

**Bristol, North Somerset, Somerset and South Gloucestershire Area Team  
2014/15 Patient Participation Enhanced Service – Reporting Template**

Practice Name: Cranleigh Gardens Medical Centre

Practice Code: I85025

Signed on behalf of practice: Richard Reed (Practice Manager)

Date: 24/03/15

Signed on behalf of PPG: William HJ Bishop (Chairman PPG)

Date: 24/03/15

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

| Does the Practice have a PPG? We have an active PPG at Cranleigh Gardens which has been established since 2008  |       |        |        |          |       |       |       |      |    |   |   |     |       |       |       |       |       |       |      |          |      |      |      |      |      |      |      |      |     |  |  |  |  |    |    |    |  |
|---|-------|--------|--------|----------|-------|-------|-------|------|----|---|---|-----|-------|-------|-------|-------|-------|-------|------|----------|------|------|------|------|------|------|------|------|-----|--|--|--|--|----|----|----|--|
| Method of engagement with PPG and/or PRG: Face to face, Email, Other (please specify) We have held monthly meetings during the year face to face, email contact with the main PPG and virtual PPG and phone contact as and when required with members of the PPG & virtual PPG. .   |       |        |        |          |       |       |       |      |    |   |   |     |       |       |       |       |       |       |      |          |      |      |      |      |      |      |      |      |     |  |  |  |  |    |    |    |  |
| Number of members of PPG and/or PRG: We have 9 active members of the PPG committee  |       |        |        |          |       |       |       |      |    |   |   |     |       |       |       |       |       |       |      |          |      |      |      |      |      |      |      |      |     |  |  |  |  |    |    |    |  |
| Detail the gender mix of practice population and PPG and/or PRG: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <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 align="center">50.40</td> <td align="center">49.60</td> </tr> <tr> <td>PPG</td> <td align="center">33</td> <td align="center">67</td> </tr> </tbody> </table> | %     | Male   | Female | Practice | 50.40 | 49.60 | PPG   | 33   | 67 | Detail of age mix of practice population and PPG and/or PRG: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 10%;">&lt;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%;">&gt; 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td align="center">19.5</td> <td align="center">10.9</td> <td align="center">14.0</td> <td align="center">11.7</td> <td align="center">12.3</td> <td align="center">10.9</td> <td align="center">10.4</td> <td align="center">10.3</td> </tr> <tr> <td>PPG</td> <td></td> <td></td> <td></td> <td></td> <td align="center">11</td> <td align="center">33</td> <td align="center">55</td> <td></td> </tr> </tbody> </table> | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | Practice | 19.5 | 10.9 | 14.0 | 11.7 | 12.3 | 10.9 | 10.4 | 10.3 | PPG |  |  |  |  | 11 | 33 | 55 |  |
| %   | Male  | Female |        |          |       |       |       |      |    |   |   |     |       |       |       |       |       |       |      |          |      |      |      |      |      |      |      |      |     |  |  |  |  |    |    |    |  |
| Practice  | 50.40 | 49.60  |        |          |       |       |       |      |    |   |   |     |       |       |       |       |       |       |      |          |      |      |      |      |      |      |      |      |     |  |  |  |  |    |    |    |  |
| PPG   | 33    | 67     |        |          |       |       |       |      |    |   |   |     |       |       |       |       |       |       |      |          |      |      |      |      |      |      |      |      |     |  |  |  |  |    |    |    |  |
| %   | <16   | 17-24  | 25-34  | 35-44    | 45-54 | 55-64 | 65-74 | > 75 |    |   |   |     |       |       |       |       |       |       |      |          |      |      |      |      |      |      |      |      |     |  |  |  |  |    |    |    |  |
| Practice  | 19.5  | 10.9   | 14.0   | 11.7     | 12.3  | 10.9  | 10.4  | 10.3 |    |   |   |     |       |       |       |       |       |       |      |          |      |      |      |      |      |      |      |      |     |  |  |  |  |    |    |    |  |
| PPG   |       |        |        |          | 11    | 33    | 55    |      |    |   |   |     |       |       |       |       |       |       |      |          |      |      |      |      |      |      |      |      |     |  |  |  |  |    |    |    |  |

