Annex D: Standard Reporting Template

[Name] Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Parkside Medical Centre

Practice Code: B83621

Signed on behalf of practice: S. A. Hirst, Practice Manager Date: 31.03.15

Signed on behalf of PPG: Date:

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

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| Does the Practice have a PPG?: **YES** | |
| Method of engagement with PPG: Face to face , Email , Letters , Meetings , News Letters , Posters , Website , Telephone | |
| Number of members of PPG: 6 members | |
| Detail the gender mix of practice population and PPG:   |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | **53%** | **47%** | | PRG |  |  | | Detail of age mix of practice population and PPG:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | <17 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | | Practice | **29.5%** | **11.8%** | **21.5%** | **14.1%** | **8.7%** | **8.0%** | **3.2%** | **3.1%** | | PRG |  |  |  |  |  |  |  |  | |
| 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 | **3.6% - 125** | **0.1% - 2** | **0.0% - 1** | **4.5% - 157** | 0.1% - 5 | 0.4% - 14 | 0.5% - 18 | 0.3% - 10 | | PRG |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Asian/Asian British | | | | | Black/African/Caribbean/Black British | | | Other | | |  | Indian | Pakistani | Bangladeshi | Chinese | Other  Asian | African | Caribbean | Other Black | Arab | Any other | | Practice | **8.3% - 291** | **41.8% - 1465** | **1.0% - 35** | **0.1% - 2** | **1.6% - 56** | **1.4% - 48** | **0.2% - 6** | **0.1% - 3** | **0.3% - 9** | **1.9 - 65** | | PRG |  |  |  |  |  |  |  |  |  |  | | |
| 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:  We have tried to contact all ethnic backgrounds and various ages by telephone and face to face. We also have a patient notice in the waiting area asking patients to leave their details at reception if they would like to join our group and have a say in practice issues  **PPG has been publicised online on the practice web site, through word of mouth and face to face contact, notices in patient waiting area and reception area. Patients have been targeted/approached using information taken from our practice list taking into account , gender, age and ethnic background, also whether they have carers or are carers to try and establish a PPG representative of all the Practice population.** | |
| 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:  **PPG has been publicised online on the practice web site, through word of mouth, via telephone contact and face to face contact, publicised in patient waiting area/reception area and through translators to target other minority groups** | |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:  **Information in the practice waiting area, notice boards.**  What you wanted: Access to online services: appts, repeat prescriptions, and any other online services available, also many patients now request reminder letter for their appointments as they forget to attend. The practice has now set up SMS messages for patients with mobile telephones and messages are sent to remind them, initially on booking and then one day before the appointment time and date.  What we did?- the Practice enabled online Services for patients and actively encourage registration for these services  Practice Website |
| How frequently were these reviewed with the PRG?  The meetings are held three times per year as a minimum, we would be happy to extend this if patients were willing to attend. We had our first meeting on 18th November 2014, to discuss the possible questions to be used in both the Patient Access Survey and the Practice patient survey for 2014-15. Following review of last year’s minutes and actions, the group were happy with online booking services, online prescriptions and SMS text messaging for appointments. They were also happy will telephone triage at the end of a surgery. . NI to create the agreed questionnaires and give to the group to ratify. Next meeting arranged for 20th January 2015. AOB none.  The second meeting was on 20th January 2015, the group were given copies of the Practice Patient Survey and Patient Access Survey for them to look at and all agreed they were appropriate. Ratified by full attending group. Questions were raised about training for Reception Admin staff at the surgery as patients felt at times they were treated inappropriately by front line staff and felt they were unhelpful. SH advised the group that members of the Reception and Admin team had been booked for Customer Care training on 27th February 2015. NI to print surveys for completion in practice by attending patients and upload onto Survey Monkey. Web address was added to Survey questionnaires in case patients chose to access the website themselves. NI to analyse both surveys in time for next meeting, arranged for 17th March 2015. AOB none.  