Annex C: Standard Reporting Template

Essex Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: The Eden Surgeries

Practice Code: F81004

Practice website address: Broomfields, Hatfield Heath, Bishop's Stortford, Herts. CM22 7EH

Signed on behalf of practice: . WESLEY LINFORD PRACTICE MANAGER. Date: 25.03.15

Signed on behalf of PPG: DAVID NEIL PARISH Date: 25-03-15

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, Email, Other (please specify) Mainly email and via meetings (Friends & Family Test results have also proved interesting and useful in the PPG meetings).
Number of members of PPG: 62

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	49%	51%
PRG	35%	65%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	21%	8%	10%	14%	18%	12%	10%	7%
PRG	0	2%	5%	15%	17%	15%	36%	10%

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	4620	24	338	322	0	0	1	2275
PRG		1					1	

No ethnicity recorded 1553

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	21	2	2	18		31	5	10	0	6
PRG										

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 try to encourage patients from all walks of life by advertising on the telephone via our queue message, on the website, notices in the waiting rooms, appointment slips, prescription counterfoils, patient leaflet, new patient information and newsletters etc. There are no specific groups as shown above to target.

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 We are based in a fairly affluent area in the London commuter belt. We have only two Residential Care homes registered with our practice who care for approximately 40 patients in total.

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

2. Review of patient feedback

Outline the sources of feedback that were reviewed during the year: As we have already said we *receive feedback through the normal channels via e-mail on the telephone and on an individual basis when necessary. There has been no feedback that has needed actioning via email this year, with one exception regarding the appointment system and this was dealt with as a complaint.* The following issues have been raised during the PPG meetings:

Negative: *Lack of confidentiality on the front desk; text reminders for the collection of repeat prescriptions not being sent; repeat prescriptions not being ready within 72 hours; Friends & Family Test; waiting times in the surgery; recent shortage of clinical appointments (recruitment of a Salaried GP); partitioning on the front desk; queuing message on the telephone.*
Positive: *SystmOne online re-ordering of repeat prescriptions; telephone consultations; compliments regarding the practice's handling of Learning Disability health checks; introduction of Patient Passports for the 'At Risk; Register; CQC Result.*

How frequently were these reviewed with the PRG? *They were reviewed in the meetings. Information that the practice needs to share with the PPG e.g. "My Health, My Future, My Say" meetings, Friends and Family Information, information around our CQC visit or any change to the practice structure is done by way of e-mail.*

3. Action plan priority areas and implementation

Priority area 1
Description of priority area: 1. Shortage of both doctor and nurse appointments 2. A member of the PPG shared their concerns about confidentiality on the front desk when patients presenting at front desk are being asked why they need an urgent appointment. The PPG agreed that it is impossible to stop patients coming in and talking freely about their problems, which is often the case. The PPG, however, insisted they did not want the front desk glazed as they felt it would make it impersonal and would still not solve this problem.
What actions were taken to address the priority? 1. The shortage of both doctor and nurse appointments. The Practice has recently recruited a new practice nurse to replace the nurse that left in November and an extra healthcare assistant. This now means that the Practice has a full complement of staff with regard to the nursing team. The practice has been and is actively trying to recruit a salaried GP with a view to becoming a Partner. This has proved to be very difficult as the response has been very poor. The practice has therefore been using locums and together with the fact the practice is a training practice this has caused problems with continuity of care. The Partners are very aware of this and recruiting a further doctor has become a top priority for the immediate future. 2. It was suggested that the way round the problem would be to ask patients to write down on a pad or for the patient to ask the staff for privacy. The practice manager said that she would ask staff to be mindful when asking for information and that they should offer the patient the option of writing their problem down or asking for privacy. The practice manager also said she would have a notice erected saying 'If you wish to speak privately to a member of staff please ask at Reception'. The practice manager would put a queuing message on the telephone to remind patients that if they wish to speak privately they have only to ask at Reception.
Result of actions and impact on patients and carers (including how publicised): The PPG will be kept advised of progress with regard to recruitment via e-mail. The practice is very conscious of the lack of continuity. It is essential that we recruit as soon as possible. The PPG were satisfied with the arrangements that have been put in place. It is, however, important to note that we have not had any formal complaints about breach of confidentiality at the front desk. The notice and the telephone message have been instigated and the minutes of the meetings were circulated and placed on the website to reflect this.

