

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

Practice Name: [Horndean Surgery](#)

Practice Code: [J82640](#)

Signed on behalf of practice: [Mrs J Smees](#)

Date: [1.03.2015](#)

Signed on behalf of PPG: [Mr Derek Chard](#)

Date: [23.03.2015](#)

[See end of report](#)

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 and Email. Also have a PRG which we communicate via email.											
Number of members of PPG: 14 PGG 85											
Detail the gender mix of practice population and PPG and PRG:					Detail of age mix of practice population and PPG and PRG						
%	Male	Female									
Practice	2385	2422	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
PRG	38	62	Practice	860	440	468	615	781	680	551	412
			PRG	0	4	6	16	24	23	24	3

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	4767	4			3			
PRG	99	1			1			

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	27	5	1							
PRG	3									

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:

Information regarding the PPG and PRG is advertised in the practice, on the website, message added to repeat prescription slips and word of mouth [PPG members and GPs and staff encouraged to invite new members].

Information relating to the PPG and PRG has also been a feature of the practice newsletter.

Information regarding the PPG and PRG are also included in the practice leaflet which is given to all new patients when registering with 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?

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:

Patient Complaints
General Practice survey results
FFT
Feedback from PPG members
Feedback via NHS Choices

How frequently were these reviewed with the PPG?

Concerns and complaints are addressed at each meeting which are held bi-monthly. Results of the patient survey are reviewed annually. Feedback from the FFT will be added to the agenda at each meeting from January 2015

2. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Appointments – difficulty making routine appointments.

Although 'On the day and emergency access' was very positive, feedback from all sources indicated that routine appointment availability was a problem at Horndean. Locally and nationally appointment demand has increased considerably and Horndean Surgery needed to consider how it could make improvements and increase its clinical availability and consider the changes occurring to the local infrastructure which could also affect appointment demand.

What actions were taken to address the priority?

Initially the partners, nursing team and practice manager meet in July to discuss staff concerns regarding the ability to book routine appointments and several negative comments added to NHS choices, regarding their appointment availability. It was also felt that due to the local changes to housing within Horndean the practice was only going to see a constant increase in patient numbers which was also going to have an impact on appointment availability. This meeting produced several action points which it felt would help increase the numbers of appointments and ensure future availability. These included:

- 1 Investigate GP retainer idea
- 2 Recruit new nurse to support current triage nurse and implement 2 x nurse led triage clinic.
- 3 Implement nurse lead triage for on the day / emergency access with the support of a duty dr – thus freeing up more GP time for routine pre bookable appointments.

Ongoing meetings have since taken place and the recruitment of a GP retainer and new nurse occurred.

Unfortunately due to staff illness delays in up skilling staff meant a delay in starting new nurse triage system. However the PPG were kept informed throughout the process and posters were on display to reassure patients that the practice was continuing to review its appointment system and would be doing everything possible to reduce the pressure.

Patients were also reminded of the 'On the day access system' and that telephone appointments could also be made. Patients were also asked to inform the practice as soon as possible if they no longer needed their appointment in order to try and free up as many appointment slots as possible to help increase availability.

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

New GP retainer started in September and provided the practice with an extra 2 clinical sessions per week. Information regarding the new GP retainer was displayed and information put onto the website.

New triage nurse was recruited. However following the loss of one of our practice nurses the new triage nurse covered the post until a new treatment room nurse was recruited and trained. Although this meant a delay to the implementation of the nurse triage system it meant the practice was able to continue to provide practice nurse time.

The new nurse triage system for on the day / emergency access was implemented on the 2nd March 2015. It was agreed at the PPG meeting at the end of January that the practice would audit the appointment system 6 – 8 weeks after the implementation of the nurse led triage system in order to assess appointment availability. This will take place in April and all members of the PPG and PRG as well as patients attending the surgery will be invited to complete a patient survey. However the practice regularly reviews its appointment availability and since the implementation has identified that the current waiting time for a routine appointment is now 4-5 days. Prior to its start routine appointments to see any dr was 2-3 weeks.

