

Standard Reporting Template

NHS England (Wessex)
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Holdenhurst Road Surgery

Practice Code: J81024

Signed on behalf of practice: Debbie Morris

Date: March 2015

Signed on behalf of PPG: Yes

Date: March 2015

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

Does the Practice have a PPG? Yes
Method of engagement with PPG: Quarterly facet-to-face meetings and ad hoc by email with virtual group
Number of members of PPG: Currently 3 face to face members and 54 virtual members

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	52.6 %	47.4 %
PRG	48.1 %	51.9 %

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	16.0 %	12.8 %	25.7 %	15.7 %	11.6 %	8.0 %	5.7 %	4.6 %
PRG	0.0 %	1.9 %	7.4 %	13.0 %	20.3 %	24.1 %	11.1 %	22.2 %

Detail the ethnic background of your practice population and PRG:

	Other	White				Mixed/ multiple ethnic groups			
	Not stated	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	22.3 %	35.5 %	0.3 %	0.0 %	18.8 %	0.5 %	0.8 %	1.2 %	0.4 %
PRG	32.7 %	38.2 %	1.8 %	0.0 %	10.9 %	1.8 %	1.8 %	1.8 %	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	1.3 %	0.3 %	0.1 %	0.2 %	2.3 %	1.3 %	0.2 %	0.3 %	0.0 %	13.3 %
PRG	1.8 %	0.0 %	0.0 %	0.0 %	1.8 %	1.8 %	1.8 %	0.0 %	0.0 %	1.8 %

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 practice makes every effort to gain as much information about our patients as possible so that we can understand their needs to the best of our ability. Information is requested when registering new patients, booking appointments, on the website feedback page and through feedback requests via the comments box. To try and ensure the PPG is representative, various methods are used to invite members to join the group. For example the practice website, leaflets, posters in the waiting rooms, information on prescription counterfoils and sending information to patients alongside other communications.

We recognise that the PPG is not an exact match to the overall practice population. Recruiting to the PPG group and maintaining equal representation of various groups has been extremely difficult. The PPG has good representation from both genders. Most ethnic groups are also well represented. However, ethnicity has only been routinely collected for the past few years and many patients prefer not to share this information. The age mix of the practice is weighted towards young or middle age. We would like to achieve a higher representation from the 17 to 34 age groups. We have found these patients harder to reach and as a way to improve this have increased the use of texting. Overall we do not feel that any particular group is hugely misrepresented and that there is a broad mix within the PPG, which is reflective of the practice population.

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:

The area that the practice serves is one of the most deprived in Bournemouth. We are aware that if we insist upon too much in the way of personal data such as carer information or employment status, many patients are then reluctant to join the group. Additionally the demographic in this area and therefore the practice population is changing. This is partly due to high development and change of use of accommodation to multi-occupancy premises. This is causing the population to become younger and more transient. Many of our patients have English as a second language and to ensure they are not excluded, we publicise information in a variety of languages.

2. Review of patient feedback

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

Suggestion box comments, complaints, praise, NHS choices feedback etc. We also receive a great deal of feedback through direct patient contact/discussion. This can be over the reception counter, over the phone or in a consultation with the clinician; all feedback is discussed at various team meetings.

How frequently were these reviewed with the PRG?

Feedback is reviewed with the face to face members at the quarterly meetings. The virtual group are emailed these meeting minutes towards the end of year and invited to provide feedback. The feedback gained from the PPG members is used to agree the following priority areas and actions to address them.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Endeavouring to Improve patient access to appointments, especially when requesting a routine appointment with a specific GP.

What actions were taken to address the priority?

To improve access to appointments, the surgery is now texting patients the day before their appointments to remind them. We undertake regular reviews of our appointment system to try and ensure that we have sufficient proportions of book-on-the-day and book-ahead appointments. This can be a difficult balance to achieve as it is affected not only by patient demand [which changes

continually] but also by seasonal changes and holiday times. Where we identify changes, the ratio's of appointments are amended on an ad-hoc basis.

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

Text reminders should reduce the number of DNAs and the amount of clinicians' time wasted. This will free up more appointment slots for patients and reduce waiting times for routine appointments. The text messaging services available are being publicised in the new patient questionnaire. Reviewing and amending the capacity-v-demand in the surgery helps to identify when waiting times are becoming extended enabling us to take action where possible to rectify this.

Priority area 2

Description of priority area:

Repeat prescriptions not always being ready to collect after 48 hours, often when medication needs to be reauthorized.

What actions were taken to address the priority?

The practice has introduced electronic prescribing to improve the repeat prescription process. We have also introduced a system for clinician's to authorise scripts via the patient clinical system. This helps to reduce delays as it give the receptionists a way of identifying who is dealing with a query and at what stage of the process they are at. A lot of time was lost historically with receptionists trying to find who was dealing with a particular query; now that this is all being done on the system, it is easily traceable which is saving time and speeding up the process.

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

Prescriptions can now be sent to pharmacies electronically, reducing the need for patients to collect paper prescriptions from the surgery. Electronic prescriptions are quicker to process and easier to audit. The electronic prescribing service is being publicised on the practice website, in the practice leaflet, on posters in the surgery and at local pharmacies. The system for dealing with non-EPS scripts has been improved which has reduced the length of time it takes to resolve prescription queries

Priority area 3

Description of priority area:

The blood pressure machine in the waiting room may give a high reading if patients are rushing in and out of the surgery.

What actions were taken to address the priority?

It was felt that some patients may not fully understand how BP results can be affected if taken at times of high exertion/stress. It was identified that some signage may help patients to obtain a more accurate reading. Signs have been displayed in the waiting room asking patients to try and relax for 10 minutes before using the machine. Receptionists are also actively advising patients of this.

