

**Devon, Cornwall and Isles of Scilly Area Team  
2014/15 Patient Participation Enhanced Service – Reporting Template**

**Practice Name:** The Blackdown Practice

**Practice Code:** L83044

**Signed on behalf of practice:** *Stuart Murray*  
Stuart Murray – GP Partner

Date: 24/3/15

**Signed on behalf of PPG:** *Karen Button*  
Karen Button – Practice Manager and PPG Chair

Date: 23/3/15

*Roger Lambert*  
Roger Lambert – Patient and Blackdown’s representative on the Mid Devon PPG Date: 24/3/15

*[Original signatures held in hard copy in the practice]*

**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 via meetings or on a one-to-one basis, ad hoc e-mails/telephone calls to members, information available via the website, letters sent to members, practice newsletters, parish council meetings and displays in the surgery.

Unfortunately, this year, the Practice has been unable to maintain the NHS net distribution list due to the number of patients in the virtual group and failure to merge this with the EMIS web clinical system.

It was agreed at the March 2015 PPG meeting that until the e-mail distribution could be merged with the EMIS web clinical system that the main methods of communication would be by posting information on the website, displays in the surgery and letters to members.

**Number of members of PPG: 115**

**Detail the gender mix of practice population and PPG:**

%	Male	Female
Practice	50.2%	49.8%
PRG	47.8%	52.2%

**Detail of age mix of practice population and PPG:**

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	15.9%	6.8%	7.9%	10.1%	15.9%	14.9%	15.9%	12.6%
PRG	0%	0%	9.6%	6.9%	13.9%	17.4%	33.9%	18.3%

**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	80.3%	0.1%	0	1%	0%	0.1%	0.1%	0.1%
PRG	95.7%	0%	0%	1.7%	0%	0.9%	0.9%	0.9%

%	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	0.1%	0%	0.1%	0%	0.3%	0.1%	0.1%	0.1%	0%	0.1%
PRG	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

For practice population - 330 patients recorded on the system as 'ethnic category not stated or patient refused' and 968 patients recorded on clinical system as 'having no ethnicity recorded'.

**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:**

The PPG appears to be well matched against the practice population in terms of gender.

In terms of age, the group is unrepresented in the 17-24 years of age category. This was discussed at the patient group in March 2015. There was mixed opinion as to whether there should be active engagement of patients of secondary school age. On balance it was felt to be beneficial to educate the 'adults of the future' about the NHS and the responsible use of resources. It was also felt to be important to obtain their views on the services provided for younger people e.g. mental health services. However it was also considered unlikely that school age children would wish to participate in the PPG, neither was it necessarily appropriate for them to do so. It was agreed that, rather than encourage group membership in the age range 13-21yrs, engagement through schools and youth groups may be more appropriate and beneficial and this could be something that could be progressed by the practice through local schools.

The ethnicity of our patient group is not recorded over and above the routine recording of ethnic origin but the data suggests that the PPG is not fully representative of ethnic groups registered with the Practice. However, it was not considered appropriate to take an approach that would involve contacting a small number of individual patients to make the group more representative of the overall ethnic background of the practice population. The practice and PPG considers that every registered patient is a member of the Practice's Patient Group. Anyone should feel as though they can comment on the way the Practice currently operates and be involved in proposed changes to the way the Practice provides and develops its services.

**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

## 2. Review of patient feedback

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

- Annual complaints summary
- NHS patient survey summary

Particularly favourable areas included:

- 95% of respondents find it easy to get through to this surgery by phone [Local (CCG) average: 84%]
- 95% of respondents would recommend this surgery to someone new to the area [Local (CCG) average: 85%]
- 91% of respondents with a preferred GP usually get to see or speak to that GP [Local (CCG) average: 71%]

Areas for further consideration:

- 64% of respondents usually wait 15 minutes or less after their appointment time to be seen [Local (CCG) average: 71%]. It was felt that an important area to consider was where patients were waiting more than 15mins after their appointment time to be seen.
- 76% of respondents are satisfied with the surgery's opening hours [Local (CCG) average: 79%]. This is difficult because a number of patients have expressed a wish for the surgery to cover its own out of hours and also the branch surgeries, in particular Dunkeswell, are open for fewer hours than the main site.
- 92% of respondents say the last nurse they saw or spoke to was good at explaining tests and treatments [Local (CCG) average: 92%]. Considered that 92% represented quite a high level of satisfaction.
- Dispensary services audit

### How frequently were these reviewed with the PRG?

Some data e.g. friends and family test published monthly, complaints and results of audit has been reported and reviewed annually. It was agreed that the group should meet every 6 months, with every 3 months being considered too frequent. That it had been logistically difficult to meet due to staff changes within the practice had been noted and it was important to make best use of the website to disseminate information.

### 3. Action plan priority areas and implementation

Priority area 1
<p><b>Description of priority area:</b></p> <p>Improve the appearance of, and information in, the waiting areas within the surgeries. Reduce the amount of 'instructions/directions' on entry and reduce the clutter on the notice boards and in the reception area to allow more space for health promotion, public health and clinical condition information to be displayed. Improve the information regarding carers' checks and use more themed notice boards where there is space to do so.</p> <p>Improve the feeling of Churchinford lobby and waiting room making it brighter/less gloomy.</p>
<p><b>What actions were taken to address the priority?</b></p> <ul style="list-style-type: none"><li>• Have displayed themed notice boards, predominantly in Hemyock, as there is more space. Moved the leaflets to a more private area at Churchinford.</li><li>• Have rationalised some of the information on entrance to the buildings, reducing duplication and limited the number of 'instructions' and reduced the amount 'stuck' to the windows.</li><li>• Carers' check information has been reduced and simplified as there was just too much information on display; it was overwhelming and lacked a summary.</li><li>• Churchinford entrance lobby and waiting area has been decorated and the nurse/HCA room refurbished.</li><li>• Improved signage for respecting the distance of the patient in front at the reception desk at all three sites.</li></ul>
<p><b>Result of actions and impact on patients and carers (including how publicised):</b></p> <ul style="list-style-type: none"><li>• A de-cluttered, more professional appearance to the entrance of the buildings and also reducing the amount of paper 'flapping' around the reception desk – not publicised as self-evident.</li><li>• Patient feedback about Churchinford waiting area has been positive (but the flooring still needs to be addressed) – not publicised as self-evident.</li><li>• The number of carer's health and well-being checks has doubled and positive actions for carers have been progressed as a result of the checks with additional sign-posting and support. This will be included in the end of year carers report submitted to the Westbank League of Friends.</li></ul>

