

Annex D: Standard Reporting Template

South Yorkshire & Bassetlaw Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Gleadless Medical Centre

Practice Code: C88019

Signed on behalf of practice: Stella Crookes

Date: 30/03/15

Signed on behalf of PPG: A representative of the Virtual Forum

Date: 30/03/15

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

Does the Practice have a PPG? YES											
Method of engagement with PPG: Face to face, Email, Other (please specify) Virtual group using specific software to enable comments to be viewed by everyone. Emails used to prompt patients to view the forum from time to time. We are in the process of arranging face to face meetings with those who are able and willing to attend to include the virtual group and others outside.											
Number of members of PPG: 65 patients											
Detail the gender mix of practice population and PPG:					Detail of age mix of practice population and PPG:						
%	Male	Female									
Practice	49.6	50.4	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
PRG	30.8	69.2	Practice	21	12	15	13	13	9	8	8
			PRG	0	1.5	18.5	12.3	38.5	24.6	4.6	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	50	0.2	0	2.8	1.4	1.6	0.4	0.5
PRG	47			8				

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other/ Not known
Practice	0.3	0.5	0.1	0.3	0.9	3.7	0.5	0.9	0	35.9
PRG					1	1				8

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 pages on our screens in the waiting room in various languages inviting patients to join our Patient Participation Group.

The group is also advertised as follows:

<i>Method</i>	<i>Target Population and Notes</i>
1 Prescription header Short invitation on all repeat prescriptions	All those on repeat prescriptions. Especially for those who are housebound.
2 Website www.gleadlessmedicalcentre.nhs.uk	All accessing information and online booking there. Permanent link to the forum.
3 Twitter www.twitter.com/GleadlessMC	All followers.
4 Newsletter	All patients attending the Practice in person
5 Information slips	All patients attending the Practice in person – distributed to all attending Three Minute Surgery and appointments
6 SMS Using the MJOG service	To all those with a registered mobile phone
7 ENVISAGE SCREENS An onscreen waiting room advertisement.	Patients in the waiting rooms

8	Practice notice board poster	Patients in the waiting rooms
9	Patients are asked personally by reception, medical and nursing staff.	All patients. <i>This proved to yield the best response, with new patients signing up to the patient group soon after being asked.</i>

The Doctors do encourage patients to join the group.

We have recently advertised in our newsletter, website, within our virtual group and on our screens asking for patients to attend a face to face meeting. This produced 2 interested patients however they were unable to attend on the suggested date and none of the virtual group advised that they were able to attend. We are therefore looking at organising another date with the hope more patients will be able to attend.

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

Gleadless Medical Centre does have a large population from a nearby council estate where a large proportion of patients tend to be elderly however, when they are no longer with us, young people predominantly on benefits and often with other problems, come into the area.

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

It was hoped that advertising the new face to face group as well as having the virtual group would encourage those who didn't have computers, to join the group. There has been little interest to date.

We continue to advertise the group in the various languages to encourage as many ethnic minorities to join as possible.

2. Review of patient feedback

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

- Suggestions from patients
- Patient survey 2015
- Complaints
- Friends and Family Test

How frequently were these reviewed with the PRG?

- Most of the feedback has only just been collated as the Friends and Family Test, Patient survey and collating of the suggestions from patients have only recently taken place. When our face to face meetings are organised, we intend to meet on a 6 monthly basis and these items will be available to review each time.

The virtual group has updates and communication on a regular basis throughout the year.

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>There were positive comments about the premises however there is a dislike of the 'automated' voice on the patient call system.</p>
<p>What actions were taken to address the priority?</p> <p>Approach the providers of the screens to see if they have any enhancements to make the voice sound better.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>We are still working with the provider of the screens to see what can be done differently to enhance the 'automated' voice.</p> <p>Results will be published on our website, in the newsletter, on the notice boards and the waiting area screens.</p>

Priority area 2

Description of priority area:

The wait time for a routine appointment is monitored each day and our longest wait in the period 2014-15 was 28 days around the bank holiday period in 2014 with an average since Christmas of 11 days. We aim to keep the wait to below 2 weeks.

What actions were taken to address the priority?

Employ extra doctor time around the bank holiday period to ensure we have the capacity to keep the wait time down.

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

This is ongoing and the effect will be monitored over the coming bank holidays.

Results will be published on our website, in the newsletter, on the notice boards and the waiting area screens.

Priority area 3

Description of priority area:

Comments are that the phones are busy in the mornings and the data shows that is when most people are phoning. Extra staff are logged onto the phones at busy times. There was a comment regarding the frequency of the announcement whilst holding.

What actions were taken to address the priority?

Revisit the statistics to see if the logging on times need amending.

Ask the telephone company to change the frequency of the announcement.

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

We have asked for the frequency of the announcement to be changed.

The statistics from the telephone system will be analysed over the next 3 months. The feedback from patients has only just been available following the 2015 Patient Survey.

Results will be published on our website, in the newsletter, on the notice boards and the waiting area screens.