The PPG will be meeting again on the 31st March to discuss the appointment system and to ascertain their feedback.

Priority area 2

Description of priority area:

Telephone Access – Difficulty getting through.

No formal complaints had been received but the GP patient survey had identified a lower than average percentage rate of patients indicating that they find it easy to get through to the practice on the telephone. Following discussion with the PPG it was felt that on occasion patients may have trouble getting through especially on a Monday morning. One member had been asked to call back on a Monday as new appointments were going to be added to the computer. It was also noted that a couple of members of the PPG had been asked to call back when new appointments had been added to the system.

During a staff meeting it was also highlighted that some patients are having to call back to make routine appointments or call back to later to be seen via the current on day system.

What actions were taken to address the priority?

- Staff informed not to ask patients to call back on a Monday to make routine appointments.
- It was felt that once the implementation of the new triage system patients would find it much easier to book a routine appointment which would mean that they would not need to call back, thus reducing the number of calls being made. It was agreed that telephone access should be included in the patient access survey that will take place following the implementation of the new triage system.
- Consider change staff rotas to ensure more staff available to answer the telephone at the busiest times i.e. 8am and Monday morning.

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

Following the implementation of the new appointment system staff have been able to offer appointments to patients at their initial request and staff have felt that they have not had to ask patients to call back nearly as much as prior to the new system. The next GP patient survey is not due for sometime so we are unable to see the impact this has had via the national patient survey. However as stated in the actions the practice will include a question about telephone access in the appointment survey that will take place in April

Staff have been consulted re the potential changes to the staff rotas and it was agreed to have an extra person answering the telephones between 8am and 9 am.

Priority area 3

Description of priority area:

Partnership Changes - keeping patients informed

It was now well advertised and documented that Dr Ben Allured will be leaving the practice in April [although continuing to provide locum sessions up to May].

Due to the media and other reports regarding the shortage of GPs it was noted that the PPG group had received some concerns from patients regarding the potential loss of GPs at Horndean. It was also felt that the lack of appointments had caused concerns amongst patients that the practice might have been having trouble recruiting clinicians.

The PPG were fully aware of the partnership changes and have been kept up to date but they felt that more information should be available to patients. The practice agreed that once it had received confirmation from the newly appointed partner it would ensure posters and information was available at the practice and on the website.

The PPG agreed with the practice that an up to date newsletter should also be produced detailing the partnership changes and emailed to the PRG as well advertised in the practice and on the practice website. This could then also give a little more information regarding the changes to the appointment system.

What actions were taken to address the priority?

- Staff kept up to date with partnership changes
- Newsletter created and emailed to all members of the PPG and PRG as well as copies at reception and in the waiting room.
- Posters on display and information added to the website re the new partnership changes

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

It is hoped that the information being made available will reassure patients that the Horndean Surgery will be fully staffed and be able to meet patient demand.

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):

On going review of services discussed with PPG. Action points from previous recommendations reviewed

- **Continue to advertise nursing services via practice posters, websites and newsletters.**
- **Continue to collate patient contact information**
- **Continue to promote online services to raise awareness – Posters in waiting room, information on newsletters and website**
- **Increase of online appointments**

3. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 23.03.2015

How has the practice engaged with the PPG:

Regular meetings with the PPG. PPG fully involved with and supportive of the practices bid to secure new premises. News letter sent to PRG.

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

Staff continue to invite patients to join PPG or PRG via information leaflets and face to face. The practice also encourages members of the PPG who are also actively involved within other community groups within the practice catchment to give feedback and invite them to join the PPG

Information re the PPG and PRG are displayed on the website, messages have been put onto repeat prescription slips and information is on display in the waiting room.

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

Yes. The practice actively invites all members of the practice to feedback using FFT, PPG the PRG and comments and suggestions.

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

Yes it was discussed at PPG meetings.

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

More appointments are currently available and evidence suggests the telephone calls will decrease.

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

No