Detail the ethnic background of your practice population and PPG :

In addition to the categorisation detailed there are also 1779 patients who have refused to give their ethnicity to date

| %        | White   |       |                          |             | Mixed/ multiple ethnic groups |                      |              |             |
|----------|---------|-------|--------------------------|-------------|-------------------------------|----------------------|--------------|-------------|
|          | British | Irish | Gypsy or Irish traveller | Other white | White &black Caribbean        | White &black African | White &Asian | Other mixed |
| Practice | 69      | .3    |                          | 8           |                               |                      | .1           | .1          |
| PPG      | 100     |       |                          |             |                               |                      |              |             |

| %        | Asian/Asian British |           |             |         |             | Black/African/Caribbean/Black British |           |             | Other |           |
|----------|---------------------|-----------|-------------|---------|-------------|---------------------------------------|-----------|-------------|-------|-----------|
|          | Indian              | Pakistani | Bangladeshi | Chinese | Other Asian | African                               | Caribbean | Other Black | Arab  | Any other |
| Practice | .9                  | .1        | .1          | .2      | .1          | .1                                    | .1        | .2          |       | .6        |
| PPG      |                     |           |             |         |             |                                       |           |             |       |           |

Describe steps taken to ensure that the PPG and/or PRG is representative of the practice population in terms of gender, age and ethnic background and other members of the practice population:

- Virtual Group – Cranleigh invites every new patient to be on the virtual group as they register (form enclosed with registration pack) so that way we are covering every age group and ethnic group.  
This membership is representative of our wider practice population and one in which exchange of ideas, recommendations and general feedback can be made.
- Given the increase in our white non-British population we have identified that this group is not sufficiently represented and we have sent invitations throughout the year to join the PPG. We have had some success in recruiting to the virtual PPG and 24% of this virtual group is now white non British. In addition 27% of the virtual PPG are in the age range 25-34 making it much more representative of our younger age group. We have also targeted the white non British group with different nationality signs being put in reception with essential medical information in different languages. With this information we have also given brief details on the PPG group as well as invitation to ask about the group and joining the PPG.
- We have undertaken a number of recruitment drives, using notices in waiting rooms and on the call screens; direct invitation from clinical staff during consultations. Leafleting, and face to face recruitment exercises in the surgery by current PPG members. We

have also encouraged patients to complete sign up forms via our website, to complete sign up forms via a dedicated notice board within our patient information area and included invitations with every new patient pack. We regularly detail recruitment within the PPG newsletters which is also put on line and sent to all virtual members. A member of the existing PPG wrote an article detailing what kind of activities that were involved by the group and the good work they did to try and encourage patients to join.

- Contact has also been made to the local health visitors asking them to approach the wider community that we do not always see on a day to day basis. The emphasis has been to try and ensure a good spread of age ranges and ethnic background where possible. It is clear however that recruiting new members of any age or any background is challenging. The greatest success continues to be in that age group where the patients have more regular contact with the surgery as they get older. Through discussions with younger patients time constraints and working during potential meetings continues to have an impact on their availability to committing to join the group. The PPG remains focused on all patients when considering activities to be undertaken and is why one of the priorities for the year was accessing the surgery through technology which was aimed at all age group and backgrounds.

Following our efforts we have had some success in attracting three people with an interest in becoming members of the PPG. This has led to one joining their first meeting in March of this year.

- Whilst undertaking PPG patient training exercises in September and December all represented and non- represented patient groups coming through the surgery on those days were approached to joining either the virtual or main PPG. This demonstrated an attempt to engage a true representation of those patients we see through the surgery on a day to day basis.
- Invitation to Bridgwater College for a representative to join a PPG meeting.

