

Standard Reporting Template

NHS England (Wessex)
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Sunnyside Medical Centre (Dr A R Tollast & Partners)

Practice Code: J 82090

Signed on behalf of practice: Paul Cox

Date: 19th February 2015

Signed on behalf of PPG: PPG Group (virtual)

Date: 16th February 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, Email, Other (please specify) – Email only
Number of members of PPG: 220

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	50.2%	49.8%
PRG	36.4%	63.6%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	20.1	10.4	17.6	15.4	14.8	9.5	6.9	5.1
PRG	0	6.4	25.5	21.4	20.5	12.7	9.09	4.4

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	57.2%	0.2%	0%	35.1%	0.1%	0.1%	0.1%	0.5%
PRG	92.7%	0%	0%	1.8%	0.5%	0%	0.5%	0%

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	0.7%	0.1%	1.0%	0.6%	0.5%	1.5%	0.1%	0.3%	0%	1.9%
PRG	1.6%	0.5%	0.9%	0%	0.5%	1%	0%	0%	0%	0%

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:

Apart from requests to join our PPG at any time during the year PPG members were mainly recruited during weekend flu clinics and opportunistically during normal surgery hours. This allowed us to target patients from minority groups. However it was still noticeable how reluctant non-white British patients were to take part in any group even when it was made clear that contact would be done via email and that the overall time involvement would always be kept to a minimum.

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:

Each year we conduct an online patient survey. Patients who have nominated to be PPG members are invited by email to complete the survey. A further reminder to take part in the survey is sent out approximately 2 weeks after the initial invitation is sent. A report is constructed from the feedback, and then emailed back to PPG members for any feedback or comments. The partners review the final report before it is published on our website.

The implementation of our FFT system, since November 2014, has also provided the opportunity to review further general patient feedback. In addition to the 2 mandatory questions reportable to NHS England, our FFT system includes 4 additional questions, the responses to which we monitor regularly and use to inform our judgements from the main PPG survey. The additional questions currently available via FFT are:

1. How would you describe your experience of making an appointment?
2. How good are we at listening to you?
3. How good are we at explaining your care and treatment?
4. How good are we at involving you in decisions about your care?

How frequently were these reviewed with the PRG? PPG report was reviewed annually, and FFT data is published monthly in the surgery.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Redesign our duty team area (walk-in service) to enhance patient confidentiality, to maximise staff efficiency and to help minimise waiting times and reduce clinical risks.

What actions were taken to address the priority?

Designs were drawn up to knock down a wall between a little-used consulting room and the existing duty area (walk-in clinic), which would provide significant extra space to improve our urgent care services. Additional computers and telephones were also installed allowing our HCSW to better coordinate and manage the flow of patients to our clinicians, ensuring that any pre-checks (such as BP) are completed quickly and effectively. The entire area was redecorated in a brighter colour, and children's artwork was added to improve the overall ambience of the area. Patient confidentiality was improved by better use of curtains for screening. The overall cost of this development was approximately £6000 and the work was completed in November 2014. During the year an additional HCSW was recruited to supplement the team and provide additional support to the duty team.

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

Our duty team is very popular and can be attended by 60 or more patients in a single session (am or pm), so no direct publicity was needed. The staff have provided very positive feedback about the changes we have made and patients and carers have

voiced similar plaudits to our staff. Overall concerns about patient confidentiality have reduced as shown in the results of our latest patient survey.

Priority area 2

Description of priority area: There was concern that the development of a large Tesco immediately adjacent to our surgery would create lots of disruption, potentially affect patient privacy, and also cause further loss of limited parking opportunities. All of these areas have been mentioned as problems by our patients.

What actions were taken to address the priority? The surgery worked closely with both the landlord and the council to ensure our opinions, requests and the concerns of the patients were properly considered during the planning processes. The surgery was represented (by proxy) at the key planning meetings.

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

The developers have agreed to provide hedgerows and planted screening to the side of the building adjacent to the new development. Although the surgery and landlord objected to the provision of a new roundabout close to the surgery, this was overruled. Since then it is anticipated that this will cause less concern than originally envisaged. Whilst there is provision for 16 car parking spaces immediately outside the surgery, and further unlimited free parking on the other side of the road, patients have been concerned that the development might attract others to abuse the limited parking spaces. However, it appears that substantial covered parking areas will be developed for the new supermarket and this is unlikely to impact on existing provision, in fact it may well enhance the provision with greater options and flexibility.

Priority area 3

Description of priority area: Some patients have expressed concern about the attitude and quality of customer service given by our reception team. Despite best endeavours our reception team have found that appointment demands have increased and patient frustration has often increased, leading to some challenging patient engagements. In addition, frequent technical problems and outage of our clinical system have caused some problems when trying to provide timely appointment and prescription information to patients.

What actions were taken to address the priority?

As always, matters raised about the quality of services were discussed immediately with the staff involved, or at the next reception team meeting. A customer service training session is being schedule for all the reception team in 2015. At each staff performance appraisal (conducted in January and February 2015) staff were assessed and reminded of our high service expectations.

The partnership has now agreed to change clinical systems to improve system performance and reliability. This is a major project for 2015. A go-live date of 4th June has been set and planning has commenced to ensure minimal patient disruption.

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

Although the number of in year complaints has increased, most recently the level of complaints has stabilised. Publicity about the clinical system changeover is expected to commence in March 2015.

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):

1. Further rollout of online appointments and repeat prescriptions has been completed.
2. EPS2 has been successfully implemented, improving our prescription services to patients. Although there have been some teething troubles, we fully expect to make best use of this system in the years ahead.
3. General levels of IT awareness have been improved. An IT projects assistant has been appointed specifically to enhance our ongoing use of IT systems with an initial objective of managing and coordinating the successful implementation of our new clinical system in the summer of 2015.
4. Removed the restriction on 48 hour appointments freeing up more appointments to be available on a first come foirst served basis. It is simplifies appointment allocation for reception staff.
5. A numbering system was introduced for our walk in clinic so that expectations for patient waiting times would be better managed.
6. A new nurse and HCSW were recruited, providing an overall increase in nursing hours available to patients.
7. Our website was redeveloped to match latest version browsers and to provide better editing capabilities.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 16th February 2015

How has the practice engaged with the PPG: *Through an online survey.*

How has the practice made efforts to engage with seldom heard groups in the practice population? *Best efforts have been made to receive feedback from younger patients and those from ethnic minorities.*

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

Was the PPG involved in the agreement of priority areas and the resulting action plan? *Yes. Our own report of the outcomes of our survey was emailed to all PPG members and any comments from the PPG have been incorporated into the final version which has been posted on our website. Please see the attached copy of the report of progress to date (February 2015)*

How has the service offered to patients and carers improved as a result of the implementation of the action plan? *Complete re-design of the duty area – compliments received. General Improvements in nurse and HCSW availability.*

Do you have any other comments about the PPG or practice in relation to this area of work? *No*