

THIS REPORT SUMMARISES THE DEVELOPMENT AND OUTCOMES OF UPPER ROAD MEDICAL CENTRE PATIENT PARTICIPATION/REFERENCE GROUP (PPG/PRG)

Profile of the practice population and PPG/ PRG

Approximately there are 3800 patients registered in the practice as at February 2012

Ethnicities of the group were Bangladeshi, Filipino, Chinese-Thai, Indian, African, Europeans and majority are males.

Practice Population Summary:

Profile of the Practice :

AGE profile

% Under 16	: 245 %
% 17-24	: 91 %
% 25-34	: 131 %
% 35-44	: 94 %
% 45-54	: 64 %
% 55-64	: 58 %
% 65-84	: 37 %
% Over 84	: 17 %

Sex Profile:

% Male	: 117 %
% Female	: 84 %

PPG/PRG profile:

Age: between 35 to 84

Sex: 10 males and 2 females

Ethnicity: Chinese-Thai/Filipino/African/Indian/Bangladeshi

Regularly visit the practice: yes

The process used to recruit our PPG/PRG:

The PPG was formed in February 2012. It consisted of 12 members 10 males and 2 females. The practice directly invited patients from all range of age group and ethnicity. The practice and PPG/PRG will actively represent the practice population.

The group is small at the moment but hoping it will grow and the practice will actively recruit from areas of the practice population that are not represented.

In order to recruit our PPG/PRG we put up posters in the practice The practice also invited patients face to face and through telephone calls.

The method and results of the Patient Survey:

The practice already had an ongoing survey as part of improving the practice. The survey was carried out by using the CFEP UK Surveys. The survey established the priorities and important issues related to patients and the doctor.

The action plan that was agreed and how it was agreed:

Both PPG/ PRG discussed the areas included within the survey and felt the questions were important to the patients.

In order to develop the action plan the PPG/PRG met on 20 March 2012 to get comments from PPG/PRG and agreed on an action plan during the group meeting. The main action plans were:

Action Plan Agreed

The action plan was mutually agreed with the group on 20 March 2012 as priorities for action and intervention.

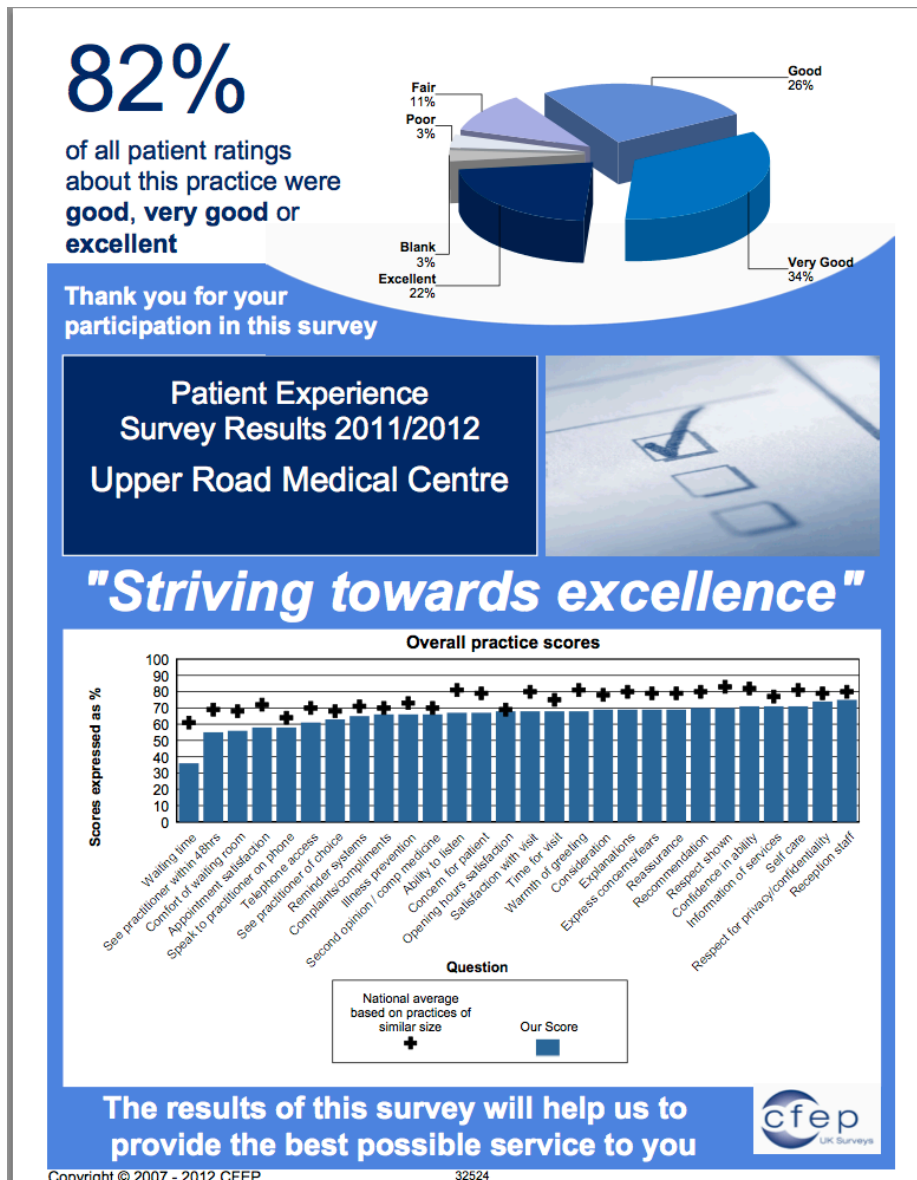
Priority for Action	Proposed Changes	Who needs to be involved	What is the achievable timeframe
Ability to listen	GP needs to improve behaviour and will listen and advise as appropriate	Doctors	Immediate
Appointment satisfaction	An appointment is only for one person only.	Doctors/Reception/Practice Manager	Immediate
Telephone access	For telephone calls on medical appointments receptionists may ask few personal details to assess urgency to receive appropriate care and the best treatment. Confidentiality will be maintained at all times	Receptionist/Practice Manager	Immediate
Waiting time	GP will change the process of consultation. Patients will be made to understand to come 5 minutes before their appointment and not earlier.	Doctors/Receptionist/Practice Manager	Immediate
Reception Staff/Communication	Reception will inform patients that repeat prescriptions can be	Doctors/Receptionist/Practice Manager	Immediate

	<p>obtained in reception. Patients should not make an appointment to see GP just for repeat prescriptions.</p>		
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The progress made with the action plan:

The survey findings were carried out immediately.

Poster from CFEP UK Surveys:



The main differences in the membership of the PPG/PRG and the practice population:

Ethnicities of the practice population were a mixture of Bangladeshi, Filipino, Chinese-Thai, Indian, African, Europeans.

PPG/PRG ethnicity consisted of Bangladeshi, Filipino, Chinese-Thai, Indian, African, and majority are males.

Key groups not represented and the reasons:

Patients under the age of 25 were invited but not interested.

Future intention of the PPG/PRG:

The practice will frequently hold meetings to maintain a strong patient reference group. The practice will continue to invite patients from areas of the practice population that was not represented.