

Annex C

**Arden, Herefordshire and Worcestershire Area Team
Patient Participation Enhanced Service 2014/15 – Reporting Template**

Practice Name: Abbey Medical Practice

Practice Code: M81094

Signed on behalf of practice: Richard Allen Date: 18/03/2015

Signed on behalf of PPG: Diana Cowan Date: 18/03/2015

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, telephone and Email												
Number of members of PPG: 8 attend face to face meetings. 3 practice representatives also attend meetings.												
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	48%	52%		19%	8%	15%	14%	15%	12%	10%	7%
	PPG	25%	75%		0	0	0	12.5%	0	12.5%	75%	0

Annex C

Detail the ethnic background of your practice population and 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	85%	1%		13%				
PPG	100%							

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice					1%					
PPG										

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:

Whilst the vast majority of the practice population is classified as white British, we also have a growing number of white eastern European patients. It is this ethnic group that we are keen to see better represented on our PPG and, to that end, members of the group have spent time in the practice during surgery hours promoting the PPG.

We also actively promote the PPG to patients on registration with the practice and also via regular publicity campaigns. The group is currently working on development of a newsletter which will also seek to increase interest around the PPG.

Our efforts to promote membership of the PPG have also targeted younger patients as we have been aware for some time that our group is predominantly made up of older patients. Unfortunately, efforts to attract patients from minority ethnic backgrounds and younger age groups have been largely unsuccessful – this is however despite the best endeavours of the group and the practice.

Annex C

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:

Please refer to answer given on page 2

2. Review of patient feedback

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

1. The group obtained direct feedback from patients during sessions spent promoting the group in the practice waiting room
2. The group conducted a survey amongst patients with regard to the service offered by the practice's nursing team
3. The group have reviewed the practice's results arising out of the National GP survey
4. The group have reviewed the practice's results arising out of the Friends and Family Test for the period November 2014 – February 2015 inclusive

How frequently were these reviewed with the PRG?

The above sources of feedback were reviewed regularly with the group throughout the year. Consideration of feedback from the FFT is a standing item on the PPG agenda.

Annex C

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Improving telephone access</p>
<p>What actions were taken to address the priority?</p> <ol style="list-style-type: none"> 1. Promoting online access to appointments and repeat prescription ordering 2. Reception re-organisation (more staff answering telephones at peak times) 3. Discussion at staff meetings to ensure staff awareness and develop ideas for improvement 4. New staff members attend recognised training courses in reception skills, including telephone call handling.
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>Promoting online access to appointments and repeat prescription ordering was publicised online via the practice website, using posters in the surgery and in the practice newsletter.</p> <p>Satisfaction level with telephone access in 2013-14 was 64% and this increased during the course of 2014-15 to 74% - a 10% improvement in satisfaction rating. Whilst above the national satisfaction rating, this figure is slightly below the CCG average of 77% and must, therefore, continue to be a priority for 2015-16. The PPG will be asked to quality assure telephone access in the coming year.</p>

Annex C

Priority area 2
<p>Description of priority area:</p> <p>Access to GP Appointments</p>
<p>What actions were taken to address the priority?</p> <p>Following the patient survey of 2013-14, the PPG noted falling satisfaction ratings in regard to access to a GP. Various options were considered, including Doctor First. The practice and PPG decided that Doctor First was not in the best interests of patients and it was therefore agreed that the practice would fund a salaried GP post in order to increase the number of GP appointments available each day.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>The recruitment of an additional GP was well publicised on the practice website, in the practice newsletter and in the surgery. As a result, satisfaction ratings for access to GP appointments rose from 70% in 2013-14 to 95% in 2014-15. This compares favourably with the CCG average of 90% and the national average of 86%.</p> <p>An unforeseen consequence of improvements to the availability of GP appointments has been a rapidly increasing list size, currently the second highest rate of increase in South Worcestershire.</p> <p>The PPG will remain sighted upon the availability of GP appointments as a key quality indicator throughout 2015-16.</p>

Annex C

Priority area 3
<p>Description of priority area:</p> <p>Surgery opening hours</p>
<p>What actions were taken to address the priority?</p> <p>One of the priority areas recognised by the PPG for 2014-15 is patient satisfaction with opening hours and the possibilities of extending surgery times into weekday evenings and over weekends. The PPG is aware that satisfaction levels with opening times has decreased year on year (90% in 2012-13, 85% in 2013-14 and 82% in 2014-15), although it is acknowledged that 82% remains above both the CCG and national averages.</p> <p>The practice has briefed the PPG on resources available, which the PPG accepts do not currently allow appointment times to be extended. However, both the practice and the PPG are aware that extended opening may be a requirement in the near future and the PPG is committed to working with the practice to identify how such a requirement could be implemented without compromising continuity of care for the patients.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>This will remain a priority issue for the PPG throughout 2015-16, although the outcome of the SW Healthcare bid to the Prime Minister's Challenge Fund will become an important element of future strategy, should the bid be successful.</p>

Annex C

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 priorities for 2014-15 were set by the PPG at the end of 2013-14. Five priority areas were identified, these being:

1. Opening hours
2. Availability of appointments
3. Access to a doctor
4. Awareness of services offered by the Practice (e.g. minor illness clinics)
5. Developing the receptionists as “sign-posters”

Items 1, 2 & 3 are addressed above and progress has been noted in respect of availability of appointments/access to a GP and telephone access. As a result of work done with the reception team and publicising services through a variety of methods, there has also been progress with items 4 & 5. Nurse practitioner led Minor Illness clinics are now well established and form an integral part of the practice’s plan for coping with rising demand.

As regards item 4, the PPG reported that the practice’s previous website was not sufficiently user-friendly and navigation was difficult for older patients in particular. As a result, a new website has been developed and implemented and has received very positive feedback from PPG members. The new website also includes functionality to translate the information on each page into a wide variety of alternative languages.

Annex C

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 18th March 2015

Has the report been published on the practice website? YES

How has the practice engaged with the PPG:

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

The vice-chair of the PPG maintains a list of virtual members and communicates with them on a regular basis.

Recruitment into the PPG remains a priority for the group despite the challenges inherent in generating interest amongst younger patients and those from significant minorities within the practice population. However, the practice seeks to communicate with as many patients as possible by electronic distribution of the practice newsletter twice a year.

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

Yes.

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

Yes.

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

See above

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

The practice has had a PPG since 1997 and has always placed value on patient feedback and input. We are well aware of the challenges inherent in maintaining an active PPG and, in particular, in attempting to make the group as representative as possible of the wider practice population. Nevertheless, the practice will continue to work proactively with our PPG to increase and extend

Annex C

membership.

Please return this completed report template to the generic email box – england.ahwat-pc@nhs.net no later than 31st March 2015. No payments will be made to a practice under the terms of this ES if the report is not submitted by 31st March 2015.