



Standard Reporting Template – Patient Participation DES 2014/15

Surrey & Sussex Area Team

Practice Name CHARTER MEDICAL CENTRE

Practice Code G81034

Signed on behalf of practice

Lucy Albu

Date 13.3.2015

Signed on behalf of PPG

L. Yelley

Date 23.5.2015

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, Email, Text, Webpage,
Number of members of PPG:	999 Patient Group including: Approximately 8 committee members who meet bi-monthly, and a further 8 active members who attend or volunteer at quarterly public meetings

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	49.4	50.6	Practice	17.3	7.6	16.3	18.9	15.3	8.2	5.2	5.9
PPG	37.24	62.76	PPG	0.7	4.9	26.7	26.7	16.6	9.5	9.3	5.7

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	64.7	1.6	0	13.6	0.5	0.6	1.3	1.6
PPG	69.5	1.2	0	19.4	0.0	0.8	1.1	1.2

%	Asian/ Asian British					Black / African / Caribbean / Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any Other
Practice	1	0.2	0.1	0.6	1.6	0.7	0.2	1.4	0.04	2.6
PPG	1	0.0	0.0	0.45	1.22	0.7	0.6	0.78	0.45	1.7

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:

- Every new patient is invited to join the Patient Group (Active or Virtual) via a section of the New Patient Registration form – the wording is designed to encourage a representative demographic distribution amongst those signing up.
- The Patient Group is advertised on our waiting room TV and on a dedicated Patient Group display board and table in the main waiting room; resources available include patient health information leaflets in the 3 main languages requesting translation services (Farsi, Arabic, Polish). It is hoped that this will encourage patients to feel welcomed by the Patient Group. (A translation of our FFT questionnaire into multiple languages is also provided in the waiting room).
- The surgery uses a range of formats to communicate with Patient Group members, known to appeal to different ages and sexes: these include texts, emails, website, posters, and printed newsletters. Space for private face to face meetings between patients and the PPG chair was provided monthly at the surgery until interrupted by the illness of the Chair in November 2014.
- Men are underrepresented on the Patient Group and attempts to address this in previous years via a Men's health event proved very popular with men from a health point of view but ineffective for recruitment to the Patient Group. It is recognised that women are much heavier users of GP surgeries than men and also tend to get more involved in volunteering and it may be that there is no realistic solution to this within the capacity and resources of a GP Practice.
- The Patient Group and Surgery targeted one public health event specifically at young people / teenagers; a text message advertising the event was sent to every patient aged 13 to 25 as follows:
 - "Monday 24th November: Age 13 to 25? Worried about a friend or yourself? Find out where young people can go to get help with difficult feelings - drop in from 18.45 to 20.15 at Charter Medical Centre and meet Sara from Speak Your Mind".

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? NO

The Yorkshire and Humber Public Health Observatory general practice classification (February 2011) grouped practices with similar characteristics according to age, ethnicity and deprivation indicators. Our surgery was included in the classification group 'Pentagon,' defined as having an average proportion of the population in younger and older age groups, and generally low deprivation.

Our practice area does not include any particular group in significantly different proportion from elsewhere in the city or the west of the city. However, bearing in mind current NHS priorities, the Patient Group and Surgery decided to try to engage particularly with the following two groups of patients this year:

- Older, socially isolated patients
- Patients experiencing emotional / mental health difficulties

If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:

- The Surgery facilitated links between the Patient Group and a community based organisation called Impact who had been commissioned locally to do outreach with socially isolated over 50's. The Surgery provided an area in the waiting room for a weekly information stall, and encouraged materials and information about the Patient Group to be distributed.
- The Surgery also facilitated links between the Patient Group and the new Community Navigator employed by the EPIC pilot project, to advertise the Patient Group as a resource.
- The Patient Group continued to lead a gentle Charter patient Healthwalk every week in the local park with an opportunity to chat over coffee in the local cafe.
- The Surgery and Patient Group organised two Mental Health public education events at the surgery with speakers from local mental health services; one for Adults and one for Young People. To advertise the latter, the Surgery sent texts and emails to every young person registered at the practice aged 13 to 25.

