

Annex C

**Arden, Herefordshire and Worcestershire Area Team
Patient Participation Enhanced Service 2014/15 – Reporting Template**

Practice Name: Thorneloe Lodge Surgery
Practice Code: M81037

Signed on behalf of practice: Original master copy signed by Dr Tom Caldwell, Lead PPG GP Date: 18/3/15

Signed on behalf of PPG: Original master copy signed by Mr Kelvin Hard, Chair PPG Date: 18/3/15

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) Committee Meetings Quarterly face to face plus virtual PPG members via email											
Number of members of PPG:		26									
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	5105	5164	Practice	1687 16.43%	786 7.65%	1290 12.56%	1392 13.56%	1632 15.89%	1331 12.96%	1143 11.13%	1008 9.82%
PPG	13	13	PPG	0	0	1 3.85%	1 3.85%	3 11.54%	6 23.08%	11 42.31%	4 15.38%

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Detail the ethnic background of your practice population and PPG:

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	9923 – 96.63%	22 - 0.21%	0	102 – 0.99%	23 – 0.22%	3 – 0.03%	0	14 – 0.14%
PPG	24 – 92.31%							

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	20 – 0.19%	35 – 0.34%	55 – 0.54%	26 – 0.25%	9 – 0.09%	0 –	21 – 0.20%	5 – 0.05%	0	11 – 0.11%
PPG		1 – 3.85%						1 – 3.85%		

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:

- PPG members and Practice Manager have explained aims of the PPG and attempted to recruit minority ethnic and younger patients to the PPG from patients sitting in waiting rooms.
- Pleas for members especially from ethnic and younger groups both on the practice web site, practice brochure, PPG notice board and electronic display screen within surgery.
- Direct approaches to possible candidates by GPs and Practice Manager and contact by Practice Manager with a Bangladeshi Community Leader.

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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: **N/A**

1. Review of patient feedback

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

- **Patient Survey**
- **Suggestion Forms**

How frequently were these reviewed with the PPG?

- **Main survey once during the period.**
- **Other relevant suggestions as they occurred – also once each with certain issues revisited periodically**

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2. Action plan priority areas and implementation

Priority area 1	
Description of priority area:	ELECTRONIC PRESCRIBING
69% of patients surveyed wanted this service while 17% were not sure.	
What actions were taken to address the priority?	
Electronic Prescribing introduced and activated in Feb 2015	
Result of actions and impact on patients and carers (including how publicised):	
<ul style="list-style-type: none"> • Large notice board publicity campaign with information leaflets and sign up forms mounted adjacent to repeat prescribing box. • Messages placed on internal electronic display board and practice website. • Front desk staff continue to inform and encourage patients to sign up for the service. • Number of patients currently signed up is 1896 or 18 % in 2 months. • Several patients have commented how much the service has reduced the number of times they have to visit the surgery for prescriptions. In general those that have signed up have reduced the need to visit the surgery for prescription collection by 50% thereby saving time and effort. • The service has decreased the administrative workload of prescription staff freeing up more time for other patient queries but unfortunately has increased the time required and complexity of authorising repeat prescriptions for our doctors. 	

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Priority area 2	
Description of priority area:	KNOWLEDGE OF PRESCRIPTION REQUEST METHODS
<p>54% of patients surveyed stated that they would welcome a publicity campaign about the various methods of requesting a repeat prescription. 22% were not sure. Patient's knowledge of the various methods seemed very varied as below: Post: 41% Fax: 16% Email: 39% Answer phone message: 34% On Line: 23% Arrangement with a chemist:45%</p>	
What actions were taken to address the priority?	Publicity Campaign March to June 2015.
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>Publicity Campaign:</p> <ul style="list-style-type: none"> • Display on PPG Notice Board • Revised message on internal electronic display board • News item and leaflet on practice web site • Include on next practice newsletter • Information text on prescriptions for 3 months • Revise practice brochure to include more detailed advice <p>Impact:</p> <p>Too early to say as campaign is ongoing. The aim is to make the whole process of ordering a repeat prescription quicker, easier and less time consuming for patients and carers by negating the need for patients to visit the practice to fill out a repeat request as many of them still do despite previous efforts to inform them of the options. As part of the process we aim to encourage greater sign up to and use of patient access repeat prescription ordering which will also give patients access to the viewing own medical records facility. Another consequence of less patients walking into request a prescription will be less demand on front desk staff enabling them to concentrate of other non prescription related queries from patients.</p>	

