Annex D: Standard Reporting Template

[Name] Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Preston Grove Medical Centre

Practice Code: L85015

Signed on behalf of practice: Karen J lashly Date: 27 March 2015

Signed on behalf of PPG: David March Date: 27 March 2015

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

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| Does the Practice have a PPG? YES The practice has had a PPG established for many years which has been used to formulate the basis of our Patient Representative Group for consultation with patients. However we have struggled with a lack of a Chair or Secretary over the first few years but are pleased to report after support from Len Grant the Wincanton Chair, that we now have our own PPG secretary, Christine Lincoln and Chair David March. |
| Method of engagement with PPG: Our PPG meets routinely Face to Face for formal meetings every six weeks and communicates informally by Email as required. Regular meetings are also held between the Chair and Secretary. |
| Number of members of PPG: We currently have 10 members of the PPG, but with reception, admin, clinical and management support at each meeting this rises to 16. We also have a Virtual group with 18 members (info on the virtual group membership included separately further down.) |
| Detail the gender mix of practice population and PPG:

|  |  |  |
| --- | --- | --- |
| % | Male  | Female  |
| Practice | 49 | 51 |
| PRG | 50 | 50 |

 | Detail of age mix of practice population and PPG:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 |
| Practice | 17.46 | 12.03 | 11.32 | 12.67 | 14.58 | 12.08 | 10.64 | 9.21 |
| PRG | 0 | 0 | 0 | 12.5 | 31.25 | 6.25 | 50 | 0 |

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| 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  | 99.52 | 0.11 | 0 | 0.23 | 0.07 | 0.06 | 0.08 | 0.13 |
| PRG | 100 | 0 | 0 | 0 | 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 | 0.15 | 0.02 | 0.03 | 0.22 | 0.08 | 0.10 | 0 | 0.09 | 0 | 0.33 |
| PRG | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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:This has been a difficult year for the PPG as we have struggled to have a PPG led by its members with no Chair or Secretary coming forward. We also had a large number of the group’s founder members resigning after a number of years’ service. At one point in the year we only had 5 members but following a very successful campaign to recruit new members we are now back up to 10 (see details below). With a further two patients asking to join this week.The group has had a number of discussions through the year regarding the balance of the group and it being representative of the practice population and predominant characteristics including ethnic background:We have assessed if the PPG is representative of the practice population as a whole. We have reviewed the practice population against the PPG population and also used the Public Health Data provided in its profile for the practice for 2014/15.The main characteristics of the practice population are :* 17.5% of its registered population are in the age group 0-14, this is higher than the Federation and the rest of Somerset at 16%
* 9.2% of the registered population are aged over 75, which is similar to the Federation and Somerset as a whole.
* The practice has more males in the 35 to 44 age range than Somerset.
* The practice and Somerset has fewer patients aged 15 to 24, and 25 to 35 than England.

