

Annex D: Standard Reporting Template

Birmingham Solihull & The Black Country Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Hall Green Health

Practice Code: Y00159

Signed on behalf of practice:

Kim Harlock, Business Manager/Dr R Pal

Date:19/03/2015

Signed on behalf of PPG:

John Wright, PPG Chair

Date:19/03/2015

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

Does the Practice have a PPG? YES / NO	YES
Method of engagement with PPG: Face to face, Email, Other (please specify)	
Our PPG group have regular quarterly face to face PPG meetings, regular email contact where PPG minutes, presentations and newsletters are distributed and the PPG group have regular interim meetings every 6 weeks to increase their primary care knowledge and invite guest speakers to these meetings. A stand has been set up in the waiting area to promote the PPG and its role and purpose.	
Number of members of PPG: We have a PPG Chair Mr John Wright (elected 17/03/2014) and a vice chair Bernie Aucott who attend all internal meetings and represents the group at CCG Meetings. We recruited the group by advertising around the surgery on posters, Plasma screen, Patient leaflets/newsletters, Website, and staff encouraged patients to join as well as the PPG stand in the waiting area identified above. We have 41 active PPG members and also have a 'virtual' participation group with approximately 24 members who are contactable by email	

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	45%	55%
PRG	49%	51%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	24%	11%	15%	13%	13%	10%	7%	7%
PRG	0	0	2%	12%	19.5%	19.5%	22%	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	33%	2%	0%	3%	1%	1%	1%	1%
PRG	75%			7%				

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	10%	19%	2%	1%	3%	1%	2%	1%	1%	21%
PRG	7%	12%								

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 are a large practice who encourage our patients to join the PPG via the website, plasma screens, face to face contact during consultations and with reception staff, regular patient newsletters and also publicise the group with the PPG members at the stand we have displayed in the practice waiting rooms. The PPG also have a regular presence in the practice waiting area liaising with patients and promoting the PPG.

We have actively been encouraging all age mixes to join the PPG.

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**

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:

The PPG meetings are held quarterly and are held at the practice premises on Monday evenings at 5.15pm.

Every PPG meeting has an agenda and minutes that are distributed to the PPG and to the virtual members. These are also published on our website clearly stating all the discussions, outcomes and future working aims. Both PPG members and practice staff contribute to the agenda and this allows a free flow of information and communication.

How frequently were these reviewed with the PRG?

Below are the dates and the items covered/reviewed in these meetings (full meeting notes on practice website):-

17 March 2014 – a large proportion of this meeting was taken by the group reviewing the outcome of the patient survey and approving an action plan resulting from the survey. The main points of discussion resulting from the survey were: out of hours provisions, access, repeating prescribing and patient information for which an improvement action plan was agreed. Other items were discussed such as timescales for replacing some waiting area furniture and the policy for giving out blood results to patients. The group also elected unanimously Mr John Wright to take the position of PPG chair.

23 June 2014 – Mr John Wright welcomed members for the first meeting since he had been elected chair and assured the group of his full commitment to the PPG. Terms of Reference for the group were discussed. The PPG was updated with the updated Patient Survey Action plan and the group was informed that as a result Saturday appointments will be available for nurse consultations in addition to GP appointments. The group discussed how communication was being improved via the website, patient newsletters and

the new plasma screens in the waiting room areas. The proposals of purchasing of Patient Partner were discussed with the group and some positive feedback was gained. Triaging appointments for Same Day Surgery was discussed and the group were made aware that that would be a manned stand in the practice reception area to raise patient awareness of the National Rheumatoid Society. The group also appointed a Vice-Chair, Bernie Aucott. The group was informed that Ann Care who is the chairperson of the PPG forum is to be invited to the July interim meeting.

29 September 2014 – Future PPG meeting dates agreed with the group to allow members to plan. The PPG discussed the PPG stand and how best to promote patient awareness around different health issues. The group were given a presentation on the Carers Register by the reception team leader who is the Carers Champion for the practice. The aim of the practice is to provide a signposting service and information resource directory for all carers within the practice. The following were suggestions for identifying carers: a stand in reception on a regular basis with PPG volunteers, Birmingham City Council to speak to patients, leaflet distribution, reception to note information given by patients/carers and inclusion of the resource director on the practice website. The PPG were informed of the Hall Green Collaborative Group. The aim is for the PPG chair and vice chair to meet with PPG members of the other participating practices so they can be fully briefed on ACE Excellence and how it will be delivered. There was also a presentation delivered by the Patient Services Manager on the Friends and Family Test, which is an NHS England directive and has to be in place by 1st December. PPG members will be asked to help with interviewing patients in practice, name badges will be provided for members taking part. Other individual patient queries were raised and addressed in this meeting including appointment card wording, online check in teething problems, litter in car park areas, Saturday car parking, disabled car parking spaces, PCT services etc.

