

Patient Participation Reporting Template 2014-2015

Practices are required to submit the patient participation report detailed below.

Please submit an electronic version of this report to england.bgswareateamprimarycareBewley@nhs.net by 17th April 2015

If you have any queries, please contact Harriet Gill – england.bgswareateamprimarycareBewley@nhs.net

Practice details: ELM HAYES SURGERY

Practice code: L81059

Stage one – validate that the patient group is representative

Demonstrates that the PRG is representative by providing information on the practice profile:

Does the Practice have a PPG YES	YES
---	------------

Practice population profile	PRG profile	Difference
Age		
% 18 – 24 - 2123	% 18 – 24 - 4	2119
% 25 – 34 - 1063	% 25 – 34 - 14	1049

Practice population profile	PRG profile	Difference
% 35 – 44 - 1031	% 35 – 44 - 8	1023
% 45 – 54 - 1184	% 45 – 54 - 24	1160
% 55 – 64 - 1042	% 55 – 64 - 12	1030
%65 – 74 - 971	%65 – 74 - 9	962
%75 – 84 - 559	%75 – 84 - 1	558
% Over 85 - 191	% Over 85 - 0	0
Ethnicity		
White	White	
% British Group - 92%	% British Group – 100%	8%
% Irish – 1%	% Irish -	
Mixed	Mixed	
% White & Black Caribbean -	% White & Black Caribbean -	

Practice population profile	PRG profile	Difference
% White & Black African -	% White & Black African -	
% White & Asian – 0.4	% White & Asian -	
Asian or Asian British	Asian or Asian British	
% Indian -	% Indian -	
% Pakistani -	% Pakistani -	
% Bangladeshi -	% Bangladeshi -	
Black or Black British	Black or Black British	
% Caribbean -	% Caribbean -	
% African – 0.1	% African -	
Chinese or other ethnic Group	Chinese or other ethnic Group	
% Chinese – 0.1	% Chinese -	
& Any Other – 0.1	& Any Other -	
Gender		

Practice population profile	PRG profile	Difference
% Male – 50%	% Male – 35%	15%
% Female – 50%	% Female – 65%	15%

<p>Differences between the practice population and members of the PRG</p> <p>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:</p>	<p>We continue to promote our Virtual Patient Group to all new patients on registration with the practice and via our website. We now plan to try to increase the group by adding a reminder to the right hand side of prescriptions, advertising via social media eg twitter and facebook and patient newsletters to try to attract the younger patients and also the more long-standing patients to the group in the 45-55 age range. Staff are also reminded to try to attract patients from other ethnic groups as currently 100% of our PPG are White British. We are also planning to redesign our website to include a translate this page icon in order to help us with this.</p>
<p>Are there any specific characteristics of your practice population which means that other groups should be included in the PPG? Eg a large student population, significant number of Jobseekers, large numbers of nursing homes, or a LGBT community</p> <p style="text-align: center;">NO</p>	<p>If you have answered YES, please outline measures taken to include these specific groups and whether those measures were successful:</p>

Is the group virtual or face-to-face?	Virtual
How many members are there on the PRG?	72

Step 2 – Review Patient Feedback	
---	--

Outline the sources of feedback that were reviewed during the year:	Patient Survey Dispensary Survey Nurse Survey Friends and Family Test Suggestion Box On Line Suggestion/Comment Forum
---	--

How Frequently were these reviewed with your PRG	Annual report sent to PPG for feedback.
--	---

Priority Area 1	
------------------------	--

Describe the priory area:	To continue to monitor and respond to comments regarding our new appointment system in order to improve the system further as we had made a significant change to the appointment system which is such an important subject this has been our main priority this year.
---------------------------	--

Why was this priority identified:	Last year's patient survey revealed that patients were not as satisfied with the access to GP of choice and same day appointments. We made some quite significant changes to our appointment system which we needed to continue to monitor to ensure that our patient's needs were met.
-----------------------------------	---

What actions were taken to address this priority	Initially we changed our appointment system to offer 60% routine same day appointments and 40% pre-bookable compared to previous 30% same day and 70% pre bookable appointments in order to offer better continuity of care and access to GP of choice on the same day.
What were the results of the actions and what impact on patients and carers.	We received feedback from a variety of sources, face to face comments, emails and surveyed this after 3 months and found that this was not meeting the needs of our patient population. We reallocated appointments to 50/50 routine same day to pre-bookable and incorporated embargoed 24 hr, 48 hr and 56 hr slots in order to allow even more flexibility to our system.
How was this publicised.	Via patient newsletter, patient posters in the waiting room, website, patient leaflet.

Priority Area 2	
Describe the priory area:	To install a cold water dispenser in the waiting area.
Why was this priority identified:	This suggestion was taken from our on-line suggestion box and in view of our large glass atrium and the very hot summer we experienced last year is being taken forward and a water dispenser is to be installed by May 2015.
What actions were taken to address this priority	Water dispenser suppliers reviewed, costed and order to be placed by end of April 2015.
What were the results of the actions and what impact on patients and carers.	Hopefully refreshed patients who remain hydrated and cool whilst in our waiting area.

