

Annex D: Standard Reporting Template

BSBC (Birmingham, Black Country and Solihull) Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: STEPPINGSTONES MEDICAL PRACTICE

Practice Code: M87017

Signed on behalf of practice: Joanne Green (Practice Manager) Date: 5 March 2015

Signed on behalf of PPG: Gordon O'Connor (Chairman) Date: 5 March 2015

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

Does the Practice have a PPG		<u>YES</u>										
Method of engagement with PPG:		<u>FACE TO FACE, TELEPHONE AND EMAIL</u>										
Number of members of PPG:		<u>8</u>										
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	<u>4337 (52.6%)</u>	<u>3903 (47.4%)</u>		Practice	<u>1717</u>	<u>855</u>	<u>1244</u>	<u>1050</u>	<u>1147</u>	<u>944</u>	<u>618</u>	<u>665</u>
PRG	<u>3 (37.5%)</u>	<u>5 (62.5%)</u>		%	<u>20.8</u>	<u>10.4%</u>	<u>15.1%</u>	<u>12.7%</u>	<u>13.9%</u>	<u>11.5%</u>	<u>7.5%</u>	<u>8.1%</u>
				PRG	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>2</u>	<u>4</u>	<u>1</u>
					<u>12.5%</u>			<u>25%</u>	<u>50%</u>	<u>12.5%</u>		

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 %	<u>4346</u> 52.7%	<u>7</u> 0.08%	<u>0</u>	<u>258</u> 3.13%	<u>400</u> 4.8%	<u>147</u> 1.7%	<u>37</u> 0.4%	<u>10</u> 0.11%
PRG	<u>7</u> 87.5%	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other (Includes not stated)
Practice %	<u>44</u> 0.5%	<u>140</u> 1.7%	<u>8</u> 0.1%	<u>21</u> 0.26%	<u>62</u> 0.75%	<u>32</u> 0.4%	<u>26</u> 0.32%	<u>4</u> 0.05%	<u>0</u>	<u>2724</u> 33%
PRG	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u> 12.5%	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

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:

This has been a difficult year for our PPG as numbers had diminished in the representation of the group. This was caused due to ill health of members and to PPG members moving outside of the Practice area.

As a result of diminishing numbers a recruitment drive was undertaken during the summer and autumn of 2014 which proved very successful.

Using MJOG (a text messaging service offered by the Practice) a message was sent to all patients who had consented to receive messages from the surgery asking for expressions of interest. This was not limited to any group of patients it was

offered to all patients aged 18 or over regardless of ethnicity, gender, sex or religious beliefs. This ensured fairness across the board and did not exclude any patients.

The PPG and the Practice were mindful that not all patients may have mobile phones and indeed a small number of patients had opted out of the text messaging service. In order to address this gap, the surgery put up signs in the waiting room asking for expressions of interest. In addition to this there was a message put onto the right hand side of the prescriptions, again asking for expressions of interest.

There were representatives from the PPG that attended surgery on different days and times who actively aimed to obtain expressions of interest with the purpose of recruiting members.

The methods chosen proved successful and the PPG received 34 expressions of interest. All of the names and contact details were passed (with the permission of those that expressed an interest) to the PPG Chair who contacted each prospective member individually for an informal chat in the first instance.

After the initial discussions took place the numbers who remained interested came down to 8 prospective new members. A more formal discussion took place with these 8 individuals at the surgery with the Chair of the PPG. As a result of these discussions the recruitment of 4 members took place and they have since become active members.

The representation is good in numbers but could be better in terms of gender, age and ethnic backgrounds. This has proved problematic, as discovered at discussions with patients, reasons given are time pressures and not wishing to take any additional work being constant barriers.

The diversity of the group continues to be an issue that will be addressed and worked on at all available opportunities. Notwithstanding this the existing members of the group are actively involved and aim to continue to strive towards a key objective in improving health services for the local community.

The existing members of the PPG strongly feel that the group should continue with its work regardless of the profile of the

group but are mindful should opportunities arise to encourage a more diverse group, but as mentioned this is problematic. The Practice supports this.

Throughout the coming year the Practice and the PPG will continue to encourage membership from under-represented groups.

This will be achieved by:-

- Expression of interest forms available from the PPG and the Practice
- Notices on the PPG notice board
- Announcements in the Practice newsletters, outlining the need to have the group representative of the Practice population
- PPG members encouraging joining when in our waiting room.
- GP's actively encouraging patients to put themselves forward.

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:

NOT APPLICABLE- ALTHOUGH WE HAVE TO BE MINDFUL THAT THE PRACTICE AREA IS AN AREA OF HIGH DEPRIVATION AND is a MULTI LINGUAL AREA.

