

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

Practice Name: Ainsdale Medical Centre

Practice Code: N84012

Signed on behalf of practice: Paul Ashby : Practice Manager

Date:31/3/15

Signed on behalf of PPG: David Waugh : Lead Patient Member

Date:31/3/15

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

Does the Practice have a PPG? YES																																					
Method of engagement with PPG: Secure on-line discussion group. First physical meeting scheduled for April 21 st 2015 and thereafter x3 or x4 per year plus existing on-line discussion group.																																					
Number of members of PPG: 17																																					
<p>Detail the gender mix of practice population and PPG:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">%</th> <th style="width: 30%;">Male</th> <th style="width: 30%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>47</td> <td>53</td> </tr> <tr> <td>PRG</td> <td>53</td> <td>47</td> </tr> </tbody> </table>	%	Male	Female	Practice	47	53	PRG	53	47	<p>Detail of age mix of practice population and PPG:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 10%;"><16</th> <th style="width: 10%;">17-24</th> <th style="width: 10%;">25-34</th> <th style="width: 10%;">35-44</th> <th style="width: 10%;">45-54</th> <th style="width: 10%;">55-64</th> <th style="width: 10%;">65-74</th> <th style="width: 10%;">> 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>15</td> <td>8</td> <td>9</td> <td>10</td> <td>15</td> <td>14</td> <td>15</td> <td>14</td> </tr> <tr> <td>PRG</td> <td></td> <td></td> <td></td> <td>6</td> <td>18</td> <td>18</td> <td>53</td> <td>6</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	15	8	9	10	15	14	15	14	PRG				6	18	18	53	6
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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	95							
PRG	100							

All other < 5%

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice										
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 have advertised broadly for new members and have specifically targeted younger age groups. This has largely been unsuccessful but we will renew our efforts when we have staged the first group meeting proper in April,

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/NO

Our main demographic characteristic is a higher than average elderly people >65 (30 % of patients) though we only have approx. 40 patients in residential care.

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:

- Suggestion scheme responses.
- Family and Friends
- PRG on-line discussion
- Healthwatch surveys
- Complaints records
- NHS Choices

How frequently were these reviewed with the PRG? The PRG is a real-time discussion forum which is available to members 24 hours a day.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Access for patients: For many years we have received feedback from patients that access to the first floor via the stairs was impossible for many patients and extremely difficult for a great many others. The only solution to this has been for doctors in upstairs consulting rooms (7 of them) to come downstairs to see such patients. This is disruptive for the doctor and the patient and causes knock-on effects on other clinicians and their patients who have to vacate their downstairs room for the duration of each consultation. We have also received feedback that suggested that some patients would avoid coming to the surgery or request a home visit to avoid the issue of access.

Our overwhelming priority above all other considerations was to find a way of installing a lift and a way of funding the investment.

What actions were taken to address the priority?

We developed a plan to install a lift without reducing our floor space inside the surgery. The plan was also able to incorporate an upgraded and refurbished bathroom facility on the first floor with full disabled access and baby changing facilities. We restructured some of our back office space so that we could also add an additional clinical room on the first floor which, with the benefit of the new lift, was accessible to all patients.

We received notification of funding support via an NHS England Premises Improvement Grant in late November 2014, started work on January 5th 2015 and opened the new facilities on March 26th 2015. We have kept our PPG membership informed of our progress.

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

The initial feedback from our patients after only a few days has been overwhelmingly positive. It is refreshing to be able provide a facility for our patients that provides real and tangible benefits. They like the convenience and they especially like not having to seem like a nuisance for causing the doctor to have to leave their room to see them. The doctors surgeries are no longer delayed by having to accommodate downstairs patients meaning less stares for them and more time for other patient-centred work.

We have publicised the programme of works extensively throughout and now that its finished we have publicised it in the surgery, on our website and via social media.

Although this has taken up a huge proportion of our attention over the last year it certainly feels that it was worth the time and energy to deliver something so substantial.

Priority area 2

Description of priority area:

Our survey of PPG group members in 2014 identified appointment availability and ease of booking a convenient appointment as an area of concern that ought to be prioritised.

