

Annex D: Standard Reporting Template

South Yorkshire and Bassetlaw Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Huddersfield Road Surgery, 6 Huddersfield Road, Barnsley, S70 2LT

Practice Code: C85020

Signed on behalf of practice: Karen Senior, Practice Manager

Date: 27 March 2015

Signed on behalf of PPG: D Smith

Date: 27 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: Face to face, Email, Other (please specify) Email													
Number of members of PPG: 86													
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	6382	6566		Practice	2162	1189	1645	1631	2037	1667	1455	1162
	PRG	45	41		PRG	1	1	7	8	14	22	26	7

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	8579	23		371	9	17	14	23
PRG	84	1		1				

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	38	19	4	18	27	45	6	5		109
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:

The PPG is advertised via posters in the practice and leaflets available in the surgery for patients to complete. The group is also advertised on the practice website – www.huddersfieldroadsurgery.co.uk. The practice is proactive in recruiting new members to the group by staff handing out leaflets to patients to complete with their email address during attendance to clinics, eg., flu clinics on targeted Saturdays when the capacity will be high. Practice nurses encourage patients attending clinics for long term conditions to allow for representation across the range of patients with conditions such as asthma or diabetes etc. New patients who join the practice are introduced to the practice via an administrator who sits with the patient and helps them to complete the registration forms and who informs them about the PPG, giving them an opportunity to join. Patients attending the Substance Misuse Clinic are informed of the PPG and encouraged to join to put forward any views they may have about the service, in an attempt to reach the 'harder to engage' minority group of patients who have specific needs of the practice. Patients attending the vaccs and imms clinic are informed of the PPG to an attempt to recruit the younger population, who have children and have different service requirements to the elderly population. Also, patients with a Learning Disability are informed and encouraged to join the PPG as representatives of this 'harder to engage' group of patients who have specific requirements relating to their disability from the service.

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 practice does not have a high representation of younger patients (under 35) on the PPG. Staff are proactive in trying to recruit to younger patients via the vaccs and imms clinic and opportunistically when patients attend surgery for an appointment. The practice plans to develop its virtual PPG into a 'face to face' group with appointed Chairperson and terms of reference etc. It is the intention to involve the active members of the group in developing ideas and suggestions to reach patient groups which are under-represented. A physical presence with a nominated counsel will better serve to improve the interest of the practice population it seeks to serve.

2. Review of patient feedback

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

- Practice survey 2015
- Friends and Family Test
- Comments, complaints and suggestions via completed forms in practice
- Comments and suggestions made to staff by patients
- Feedback from the virtual PPG via email

How frequently were these reviewed with the PRG?

Annually by email with an agreement to feedback to the PRG quarterly until the 'face to face' group is fully developed and working.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Better access to the surgery by telephone

There was a common theme throughout the patient survey, in that patients found it difficult to get through to the surgery by telephone. This is acknowledged by the practice and in 2013 we purchased a new telephone system to automate the service, thereby trying to direct calls to the most appropriate area, eg., prescription queries or nurse advice or reception. In an effort to further improve this, we have signed up to receiving a 'Patient Partner' software system via Barnsley CCG. This is a tandem telephone system which runs alongside our existing telephone service, but which operates 24 hours per day, 7 days per week.

What actions were taken to address the priority?

The intention was to have this installed early last year, but due to unforeseen circumstances, this will be rolled out to us in the near future. The system should enable patients to ring at less busy periods of the day, thereby reducing the pressure on the existing phone lines and making it easier for patients to access the surgery. The system will be automated and will enable the caller to book, cancel or re-arrange appointments. It is envisaged that this objective will be achieved this coming year and will make access to the surgery by telephone much easier. Site surveys and planning phone calls have taken place recently to move this objective forward.

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

The result of finally being able to implement Patient Partner will be that patients can book appointments 24 hours per day, 7 days per week, therefore reducing pressure from the phone lines during the working day and allowing patients to get through to the surgery for more urgent requirements at peak times. The system will be advertised in surgery on posters and on the right hand side of prescriptions. It will be posted on to the practice website and staff will promote the service when it is due to go live. The

aim is to inform as many patients as possible beforehand so that they phone the surgery outside of hours when at all possible.

Priority area 2

Description of priority area:

Better access to a doctor by way of telephone appointment triage

Another issue arising from the feedback was that when patients do finally get through to the surgery on the phone, to book an appointment, the 'open access' (book on the day) appointments have already gone. The practice are always looking at ways to better plan the appointment system by offering appointments to book in advance and appointments to book on the day. It is acknowledged that demand often outweighs capacity and to try and alleviate this problem, the practice are trialling a 'telephone triage' service. One doctor each day (duty on-call doctor) will have a patient list of 'need to be seen on the day' patients and will telephone each patient on the list to triage whether they need to come into surgery to be seen in person or whether the problem can be dealt with over the phone, either by prescribing medication or giving advice, or booking into another less urgent appointment slot. This system has only just been piloted by the practice but has proved to be effective and a large number of patients have been treated, who would otherwise have been unable to have been seen as there were no available appointments. It is the intention to introduce this system across the practice.

What actions were taken to address the priority?

The system has been piloted in practice by 3 doctors and will be rolled out to all other doctors in April.

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

The number of 'extra' patients unable to get an appointment will be triaged by the on-call doctor who will determine whether they need to be seen in surgery and therefore, give them an appointment either the same day, or in a less urgent slot on a later day.

