

Annex D: Standard Reporting Template

Bradford Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Low Moor Medical Practice

Practice Code: B83029

Signed on behalf of practice:

Date: 23.3.15

Signed on behalf of PPG:

Date: 23.3.15

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): Face To face.																																					
Number of members of PPG: 13																																					
Detail the gender mix of practice population and PPG: <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 100%;"> <thead> <tr> <th style="width: 20%;">%</th> <th style="width: 30%;">Male</th> <th style="width: 30%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td style="text-align: center;">49</td> <td style="text-align: center;">51</td> </tr> <tr> <td>PRG</td> <td style="text-align: center;">60</td> <td style="text-align: center;">40</td> </tr> </tbody> </table>	%	Male	Female	Practice	49	51	PRG	60	40	Detail of age mix of practice population and PPG: <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 100%;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 10%;"><small><16</small></th> <th style="width: 10%;"><small>17-24</small></th> <th style="width: 10%;"><small>25-34</small></th> <th style="width: 10%;"><small>35-44</small></th> <th style="width: 10%;"><small>45-54</small></th> <th style="width: 10%;"><small>55-64</small></th> <th style="width: 10%;"><small>65-74</small></th> <th style="width: 10%;"><small>> 75</small></th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td style="text-align: center;">19</td> <td style="text-align: center;">8.8</td> <td style="text-align: center;">14</td> <td style="text-align: center;">12.3</td> <td style="text-align: center;">15</td> <td style="text-align: center;">12.7</td> <td style="text-align: center;">9.7</td> <td style="text-align: center;">8.5</td> </tr> <tr> <td>PRG</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">7.7</td> <td style="text-align: center;">7.7</td> <td style="text-align: center;">0</td> <td style="text-align: center;">84.6</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>	%	<small><16</small>	<small>17-24</small>	<small>25-34</small>	<small>35-44</small>	<small>45-54</small>	<small>55-64</small>	<small>65-74</small>	<small>> 75</small>	Practice	19	8.8	14	12.3	15	12.7	9.7	8.5	PRG	0	0	0	7.7	7.7	0	84.6	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								
PRG	12							

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

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:

Advertised on website, in surgery, on practice surveys and face to face at consultations with GPs and Nurses. The practice has held meetings in the evening to encourage attendance from workers.

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:

2. Review of patient feedback

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

Feedback from practice survey, GP patient survey, complaints, CQC inspection, practice health champions and the friends and family test.

How frequently were these reviewed with the PRG?

Complaints, practice survey and GP patient survey – twice per year. CQC inspection, practice health champions and FFT once per year.

3. Action plan priority areas and implementation

Priority area 1
<p data-bbox="203 389 589 419">Description of priority area:</p> <p data-bbox="203 426 1872 496">Lack of GP appointments, particularly with female clinicians. The feedback indicated a requirement for more lunchtime appointments.</p>
<p data-bbox="203 649 887 679">What actions were taken to address the priority?</p> <p data-bbox="203 686 2007 791">Following discussions with the PPG, the practice expanded its booking of the services of a locum female ANP from one session per week to 4 sessions per week. One of these sessions was booked 12-3. There are plans to increase the ANP sessions to 7 sessions per week from May 2015.</p>
<p data-bbox="203 1023 1312 1053">Result of actions and impact on patients and carers (including how publicised):</p> <p data-bbox="203 1059 2042 1200">The increased number of sessions was publicised via the website and over the telephone by receptionists when receiving booking requests. Feedback received from clinicians, receptionists and from the PPG indicates that the extra sessions were appreciated. The recent GP patient survey pointed to an increase in satisfaction from patients over accessing appointments when compared to the GP survey scores of nearby practices.</p>

Priority area 2

Description of priority area:

A common complaint is the amount of time that patients have to wait in reception to see a GP. This matter has been discussed at PPG meetings and continues to be identified as an issue by surveys. Patients seem unaware that appointments are scheduled to last 10 minutes and that raising multiple issues at consultations leads to GPs over running.

What actions were taken to address the priority?

Information relating to appointment length was publicised in the surgery and on the website. Patients were requested via notices in the practice to raise what they felt was their most important complaint and to book additional appointments for any additional complaints. The practice built in more breaks for clinicians to help them keep more to time. The appointments that were booked 14 days in advance tended to be longer appointments. These were rescheduled towards the end of clinical sessions.

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

Not enough time has elapsed to ascertain how these measures have impacted upon the problem.

Priority area 3

Description of priority area:

Patients complain of prescriptions not being ready on time (for patients and pharmacies) and of errors on prescriptions. The practice receives @ 900 requests for repeat prescriptions per week, Monday being the busiest day. Receptionists have difficulty tracking down prescriptions that have gone missing and of securing a GP signature on urgent prescriptions.

What actions were taken to address the priority?

The practice has undertaken to utilise electronic prescribing from May 2015. The practice has also put forward a successful bid to secure the services of a pharmacist to work 1 session per week to deal with repeat prescriptions. Electronic prescribing will make the whole process more efficient in that it will prevent paper prescriptions from going astray and will mean that the whole process from the patient ordering on line to the prescription being received in the pharmacy will be carried out electronically.

The services of the 1 session of pharmacist time will take pressure off the GPs and will result in a person being able to focus on this task rather than it being one of a number of tasks that a clinician has to undertake. The thinking is that there should be fewer mistakes, greater consistency of approach and a more patient focussed service as the pharmacist will lead this area.

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

This initiative has been put in place during 2014/15 but its benefits will come to fruition during 2015/16

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):

Last year's action plan called for an increase in acute appointments particularly during the late night. We provided an additional ANP session for the late night which has been well received. There was a demand for appointments to be able to be booked online. The practice has provided for appointments from each clinical session to be booked on line, both face to face and over the telephone. Analysed demand indicated the need for more on the day appointments to be made available. The practice increased the proportion of same day appointments by reducing the amount of advance booking appointments.

The practice has installed a crowd control barrier system to afford more privacy to patients at the reception desk.

The practice has now changed pathology laboratories to enable blood to be collected twice a day rather than in the morning only. This has led to wider choice of appointment times to be offered for phlebotomy.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 23/3/15

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 has undertaken its own survey where individuals are asked for feedback regarding its services, the website publicises the PPG meetings and the friends and family test has received a good response. The meetings between the PPG and the practice have discussed the results of the practice survey, the GP patient survey and the friends and family test. We have also discussed complaints received by the practice and points raised during the CQC inspection. Two of us attended the CQC inspection and had an informative discussion with the CQC inspector. Patient access to appointments, the lack of female clinician appointments and waiting times in reception are regular subjects for discussion between the PPG and the practice. We recognise that there is pressure on GP time and that initiatives such the utilisation of a pharmacist to take tasks away from GPs and the move towards electronic prescribing are both efficient from the surgery's viewpoint and enhance the patient experience. We have had positive feedback concerning the service provided by the ANP but it is early days regarding the initiatives relating to reducing waiting times and improving prescribing.