The difference between the practice population and the PPG in terms of gender, age and ethnicity are shown in the tables above at the start of the template. Using this information to assess if the PPG are representative of the practice population it is clear that we are over represented in the 45 to 64 and 65 to 74 age groups. We are under-represented in the <16, 17 to 24, 25 to 34 and over 75 age groups. The gender split is well represented and ethnicity is difficult to assess but patients in ethnic groups do represent a minority of our patients. How did the PPG overcome under representation? : ***Gender***With regard to the gender split of the group between male and females, this nearly exactly matches the practice population profile at 49/51% and 50/50%.***Ethnicity***With regards to ethnicity, only very high level information is provided by Public Health showing figures for non-white British population numbers in the federation when compared to Somerset as a whole (both 5%). The practice has carried out a search on its own data (using language spoken / ethnicity) figures above. The practice population is predominantly white British,of the 10000 patients with an ethnicity recorded 99.5% are white British. Other ethnic groups are very much a minority when compared to our overall population numbers. We do however feel it is important to acknowledge other ethnic groups and also try to ensure they are represented. Our virtual PPG does include a patient with Indian ethnicity (0.15% of our practice population) and Any Other (at 0.33%) Our any other & other white Groups at (0.33 and 0.23%) represent our second largest group of ethnicity. This would include those patients mainly of european ethnicity. We have some representation from our minority patients on the Virtual Patient Group, one from an Indian background at 5.56%, and one from Any Other at 5.56%. This does give us a 11.12% representation which is higher than the practice population percentage representation, although from only two of the groups but with 99% of the population being white British this does we feel give a fair representation. We have continued to try to get greater ethnic representation on the actual PPG group by writing to patients, asking face to face and by promotion on the practice website but still to no avail. We have also contacted Healthwatch for guidance on engaging with patient from other ethnic groups. They advised us to contact MECA (Midwest European Community Association). We have in the past engaged with MECA through a collaborative practice approach to improving healthcare access for the Polish population in Yeovil and have just started a new Yeovil Managers Group which is currently looking at trying to engage in a similar way as our previous collaboration. We have also reviewed all our practice information and have a dedicated interpretation service available. ***Age*** ***<16***Along with many PPG’s the group is not representative of the under 16’s. In recognition of this and in order to encourage younger patients to join the group or as a minimum provide feedback to the PPG and practice the Practice Managers group in Yeovil agreed to approach our local college in Yeovil to speak to them about ways to reach out and engage young people and to see what we could offer the college as practices. We held a number of meetings with Yeovil College to proactively engage young people with patient participation and as the college has patients from across South Somerset we approached this on behalf of all South Somerset Federation practices. Discussions were positive and a number of student cohorts were identified as suitable, i.e. those involved in health studies and IT (who could review our websites). The college were willing to be involved and could see the benefits of providing feedback from a young person perspective. South Somerset Federation at the request of the College, has plans to hold a health fayre in the college itself in 2015 where information will be provided to students and engagement sought from students.  It is hoped by engaging students in this way a long term goal maybe to have a college student attend their local PPG as part of their course or those looking for a voluntary role as part of their Duke of Edinburgh Award requirements*.****17 – 24,25-34*** Discussions with patients ranging from ages 18-34 by existing group members during opportunities such as annual flu sessions and childhood vacc and imm sessions, concluded that time pressures and reluctance to take on additional roles as part of their busy lives continue to be key barriers to them joining our PPG. In response to these barriers the PPG agreed to review our Virtual Group following guidelines developed from the PPG Chairs Somerset Group. The virtual group offering representation without attendance at meetings. Our secretary Christine Lincoln works for the CCG and supports the Chairs group in this role. She is a great help with ideas and has led on Virtual groups. We have a new specific e-mail address set up, which the practice is monitoring and managing on behalf of the PPG. The response to our new revised marketing campaign for Virtual Group Members has also been very successful with 18 signing up, the mix of gender, age and ethnicity is detailed below and does include some of the hard to reach and under-represented groups in our PPG :Detail the gender mix of practice population and Virtual PPG:

|  |  |  |
| --- | --- | --- |
| % | Male  | Female  |
| Practice | 50 | 50 |
| PRG | 50 | 50 |

Detail of age mix of practice population and Virtual PPG:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 |
| Practice | 17.4 | 12.03 | 11.32 | 12.67 | 14.58 | 12.08 | 10.64 | 9.21 |
| PRG | 0 | 5.56 | 5.56 | 11.11 | 22.22 | 33.33 | 22.22 | 0 |

Detail the ethnic background of your practice population and Virtual 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  | 99.52 | 0.11 | 0 | 0.23 | 0.07 | 0.06 | 0.08 | 0.13 |
| PRG | 88 | 0 | 0 | 0 | 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 | 0.15 | 0.02 | 0.03 | 0.22 | 0.08 | 0.10 | 0 | 0.09 | 0 | 0.33 |
| PRG | 5.56 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5.56 |

