Annex C: Standard Reporting Template

Leicestershire and Lincolnshire Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Desford Medical Centre

Practice Code: C82650

Signed on behalf of practice: Anju Maini (Practice Manager) Date: 23.03.15

Signed on behalf of PPG: Ruth Astle (PPG Chair) Date: 27.03.15

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

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| Does the Practice have a PPG? **YES**  |
| Method of engagement with PPG: Face to face – through quarterly PPG meetings and fundraising events, Email – Minutes circulated to all PPG members, and feedback from attendance of PPG Network meetings organised by WLCCG, PPG Noticeboard within surgery waiting room, Practice Newsletter put on Surgery website |
| Number of members of PPG: 16 |
| Detail the gender mix of practice population and PPG:

|  |  |  |
| --- | --- | --- |
| % | Male  | Female  |
| Practice | 2032 | 2075 |
| PPG | 6 | 10 |

 | Detail of age mix of practice population and PPG:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 |
| Practice | 916 | 267 | 454 | 623 | 594 | 490 | 451 | 312 |
| PPG | 0 | 1 | 0 | 1 | 0 | 2 | 11 | 0 |

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| Detail the ethnic background of your practice population and PPG:

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| --- | --- | --- |
|  | White | Mixed/ multiple ethnic groups |
|  | British | Irish | Gypsy or Irish traveller | Other white | White &black Caribbean | White &black African | White &Asian | Other mixed |
| Practice  | 3881 | 1 |  34 |  71 |  5 | 4 |  7 |  0 |
| PPG | 15 |  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 | 60 | 2 | 0 |  9 |  9 |  5 | 8 |  11 |  0 |  0 |
| PPG | 1 |  0 |  0 |  0 |  0 |  0  |  0 |  0 |  0 |  0 |

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| 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:With regards to age, the PPG was formed many years ago and historically was made up of retired individuals who were able to attend meetings/events due to less work commitments. However, several steps have been taken to try and engage different age groups. The PPG chair contacted the local college to promote the group, and one student has joined the PPG as a result. It is recognised that it would also be beneficial to recruit patients between the age of 25 – 44 and over 75’s. As a result, steps taken to do this include:* Information and promotion of the PPG in the quarterly Practice Newsletter
* Poster displayed within the Surgery waiting room,
* Information regarding the PPG is available to Patients on the Practice Website, with contact details for joining.
* Promotion of the PPG at fundraising events

With reference to gender, the make-up of the Practice population shows marginally more females than males. This is reflected within our PPG members. The majority of Patients registered are white british ethnic origin. Again, this is represented within our PPG as 15 out of 16 members being ‘White british’. We currently have 1 Indian member.Despite taking all the above steps, it has proved very difficult to recruit additional members to the group, but we continue to try and improve this - within the Practice, as well as at PPG events. |
| 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**If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful: |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year: Suggestions via Suggestion Box in Waiting RoomFriends and Family Test Results - completed within Surgery and online via the Surgery WebsiteComplaints and Compliments made directly to the PracticeComments made to PPG members |
| How frequently were these reviewed with the PRG?Monthly review by the Practice Manager and PRG Vice-Chair |
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1. Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area:Improve Telephone Access - Two patients stated that it was harder to get through when telephoning the surgery. A telephone audit was carried out late last year. As the Practice List size has grown, demand has increased significantly, so it was felt that this would be a useful area of priority.  |
| What actions were taken to address the priority?A telephone audit was carried out late last year. This identified the busiest periods during the day, and also looked at whether the number of telephone lines we currently had were sufficient. As the Practice list size has grown by approximately 500 patients since last year, this has had a huge impact on the no. of telephone calls received, showing demand has increased significantly.  |
| Result of actions and impact on patients and carers (including how publicised):Recognition of demand increase, with a decision to recruit an additional receptionist to assist with answering the telephones. This would reduce waiting times for speaking with a receptionist. Identification of the busiest periods has helped to determine staffing requirements during the day, and receptionist hours have been amended accordingly. This has been publicised within the PPG, and patients informed via the Newsletter. |

