

Standard Reporting Template

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

Practice Name: South Molton Health Centre

Practice Code: L83137

Signed on behalf of practice: Melanie Cullen Date: 20 March 2015

Signed on behalf of PPG: Ann Wilson Date: 23 March 2015

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

Does the Practice have a PPG? <i>YES known as P3</i>											
Method of engagement with PPG: <i>Bi monthly Face to face meetings, Email information sharing and consultation,</i>											
Number of members of PPG: 27											
Detail the gender mix of practice population and PPG:				Detail of age mix of practice population and PPG:							
%	Male	Female									
Practice	49%	51%	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
PRG	26%	74%	Practice	19%	8%	9%	10%	14%	14%	13%	11%
			PRG				11%	7%	19%	22%	41%

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	98%	<1		<1		<1		<1
PRG	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		<1	<1	<1	<1	<1	<1		<1
PRG										

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:

We engage with the local school to listen to what pupils have to say about GP services and we plan to visit again in May/June 2015. We advertise our patient group in the practice foyer and on the website. We take flyers with us if we are attending events on behalf of the practice.

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? YES

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 at the Bi-monthly meetings, Feedback given to CQC Inspectors when they visited. We record all 'informal' complaints, i.e. comments made to reception staff or clinicians and we monitor trends at our quality group bi-monthly. We record all Friends and Family feedback and share with P3

How frequently were these reviewed with the PRG?

Bi-monthly

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p><i>Telephones. Patients wanted the phones to be open over lunchtime. They also did not like having to ring back several times if the lines were engaged.</i></p>
<p>What actions were taken to address the priority?</p> <p><i>Staff hours were adjusted slightly to enable staff to be available to answer the phone over lunchtime. Lines in are restricted so that there are not more lines than people to answer them. If a patient phones and the line is engaged then they receive a holding message.</i></p>
<p>Result of actions and impact on patients and carers (including how publicised): <i>P3 were pleased with the actions.</i></p>

Priority area 2

Description of priority area:

Improvement to Patient Notice Boards

What actions were taken to address the priority?

A new notice board was purchased and put up in the foyer purely for the P3 group and wider patient engagement information. A new Health Promotion Board was purchased and put up in the waiting room. The nursing team update the health promotion board with a different theme every month.

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

P3 gave very positive feedback on the new boards and other patients have also commented favourably on the boards.

Priority area 3

Description of priority area:

Recruitment of new members to P3. There are 27 people on the distribution list but we rarely have more than 5 at a meeting. We would like to encourage a wider range of people to join.

What actions were taken to address the priority?

Practice staff and P3 members attended a health fair in the town entitled Aging Well in October 2014 and handed out flyers advertising the group and encouraging people to join. Unfortunately only one person completed a form.

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

This remains a priority and steps will be taken to engage with young people again in May/June 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. Telephone System, we now have better cover for the phones but the introduction of a touchscreen for patients to check in has been delayed due to impending change of clinical system.***
- 2. Appointments. There is a very flexible appointment system which enables patients to book ahead for appointments with their own doctor, some same day appointments are available with their own doctor but most same day appointments are with the duty doctor***
- 3. Waiting Times, waiting times for the duty doctor are still long on occasions but this is unavoidable because of the nature of the work. Patient information informing people about the appointment system and the duty doctor system have been made available on the chairs in the waiting room.***

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 23 March 2015

How has the practice engaged with the PPG?

- *The practice holds regular bi monthly P3 meetings, attended by the Practice Manager, the Assistant Practice Manager and a GP. GPs “rotate” attendance so that all have direct input and feedback throughout the year. The chairman, elected by the P3, is the Practice Manager. P3 members are always invited to contribute to each meeting’s Agenda. In between meetings there is regular email communication from the Practice which includes shared information from other local and national initiatives.*

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

- *Seldom heard groups seem to centre on the younger members of the community. Meeting times have been varied in an attempt to attract young mothers and those in daily employment.*

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

- *Yes see below:*
 - *“Friends and Family” information*
 - *Suggestions and comments via the website*
 - *via conversations with staff who manned our market stand*
 - *from approaches and concerns raised with desk reception staff*
 - *from the CQC’s inspection report (inspectors interviewed patients)*
 - *via telephone access to the practice’s staff and GPs.*

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

- *Our action plan centres on specific concerns raised, and actions agreed, at each P3 meeting. In effect it is a rolling, dynamic plan that reflects the discussions at every meeting held.*

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

- *This is under constant review. An example is the telephone system. The telephone triage system proved unpopular and as a result was abandoned. Staffing rotas were adjusted to keep the telephone lines open during lunch time.*

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

- *As confirmed in the recent CQC inspection report, the P3 is content with the practice's commitment to the group. Input is always considered seriously and, wherever possible, adjustments made to meet patients' needs. A caring and well managed practice.*