2. Review of patient feedback

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

There have been a number of feedback sources throughout the year.

These include:-

- Annual PPG survey
- Friends and family Survey
- NHS choices feedback
- Annual complaints meeting (Practice only)
- Individual comments from patients to PPG representatives

How frequently were these reviewed with the PRG?

PPG meetings took place at the surgery on the following dates.

22 January 2014

14 April 2014

7 May 2014

9 June 2014

23 June 2014

9 July 2014

10 September 2014

5 November 2014

15 January 2015

11 February 2015

4 March 2015.

Some of these were dedicated to recruitment drives in addition to the Easter and Christmas colouring competitions, at other meetings surveys have been reviewed. Different times have been trialled as to the most appropriate and convenient but eventually the PPG settled on late morning meetings, which enabled the majority if not all of the PPG representatives to attend. Patient feedback when available (regardless of the format received) is routinely discussed at formal PPG meetings.

Work has been and continues to be on-going to ensure that actions from last year's action plan are followed through and completed. In addition thoughts and discussions about what could be included in future surveys is a regular item.

Members of the PPG ensure that they are in attendance at some of the annual flu clinics, This is an ideal opportunity for the PPG to meet patients face to face and gather any feedback relevant to areas where the practice does well or where there are areas identified for further improvement. The practice takes on board any negative comments as it strives to improve how the surgery is portrayed and how it delivers its services.

Members of the PPG have made themselves available on other days as well so that patients can approach them to highlight any areas of concern or to feedback any areas where Steppingstones does particularly well. The availability of the PPG during surgeries enables patients to be informed of any challenges or changes that are happening within the Practice and enables the PPG to raise awareness of any NHS challenges that are occurring locally and nationally. (eg. The merger of Steppingstones and Tinchbourne Street surgery, The AAA screening programme, awareness of appropriate use of A&E, promoting availability of appointments and different ways of booking appointments, encouraging better use of pharmacists) to name a few.

Confidential or sensitive items are not and should not be the subject of open discussion with the PPG as a whole. Where there are concerns raised through the group the chair should discuss these in private with the Practice Manager or the reception supervisor to determine what actions if any are needed. Where appropriate, anonymised feedback would be fed back to the PPG at a group meeting.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

54% of the patients that took part in this survey (2013/2014) stated that they have to wait between 15 – 30 minutes to see the GP & that 44% of the patients are not told by the reception staff the GP is running late

What actions were taken to address the priority?

Not all patients that see the GP's come with a single problem so the doctor cannot rush their clinic but we do appreciate that informing the waiting patients is important.

Staff now routinely inform patients where appropriate when they attend that the GP/Nurse is running late and they give an approximate time delay.

In addition to this the new check in system (installed February 2015) also notifies patients when they check in if the clinician they are seeing is running to time or not. Staff always offer an apology to patients but as mentioned above not all patients that see the GP present with a single problem.

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

- Less delay and frustration for patients.
- Keeping people informed.
- Feedback from 2014/2015 survey – no patient mentioned this as an issue.
- Notices in waiting room were put up to inform patients of the outcomes from the actions taken

Priority area 2

Description of priority area:

Close to half of the patients involved in this survey (2013/2014) stated that they would be interested in booking future appointments on-line

What actions were taken to address the priority?

Regular promotion of all services offered by Steppingstones medical practice has been re-enforced by the PPG. The facility to be able to book online (and order prescriptions and view some aspects of medical records) has always been available but not pro-actively promoted. This has been rectified over the past year and will continue to be promoted in the future. We have this information publicised in the waiting room, periodically on the right hand side of prescriptions, on alternate newsletters (March 2015 edition will be promoting this again) and by opportunistic word of mouth from the Doctors during consultations, and by reception staff as appropriate.

In addition the facility is automatically offered to new patients to the practice and it is promoted on the front page of their new patient health check form.

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

More patients have signed up to our on-line service and this has obviously had an impact on telephone appointment bookings. It has not yet been significant but with more patients signing up over the coming year it is hoped that the impact will be more dramatic. As mentioned above, by promoting the availability of the service, whether by newsletter, advertising on the website or just opportunistically, should increase uptake.

Priority area 3

Description of priority area:

Almost half of the participants of this survey (2013/2014) were unaware that they are able to ask for a chaperone when they see the GP.

What actions were taken to address the priority?