This was scoped to include:

- The overall quantity of appointments
- The timing of appointments being released for patients to book
- The ease of getting through to book an appointment when it does get released.

This work was also informed by the outcome of a detailed work study analysis carried out in December with the Primary Care Foundation and funded by the local CCG.

What actions were taken to address the priority?

More pre-bookable appointments have been made available for patients to book on-line. This makes it more convenient for patients who use the on-line services but also reduces the volume of inbound callers first thing in the morning. We now have over 3000 registered users of on-line services.

Changed the phasing/timing of when appointments are released. Previously appointments were either available 3 or 4 weeks ahead of the date of the appointment or held on embargo until the day itself. We have smoothed out the phasing so that a patient has a better chance of being offered an appointment in the near future but not always 'same-day'. This is significantly more convenient for patients who have to agree time off work with their employers.

We recruited a prescribing nurse practitioner who runs a clinic every day. This provides 60 appointment slots per week and helps improve availability of GP appointments by taking some of the excess demand.

We are holding more late evening clinics as part of the Local Quality Contract but we have tried to provide a good mix of

appointments rather than simple GP consultations . Our evening surgeries include HCA led appointments, Prescribing nurse appointments, GP consultations and cervical screening clinics.

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

Its difficult to measure whether we have delivered the benefit in the short term. The stats show more appointments are available in total and the release of these appointments is phased in such a way to provide more choice to patients. More appointments than ever are available on-line.

We have advertised this through our website and through notices placed prominently in the surgery about our on-line services.

Priority area 3

Description of priority area:

General Housekeeping. Our suggestions scheme repeatedly received feedback about smaller matters of practice organisation that can generally be categorised as ‘housekeeping’. We decided to tackle as many of those as possible where the solution was reasonably inexpensive and would be adjudged to provide benefit to the majority of patients using our practice.

What actions were taken to address the priority?

- Changed our Reception staffing policy so there is **always** two receptionists on at our busiest time and at other times the receptionist can discretely call for assistance if a queue builds up.
- Additional hand-gel dispensers in public areas eg adjacent to the touch screen self-check-in.
- Introduced large print versions of some of our more important leaflets eg data sharing guide

- Ensured there are always plenty of pens available for patients to use.
- Added extra information areas in the upstairs waiting room.
- Brightened up the childrens play area in the waiting room.
- Dusk-till-dawn safety lighting on the front path
- Adjusted the letter box basket at the front door to ensure that correspondence delivered while the practice is closed could not be read or removed by someone standing outside the practice building.
- Installed a new external noticeboard by the front door so people visiting the practice out of hours to drop correspondence off will be notified of important surgery announcements.
- Introduced a patient newsletter at Christmas.

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

In addressing smaller issues like this at the same time as we were working on a major refurbishment project we have improved areas which clearly annoy and inconvenience patients enough for them to tell us about them. We mentioned many of these changes in our newsletter but most of them are self-evident to the people who are likely to benefit from them so we didn't publicise them any further than that.

It provides good evidence that we are a listening practice and take action when a patient makes a constructive suggestion to us.

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 group has developed as a consultative forum when we have been considering exactly how to go about implementing contractual changes such as Friends and family and on-line services.

The next and most significant stage of the groups evolution will be when we change form a virtual forum to a group that meets regularly to discuss issues and priorities. This is scheduled to take place on April 21st 2015.

4. PPG Sign Off

Report signed off by PPG: YES Date of sign off: 31/3/15

How has the practice engaged with the PPG:

Via a secure real-time on-line discussion group. Firms plans in place to transition into a group with physical meetings.

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

We have advertised prominently around the surgery and on our website. It's difficult to secure a fully representative group but we will renew our efforts once we have made the transition to a physical group.

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

- | | |
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| <ul style="list-style-type: none">• Suggestion scheme responses.• Family and Friends• PRG on-line discussion | <ul style="list-style-type: none">• Healthwatch surveys• Complaints records• NHS Choices |
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Was the PPG involved in the agreement of priority areas and the resulting action plan?

We surveyed members in 2014 to identify priority areas.

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

Better access for all patients; more appointments, easier to book.

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