

Annex D: Standard Reporting Template

North Yorkshire and Humber Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Bartholomew Medical Group

Practice Code: B81068

Signed on behalf of practice: Dr L Wrightson.

Date: 20.03.15

Signed on behalf of PPG: Mr D Wall

Date: 27.03.15

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								
Number of members of PPG: 17								
Detail the gender mix of practice population and PPG:				Detail of age mix of practice population and PPG:				
%	Male	Female		%	<16	17-24	25-34	35-44
Practice	7985	7968		Practice	19	10	14	12
PPG	47	53		PPG	0	0	0	24
					45-54	55-64	65-74	> 75
					14	12	10	9
					6	24	35	12

Detail the ethnic background of your practice population and PG:

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	12107	24	0	1017	6	8	11	43
PPG	17	0	0	0	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	26	18	1	22	14	10	4	5	0	2620
PPG	0	0	0	0	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:

We are proud of our Patient Participation Group and feel that the existing members are a dynamic and supportive group. There is a core group of long standing members, many of whom have been with us from the outset but there is also a natural turn over of patient representatives bringing fresh opinions and ideas.

We are aware that the current PPG membership is not truly representative of the practice population and we would like to improve this situation. As a practice we promote the PPG and its membership at a number of points of contact.

We provide all new patients with information about the group at the point of registration and we provide all new patients with information about the PPG and the information is available on our website. Posters raising awareness of the PPG and the date of the next meeting are up in the waiting rooms in both the main and the branch site.

The composition and format of the group is something which is regularly reviewed at meetings. There has been discussion as to whether we should develop a virtual membership that may be more attractive to younger patients and we intend to explore this further in the coming year.

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:

There are a relatively high proportion of migrant workers in the practice population and they are not represented in the PPG. We are keen to engage with this group of patients in order to include their opinion of the practice. As well as those approaches listed above, we have, in the past, tried to raise interest with this group. Recently the practice has been involved in the Humberside Police Partnership Working Workshop with a view to becoming more involved in community groups in the area.

2. Review of patient feedback

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

The group has reviewed the results and comments from the new Friends and Family test (FFT). Patients are able to respond to this either on our website or in the practice. The results are collated in the practice and the results published and discussed with the PPG. The most valuable part of these are the comments and these are examined for trends. In conjunction with these, we review any comments posted on the NHS choices web site looking for common themes.

The PPG are invited to comment on concerns and to propose improvements they may consider helpful.

How frequently were these reviewed with the PPG?

The PPG has at least an annual discussion to consider feed back, previously informed by the results of the Patient Survey. In the past year we have discussed FFT responses, NHS Choices postings and invited suggestions from the group. We intend to review

FFT responses on a regular basis.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Enhancements to the current telephone system.

It is felt that we should ensure that patients are informed of the most appropriate times to call and be directed to the most appropriate service to improve satisfaction in getting through to the practice and in receiving the relevant service. This may be achieved by more extensive options at the first point of contact by telephone. For instance, if patients request their test results they could be directed to a dedicated results line and be informed that these are available between 10-00 and 12-00 am and 2-00 and 4-00 p.m. when the lines are less busy.

We hope that installation of a telephone queuing system would help patients know how long they expect to wait to be answered and thus inform patients and improve satisfaction.

What actions were taken to address the priority?

This will require the installation of a different telephone system to the one currently in use. The Business Manager has been in discussion with a number of providers seeking to find the service that best meets our needs. A decision is expected in the course of the next few months.

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

It is hoped that this action will result in an increase in efficiency and in patient satisfaction and address the ongoing problem that patients experience in getting through to the surgery at peak times. When it is available any change in process will be publicised in the surgery, on the website, in a newsletter and by word or mouth via the PPG.

Priority area 2

Description of priority area:

Appointment availability/Clinical skill mix.

An ongoing area of concern for patients is the lack of availability of appointments with GPs. The practice is in the process of appointing more Nurse Practitioners, Practice Nurses and Health Care Assistants (HCA) to support the GPs in providing appointments. We will then have to ensure that we direct patients to the most appropriate clinician for their needs.