We have agreed initially to use the virtual group to send out minutes and ask for agenda items. We also asked for feedback on the priority areas and will also send out this reporting template for comments. The group can raise areas for discussion and suggestions and any problem areas they may have. Feedback from surveys and the friends and family monthly report will also be shared with them. The virtual group has a much wider age range and ethnicity including patients in the 17 to 24 and 25 to 34 age group and includes those hard to reach groups we do not have represented on the PPG. It provides a great mechanism to get views from the age groups not represented on the PPG.Some of the PPG group are also parents and grandparents of children with young families. The practice and group has therefore looked to seek wider views through these contacts. In particular one of our group has a network of young mums she gets feedback from. This has proved a useful method of gaining input. ***>75***Over 75’s. One of our members is 74 so he is happy to represent some of the views of this cohort of patients as he is very nearly 75!. But we do recognise that these patients are not representative on our PPG. In order to help we therefore targeted our recent flu sessions handing out information on joining the PPG and also speaking to patients. We did manage to get a number of new patients to join the PPG from this type of engagement but all were in the 65 to 74 age group. We do however note that with such a large number of nursing homes in Yeovil and therefore patients living there that we have made efforts to speak to and engage with the nursing homes. (see information below). This has meant we have been able to get views and ideas from our over 75’s this way.In addition to age, gender and ethnicity the PPG has looked at the ways the group also represents other minority or health related groups :* One member of the group has a disabled wife, who is a wheelchair user.
* One member of the group has a child with learning disabilities
* Two members of the group have diabetes.
* Three members of the group have hypertension.
* One member of the group has COPD.
* Two members of the group have osteoarthritis.
* One member of the group is a District Counsellor
* One member of the group belongs to Somerset Choices. (learning disabilities forum/group)
* One member of the group is on the Womens Insitiute Committee.

In addition to these specific measures the practice and PPG have throughout the year continued to take the following measures to encourage membership from under-represented groups:* Announcements on the practice website along with contact details for further information and expression of interest forms. This has been updated to include information on our under representative groups.
* Articles in practice newsletters outlining the role of the group and explaining that it needs to be representative of the practice population
* New expression of interest forms developed to make it easier for patients to ask to join the group or virtual group.
* New posters in the surgery in a more prominent site.
* Announcements on the Patient Group Noticeboards.
* Leaflets given out at clinics (eg flu sessions / childhood vac and imms sessions)
* Patient Group members sitting in the waiting room talking to patients
* By approaching individual patients during the flu jab sessions giving information about the group roles and actively asking for their involvement
* Letters sent to patients selected by GPs as potential members with something to contribute.
* Letters sent to specific patients (where appropriate) with a view to targeting membership from other ethnic groups
* Information added into our practice leaflet for new registrations including the expression of interest form.
* Mail out attached to scripts for one month during May 2014, and three months later.

The diversification of the group’s profile does however continue to be a priority by both the practice and the group itself, not just to ensure that the group mix remains representational of the practice profile overall but, importantly, that the group members are able to be actively involved and committed to the objectives of the group in improving health services for the local community. We are currently organising a Dementia health forum to be held in April in the practice. In addition, a recent recruitment drive has meant that we have seen new members joining the group during 2014/15. After 4 years with no chair, no secretary and numbers dwindling at one point to 5 members we are finally looking at having a full number of patients on the group at 12 and a Chair and Secretary. We will then operate a waiting list for new members to join. |
| 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? YESWe have a large number of nursing and residential homes both in Yeovil and registered with Preston Grove.If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successfulWe have patients in virtually all the nursing homes in Yeovil, representing 148 patients for the practice, although this represents only 1.14 % of our practice population, it does represent a large number of our home visits and unplanned admissions work. The patients are often complex with multiple chronic disease’s needing extra care. How have we included this group of patient’s views in our PPG?Yeovil practices undertook a flu collaborations during the months of October, November, December and January. During this pilot the Yeovil practices agreed to work collaboratively to deliver flu vaccinations to nursing home and residential home patients. As part of the process the practice’s and with support of the PPG’s decided to visit the homes it had agreed to deliver flu to. The meetings were used to meet with the nursing home staff and speak to them about flu but also to open up a two way dialogue between the practice and PPG via the practice manager/Lead Nurse and the nursing home/residential home managers and residents.  As a result of the visits, we have gained feedback on the recent flu collaboration from the homes. This feedback will be used to alter the flu vaccinations next year with a meeting planned for the 24 March between everyone concerned.  The managers of the practices in Yeovil have developed ongoing discussions with the homes.  One home has asked if a number of their residents can join the group at Preston grove. We have made further contact with the home and will be following up this request. Further ongoing discussions are planned with each home to gain views on the practice’s in Yeovil and to help representation on the PPG, including representation of patients over the age of 75.  |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:This year the practice and PPG had a number of patient feedback sources which have been reviewed these include:* PPG survey 2013/14
* Family & Friends Test (FFT) monthly plus CQUINN pilot data
* Monthly complaints reports
* Ongoing review of actions taken in connection with last year’s priorities
* 2014/15 priority areas
* Practice CQC inspection report
* NHS Choices feedback
* Informal feedback at reception/in consultations etc
* National Patient Survey data
* Individual approaches by patients to members of the PPG
* Staff and patient suggestions
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| How frequently were these reviewed with the PRG?All sources of feedback are reviewed at every PPG meeting or as they arise. The meetings are currently held six weekly, however, any items requiring discussion before the next meeting are discussed ‘virtually’ via email. The issues discussed relating specifically to this enhanced service were discussed at patient meetings on 1 September 2014 and 12 January 2015. The three priority areas and actions were agreed using the sources of feedback identified above. At the meeting on 12 January 2015 we discussed the outcomes and progress on the agreed actions with the PPG group.Patient feedback when available (regardless of format) is routinely discussed at all formal PPG meetings. Meetings during the year have been held on:28 April 20149 June 201421 July 20141 September 201413 October 201424 November 201412 January 201523 February 2015Work is ongoing throughout the year to ensure that actions agreed as part of last year’s PPG survey are followed through and completed. One of the key roles of the PPG is to assist the practice in the choice of wording used when providing information to patients as part of the action plan’s implementation. At the same time, areas for inclusion in the next survey are identified, discussed and noted.  |

1. Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area:* Waiting time for patients in the surgery

This is an area that had been highlighted in the previous practice survey and National Survey. |
| What actions were taken to address the priority?An audit was carried out to assess the workload of the doctors. This was shared with the PPG. Individual feedback from each doctor was looked at with one doctor in particular identified as someone who ran late quite often. Feedback was given to each individual partner. Dr Jo Nicholl was given the task of leading on the review using a training module from Productive General Practice.The waiting time audit showed issues the GP were having keeping to 10 minute consultation times. Many patients have complex chronic problems and need longer appointments. The practice therefore undertook a review of the appointments system. We have restructured the appointments system to have an Acute Team seeing all on the day acute problems, freeing up the doctors to see booked ahead planned complex patients. This has allowed the doctors to alter their appointments times to 15 minute appointments or to put in more admin breaks for catch up. The result has been patients do not wait more than 10/15 minutes. Changes to the way the practices delivers acute care has also meant the acute team are good at keeping to time. We have restructured the duty doctor’s day, they now have three gaps through the day this enables them to catch up and to accommodate urgent home visits on the whole enabling them to keep to time unless an emergency happens. However with longer appointments we have also found that the other doctors are able to help out now should the duty doctor get called out during surgery times. The appointments review was shared with the PPG and adjustments and discussion made with the group as the system developed. This is an item on the agenda at nearly every PPG meeting. |
| Result of actions and impact on patients and carers (including how publicised):Waiting times within the practice have reduced and complaints have correspondingly also reduced. These are monitored by the practice and shared with the PPG.Staff are less stressed and are able to cope with the workload better.The appointment system changes are now embedded in the practice and friends and family feedback has been very positive. This is also shared with the PPG.We are currently undertaking a further review of the appointments system to carry out the Plan, Do, Study, Act cycle of change. This will be shared with the PPG. Our carers champion has reported positive responses from carers who can now book ahead to see their own GP and reduce the waiting times. The doctor can also book appointments ahead for carers and those patients with a planned need. These changes have been advertised on the website, and now on our TV in the waiting room. We also produced an appointments newsletter/update and an article about why GP’s keep patients waiting written by Dr Jo Nicholl, a repeat of a former article which patients positively responded to. This was the idea of the PPG. |

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| Priority area 2 |
| Description of priority area:* Information available in the waiting room

