

Annex C: Standard Reporting Template

Leicestershire and Lincolnshire Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: BILLINGHAY MEDICAL PRACTICE

Practice Code: C83030

Signed on behalf of practice: (see page 11 for Practice and PPG signatures)

Date: 3 March 2015

Signed on behalf of PPG: (see page 11 for Practice and PPG signatures)

Date: 3 March 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, Telephone																																					
Number of members of PPG: 20 (2 members from the Practice regularly attend meetings plus a representative from each department as required)																																					
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Detail the ethnic background of your practice population and PPG:

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	3875 (83%)	4 (0.1%)	8 (0.2%)	14 (0.3%)	2 (0.2%)	4 (0.1%)	3 (0.1%)	243 (4.4%)
PPG	19 (100%)	0	0	0	0	1 (100%)	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	2 (0.1%)		5 (0.1%)	6 (0.1%)	4 (0.1%)					535 (11.3%)
PPG	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:

Every effort has been made to capture as wide an audience as we could, especially the ethnic minority population and the 'hard to reach' groups registered with our practice. Patients of all ages have been encouraged to join the group.

The practice & patient participation group have made great efforts to make the group as representative of the practice population as possible. This has included;

- Members of the patient participation group approaching patients in the waiting room to explain the role of the PPG & asking if patients would like to join.

- Invitations to join the PPG on waiting room noticeboard, practice website (www.billinghaymedicalpractice.co.uk) and Envisage media system.
- Practice members directly contacting patients from underrepresented groups.
- Invitation to join the PPG in the waiting room, on the self-check-in screen, practice website and Envisage media system. This message is also available in several different languages that are spoken by our patients.
- Engagement with Healthwatch who came to explain their role and how they can help.

Engagement & meetings with Karen Duncombe, Equality & Human Rights Lead for Lincolnshire PCT on how to make the PPG representative of the practice population.

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**

We are predominantly an elderly population which is reflected in the representatives of the PPG.

If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful: **N/A**

2. Review of patient feedback

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

We receive feedback in various of ways that include.

- In our waiting area we have a “Have your say” box where we encourage patients to place their comments whether good or bad.
- We also have a section on our website for patients to leave their comments.
- There are also the NHS Choices website (<http://www.nhs.uk/Services/GP/Overview/DefaultView.aspx?id=41264>), Friends and Family test (<http://fft.mysurgeryintranet.co.uk/surveys/3584/take-our-survey>), I want Great Care (<https://www.iwantgreatcare.org/gpsurgeries/billinghay-medical-practice>) and a Poll on our website.
- We also hold a survey, where we concentrate on one particular area for 3 months and ask the patients to fill this in either online or to place a paper version in our “have your say” box (<http://www.mysurgeryoffice.co.uk/psurvey.aspx?p=225729&a=C83030>).

How frequently were these reviewed with the PRG?

We review our comments at every meeting which is held quarterly in March, June, September and December.

The meeting in September 2014 reviewed the staff survey (the survey results are available on line at <http://www.billinghaymedicalpractice.co.uk/website/C83030/files/PracticeSurvey-Staff-Jun14-Sep14.pdf>)

The meeting in December 2014 reviewed the Dispensary survey (the survey results are available on line at <http://www.billinghaymedicalpractice.co.uk/website/C83030/files/PracticeSurvey-Dispensary-Sep14-Dec14.pdf>)

The meeting in March 2015 reviewed the HCA survey (the survey results are available on line at <http://www.billinghaymedicalpractice.co.uk/website/C83030/files/PracticeSurvey-HCA-Dec14-Mar15.pdf>)

The current survey on the Nurses will be reviewed in June 2015.

Each of these surveys has 2 common questions which are the Friends and Family test:

- How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment ?
 - Extremely likely
 - Likely
 - Neither likely nor unlikely
 - Unlikely
 - Extremely unlikely
 - Don't know

- Can you tell us why you gave that response ?

