

Standard Reporting Template

Bristol, North Somerset, Somerset and South Gloucestershire Area Team 2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Stockwood Medical Centre

Practice Code: L81009

Signed on behalf of practice: Vicky Elliott

Date: 24//3/15

Signed on behalf of PPG: W A Hardy

Date: 24/3/15

Physical signatures on scanned in front page – see separate document

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

Does the Practice have a PPG and/or PRG? YES
Method of engagement with PPG and/or PRG: Face to face and Email. We have a small Patient Forum Group which meets at the Practice 3-4 times per year plus a “Virtual Group” which we contact by email as required. Email communication to the Virtual Group and Patient Forum includes invites to the Patient forum meetings and copies of minutes of those meetings.
Number of members of PPG and/or PRG: The Patient Forum Group has 22 members and the Virtual email group has 101 members. Total number of patients in PPG is 123. Our practice has approximately 9250 patients in total.

Detail the gender mix of practice population and PPG and/or PRG:

%	Male	Female
Practice	49%	51%
PPG	35%	65%

Detail of age mix of practice population and PPG and/or PRG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	19%	10%	13%	12%	14%	12%	10%	10%
PPG	0%	10%	14%	14%	19%	10%	14%	19%

Detail the ethnic background of your practice population and PPG and/or PRG:

We have been unable to complete the tables below for ethnicity of the overall practice population for a number of reasons:

1. Historically, this data was not collected so we do not have this data for patients who did not register with us in later years.
2. Even though we ask all new patients registering with us about their ethnicity, many do not complete this section of the questionnaire or say that they do not want to let us know this.
3. We moved from the Vision clinical system in November and not all the ethnicity information appears to be accessible after the change, so now we have even less data in this area.

However, I can report that the Stockwood population is predominantly White British, with a small Eastern European influx in latter years and very small numbers of other groups. Therefore, the fact that we have 3 members of the 123 Patient Group from ethnicities other than White British (see below) seems to be an acceptable percentage.

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice								
PRG	120	0	0	0	0	1	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										
PRG	1	0	0	1	0	0	0	0	0	0

Describe steps taken to ensure that the PPG and/or PRG is representative of the practice population in terms of gender, age and ethnic background and other members of the practice population:

1. When actively recruiting for members of either the Patient Forum or Virtual Patient Group, ALL patients visiting the practice in that period are asked by Receptionist if they would interested in joining the group.
2. Any patient who asks to join the either of the groups is accepted.
3. Adverts for patient group are placed in the Waiting Room and on the Website
4. Doctors and nurses visiting housebound patients distribute forms inviting them to join our Virtual Group, as well as invites being given out in various clinics held in the practice.
5. All invites sent to 15/16 year old for Teen Health Checks include an invite for them to join a patient group and doctors and nurses who see patients under 16 also ask them if they would be interested in joining a patient group. Unfortunatley, none of the actions we have taken to improve the uptake in patients under 16 has resulted in more patients in this age group joining a patient group.
6. Adverts to join the patient groups have been placed in the nearby Library and Pharmacies for set periods.

We feel that our patient groups are reasonably representative of the patient population, with 7% of the group being carers, 18% disabled and with a reasonable age and ethnicity spread for our demographics (with the exception of the under 16 age group mentioned above).

Are there any specific characteristics of your practice population which means that other groups should be included in the PPG and/or PRG?

e.g. a large student population, significant number of jobseekers, large numbers of nursing homes, or a LGBT community? NO

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

N/A

2. Review of patient feedback

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

Throughout the year, we have reviewed the suggestions from patients that arrive via our Suggestion Box in the Waiting area or from our Website.

As from December 2014, we have also reviewed the statistics and comments arising from the Friends and Family Test.

How frequently were these reviewed with the PPG and/or PRG?

Feedback from patients is reviewed in each of our Patient Forum meeting and communicated to the Virtual Group via the minutes of these meetings. We had three Patient forum meetings this year. We prefer to have 4 Patient Forum meeting each year, but our Autumn meeting this year was delayed by a large project whereby we changes from the Vision Clinical system to the EMSI Web Clinical system.