Nov 2014 – Joint PPG with Hall Green LCN Practices: -

The following presentations were given and the patients were consulted on services and Collaborative working:

ACE Foundation & Excellence

Out of Hours – how is the provider doing?

Collaborative working within the LCN and Federating.

How do we want the PPG work across the LCN/CCG

1 December 2014 – A presentation on CQC Risk ratings and The ACE (Aspiring to Clinical Excellence) programme was delivered to the group. The group were also briefed on the Your Care Connected initiative and we informed the group that all households will have a letter and opt out forms sent out shortly. The 2015 Patient Survey was also discussed and it was decided that the Survey would be orientated to the CQC inspection report, to explore best practice with regards to the low score on some aspects. The PPG

were asked to help with the Patient Survey. The practice asked for suggestions as to how to increase the numbers of patients completing the survey. Other individual patient queries were raised and addressed in this meeting such as booking appointments to see a GP beyond 2 weeks and the Learning Disabilities register.

2 March 2015 –Dr Damian Williams presented NHS England’s Patient Online programme to the PPG which requires all practices to offer online appointment booking, online prescription requests and viewing of the medical record online. Dr Williams also highlighted some of the considerations that need to be addressed such as access for parents and children; the risk of coercion and that online record access isn’t for everyone. The Survey results and the HGH proposed action plan were also discussed at length following a presentation. It was also announced that the PPG was awarded at the PPG conference on Wednesday 18th Feb:-
Certificate of Achievement for **‘Newly formed P.P.G that has made significant progress in improving patient experience in the practice’**. Other individual patient queries were raised and addressed in this meeting such as the new triage initiative, the new computers and the changing demands of GP practices.

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area: Out of Hours Provision and Extended Hours</p>
<p>What actions were taken to address the priority?</p> <p>Greater awareness of the availability of extended hours and how to contact BADGER out of hours primary call centre to be promoted to patients via the practice's new website, plasma screens, the practice booklet and information provided by reception staff.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <ul style="list-style-type: none">• Extended hours recommenced June 2014.• Practice booklet is in process of being revised• Details of Badger included on website, plasma screens, on main doors of practice and included in automated telephone message out of hours

Priority area 2

Description of priority area:
Access

What actions were taken to address the priority?

- To maximise clinical availability, a mapping exercise has been undertaken to identify gaps in capacity and a recruitment exercise is underway to appoint additional doctor sessions to respond to demand.
- Development of a business case to inform the decision as to whether to purchase the Patient Partner system to allow patients to book, cancel, check or change appointments at any time, night or day, using their telephone in anticipation that this will extend the time patients can phone the surgery to book an appointment and hence reduce congestion and the length of time patients have to wait for a receptionist to answer the telephone.
- Increase the number of receptionists deployed to answer telephone calls between 8.30 am to 5.30pm to a minimum of five.
- Active monitoring of telephone response times to ensure average call waiting time of five minutes and maximum waiting time of ten minutes at any time.
- Pilot implementation of Patient Access system to enable patients to access the practice online to: Check, book and cancel appointments and order repeat medication.
- Install automated check-in terminals which are easy to use and allow patients to check themselves in for pre-booked appointments. This will reduce the queues at the reception desk, allowing receptionists more time to respond to patients who need assistance.
- Explore further rollout of triage and use of telephone consultations so patients can speak to a doctor to receive advice and guidance, and discuss results, medication reviews, and chronic disease management.

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

- New salaried doctors have joined the practice and recruitment is ongoing. Publicised via patient newsletter and website

- Executive Committee have agreed to purchase Patient Partner. Installation of Patient Partner was Feb 2015 and active implementation 2 March 2015. Patient Partner has been heavily publicised to local newspapers with a press release detailing the practice launch, the PPG members have been actively promoting the services in the waiting rooms coming in on a rota basis to raise public awareness, the patient newsletter is promoting the new service along with posters and leaflets around the waiting rooms, reception staff wearing patient partner promotional badges and the website publicising the service.
- Minimum of 5 receptionists available between 8.30 and 5.30
- Response times monitored daily
- 2 automated check in terminals installed and proving beneficial in helping to reduce waiting time and congestion in reception during busy periods

Priority area 3

Description of priority area:
Patient Information

What actions were taken to address the priority?

- The practice will continue to develop information to display on the new plasma screens which have been installed in each patient waiting area. The advanced system, which has recently been installed, combines health awareness and practice information with a patient call-in facility; enabling the practice to promote healthy living messages, keep patients informed and advise patients of additional services.
- Further work will be undertaken to develop the practice's new website to incorporate patient suggestions collected in the survey.
- The practice booklet will also be updated to include additional information requested by patients.
- Greater involvement from Patient Participation Group members in sharing information with patients regarding new initiatives, practice changes and the role of the Patient Participation Group.