2. Review of patient feedback

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

- The PPG Chair attended a surgery Complaints meeting with Partners and all surgery departments where a summary of all written complaints received in the financial year 2013'14 was reviewed.
- At bi-monthly meetings with the Chair and Deputy Chair, the surgery provided reports on the main sources of feedback, plus verbal and written complaints.
- The surgery provided the Patient Group with the summary produced by the national GP Patient Survey.
- Patient Group committee members were available at quarterly public health meetings for any patient to speak to about any concerns.
- The PPG Chair was also given monthly room space at the surgery, advertised on the Surgery website and waiting room posters, when patients could meet her informally and privately.
- Surgery NHS Friends and Family survey data for November 2014, December 2014, January 2015, including all free-text comments, was made available to the Chair and Deputy Chair. February data will be provided shortly.
- The local Healthwatch organisation conducted a survey on Out of Hours information provided by GP Surgeries and our surgery was found to provide good information
- Patient feedback on the NHS Choices website

How frequently were these reviewed with the PRG?

Bi-monthly

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

TELEPHONE ACCESS (carried over from Action Plan March 2014)

It had been planned in March 2014 by the Patient Group and Surgery to survey patient satisfaction with telephone access in autumn 2014'15 following installation of a new cloud based telephone system in early summer 2014. However, due to technical issues the new system was not implemented until the beginning of December 2014 and as of March 2015 has not fully bedded down.

The Patient Group were kept fully informed of progress throughout the year. In discussing priorities for 2014'15 they felt strongly that a survey before the system had bedded down, or to address other, less significant priorities would not be an appropriate use of resources. Telephone Access was therefore agreed to be Priority Area 1 for

2014'15. Following installation of the new 'unlimited' system in December, calls which would have previously generated an engaged tone allowed access but generated very long queue times. The data on missed calls and queue times was supplied to the PPG Chair and Deputy Chair.

What actions were taken to address the priority:

Surgery and supplier are working hard to improve some of the telephone programming and find solutions to outstanding problems.

The Surgery is purchasing a 24 hour automated telephone appointment booking system. This is an 'add-on' which will allow 8 simultaneous callers to book appointments without speaking to a member of staff and it is hoped this will significantly improve queue times.

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

Patients were thanked in 2014 via website, telephone queue message, and waiting room posters for their feedback regarding an intermittent fault with the old analogue telephone system. They were informed that a new system would be installed in early summer 2014 to address this. Patients were kept informed as the date moved back due to technical issues. Unfortunately there has been an increase in negative feedback since installation in December and our website acknowledges this.

It is hoped to have the add-on 24 hour automated telephone booking system in place by early summer 2015.

Priority area 2

Description of priority area:

PRESCRIPTIONS – carried over from Action Plan agreed in March 2014
Complaints and significant events reviews indicated some continuing areas of concern with our prescription service in particular:

- meeting our commitment to issue repeat prescriptions within two full working days of receipt
- accuracy (patients obtaining what they ordered)

Following the installation of a new clinical database in February 2014, issues around prescriptions temporarily worsened and, with the agreement of the Patient Group, it was felt that this needed to be a priority area for 2014'15.

What actions were taken to address the priority:

- Need for additional formal training for clinicians on using the new database identified and implemented
- New protocols for prescription workflow agreed and implemented for reception and clinicians
- Increased reception training implemented for Prescription Clerk role
- Scanning of all paper prescription requests started for audit trail
- Agreement reached to move Prescription Clerk role out of telephone room as soon as possible pending redesign of telephone system
- Full scanning onto patient record implemented to allow workflow direct to clinicians where indicated
- The Surgery continues to heavily advertise our online prescription service provided by SystemOnline as the most efficient way of obtaining repeat prescriptions. Where permitted by the system, and following patient feedback, we have added online instructions to help patients navigate the prescription process more easily.

