

# Standard Reporting Template

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

Practice Name: Roborough Surgery

Practice Code: L83048

Signed on behalf of practice: Dr Charlie Lloyd Date: 23.03.2015

Signed on behalf of PPG: Mr F Horley Date: 23.03.2015

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)Face-to-face and email											
Number of members of PPG:6											
Detail the gender mix of practice population and PPG:				Detail of age mix of practice population and PPG:							
%	Male	Female									
Practice	46.65	53.35	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
PRG	33.33	66.66	Practice	18.19	7.76	11.65	10.62	13.18	12.85	13.83	11.92
			PRG	0	0	0	0.11	0	0.13	0.28	0.24

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	93.93	0.24	0	2.29	0	0	0	0.23
PRG	100		0	0	0	0	0	0

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	0.69	0.10	0.04	0.43	0.52	0.14	0.13	0.13	0	1.08
PRG	0	0	0	0	0	0	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:

An open invitation for anyone to join is on the practice noticeboards, on the website and on new patient registration forms. Details of the PPG are also on the surgery newsletters and a member of the PPG writes an article regarding the Group for the newsletter. Details of the PPG with an open invitation to join are also in the practice booklet.

**We regularly advertise the PPG in the surgery newsletter and as members, encourage local people with an interest in health and well-being to be a part of this group.**

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:

High number of elderly people, which encompasses issues such as dementia care, loneliness and long term health issues. The surgery looks after the health and care needs of residents in six nursing homes within the catchment area of the surgery. We are currently working with one of the bigger homes and the Prescribing Team with regard to medication reviews and needs of the residents. Our lead nurse has attended the home and has shown staff how to use glucometers. This need was identified by a PHCT meeting as District Nurses weren't always able to attend. The home and the practice have identified the need for more in-depth reviews and this study has been used as a pilot and we are currently setting up processes to involve a second nursing home.

## 2. Review of patient feedback

Outline the sources of feedback that were reviewed during the year:

In-house survey

Patient choice website

CFEP survey

Friends and Family Test

Meetings

Any concerns which are raised at reception or with the medical team at the time.

How frequently were these reviewed with the PRG?

At regular (approximately two-monthly) meetings and via email in-between times. Some patients approach the PPG members directly and these issues are raised at meetings or via email to the surgery PPG lead.

### 3. Action plan priority areas and implementation

#### Priority area 1

Description of priority area:

Telephone system

What actions were taken to address the priority?

A new system was purchased by the Practice to enable us to cope better with the level of phone calls to the surgery. The system was tailor made for our requirements. The PPG was consulted regarding the system and advice/ideas sought as to what was needed. (PPG suggested how calls were handled including call waiting).

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

The surgery is able to deal with more calls.

Calls are redirected to other operators during busy periods.

There is a dedicated phone extension for care plans and they and/or their carers can choose option '2' as advised on the phone message when dialling into the surgery's main line.

There were still some issues after installation and BT discovered a faulty cable which has now been replaced.

Details advising of the new phone system were put on the website and in the newsletter and there has been some positive feedback.

## Priority area 2

### Description of priority area:

Queueing at front reception desk – size of queues and privacy issues.

### What actions were taken to address the priority?

An additional computer has been installed adjacent to the reception area. This enables another person to keep an eye on and help at reception desk during busy times.

Patients are reminded there is an electronic booking-in system available and they don't need to speak to a receptionist to do this. The PPG has previously suggested having two receptionists at the front desk but the area is too small but redesigning the area as above has helped with this.

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

One of the carers' information boards is in the reception area and includes all sort of information leaflets.

There is less queueing time and smaller queues therefore allowing better access. It also means that those less mobile patients and carers don't have to stand/wait for too long.

There is more privacy since having a radio on (appropriate licences were purchased by the surgery) and patients are still advised (notice in reception) they can ask to be seen privately if they do not wish to discuss their needs in a busy reception area. This suggestion was made by the PPG and although sometimes the volume is quite low, they are pleased with this.

There is disabled access at the front desk (lower level area of desk) for those who need it.

Information about this was placed on the website and newsletter.

### Priority area 3

Description of priority area:

Car parking and front porch area

What actions were taken to address the priority?

Application made to the New Primary Care Infrastructure Fund in February 2015.

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

A previous application to Plymouth City Council in October 2012 to drop kerbs, move a bus stop and help improve the practice car park was unsuccessful for various reasons. The surgery was able to have more defined areas (disabled bays, staff areas) marked out by a company working in the area and we placed a 'disabled parking' sign in the car park. We also had handrails placed to assist people walking up a slight incline from the carpark to the front door.