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| Priority area 2 |
| Description of priority area:Appointment Demand - 3 patients stated that it is more difficult to get an appointment to see a Doctor, and they have to wait longer. The practice has maintained seeing patients on the same day for an appointment, for many years. However,as the Patient List size has grown (we have registered approximately an additional 500 patients since April last year), demand for appointments has hugely increased.  Last year, we increased a Dr session to manage demand, and cope with an influx of patients registering as a result of closure of a nearby Practice. |
| What actions were taken to address the priority?An audit was conducted, looking at the no. of requests made for an appointment during the day, compared to the no. of appointments which were available. This was monitored for a two week period, and highlighted that growth in List size had increased demand significantly. As a result, in September last year, the Doctors began offering 5 telephone consultations each, every day as an addition to their face to face surgeries, in order to cope with the demand. This has helped to manage patients better, especially where patients have needed to speak to a Doctor where an examination is not required. For example, where the patient has had a medication enquiry. As the Practice List continues to grow, an additional weekly clinical session is also being offered from April 2015. It is hoped this will ease demand. |
| Result of actions and impact on patients and carers (including how publicised):* Patients are able to speak to a Doctor on the same day of contact via telephone, if necessary.
* Additional clinical session – offering an additional 15 pts per week

Both of the above have helped to manage patients and reduced waiting times to see a doctor. Publicised in the Practice Newsletter and Practice website. |

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| Priority area 3 |
| Description of priority area:Promotion of Online Services – As part of our FFT second question, it was identified that many patients were still not aware that they could use online services to order repeat prescriptions, book appointments and view a summary of their records (from April 2015). Usage of this service will also help to reduce telephone requests for prescriptions, and telephone appointment requests. Patients who take repeat medication have the facility to be able to order their prescriptions online.  This would also help reduce requests by telephone.  Patients can also book a limited number of appointments online, Again, we plan to increase these from April this year. NHS England have also stated that all Practices must offer patients access to view their allergies and medication information online. We will be offering this Service from the 1st of April, and Patients will have to request this in order for it to be activated on their record. It is envisaged that other parts of the Patient Record, will be able to be accessed in the near future. Patient access will gradually be increasing, and as part of our action plan, we plan to promote these online services via  the website, newsletter, within the Practice and also on all  Prescriptions. |
| What actions were taken to address the priority?* Promotion of Online services via Poster in waiting room
* Information on Practice Website, on how to access the service online.
* Promotion in the Practice Newsletter
* Details highlighted on the right hand side of repeat prescriptions
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| Result of actions and impact on patients and carers (including how publicised):Since promoting this, we have been hugely successful, as patient numbers using the service have increased significantly. This is evident to receptionists as the requests to register continue to grow.As a result, Patients are able to book appointments and order prescriptions at their convenience, without clogging telephone lines This is publicised within the surgery waiting room, and also in the Practice newsletter. |

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):

We have continued to work on issues raised last year.

* Last year, it was noted that some patients wanted to have a receptionist cover the front desk at all times, as they felt that often, it was difficult to get a receptionist’s attention which caused a delay in dealing with their enquiry. As part of our last year’s Action Plan – this was piloted for a two week period. During this time, it was felt that there were limited tasks which the receptionist could carry out at the front desk due to confidentiality. As the front desk is open, scanning of documents, telephone calls would be difficult to manage. Additionally, patients weren’t using the Patient Check-in Screen. However, as we are now recruiting additional Reception staff, we will be able to seat a receptionist at the front desk for the morning period. This will be beneficial, as this is the busiest period.
1. PPG Sign Off

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| Report signed off by PPG: YESDate of sign off: 27.03.15Has the report been published on the practice website? YES |
| How has the practice engaged with the PPG: YESHow has the practice made efforts to engage with seldom heard groups in the practice population? Yes – please see Section 1Has the practice received patient and carer feedback from a variety of sources? Yes – we have had feedback via the Practice website, patients attending the surgery for appointments, FFT, Suggestions Box, Via PPG membersWas the PPG involved in the agreement of priority areas and the resulting action plan? Yes – discussion of Patient feedback in PPG meetings, and discussion with members to agree the Priority areas and action Plan via email.How has the service offered to patients and carers improved as a result of the implementation of the action plan? Yes – changes being introduced for the three priority areas, to enhance the quality of service.Do you have any other comments about the PPG or practice in relation to this area of work?Overall, feedback that we have received from patients has been very complimentary, and we have 100% of patients recommending the Practice in our Friends & Family Test. The variety of sources of feedback has enabled the Practice and PPG to work together and enhance and improve the service that we provide.  |

Please return this completed report template to the generic email box – england.leiclincsmedical@nhs.net no later than 31st March 2015. No payments will be made to a practice under the terms of this ES if the report is not submitted by 31st March 2015.