

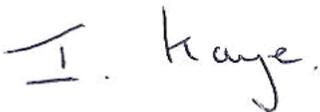
# Annex D: Standard Reporting Template

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

Practice Name: *Dr Glencross Surgery*

Practice Code: *B85058*

Signed on behalf of practice:  Date: *23/03/2015*

Signed on behalf of PPG:  Date: *26/03/2015*

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

Does the Practice have a PPG? <i>YES</i>											
Method of engagement with PPG: <i>Email, telephone, face to face and via website</i>											
Number of members of PPG: <i>15</i>											
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	45-54	55-64	65-74	> 75
Practice	<i>56.9%</i>	<i>43.1%</i>	Practice	<i>15.5%</i>	<i>9.3%</i>	<i>16.1%</i>	<i>14.8%</i>	<i>15.1%</i>	<i>11.7%</i>	<i>8.9%</i>	<i>8.5%</i>
PPG	<i>60%</i>	<i>40%</i>	PPG	<i>0%</i>	<i>7%</i>	<i>7%</i>	<i>20%</i>	<i>0%</i>	<i>40%</i>	<i>7%</i>	<i>20%</i>

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	48%	10%	-	-	5%	1%	1%	-
PRG	64%	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	9%	8%	-	1%	-	2%	11%	-	-	3%
PRG	21%	7%	-	0%	-	0%	7%	-	-	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:

### General

- Posters in the waiting room ask patients to join our Patient Group
- Flyers in the waiting room ask patients to join our Patient Group
- All patients attending for new patient health check when registering with the practice are given details of the group
- The PP section of our practice website encourages patients to volunteer to join the PP group
- Emails to patients registered to use online services inviting their participation in the group or group activities requiring a wider pilot group
- Practice Manager and one of our Patient Participation Group members attend the wider Patient Network meetings to help us access opinions from a wider group of patients with specific needs such as those with limited eyesight, reading difficulties, mobility problems etc this has helped out round out our knowledge of

our patients needs and helped our Patient Group representative feed into a wider forum discussing issues that affect the whole of Huddersfield and not just our practices. This has been a very rewarding process.

### Targeted

- The reception staff directly invite patients who visited the surgery from the underrepresented groups, including the under 24yr olds
- Patients who make a complaint or compliment to the practice in person are offered the opportunity to join the PP group

Although we have not covered every demographic group we do believe this is a satisfactory spread for a small practice.

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:

In comparison to other practices we do have a large number of patients with learning disabilities and many of these are in local Care or residential homes. We asked the manager of a local care home for patients with learning disabilities to be involved in specific pieces of work on behalf of her service users, so although she is not a patient of ours she has helped us to ensure our service meets the needs of this patient group as well as having representatives from local groups for patients with learning disabilities visit and review our services as part of our learning disability kite mark we also recently registered as a Safe Place for vulnerable adults which involved a group training session from a service user with learning disabilities who helped us understand how to make vulnerable people feel welcome and cared for when they access our services.

## 2. Review of patient feedback

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

- Patient comment forms collected in waiting rooms
- FFT responses
- NHS Choices comments
- Patient complaints
- National patient survey responses

How frequently were these reviewed with the PRG?

Because we do not have a set schedule of meetings with our PPG we tend to communicate opportunistically or via email or the website with them. Therefore the reviews with them have been on an ad hoc basis. We have shared the national patient survey results with them on email and added a link on our website's Patient Group area and asked for comments on what improvements we might be able to make. We also share our FFT results and comments on our website and encourage them to comment on the freetext responses.

The Practice Manager has also discussed particular patient comments forms with patients in the waiting room too to ask their opinion on priority or any actions we could take which has proved to be a rewarding and enlightening experience. Although these patients have not always been those part of our group it has helped us reach out to other demographics and help those patients feel involved with the practice's processes and ongoing development/improvement.

We would like to arrange a meeting twice a year : one as a FFT review and one as an annual complaints review looking at trends which we have previously done as a practice but think it would be beneficial to do this with our patient group providing all data was anonymised. This is a planned development for our PPG through 2015/16.

## Action plan priority areas and implementation

### Priority area 1

Description of priority area: Develop online services and access to summary care record

As part of the process for implementing online access to booking appointments, ordering scripts and access to medical records it was agreed that our Patients Group would pilot the SystmOnline for us before rolling it out to our full patient population.

What actions were taken to address the priority?