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

- Reception and clinician report improvement in their experience and understanding of the new system, and negative patient feedback has reduced.
- Surgery will start regular, more formal audit of negative feedback about prescriptions
- Unfortunately we do not always meet our commitment to issue repeat prescriptions with two full working days of receipt by reception, and we will continue to strive to achieve this in the future.
- The Surgery plans to purchase a 24 hour automated telephone based prescription ordering system which is linked to the clinical database and should therefore improve efficiency and reduce room for error.

Priority area 3

Description of priority area:

PREMISES – Disabled access improvements

Disabled access is generally good at the surgery, with an access ramp, lift, and disabled toilet. However, written feedback from patients and staff observation was that the heavy wooden front doors to the building were difficult to open for patients in wheelchairs, frail patients, and patients pushing prams. The design of the existing reception desk was such that reception could not see if a patient needed help at the front door, and the wheelchair accessible area built into the reception desk was too high and was difficult to manoeuvre around.

What actions were taken to address the priority:

Push button operated, automatic front doors were installed in January 2015
 New reception desk installed with dedicated wheelchair accessible area and greatly improved visibility for patients and staff

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

Improved access for disabled users, frail patients, carers and parents of young children

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)

Free text

Prescriptions:

Following recruitment of additional reception staff, the previous plan included

1. Batch prescribing to increase in order to improve efficiency.
2. Quarterly audit of 'reprints' as a measure of increased efficiency

A new clinical database was installed in February 2014. It became apparent that core training on the new system was a priority; as the Surgery learned the new database, new protocols for prescription workflows were implemented. Batch prescribing was stopped to prevent a possible additional level of complexity causing errors. Quarterly reprint numbers have not reduced and this is thought to reflect increasing demand – see this year's plan for dealing with demand.

Appointment availability:

The Surgery continues to formally review appointment numbers against an increasing list size on a quarterly basis. The trigger point for booking Locum doctors was amended in March 2015, and the number of same day appointments was increased.

Telephone Access:

The planned satisfaction survey was not implemented due to delay installing the new telephone system which is still bedding in. The new system provides management statistics on queuing times and these have been provided to the Patient Group Chair and Deputy Chair.

Community Engagement:

Health promotion events and Healthwalks continued as planned. Unfortunately it did not prove possible to organise a meeting with a local nursing home.

4. PPG Sign Off

Report signed off by PPG: YES / NO	YES
Date of sign off:	23 RD March 2015
How has the practice engaged with the PPG:	<p>As described above in the Practice report – in particular:</p> <ul style="list-style-type: none">• bi monthly meetings with the Chair and Deputy Chair to report progress on Action Plans and other surgery news affecting services. For instance, the surgery provided telephone queuing times data from the new telephone system.• attendance at quarterly public meetings• updating the surgery news section of the quarterly Patient Group newsletter• emailing and texting information to the virtual patient group several times a year when requested by the Committee• updating the surgery website and Patient Group section when requested by the Committee to advertise events
How has the practice made efforts to engage with seldom heard groups in the practice population?	<p>As described above in the Practice report – in particular:</p> <ul style="list-style-type: none">• Two health information events were organised for patients with mental and emotional health needs• The surgery provided private room space on a monthly basis so that the Chair could meet and greet patients in the waiting room

Has the practice received patient and carer feedback from a variety of sources?	<p>YES – see practice report – in particular</p> <ul style="list-style-type: none"> • the Chair attended an internal multi-department review of all complaints for 2013-14 at the surgery • the Chair and Deputy chair reviewed Friends and Family freetext responses for November and December 2014, and January 2015
Was the PPG involved in the agreement of priority area 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?	Some things have improved, some are still in progress and the surgery is doing its best to address them.
Do you have any other comments about the PPG or practice in relation to this area of work?	NO