

# Standard Reporting Template

## 2014/15 Patient Participation Enhanced Service – Reporting Template

**Practice Name:** PORTER BROOK MEDICAL CENTRE

**Practice Code:** C88007

**Signed on behalf of Practice:** SUSIE UPRICHARD – BUSINESS PARTNER

**Date:** 26.02.15

**Signed on behalf of PPG:** JENNY BRISTOW – VICE CHAIR

**Date:** 26.02.15

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

<b>Does the Practice have a PPG?</b> YES											
<b>Method of engagement with PPG:</b> Face to face, Email, Other (please specify) FACE TO FACE											
<b>Number of members of PPG:</b> 13 PATIENT MEMBERS & 6 PRACTICE STAFF MEMBERS (2 GP PARTNERS REPRESENTING PATIENT GROUPS – SEE BELOW, 2 NURSES, PRACTICE MANAGER & PATIENT SERVICES MANAGER)											
<b>Detail the gender mix of practice population and PPG:</b>				<b>Detail of age mix of practice population and PPG:</b>							
%	Male	Female									
Practice	54	46	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
PATIENT PRG	69	31	Practice	6	55	20	10	4	3	1	1
			PATIENT PRG		8	8	23	15		31	15

**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	42			27	1	1	1	1
PATIENT PRG	77			8				

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	4	3		13	3	2	1			1
PATIENT PRG		15								

As at February 2015, our total registered patient population was 28,369. Of these, 24,371 had a recorded ethnicity. The percentages above can only reflect those with a recorded ethnicity.

**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:**

• At present, the membership of the group represents:

- Age groups – most age groups are represented, although weighted towards those over 65.
- Gender – the gender mix of the Group reflects the patient population.
- Ethnic groups – 3 ethnic groups are represented, including the 2 largest.
- Disabled – One patient member has a disability.
- Vulnerable groups (learning disability/substance misuse patients) –These patients are represented by Dr Barn who has significant contact with patients with learning disabilities living in local sheltered accommodation and, patients with substance misuse issues through her work with the Substance Misuse Service.
- Pregnant/ nursing mothers are represented.
- Nursing home residents – After consideration, we thought it unworkable/inappropriate to try to get care home patients to meetings. This group is represented by Dr Goddard who has weekly involvement with patients in our largest care home.
- Students – we have 2 students in the Group.

- The Group amended its Terms of Reference to increase the number of patient members allowed, to make room for members in underrepresented groups.
- There is open advertising for new members on the practice website, in the practice leaflet and posters in the waiting room.
- Clinicians were asked to recruit or suggest patients in underrepresented groups.
- Patients that fell into underrepresented groups were contacted by letter. These were: patients suggested by clinicians, a random selection of 18 – 30 year olds (to include, but not exclusively students), new mothers and carers.
- There was a particular drive to recruit students with additional publicity at the Branch Site. Student Union representatives were approached.

**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 large student population which makes up approximately 50% of the total patient population. Services are provided from two sites; Student Health at SHU, based at Sheffield Hallam University, which is available only to students and Porter Brook Medical Centre, which is available to all patients. In previous years, students have had their own Group run through the Branch Site and have been represented by members of the Student Union Officers Team. We approached them again this year but, unfortunately, they were unable to commit to the Group. After much consideration, the Group decided to combine the student group and the general patient population group into one and have a recruitment drive aimed specifically at students.

**Efforts to date:**

- We advertised at our Branch Site using posters, leaflets on the desk and through the PPG page on the website. This included an online virtual group sign up form.
- Shirley Theasby, staff representative and member of the Student Health Association, contacted fellow SHA members for recruitment ideas. No new or workable suggestions were forthcoming.
- We considered using Facebook to communicate with students about the PPG but attempts to communicate with our diabetic students through Facebook had already failed through lack of interest, so this was discounted.
- One of our group members approached his student contacts at the University.

Unfortunately, student representation on the Group is not as high as hoped. The Group priority for next year is to consider alternative/innovative ways to increase student representation. In the meantime, we continue our efforts to recruit. We currently have 2 vacancies on the Group which are being left open to be filled by students or patients from other underrepresented groups if possible.

## **2. Review of patient feedback**

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

- PPG patient survey 2013/14 revisited
- GP Patient Survey 2013/14 (July 13 to March 14) and 2014 (Jan to Sept 14)
- Individual complaints received by the Practice were discussed in the Group. No relevant trends were identified as all were specific to personal circumstances.
- Comments and Suggestions Book – left permanently on the front desk to capture feedback.
- One question survey decided on by the Group and carried out in the waiting room during August 2014 – ‘One thing that could have made your visit better today’
- Friends and Family feedback from December 2014/January 2015

**How frequently were these reviewed with the PRG?**

These were reviewed at Group meetings in April and August 2014 and February 2015. Minutes of all meetings can be found on our website.

