Annex D: Standard Reporting Template

[Name] Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Beechwood Medical Centre

Practice Code: B84613

Signed on behalf of practice: Elliott Summers Date: 18/03/15

Signed on behalf of PPG: Michael Walker Date:18/03/15

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: Quarterly meetings, sharing of minutes  |
| Number of members of PPG: 19  |
| Detail the gender mix of practice population and PPG:

|  |  |  |
| --- | --- | --- |
| % | Male  | Female  |
| Practice | 4011 | 4194 |
| PRG | 10 | 9 |

 | Detail of age mix of practice population and PPG:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 |
| Practice | 1925 | 921 | 1309 | 1085 | 1142 | 758 | 521 | 423 |
| PRG | 0 | 0 | 0 | 5 | 1 | 5 | 3 | 3 |

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

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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  | 5667 | 2 | 0 | 2 | 22 | 15 | 13 | 9 |
| PRG | 19 | 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 | 7 | 13 | 0 | 14 | 11 | 3 | 1 | 9 | 0 | 2417 |
| PRG | 0 | 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: The any other of 2417 includes patients who have not stated their ethnicity. The BMC established a PPG back in 2011 and has maintained this Group concurrently since. Back in 2011 the Group consisted of 7 volunteers, in 2014/15 this has grown to 19 members. The BMC is located in an area of low income/high unemployment and has a predominantly British Caucasian ethnicity. The PPG member is a 50/50 split of male and female patients whose ages range from 38 to 78. We have spent 4 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, through the production of 10,000 leaflets for dropping in the local area and through various other activities such as surveys and onsite promotion by PPG members. Our annual survey identified over 20 people who expressed an interest in joining the PPG and all were followed up with membership invites. 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 over 20 volunteers some of whom have also joined the PPG.  |
| 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? NOIf 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 PPG 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 PPG have been given access to the BMC customer complaints and complaints register and have discussed these issues formally in recorded meetings. The PPG has also been given waiting time statistics for all clinicians. The PPG were also tasked with generating questions for the BMC annual patient survey which took place in December 2014 and were given the survey results for discussion and to agree an action plan at the last meeting held on the 12th January 2015. At this meeting the minutes evidence that 8 key action plan points were agreed to be put to the GP Partners for discussion and agreement at the next meeting planned for the 13th April 2015. The action plan for the previous year has already delivered many results that have been actioned. These include a £15,000 on removing all carpets in the reception area and consulting rooms and replacing them with commercial vinyl non-slip flooring. The BMC also participates in the Practice Champions initiative and has over 20 Champion volunteers at this time.  |
| 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 will be reached on exactly what and how any changes will be delivered. Priority 1:It has for some time been agreed through the PPG 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 17 out of the last 18 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 opened for Saturday and Sundays surgeries and recruited an extra Nurse Practitioner. 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.  |
| Result of actions and impact on patients and carers (including how publicised): We printed 10,000 leaflets advertising our waiting times and informing patients of our seven day opening and how to book appointments 24/07. We also purchased educational banners in the surgery and updated our website and practice leaflets with the same information. Waiting times have remained at seven days or less and we noe open seven days a week to give every patient, whatever their restriction , access to our services. By freeing up GP time using IPPs we have generated more capacity for home visits which is of benefit to housebound patients, and for working carers our new weekend capacity has been beneficial for their access.  |

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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 grown by 150% in three years 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. We recently surveyed over 200 patients asking them about their knowledge of the PPG and asking if they would like to join the Group. This provoked over 20 leads and we have had two new members join as a result of this work. We also participate in the Practice Champions project and now have over 25 volunteers working with us. This has seen some crossover and gains for the PPG as we now have 5 patients who participate in both groups. Every day there are posters in Surgery seeking to recruit new members and the meeting room is available two days a week for use by the PPG 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 5 new PPG members in the last year and have consulted with the whole group on several significant changes in the last two years. We have built a pharmacy, three new consulting rooms, 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 PPG 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 some new consulting rooms and redevelop the reception area 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 PPG. Their advice was sought on whether to reduce the toilet capacity, whether to keep the kids play area, how the flooring and seating should look, and how reception should operate better when busy. All of this feedback was put into the project delivery.  |
| Result of actions and impact on patients and carers (including how publicised):We redeveloped reception with three positions as opposed to two. One of these is designed for wheelchair access. We kept all of our toilets, relocating some, and also kept the kids play area by relocating it as suggested by the PPG. We relocated our self assessment area too. We procured new multiple call screens, put down commercial non-slip vinyl flooring and over 50 new waiting room seats. We agreed a minimum manpower at reception ensuring that we have enough staff dedicated to face-to-face work , reducing queues and creating better customer comfort and satisfaction.  |

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, two years ago we built a 100 hour pharmacy onsite through full consultation with the PPG. Many of the upgrades we have made in the last 3 years have been either as a result of patient feedback, or managed better because of consultation with our PPG.

1. PPG Sign Off

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| Report signed off by PPG: YESDate of sign off: 18/03/15 |
| How has the practice engaged with the PPG: Quarterly meetings with minutes and development of practice surveyHow 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, significant event registerWas the PPG involved in the agreement of priority areas and the resulting action plan? Yes, minuted at meetingsHow has the service offered to patients and carers improved as a result of the implementation of the action plan? Yes, greatlyDo you have any other comments about the PPG or practice in relation to this area of work?No |