The access to a doctor will be much improved and patients will have the benefit of being helped over the telephone and not having to attend surgery, where possible.

Priority area 3

Description of priority area:

Development of a 'face to face' patient group

To build on the progress of the virtual PPG to date, we are intending to develop the group into a 'face to face' meeting group with a formal terms of reference and an appointed committee who will meet quarterly. The feedback from the virtual group regarding this has been very positive with volunteers coming forward to sit on the group.

What actions were taken to address the priority?

Proposed to develop a formal 'face to face' group and agreed with the virtual PPG with positive feedback. Names being collected to put forward as nominations to develop the committee, to include a Chairperson, secretary and committee.

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

To develop an active working group of patients who can meet quarterly to discuss issues arising from the practice and its patients. Representation from the differing population groups to best meet their needs and agree positive improvements and ways forward regarding their care. To be advertised within the practice, on the practice website, on the right hand side of prescriptions and proactively by staff.

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):

Agreed areas of priority for 2014:

- Publicise practice website
Advertise on right hand side of prescriptions. Posters in reception and waiting rooms. Ensure website address is printed on all practice leaflets and letterheads and correspondence. Ensure website address is printed on all patient leaflets produced by the practice to inform patients.
- Publicise online access system via practice website
Prioritise space on homepage to inform patients of online access service and how to use it. Advertise on right hand side of prescriptions. Posters in reception and waiting rooms. Ensure website address printed on practice leaflet, information leaflets and all correspondence. Reception staff to opportunistically hand out leaflets to patients in the waiting rooms and explain the procedure of online access. Reception staff to promote service to patients attending appointments.
- Improve booking of same day appointment system
Release a proportion of same day appointments via the online access system (via the website) on the night before. Introduction of Patient Partner, Voice Connect to enable patients to book appointments 24 hours per day, 7 days per week. (Unfortunately, this was delayed by the company and as a result has been made a priority for this year as patients have been promised this service which has yet has not been achieved).
- Publicise patient participation group and encourage membership
Posters in practice to advertise the PPG and invite new members. Advertise the PPG on the website. Reception staff to hand out leaflets to patients. Advertise on right hand side of prescriptions.
- Publicise telephone consultation appointments for non-urgent appointments
Posters in practice to advertise telephone appointment slots. Advertise on website and on right hand side of prescriptions. Introduce more telephone consultation appointment surgeries with doctors.

4. PPG Sign Off

Report signed off by PPG: D Smith

Date of sign off: 27 March 2015

How has the practice engaged with the PPG:

- The PPG is a virtual group and communication is via email.

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

- Doctors, nurses and staff opportunistically inform patients about the group and the opportunity to join and make their voices heard. This is done via long term conditions clinics, substance misuse clinic, childrens' vaccs and imms clinic and by advertising on the website and in practice by way of posters and leaflets. The development of a 'face to face' PPG will hopefully mean that PPG members can be proactive in recruiting new members to their group via advertising and word of mouth and through possible 'feature' days in practice or drop in sessions.

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

- Yes, via a patient survey conducted in house, Friends and Family Test feedback, comments, complaints and suggestions received formally and verbally to staff and via email from the PPG members.

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

- Yes, feedback was sent/received to/by the group via email and the areas of priority were agreed by email.

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

- This still needs to be evaluated over the coming months but the aims are positive and achievable.

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

- The practice have worked hard to encourage membership of the PPG and feel that the next step is to develop the group further into a formal entity who can take issues forward and find solutions that will enhance the practice and the care provided to patients. The practice is looking forward to working together with patients to make the group a valuable asset that works well for both patients and the practice team.
- Feedback received from the virtual PPG group members has mostly been positive and in praise of the hard work that the practice does.
- The practice recently had its CQC inspection and a member of the PPG kindly agreed to come into practice to speak to the inspectors. Thanks go to him for his contribution.

Action Plan

The following is the agreed action plan.

PATIENT PARTICIPATION GROUP

Action Plan Arising from Feedback to the Patient Group - 2015

The following are the 3 agreed priority areas.

	Priority Area	Action Plan
1	Better Access to the Surgery by Telephone	<ul style="list-style-type: none">• Make the installation of Patient Partner – Voice Connect a priority this year (delayed previously by the company).• Site visit by company to plan installation.• Planning meetings to set up automated system to interact with clinical software.• Plan 'go live' date and pre-test.• Advertise to patients well in advance of 'go live' to encourage patients to phone outside of working hours when system does goes live, in order to remove pressure from the surgery telephones during the working day. <p>Timescale: 6 months (or asap)</p>
2	Better Access to a Doctor by way of Telephone Triage System	<ul style="list-style-type: none">• On-call duty doctors to finish pilot scheme to triage patients by telephone.• Roll out new on-call system to all doctors in practice in April 2015.• Monitor workload and how many patients are passing through via the new system.• Review monthly.. <p>Timescale: Immediately – April 2015</p>
3	Development of a 'Face to Face' Patient Group	<ul style="list-style-type: none">• Invite current group members on email list to join a face to face group.• Advertise for new membership within the practice via posters and leaflets and word of mouth.• Recruit a Chairperson, Secretary and agree Terms of Reference for the group so that the committee numbers and roles can be decided upon.• Review nominations and appoint group members.• Agree quarterly meeting dates. <p>Timescale: 6 months</p>