Information was cluttered, difficult to read, out of date and not available in different formats. This was identified as an issue in our previous patients survey and the PPG felt this was a good area to priorities.  |
| What actions were taken to address the priority?The practice and PPG reviewed the information in the waiting room, on the website and newsletter. The PPG and practice manager took a walk around the building and identified problems with the current information. The practice simplified the waiting room displays, adding in notice boards in blue to stand out. Information was zoned into different boards, i.e. practice updates, research, medicines management, nurses/chronic diseases and carers. Funding was identified as available from the Prescribing Incentive Scheme and the PPG and practice agreed to use this to fund two TV screens/Jayex technology. This would help give information to patients in a different format which can be easily and quickly updated. .Nominated individuals within the practice were given training on the use of the Jayex technology and will be responsible for regularly updating the TV display. The PPG helped agree where the TV’s should be sited.The website was reviewed by the Practice Manager and PPG. The site was revamped and appointments information and friends and family test information put on the front page. A person was nominated within the practice to keep the website up to date.A new newsletter was produced giving patients information on all the current changes. It was agreed with the PPG to produce the newsletter quarterly. This would be available in paper format but also on the website. |
| Result of actions and impact on patients and carers (including how publicised):New TV screens were put up in the waiting room. These are available all day everyday with a regular rolling programme of information. Information is more up to date and catches patient’s eye a lot more than our usual posters. New information boards are easier to read and kept clutter free. Zoning enables patients to look at information they are interested in. One of the reception staff ensures these are updated and kept tidy. Newsletters are available on the front desk and on the waiting room tables. These are always positively received with many comments from patients at the front desk.The website is used regularly and feed back is very positive. More and more patients use it to request prescriptions and we receive e-mail and friends and family responses on a more regular basis than previously.Feedback from Friends and Family Test has been very positive following the changes. The PPG feedback was positive. The results of this change have been publicised by the actual changes we made i.e on the notice boards, website, newsletter and Jayex TV screens. The information changes have enabled us to publicise all the priority areas we have undertaken in a much more proactive and informative way. |

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| Priority area 3 |
| Description of priority area:* Problems with the Telephone System

We had experienced issues with the telephone system dropping calls, and difficulties getting through to a receptionist. This is an ongoing problem for most practices and was highlighted in all our practice surveys. |
| What actions were taken to address the priority?Our reception manager looked at the feedback from patients on calls dropping out of the system. She arranged for the telephone company to look at the issue and review our telephone system and its configuration.The practice reviewed the number of receptionist working in reception, answering the telephone first thing in the morning when call pressure is at its highest. We also reviewed the administration role, and as part of this audit looked at overtime and annual leave cover.We reviewed on- line booking to try and free up the need to use the telephone. |
| Result of actions and impact on patients and carers (including how publicised):The telephone system review has resulted in an improved service to patients. The telephone support company identified some issues with our configuration and have adjusted to allow more calls to be dealt with at the same time. The result has been feedback no complaints from patients or the PPG that calls are being dropped.The review of staffing in reception and the audit of overtime and administration has resulted in an increase in our staffing numbers. We now have more regular sessions covered and less covered by overtime. The result is an increase from five receptionists answering the telephone in the morning to six and from 4 in the afternoon to 5. We have altered the number of appointment slots that patients are able to book on-line with their own named GP. This allows patients to book ahead without using the telephone.Feedback from both the PPG and friends and family surveys have not highlighted issues with the telephone system. A large improvement on previous surveys.All changes were publicised on the website, leaflets and by the receptionists. The PPG have also encouraged us to include information in our next newsletter highlighting that staff are now based upstairs answering the telephone. ( for confidentiality reception has been moved upstairs) |

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):

*The following is an update of the progress make against those priorities which were formally agreed in previous years with the PPG:*

