

Annex D: Standard Reporting Template

Shropshire and Staffordshire Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: BROOK MEDICAL CENTRE

Practice Code: M83094

Signed on behalf of practice: *Alyson Turner*

Date: 30th March 2015

Signed on behalf of PPG: **Various members**

Date: 18th March 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) Virtual Group – via E-mail											
Number of members of PPG: 30											
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%	51%	Practice	20%	9%	13%	12%	14%	12%	11%	9%
PRG	27%	73%	PRG	0%	3%	7%	13%	23%	27%	27%	0%

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	91%	0%	0%	1%	0%	0%	0%	3%
PRG	100%	0%	0%	0%	0%	0%	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	0%	1%	0%	0%	1%	1%	0%	0%	0%	2%
PRG	0%	0%	0%	0%	0%	0%	0%	0%	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:

The PPG has been advertised in the Waiting Rooms, through the newsletter and through the Practice website. Patients are encouraged to contact the surgery if they wish to join the group.

The current group has developed through patients applying online through the Practice website, and has therefore become a 'virtual' group as patients have not applied through any other means.

We currently have the ethnic status of 90% of our practice population recorded. Of that, 91% is White British. Although the group is currently 100% White British, we have had members from other ethnic groups who have since left the area.

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

YES

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

We have a higher than CCG average of patients aged 55 and over. Patients in this group have signed up via the website and are well represented in our PPG.

2. Review of patient feedback

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

- Verbal
- From flu clinic
- Patient questionnaires (internal and MORI)
- Friends and Family Test
- Comments either written or via the website

How frequently were these reviewed with the PRG?

This has been dependent on the project in hand, e.g. Friends and Family has been monthly.

Action plan priority areas and implementation

Priority area 1

Description of priority area:

Improvement of telephone system.

There have been problems with capacity issues with the phone system for more than eighteen months. Following the 2013-14 patient survey and feedback from the PPG, the telephones were a priority for the Practice

What actions were taken to address the priority?

- Discussions with BT proved fruitless
- Decision was taken to change provider
- The practice had presentations from new providers and quotes for a new system
- A new provider was chosen
- Phase 1 of the new system was implemented in Dec-14, i.e. installation of new telephone system

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

- More efficient system overall
- More user-friendly messaging system that keeps patient informed on status of their call, e.g. place in queue
- Calls are not being cut-off for no reason, as was happening with the BT system
- The two sites (Bradeley and Smallthorne) are now linked through the internal system without having to use one of the external lines, therefore freeing up more access for patients.
- Publicised with posters, newsletters, on the website.
- Had fewer complaints about the phone system, and comments made using Friends and Family that the phone system is improving.

Future Plans

- Phase 2 is due Apr-15, i.e. have additional lines and call recording.
- We are hoping to repeat the 2013-14 survey for telephone satisfaction questionnaire

Priority area 2

Description of priority area:

Availability of appointments

The practice is amongst many practices in the area suffering from recruitment and retention problems. This is due to many reasons, some of which are:

- national shortage of GPs means that as a poor area we are not an attractive area
- salaried GPs are moving on to other areas/countries/partnerships and posts are not getting filled
- the heavy workload demand of the area
- the impact of the Fraser Report on Stafford Hospital

What actions were taken to address the priority?

Since Apr-14, the Practice has lost three GPs. The Practice therefore changed its strategy of trying to recruit salaried GPs as, despite advertising locally and nationally, there was a very poor response. To maintain levels of access for patients and to support existing GPs, a business decision was taken to look at alternative ways of securing additional GPs into the practice.

The Practice therefore secured two long-term locums, which considerably expanded the number of appointments available for patients, and a third long-term locum started 15-Mar-15.

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

The initial situation regarding recruitment was published to patients through posters/newsletters/website.

The result of having long-term locums has:

- substantially increased available appointments

- supported existing GPs by reducing demand and stress levels
- long-term locums give patients some continuity, as opposed to ad hoc locums
- enabled us to continue to offer the urgent on the day appointment system as well as offer routine appointments within the week and offer future routine appointments

Priority area 3

Description of priority area:

Access to appointments

Through the survey, patients expressed the requirement to access services online, especially to book appointments and see test results.

What actions were taken to address the priority?

- We trialled a system called Voice Connect which enabled patients to use the phone and choose options to book/check/cancel their own appointments
- We have taken actions to improve our phone system as set out above in Priority area 1.
- We have upgraded our clinical system from EMIS LV to EMIS Web.
- We have simplified the process to book remotely by using EMIS Web for online appointments
- we have attended training for expanding online services to include access to patient records

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

- The Voice Connect system was ceased as reports showed low use by patients. On reviewing patients' experiences it was found that they preferred to bypass this option and go straight to a receptionist for booking
- Upgrading the telephone system has meant that patients have fewer options and are more engaged
- The practice ran an advertising campaign explaining the use of online services – booking/cancelling/checking appointments, and re-advertised the ability to order prescriptions online. This was done through posters/newsletters/website and prescription messages. It is also included in the New Patient Health check information pack.

- Upgrading to EMIS Web has made offering and managing online appointments much easier, and there has been positive response as patients' use of online services is increasing.

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):

Every year we have been in the scheme we have progressed with our actions.

The practice has either had practical tasks that have been identified and completed, e.g. upgrading the disabled toilet and sanitary facilities, or has taken larger projects such as telephones and use of technology for patients' improved access to services and built on them, as identified above in the three priority levels.

3. PPG Sign Off

Report signed off by PPG: YES/NO **YES** (via electronic communication as the group is a Virtual Group)

Date of sign off: 18th March 2015 (last electronic communication about the report received from a group member)

How has the practice engaged with the PPG:

How has the practice made efforts to engage with seldom-heard groups in the practice population?

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

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

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

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

- E-mail interaction
- COPD day
- Mori poll/internal survey/FFT
- Care plans mean more engagement with homes and housebound patients
- Received more carer feedback
- PPG was involved in the 14-15 priority areas to be worked on
- Patients able to have electronic access to services, e.g. online appointment booking
- Reduced A&E attendances
- Still a lot of work to do from both practice and patients to develop the PPG further