We had previously procured the mysurgerywebsite and were able to offer patients online ordering of prescriptions through this site but saw a need to progress to SystmOnline access for patients to enable us to offer the online booking of appointments and access to Summary Care record by the end of 2014/15.

We worked with the CCG to develop and implement a patient questionnaire and review process for access to records.

Our Patient Group happily volunteered to pilot the SystmOnline functionality for us and were given a pre-access questionnaire, their access details to access their full patient medical record and at the end of the pilot phase we surveyed their experiences by telephone.

After the pilot phase was completed, all patients using the mysurgerywebsite system were emailed to warn them of the new system launch and the old system closure to remind them to attend and collect their new log-in details.

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

Initially some of our patients felt that asking patients to attend and collect login details was a backwards step but when we demonstrated the access to online service to them and they realised what could be accessed they felt it was important to safeguard access by asking the patients to attend and collect their own log in details with photographic identification.

This is an ongoing process for us so we hope to garner patient feedback on this new system as the uptake of accessing SystemOnline increases later in 2015.

Patients no longer have to manually enter their medication requests and can see easily when their appointments are and cancel them online rather than having to ring the surgery. Using the online services have proven to improve our telephone access as well as so many people have been able to order their scripts online and now can also book and cancel their appointments. It is hoped that this will be reflected in the next national patient survey under the ease of calling the surgery section.

As of 01.02.2015 All patients with access to SystemOnline for booking appointments and ordering scripts can also access their Summary Care Record view and we hope to increase this to include filed test results from 01.06.15 onwards as the technology becomes more refined. This will again help telephone and appointment access as patients will have access to their filed test results by logging on rather than ringing the surgery or making an appointment.

The SystemOnline functionality for booking and ordering scripts and the SCR access is now available to all our patients with their log in details and is advertised to all patients on our website, at new patient health checks and via posters in the waiting rooms. We have now closed down access to the old system of ordering on mysurgerywebsite.

We have advertised this change in the Patient Comments and Replies tab of the Patient Viewpoint Group section of our website as well as on our You Said we did display in the downstairs waiting room.

## Priority area 2

**Description of priority area:** Appointment availability concerns raised by patient group due to closures of 2 local practices

Although previous surveys have highlighted a high level of satisfaction with opening times although there are the odd free-text comment on occasions regarding longer or Saturday open hours. As a single handed practice this is very difficult to provide and the demand does not seem to be such that we should employ someone just to open Saturday mornings within our current budget. It is however something we will actively review at least annually especially if our list size increases which will increase demand for appointments and make Saturday or evening opening more viable.

Our patients were particularly concerned that their access to our clinicians may be detrimentally affected when two local surgeries closed within 6 months, prompting growth in the practice list size. We also needed to offer more of afternoon appointments with the HCA due to one of our practice nurses reducing her afternoon session on a Tuesday a couple of years ago, increasing demand for our Monday evening Practice Nurse appointments.

Our previous opening and clinic times are displayed below.

### **Opening Times**

Monday 8.00am to 6.00pm

Tuesday 8.00am to 6.00pm

Wednesday 8.00am to 1pm CLOSED PM on call GP only

Thursday 8.00am to 6.00pm

Friday 8.00am to 6.00pm

### Clinic Times

(GP = Doctor, ANP = Advanced Nurse Practitioner, PN = Practice Nurse, HCA = Healthcare Assistant)

	GP	PN	ANP	HCA
Monday	9.30-11.30/4.30-6pm	8.20am - 5.40pm	9am-12/2-4.30pm	
Tuesday	9.30-11.30/4.30-6pm	8.20am - 2.10pm		
Wednesday	9.30am – 12noon			8.30am – 12noon
Thursday	9.30-11.30/4.30-6pm	8.15am - 12.05pm		8.30am – 12noon
Friday	9.30-11.30/4.30-6pm	8.20am – 2.00pm		

What actions were taken to address the priority?

We decided to invest in extra Advanced Nurse Practitioner time a further day a week & and extra session of Healthcare Assistant time an afternoon a week to increase the access to appointments and maintain our same or next day access despite our increase in list size due to two local GP surgeries closing down. Therefore our new clinic times are displayed below.

### Clinic Times

	GP	PN	ANP	HCA
Monday	9.30-11.30/4.30-6pm	8.20am - 5.40pm	9am-12/2-4.30pm	
Tuesday	9.30-11.30/4.30-6pm	8.20am - 2.10pm	9.15am-12/3-6.00pm	3.00pm – 6.00pm
Wednesday	9.30am – 12noon			8.30am – 12noon
Thursday	9.30-11.30/4.30-6pm	8.15am - 12.05pm		8.30am – 12noon
Friday	9.30-11.30/4.30-6pm	8.20am – 2.00pm		

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

As hoped this has helped increase our level of appointments and maintain our same or next day appointments as standard despite the influx of extra patients.