3. Action plan priority areas and implementation

Priority Area 1
<p>Description of priority area:</p> <p>To improve the experience of patients arriving at the Practice and using the Reception service.</p>
<p>What actions were taken to address the priority?</p> <ol style="list-style-type: none">1. To update the automatic patient check-in screen to one that is more user-friendly.2. To improve the management of patients at the front desk, improving confidentiality and reducing the length of queues at peak times.
<p>Result of actions and impact on patients and carers (including how publicised):</p> <ol style="list-style-type: none">1. The automatic check-in screen was replaced by a more user-friendly model in November 2014. We have asked representative number of patients (including our Patient Forum Group) how they have found the new check in desk and (after initial “teething” problems) patients are happy that this is now a better solution.2. Staff training within Reception and some other changes to the way Reception works have successfully reduced queuing at the front desk. The Patient Forum Group commented that they have noticed general improvements to the Reception operation in the last year or so.

Priority Area 2

Description of priority area:

To improve the experience of patients using the Waiting Room/Reception area.

What actions were taken to address the priority?

A meeting took place with volunteers from the Patient Group to look at ways of improving the experience of patients using the Waiting Room/Reception area, including confidentiality and the children's area.

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

The following actions were identified from the meeting:

1. To put yellow tape and signage in place to hold queuing patients back from the Reception desk, thus improving confidentiality. Make it clearer to patients that we have a Confidentiality Booth.
2. To improve management and display of leaflets/information in Reception.
3. Training for Receptionists to ensure that they consistently alert patients of GPs/nurse running more the 10 minutes late.
4. To improve the Children's area in the Waiting Room by enclosing it in some way and installing more games for them.

Unfortunately, this meeting took place quite late in the year (March 15), because of delays caused by the EMIS Web Project. Therefore the above actions have not yet been implemented, but will be implemented in the next few months – see Action Plan for 2015/16.

However, we have already put steps in place to improve the time patients wait to see GPs/nurses who are running late. This has been done by increasing resource (we have recruited a further Nurse Practitioner) and as from April 7th, most GP appointments will be 15 mins in length rather than 10 mins. This should reduce clinicians running late.

Priority Area 3

Description of priority area:

To improve the experience of disabled patients using the practice.

What actions were taken to address the priority?

A meeting took place with volunteers from the Patient Group to look at ways of improving the experience of disabled patients using the practice.

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

The following actions were identified from the meeting:

1. To ensure that patients can order leaflets in various formats (Braille, larger print, simple language etc.) - signage to ensure patients are aware of this service
2. Training for Receptionists and clinical staff to help them communicate and direct visually/hearing impaired patients.
3. To improve signage in patient toilets – lower, raised signage with pictures as well as words.

Unfortunatley, this meeting took place quite late in the year (March 15), because of delays caused by the EMIS Web Project. Therefore the above actions have not yet been implemented, but will be implemented in the next few months – see Action Plan for 2015/16.

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):

Note: all actions taking place in 14/15 (as detailed in the sections above) were identified in the Action Plan arising from issues raised in 13/14.

Issues raised/progressed in previous years include:

1. Spreading urgent on the day appointments across all GPs (not just on call GP) to improve patient continuity of care (implemented June 12)
2. Allocate more urgent book on the day appointments in the Treatment room to improve urgent access (implemented April 12)
3. Set up on line booking service via the website to improve patient access to appointments (implemented Aug 12)
4. Changed the way we work so that we no longer closed the telephones over the lunchtime period in response to patient requests. (implemented Aug 12)
5. Installed a TV information screen in Reception to help inform patients about our services and general health information (implemented Nov 12)
6. Improving how long patients wait for their appointments when GPs/nurse running late – see actions in sections above.
7. Set up a text reminder service in response to patient requests (implemented Dec 13)
8. Made it easier for patients to give us feedback by setting up a Suggestion Box in the Reception area and on our website (implemented June 13).

PPG Sign Off

Report signed off by PPG and/or PRG: YES/NO

Date of sign off:

How has the practice engaged with the PPG and/or PRG:

3 meetings with the Patient forum Group during the year and various information emails to both the Patient Forum and Virtual Group.

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

Suggestion box in practice and on line, Friends and Family Test, feedback from members of the Primary Care Health Meetings (attended by Health Visitors, District Nurses, the Older People's Service and Midwifery as well as Practice staff. We also meet with Drugs Workers regarding the needs of their patients. We have implemented Teen Health Checks in the last year, to try engage and support young people and their needs, we are a 4YP Practice. We also have weekly ward rounds at Robinson House Care Home. We actively try to identify carers and register them on our computer system, offering improved appointment access and support. We run health checks for patients with learning Disabilities.

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

Yes. In the form of Suggestions, patient meetings, complaints, Friends and Family Test, feedback from staff and other community employees.

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? See sections above for detail, but in general we listen to what our patients want and when we are able, we make the necessary changes to deliver this.

Do you have any other comments about the PPG or practice in relation to this area of work? No