Annex D: Standard Reporting Template

2015/16 Patient Participation Enhanced Service – Reporting Template

Practice Name: Beechwood Medical Centre

Practice Code: B84613

Signed on behalf of practice: Elliott Summers Date: 29/03/16

1. Prerequisite of Enhanced Service – Develop/Maintain a Patient Reference Group (PRG)

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| Does the Practice have a PRG? YES | |
| Method of engagement with PRG: Quarterly meetings, sharing of minutes | |
| Number of members of PRG: 17 | |
| Detail the gender mix of practice population and PRG:   |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | 4095 | 4308 | | PRG | 7 | 10 | | Detail of age mix of practice population and PRG:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | | Practice | 2074 | 942 | 1341 | 1115 | 1164 | 806 | 525 | 436 | | PRG | 0 | 0 | 0 | 1 | 5 | 3 | 5 | 3 | |
| 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 | 4896 | 31 | 0 | 221 | 24 | 12 | 16 | 11 | | PRG | 17 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Asian/Asian British | | | | | Black/African/Caribbean/Black British | | | Other | | |  | Indian | Pakistani | Bangladeshi | Chinese | Other  Asian | African | Caribbean | Other Black | Arab | Any other | | Practice | 9 | 15 | 0 | 17 | 9 | 11 | 1 | 6 | 0 | 3124 | | PRG |  |  |  |  |  |  |  |  |  |  | | |
| Describe steps taken to ensure that the PRG is representative of the practice population in terms of gender, age and ethnic background and other members of the practice population: The any other of 3124 includes patients who have not stated their ethnicity. The BMC established a PRG back in 2011 and has maintained this Group concurrently since. Back in 2011 the Group consisted of 7 volunteers, in 2014/15 this had grown to 19 members and in 2015/16 it sits at 17. The BMC is located in an area of low income/high unemployment and has a predominantly British Caucasian ethnicity. The PPG member is a 58/42 split of female and male patients whose ages range from 43 to 79. We have spent 5 years trying to attract new members from every diversity but quite simply there isn’t the interest locally due to our demographic. This year we have attempted to attract new members through leaflets in the surgery, leaflet drops in the local area and through various other activities such as integration with the practice champions project. We , as part of a local collective of GP Practices, wrote to all local schools requesting membership from pupils, however this was an unsuccessful exercise. Whilst we would love to have more members from the younger age bracket and more ethnic diversity it is still the case that the current membership is extremely representative of the practice population. We also participate in the Practice Champions Scheme with around 10 volunteers some of whom have also joined the PRG. | |
| Are there any specific characteristics of your practice population which means that other groups should be included in the PRG?  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: The PRG meets quarterly but feedback can be given at any time through direct contact with Practice Manager or by using the feedback box in reception. This year the PRG have been given access to the BMC customer complaints and complaints register and have discussed these issues formally in recorded meetings. The PRG has also been given waiting time statistics for all clinicians. All meetings are minuted and are available on the practice website. The annual survey conducted in December 2015 was used to drive through changes as agreed by the PRG during 2015/16. A number of actions can be seen to have been completed, for example, the delivery of a fold up wheelchair for patients to use in the reception area and new disabled car park space signs being erected in the car park. |
| How frequently were these reviewed with the PRG? At every quarterly meeting |

1. Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area: During the previous year the Practice had planned significant changes to the premises on which PPG members were consulted in 2013 and these were delivered in 2014. These included upgrades to the reception area, the moving of the kids play area and the ladies public toilets, and how the reception area is actually manned and operates. It was agreed for 2014/215 that the findings of the survey constructed by PPG members and undertaken in December 2014 would generate the action plan for 2015. The minutes of the meeting held in January 2015 demonstrate that an action plan was agreed to be put to the GP Partners at a meeting scheduled for 13th April 2015 where formal agreement was reached on exactly what and how any changes will be delivered.    Priority 1:It has for some time been agreed through the PRG that average waiting times for routine GP appointments shall be 7 days or less where the GP is not named, this has been delivered for 12 out of the last 12 months despite aggressive list growth. |
| What actions were taken to address the priority? Daily waiting times are recorded for every clinician and calculated into a monthly average. The average waiting time for an unspecified GP must average 7 days or less across the month. In order to achieve this against a list growing by around 300 patients per year we have revolutionised our operation by employing independent prescribing pharmacists to conduct prescription query and medication review work to free up GPs for routine appointments. We have also now open for Saturday and Sundays surgeries. We are currently seeking to recruit a further GP to keep our commitment on access and waiting times to the PPG. We also operate a 24/7 telephone and internet booking system and all day telephone triage on weekdays. |
| Result of actions and impact on patients and carers (including how publicised): Waiting times of 7 days or less have been constantly delivered. All day triage has meant that all patients with an urgent on-the-day need are catered for. Opening seven days a week has been very popular with working patients. A survey conducted during the first year of seven day opening indicated that the vast majority of patients (over 99%) thought that seven day opening should be the ‘norm’. Well over 50 patients said that seven day opening had resulted in the not having to attend A & E or use the out of hours service. |

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| Priority area 2 |
| Description of priority area: PPG membership and recruitment |
| What actions were taken to address the priority? Whilst we are pleased that membership has maintained it’s membership numbers and improved the service we deliver, we would actively like to gain more members particularly from the younger and broader ethnic demographic. We have written to all local schools but given our demographic there is just no interest from the younger population. The survey of over 200 patients in December 2014 asked them about their knowledge of the PRG and if they would like to join the Group. This provoked over 20 leads and we had two new members join as a result of this work. We also participate in the Practice Champions project and now have around 10 volunteers working with us. This has seen some crossover and gains for the PRG as we now have 4 patients who participate in both groups. Every day there are posters in Surgery seeking to recruit new members and the meeting room is available one day a week for use by the PRG members provided they have been inducted. 10,000 leaflets have been printed and dropped in the local area, a section of which is designed to encourage recruitment of, and highlight the activities of, the PPG. |
| Result of actions and impact on patients and carers (including how publicised): We have gained 2 new PRG members in the last year and have consulted with the whole group on several significant changes in the last three years. We have built a pharmacy, four new consulting rooms, a new training/meeting room, moved the kids play area and public toilets, expanded the reception area, put down £39,000 of new flooring and seating, and opened 7 days a week. All of this has been done in full consultation with the PRG and as a direct result all of these projects have been delivered seamlessly without incident and to the satisfaction of all parties. |

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| Priority area 3 |
| Description of priority area: Develop the building and facilities and services provided within it. We wanted to build a new consulting room and a new training to improve the patient experience whilst meeting growing demand. |
| What actions were taken to address the priority? A project plan was written and all planned changes were put to the PRG. Their advice was sought on whether they considered the plan to be correct. At their request the kids play area was retained as part of this project. |
| Result of actions and impact on patients and carers (including how publicised):  The new rooms were completed in March 2015 without inconvenience to staff or patients. We now have an extra new consulting room to act as a base for our new GP which we are actively recruiting. This should give better access to patients as the list continues to grow. |

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):

Already covered really, three years ago we built a 100 hour pharmacy onsite through full consultation with the PRG. Many of the upgrades we have made in the last 4 years have been either as a result of patient feedback, or managed better because of consultation with our PRG. The improvements are many and varied and this year we have made subtle improvements on top of the obvious physical improvements. We value the help, support, and constructive criticism provided by our PRG and remain extremely grateful for their efforts.

1. PRG Summary

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| How has the practice engaged with the PRG: Quarterly meetings with minutes taken and uploaded onto the practice website.  How has the practice made efforts to engage with seldom heard groups in the practice population? Yes, but they are such a minority that engagement has been difficult.  Has the practice received patient and carer feedback from a variety of sources? Yes, through customer complaint register, significant event register, annual survey, friends and family test results, NHS Choices.  Was the PRG involved in the agreement of priority areas and the resulting action plan? Yes, minuted at meetings  How has the service offered to patients and carers improved as a result of the implementation of the action plan? Improved building, increased capacity, good access for emergency treatment, better understanding of customer service expectations.  Do you have any other comments about the PPG or practice in relation to this area of work? Yes – we are very lucky to have PRG volunteers who care enough to give up their time and participate in this work. |