

Annex D: Standard Reporting Template

Wessex Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: St Alban’s Medical Centre

Practice Code: J81062

Signed on behalf of practice:

Date:

Signed on behalf of PPG:

Date:

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)	- Face to face, email and mail
Number of members of PPG:	112

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	50.5	49.5
PRG	44	66

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	18.5	8.8	13.3	14.1	13.4	10	9.3	9
PRG	0	0	2.7	5.4	14.3	22.3	27.7	27.7

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	83	0.5	0	7	0.04	0.04	0.04	0
PRG	83	0.8	0	3.6	0	0	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	1	0	0.27	1.5	1	1	0.3	0	1	0
PRG	0	0	0	1.8	0	0	0	0	0	5

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:

The PPG is approximately representative for gender. We have only a small percentage of patients of ethnic groups other than White British, reflecting the population of the local area. We have not actively recruited any patients under the age of 18, but do have a number of PPG participants who are parents of children from 0 – 16 years of age, or in some cases grandparents.

We have tried to target younger participants by displaying posters at the baby clinic at East Way as well as newsletter

articles asking for representation from people aged under 45 and / or patients of ethnic minorities not represented in the PPG.

The membership of the PPG is skewed towards older people. Whilst this does not match the age distribution of the practice population, it does reflect the fact that older people tend to use the services more often than younger people. We are a family practice and we find that participants often express not only their opinion but also their view from their family's perspective or what was important to them as a working person.

In addition, we have conducted a survey for all users of practice services and have implemented the Friends and Family test recently to ensure that we continue to get as much feedback as possible from a full range of patients on our services.

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:

We do not have any significant identifiable population needs.

Approximately 1% of our practice population are carers, and this group is represented on the PPG.

We have 85 patients who are registered in residential care. Previous surveys have tended to focus on practice based services, such as appointments / telephone access / physical access, so this is of less relevance to the residential care community who are not able to come to the surgery. (One of the PPG is a Care Home Manager.) Feedback via the FFT is still encouraged for this group of patients and their carers.

2. Review of patient feedback

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

- **In house survey from 2013 and from 2014**
- **IPSOS MORI national survey information**
- **Summary of complaints received in 2013**
- **Appointment demand / capacity analysis**

How frequently were these reviewed with the PRG?

- **We held a face to face meeting in June 2014, agreeing the focus of the 2014 survey and areas of concern, ie appointment availability, telephone access and increasing online access by patients.**
- **We conducted the in-house survey, by email, mail, and in the practice**
- **Based on the outcomes of the survey, an action plan was drafted, on the focus of appointment availability, telephone access, and increasing use of online access by patients.**
- **We reviewed progress against the action plan at the end of the year.**

2. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Appointment availability</p>
<p>What actions were taken to address the priority?</p> <ul style="list-style-type: none">- Increase GP appointment capacity by 60 appointments per week from 9.2013 (which was later than the 2013 survey and also post-dated several of the complaints we had re appointment capacity)- Monitor demand, and add capacity as required- Modify the proportion of advance booking, short-term prebookable and book on the day appointments in line with patient feedback- Continue training of nurse for Triage and independent prescribing, to supplement current capacity.
<p>Result of actions and impact on patients and carers (including how publicised):</p> <ul style="list-style-type: none">- There were no complaints about appointment availability in 2014, compared with 6 in 2013- Our demand analysis shows that the increased capacity has had the desired effect on people being able to get an appointment when requested – in a week in January 2014 65 people were unable to get an appointment and had to call back at another time; the statistics for a week in January 2015 showed 4 callers were unable to get an appointment.- We offer a range of appointment times from 8 AM to 8 PM, as we recognise that this can make it easier for patients to access our services. <p>We have publicised these outcomes via a poster in the waiting room and on our website.</p>

Priority area 2

Description of priority area:

Telephone access

What actions were taken to address the priority?