Are there any specific characteristics of your practice population which means that other groups should be included in the PPG and/or PRG?

e.g. a large student population, significant number of jobseekers, large numbers of nursing homes, or a LGBT community? YES/NO

We adopt an all- inclusive policy to engaging all potential patients regardless of their age, ethnicity or background. There are no specific

characteristics of our patient practice population that have singled out any group other than those already detailed.

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 sources of feedback used to formulate discussion included the :-

Friends & Family pilot tests- In October 367 responses were received equating to 12% of consultations during that period. Any individual written feedback that was detailed on these responses was also reviewed.

National GP Patient Survey Results were reviewed at the PPG monthly meeting in October. Synopsis of results was discussed with some outstanding results being achieved in relation of telephone access, overall experience of making an appointment, our availability of opening hours and the overall patient experience and the high percentage that would recommend this practice. Areas for improvement were also discussed including helpfulness of the reception staff and time available for the nursing team.

Review of emails received to the PPG email address.

CQC review including independent questionnaire feedback and face to face questioning of patients.

Local surveys relating to internet access for patients in relation to booking appointments, accessing medical records and repeat prescriptions. PPG members speaking to patients during training and recruiting sessions.

NHS choices feedback.

Annual review of complaints and suggestions.

Patient suggestion box, feedback to reception staff, feedback to clinical staff.

Review of social media comment via own Facebook page.

**How frequently were these reviewed with the PPG and/or PRG?**

The frequency of reviews are monthly or bi-monthly as agreed by the PPG and in conjunction with scheduled PPG meetings. A full and detailed review of the year's feedback was undertaken at a monthly meeting with appropriate priorities for action being agreed. Generally the feedback in all respects was extremely positive but areas for improvement were highlighted.

### 3. Action plan priority areas and implementation

#### Priority Area 1

##### Description of priority area:

Patient Online access. From discussion and feedback to the PPG it was agreed to seek patient knowledge and accessibility of online facilities. In view of increasing patient demand in an attempt to help the patient experience for those that wanted to, online options to be understood and used by more patients.

A local survey was completed by asking staff at reception, emailing virtual PPG group and including the survey in the monthly newsletter. Results of the survey were as follows:-

1. Do you use the internet in any way to interact with the surgery?

Yes 30%

No 70%

2. Do you know you can book some routine appointments on line?

Yes 56%

No 44%

3. Do you know you can order repeat prescriptions online?

Yes 70%

No 30%

4. Do you know how to book routine appts or order prescriptions online

Yes 23%

No 77%

5. I am likely to access my medical records online 30%

6. I am unlikely to access my medical records online 70%

These results were discussed with the PPG and it was agreed that promotion of how to access online facilities was important primarily to give patients another format of accessing the practice. This would be important for those patients that had access problems and for a large number of patients that were working through the day and unable to call into the surgery or have time to phone during the day. This would also in turn help the pressure seen on reception as the practice continues to grow through patient demand.

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

Discussed results with IT manager and reception supervisor to clarify the best options of increasing patient knowledge and usage of online facilities.

The website has been updated to give clearer instruction to patients, reception staff have been speaking to patients to advise them of the changes. To prompt discussion a revised flyer and information sheet were compiled and given out to patients to give clear instruction on how to access online facilities.

Our patient information screens in the waiting area were also updated with clearer instructions and the results of the survey were detailed

within the PPG newsletter given to patients and sent to the virtual PPG.

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

The impact on patients has been a greater choice of access and a better understanding of how to access the surgery online. This has added flexibility to the way they interact with the surgery and improved overall access

We have seen an increase in online usage for repeat prescriptions by 45% from March 2014 to March 2015. We have seen an increase in online apt booking by 32% from March 2014 to March 2015.

We will continue to promote and advertise with posters and information flyers.