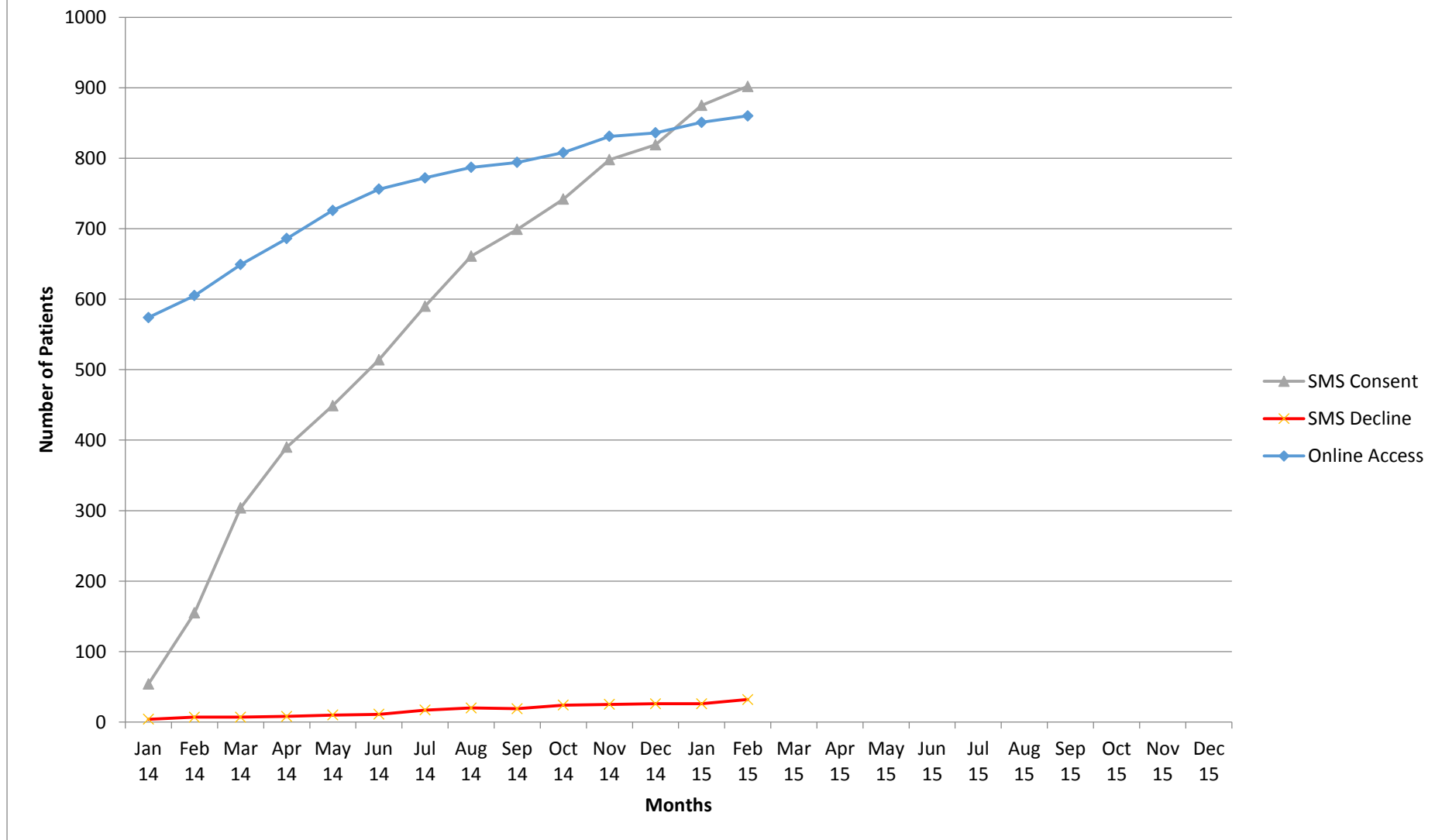
We will also review any of the "Have your say" comments at every PPG meeting. These comments remain anonymous but are signed by the PPG chairperson.

The friends and family test is available online or in paper format. The results are published online at <http://fft.mysurgeryintranet.co.uk/surveys/3584/published-results>

3. Action plan priority areas and implementation

Priority area 1
Description of priority area: SMS / Online Access
What actions were taken to address the priority? In June 2014 we introduced the SMS texting service. Patients have to consent to this service and we have found the figures are rising every month (17% of patients signed up). Online access service (18% of patients signed up) provided patients with appointment access, ordering of repeat prescriptions, change of details and Summary Care Record online with the Practice Statement of intent for accessing medical records and online access for which the practice is fully compliant.
Result of actions and impact on patients and carers (including how publicised): We have found that these 2 services have been a great success and patients are still signing up now for these. The following graph displays the uptake to Jan 15. We fully intend to continue to promote this service through 2015 and beyond.

SMS and Online Access Graph



Priority area 2

Description of priority area:

Extended hours

What actions were taken to address the priority?

In July 2014 we introduced our extended hours plan. We are now open for a late surgery on Wednesdays. We hold 2 clinics from 18:30 until 19:45 which holds 14 appointments in total. The clinics are run by a Nurse Practitioner and a General Practitioner, however during period of leave, these clinics can be run by HCAs and Practice Nurses giving a wide range of available appointments after 18:30

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

These were publicised in house on our rolling screen, on the NHS Choices website, on our own website, on our prescriptions and by putting posters around the building.