## Priority area 2

### **Description of priority area:**

Reduce the number of patients who find themselves unable to check in on time due to waiting in the queue at the reception desk (and therefore appear late for their appointment when they are in fact not not).

Reduce the number of patients in the reception queue, reducing the number of patients surrounding the individual having a conversation at the reception desk thereby improving patient confidentiality.

### **What actions were taken to address the priority?**

It was initially decided that check-in screens would be introduced to the Dunkeswell and Hemyock sites. It was felt that Churchinford should be considered at a later date.

Dunkeswell was chosen because the reception lobby is often very busy and is where the majority of comments are made about being unable to check-in on time if someone is being served at the hatch with a dispensary query.

Hemyock was chosen because there is a planned reorganisation of the reception area and this is the area of the practice where the most comments are received regarding confidentiality. However, the Hemyock reception re-organisation has been delayed as the practice is awaiting the outcome of the application for an improvement grant.

A check-in screen was installed at Churchinford reception as part of the re-decoration. This was because staff were struggling with the volume of work in reception, admin and dispensary at the site due to changes in their responsibilities. It was hoped that check-in screens would allow patients to check-in and sit down without having to wait at reception and also meant that the staff covering reception may be able to answer the telephone faster and the staff member dispensing can concentrate on dispensing.

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

There has been a truly mixed response from patients (and doctors).

It may have been better if the practice had explained in full why they were being introduced. It is not the fact that the practice wants reception to become faceless/unavailable, far from it. However, patients are upset if they cannot check in on time, if they cannot get through on the telephone or if their prescription is not ready. Check-in screens are a way of helping to manage these issues.

Those present at the March patient group meeting fed back that the check-in screens were easy to use and, unlike some systems, did not display the patient's name which was felt to be positive in terms of maintaining confidentiality at check-in.

### Priority area 3

**Description of priority area:**

Improve the confidentiality of Hemyock reception area.

This has been a long standing issue for the practice and its patients since the last re-organisation of the reception area in 2005.

On one hand the reception area is open and welcoming, on the other it is too open and the patient has to talk to the receptionist within the waiting area.

**What actions were taken to address the priority?**

Plans have been drawn up and taken to the patient group and amended (in March 2014). Since then plans have been redrafted and patients were invited to meetings to comment on the plans, they were taken to the Parish Council meeting for discussion and also the revised plans have been displayed in the waiting area, with comments invited.

The plans are now subject to an application for an improvement grant (submitted February 2015) as it now includes plans for wider improvements to the practice. These include improving the disabled access to other areas of the building by moving administration staff and making these rooms available for clinicians.

The practice is still awaiting the result of this application.

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

As we are awaiting the result of the application for an improvement grant, there has been a delay in progressing this area of work. However, considering the introduction of check-in screens, the practice needs to ensure that patients understand why the changes are being made and what improvements should be seen.

The practice are very clear that there should be a receptionist available, and on view, when a patient comes through the door and into the practice. This may not be the case with the current arrangement because the receptionist often has to move to the back office to undertake administrative duties.

The receptionist on the front desk must be able to answer the telephone (to ensure our good telephone access is maintained) and undertake administrative tasks in a confidential manner.

The main concern is regarding the glass screen. Patients must be able to hear what the reception says without overhearing telephone calls in the main reception area.

## **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):

Some of the actions from last year were agreed in March 2014 to progress in 14/15 (to ensure that we had a full year to progress), see above priorities 1-3.

- Use the leaflet developed by the carer's admin lead in the practice to signpost carers appropriately - achieved.
- Use of "themed" notice boards – achieved at Hemyock (as there is more space), the notice boards at the two sites have been de-cluttered.
- Update (modernise) the Practice website – not achieved as individual progressing this left the practice and we are waiting to finalise a logo.
- Review the patient pack – agreed A4 to include practice policies but to make it more 'foldable' – achieved.
- Consider the use of fridge magnets/plastic business cards to publicise the Practice telephone numbers, hours of opening and the out of hours number – not achieved, will now progress to include 111.
- Newsletter article and information on the website regarding telephone consultations and how the appointment system works - achieved
- Display screen – intended as part of re-organisation of Hemyock reception, then consider installation at branch surgeries – not achieved as re-organisation delayed.
- Use of Parish magazines – was suggested as another method of communicating. It was agreed that this would be used for topical issues e.g. 111 service, care.data, flu vaccinations – some progress with article written for care.data but this resource could be used much more.

## **Priorities for 2015/2016**

- Action re-organisation of Hemyock Reception.
- Ensure that if unable to develop a suitably accurate e-mail distribution list that PPG members are directed to the website and use other methods of keeping patients up to date e.g. Parish Magazines.
- Agree a logo and 'revamp' the practice website.

#### 4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: Discussed at meeting 18 March 2015, agreed with amendments made from discussion.

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?