These results have been publicised in the PPG newsletter 'Your Voice' which is sent to all virtual PPG and PPG members. This information is also available within the surgery in patient waiting areas and within in our communication board. This has also been discussed with the PPG group itself and publicised on our website (through this report).

## Priority Area 2

**Description of priority area:** On reviewing the various elements of feedback and in particular the National GP Patient survey results one of the lower scoring areas was the helpfulness of the receptionists. 81% of respondents found the receptionists at the surgery helpful. This was not a bad score but a lower scoring area for the practice. In an attempt to improve all aspects of the practice it was agreed to review the service received by the reception team and make any appropriate improvements.

What actions were taken to address the priority?

On reviewing roles and responsibilities it became apparent that there was not any uniform set of service standards set for the reception team. On discussion with the reception supervisor a set of service standards were drawn up and given to all reception staff to adopt. These focused on expectations and activities to be undertaken within the following key areas:-

Courteous & Respect

Communicate & Listen

Helpful & Kind

Informative

Timely

Compassionate

Continuous improvement

To ensure standards were fully adopted and adhered to staff observations were undertaken to ensure the practice was giving the best level of service it could. From completing observations it was apparent there were pressure points in patient demand which made it harder to maintain service levels. An ongoing plan was drawn up to support the reception team with more resource and redirecting staff resource to support this area and other key roles within the practice.

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

The reception team have fully embraced feedback and actions and we have seen some excellent positive feedback from patients in the last quarter of 2014 and start of 2015. These have been in the format of the following :-

A significant increase in the number of compliments/thank you cards which we collate and monitor

Friends & Family feedback very positive within pilot carried out in October where written feedback relating to the reception staff was extremely positive and was publicised on our website. From January we have monitoring results & feedback and again this looks extremely positive.

CQC feedback – During our inspection in November the CQC independently completed patient feedback questionnaires as well as speaking to patients in the waiting room. It was very pleasing that there was no negative feedback in either format of asking patients their thoughts. 21 comment cards were completed by patients and given to the CQC in advance of their visit. In our CQC report they commented that all cards contained positive descriptions and staff were described as polite, efficient and professional.

Additional reception resource has been taken on in January with a slight increase in available hours. The practice will be interviewing for an apprentice in April with candidates shortlisted through Somerset Skills & Learning

These actions and resulting feedback were discussed with the PPG at a monthly meeting on 21<sup>st</sup> October who were happy with the actions taken. This has been further publicised within the PPG newsletter 'Your Voice' which is available in the surgery and sent to virtual members. Findings have also been publicised on the practice website.(through this report)

### Priority Area 3

**Description of priority area:** Patient access and acute pressure seen on patient demand for same day appointments and routine appointments on Mondays.

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

Discussed in detail with the PPG to gain an understanding of the demands for patient access. Whilst continually busy through the week with an ever growing patient list Mondays were highlighted as the day with the greatest demand with frustration from patients and pressure on the surgery in meeting demand.

Telephone triage had been adopted at the start of 2014 by all the Doctors and whilst this was the only way to manage extreme patient demand some patients were abusing the system by requesting continual urgent contact. The PPG felt that many patients were affected by the actions of a small percentage of people. The practice has undertaken monitoring of this situation in consultation with the doctors.

It was further agreed to update patient screens warning of position on Mondays and to avoid this busy time for routine requests as well as ordering routine prescriptions. Reference made to online options in line with priority one to reduce demand.

Discussed utilising the telephone system to better deal with the volume of calls. The practice telephone provider has subsequently undertaken a site visit and in conjunction with the practice introduced a simplified automated message system to better manage and route incoming calls. This has included bypassing calls to other parts of the practice and routing calls to our busy dermatology clinic from reception to ease the pressure on this area enabling them to deal with same day requests. Following a few teething problems this has improved matters but we will continue to monitor.

A follow up meeting with the partners and appointment co-ordinator was undertaken given the pressure seen and further actions agreed as well as endorsing the suggested changes already detailed. This included utilising 2 on-call doctors for Monday mornings and increasing the number of booked day only appointments by slightly changing working patterns. In addition clinical meeting time has been reduced on Mondays to allow further time with patients.