**3. Action plan priority areas and implementation****Priority area 1****Description of priority area:**

RUNNING LATE FOR APPOINTMENTS – TIME SPENT IN THE WAITING ROOM TO SEE A CLINICIAN

**What actions were taken to address the priority?**

- Standard appointment lengths and the ability to book double appointments are now advertised on posters around the Practice and on the website.
- A new website was launched giving clearer information on appointments.
- Two waiting time audits were carried out, 3 months apart.
- Results of the audits were fed back to clinicians, including individual performance, prompting email discussions. This will be taken to a future clinical meeting for consideration.
- Appointments at the Branch Site were changed from 'drop in' to same day.
- The Late Arrivals Policy has been enforced.
- The texting service has been upgraded to give more specific appointment information. Appointment times are confirmed.

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

- Waiting times at the Branch Site have been significantly reduced whilst maintaining the ability to be seen on the day.
- There has been a slight improvement in waiting times to see a doctor between the first and second audits.
- Patients are more aware of appointment lengths and the ability to book double appointments.
- Clinicians are debating ways of improving waiting times further. This will be on the Agenda for the next Business Meeting.

The Group will continue to monitor waiting times as an ongoing action.

Information on waiting times was publicised to all patients in the Waiting Room on the Patient Participation Group notice board, on the website and in leaflets around the surgery. Ongoing feedback was available through the Minutes of Group meetings which are published on the website.

## Priority area 2

### Description of priority area:

GETTING THROUGH ON THE TELEPHONE

### What actions were taken to address the priority?

- A new telephone system was installed at the main site.
- The new system gives patients options so that they can get through to the appropriate person for their enquiry.
- An additional part time receptionist has been employed from January to help answer the phones at busy times.
- The number of online bookable appointments for doctors has been doubled.
- A new system has been introduced giving patients the option to cancel appointments by text.
- Additional publicity, including a message on the phone queuing system, has been put in place to increase awareness of online booking & cancelling of appointments, ordering repeat prescriptions and changing address details, freeing up the phone.

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

- Patients now have information on their position in the queue, giving them the option to ring back at less busy times.
- Patients are able to book and cancel appointments online. Feedback is positive.
- The cancellation of appointments by text is convenient and well used.

The Group will continue to monitor getting through on the phone as an ongoing action. They are considering organising a recruitment event in the waiting room to get more patients signed up for on line services.

Information about getting through on the phone was publicised to all patients in the Waiting Room on the Patient Participation Group notice board, on the website and in leaflets around the surgery. Ongoing feedback was available through the Minutes of Group meetings which are published on the website.

### Priority area 3

**Description of priority area:**

TEXTING OF TEST RESULTS

**What actions were taken to address the priority?**

- An action group was set up with a GP, manager and admin staff to explore the possibility of texting test results to patients.
- Consideration was given to the range of results that could be given in this way.

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

Problems were identified where multiple tests are involved. The patient would have no way of knowing which test the text related to causing possible confusion and concern. The Practice considers it is inappropriate at this time to pursue this further. They will continue to monitor improvements to the system and review this option as and when appropriate.

On line access to test results is likely to be available in 2015/16.

Details of these considerations were publicised to all patients in the Waiting Room on the Patient Participation Group notice board, on the website and in leaflets around the surgery. Ongoing feedback was available through the Minutes of Group meetings which are published on the website.

## Priority area 4

### **Description of priority area:**

MAGAZINES IN THE WAITING ROOM

### **What actions were taken to address the priority?**

- The Infection Control Lead was contacted for approval of the plan.
- An appeal was made for donations of appropriate magazines. This is ongoing.
- Space was cleared and a table placed in the waiting room.
- A further appeal for magazines of interest to male patients went out.
- Magazines are regularly sorted and changed.

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

Patients now have magazines to read whilst waiting. Positive feedback has been received.

Magazines are clearly visible in the Waiting Room. Ongoing feedback on progress was available through the Minutes of Group meetings which are published on the 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):

