

Standard Reporting Template

Bristol, North Somerset, Somerset and South Gloucestershire Area Team 2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Pembroke Road Surgery

Practice Code: L81081

Signed on behalf of practice:

Date: 30.03.2015

Signed on behalf of PPG:

Date:30.03.2015

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

Does the Practice have a PPG and/or PRG? YES												
Method of engagement with PPG and/or PRG: Face to face, Email, Other (please specify) Face to face												
Number of members of PPG and/or PRG: 13												
Detail the gender mix of practice population and PPG and/or PRG:				Detail of age mix of practice population and PPG and/or PRG:								
%	Male	Female		%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	51%	49%		Practice	15	9.4	24.3	15.5	13.2	9.8	7.0	5.1.
PPG	25%	75%		PPG	0	0	0	0	0	1	1	11

Detail the ethnic background of your practice population and PPG and/or 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	81.6	1.3	0	6.5	1.6	0.3	0	2
PRG	80	0	0	0	0	0	0	16%

	Asian/Asian British					Black/African/Caribbean/Black British		Other		
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	1.2	0.2	0	2.2	1.1	0.9	0.4	0	0	0
PRG	0	0	0	0	0	0	0	0	0	0

Describe steps taken to ensure that the PPG and/or PRG is representative of the practice population in terms of gender, age and ethnic background and other members of the practice population:

As in previous years, we have tried to recruit patients in the following ways:

- ✚ posters in the waiting room and at Reception
- ✚ information on the website about the Group
- ✚ group members have approached other patients they know personally to join the PRG
- ✚ opportunistic canvassing for members by GPs during consultations
- ✚ 'advertisements' in the practice newsletter (example attached as appendix 1)

Are there any specific characteristics of your practice population which means that other groups should be included in the PPG and/or PRG?

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:

2. Review of patient feedback

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

- ✚ 2014/15 patient survey, which related to patient experience when consulting with the practice nurses
- ✚ feedback from Friends and Family Test (FFT)
- ✚ feedback from PRG member's meeting with Assistant Practice Manager to discuss Reception
- ✚ feedback from PRG members during meetings

How frequently were these reviewed with the PPG and/or PRG?

At the regular PRG meetings. Meeting frequency usually 6-weekly or thereabouts. Additionally, e-mails from group members and face-to-face meetings with the chair of the PRG.

3. Action plan priority areas and implementation

Priority Area 1

Description of priority area:

Placing a chair for less mobile patients at Reception for them to sit whilst waiting to speak with the Receptionist.

What actions were taken to address the priority?

To provide space for a chair the following will be done:

- ✚ The self-check-in screen will be moved out to the lobby. (Awaiting IT cabling – this has been batched with other work within the surgery)
- ✚ The sample collection box will be moved from its position in the corner by the lift and re-sited where self-check-in was (Moved temporarily another position in Reception until self-check-in moved. It will then be re-housed there.)

Chair (with raisers) was sited in the Reception area as planned. Unfortunately, since writing the action plan, we discovered that the chair was blocking the fire doors and has had to be moved back by the stairs. We will re-visit an idea from one of the PRG members for a drop-down seat at the end of the Reception desk to see if this feasible.

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

No publicity needed – this was a practical solution to aid the less mobile waiting to be seen at the desk. This was in response to the request of a carer on our PRG.

Priority Area 2

Description of priority area:

Review of notices, posters and patient information in the Reception area to assess which ones are essential.

What actions were taken to address the priority?

Underway. The practice is currently looking into other ways of displaying information – framed posters, free-standing display stands. We have invested in some free-standing 'showcard' stands that we use for important notices and time-limited posters. These are more visible to patients and can be moved around. We have significantly reduced the clutter, but there are a number of notices that we need to display, eg patient confidentiality. We have purchased some Perspex frames to house these notices.

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

Improved patient experience in the Practice. Again, a practical solution with no direct impact on carers other than making information clearer. For everyone.

Priority Area 3

Description of priority area:

Reducing the queue in Reception

- ✚ Self-check-in screen not used as standard by patients booking in for appointments.
- ✚ Patients registering with the practice are blocking the front desk
- ✚ Patients collecting prescriptions are queuing at the front desk and kept waiting

What actions were taken to address the priority?

Check-in screen

The practice looked into whether a second check-in screen could be added to the appointments' system to allow patients entering via the back door to book in for appointments there, rather than going through to Reception.

This is proving problematical. The current check-in screen is no longer supported by the supplier and is no longer available as a system. The practice will need to invest in a replacement system when the current check-in screen is no longer viable. The additional of a second screen to the system is not an option currently.

At the time a new check-in system is purchased, the practice will research whether a two screen option is available which is compatible with the surgery's clinical software. There are no plans to update the present check-in system whilst it is working satisfactorily, owing to cost constraints.