Priority area 2
Description of priority area: Dispensary Issues Texting: A member of the reception team explained to the PPG how texting works and that it cannot be done automatically by SystmOne, but has to be entered manually by a member of staff and therefore the reason behind texts not being sent, is normally due to pressure of work on the front desk. Repeat Prescribing: The PPG asked if other strategies to help with the pressure on the Dispensary at times of staff shortages could be considered e.g. Taking prescriptions out, giving more than 28 days' supply, patients writing on when their prescription is needed for and batch prescribing.
What actions were taken to address the priority? Non-dispensing patients do have the option of having a six month 'batch prescription' if they are clinically suitable but this would be decided by their GP on an individual basis. 28-days' supply is not encouraged because of general wastage. Also 2/3 months' supply would give the practice a storage problem. If a prescription is needed urgently (e.g. the patient has run out) then the staff will dispense whilst a patient is waiting. If the dispensary is running behind due to staff shortages then again the staff will dispense whilst a patient is waiting. The practice is actively advertising for NVQ2 Dispensers. The practice is also currently training Reception staff to become NVQ2 and NVQ 3 Dispensers. (It is easier to recruit for reception than dispensary)
Result of actions and impact on patients and carers (including how publicised): The practice dispenses to 95% of its patients. Maintaining a Pharmacist and a fully qualified dispensing team is of the utmost importance to providing a first class service. The PPG will be kept advised via the Minutes email and newsletter as to how recruitment/training is progressing. The Practice will make every attempt to honour its obligation to maintain a 72 hour service during times of staff shortages.

Priority area 3
Description of priority area: 1. Being advised of waiting times for doctors
What actions were taken to address the priority? It is understood that some patients' consultations can take longer than others, although unlike many practices we do have 12 minute appointments and emergencies do happen during surgery times. Staff can be overstrained when there are a number of surgeries running and forget to apologise to patients if there is a delay. In the past a white board has been suggested, but it is felt that staff would find this just as difficult to keep updated due to pressure of work. At the last meeting with the PPG it was suggested that a Notice be placed in both waiting rooms above the booking-in screen to say that if you have waited more than 20 minutes for an appointment refer to Reception. The practice has looked at electronic screens, but funding for both sites would be too expensive at this time.
Result of actions and impact on patients and carers (including how publicised): By asking patients to refer to reception, it puts the onus back on the patients, but it will act as an aid memoire to the staff to address the reception area when a doctor is running behind.

NB. FOR MORE FEEDBACK PLEASE REFER TO THE REPORT ATTACHED THAT IS TO BE POSTED ON THE WEBSITE.

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 formed a working party to revise the Patient Survey and this was done, but for the time being it has been put aside because of the introduction of the Friends and Family Test. It is a pity because the PPG had volunteered their services to encourage patients to complete the survey. This year we took the time in our meetings to discuss the results from the Friends and Family Test for January and February, which were very favourable, although it should be noted that the PGG are not overly supportive of the FFT and as one of the members is on the CCG Board she was taking this back to the Board.

We were asked to raise awareness of the SystmOnline service and this has proved to be successful in that we encouraged our patients to request their repeat prescriptions from SystmOnline and closed the e-mail request sites. We have received a very positive response to both SystmOnline repeat requests and the booking and cancelling of appointments. Patient summaries have also been made available on-line

Prescriptions - Batch ordering was looked into, but as already mentioned above can only be made available to Non-dispensing patients at this time.

The call centre at our Hatfield Broad Oak branch to take the phones away from the front desks in the morning has proved a great success and a much more efficient way of working. We would still like to extend this to the afternoons.

As with last year we have had a complaints review with the PPG. The PPG are very supportive of the practice and this was evident from the review. Only 14 formal complaints received this year as opposed to 25 in 2013/14.

Partition on Reception desk - A quote for dividing just the front desk proved too expensive. There would be very little gain for the expense incurred. There is a notice on the right hand side of the desk saying Dispensary and a notice on the left hand side to say Reception. Reception staff cover both areas. Dividing the desk would make very little difference. Patients out from the doctor waiting for medication should be sitting in the reception area and not queuing at the desk. The PPG came out against any such plan for dividing the area.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 25.03.2015

How has the practice engaged with the PPG: Engaged via email, face-to-face and in organised meetings.

How has the practice made efforts to engage with seldom heard groups in the practice population? We try to encourage patients from all walks of life by advertising on the telephone via our queue message, on the website, notices in the waiting rooms, appointment slips, prescription counterfoils, patient leaflet, new patient information and newsletters etc. There are no specific groups as shown above to target.

Has the practice received patient and carer feedback from a variety of sources? Yes in particular through Practice Care Plans and this has been extremely positive.

Was the PPG involved in the agreement of priority areas and the resulting action plan? Yes, discussed at the last two meetings.

How has the service offered to patients and carers improved as a result of the implementation of the action plan? We always strive to improve our service. Any actions that the PPG bring to our attention are addressed with immediate effect and where funding is involved the practice always investigates in great detail e.g. electronic notice boards for reception.

Do you have any other comments about the PPG or practice in relation to this area of work?
Whilst the PPG members support us 100% they are quick to bring to our attention any services that do need improvement. Although all 62 members are contacted and we have had a few new faces join us at the meetings this year, I fear that our practice population's commitments are so pressing that they cannot find the time to become overly involved. Any criticisms received are normally from personal experience not in general. The most pressing action this year is recruitment of a new Salaried GP/Partner and in this the PPG cannot help the practice.