Overview of all appointment and triage appointment timings reviewed to ensure fit for purpose.

Agreed that time permitting one of the partners will join future PPG meeting to give their perspective of patient access the pressures seen and how they are coming with demand. The first such follow up session is planned for 24<sup>th</sup> March.

Promotion of the Surgery Pod has been undertaken through the year. In particular members of the PPG have undertaken two sessions where they have made themselves available to demonstrate how to use the equipment to patients. This in due course will help patient waiting times and access as patients are able to undertake routine checks without seeing a clinician. For information you can undertake the following on the Surgery Pod:-

- Take your blood pressure
- Take your weight and calculate your BMI
- Enter information regarding your lifestyle i.e. smoking, alcohol, exercise and diet
- Carry out a series of stress and anxiety questionnaires

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

The initial results are greater patient access on Mondays and we have seen an improvement in managing patient demand by reception and the clinicians.

This initial improvement will be reviewed by undertaking a follow up meeting with partners of the practice to gauge the impact of the changes made as well as seeking feedback from the PPG at future scheduled meetings.

These actions and resulting feedback were discussed with the PPG at a monthly meeting on 24<sup>th</sup> March who were happy with the actions taken. This has been further publicised within the PPG newsletter 'Your Voice' which is available in the surgery and sent to virtual members. Findings have also been publicised on the practice website.(through this report)

**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 existing PPG has been in existence for some considerable time and are particularly proud of what they have achieved over the years with the absolute highlight being the full involvement in moving premises in 2011. The then chair of the PPG opened the new practice.

More recently the practice was inspected for the first time in November 2014 and the PPG played an important part on the day in giving feedback to the inspection team. At short notice members changed plans and played their part in making the day a great success. Three members of our committee have also played made representation at the federated PPG and county group meeting.

The previous work undertaken is as follow:-

2013/14. The group had hoped to install a patient information computer in the waiting room at the surgery and then analyse the use and value of this as the next stage of their project in 2013.

However, shortly thereafter the ideas piloted by the group were taken on board by the County IT team and we understand that a Patient information computer (one of the main planks of the PPG project) is to be supplied to all practices in due course. Unfortunately this has not yet been completed and the group were therefore notable to take the project further until such times as the computers are installed. It is disappointing that there has been no progress county wide with this project but we continue to liaise with the IT team and the PPG are aware of the ongoing situation.

As the group were unable to continue with the IT project they looked at telephone consultations and telephone triage.

For telephone consultations a questionnaire was completed regarding the quality and expectation regarding the patient experience. The PPG considered the results and felt that to be fair on patients they should be advised, when booking a routine phone call, when the GP was likely to call them back.

The PPG appreciated that each GP works to their own schedule and manage their surgeries in balance with their other work, checking results, discharge letters, insurance reports, visits and scripts in their own individual way. The committee felt that it was not realistic for all the GPs to call back at the same time or, at busy periods, for them to all to be required to call back in the morning.

They therefore made a recommendation to the partners that each GP be asked to provide a window during which they would hope to undertake their telephone consultations which could be indicated to the patient when the appointment was booked. This would ensure that patients were not left waiting for a call all day and reduce the likelihood of a flurry of calls in the evenings with patients chasing calls from GPs.

This recommendation was accepted by the Partners and each GP has now identified a 1-2 hour time slot within which they will each try to undertake their calls. As patients book a routine call with their chosen GP they are now given the time window for that call. These time periods are specific to each GP. This arrangement commenced in December and to date is working well.

For telephone triage The PPG felt that the trial of triage for same day appointments was looking very positive. Particularly as the practice had seen a considerable increase inpatient numbers since relocating the current site. It was agreed that an extension of this trial to all GPs should be considered and has subsequently been adopted as standard working practice.