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

- Additional information continues to be added e.g. Care Data, alerts and specific messages as appropriate
- Further improvements have been made with additional information added and information reformatted to make it more user friendly. Additional information includes details of opening times and signposting to out of hours services, new section giving details of PPG, inclusion of carers support groups and associated information, historical and current patient newsletters and PPG surveys now available. Repeat prescriptions and booking of appointments is now available via the website

Priority area 4

Description of priority area:
Repeat Medication

What actions were taken to address the priority?

- Implementation of the Electronic Prescribing Service (EPS) to save patients having to visit the practice to pick up paper copies of their repeat prescriptions. Instead patients will be able to choose a pharmacy that is convenient for them and the practice will send the repeat prescriptions electronically to them. This will save patients time and provide more choice about where they want to regularly collect their medication from. The system is reliable, secure and confidential.
- Implementation of a prescribing protocol for agreement between the surgery and pharmacist who collect and / or deliver prescriptions for Hall Green Health patients. This will ensure appropriate patient consent is in place, that the service has been fully explained to them, over-ordering does not occur, patient confidentiality is ensured, and the security of prescriptions.
- Establishment of a dedicated prescribing team at Hall Green Health to manage all requests for repeat prescriptions and

ensure they are issued promptly within agreed timescales (48 or 72 hours depending on whether there is a query).

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

- Training commenced in July 2014 and implementation followed shortly after
- Draft prescribing protocol agreed and copies distributed to local pharmacies
- Dedicated prescribing team established and in operation

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):

Action Plan

Improving the patient's experience is very important to the practice and as currently only 55% of patients are completely or very satisfied, there is further work to be done to determine what elements patients are most dissatisfied with. Feedback from other sources indicates the most frequent sources of dissatisfaction are associated with the ability to get through to the surgery by telephone or to book an appointment; especially with the doctor of their choice. Therefore the following improvements are planned:-

Theme: - Ability to get through to the surgery by telephone

Current Status:- During 2014, key performance indicators were introduced to reduce the maximum time patients had to wait for the telephone to be answered to 10 minutes. Although on the majority of occasions there has been a significant improvement in waiting times and calls are answered on average within 2 minutes, further actions are required to improve telephone access for patients

Action Planned:-

Further roll out on patient online access; enabling patients to book, change and cancel appointments on line, 24 hours a day, 365 days of the year

Implementation of Patient Partner allowing patients to book, cancel, check or change appointments at any time, night or day, using their telephone in anticipation that this will extend the time patients can phone the surgery to book an appointment and hence reduce congestion and the length of time patients have to wait for a receptionist to answer

Active monitoring of telephone response times by Team Leaders on real time basis using call logging system to ensure average call waiting time of five minutes and maximum waiting time of ten minutes at any time; with proactive corrective management. action taken to prevent breaches wherever possible and daily reporting to the Executive Partner and Business Manager

Promote use of automated check-in terminals which are easy to use and allow patients to check themselves in for pre-booked appointments to reduce the queues at the reception desk, allowing receptionists more time to respond to patients calls and those who need more assistance.

Theme: Dissatisfaction in being able to book appointments with the doctor of their choice

Current Status:- Hall Green Health is a large practice with 17 partners and 7 salaried doctors, Consequently, like many surgeries nationally, increasingly partners and salaried GPs are reducing the number of sessions they work throughout the week as they become increasingly involved in other clinical and non-clinical roles. As more clinicians work part time, patients can find it difficult to book appointments with the doctor of their choice; making continuity of care difficult to offer with one GP. In addition as GPs take sabbaticals, reduce the number of sessions they work, retire or leave it is increasingly difficult to recruit replacement clinicians, HGH has previously surveyed patients about whether they would find telephone consultations useful to them and 47% of patients responded they would like telephone consultations to discuss results, 31% for medication reviews; with other patients Therefore HGH are currently looking to extend the use of telephone consultations

Action Planned:-

To maximise clinical availability, a mapping exercise has been undertaken to identify gaps in capacity and a recruitment exercise has been underway since November 2014 to appoint additional doctor sessions to respond to demand. Despite several campaigns it has proved difficult to recruit salaried doctors and therefore long term locums have been engaged and the practice are recruiting additional Nurse Practitioners to assess, review and treat undifferentiated acute cases. Due to the number of vacant sessions which remain the 2 partners scheduled to take a six month sabbatical from 1/3/15 have reduced their planned absence to 3 months and agency locum sessions have been secured to maintain capacity.

