**GREET MEDICAL PRACTICE ANNUAL**

**PATIENT GROUP REPORT 2018-2019**

Practice Name: **Greet Medical Practice**

Practice Code: **M85735**

Date: 9TH February 2019

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| **Practice Population List size : 5588** | |
| Method of engagement with PPG: The practice engages regularly with the patient group by means of face to face meetings, e-mail, telephone, leaflets, poster displays and advertisements on our practice website. | |
| Total number of members of PPG: Greet Medical Practice has a list of 15 regular members | |
| Detail the gender mix of practice population and PPG:   |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | 2607 | 2296 | | PRG | 7 | 8 | | Detail of age mix of practice population and PPG:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | | Practice | 1653 | 687 | 918 | 737 | 396 | 266 | 109 | 126 | | PRG | 0 | 0 | 1 | 4 | 6 | 1 | 1 | 2 | |
| 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 |  |  |  |  |  |  |  |  | | PRG | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Asian/Asian British | | | | | Black/African/Caribbean/Black British | | | Other | | |  | Indian | Pakistani | Bangladeshi | Chinese | Other  Asian | African | Caribbean | Other Black | Arab | Any other | | Practice |  |  |  |  |  |  |  |  |  |  | | PRG |  | 9 | 2 |  | 1 |  |  | 2 |  |  | | |
| * Membership to PPG is open to all patients * All possible steps are taken to ensure PPG is a fair representative of our patient demographics * The practice demographics data is reviewed and best efforts taken to ensure all ethnic groups, genders and ages are represented in the PPG. It is ensured by running searches on EMIS, putting up posters and personal invites to patients * As part of our drive to expand the PPG we also advise and invite participants during new patient health checks, consultations and verbally when patients attend reception. Greet Practice has a leaflet regarding information on how to join the Practice Group, and this is given to all patients invited and is also displayed in practice. * As a direct result of the above methods, Greet Practice has 15 members representing wider groups. | |
| * Our patient population is mostly of ethnic minority, who are frequently attending the surgery. Prevalence of chronic diseases and patients with multiple co-morbidities exceeds the normal. The population also consist of a high number of unemployed patients on benefits, non-English speaking patients, drug users and a high number of patients that attend A&E regularly. Greet practice has a ‘Patient Group’ that is a fair representation of its population. Greet currently runs the following clinics: drug clinic, citizen advice bureau, diabetic clinics and many more. Persons involved in delivering these clinics are invited to speak at patient meetings and are advised to actively invite their patients to enrol in the ‘Patient Group’, which has been successful. * Greet Practice patient list size is growing and are attracting new patients from abroad and homeless which have multiple medical problems. | |

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| **Outline the sources of feedback that were reviewed during the past year:**   * FFT * BCS surveys * NHS choices surveys * Complaints, compliments, significant events * Verbal feedback during meetings * GP Patient Surveys * National GP survey |
| * Feedback is reviewed regularly. The practice holds staff meetings fortnightly where practice/patient needs are discussed and monitored. Information is relayed in meetings with the PRG quarterly, and minutes of these minutes are available for patients on request. |

