in practice decisions by the above methods.

PPG Meetings are held on differing days and times to accommodate patients from our diverse social and economic

Are there any specific characteristics of your practice population which means that other groups should be included in the PPG?

Yes – **Significant number of elderly carers who are under represented at the PPG**

The practice had previously identified a group of patients who were carers back in 2014. They expressed interest in participating in PPG meetings and receiving more support from the practice. The survey results revealed that they wanted additional support from their doctor and wanted to be more involved in service delivery. Therefore the PPG Facilitator researched local and national pathways for carers and put together a comprehensive ‘carers information pack’ for the doctors as a guide to better support these patients.

The packs are available for patients at the practice and advertised by a poster in the waiting room. The practice also made contact with a local Carers Centre and arranged for a representative to attend and set up workshops at the practice. All carers were invited as well as the wider practice population via a text message. The carers workshops were well attended on 12th November 2015. At this event the PPG facilitator was also able to discuss and personally invite these carers to become members of the PPG and attend the forthcoming meetings.

YES - Patients with reduced mobility or are too unwell to attend

Patients with reduced mobility continue to be offered the opportunity of participating in PPG decision making by telephone. The PPG facilitator offers them the opportunity to raise concerns, ideas and any suggestions for improvement via telephone consultation. They are sent feedback on PPG outcomes. This continues to be a successful way of communicating with patients who are seldom heard.

2.Review of patient feedback

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

Ipsos Mori survey - **Yearly reviewed at meeting on 18.05.2015**

Friends and Family Test (Hurley Feedback) - **Twice yearly at meetings 18.09.2015 / 16.02.2016**

Written complaints- **twice yearly at meetings on -18.05.2015 /07.01.2016**

Practice Newsletter - **twice yearly at meetings - 18.09.2015 / 07.01.2016**

Local support groups in the community -**As and when - 12.11.2015 Carers workshop**

Suggestions from patients - **Every meeting**

How frequently were these reviewed with the PRG?

The above sources of feedback were discussed with the PPG on the above dates and intervals as agreed with the PPG.

3.Action plan priority areas and implementation

Priority area 1

Description of priority area:

The PPG wanted the practice to advertise for a Regular salaried Gp

What actions were taken to address the priority?

<i>Priority Area</i>	<i>Actions</i>	<i>Who does this?</i>	<i>Deadline</i>
Regular GP			

At the first PPG meeting held on 18.05.2015; the PPG questioned why the practice was still using a large volume of locums. The practice explained that even after recruiting Dr Samarasinghe in January 2015, the practice population had grown considerably thus requiring another regular doctor.

The practice continues to advertise this position both internally and externally.

The PPG questioned whether the pay & terms of conditions are attractive enough to secure a regular GP.

- 1) The position is advertised by the Hurley Group.
- 2) When the practice receives positive feedback from patients regarding a particular locum the Manager takes the opportunity to make the GP aware that there is a salaried position advertised for this site.
- 3) Throughout the year the practice
Has worked to secure longer term locums to improve continuity of care:-

Dr Begum has also accepted 3 sessions per week for the minimum of six months until 2016.

Dr Lakdawala has accepted 2 sessions per week until 2016.

Hurley Human Resources

Practice Manager

Practice Manager

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

Patients and carers fed back via the PPG meeting held on 7.1.2016 that they were very pleased with the longer term Locums being used by the practice as this has improved continuity of care.

The practice audited locums who attended the practice on a regular basis. Overall the audit showed four locums who regularly booked sessions with the practice over a period of twelve months. The locums increased their sessions each month due to increased favourability with patient population. This was demonstrated in graph form and disseminated in the meeting held on 07.01.2016. As a result of this, the PPG and carers were pleased that although the practice had not yet recruited to its capacity they could see that the practice was committed to put longer term locums in place during the interim period thus maintaining continuity. These were publicised in the annual Newsletters and displayed in the PPG information board at the practice.

The impact on patients and carers is that they are able to build a relationship and rapport with the regular doctors who have an understanding in to the patient's condition and social circumstances.