Increasingly telephone triage and use of telephone consultations will be utilised to manage work load; enabling patients to speak to a doctor to receive advice and guidance, and discuss results, medication reviews, and chronic disease management without the need for a face to face appointment

Continuity of care – in the sense of a patient repeatedly consulting the same doctor and forming a therapeutic relationship – has been described as an essential feature of general practice in England. Generally, relationship continuity is highly valued by patients and clinicians, and the balance of evidence suggests that it leads to more satisfied patients and staff, reduced costs and better health outcomes. Continuity of care becomes increasingly important for patients as they age. We are aware that many patients value continuity of care in seeing a doctor or nurse who they know and trust. To improve continuity of care the practice is planning to move to a model of personal lists where patients are allocated to a named GP; with GPs being divided into smaller groups to enable the patient to see either their named GP, or one of the other,

restricted number of clinicians in that group. In the coming months, Hall Green Health will be providing information for patients about the clinicians in the practice, their availability for face-to-face/telephone consultation, publicising the practice's policy on personal lists and how accessing appointments will change to accommodate this.

Theme:- Access

Current Status:- Opening hours are advertised in the surgery, on the front doors, on the plasma screens, on the web site and in the practice booklet. Our opening times are 8.30 to 6.30 Monday to Friday, except Wednesday afternoon when the practice closes at 1pm. We also offer an extended hours surgery on Saturday and some week exec day mornings. Whilst 68% of patients are satisfied with our opening hours and 12% think they are fair, there is more to be done to ensure patients are able to access timely appointments and are signposted to appropriate out of hours services to reduce the number of unplanned emergency admissions.

Action Planned:-

Extended hours recommenced June 2014 with 4 clinicians (including partners, salaried doctors, nurse practitioners, practice nurses and HCAs available for pre bookable appointments every Saturday morning in addition to early morning surgery appointments being available during the week. However it is unclear if all patients are aware of the opportunity to attend surgery, especially on a Saturday morning, as these appointments are not always well utilised.

Greater awareness of the availability of extended hours and how to contact BADGER out of hours primary call centre to be promoted to patients via the practice's new website, plasma screens, the practice booklet and information provided by reception staff

Given the increasing demand for urgent appointments, the way in which the practice runs its same day surgery is changing. All patients requesting a same day appointment are now telephone triaged by a clinician to determine whether a face to face appointment is necessary or whether the problem can be resolved via a telephone consultation without the need for the patient to attend surgery. This enables a greater number of patients to be treated and those patients who require a face to face consultation being allocated an appointment, usually on the same day

As a result of the survey, we now have more information about the reasons patients do not attend their appointment and therefore we will be utilising this information to raise awareness with patients of how appointments can be changed or cancelled to avoid 250 appointments a week being wasted. The implementation of patient access and patient partner technologies should make it easier for patients to cancel the appointments they no longer need or are unable to attend.

We envisage a future service model where patients experience a transformational shift in how they access primary care. This will occur through the use of web enable mobile devices accessing a primary care portal which provides self-care advice and allows triaging and signposting to appropriate local services To this end, following the pan Birmingham patient forum on 15/1/15 which provided information about what could be done to improve access to primary care HGH is one of 49 practices across Birmingham who have submitted a joint bid to the Prime Minister's Challenge Fund entitled "Access All Hours – The Birmingham Way. If successful, GP services will be extended to include 12 hour weekdays and half day weekends through a series of integrated activities underpinned by data sharing , collaborative working and the use of technology; driven by patient needs to provide access for routine as well as urgent care through a network of partners

4. PPG Sign Off

Report signed off by PPG: YES/NO YES

Date of sign off: 19 March 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? Yes. The PPG chair, PPG volunteers, the reception team leaders and Patient Services Manager engage with patients in the waiting area and also those members of the PPG via Virtual contact 'email'

Has the practice received patient and carer feedback from a variety of sources? Yes. Via a Patient Champion who is a reception Team Leader. The Team Leader has worked on a protocol and has been presented to the PPG. The Team Leader has coordinated this initiative and already 500 carers identified by the practice. The social care department at Birmingham City Council, currently responsible for this project, will reduce on 1st April 2015 due to reduction in resources; they will support the practice with training sessions for PPG members and information for a resource directory until then.

The aim of the practice is to provide a signposting service and information resource directory for all carers within the practice.

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

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

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

The PPG and the practice work together to ensure that the patients are involved in a wide range of decision making as you can see from our evidence above. The PPG and Practice are pro-actively working together to improve our service. We both feel we provide an excellent services to both the patient and their carers.

Both the practice and the PPG continue to look for improvements and engage with other organisations to provide up to date guidance and advice on any new initiatives or services that may be of use.

Our Priorities for 2015/16 set in conjunction with the Practice and PPG are as follows:

1. Continue with Health Promotion presentations
2. Create a joint LCN PPG with the view to sharing 'Good Practice'

Engage with other organisations to provide further support for patients, carers and staff in sign posting to the appropriate service.