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

Ensuring patients are relaxed when having their blood pressure checked should reduce the number of increased readings and consequently reduce the number of follow-up appointments currently being booked. All patients who continues to have a high blood pressure reading are offered an appointment with a doctor or nurse. The information is being publicised on the signs in the 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):

To improve telephone access for patients we have increased the number of incoming lines to the surgery. There are now eight phone lines coming into the surgery and a further 4 reserved for outgoing call in an effort to keep lines clear so that patients have the maximum chance of getting through when calling. We have more receptionists timetabled to work in the mornings which has currently been identified as our peak time; we continue to monitor the number/time of calls coming in and will modify reception timetables accordingly if this situation changes.

The online appointment booking facility is being publicised by posters in the reception area and on the practice website. Patients currently make good use of this facility which helps to reduce the number of incoming calls, clearing the lines for those who do not wish to book online

GP appointment capacity and demand continues to be monitored. It is noted however, that no sooner do we adjust our systems and services to meet changes in capacity within a very short space of time, we find demand rising again. This is a continual problem in General Practice and research around other surgeries has indicated that it is a problem experienced by the great majority of surgeries.

At Holdenhurst Road we work out of challenging premises that were out-grown several years ago. Whilst we try our best to manage, we know that a better service could be offered if appropriate premises were available. Having appropriate facilities would enable proper back-office areas where staff can focus on managing the telephone calls and leaving the front desk staff free to greet and attend to patient needs at the desk and check-in visitors etc. Currently, due to restricted premises all of these functions have to be undertaken in a small reception area which makes managing them simultaneously extremely difficult and less than efficient.

Whilst we work in these difficult conditions, staff continue to receive training to develop their skills and receive support. This can be a stressful working environment and we wish to help and support our receptionists in their efforts to undertake their role efficiently and effectively. We discuss and difficulties they or the patients may be experiencing at regular team meetings.

The 'Extra Mile' scheme is promoted in the surgery and is publicised by posters and cards in the waiting rooms. Patients are invited to tell us if a member of staff has, in their opinion, gone the 'extra mile' for them. We hope that this helps to keep positive morale amongst staff that are working in challenging circumstances and encourages the patients to tell us when things are going well.

4. PPG Sign Off

<i>Report signed off by PPG:</i>	Yes	Date of sign off: 31.03.15
<p><i>How has the practice engaged with the PPG:</i> Holdenhurst Road has struggled to establish a face-to-face group with very few members of the virtual group able to give the time to attend the Practice for meetings; we are still actively trying to recruit more members to this group. Those members that can, attend quarterly meetings to discuss and review practice feedback. The virtual group are emailed minutes of meetings and asked to provide feedback to the practice by email. An email was sent to all members of the PPG asking them to give us comments to sign off this report. A draft copy of the report was attached to the email. There were no responses to the email from PPG members. As no comments were received the following questions have been answered by the practice. A copy of the final report will be placed on the practice website for the wider patient population to view.</p> <p><i>How has the practice made efforts to engage with seldom heard groups in the practice population?</i> The practice makes every effort to gain as much information about our patients as possible. Various methods are used to request information from patients including when registering new patients, booking appointments, on the website feedback page and through feedback requests via the comments box. Various methods are used to invite members to join the PPG group including the practice website, leaflets, posters in the waiting rooms, information on prescription counterfoils and sending information to patients alongside other communications. Recruiting to the PPG group and maintaining equal representation of various groups has been extremely difficult. The area that the practice serves is one of the most deprived in Bournemouth. The demographic in this area is changing, partly due to high development and multi-occupancy premises. This is causing the population to become younger and more transient. To engage with seldom heard groups in the practice population, the use of texting has been increased and where possible information is publicised in a variety of languages.</p> <p><i>Has the practice received patient and carer feedback from a variety of sources?</i> Yes, the varieties of sources of feedback which have been reviewed by the PPG include comments from the practice suggestion</p>		

box, complaints or praise received during the year and feedback left on NHS choices. Feedback is also sought opportunistically from staff members who have discussions with patients visiting the surgery and from clinicians during their consultations. Patients are also invited to provide feedback through the Extra Mile scheme when a member of staff has gone the extra mile for them. This scheme is currently being publicised within the surgery. The practice is now participating in the Friends and Family Test and feedback from this additional source will be available to discuss with the PPG members from next year.

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

Yes, the feedback gained from PPG members during face to face meetings and by email has been used to agree the priority areas and form the resulting action plan detailed in this report. We welcome as many patients as possible who wish to join and be involved in our group.

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

Implementing the action plan has improved services offered by the practice. Sending text reminders to patients the day before their appointments has reduced the number of DNAs and the amount of clinicians' time wasted. This will continue to improve patient access and reduce waiting times for routine appointments. The introduction of electronic prescribing has improved the repeat prescription process. Prescriptions can be ready to collect directly from a pharmacy nominated by the patient, reducing the need for patients to collect paper prescriptions from the surgery. Many patients have already signed up for this service. The accuracy of blood pressure readings from the machine in the waiting room has improved with patients being advised to relax before taking their blood pressure using the machine and this also has an effect of reducing wasted appointments and improving patient care.

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

The practice hopes to recruit more PPG members to ensure the group is as representative of the practice population as possible. Focus will remain on trying to improve priority areas identified by our patients. We will continue to monitor patient access to the surgery telephone lines and endeavour to manage increasing demand for routine appointments. Staff will continue to receive training to develop their skills. Online facilities offered for patients are expected to increase in the coming year. We are still working towards securing larger premises, which if successful would allow the practice to provide more services for our patients. We will stay open and responsive to all ideas or suggestions that our patients and staff make and the feedback we receive.