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):

Last year's action plan was as follows:		
Problem/issue	Proposed Action Points	Action taken
Carers needs	<p>Carers Campaign featuring</p> <ul style="list-style-type: none"> • Screen shows, Newsletters, Website, Twitter, Prescriptions. • Training staff to actively record carers / cared for details using the EMIS module. Distribute & watch the Carers DVD. • Build a practice register of Carers and Cared-for • Particular attention to young carers who may be under-represented. • Consent to and proactively referring people to the Carers Centre. • Ask a representative from the Carers Centre to attend a practice meeting to show us what they can offer and how to raise their profile at the surgery. <p>Involve Community Support Worker in this campaign</p>	<ul style="list-style-type: none"> • Information added to media • Staff trained • The process has begun and information will be added when we are advised by patients/carers • Doctors & nurses are particularly aware of this • We found that asking people to contact the centre themselves was more helpful. • This will be organised when an in house Practice Learning day is allocated by the CCG.
Alterations to the building	<ul style="list-style-type: none"> • Review options for the double automated doors regarding opening. • Review waiting signs around reception area. • Source new magazines for the waiting room. • Consider replacing Sheffield Photographic Society's contributions with an electronic version on the screens. Email to Keith Alchin. • New health promotion uses for the new space created in the waiting room <ul style="list-style-type: none"> ○ Chair Aerobics & Zumba ○ Displays by local groups (Food banks/Community Support Workers) 	<ul style="list-style-type: none"> • We are unable to change this • Signs are in the process of being amended. • Magazines are changed on a regular basis • We have been unable to progress this idea. • Chair aerobics was trialled by no one attended • We have 'local' notice boards and use the flip chart to bring people's attention to various groups.
Car Parking	<ul style="list-style-type: none"> • Re-open discussions with Sheffield City Council about parking services locally and opportunities to improve this. <p>Ought we to look at the woodland around again?</p>	<p>We have contacted Sheffield City Council who referred the practice to Kier Ltd who oversee the woodland. We have been advised that it is designated as 'Open space' and we will have to obtain planning permission for a change of use before the council can be approached to sell the land.</p>

Problem/issue	Proposed Action Points	Action taken
Access to Care	<ul style="list-style-type: none"> • Raise awareness of services through presentations on screen in the waiting room and Newsletters/website. <ul style="list-style-type: none"> ○ Value of Three Minute Surgery & advertise double appointments. ○ Presentation: Same day access well provided for via DD phone call. ○ Wednesday Evening Surgery (trial of ring-fencing WES) ○ Audit of random phone calls to be run by senior admin staff to ascertain if the scripting is appropriate. Suggest criteria and outcomes are measured every quarter. • Implement Ticker Tape to inform patient of late running surgeries. • Attempt to trace the respondent who worked with A&E. Discuss best way to do this at management meeting. Newsletter/ ticker appeal? • Feasibility study regarding a booster doctor on the busiest days for phone calls • Make all possible appointments available on EMIS Access (Nurse/HCA etc.) • Review of nurse utilisation 	<ul style="list-style-type: none"> • Completed • We did trial this facility however, the information needs to be manually updated and it was felt that during busy times, the reception staff would not always be focussed on keeping the information up to date. A patient may walk out of the surgery thinking the Dr was still running late when they had caught up. • No further action at the moment • We have a booster doctor on a Monday to assist the Duty Dr • Patients can now book nurse appointments online • This will now take place following the employment of a new nurse.
Medical "Robots" & Technologies	<ul style="list-style-type: none"> • Raise awareness of what this really means <ul style="list-style-type: none"> ○ Video for the screens, Newsletters, Patient Group involvement ○ Allay fears, reinforce that optional, highlight improved clinician access • Refine touchscreen check in. <ul style="list-style-type: none"> ○ Staff member to be available to demonstrate. ○ Screen show to demonstrate <p>Trial of different birthdate type when entering numbers (main problem)</p>	<ul style="list-style-type: none"> • No action at the moment as the company we are working with has not yet refined the product. • The process has been changed and signs have been displayed to assist patients. Staff will demonstrate the screens when possible.
Staff Training	<ul style="list-style-type: none"> • Share results of this entire exercise with the staff at an admin staff meeting. Dr JM happy to do. • Reinforce overwhelmingly positive comments. • Ask staff how they would respond to the points raised. <ul style="list-style-type: none"> ○ Consider further if annual customer service training is needed ○ Reinforce messages if Urgent advice sought • Distinction between routine phone access (continuity) & same day phone access (urgency) 	<ul style="list-style-type: none"> • Further training has taken place with the existing staff and new staff have been employed. • The recent Patient survey and Family and Friends test comments have been positive. • Staff have all received name badges under the project 'Hello my name is' which was founded by a Dr who is having treatment for cancer.

Telephone
problems

- Review with supplier why some callers may be getting a “withheld” number when we call.

- The supplier has investigated this and no further feedback of this happening has occurred.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 30/03/15

How has the practice engaged with the PPG: Virtual group

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

Suggesting a 'face to face' group and advertising the group in various languages.

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

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?

The practice has listened to comments and suggestions and action has been taken during the year. The 3 main areas have recently been defined following the patient survey and these will receive attention and input from the staff and the patient group in the next few months.

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