The third meeting was on Tuesday 17th March 2015, the group discussed to outcome of the patients survey and patients access survey. They were all given copies of the Survey Analysis together with graph format analysis. Group were asked to give feedback on this.  In general the practice was happy with most of the outcomes however issues were highlighted relating to appointment availability, telephone access first thing in the mornings and confidentiality at the front reception desk.  Group were informed our Practice Nurse had been moved to room G26 instead of G19 as the practice staff were aware that patients could be heard in room G19 during consultations. Patient Group happy with this change. RD, Group member, suggested that we cover the name pate which still has the name of Previous NP on the door.  DM, group member asked if we could have music in the surgery. SH said that she would look into this for the next meeting.  SH informed them that the Practice was in the process of trying to procure a Call Board and a Self Arrival screen for the patient waiting area. The group suggested we move the chairs in reception to face the back wall, as patients can hear all conversations at the reception desk- agreed we will try this asap  SH informed the group about the Pharmacy First Scheme for children and patients who do not pay for their prescriptions and wish to be seen for simple health issues. The group said that they were not aware of this scheme although staffs at the surgery have been directing appropriate patients to this scheme.  Group were also informed about the Enable2 Interpreting Service which is available for all patients who cannot speak/understand English, however we need to be given a minimum 24 hours notice to allow us to arrange attendance of interpreter although we can also use a telephone service, this however takes much longer and clinicians feel these are very difficult consultations. The group were reminded about SystmOnline for appointments, prescriptions and summary record access but must register for this access at the surgery. We also advised if appointments are not available and we have a clinician on the premises, we can request a telephone call back for triage/consultation. If the GP feels the patient needs to be seen they will ask them to come down. This services works especially well during/after morning surgery. Group also advised appointments system had been changed to allow two emergency appointments in the afternoon for children and for the elderly on a daily basis. CK said that he would speak to patients in his Ward to see if they would like to join our group. SH informed the group that Reception/Admin staff had now attended Customer Care Training Course and have suggested the following three Practice Objectives:  1. To improve staff performance, attitude and helpfulness and to create an Induction book for new staff, setting out clearly requirements for appearance, attitude and behaviour and to apologise when they cannot do what they are asked by a patient. Also to explain why they cannot do what is asked in an appropriate manner.  2.Patients and staff had concerns with regards to confidentiality at the front desk: practice agreed as above to change seating area to see if this will help, also Reception staff to be aware of what is said when answering/taking calls at the front desk. Patient information in any form is confidential. Also we have requested patient call board and self arrival screen, which will re-direct patients away from the main reception desk much of the time.  3.Patients are unable to get through on the telephone at 8.00am as the lines are constantly engaged: We have two incoming telephone lines and two staff to answser the calls: Suggested to put up notices and advise patient to ring between 10am and 12.30pm for general enquiries and results which should enable patients who need appointments to get through to the practice more easily.  Group feedback relating to the above objectives will be sought for submission to CCG in September, 2015.  AOB: None  Next meeting to be arranged end of April 2015. |

1. Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area:  Staff may at times, when under stress be rude, argumentative and have a lack of understanding for patients needs and on occasions not very sympathetic or empathetic |
| What actions were taken to address the priority?  Customer service training provided and undertaken by all admin/reception staff to improve communication with patients |
| Result of actions and impact on patients and carers (including how publicised):  Less complaints regarding staff behaviour, patients more satisfied and needs met in a friendly and appropriate manner  Staff working within the practice less likely to encounter abrasive/confrontational behaviour from patients  Publicised on Website and You said – We did notices in practice on patient notice boards |

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| **P**riority area 2 |
| Description of priority area:  Improve confidentiality in patient reception area |
| What actions were taken to address the priority?  Request for Patient Call Board to help distract patients whilst waiting,  Self arrival screen to enable patients to sit down straight away having arrived for an appointment without queuing at reception desk  Moving of Practice Nurse to more appropriate consulting room- away from patient waiting area  Reception staff on front desk to be more aware of patient confidentiality issues when answering the telephones (these are based on front desk) and when dealing face to face with patients  Change in position of seating plan for patient waiting area.  Installation of “QUEUE HERE SIGN” – DO NOT APPROACH RECEPTIONIST IF ANOTHER PATIENT IS BEING SEEN”  Publicised on Website and You said – We did notices in practice on patient notice boards |
| Priority area 3 |
| Description of priority area:  Patients unable to get through to the surgery at 8.00am for same day appointments and when they do we have none left |
| What Actions were taken to address the priority?  Staff advised to answer phone within 3 rings whenever possible (not always during peak periods)  Have two members of staff answering 2 incoming lines at 8.00am and until late afternoon every day  Request that patients call the surgery between 10-00am and 12.30pm for test results and general enquiries (this has been added to back of FP11 and website.  We do not take prescription requests over the telephone, patients or their chosen pharmacy must request at the surgery in writing or using back of FP11.  In regards to no appointments being available, we put requests for appts on GP call back list after morning surgery  Increased afternoon appointments for emergencies, primarily aimed at elderly and young children  Increased on-line appointment availability for both morning and afternoon sessions  Re-direct appropriate patients to Pharmacy First Scheme following CCG guidance    Publicised on Website and You said – We did notices in practice on patient notice boards |

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):

The practice has been doing PPG for a number of years. In 2012 we launched a new Practice website which we are happy with as there is a lot of information about the practice on this. The patients are happy with the opening hours of the practice as we have a late surgery on a Thursday until 8pm. They are also happy with on-line booking service which we have for on-line repeat prescriptions and on-line appointments, which is working quite well. Some of the patients are reluctant to use the computer as they find it very hard to do the on-line booking. Most of them are happy with the SMS text messaging process as it sends a message to the patients directly when they book an appointment and a message to remind them about their appointment they day before and a further message if they do not attend their appointment. It works very well as we get less patient DNA’s. We also have telephone triage service at the end of each morning surgery for each clinician for minor ailment. This service is working very well as fewer patients attend accident and emergency for minor ailment. The patients are happy with the Pharmacy first scheme for children and patients who do not pay for their prescriptions which is working very well.

Overall the PPG is working well, but it is hard to get patients to attend these meetings, we only have a small number who are willing to attend, most patients seem very reluctant to come.

1. PPG Sign Off

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| Report signed off by PPG: **YES**/NO  Date of sign off: |
| How has the practice engaged with the PPG:  The PM or the PPG lead would facilitate meeting, take notes and minutes. They would be first point of contact and would be responsible person for the initial approach/communication for patients who might be likely candidates that might consider joining the PPG.  How has the practice made efforts to engage with seldom heard groups in the practice population?  A great deal of effort has been placed to try and get this group of people to participate in the PPG.  Patients in these groups would be asked, during practice visits information  Has the practice received patient and carer feedback from a variety of sources?  FFT other patient questionnaires  Face to face and practice designed questionnaires  Was the PPG involved in the agreement of priority areas and the resulting action plan?  The action plan was in agreement with PPG group members, decisions were made to prioritise improvements that were then discussed at the next meeting of any success or failure of results/outcome. These would then be further scrutinised and any complaints in relation to the prioritised tasks discussed with a view for further improvements or any other success stories from neighbouring practices in supporting the practice agenda for the PPG group.  How has the service offered to patients and carers improved as a result of the implementation of the action plan?  Less complaints is the key criteria to the success rate of this practice  Patients given appointments on the day are generally satisfied with the service and usually leave good feedback  Do you have any other comments about the PPG or practice in relation to this area of work?  This is a small practice, predominantly south Asian and a young practice population. The practice has tried extremely hard to engage patients with seldom results. The elder population either does not understand due to language barriers which the practice has tried to overcome by having translators as an option for those who want to attend. |