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Priority area 3	
Description of priority area:	IMPROVEMENT TO PRACTICE WEB SITE
<p>Some patients have found the practice web site a little confusing whilst others have requested links to approved advice and health service organisations and web sites. The requirement is to make the website more user friendly and informative.</p>	
<p>What actions were taken to address the priority?</p> <p>This is a new priority only recently identified. We have already added a “recommended web links page” and have plans in place to increase the frequency of electronic newsletters. The longer term aim is to recruit some PPG members or other patients to tell us their views of and advise what they would like on the web site, then reorganise the site within technical limitations. Thereafter we would call for regular comments from designated patients / PPG members. Part of the process would include nominating a member of staff to view and comment on the web site from a patient’s perspective with the added ability and authority to make instant changes. Timeframes and responsibilities: a. Recruit PPG / patient advisors and nominate / train new staff member by May 15– Action: Practice Manager / Admin Support Manager. b. Reorganise and revitalise web site by Aug 15. Thereafter monthly monitoring and amendments. c. Publicise the changes and advantages of the revised site from Jul to Oct 15 Action: Assistant Manager.</p>	
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>Hopefully the revised web site will encourage more patients to sign up to online facilities such as appointments and prescriptions. A more patient friendly and informative site will enable patients to find out information easier and improve illness self management. This should all contribute to improving the health of and access to health information and practice services for patients. Main publicity will be large displays in prominent locations in waiting rooms accompanied by electronic display board messages and flyers distributed with prescriptions and letters sent to patients.</p>	

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Progress on previous years

MAIN PRIORITIES and PROGRESS FROM PREVIOUS YEAR'S ACTION PLANS

2011/12

- Increase number of reception staff manning phones for appointment requests to a minimum of 4 between 8 am and 8:30 am. **Achieved May 2012.**
- Adjust the balance of appointments marginally between same day embargoed, advance available and flexible reserve to improve advance availability whilst retaining same day capacity to meet demand. Monitor and adjust balance on a weekly basis. **Achieved Jun 2012.**
- Introduce booking appointments on line. **Achieved Jun 2012.**
- Improve phone system. **Achieved**, BCM system with menu option, limited call waiting and additional lines introduced **Apr 2012.**

2012/13

- Introduce a process to facilitate online appointment booking for under 16 years olds by parents / guardians without actually giving out a user name and password for the child. **Achieved Jan 2013.**
- Provide further training for receptionists on providing information about routine blood test results to patients. **Achieved May 2013** but remains an ongoing requirement especially as IT systems update.
- Co-ordinate a South Worcestershire wide survey on the NHS 111 service by creating a standard survey and sending it out to all practices, then sending combined results to the SWCCG. **Partially achieved April 2014** as only 4 practices engaged with the process as many of their PPGs did not wish to participate. SWCCG subsequently introduced its own monitoring of the NHS 111 service.
- Improve text and email communication with patients. **Achieved Jan 14** – includes greater uptake of appointment reminder service, facility for nurses to send motivational texts, and for patients to receive routine letters via email once they have given consent. Included considerable amount of staff training.
- Protect and increase in house services and maintain the “one stop shop” capacity of General Practice by raising concerns with SWCCG and encouraging other PPGs to do likewise. **Partially achieved** by direct communication from the PPG to SWCCG and raising / monitoring of the issue by our representation on the South Worcestershire Patient Participation Group. Continues as a priority.

2013/14

- Simple repeat blood test, BP monitoring and cervical smear appointments to be made available for booking online. **Achieved Jun 14**
- Introduce additional in house services. **Shared care** drug / alcohol detoxification **achieved Jan 14. Counselling, weight watchers not achieved** due to SWCCG and Public Health financial restrictions.

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 • Combined BP and Blood Test recall system for patients with more than one chronic condition based on month of birth. **Partially achieved only.** System proved much more difficult to implement than first envisaged. However we did manage to introduce joint monitoring clinics and recall system for respiratory and diabetic patients.

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3. PPG Sign Off

Report signed off by PPG: YES/NO

Date of sign off:

Has the report been published on the practice website? YES/NO

How has the practice engaged with the PPG:

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

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

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

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

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

Please return this completed report template to the generic email box – england.ahwat-pc@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.