

Standard Reporting Template

NHS England (Wessex)
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Abbey View Medical Centre

Practice Code: J81026

Signed on behalf of practice:

Date: 27 March 2015

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 and email,
Number of members of PPG: 512

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	7319 (48%)	7952 (52%)
PRG	230 (45%)	282 (55%)

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	3053	1273	1453	1658	2147	2069	1940	1678
PRG	0	1	4	9	19	18	20	33

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	34%	0.4	0.02%	25%	0.07%	0.08%	0.1%	0.2%
PRG	77%	1%	0%	5.1%	4%	0%	0%	0.2%

Note: only 60% (9,021 out of 15, 259) patients recorded their ethnicity. 64 (12%) of PPG patients did not declare ethnicity.

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	0.3%	0.05%	0.1%	0.5%	0.1%	0.2%	0.01%	0.1%	0.01%	1%
PRG	0%	0%	0%	0.2%	0%	0%	0%	0%	0%	0%

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 whole practice population was profiled using our clinical system which takes its information from our new patient questionnaires, and the result is as described above. It should be noted that only 60% of the practice's patients (9,021 out of 15, 259) recorded their ethnicity.

All new patients continue to be offered the opportunity to join the group when registering (the form is part of patient pack).

Current patients are routinely invited to join by through lobbying of individuals by clinical, admin & PPG staff, leafleting within the practice, and advertising on the practice websites and by recruiting during specific events this year such as the flu clinics and patient forums and specific recruitment events.

This has resulted in an increase of the membership numbers of the virtual group (from 367 to 512) who are regularly contacted by email to brief them on the key issues affecting the practice. These have included surgery car parking capacity, the potential impact on the surgery of the residential development plans (1160 homes in total) and the partnership's merger with Sturminster Newton on 1 April 2015. The patient feedback has been very positive as they are pleased that the practice is engaging with the local town & district councils to address their concerns.

Patients who are in nursing/care homes are an obvious group who are under-represented though their issues with travel. We gather their (and their relatives') input via the routine visits, augmented by the programmed Over 75s service GP ward rounds.

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?

NO

2. Review of patient feedback

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

- Practice flu clinics in September and October 2014.
- Patient suggestions received via the practice suggestion box in reception, direct approaches to clinical staff, practice website & email.
- Friends & Family Test feedback (from December 2014)
- Patient Forum Meetings (6 weekly). This have been particularly well attended (averaging 50 patients at each meeting)
- GP revalidation patient surveys.

- Personal interaction with patients and the surgery staff on a daily basis.

How frequently were these reviewed with the PRG? Formally every 6 weeks post/prior to the patient forum and PPG meetings. However a significant proportion were reviewed by the PPG chairman, Mr Anthony Austin) and the practice manager when received.

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area: Telephone contact is of prime importance to our patients. The majority of appointments are made this way, and approximately a quarter of doctor/patient interactions currently happen in this manner in the form of triage calls. The survey equally highlighted the fact that our response to patient telephone calls is currently not to a standard which is deemed acceptable, with “not being able to get through on the telephone” being indicated by almost half of those answering the survey as the biggest problem they encounter when trying to make an appointment.</p>
<p>What actions were taken to address the priority?</p> <p>Re-examined the way that the practice handles incoming calls, with reference to both technology and practice staff.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>Reception and Admin Manager and the Reception team, with the telecommunications company who support our have implemented the improvement plan. This was supported by several members of the PPG and backed up with training for practice staff.</p> <p>As a result of the merger with Sturminster Newton the new partnership will be purchasing a new telephone system (Abbey View’s is over 12 years old) to offer a modern telephony service to the 25,000 patients over 4 surgery sites. The PPGs from both practices are engaged with the development of this new service which will deliver a major improvement to the patient access.</p>

Priority area 2

Description of priority area:

- Whilst patients valued the ability to book appointments in the future, over half would prefer a greater number of appointments to be available to book on the same day.
- In terms of alternative methods of booking an appointment the practice population were almost evenly split between preferring an online system or an out of hours telephone option system.

What actions were taken to address the priority?

The online service appointment booking service has been implemented and is now being used by 2214 (14.3%) patients.