This seems to be a success as it benefits the patients that work and cannot normally get an appointment.

We find the appointments are generally filled.

Priority area 3

Description of priority area:

Reduced Target Training

What actions were taken to address the priority?

It was requested that we reduce our training afternoons where the surgery is closed for staff training. As part of the surgeries training package for all staff these afternoons are important to us. But we have managed to look at our training package and have managed to cut the afternoons down to 4 a year instead of 12. We hold these in March, June, September and November. Thus reducing the amount of appointments lost due to staff training. We found we lost on average 324 appointments per annum but this is now down to 60 appointments per annum.

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

The dates for closure for staff training are advertised on the rolling screen and also on poster at the main doors and on the website.

The impact on the patients is that we now have not lost as many appointments due to staff training as in previous years.

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 Billingham PPG started in early 2012 and has continued to go from strength to strength. The membership has increased to 20 and the number of patients attending the meetings range from 10 to 20.

The PPG meetings are still held quarterly; in addition, Committee meetings between the Chair and the Practice also held quarterly. The original Chair Persons and Treasurer remains the same as the previous years and regularly in attendance from the surgery was Nick Turner, Practice Manager, Vicky Howseman, Lead Receptionist. Minutes of the meetings are now posted on the surgery website: www.billinghaymedicalpractice.co.uk

Membership is closed at the moment as we feel the group is at capacity. (this was discussed in the September meeting) But you can add your name to the waiting list. It is expected that the membership will be opened for new applicants from April 2015 to a maximum of 20 members as agreed by the group due to the size of the waiting area used for meetings.

We have now disbanded the facebook account as we felt this was ineffective but the website is updated on a regular basis.

One of the biggest problems we had was that our surgery held a 0844 number. After much deliberating we were able to set up another line to run alongside the 0844 number and when our contract expires this number will be disbanded. We advertised the new number on the website, on the notice boards, on our prescriptions and in the surgery and on NHS Choices website..

We thought de-cluttering of the notice boards would be a vast improvement in the waiting areas. The CCG installed a rolling screen display board. Vicky Howseman now holds the responsibility of keeping the screen updated and tidying up of the notice boards on a weekly basis.

The PPG have now appointed a secretary from the panel so they are now self-reliant.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 3 March 2015 (following meeting)

Has the report been published on the practice website? YES

How has the practice engaged with the PPG:

Regular meetings. The chair meets at the practice to agree an agenda prior to the following meeting. Correspondence is mainly online or via email, but the practice will provide paper copies for members without computer access.

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

It is a regular agenda item to see how the practice can engage with seldom heard groups, including word of mouth, advertising and family or friends of existing members.

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

Yes, online, paper and word of mouth. All feedback is reviewed at meetings.

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

Yes, fully involved as agreed in the minutes.

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

Yes, we fully believe the service is continually improving even in times of difficulty for health care providers when demand from patients is so high and funding is reducing.

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

It is well supported by both the Practice representatives and the patient members. New members are welcomed when there is availability. The PPG attends the charity days and will support the practice when it is due CQC inspection.


Please return this completed report template to the generic email box – england.leiclincsmedical@nhs.net no later than 31st March 2015. No payments will be made to a practice under the terms of this ES if the report is not submitted by 31st March 2015.

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BILLINGHAY MEDICAL PRACTICE

PRG ACTION PLAN APRIL 2014 – MARCH 2015

Completed by: Vicky Howseman / Nick Turner

Date: 3 March 2015

Aim	Action required	Led by (who is responsible)	Timescale (When will it be achieved)	Completed Date	Comments
SMS / Online Access	Enable and promote access.	VH/ NT	June 2014	June 2014	SMS texting service. - 17% of patients signed up. Online access service - 18% of patients signed up.
Extended hours	Extended hours offered every Wednesday.	VH/NT	July 2014	July 2014	Started July 2015. Popular service. GP / NP / Nurse or HCA
Reduced Target Training	Training afternoon going from 12 per year to 4.	VH/NT	June 2014	June 2014	March / June / September / December 2 nd Wednesday of month.
Telephone system	Getting the 0844 number gone and replacing with 01526	VH/NT	July 2014	July 2014	01526 860490 running alongside 0844 number to maintain contact.
Display boards	De cluttering notice boards and having rolling display screen.	VH/NT	July 2014	August 2014	Envisage Display system installed which removes the need for some paper displays.
Surveys	Putting 4 questions on online survey every 3 months – concentrating on different aspects of the surgery each time	VH/NT	Sept 14	Sept 14	June 2014 - staff survey. September 2014 - Dispensary survey December 2014 - HCA survey The current survey on the Nurses will be reviewed in June 2015.