- APPOINTMENT BOOKING METHODS – Online booking and cancelling of doctor appointments introduced October 2013 – Number of appointments available to book this way increased December 14 in line with PPG recommendation and priority area ‘getting through on the phone’
- GETTING THROUGH ON THE PHONE – Ongoing - Followed up from comments and suggestions as part of this year’s Action Plan – new phone system installed - increase in options/information on position in the queue and ability to book and cancel appointments online. Introduced more sophisticated texting system – reminds patients of appointment times and locations and enables appointment cancelling by text reducing the number of calls coming through.
- URGENT ACCESS (within 2 working days) – No Group survey done this year but only one complaint received out of all sources of feedback reviewed - Access Group continue to meet regularly to monitor appointment availability.
- DUTY DOCTOR SERVICE – The system is well established – preferred to face to face consultations by some patients - number of face to face appointments available for Duty Doctor to book into have been increased – Duty Doctor service extended to Branch Site.
- BOOKING AHEAD WITH A PREFERRED CLINICIAN – Appointments continue to be uploaded to the system at least 4 weeks ahead – holidays, part time working and cover for 2 sites mean that it will not always be possible to book with a preferred clinician – 71% of patients completing the latest GP Patient Survey did not have a preferred clinician.
- CONFIDENTIALITY ON RECEPTION – ‘Please wait here’ signs are in place at both sites – Receptionists do ask patients to stand back with limited compliance – additional signs have been put up – signs are displayed informing patients that they can speak to the receptionist privately on request – given the layout of Reception at both sites, the Group feel that nothing further can be done – to be monitored ongoing.
- PRACTICE CLEANLINESS –Regular audits are carried out with the cleaning company to ensure standards are maintained.
- RECEPTION STAFF – receive regular training to ensure that they have the necessary skills and are working in line with CQC expectations - 89% of patients completing the latest GP Survey thought receptionists were very or fairly helpful.
- WAITING TIME – On going and part of this years’ action plan (as outlined above) – audits carried out – late arrivals policy continues to be implemented – awareness raised about appointment lengths and ability to book double appointments via more eye catching posters, information on the website and a message on the phone for patients in a queue – continues to be under review.

- ARRIVING LATE – see waiting time above – message on phone queuing system about lack of parking put on hold in favour of advertising online services – sign on the entrance to the car park clearly states no unauthorised parking.
- DOCTOR CONSULTATIONS – Doctors now receive 360 feedback from colleagues and patients as part of their ongoing appraisal system – results from last year’s survey fed back to doctors - vast majority of comments about doctors in Friends and Family feedback are very positive.
- NURSE CONSULTATIONS – The vast majority of comments about nurses in Friends and Family feedback are very positive.
- PRACTICE SERVICES (website, extended opening hours, online prescription ordering) all continue to be advertised. Our contract with our information screen provider runs out in May 2015. Other forms of advertising will be considered.
- SURGERY OPENING TIMES – continue to be advertised at all entrances to the building, in the waiting room, practice leaflet and on the website – extended hours have been increased with the addition of early morning appointments for blood tests with our Health Care Assistant.
- HEALTH PROMOTION EVENTS – Following the Carers’ Event, a Health and Wellbeing Event was run in June. Due to very poor turnouts at both events, the Group decided to put on hold the stress management event especially as it was felt there were other resources/groups available to access in the community – the Group will be considering alternative events as part of future planning.
- WAITING ROOM – Receptionists continue to monitor the temperature in the waiting room, turning up heating or opening windows as required.
- 0845 PHONE NUMBER – The 0845 number was changed to a local rate number – no further action required.
- SAFETY/ACCESS IN WINTER – The Practice continues to clear paths and grit where appropriate – discussions with the Council are ongoing about making Sunderland Street a priority road for gritting.
- RECOMMENDING THE PRACTICE – Friends and Family feedback monitored since December 2014 – 93% of patients completing the form in Dec 14 and Jan 15 are very likely or likely to recommend the Practice.

#### 4. PPG Sign Off

**Report signed off by PPG: YES/NO** YES

**Date of sign off:** 26.02.15

**How has the practice engaged with the PPG:**

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

- Recruitment has targeted people from seldom heard/underrepresented groups.
- Patient feedback was canvassed from all patients attending the surgery over a specified period with the one question survey.
- .There is a comments and suggestions book left permanently on the reception desk for patients to leave anonymous comments.
- All minutes of meetings, action plans, etc are published on the website. There is a translation tool for all main pages.
- Events such as the Carers' Event and Healthy Living Event have been organised by the Group to get people involved.

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

Yes –

- PPG patient survey 2013/14 revisited
- GP Patient Survey 2013/14 (July 13 to March 14) and 2014 (Jan to Sept 14)
- Individual complaints received by the Practice were discussed in the Group. No relevant trends were identified as all were specific to personal circumstances.
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**Was the PPG involved in the agreement of priority areas and the resulting action plan?**

Yes - Planning began at the PPG meeting in July 2014 where various sources of patient feedback were considered. Priority areas were discussed again at the August meeting. An Action Plan, based on the agreed priority areas was finalised at the October meeting. Progress was reviewed at the meetings in November and February.

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

Waiting time to see a clinician has improved at the Branch Site following the change from drop in to same day appointments. Waiting time to see a doctor at the main site has seen a slight improvement. A selection of magazines is now available for patients to read whilst waiting.

Patients have an improved phone service including queuing information and extra receptionists answering the phones at busy times. They are able to perform an increased range of functions on line or by text, reducing the need to use the phone.

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

No