Following analysis and discussion with the GP Partners the practice schedules were reconfigured to align better with patients' preference. The practice now offers 50% appointments bookable up to 4 weeks ahead, 25% bookable 2 days ahead and 25% book on the day. The practice routinely analyses the schedules 4 weeks ahead to ensure identify & remedy capacity shortfalls and to align the appointments offered by type and booking method. The practice also reconfigures its Christmas and New Year schedules to offer a greater proportion of same day booking appointment to meet known demand.

Following the merger with Sturminster Newton on 29 April 15 the clinical partners will be conducting a fundamental review of the clinical services that are offered and related processes. All parties, staff and PPG group, will be consulted for input to shape the discussions.

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

Over 2214 (14.3%) patients are now registered for on-line services. This includes on-line appointment bookings, ordering repeat prescription, registration for electronic prescribing service, text alert service and access to summary care records. The online appointment booking service is advertised on the practice websites, the practice notice boards and waiting room TVs, briefed at

patient forum meetings, in the patient registration packs, and by surgery staff. The number of patients registered for online services is increasing steadily. Anecdotally patients like the ability to secure same day, 2 day ahead and long term appointments online out of hours as soon as the booking embargo is lifted (midnight). This saves patients having to try and get through on the phone. As a practice we continue to monitor both the available clinical capacity and the number and type of appointments offered. This ensures that we maintain an appropriate balance between the number of same day appointments and the proportion that can be booked on line or by phone. This ensures that no patient group is disadvantaged.

The out of hours telephone booking option was examined but assessed to be too expensive with very limited benefits for patients. This capability has been incorporated within the statement of requirement for the replacement telephone system that the practice will be purchasing in mid-2015.

Priority area 3

Description of priority area:

From our most recent survey our patient population would like more appointments to be available later in the evenings, as opposed to any other time. There were reasonable indications that email consultations and also earlier morning appointments would be popular, but both were considerably less so than later evenings.

What actions were taken to address the priority?

We conducted fundamental review of the practice's extended hours programme which has been reconfigured to offer more evening sessions by all of the clinical staff rather than just GPs. The surgery now offers a minimum of 7.5 hours of extended hours appointments by GPs, nurse practitioner and nurses on Monday, Tuesdays & Thursday evenings.

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

The new programme is on a three months trial and will be reviewed based on clinical and patient feedback. We have advertised the changes the practice website(s), the practice notice boards and waiting room TVs and added into the patient registration packs. Surgery staffs are also spreading word with visiting patients. The impact for patients and carers is to increase the number of evenings (from 2 to 3) that the practice offers extended hours (after 1830 hours) and the range of clinic staff (now doctors, nurse practitioners and nurses).

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):

See above answers

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 28th March 2016

How has the practice engaged with the PPG:

In the last year there has been a major shift in the emphasis of the way the Practice and the PPG work together. A committee of 12 Patients with a representative for Young Mothers and Children, those caring for dependent relatives, a North Dorset District Councillor and well experienced and objective members of the community. This has widened out considerably with 3 “open meetings” enhancing the committee meetings. The Open Meetings (Forums) are publicised by direct email to those registered, the practice website, and by notice boards in the Practice. They have attracted between 45 and 50 people and both the Executive Practice GP and the Practice Manager attend. The agenda is set in advance taking into account matters directly suggested by the PPG and working together to cover any issue and updates relevant to patients from the Practice representatives. There is a presentation and question and answer system with notes of the meetings circulated post hoc.

The PPG is also involved with the rest of the North Dorset PPGs.

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

The PPG and the Practice Manager receive notices of meetings with vulnerable groups led by NHS Dorset and attend some of these as appropriate. There are two large schools in the area and the intention is to involve senior pupils undertaking social studies: the aim is to have this set up for the forthcoming school year. The PPG has asked for detailed comments on the position of children with mental health problems and is awaiting feedback. Also the PPG has looked into “drop in” centres for vulnerable teenagers. The Practice has supported this with a nurse practitioner and has been involved in this area for some years.

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

Yes – from NHS Dorset and from local agencies.

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

Very much so. The PPG is developing a newsletter to go to all patients on a monthly basis to help improve understanding and is also to work with the Practice at major events such as the Shaftesbury and Gillingham Show.

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

Improvements are slow – inevitably – but the positive signs have been much welcomed by the PPG.

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

Any agenda for change has a significant life span but the PPG is involved at all times.