**Arden, Herefordshire and Worcestershire Area Team**

**Patient Participation Enhanced Service 2014/15 – Reporting Template**

Practice Name: Barbourne Health Centre

Practice Code: M81049

Signed on behalf of practice: Lisa Louvaine, Assistant Manager Date: 23/03/2015

Signed on behalf of PPG: Jenny Lockwood - Chairperson Date: 24/03/2015

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

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| Does the Practice have a PPG? **YES**  |
| Method of engagement with PPG*:****Face to face, Email, Other (please specify) i)Face to Face – meeting every 3 months, and ii)Regular email correspondence with the Chairperson*** |
| Number of members of PPG: **8**  |
| Detail the gender mix of practice population and PPG:

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| --- | --- | --- |
| % | Male  | Female  |
| Practice | 50.4% | 49.6% |
| PPG | 37.5% | 62.5% |

 | Detail of age mix of practice population and PPG:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 |
| Practice | 18.9% | 7.6% | 13.6% | 14.6% | 15% | 11.7% | 10.2% | 8.5% |
| PPG |  |  |  |  |  | 12.5% | 37.5% | 50% |

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| Detail the ethnic background of your practice population and PPG: Only 51.20% of BHC patients have identified an ethnicity, the results below are based on this percentage.

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|  | White | Mixed/ multiple ethnic groups |
|  | British | Irish | Gypsy or Irish traveller | Other white | White &black Caribbean | White &black African | White &Asian | Other mixed |
| Practice  | 23% | 0.28% | 0.12% | 3.04% | 0.10% | 0.8% | 0.16% | 1.52% |
| PPG | 87.5% |  |  | 12.5% |  |  |  |  |

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|  | Asian/Asian British | Black/African/Caribbean/Black British | Other |
|  | Indian | Pakistani | Bangladeshi | Chinese | Other Asian | African | Caribbean | Other Black | Arab | Any other |
| Practice | 0.52% | 0.72% | 0.30% | 0.28% | 0.28% | 0.12% | 0.04% | 0.24% | 0.002% | 68.48% |
| PPG |  |  |  |  |  |  |  |  |  |  |

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| 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:*BHC has developed its website to ensure that the PPG has a section of its own to draw attention to its existence. We also highlight the importance of the PPG on our Patients’ Newsletter, which is issued on the website every three months, and copies are circulated in all reception areas in the building. To target a younger audience we set up, autumn 2014, a Barbourne Health Centre Facebook Page and Twitter account, whereby we promote topical health issues and concerns and ask for PPG representatives. Unfortunately, to date, we have not had any younger patients join the PPG. We have posters in the reception areas asking any patients, particularly parents of younger children and patients from ethnic minority backgrounds to join the PPG.* *There does seem to be a real problem with getting younger patients involved with the PPG – and the current PPG feel that this could be an issue linked to day time meetings (which are at present held in the afternoons) – younger patients at work or have child-care commitments. We could consider evening meetings and will discuss this at the next quarterly PPG meeting .* |
| 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:  *There are no significant numbers of specific groups. Although Worcester does have a thriving university the student population do not tend to register with BHC as it is a little too far from campus; the students tend to register with either a St John’s based surgery or a city centre one.*  |

1. **Review of patient feedback**

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| Outline the sources of feedback that were reviewed during the year:*BHC hold a Treatment Room Survey every three months to provide feedback on nursing appointments regarding issues such as confidentiality and waiting times and professionalism of the staff. A very detailed GP survey is held every six months and the spreadsheet and analysis of this is put on the surgery website. We gain feedback from the monthly Friends and Family Test results, and this is also published on our website and the appropriate links. We have a suggestion box in reception in which patients are encouraged to submit any suggestions that they may have. We discuss any complaints at clinical and staff meetings and take action to rectify any failings imediately. We then review these complaints three months later to ensure that the failings have been permanently addressed. We take action on any feedback that we receive from all of these sources.*  |
| How frequently were these reviewed with the PPG?*The PPG are provided with the results of the surveys at the quarterly PPG meetings, and any issues are discussed there. The minutes of the PPG meetings are put on the surgery website. If there is an urgent issue then the Chairperson of the PPG emails Lisa Louvaine, Assistant Manager.*  |