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| **Areas Identified for Improvement**  **Increase appointments**   * Our list size has increased over the past 12 months and with it the demand for more appointments. Having previously extended opening times and clinical sessions, an additional doctor has been employed to meet patient demands. A new GP is started to improve patient access. Patients are also referred to Fernley Road Medical Practice where they can see a doctor, HCA or nurse * The ratio of appointments for ‘blocked for on the day emergencies’ vs. ‘bookable routine’ is under constant surveillance and changes dependent on patient demand. * Phone access- more staff trained to answer phones to increase phone access. * Training for front line staff to improve effective communication with patients * Patient education: Reducing unnecessary ‘A&E’ attendance * Patient education: How to use out of hours services when needed * Patient education: How to use other services in community and in the practice * Patient Education: Access online * Waiting time for appointment | |
| **Actions taken to Address Above**   * A new Training GP started to accommodate patients demand for appointments; Patient group showed that this had good feedback for appointments, * The ratio of appointments for ‘blocked for on the day emergencies’ vs. ‘bookable routine’ is under constant surveillance and changed dependent on patient demand. * Extended hours: Patients able to see a nurse or Health Care assistant for minor problems and illnesses, Patient referred to Fernley Road Medical Practice * Effective communication with front line staff and patients. Staff meetings held fortnightly to discuss any problems faced by the practice and how to rectify and implement a resolution strategy (in house staff training.) * Access online for repeat prescriptions and appointments * EPS implemented to reduce congestion at reception for repeat prescription * Access online: Poster displayed to remind patients * Community services made available in practice: Health exchange, CAB, drug clinic, mental Health clinic * Practice use Apps system patients can access to book their on appointment to hub for late evenings and weekends. | |
| **Result of actions and impact on patients**   * Additional GP started has helped with demand for appointments and improves service of care. Patients were informed of the new training GP in the PPG, notices displayed in practice and by telephone when patients call-in for appointments. Feedback from this year indicates that patients are happy with the new doctor employed and changes taken place. * Staff training undertaken, communication improved between patients and staff * Increased number of staff on phone during busy times has improved phone access. * Patients are educated about on-the-day emergency appointments over the telephone, notices displayed in practice, and in discussed in PPG. * Emergency appointments enable patients to have access to appointments on the day, reducing complaints from patients, and also enabling the practice to offer a robust appointment system. A&E attendance rate has reduced with improved appointment system * Telephone consultations are carried out at the end of the surgery by doctors/nurse for patients who require advice and not an appointment. This helps alleviate the demand for unnecessary appointments and reduce DNA rates. * Clinics offered in house add to patient satisfaction of care and convenience. * Patients happy with the referral system | |
| * Telephone lines are open for appointments during practice core opening hours. An additional telephone line is available with extra staff to improve access for patients. * The Practice has also implemented online access. Patients can book appointments online and order prescriptions using EMIS Access, this service is available 24/7. * Patient telephone consultations carried out at the end of each day by Doctors and Nurse. * Practice signed up to extended hours and open till late on Mondays |
| * Additional telephone line has helped ease and improve access for patients. The additional line has been publicised verbally via reception, consultations and also in the ‘Patient Group Meeting.’   Practices have worked extremely hard to introduce systems and services that will enhance patient access to the most appropriate primary health care services. |

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| * Patients Questionnaire survey and FFT survey * Appointment demand * Effective supportive communication between front line staff and patients * Access to phone lines during busy times * Support to carers * Advice and support on various problems that affect the majority of our patient population: welfare benefits, employment, housing and healthy life style advice * Prescriptions online * Appointment booking online * EPS |
| * System implemented to monitor patient satisfaction, via questionnaires, FFT and PPG group. * More appointments being implemented and offered. * Demanding patient protocol reviewed. Staff trained to deal with and educate demanding patients. * Improved appointment access to more needy patients. * Support clinics: Citizen Advice Bureau, health exchange and group sessions to educate diabetic patients. * Extra phone line and more staff available during busy times. * Practice has implemented repeat prescriptions available online. * EPS: Repeat prescriptions can be sent electrically to patients allocated pharmacy |
| * Appointment demand has been improved * Phone access improved * Extended hours: access improved - practice * HCA help support carers providing them with information on how to access services available to them * EPS available from: improving patient services * Online Access service * All minutes of the meeting discussed in PPG group meetings and also staff meeting * Prescription collection service – system put in place for more efficient method for collection. * Repeat prescription requests accepted by fax, post, online and written and handed into reception- flexible arrangements made for housebound and urgent prescriptions |

**Summary of Changes**

**Communication with Patients**

* Reception staff provided with training communication between reception staff and patients has improved since; in house training on customer service provided and reviewed fortnightly in practice meetings. All staff continues to improve for better communication and performance and have regular feedback and appraisals**.**
* Additional staff employed to meet demand of patient and telephone calls.
* Telephone triage carried out at the end of each day by the doctors
* The practice signed up to winter pressure, enabling additional appointment to be offered. Patient are also able to be seen at Fernley medical centre, river brook surgery and west heath.
* Health Promotion for patients improved
* National GP survey results improved – survey carried out in house in difficult languages
* Practice signed up to extended hours and open till late on Mondays
* Patients educated on use of A&E. This has decreased compared to previous years due to the increased access and available appointments. Patients also educated on the alternative use of services such as NHS 111, walk in centre, pharmacy, appropriate use of out of hours (OOH)

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| * Practice continues to advertise and encourage patient feedback. Feedback is essential in providing and monitoring services. * Greet Practice receives on-going feedback via FFT survey, patient satisfaction surveys and patient group meetings. * Practice always considers the views, suggestions and feedback from the PPG when designing, monitoring and implementing services/care. PPG feedback also allows the practice to monitor quality of staff care and possible shortcomings that need addressing. Staff training is in-line with patient needs. * Ordering of prescription changed. Majority of prescriptions are done via EPS. Patients are able to order online or come in to the surgery to make a request. * Practice CQC visit passed with good results |