We tend to invite carers to attend surgery for their own health checks during less busy times e.g. lunch breaks when the carpark and surgery are quieter.

With the application as above we anticipate being able to lower kerbs and improve the hardstanding itself.

With proposed improvements to the front door, this would provide protection from wind/rain and improve the entrance to the surgery. The front door itself is heavy and can be difficult to use during strong winds. In the past we have had to allow patients to use the main staff entrance, with a staff member escorting them through the building to ensure privacy and protection of staff. The improved area would provide ease of access for the less mobile and people manoeuvring prams etc and the visually impaired.

Attached staff will be advised to use this entrance.

During flu campaigns we ask patients to try and not use cars due to the numbers seen and the impact carparking has on local residents. Letters are sent to neighbours advising them of the flu clinic dates and asking them not to use the surgery carparks on these days to enable patient parking.

A notice is always in our newsletters and on the website asking patients/carers to respect the parking restrictions around the surgery and not to park on neighbours driveways etc.

### 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 practice survey results are discussed with the PPG and all comments are welcomed. In previous years comments have been made regarding:

Different sized chairs in the waiting rooms – the PPG's ideas and advice was sought as to the most appropriate chairs we could provide for those who might have difficulty sitting down/standing up and new chairs have been purchased with more being ordered.

Music in the waiting rooms – a radio has been installed in the reception area and can be heard in both waiting rooms and at reception. This helps with privacy issues.

Car parking around the surgery – a request has been made to NHS England/CCG and we hope to be able to move forward on this. Previous application has been refused by Plymouth City Council regarding size of car park, dropped kerbs etc.

Friends and family test – the PPG and surgery worked together regarding a question and the final decision was agreed by both the surgery and PPG.

Telephone system – new system has been installed. The surgery listened to the PPG's ideas and the PPG is pleased with the new system.

Queueing at reception – another workstation has been set up adjacent to the main reception desk enabling additional help at reception during busy times.

Practice website – there is an external provider of the website. The PPG is pleased with changes made and the Group was given a preview before it went live. There were some areas which needed to be changed and some changes we have been able to make but others have to be made by the provider.

The main areas of concern raised by the Group was the confusion with repeat prescribing/waiting room but these concerns have now been addressed to the best of our ability. We are able to update health information (e.g Ebola information), publish surgery information.

#### 4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 23.03.2015

How has the practice engaged with the PPG:

How has the practice made efforts to engage with seldom heard groups in the practice population? Information is on the practice website and newsletters (also published on the website) about joining and what areas of improvement the PPG and surgery have been working on. There are invites in the waiting rooms inviting patients to attend. A member of the PPG writes an article for the newsletter detailing discussions and progress made.

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

We offer carers healthcare checks and the initial appointment is an hour with a six-monthly 30-minute review appointment. There is quite a poor uptake with these appointments and we feel that maybe the length of the appointment can be off-putting. Financial advice is given as is information regarding support agencies. For Learning Disability checks, carers are always asked for their feedback. LD invites ask if carers need to attend the appointments. We appreciate the carers are busy and we are flexible with the appointment times. New patient registration forms have a section for carers. Their details are then added to the computer system to reflect they are a carer or are cared for by someone. Carer feedback is attached is attached from Heather Wood.

Was the PPG involved in the agreement of priority areas and the resulting action plan? Yes – emails were sent to the Group and information was taken from points raised during the previous 12-months.

How has the service offered to patients and carers improved as a result of the implementation of the action plan? Easier access to the surgery itself and better phone system has improved communication between the surgery, patients and carers. We have recently taken on two apprentices at the suggestion of the PPG and we believe they have additional thoughts and ideas with technology and provide a better insight to modern communication with diverse practice population and age groups.



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

The PPG has been proactive in supporting the Peninsula Medical Treatment Centre during the discussions with regard to its future. It has therefore addressed issues for the community and City as a whole.

We take note of what is raised at the PPG meetings and email discussions and feedback is sent to all group members for discussion. We believe it is good to have our PPG so we the patient perspective and although we believe we provide a good service, it is good to know we will be advised if there are concerns. It is a good means of communication for patients and the surgery alike. The Practice feels the benefit of the Group's input and as a GP attends all meetings (GPs change from meeting-to-meeting enabling all GPs to attend and the days alter to fit with working GPs as necessary). Members of the practice team also attend.