Although posters and notices were in the consulting rooms, we felt that this in itself was insufficient. There are now posters advertising the availability of chaperones at the reception desk. This facility will be actively promoted through future newsletters. In addition to this the new coda machine in reception has been updated to promote to patients that chaperones are available upon request

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

Although there has been only a small increase in the number of requests for chaperones, it still shows that patients are more aware. On the 2014/2015 survey, the results show that this issue has not arisen so hopefully by pro-actively continue to promote the service we will be able to demonstrate that patients know the facility is available.

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):

2012/2013 Action Plan:

- **Highlighted the need for earlier morning appointments. – This does not appear to be problematic now as our GP's commence morning surgery at 8.10am. This allows a little more flexibility for patients who wish to see a GP before going to work. We will continue to monitor and make any adjustments as necessary**
- **Requested the facility to book further ahead. – The practice now allows patient to book ahead between 8 and 12 weeks.**
- **Requested that childrens clinic be a little more flexible. – We have abolished childrens clinic which historically was run from 11.00 am each day. This was run on a first come first served basis, irrespective of the number of children and although worked well and was favourable for patients (meant children were guaranteed to be seen on the day they were poorly) could mean some patients were waiting up to 2 hours. – We felt that following feedback we needed to change the way it ran. We made seeing children more parent/guardian friendly. We abolished the set time of 11.00am and offered appointments throughout the day at times to suit parents/guardians, this has reduced congestion in the waiting room and reduced waiting times for children and their parents/guardians. Even when all appointments have been utilised, we never turn away a patient under the age of 16 years.**

We will continue to work towards improving access to our services for our patients and listening to their needs.

We would like to thank our PPG for their hard work and dedication to supporting the Practice.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 5 MARCH 2015.

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?

The PPG meet at least bi-monthly (see dates provided above), sometimes more frequent if there is a need.

In all meetings there is always a member of the management team present to support the PPG.

Doctors will attend upon request from the PPG, but are always available to receive feedback.

The PPG agreed with the Practice the priority areas and the resulting action plan.

All emails received by members of the PPG are copied in to the Practice manager and the practice supervisor.

Previous sections above have outlined efforts that the practice has taken to attempt to diversify the PPG group members, although the Doctors and management support the view that anyone who wants to be a part of the PPG should be encouraged to do so regardless of age, religion or ethnicity.

During the recent introduction of the “Family and Friends Test” every effort was made by the Practice team to encourage the seldom heard groups to take part in the feedback. This gave the opportunity for a number of patients who would not normally contribute to surveys to offer feedback to the Practice.

Significant Events and patient complaints are routinely reviewed by the partnership team to determine any areas for concerns where service delivery may need improvement.

This year the practice and PPG received and reviewed feedback from a variety of sources including:

- **Annual PPG survey**
- **Family & Friends Test**
- **Quarterly complaints reports**
- **Ongoing review of actions taken in connection with last year’s priorities**
- **NHS Choices feedback**
- **PPG meeting with patients**
- **Individual approaches by patients to members of the PPG**
- **Meeting between the PPG & practice team to discuss survey feedback results / priorities**

A number of areas have previously been highlighted through the patient group’s former annual satisfaction surveys which have been ongoing for a number of years and still form the basis of most concerns expressed by patients in varying formats.

The group feels that data collected through the practice is a reliable source of feedback to help determine priorities being provided by patients who they can be confident are regular users of the practice services.

The group continues to believe the most useful feedback is information gained through face to face discussion with the patient and has once again been active throughout the year in delivering this.

As with previous years it was the decision of the group to once again use the practice annual flu sessions as a platform

for their own survey to allow consistency with the previous surveys undertaken by them. The PPG members once again attended the annual flu jab sessions at the surgery asking patients to spend a few moments with them completing the patient survey.

Priorities and opportunities for joint working are routinely discussed at all PPG meetings, often in direct response to patient feedback from the differing sources as outlined above but also from group members' contributions for consideration.

The group are keen to ensure that local issues are not lost as a result of the growing national challenges for primary care and as a result have revisited their own Terms of Reference to ensure that the internal practice focus is strengthened for the benefit of the patients they represent.

To this end, the various feedback sources will be considered at the PPG group meetings. It was agreed that any actions planned and information about the work being undertaken will be advertised via the patient groups dedicated notice boards and within the PPG area of the practice website. The PPG newsletter will be made available through the practice website to inform to inform patients of this joint work.

The PPG has begun their work to increase the profile of their role within the community and looks to motivate more patients to become involved as members. Both the practice and the group believe that greater patient involvement is necessary to ensure that local services are understood, valued and used appropriately to maximise the care that can be delivered through the local health resource. Early evidence has shown that greater understanding of the local challenges can be important in influencing how services are used.