|  |  |  |
| --- | --- | --- |
| Action Points from previous years surveysYou said….. | Action takenWe did….. | Progress Update |
| **Waiting Times****12/13 - Only 77% of patients felt pleased with their length of wait, environment and information. 18% felt frustrated.** **13-14 - Only 81% of patients felt pleased with their length of wait. 17% felt frustrated** | Productive General Practice Programme has a module that allows the practice to analysis consultations. This will allow the practice to address this issue with the clinicians in a structured way. | Previously we restructured the practice, increasing our nurse practitioner team and altering the duty doctor to work all day with morning gaps for visits. This has allowed us to reduce the number of appointments in a normal non-duty GP session.We have since re-audited the GP’s and fed back on the complaints regarding waiting times. Gp’s reviewed their appointment slots and put in place either 15 minute appointments or more catch up/admin slots. We feel we are now making progress and complaints have reduced.We have addressed the issues of environment with new carpets and redecoration, and information has been reviewed as a priority area in 2014/15.(see above) |
| **To increase the representation of patients on the Patient Group** | Everything as mentioned in the report above.* *Announcements on the practice website along with contact details for further information and expression of interest forms. This has been updated to include information on our under representative groups.*
* *Articles in practice newsletters outlining the role of the group and explaining that it needs to be representative of the practice population*
* *New expression of interest forms developed to make it easier for patients to ask to join the group or virtual group.*
* *New posters in the surgery in a more prominent site.*
* *Announcements on the Patient Group Noticeboards.*
* *Leaflets given out at clinics (eg flu sessions / childhood vac and imms sessions)*
* *Patient Group members sitting in the waiting room talking to patients*
* *By approaching individual patients during the flu jab sessions giving information about the group roles and actively asking for their involvement*
* *Letters sent to patients selected by GPs as potential members with something to contribute.*
* *Letters sent to specific patients (where appropriate) with a view to targeting membership from other ethnic groups*
* *Information added into our practice leaflet for new registrations including the expression of interest form.*
* *Mail out attached to scripts for one month during May 2014, and three months later.*
 | Following on from the actions taken , the group has increased to 10 members, with a new Chair and secretary.We have a plan for using the virtual group to increase representation and action points to work with both the Yeovil College and nursing homes.We have successfully recruited more members to the group and include some of the ethnic under representation in our virtual group. We continue to review the representation of the group and to extend our feedback from those not represented. |
| **Accessing your Appointment**Of the 284 answers given in this area, 249 patients felt respected/pleased/valued/cared for and involved, equal to 88%, the same as last year. 8.8.% felt frustrated compared to 6.5% last year. | Staff training and rota management to ensure calls are answered by as many staff as possible, as quickly as possible and in the right way.New appointment system to encourage more patients to book ahead, with only acute calls on the day. | The review of staffing in reception and the audit of overtime and administration has resulted in an increase in our staffing numbers. We now have more regular sessions covered and less covered by overtime. The result is an increase from five receptionists answering the telephone in the morning to six and from 4 in the afternoon to 5. The new appointment system is up and running pushing more calls away from first thing in the morning as more patients are able to book ahead. |

1. PPG Sign Off

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| Report signed off by PPG: YES Date of sign off: 27 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 practice meets with the PPG on a six weekly basis and includes both reception, practice nurse, GP and manager time to meet with the PPG.The practice has worked collaboratively with other practices to work with the Yeovil College to reach young people. They have also worked on a flu collaboration to engage nursing and residential home patients. We are currently planning on running a joint evening meeting for patients with Dementia.We have a carers champion who attends the Patient Group meetings. She provides feedback to the PPG on carers views and the support the practice offers carers. She also attends meetings and patient events to get feedback ( garden centres).The PPG reviews all patient surveys, reports, suggestions and complaints as mentioned in the report to name a few. The PPG also provides its own feedback tot eh practice at the PPG meetings.The PPG was involved in picking the priority areas for this year and the action plan. The issues discussed relating specifically to this enhanced service were discussed at patient meetings on 1 September 2014 and 12 January 2015. The three priority areas and actions were agreed using the sources of feedback identified.. At the meeting on 12 January 2015 we discussed the outcomes and progress on the agreed actions with the PPG group.Since the priority area have been agreed the practice has implemented the action plan. The result has been :Waiting times Waiting times within the practice have reduced and complaints have correspondingly also reduced. These are monitored by the practice and shared with the PPG. Staff are less stressed and are able to cope with the workload better. The appointment system changes are now embedded in the practice and friends and family feedback has been very positive. This is also shared with the PPG.InformationNew TV screens mean information is more up to date and catches patient’s eye a lot more than our usual posters. New information boards are easier to read and kept clutter free. Zoning enables patients to look at information they are interested in. One of the reception staff ensures these are updated and kept tidy. Newsletters are available on the front desk and on the waiting room tables. These are always positively received with many comments from patients at the front desk. The website is used regularly and feed back is very positive. More and more patients use it to request prescriptions and we receive e-mail and friends and family responses on a more regular basis than previously.The practice looks more inviting and clean and tidy.Problems with the Telephone The telephone system review does seem to have resulted in an improved service to patients. The problems have been solved. The review of staffing in reception and the audit of overtime and administration has resulted in an increase in staffing numbers. This has improved response times for telephone calls. This has been a difficult time for the PPG with numbers dropping. The priority areas identified in previous years have enabled us to grow as a group and to gain experience in encouraging new members to join. This has resulted in a group that is nearly full with both a secretary and chair. As confidence grows the group will hopefully go on to provide more feedback to the practice and provide more support to the practice.  |