- **Additional staffing at busy times of the day**
- **Posters asking patients to call at less busy times if their call could be dealt with at a less busy time**
- **Message on the telephone asking patients to call back if their call could be dealt with at a less busy time**
- **Reception team to proactively offer options to patients, to reduce the likelihood of them needing to call back (such as alternative appointment, seeing another GP, call back from GP)**

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

- **We did not have any complaints about telephone access in 2014, compared with 6 in 2013**
- **Most calls are dealt with on the first contact, reducing the number of call backs and therefore overall business on the phone.**

We have publicised these outcomes via a poster in the waiting room and on our website.

Priority area 3

Description of priority area:

Promoting online service (EMIS Access) for booking appointments and requesting prescriptions

What actions were taken to address the priority?

- **We have promoted the availability of EMIS Access via newsletter, prescriptions, information at Reception and in the waiting room, and through word of mouth by administrators in the practice.**
- **There is a notice on the check-in screen to inform patients about EMIS Access.**
- **The check-in screen offers the option to book an appointment whilst at the practice.**
- **Detailed instructions have been produced for patients who find it difficult to get registered on the EMIS Access site.**

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

- **We now have 12% of patients registered with EMIS Access, compared to 7% in 2013.**
- **The EMIS Access website is very easy to use, and we have had no requests in the past 6 months for help in getting the registration activated.**
- **The practice has implemented the Medical Record Viewer option from 1.3.15, allowing patients to view their medication and allergies. We have also included access to view immunisation history.**

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):

Issues raised in previous years have focused on appointment availability and telephone access. The key changes made in 2014/15 have been increasing GP capacity, increasing staffing at key times, and increasing access via the online service.

Being able to meet appointment demand reduces the number of repeated calls. Increased use of online access also reduces telephone contacts. Both these changes then mean patients are more likely to be able to get through to the practice with relative ease.

Members of the PPG were also helpful in suggesting ways in which the practice could improve communication with patients, including providing more information on the website and use of the outdoor noticeboard. The website has recently been upgraded, is easier for in-house updating, and presents information for patients in a more user-friendly format.

3. PPG Sign Off

Report signed off by PPG: **YES**

Date of sign off: **23rd March 2015**

On 26.2.15, all patients on PPG were contacted either by email or mail, asking them to review the report and provide any feedback they wished. Below are the responses received:

How has the practice engaged with the PPG:

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

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

Was the PPG involved in the agreement of priority areas and the resulting action plan?

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

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

Response 1

Re Patient Reference Group i

Thank you for the e mailing the " Report of the Patients Survey " which you have circulated for comments .

I write as a patient of St Albans Medical Centre and as a Care Home Manager who's Residents are Registered with the Practice.

I would like to say how much easier it is to get treatment or advice now a telephone system is in use , my Senior Carers feel much more reassured when they can discuss Residents medical concerns without having to always ask for an on site visit (I am an R.G.N so when I'm not available this helps them)

The Receptionists are responding in a much more friendly manner and must be commended on their attitude if this is an area they have received training

I have no other comments to make at this moment

I look forward to attend the next meeting in May

Response 2

Was the PPG involved in the agreement of priority areas and the resulting action plan?

The practice has made every effort to involve the PPG in agreeing priority areas and formulating an action plan.

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

It seems to me that the range of appointments offered via the online appointment booking service has been broadened. This is my preferred method of booking these days. Though availability is variable, as is understandable as there are particularly busy times, there is often quite a wide choice of appointments provided one does not leave it too late to book. Even my husband who is a terrible Luddite has now embraced booking his appointments online.

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

Only to praise the efforts made to continually improve and respond to patients' needs.

Response 3

Thank you for sight of the reports which I found very interesting. I do not have the need to access the practice very often but, 'flu jab, health check and a follow up Dr's appointment were easily available. My thanks to all who endeavour to resolve the problems highlighted by patients.

Response 4

Thank you for your email.

I have read the attached documents and confirm that the PRG was involved in agreeing the priorities and that, as a result of the Practice's actions, the service to patients has improved.

I also agree that the proposed two meetings a year (May and February) to set priorities and evaluate outcomes would be a sensible way forward. I hope to be at the meeting on 13 May.

Response 5

I'm happy with the action plan attached and progress being made with this.

I will attend the next session in May – it would be good to get some younger people (a difficult task I know) as the PPG doesn't quite reflect the actual practice patient split.