Patients Registering with the Practice

People registering with the practice are given clipboards detailing how to register, a registration pack and are asked to sit in the waiting room to complete the paperwork.

Patients collecting prescriptions

A note to be added to repeat prescription order forms advising patients of the option to sign-up for a local pharmacy collection service. They will be given a list of pharmacies (that collect regularly from the surgery) to choose from. Form devised and will be added to repeat prescriptions by the end of March.

Electronic transfer of prescriptions to pharmacies

Practice to work in a cluster with other local practices to implement electronic transfer of repeat prescriptions to agreed local pharmacies (EPS). This is dependant on the engagement of a number local practices and the availability of NHS funding. This was raised locally some months ago and then deferred as there was no funding available. We understand that funding may now be available again and hope to engage in discussion with other practices on this soon.

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

The action plan is being published in our Spring newsletter coming out in early April. It is also on our website and carers on our database will be sent a copy.

We are in the process of re-starting our carers group and will be inviting them along to meet with us and to discuss the enhancements we are making, planned improvements and to get their views. We are also running a pilot project, starting on 12th May 2015, for a memory café where carers coming along with patients to talk with us and learn more about our services. At our first café in May, our action plan will be available.

Not adopted:

A suggestion that a ticketing system is installed in Reception and patients take a ticket and take a seat in the waiting room until their number is called. They then approach the Reception desk. After discussion, it was decided that this would be difficult to implement and concerns were raised by the practice management that patients checking-in might miss their appointment and others might get forgotten in waiting room.

Currently if a queue forms at Reception and the 'back' Receptionists are not on the phone they are expected to come forward to help. This will be reinforced to the Reception team by their line manager.

It was recognised that some customer service training would enhance the patient experience and support the Reception team in managing the patient flow. This has been arranged the Reception team attended their first session in February. A follow-up session is planned later in the year.

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):

Visual display patient call system (from 2012-13 action plan). This is still in abeyance owing to cost implications. The practice is planning to review the patient call system during 2015-16 and a substantial part of the basement area of the surgery has been refurbished and re-designated as a treatment suite for the nursing team.

Improving leaflet displays. This is ongoing. There has been an improvement in the way we display leaflets. We have invested in a number of holders to keep the leaflets tidy and make them more accessible. A display unit for the new nursing suite waiting area has been ordered and will be fitted shortly. We have also invested in staff time to create an in-house expert in sign-posting patients to support services and to advise them on how to access information. Training is underway for this role and contacts with community organisations and Well-Aware has been made. This service will be rolled-out shortly.

Extending the number of pre-bookable appointments to make it easier for patients to book ahead with the doctor of their choice. This was implemented in 2014 following the practice's move to EMIS web.

Enhancing the waiting room – making it more patient-friendly with some plants, tables and art-work for walls. Some art-work is on the walls and more due shortly. With the new waiting area now up and running the basement and fewer chairs are needed in the main waiting room, this is under review again. A couple of tables will be brought in shortly.

'Next Steps' cards – these are working well and clinicians are reminded regularly to use them; positive feedback from patients.

Phasing-out the walk-in blood clinics and replacing with a range of pre-bookable appointments throughout the day. This was implemented in April 2014 and works extremely well. Patient feedback is very positive. Patients are offered the choice of morning and afternoon appointments.

PPG Sign Off

Report signed off by PPG and/or PRG: **YES**

Date of sign off: 30.03.2015

How has the practice engaged with the PPG and/or PRG:

- + At PRG meetings
- + Via e-mail
- + Face-to-face discussion with the PRG chair

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

- + through feedback from clinicians in consultation with patients
- + through feedback from 2014 patient survey
- + through feedback from FFT
- + through comments made to members of the Reception team
- + through the complaints process; we have engaged with a number of patients during the year in the course of informal and formal complaints management

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

Yes, as above

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

YES (see attached Minutes of PRG meeting in February 2015)

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

Awaiting feedback on this from PRG and patients

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

We do not have an age-representative patient group despite our best efforts to recruit a broad range of members. Our PRG has a dedicated and committed membership that is aware of the imbalance and strives hard to raise issues that affect the wider practice population.

The PRG is chaired by a member of the group and meets very regularly. Carers and former carers well-represented represented on the PRG, which is a positive factor.

Appendix 1

Extract from Practice newsletter:



Patient Reference Group

Are you interested in finding out more about the Practice? Would you like to have your say about our plans for the future? Do you have ideas and suggestions that you would like to put to us about future development and service improvement? If so, then why not join our Patient Reference Group. The meetings are held 6-weekly here at the Practice, typically on a Wednesday evening between 5.30pm and 6.30pm. If you would like to know more, please contact Heather Carrigan, Practice Manager, on: 0117 317 1701.