

Patient Participation Reporting Template 2014-2015

Practice details: Harcourt Medical Centre, Crane Bridge Road, Salisbury, SP2 7TD

Practice code: J83003

Stage one – validate that the patient group is representative

Demonstrates that the PRG is representative by providing information on the practice profile:

Does the Practice have a PPG	YES
-------------------------------------	------------

Practice population profile	PRG profile	Difference
Age		
% 18 – 24 – 6.6	% 18 – 24 - 0	(6.6)
% 25 – 34 - 12	% 25 – 34 - 2	(10)
% 35 – 44 – 11.9	% 35 – 44 – 10.6	(1.3)
% 45 – 54 – 13.9	% 45 – 54 – 10.6	(3.3)
% 55 – 64 – 12.2	% 55 – 64 – 21.3	9.1

Practice population profile	PRG profile	Difference
%65 – 74 -8.6	%65 – 74 - 23.4	14.8
%75 – 84 -8.3	%75 – 84 - 27.7	19.4
% Over 85 -3.9	% Over 85 – 2.1	(1.8)
Ethnicity		
White	White	
% British Group - 45	% British Group – 44.7	(0.30)
% Irish – 0.09	% Irish -0	(0.09)
Mixed	Mixed	
% White & Black Caribbean – 0.02	% White & Black Caribbean - 0	(0.02)
% White & Black African – 0.09	% White & Black African - 0	(0.09)
% White & Asian – 0.05	% White & Asian - 0	(0.05)
Asian or Asian British	Asian or Asian British	
% Indian – 0.31	% Indian - 0	(0.31)

Practice population profile	PRG profile	Difference
% Pakistani – 0.05	% Pakistani - 0	(0.05)
% Bangladeshi – 0.02	% Bangladeshi - 0	(0.02)
Black or Black British	Black or Black British	
% Caribbean – 0.01	% Caribbean - 0	(0.01)
% African – 0.04	% African - 0	(0.04)
Chinese or other ethnic Group	Chinese or other ethnic Group	
% Chinese – 0.35	% Chinese - 0	(0.35)
& Any Other – 1.8	& Any Other - 0	(1.80)
Ethnicity not recorded – 47.87	Ethnicity not recorded - 55	(7.12)
Gender		
% Male - 48	% Male - 35	(13)
% Female - 52	% Female - 65	13

<p>Differences between the practice population and members of the PRG</p> <p>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:</p>	<ol style="list-style-type: none"> 1. Age: Compared to the practice age demographics the PRG had more members in the older age groups, especially 65-74 and 75-84. This may be because this group of patients use medical centre services more often, and are more interested, and have the time to contribute to a PRG. Overall the only group not well represented are those under 34. 2. Ethnicity: Having run a search on ethnicity (based on the ethnicity codes requested) on the practice database it was clear a significant number of patients have no ethnicity recorded (47.87%). Despite this 45% of the practice population are recorded as White British which is mirrored by the PRG with 44/7%, on balance very representative. 3. Gender: for both genders there was a 13% discordance between the PRG and population. This is not deemed to be significant. <p>Measures taken this year to attract younger patients to the PRG:</p> <ul style="list-style-type: none"> ➤ Waiting room posters inviting patients to join the PRG ➤ Website area inviting patients to join the PRG (http://www.harcourtmedical.co.uk/secureregistration/prg/) ➤ Monitor display behind reception inviting patients to register for the PRG ➤ Verbal invite by GP with letter handed to patient. ➤ Advertising on Systmonline portal. We have 21.6% of the patients registered to use the online system – the homepage advertised the PRG at various points in the financial year asking patients to join. (http://www.harcourtmedical.co.uk/online%20service.asp)
<p>Are there any specific characteristics of your practice population which means that other groups should be included in the PPG? Eg a large student population, significant number of Jobseekers, large numbers of nursing homes,</p>	<p>If you have answered YES, please outline measures taken to include these specific groups and whether those measures were successful:</p> <p>N/A</p>

or a LGBT community	
No	
Is the group virtual or face-to-face?	Virtual (via email)
How many members are there on the PRG?	47 (7 more members from last financial year)

Step 2 – Review Patient Feedback	
Outline the sources of feedback that were reviewed during the year:	<p>In previous years the PRG have been asked to identify key areas for practice development, this was then used to formulate a practice survey which was administered in-house. Last financial year there were 429 questionnaire responses.</p> <p>Due to the introduction of the Friends & Family test (FFT) we adopted this early (May 2014) as the main source of patient feedback to inform the PRG. Until the mandatory FFT reporting framework, we collected this data by making the survey available for online users and in-house, by supplying paper copies distributed in the practice waiting room for patients to complete ad-hoc.</p> <p>Feedback was then shared with the PRG to inform on the priority areas to be addressed.</p>
How Frequently were these reviewed with your PRG	Feedback was collated and shared with the PRG on a quarterly basis, as agreed with the PRG at the start of the financial year
Priority Area 1	
Describe the priority area:	Access to pre-bookable appointments

Why was this priority identified:	The comments submitted to the PRG suggested patients wanted more pre-bookable appointments available. This is a difficult issue as there are only a finite number of appointments and as a practice we have to balance the demand 'on the day' with the convenience of being able to book in advance. We have also identified that more pre-bookable appointments lead to more missed GP appointments.
What actions were taken to address this priority	GP appointments have previously been released in a two week cycle (e.g. patients can book 1/3 of the available appointments up to 2 weeks in advance) We have changed this by releasing the pre-bookable appointments on a three week cycle.
What were the results of the actions and what impact on patients and carers.	We hope this will give additional flexibility to patients and their carers when making routine pre-bookable appointments
How was this publicised.	On the news section of the practice website, in-house poster, monitor display behind reception altering patients to the change.