What actions were taken to address the priority?

We have appointed a new nurse who started at the beginning of February. We have also appointed a Nurse Practitioner who will be starting in April and an HCA who will both be joining us in May.

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

As well as the obvious increase in available appointments we hope that the increased skill mix will provide appointments that support the GPs and relieve demand on their appointments specifically. We will also have to ensure that patients are made aware of the variety of appointments available and what is most appropriate for their needs. This will be done by receptionists when offering the appointment but also by trying to raise awareness of clinical roles on our website, in our practice booklet and in newsletters.

Priority area 3

Description of priority area:

Patient parking.

Free patient parking is provide by the practice but is limited and is frequently over subscribed. Use of the patient car park is shared between three separately managed groups - Bartholomew Medical Group, the Community Health Centre and the Lloyds Pharmacy. Entry to the area is via a barrier which lifts automatically but patients require a code to exit, which can be obtained from the receptionists at any of the three groups.

Immediately adjacent to our free patient car park is the hospital car park to which charges apply. It has been noted on a number of occasions that hospital patients use our car park and this has been a subject for discussion and complaint for patients. Any of our patients who are unable to get into our patient car park have to pay to use the hospital car park.

What actions were taken to address the priority?

This is a very difficult area to address and our PPG acknowledge that this is the case. We are unable to monitor the car park at all times and are not solely responsible for it. The exit code is only given from the reception desks at one of the three responsible areas but receptionists cannot be sure that the person requesting the code has attended as a patient.

It was agreed that we should ensure that the code is changed regularly.

It was queried whether pressure should be placed on the hospital regarding the hospital charges. This could include contacting the local MP.

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

Pending.

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):

In previous years some of the action points have been:

- Concerns around getting through to the practice by telephone at 8-00 a.m.: The practice increased the number of staff on duty at 8.00 a.m. We also provided on-line access for booking appointments and ordering prescriptions and continue to promote this. Uptake of this service is increasing.
- Lack of availability of appointments: We took on a new Salaried GP who then became a GP partner. We also conducted an audit of the appointment system to inform decisions as to if and when we needed to increase provision of appointments.
- Increased staff training to redirect patients to other appropriate available services, for example the pharmacy link (to obtain treatment for minor illnesses without seeing a GP), and to give information regarding pre-bookable appointments, extended hours surgeries (including early morning, evening and Saturday morning appointments) and nurse practitioner consultations. Training is an ongoing process and the practice has Protected Time for Learning (PTL) sessions every three months, when the practice is closed to patients and targeted training sessions are provided for staff. Training needs have been identified and prioritised and recent sessions have proved to be very beneficial.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 27.03.15

How has the practice engaged with the PPG:

The PPG meets as a group approximately once a quarter. Prior to the meetings an agenda is sent out to all members and they are invited to bring forward any concerns if they are unable to attend. Meetings are minuted and copies are sent to all members.

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

We advertise the PPG in the practice premises, on the website, in news letters and to new patients. GPs are also invited to promote the group to specific patients if they feel this is appropriate.

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

The practice receives feed back from patients and carers in a number of ways:

- We take part in the FFT and use comments to guide improvements.
- We note comments made on the NHS Choices website.
- We use non-identifiable information from any complaints where the outcomes are relevant to other patients.
- We listen to concerns raised by PPG members.

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

Yes, all the action points were identified and discussed in PPG meetings and progress is reported at the meetings.

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

Over the last year or so we have used the PPG meetings to help explain the workings and financial set up of the NHS at primary care level and we also explain new initiatives as they are rolled out. The PPG spread this information by word of mouth to other patients and therefore help the patient population understand changes that are taking place.

We feel that we have an excellent relationship with our PPG and that we are mutually supportive. Our members are regular visitors to the practice and many give up time and use their skills to help raise awareness, run surveys and assist with the administration for the group, for which we are very grateful. Most recently a member has been involved in advising us on how to make our website more patient-friendly and useful and we will be putting this advice into practice in the next month.

We have recently been approached by a member of a neighbouring practice's PPG with a request to share our good practice with them.