How was this publicised.	Via patient newsletter, patient posters in the waiting room, website, patient leaflet and social media.
--------------------------	---

Priority Area 3	
Describe the priority area:	To set up Patient Groups for patients with chronic diseases starting with Diabetes.
Why was this priority identified:	From a survey of our nurses undertaken in the summer of 2014. A large majority of patients answered either the same or less than before, does not apply or did not answer to the question of how they were able to understand their illness and cope with their problem. In last years nurse survey patients had suggested that more information could be given on specific illnesses.
What actions were taken to address this priority	An evening meeting was held in January 2015 with an education session on diabetes from our Diabetes Nurse. This was an opportunity to educate and give out new test meters to patients in line with our CCG priority.
What were the results of the actions and what impact on patients and carers.	26 patients attended out of 60 invited. We focussed on Type II diabetics who had not been seen in the last 9 months. Positive feedback was received on the evening verbally and the evening had a relaxed informal feel with lots of patient interaction between the group. We plan to hold these meetings every six months and expand this to other chronic health conditions.
How was this publicised.	Invitation letters sent to patients with diabetes.

Progress on previous years

If you have participated in this scheme for more than one year, outline progress made on the issues raised in the previous year (s)

Year 1

- To increase publicity of opening hours including lunchtimes – actioned
- Increase publicity of telephone appointments 54% (2012) had never tried increased to 57% (2013)
- Increase publicity of on-line facilities – ongoing.
- Advertise use of interview room for confidential discussions – actioned poster on door
- Waiting times – actioned and continually monitored
- Saturday surgeries now offer extended appointments in the evening and on Saturday mornings.

Year 2 During this year we had carried out the Primary Care Foundation Survey and used this as the basis of our action plan with the agreement of our PPG.

- The analysis of the availability of appointments during a recent week highlights that the consultation rate in our practice was 6.22 – close to the national average. (5.8 weighted for age and sex of population). We have since recruited a GP Retainer and increased our GP capacity by 5 sessions per week. We continue to monitor this to ensure that we are able to meet our patient demands and in line with our increasing list size.
- The balance between same day and advanced appointments is below the suggested split (what is the suggested split?). In June 2014 we trialled an appointment system based on Dr David Carson's suggested 70/30 split. We found that this didn't suit the needs of our patients and are now working to 50/50 split.
- The survey results showed that we had insufficient staff to answer telephones for most of the week based on the average call length of 89 seconds. We introduced extra staff into the reception answering "group" and monitoring showed that we now answer 95% of calls within 7 seconds.
- The survey results show that we have some doctors who are more popular than others. We advertised the fact that patients do not have to see their registered doctor.

Year 3

- Seeing a practitioner of choice and access to an appointment within 48 hours – Appointment System changed June 2014. Continued monitoring of this system carried out in September and December 2014.
- Waiting Times – more catch up slots incorporated into system. We have now analysed the results of our patient survey carried out in December and the results have shown a large amount of patients are not satisfied with this system as they would prefer more pre-bookable appointments rather than same day. We asked the Doctors what they thought about this and they feel that this system has definitely aided continuity. We are now planning a further review of our appointment system in order to identify a way of providing continuity of GP whilst also providing more pre-bookable appointments.
- Late Appointments & Saturday morning Appointments – continue to receive comments regarding this. We now have social media, Twitter and Facebook pages and plan to advertise these services via this medium.
- Waiting room – we did change the system to show average waiting times but the software was not adequate to do this efficiently. Currently with software developers as a suggestion and will review as soon as software is available. In the meantime receptionists continue to announce if a GP is running late (over 20 minutes).
- Dispensary services, our dispensary survey 2014-2015 showed improved responses from patients.
- Pharmacy services, we have set up and continue to have regular bi-monthly meetings with Gloria, the Pharmacy Manager at Lloyds on our site. We have also had an annual review with the Area Manager.

PPG Sign Off	
Has the report been signed off by the PPG	Yes
What date was this report signed off:	Sent to Group for approval March 2015

How has the practice engaged with the PPG
<p>How has the practice made efforts to engage with seldom heard groups in the practice population?</p> <p>Continued efforts are being made to engage all new patients but work is ongoing to get further engagement on existing patients and we plan to use our new social media accounts to engage the younger population further. We are also planning to revise our website in the summer of 2015 and will include a translation feature to enable patients whose first language is not English to have greater access to information about all of our services.</p>
<p>Has the practice received patient and carer feedback from a variety of sources</p> <p>Yes</p> <p>Online suggestions</p> <p>Surveys</p> <p>FFT</p> <p>Suggestion box</p>
<p>How was the PPG involved the agreement of the priority areas and the resulting action plan?</p> <p>The PPG were involved with the survey in 2014 and the action plans arising. The further monitoring of the changes made to our patient appointment system was a progression of this and we viewed this to be vitally important due to the substantial changes that were made to our appointment system.</p> <p>Quarterly newsletters have been sent to the PPG advising them of what is currently happening in the surgery and asking for feedback on suggestions but response has been very poor. We plan this year to continue to try to engage our patient group further and hope that Special Patient Group Meetings such as the Diabetes Group meeting will help us to raise our profile and promote further engagement.</p> <p>The remaining 2 priority areas were as a direct result of suggestions received from members of our patient group.</p>

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

Following implementation of last year's action plan a survey carried out in December 2014 revealed that a large amount of patients are not satisfied with this system as they would prefer more pre-bookable appointments rather than same day. We asked the Doctors what they thought about this and they feel that this system has definitely aided continuity. We are now planning a further review of our appointment system in order to identify a way of providing continuity of GP whilst also providing more pre-bookable appointments.

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

Name of Individual Completing this Document: Sharon Taylor

Role: Practice Manager

Email Address sharontaylor5@nhs.net