

Annex D: Standard Reporting Template

Thames Valley Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Meadowcroft Surgery

Practice Code: 82018

Signed on behalf of practice: Date: 27 3 15 Dr Philip Clayton

Signed on behalf of PPG: Date: 30 3 15 Agreement by all PPG members by email. Representative for contact if required is xxxxx xxxx.

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, Other (please specify)											
Number of members of PPG: 7 patients and 5 staff members											
Detail the gender mix of practice population and PPG:				Detail of age mix of practice population and PPG:							
%	Male	Female									
Practice	50	50	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
PRG	25	75	Practice	30	11	14	13	13	9	6	4
			PRG			2	1	3	6		

Detail the ethnic background of your practice population and PRG: [We have only been recording Ethnicity in new patients since 2010 hence these numbers are very low and fall well short of 100%. However it is the best data we have. From information in previous years we have been told that our Pakistani population is approx. 8%.]

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	12%	1%	0%	2%	1%	1%	1%	1%
PRG	83%							

	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%	1%	1%	0%	1%	1%	1%	0%	1%
PRG										17%

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:

This is an area which we must address as a priority in the next meeting.

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:

- 1) Direct enquiries to the PRG – asking the opinions of PRG members (e.g. action plan for the year, telephone system, Health Scrutiny Enquiry, Transforming Primary Care CCG, online prescription ordering for under 16s, discussion regarding the structure and function of the PRG)
- 2) Mystery patient phone-calling
- 3) Patient surveys: a. asthma survey b. disability survey

How frequently were these reviewed with the PRG?

See Meeting Minutes. We had meetings in May 2014, September 2014, November 2014 and March 2015. On each occasion we either planned a survey, reviewed the results of surveys, or had discussions on the subjects listed above.

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Asthma management</p>
<p>What actions were taken to address the priority?</p> <p>Recorded in meeting minutes and survey results documents. Asthma patient survey October 2014. PPG members attended our two Saturday flu clinics and questioned patients in the queue then collated and presented all of the results at the PRG meeting in November 2014.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>Excellent response to questionnaires. Generally positive results. Patients value asthma checks In future surveys to record ethnic origin of patients. Doctors now using self management plans with patients during asthma checks for patients who want them A lot of work has gone into Care Planning for asthma. We have just advertised for a senior GP registrar position to set up asthma care planning. This will involve patients more closely in their own care. The position would be from September 2015. Currently the idea of group asthma work is not possible, but we will hold this as a good idea. Awareness of timing of asthma checks – fitting in with schooling, work etc. When our asthma review system has changed we will be able to advertise this to patients.</p>

Priority area 2

Description of priority area:

Disability Survey.

What actions were taken to address the priority?

Recorded in meeting minutes and the survey results document.

This was a repeat of a survey done before our building work. Patients with disabilities were encouraged to fill out forms asking about building access and facilities. A PPG member ran the survey and he and the practice manager collated the results. Discussed at the March PPG meeting.

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

We had improved the building in 2013 to increase clinical space, provide a disabled toilet near to the waiting room and provide automatic doors.

Thankfully patients greatly appreciated the work which had been done.

Access figures appeared very positive.

The main issue which came out of the survey was the car park – non blue-badge drivers are allegedly using disabled parking spaces and some people feel that there is not enough space to manoeuvre or enough car spaces.

Ongoing discussions between local pub and BCC regarding the building of a path between parking spaces in the large general car park and the Surgery – we have eight spaces in the general car park too. Hopefully the path will be built soon.

We are stuck in terms of space, and signage about disabled spaces is very clear. There is little else we can do to improve the car park.

At present, no actions to advertise.

Priority area 3

Description of priority area:

Systems at Meadowcroft Surgery: telephone system, appointment booking system.

In July 2014 we introduced a new telephone system which allowed more call stacking, more flexibility with messages and signposting, easier outward dialling, computer based dialling, call recording. In June we started a new booking system (Routine vs Fast Track).

What actions were taken to address the priority?

Recorded in meeting minutes.

The PRG gave helpful advice and feedback on: 1) how to advertise and educate patients about the new appointment system 2) use of the telephone system particularly monitoring of call volumes 3) suggestions for useful phrases which receptionists could use when answering the telephone based on their own positive and negative experiences. 4) discussions regarding other ways to access GPs e.g. email consultations. 5) mystery calling throughout the year – staff warned that this might happen; also feedback about PRG personal experiences of booking.

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

New appointment system: A fact sheet in reception, information on the monitor in the waiting room and on the website.

The Routine/Fast Track system seems to be working very well and patients have understood it.

Call volume analysis (discussed in March 2015) demonstrates a high pressure on Monday mornings and most other mornings. Based on this we have made several changes to increase capacity at these pressure points (including increasing receptionist cover in mornings and appointing new staff), archiving paper notes and moving the storage drums away in order to create new workstations next the Reception/Admin area.

Feedback from the PRG about booking appointments has been variable and the partnership is now managing a big Signposting project in order to make the patient experience more efficient when contacting the Surgery. This might include the use of WebGP.

Training of Receptionists on the telephone particularly with phrasing remains a priority and will need to be enhanced with Signposting.

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):

PRG work done on medication wastage last year continues to bear fruit. There is better communication between the Surgery and pharmacies about quantities of medication required. Patients seem more aware of these issues and anecdotally are mentioning the need to avoid wastage when they see medical staff.

The building changes are popular with patients with disabilities. Two major changes came out of the patient disability survey 2012 which highlighted a need for a new disabled toilet and automatic doors. It is noted that disability access is not just limited to mobility and there might be other ways in which we can cater for different disabilities.

We have a PRG board and a "Your GP Cares" campaign material; patients can comment on services by writing on the board or via the website. We used various promotional materials for our medication wastage campaign.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 30th 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?

Dr Clayton "We have engaged with disabled patients on two surveys. More work could be done in the future contacting other groups: learning disabilities/carers, nursing home residents, non English speaking groups."

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

Dr Clayton "Yes - see above."

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

Dr Clayton : "See meeting minutes. Priorities agreed by all. Meetings led as openly as possible to encourage new ideas, and openness to new members. Encouragement to communicate by email to allow discussion outside of meetings. We could work harder next year to 'think big' in line with the new CCG four-tier action plan (discussed in March 2015 meeting)."

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

Dr Clayton "See above: Building, communication, asthma services, medication wastage."

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

Dr Clayton: "We will formalise a three point action plan in the next meeting. We should review PRG membership again (we do this yearly) and consider rolling out a virtual PRG by use of email or social media."

