

Annex C: Standard Reporting Template

Schedule M

Hertfordshire and South Midlands Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Woodview Medical Centre

Practice Code: K83040

Signed on behalf of practice: Sian McLennan

Date:27.3.15

Signed on behalf of PPG:Catherine Broughton

Date:27.3.15

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 meetings take place with the Practice Manager and usually, a GP present. Additional ad-hoc meetings and discussions take place between the Chairperson and the Practice Manager, as required, in order to plan the format of the meetings and to progress the ideas of the group. In addition, the virtual members are invited to participate via the website and email.

Number of members of PPG: 51 including virtual members.

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	50	50
PPG	31	69

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	23	10	15	14	12	12	9	5
PPG	0	2	2	14	24	21	33	4

Detail the ethnic background of your practice population and PPG:

%	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White & black Caribbean	White & black African	White & Asian	Other mixed
Practice	70	0.5	0	10	2	2	0.5	1
PPG	82	0	0	8	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	2	1	0.5	1	0.5	5.5	1	0.5	0	2
PPG	4	0	0	0	2	4	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 group are keen to ensure that its members are representative of all the practice population and very much encourage patients to join, irrespective of gender, age, ethnicity etc. We advertise the group in the Waiting Area with a Powerpoint Presentation and minutes of the last meeting are displayed on the Notice Board. There is also a link to a joining form on the Practice Website.

The group, including its virtual members, currently consist of mainly white british females over the age of 35. Only three members attend the actual meetings so we would like to encourage new members, particularly in the younger age range, who may also be able to attend meetings. Although we would like to limit the numbers at face-to-face meetings to ensure they do not become unwieldy we would still like to have a few more members more representative of our patient group as a whole.

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

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

The practice is in a fairly deprived area with many patients out of work. Meetings are held during the day, during school hours to enable these patients to attend if they so wish. Unfortunately to date there has been a lack of interest in active participation. However we hope that they can still feel they can participate via the virtual group.

2. Review of patient feedback

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

Currently patients are invited to feedback comments in several different ways. As well as verbal comments, via the Practice website and In-House patient surveys we have a Patient Comments and Suggestions Box, the Friends and Family Test and the National Patient Survey.

How frequently were these reviewed with the PRG?

There was a change in Practice Manager during the summer of 2014. Prior to this the Practice relied on an In-House survey, verbal comments, NHS Choices and the practice website as a means of obtaining patient feedback. Since then the Comments and Suggestions Box has been instigated and the Family and Friends Test was introduced into the practice in December 2014. Feedback from all these sources, along with the results of the National Patient Survey, are discussed regularly in Practice Team meetings and they were collated for discussion at the PPG meeting in March 2015. The anonymous feedback was then discussed amongst the group to see if any trends evolved which could be addressed in the future.

3. Action plan priority areas and implementation

Following a patient survey in 2014 the following priority areas were identified.

Priority area 1
<p>Description of priority area:</p> <p>Access to the building. Patients complained that they found the entrance door very heavy and it was difficult to manage for wheelchair users, patients with mobility problems and users of pushchairs etc.</p>
<p>What actions were taken to address the priority?</p> <p>The practice arranged installation of a push button automatic door allowing users of the surgery an easier entrance into the main foyer.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>The installation of the automatic door as well as having a visual impact was publicised in the Waiting Area and on the website initially. This area has not generated any further complaints with verbal feedback being very positive. Patients have, however asked whether the internal doors would be altered in the same way. The practice aims to programme into its maintenance schedule a replacement of these in the future, as funds allow. Although these doors are much lighter and easier to manage their replacement would further assist in patients' movement around the building.</p>

Priority area 2

Description of priority area:

The telephone system - Patients very frustrated that they were unable to get through.

What actions were taken to address the priority?

The telephone system was replaced with newer more up to date technology and staff rotas were altered to ensure that there was adequate staff to answer the phones at peak periods.

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

Unfortunately, although some patients have commented that it is better than it used to be but this is still an area receiving a great number of complaints. The practice has therefore arranged for further lines to be made available with the works being carried out within the next few weeks. The practice and the PPG will continue to monitor feedback in this area.

Priority area 3

Description of priority area:

Appointments – A frequent cause of negative feedback with patients complaining that they were unable to obtain a routine appointment within an acceptable timeframe, particularly with a clinician of their choice and there were not enough available to be booked online.

What actions were taken to address the priority?

The practice is continually reviewing its appointment system and tried very hard to offer its patients a selection of routine appointments bookable ahead with various timeframes and also many on-the-day urgent slots. We also employed a minor-illness nurse to assist with the urgent cases and have further invested in nurses to assist with Chronic Disease Management. The number of slots available for booking online from 07:00 every morning was increased. Currently over 25% of our patients are registered to use this system. The appointment situation is being reviewed on an almost daily basis in order to respond to demand.

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

It is well documented that Primary Care is struggling to cope with the current unprecedented demand. Although the practice is working very hard in this area we continue to receive negative feedback. The appointment ledger is studied on a daily basis and the clinicians are working very hard to offer as many routine appointments as possible. Some of our GPs are part-time which may be a reason for a delay in the availability of an appointment if they are that patients' GP of choice. Furthermore, this practice has a very high rate of patients who fail to attend their appointment without giving prior notice so the appointment could not be offered to

anyone else. On average, over 200 appointments per month are lost in this way. The practice will be actively monitoring patients who frequently abuse the system in this manner in future.

4. Progress on previous years

(Component 4 – 40% of payment)

If you have participated in this scheme for more than one year, outline progress made on issues raised in the previous year(s):

The PPG is considered to be a very important platform enabling a two way communication link between the practice and our patients. They have assisted the practice with sound ideas in response to feedback from patients as well as representing patients by highlighting other problems they have experienced themselves.

They have been involved in the work being done to improve access to the building and ongoing improvements to the telephone system. They also appreciate the problems being faced by the practice in respect of appointment availability and have been involved in discussions how this may be addressed.

In addition, in response to previous patient feedback and the PPG members' own experience, the practice is working on refining the repeat prescription service.

5. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 27.3.15

Has the report been published on the practice website? YES

Please insert web-link to your report:

How has the practice engaged with the PPG:

The Practice Manger has attended the PPG meetings and has had various ad-hoc discussions with the chairperson. A GP has been present for at least part of the meetings in order to answer any questions they may have and to inform them of current issues.

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

The practice actively invites people to join the group by advertising it within the surgery and on its website.

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

The practice encourages feedback via The National Patient Survey, NHS Choices, Complaints/Suggestions Box, Friends & Family and In-House surveys.

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

The PPG were actively involved in identifying the key areas and the action resulting action plan.

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

Access to the building has been significantly improved. Telephone access has been improved with further ongoing works planned to improve this even further.

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

The PPG and the practice are pleased with the work already achieved and will continue to share patient feedback in order to identify any further improvement required and address any new issues that arise.

Please return this completed report template to england.enhancedservices-athsm@nhs.net no later than 31st March 2015. **No payments will be made to a practice under the terms of this DES if the report is not submitted by 31st March 2015.**