It was also suggested that training may be needed for those GPs unfamiliar with this type of consultation and this recommendation was also accepted and training scheduled for early in 2014.

The PPG were concerned to ensure that patients were not “lost” within the system and bounced from one session to another when they did in fact need to be seen. The GPs were asked to recognise and manage the system to prevent this occurring and to agree protocols whereby such patients could be picked up quickly. Training took place and the surgery has adopted telephone triage for all doctors throughout 2014.

2012/13 The idea for the in house computer was developed within this year and is addressed in the year after report.

A detailed analysis of phone call handling was undertaken with 2 surveys completed. This was following patient feedback that a dedicated line for general queries would be a good option. Survey 1 monitored 1000 calls made into the surgery with only 14% being for general queries. A further survey was initiated where staff were asked to write down the nature of general query calls over a week to indicate if they were able to answer immediately, had to put caller on hold or had to call back. Whilst the PPG felt it was a viable option and the telephone provider was engaged with a second apprentice being taken on that year matters were not progressed. Telephone handling has not caused an issue in subsequent years and the practice to score highly in patient questionnaires regarding this aspect. This aspect has however been revisited with access on busy days and addressed in the latest report for the current year.

2011/12 – Following a move to new premises and an increase in patients joining the surgery the committee agreed to approach patients to understand the following:-

- Their knowledge of NHS funded services already offered at the practice
- Interest in the extension of some of the existing services
- Interest in a number of listed additional services it might be possible to offer at the surgery
- Interest in complimentary services
- Suggestions for additional services.

Results were discussed and taken forward in the form of a Better Me project providing an opportunity for patients to take more interest in and better control of their own health.

#### 4. PPG Sign Off

Report signed off by PPG : YES

Date of sign off: 24/03/2015

How has the practice engaged with the PPG:

Following a year of change with a new practice manager there has been full engagement with the PPG through monthly meetings and ad hoc discussions with individual members of the PPG. This included 1:1 discussions with the Chairman to give a briefing of the work previously undertaken by the PPG. Monthly meetings are open and informal and all parties speak freely regarding any issues. Members felt fully engaged and that their thoughts and recommendations had been listened to.

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

By using the virtual group to get a younger & more diverse ethnic participation. A number of recruitment initiatives where PPG members have spoken to patients. Using notices in the surgery information area, messages on the patient information screens & direct invitation from clinical staff during consultations. Open invitation and discussion during training events undertaken by the PPG when showing patients how to operate the surgery POD. Agreed at latest meeting to invite representation from Bridgwater college.

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

Yes by reviewing various sources including Friends & Family test, GP national survey, and local surveys sent to the virtual PPG given to patients and included in the PPG newsletter. NHS choices, CQC feedback, review of complaints and a designated email address advertised on the practice website.

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

Yes all priority areas were discussed at meetings held during the year. This was formalised in a meeting in October where information from various sources was reviewed and we selected the priorities we felt would have the most benefit. Initial ideas were discussed agreement made on what we could do and evaluation of actions and what impact this had on patients has been made during the year. Priority one came from an initial idea by us in respect of accessing patient records and use of online facilities. Priority 2 was decided following a review and analysis of the GP national survey where we concentrated on the lower scoring areas. Priority 3 was the result of open discussion at one of our monthly meetings where pressure was seen on patient access.

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

Priority 1 has seen more options to patients in the way that they can interact with the practice. There has also been an increase in online usage which has allowed patients to book appointments and order repeat prescriptions easier. Priority 2 has seen an improvement in the service provided evidenced by CQC report, CQC comment cards, Friends & family test and more compliments and less complaints. Priority 3 through change to working arrangements has led to greater patient access at peak times; this concept may be rolled out to other days.

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

Most important aspect is that we felt fully involved, listened to and taken notice of. This is demonstrated in the improvements seen. Notice has been taken regarding our responses to suggestions. We also feel that there has been effective use of money and that we have an excellent practice from receptionist through to clinicians.

