

SCHOOL HILL MEDICAL PRACTICE

Practice Name SCHOOL HILL MEDICAL PRACTICE

Practice Code G81021

Signed on behalf of practice ANITA LADD Date 24 March 2015

Signed on behalf of PPG MICHAEL KENNEDY Date 24 March 2015
CHAIR PPG

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

Does the Practice have a PPG? YES / NO	YES
Method of engagement with PPG: Face to face, Email, Other (please specify)	Face to face meetings and email
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	Female	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	>75
Practice	48%	52%	Practice	17	10	10	13	16	12	11	10
PPG	29%	71%	PPG	0	0	0	0	29	0	43	28
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	91			5.2				1.8
PPG	100			0				0

Asian/ Asian British					Black / African / Caribbean / Black British			Other		
%	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any Other
Practice					1.6			0.4		
PPG					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:

Practice website, PPG website, PPG leaflets and Poster in main reception depicting diversity within patient groups, PPG survey mail out to all households,

Are there any specific characteristics of your practice population which means that other groups should be included in the PPG? e.g. large student population, significant number of jobseekers, large numbers of nursing homes or a LGBT community? YES/NO

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:

1. Feedback was reviewed following the patient survey analysis and the additional information that patients chose to contribute regarding the practice on their survey forms.
2. All new patient registration forms ask the question “ why did you chose to register with this practice”
3. The Friends and family Question.
4. The PPG were asked to participate in an MSK survey
5. The PPG were asked to participate in the CCG 360 degree appraisal feedback

How frequently were these reviewed with the PRG?

The survey online results were reviewed by the PPG themselves, the hand written and returned forms were entered by the PPG on to the survey monkey website. Free text comments were reviewed by the practice manager and the PPG Chair Michael Kennedy.

This review process took place over 18 months.

New patient answers are collated by our administrator and are shared at PPG meetings.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

To set up a database of all patient emails for both PPG and School Hill Medical Practice

What actions were taken to address the priority:

Emails were collated from the PPG survey, from the Practice mail-out and from patient registrations. The Practice collated all email addresses to form the database

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

This database now forms the basis the communication of our newsletter that will be emailed to all paient unless the

ask to be taken off the database. Newsletters will also be displayed and available for collection to patients visiting the surgery.

We hope this will form of communication will reach the larger patient group including those that do not often come to the surgery would benefit from up to date news from the practice. U.e. flu campaigns, travel immunisation appointments, how to access online and extended hours appointments.

Priority area 2

Description of priority area:

Increased Blood Test appointments and increase in telephone appointments

What actions were taken to address the priority:

We have now employed 3 HCAs – previously we had 2 HCAs in post. This has led to an increase in appointments to meet demand for blood tests.

The Doctors now have additional telephone appointment slots during the morning and afternoon – these appointments have increased from an average of 2/3 per session to 5/6 per session per doctor.

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

An increase in the number of blood test appointments has reduced the waiting time for patients.

An increase in telephone appointments has supported patients, carers and housebound patients who need to speak to their GP, for example in regards to their medication – without having to arrange a visit to the practice if a face to face consultation is not necessary

Information is displayed in the practice and also discussed with patients when they ring to book an appointment .

Priority area 3

Description of priority area:

INR clinic change to finger prick blood testing

What actions were taken to address the priority:

The practice was able to access funding to support the purchase of a new INR machine which is now in use within the practice. We are further looking into the practicalities of whether a mobile machine can be used for home visits and also by the visiting nursing team.

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

The use of a finger prick INR blood testing machine has meant that patients no longer have to had a blood test which has been welcomed by many of patients. This also saves on time and resources – more patients can now be seen within a clinic and the nursing team have more time within their day to patient care.

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)

1. Purchase of Surgery POD for self check BPs partly fund raised by the PPG
2. Introduced extended hours appointments for both doctors and nurses during the week and on Saturday mornings.
3. Introduced a new phone system with information determining your place in the queue.
4. Introduced online booking of appointments and requesting of prescriptions.
5. Installed water dispensers for patients and staff on each floor

MINUTES OF MOST RECENT PPG MEETING AND PRIORITIES AND PLANS FOR THE NEXT 12 MONTHS:

PRESENT: Dr Anand Patel, Anita Ladd Practice Manager, M Kennedy PPG CHAIR, R Eggar, J Patmore, D Twitchen – PPG REPRESENTATIVES

24/3/2015

1. Introductions – welcome to J Patmore
2. CTLA – to be used for patient coming to Dermatology Clinic from the Havens and currently used in Newhaven/Peacehaven to take patients to Drs appointments and also to Lewes Vic Hospital. Practice to discuss with CCG when this could be rolled out to Lewes patients. Currently there is the Lewes Community bus – Reception have all the details and leaflets to be displayed for patients
3. Draft Newsletter – PPG to respond with feedback by Thurs 2 April – to go out to patients by 10 April
4. PPG patient Participation Reporting Template approved for publication to website and signed by Chair Michael Kennedy and Practice Manager Anita Ladd
5. Priorities for next 6 – 12 months A) to develop a Directory of Voluntary Services for Lewes to assist patients accessing services B) Transport links – CTLA to be further explored with the CCG C) to engage and recruit to the PPG a patient with good IT skills and social networking experience to support the PPG Website and FB page D) To engage with PPGs in Lewes area
6. Schedule of future meetings: Bi- Monthly on 1st Tuesday of each month at 1pm at the Practice with Dr Patel and Anita Ladd and inbetween – 1st Tuesday of each month – time tbcPPG members.
 - 5th May – PPG
 - 2nd June – PPG and Practice
 - 7th July – PPG
 - 1st Sept PPG and Practice
 - 6th Oct – PPG
 - 3rd Nov – PPG and Practice
 - 1st Dec – PPG