Priority area 2

Description of priority area:

The second priority area that the PPG wanted us to pursue was that of recruiting a Practice Nurse.

What actions were taken to address the priority?

Priority Area Actions Who does this? Deadline

The practice employed a full time Nurse until the end of December 2014. The practice continued to use a regular Locum Nurse until July 2015. The PPG wanted the practice to advertise and fill the position of Practice Nurse.

The practice asked locally and within the Tower Hamlets Nurse Forum if any nurses wanted extra work hours. As a result of this the practice was able to secure two high end long standing practice nurses to work at the site.

While retaining High End Nursing the PPG still wanted the practice to recruit regular nursing over the remaining days of the week.

Overall, the practice now uses high end nursing and a regular locum nurse to provide nursing services for the practice population throughout the whole week.

- 1) In June 2015, the post was advertised and interviews were carried out in July 2015. The applicant had insufficient qualifications and experience necessary for the post

- 2) On 21.10.2015, the practice advertised the position via the Royal college of Nursing at a cost of more than 1,000 pounds. No applications were received.

- 3) The practice put out the advert again in January 2015, for a longer duration of time via NHS professionals.

Practice Manager

Practice Manager

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

Patients and carers reported back via the PPG that they were pleased that access and availability to a nurse had not been interrupted during the interim period. However, they admitted at times they were less than satisfied with the quality of locum nurses being used at the practice. Regarding this matter, the practice had received a number of complaints regarding the attitude and professionalism of a number of nurses employed from external agencies. After investigations of these complaints a decision was taken to no longer employ via this particular agency.

This impacted significantly on patients as they were dissatisfied with the experience they received and wanted measures put in place to resolve these issues. Patients who had complained were contacted and assurance was given that the practice would no longer be using these nurses. The practice assured the PPG and carers at the meeting on 07.01.2016, that they were very interested in their feedback and would respond immediately if negative comments were reported back to the team regarding the locum nurses used and told that the practice would take the necessary action as and when required.

The PPG and carers were satisfied that the practice had taken the appropriate action in order to uphold the quality of care expected by patients. They were pleased that the practice has secured high quality nursing with availability throughout the week.

Priority area 3

Description of priority area:

The 3rd priority issue was to improve telephone communication

What actions were taken to address the priority?

Priority Area Actions Who does this? Deadline

At the meeting on 18.09.2015 the PPG suggested looking into the following four areas:-

Firstly, they wanted the practice to find out if a queuing system was feasible with the current telephone system.

Secondly, the PPG wanted the practice to improve telephone access by decreasing the high volume of calls received at the surgery during peak times .

Thirdly, they wanted the telephone message to be updated as seasonal messages were being played continuously throughout the whole year.

Fourthly, they the PPG wanted the practice to add more information options to the telephone system.

Firstly, the PPG wanted a telephone queuing system that would acknowledge them on the line and inform them of their place in the queue.

In order to address the second issue of high call volumes during peak times, the PPG facilitator and the Manager put together a new telephone message which would be able to more effectively signpost calls being received at these times. Patients would be directed to one of four options:-

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):

Priority Area

What action has been taken? Who is responsible for this? What action still needs to be taken? **Deadline**

Regular GP

This issue was carried over from the previous three years findings of concerns raised by the PPG.

The practice explained that even after recruiting Dr Samarasinghe in January 2015, the practice population had grown, thus requiring another regular doctor. The practice continues to advertise this position both internally and externally.

Regular Nurse Availability

As in previous years, the PPG wanted the practice to spread nursing capacity throughout the whole week. Although the practice has not yet recruited a regular nurse there is now sufficient nursing availability spread over 5 days.

LED Board

One of the priorities agreed with the PPG forum in 2014/15 was for the practice to improve communication by effectively updating service changes through the Led board. This is something that the practice is committed to resolving in order to effectively communicate changes, updates and feedback to the wider practice population.

This post has been advertised by the Hurley

This post continues to be advertised by the Practice

4.PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 20th March 2016

How has the practice engaged with the PPG:

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

Yes

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

Yes

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

Yes

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

See Action Plan

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

No



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