Annex D: Standard Reporting Template

Thames Valley Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Broadshires Health Centre

Practice Code: K84075

Signed on behalf of practice: T Warner Date: 30th March 2015

Signed on behalf of PPG: D Moodley Date: 30th March 2015

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

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| Does the Practice have a PPG? YES / ~~NO~~ | |
| Method of engagement with PPG: Face to face, Email, Other (please specify) Email and “Have your say box”. | |
| Number of members of PPG: 21 | |
| Detail the gender mix of practice population and PPG:   |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | 46 | 54 | | PRG | 33.3 | 66.6 | | Detail of age mix of practice population and PPG:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | | Practice | 11 | 12 | 18 | 17 | 16 | 14 | 10 | 2 | | PRG | 0 | 0 | 10 | 10 | 14 | 14 | 24 | 28 | |
| 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 | 97% | - | - | 1.8% | - | 0.4% | - | 0.1% | | PRG | 91% | - | - | - | - | - | - | - |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Asian/Asian British | | | | | Black/African/Caribbean/Black British | | | Other | | |  | Indian | Pakistani | Bangladeshi | Chinese | Other  Asian | African | Caribbean | Other Black | Arab | Any other | | Practice | 0.5% | - | 0.1% | 0.1% | - | - | - | - | - | - | | PRG | 9% | - | - | - | - | - | - | - | - | - | | |
| 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:  Posters in the waiting room, adverts placed on practice website and invite included in new patient registration forms.  The PPG is open to any patient to join. | |
| 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? ~~YES~~/NO  If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful: | |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:  Verbal feedback from patients, written feedback via complaints and FFT, contributions via the “Have your say” box and emails from patients and members of PPG. |
| How frequently were these reviewed with the PRG?  The comments are collected monthly and sent out for review via email on a quarterly basis. |

Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area: Communication  Tannoy communication in waiting room.  The volume of the tannoy was intermittent and not audible to all patients. |
| What actions were taken to address the priority?  An inspection of the existing tannoy system was arranged following various verbal comments from patients. The result of this inspection was the need to replace the system.  A new tannoy system was installed. |
| Result of actions and impact on patients and carers (including how publicised):  The new system has meant that patients can now hear the clinicians announcements clearly and the volume is such that it can be heard above any noise generated when children are playing in the waiting room.  This has been publicised on the website. |

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| Priority area 2 |
| Description of priority area: Communication  Following various comments received from patients and staff, a full assessment of the telephone system was carried out. Subsequent findings proved that the system was not fully operational at all times and was not “fit for purpose”. |
| What actions were taken to address the priority?  Following these findings, a new telephone system provider was sourced and a new system was installed. |
| Result of actions and impact on patients and carers (including how publicised):  The telephone system is now much improved, the stability is superior and the servicing and maintenance is a higher quality. Calls to mobile phones are now much higher quality and the signal is greatly improved.  This has been publicised on the practice website. |
| Priority area 3 |
| Description of priority area: Staffing  The length of time taken to answer telephone calls. |
| What actions were taken to address the priority?  Comments from various patients lead the practice to assess and re-evaluate the personnel levels when dealing with incoming telephone calls. With an ever increasing practice list size, some times of the day were not sufficiently manned to allow staff to answer incoming calls in an appropriate timescale. |
| Result of actions and impact on patients and carers (including how publicised):  Two extra part-time receptions were employed to enable more staff to answer incoming calls at busier times, i.e. from 8:00am – 12:30am and from 13:15pm – 16:15pm.  The two extra staff were only taken on in early March so full evaluation has not been made however, first indications are proving positive when speaking to patients and we are experiencing a reduced level of negative comments with regard to the time taken to answer the incoming calls.  Also, a call queuing announcement was added to the system, stating where in the queue a caller was.  This has been publicised on the practice website. |

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):

* We will continue to look at the demand for appointments, trying to offer a good mix of urgent and routine consultations. We offer one evening per week of extra doctor and nursing appointments, for those patients who find it difficult to arrange during the day time.

*We continue to do this on a regular basis, taking into account seasonality, patient demand and the increase in work being created for the practice via secondary care. With this in mind we have recently increased our level of nursing hours, with diabetes training being provided to another practice nurse to help cope with the increasing numbers of diabetic patients.*

* Our receptionists will continue to ask whether a patient requesting to see a doctor would prefer a telephone or a face to face appointment

*This has proved a popular measure with lots of patients able to have a telephone appointment rather than face to face.*

* For those patients who are dissatisfied with the length of wait for their consultation to start, we have notices in the waiting room advising that if they have been waiting 20 mins. or more, to speak to reception. We will also put a notice on the TV screen explaining that a doctor may be running late due to an emergency or the nature of the previous consultations required longer than 10 mins.

*This has meant that patients have a better understanding as to why a GP or nurse can be running late.*

* For clarity, we will display the individual doctor’s working times to enable patients to plan their routine appointments in advance. This will be shown in the practice booklet, the Practice Charter, the TV screen and the website.

*Patients are now much more aware of what times they can book to see individual doctors and help with their continuity of care.*

* A display on the TV screen to encourage patients to ask for information relating to their illness / condition.

1. PPG Sign Off

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| Report signed off by PPG: YES/~~NO~~  Date of sign off: 30th March 2015 |
| How has the practice engaged with the PPG:   * Mainly via email, with some telephone contact and face to face meetings.   How has the practice made efforts to engage with seldom heard groups in the practice population?   * We have a wide-ranging website, and our flu / shingles clinics were advertised in the local free newsletter and via local pharmacies. To maintain continuity, patients are encouraged to be seen by their designated GP. All our clinical and admin staff are aware to contact patients with special needs by the most appropriate means for their situation. Where a special need is identified, an alert is put on the patient record to bring this to the attention of the person consulting or dealing with that particular patient.   Has the practice received patient and carer feedback from a variety of sources?   * The practice has a suggestion box, there is also the “NHS Choices” website and the Friends and Family Test. Letters of praise or complaint are also used as source of feedback.     Was the PPG involved in the agreement of priority areas 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?   * We have seen a decline in the number of verbal negative comments, both face to face and via the telephone. This would indicate that the measures are having a positive effect   Do you have any other comments about the PPG or practice in relation to this area of work?   * We appreciate the responses and the involvement given by the PPG and the input in helping the Practice to improve the patient experience for those visiting the Broadshires Health Centre. |