It has also led to greater patient choice for their chosen clinician as, with a single handed male GP, it's important to offer access to female clinical staff who are able to diagnose, prescribe and refer particularly to patients where they culturally would prefer to see a female member of the team.

We also needed to offer more of afternoon appointments with the HCA due to one of our practice nurses reducing her afternoon session on a Tuesday a couple of years ago, increasing demand for our Monday evening Practice Nurse appointments. With the influx of new patients, we have been able to offer more new Patient Health Checks on an afternoon rather than just morning by utilising this extra session of HCA time.

We've also been able to use our skill-mix better with the variety of clinical staff to try and make sure patients see the most appropriate clinician each time which helps on access to the GP and Practice Nurses.

Because our nurses, HCA and ANPs all see patients upstairs, offering availability to these members of staff at different times means we are more likely to be able to accommodate seeing patients in the Doctors downstairs room when he is not in session by these female staff members which helps patients and carers alike to access who they need to see despite mobility restrictions.

We have advertised this change in the Patient Comments and Replies tab of the Patient Viewpoint Group section of our website as well as on our You Said we did display in the downstairs waiting room.

### Priority area 3

Description of priority area: Concerns over being overheard in upstairs clinic rooms.

In April 2014 a comments slip was put in the box upstairs noting that some of the conversations taking place in the room next door could be overheard in the waiting room.

What actions were taken to address the priority?

Where patient confidentiality is at risk we were quick to prioritise this and invest in two radios and a PRS licence to allow us to play music in both waiting areas. In January 2015 it also became mandatory to purchase a PPL licence to continue playing music for this purpose. This has a dual purpose of entertaining our patients while they wait as well as helping to prevent anyone being overheard in other areas of the building, protecting patient confidentiality.

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

There have been no further comments regarding overhearing conversations and the general feedback has been positive. We did have one comment slip completed complaining that the radio upstairs was not tuned in properly. Because the radio in the upstairs waiting room is accessible by visitors, we do not mind if patients adjust it to another station if they prefer. We do tend to leave it on Radio 2 as this seems to suit most people and the music and chat is suitable for the setting. If patients find the station has been changed or is not properly tuned in they are free to adjust the tuning or let a member of staff know at the time and we are happy to do this for them.

We have advertised this change in the Patient Comments and Replies tab of the Patient Viewpoint Group section of our website as well as on our You Said we did display in the downstairs waiting room.

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):

Actions Identified by Patient Survey and agreed by Patient Viewpoint Group	Action taken
Raise awareness of website by recording a phone message, Info screen in waiting room, leaflets and posters	Completed
Offer eligible patients access to their online record using SystemOnline	Completed
Advertise nurses clinic times on website	Completed
Investigate secure email or web functionality for patients to discuss care with GP remotely. <i>Self care information already available on website and telephone consultations available.</i>	Ongoing – one way messaging available through website Contact Us function but is not two-way.
Early Morning or late night surgery to be investigated as extended hours. <i>As the commenter notes this is problematic with only one GP but there may be a possibility of an Advanced Nurse Practitioner clinic early start.</i>	Discussed with Federation of local practices but no one currently keen to provide this for us. Discussions ongoing.

### 3. PPG Sign Off

Report signed off by PPG: *YES*

Date of sign off: *26.03.2015*

How has the practice engaged with the PPG:

*Emails, website, telephone and in person*

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

*Posters in the waiting room and details on website plus asking people who are joining the practice*

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

*yes*

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

*Details of the patient feedback and national survey results were circulated by email and website to the group and some comments sent back to highlight areas for priority consideration as detailed above*

How has the service offered to patients and carers improved as a result of the implementation of the action plan?

*Ongoing improvements, the patients on the group have been able to pilot the online access system and work out the kinks and issues for the wider population and this is now being offered to everyone along with online booking of appointments which is a very useful step. The Manager and Patient Group rep attending the local patient network has helped us have a say in the wider areas developments which affect us and help keep us aware of changes in the local area.*

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

*It would be nice to have the odd face to face group meeting which I believe is planned for 2015. It would be good to have a running dialog with the practice re the friends and family test responses on a monthly basis by email perhaps.*