Priority Area 2	
Describe the priory area:	Telephone access to the practice
Why was this priority identified:	Comments from the FFT submitted to the PRG suggested patients were still having difficulty getting through to a member of the practice team early in the morning to make a 'book on day' appointment.
What actions were taken to address this priority	We currently have 5 incoming lines available for patients, we have all the lines manned at 0800-0900 for the peak time. Unfortunately we cannot prevent the lines being engaged at peak time. In addition to this

	<p>our call system doesn't 'stack calls' like a call centre - this is very expensive and a business needs multiple telephone lines to facilitate this which is not financially viable for a small GP Practice.</p> <p>We contacted our phone supplier (4Comm) to see if there were any ways to improve our current system on these occasions – sadly there are no easy options.</p> <p>The telephone contract is due for renewal this coming financial year, we hope to look for a new supplier with some solutions to this problem.</p>
What were the results of the actions and what impact on patients and carers.	Nil at present, we continue to look for a solution
How was this publicised.	No change achieved at present, ongoing work needed

Priority Area 3	
Describe the priority area:	Access to the practice premises and improvements to practice facilities
Why was this priority identified:	Comments submitted from the FFT suggested access to the premises was difficult for disabled, wheelchair users and parents with pushchairs.
What actions were taken to address this priority	The practice contracted ASFD (www.adsf.co.uk), an automatic door specialist company, to install a pair of automated doors to improve access for disabled patients and parents with pushchairs etc.
What were the results of the actions and what impact on patients and carers.	Work has now been completed allowing improved access to patients and their carers

How was this publicised.	The new automatic doors are evident to patients and their carers.
Progress on previous years	
If you have participated in this scheme for more than one year, outline progress made on the issues raised in the previous year (s)	
<p>Year 1</p> <ol style="list-style-type: none"> 1. We increased the number of reception staff available to take calls during the peak hour (0800-0900) when the medical centre opens in the morning from three to four. 2. We changed software provider (from EMIS to SystemOne) and improve our online appointment system. 3. We invested in reception staff training by employing an external company 'Developing People' to run a two day work-shop on excellence in customer service. <p>Year 2</p> <ol style="list-style-type: none"> 1. To improve patient awareness of online services we published details of the SystmOnline service via newsletter, posters, slips with repeat prescriptions and monitor behind reception. The practice also produced a leaflet given to all patients registering for the service. A copy of the leaflet was also added to the practice website for easy download. 2. We increased the number of weekly pre-bookable appointments from 25% to 32%. 3. We improved the reception experience by moving repeat prescribing and the filing of medical paperwork to the back office, freeing up reception staff to offer a more personal meet & greet service to our patients. <p>Year 3</p> <ol style="list-style-type: none"> 1. Online services: We continue to publicise the availability of online services in practice newsletters, the practice leaflet and practice notice board. 2. Appointments: The practice looked at the appointment system aiming to increase the number of online bookable morning appointments available every week. To help patients avoid the 0800 telephone rush two appointments per GP session (am/pm) are now released at 00:10 on the day allowing patients to log-on and book via the online system (Systmonline). 3. Reception area: We dramatically changed the reception area, moving the desk back to make it less imposing and more user friendly. In 	

addition we moved a number of telephones to a back office with the aim of making the receptionist at the front desk there to just help with patient queries (and not be disturbed by the phone) which we think has improved the patient experience. We are refurbishing the waiting room to make the environment in the building better for patients waiting for appointments

PPG Sign Off	
Has the report been signed off by the PPG	Yes
What date was this report signed off:	29.03.2015

How has the practice engaged with the PPG
<p>How has the practice made efforts to engage with seldom heard groups in the practice population?</p> <p>At the start of the financial year, having identified the key demographic data (as per the previous years) a clinical meeting was held to discuss the identification of specific groups within the population.</p> <p>Once again members of the travelling community (approximately 40 patients) were put forward as a target group.</p> <p>No other key groups were identified by the primary health care team.</p> <p>The number of patients recruited from the specific groups was disappointingly low with no patients leaving their contact details from the travelling community despite direct mailing and personal requests by individual practice staff.</p>
<p>Has the practice received patient and carer feedback from a variety of sources</p> <p>Patients and carers have had the opportunity to give feedback both in-house with paper feedback forms, and online with the secure Systmonline</p>

portal.
<p>How was the PPG involved the agreement of the priority areas and the resulting action plan?</p> <p>As documented above. Every quarter feedback from the FFT was shared with the PRG, comments from the group were collated and priority areas discussed and identified resulting in the action plans listed.</p>
<p>How has the service offered to patients and carers improved as a result of the implementation of the action plan?</p> <p>This is clearly outlined above in the priority areas.</p> <ol style="list-style-type: none">1. Improved access to pre-bookable routine appointments2. Improvements to the telephone system are still required, we hope to find a solution to this with a new supplier in 2015/163. Easier access to the premises with installation of automatic doors
<p>Do you have any other comments about the PPF or practice in relation to this area of work?</p> <p>No</p>
<p>Name of Individual Completing this Document: Dr Ben Kay</p>
<p>Role: GP Partner</p>
<p>Email Address: harcourt.admin@nhs.net</p>

--