1. **Action plan priority areas and implementation**

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| Priority area 1 |
| Description of priority area:*Telephones: A major criticism of patients was that they could not get through to the surgery very easily on the telephone, as there was often a long wait to speak to a receptionist, particularly between the hours of 8am and 11am.* |
| What actions were taken to address the priority?*BHC has put in an automated phone system, which allows patients to book appointments 24 hours a day, 7 days a week. We have changed the number of pre-bookable appointments for clinicians to 50%. The new phone system is in its infancy but is expected to be fully utilised over the next month, with the ANP appointments also being available via this system.* |
| Result of actions and impact on patients and carers (including how publicised):*We have publicised this new system on the surgery website, in the patient newsletter, via Facebook and via MJOG messages to all patients with a mobile phone. Many patients are already effectively using the new phone system. Some patients have found a few problems with access – e.g. not having registered their new phone number with the surgery, which means that their appointment cannot be made via the automated phone system. To overcome this, the admin team are sending out letters to all patients that do not have a current landline or mobile phone number registered on their patient details, and are providing a form and SAE, to enable patients to update their details and return the form to us. This will also improve our MJOG service to patients.* |

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| Priority area 2 |
| Description of priority area:*Lack of availability of ‘on the day’ GP appointments.* |
| What actions were taken to address the priority?*BHC has recently employed three Advanced Nurse Practitioners who will be available for ‘on the day’ appointments. From 6.30pm the evening before, 50% of their appointments for the following day will be released for the automated phone service booking system. This will then allow patients to plan their following day accordingly, and also relieve the pressure on the phones so that other patients will experience a faster service.* |
| Result of actions and impact on patients and carers (including how publicised):*Again, this service is also in its infancy but feedback from patients so far suggests that this is a very popular service. Many patients are phoning up and specifically asking for an appointment with an ANP. The pressure for ‘on the day’ appointments has been greatly relieved. We have also discussed with the PPG a future plan – possibly June 2015 – of holding ‘sit and wait’ AM surgeries with the ANPs and the PPG feel that this is an idea worth pursuing. We will trial it in the next few months.* |

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| Priority area 3 |
| Description of priority area:*Referral waiting times* |
| What actions were taken to address the priority?*This is an issue that BHC cannot resolve, as it is an out of surgery problem. However, BHC has put a notice on its website under ‘Referrals’ explaining the government guidelines for waiting times for referrals, and will also include this item in its next patient newsletter.* |
| Result of actions and impact on patients and carers (including how publicised):*Publicised on the surgery website and the result of this action is that patients have been enlightened and informed of waiting times, thus relieving anxiety of patients.* |

**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 current Patient Participation Group was instigated 18 months ago. Since July 2015 they have met every three months at the surgery, and occasionally held an extra-ordinary meeting to discuss issues that have arisen in between the quarterly meetings. The current PPG are very pro-active and have produced Terms of Reference which have been put on the surgery website. They bring to the meetings issues that have been raised by patients and also discuss the results of surveys, etc, that have been held by the surgery, for example, the Friends and Family Test and other in-house surveys. The PPG and the surgery staff have developed an excellent working relationship and are working together to move the surgery forward and help it overcome any issues that it may have. BHC representatives seek the views and advice of its PPG, valuing greatly its input into the running of the surgery and any changes it may be thinking of instigating.

A major issue last year was the proposed changes of salaried GPs within the surgery. The PPG and BHC representatives (both managerial and clinical) have discussed at length the reasons for the changes and the PPG are fully supportive of the surgery re its future vision.

BHC feel that is has made good progress re: i)accessing appointments via telephone; ii)availability of ‘on the day’ clinical appointments; and iii)structuring a strong clinical team for the future. We have also, at the suggestion of the PPG during the last twelve months, encouraged links with a variety of support groups and they have provided us with a range of materials for display, and some are also coming into the surgery and setting up a display table with volunteers available to discuss any concerns that patients may have.

1. **PPG Sign Off**

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| Report signed off by PPG: **YES**  *(Verbally in meeting on 4th March 2015 and via email 24th March 2015)*Date of sign off: 24th March 2015Has the report been published on the practice website? **YES**  |
| How has the practice engaged with the PPG: **The following list has all been addressed in this report.** How has the practice made efforts to engage with seldom heard groups in the practice population? **Yes** - **outlined in report.**Has the practice received patient and carer feedback from a variety of sources? **Yes – outlined in report.** Was the PPG involved in the agreement of priority areas and the resulting action plan? **Yes – outlined in report.**How has the service offered to patients and carers improved as a result of the implementation of the action plan? **Yes – outlined in report.**Do you have any other comments about the PPG or practice in relation to this area of work:‘**After a slow start the PPG has made steady progress throughout the period. The group works well together and liaison with the practice is flourishing. Changes within the practice have been discussed and some concerns expressed about the impact of change upon the patient group. However we feel that the practice is sensitive to the issues and is working closely with the PPG and the patient group as a whole to ensure smooth transitions.’****Jenny Lockwood****Chairperson****Barbourne Health Centre PPG** |

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.