

Annex D: Standard Reporting Template

Cheshire, Warrington & Wirral Area Team
 2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Boughton Medical Group

Practice Code: N81034

Signed on behalf of practice: Rachel Kennouche, Practice Manager

Date: 20th March 2015

Signed on behalf of PPG : Mr Clive Jones, PPG Chair

Date: 24th March 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) - Face to face (monthly), email (weekly), Committee meetings (every 6 weeks), PPG Meetings (4 monthly) | | | | | | | | | | | |
| Number of members of PPG: 21 | | | | | | | | | | | |
| Detail the gender mix of practice population and PPG: | | | | | Detail of age mix of practice population and PPG: | | | | | | |
| % | Male | Female | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 |
| Practice | 6,085 | 6,066 | Practice | 1,825 | 1,060 | 1,907 | 1,810 | 1,798 | 1,581 | 1,333 | 837 |
| PRG | 9 | 12 | PRG | 0 | 0 | 0 | 0 | 1 | 6 | 7 | 7 |

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 | 6626 | 61 | 0 | 517 | 3 | 3 | 14 | 59 |
| PRG | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |

| | Asian/Asian British | | | | | Black/African/Caribbean/Black British | | | Other | |
|----------|---------------------|-----------|-------------|---------|-------------|---------------------------------------|-----------|-------------|-------|-----------|
| | Indian | Pakistani | Bangladeshi | Chinese | Other Asian | African | Caribbean | Other Black | Arab | Any other |
| Practice | 214 | 22 | 41 | 46 | 76 | 46 | 3 | 3 | 3 | 1 |
| PRG | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |

Totals – Declared Ethnicity 7,743 (Ethnicity not declared [historical data] = 4,408)

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: [On 12th November 2014 we specifically invited an additional 60 patients in the age range 25 to 55. We also invited an additional 25 patients of other ethnic groups \(other than White British\) to the meeting. We also changed the time of the meeting from 2.00 pm / 3.30 pm to 5.30pm/ 7.00 pm.](#)

[We also asked every GP, Practice Nurse and Managers to nominate 5 new patients to attend the meeting. Only one additional patient in the age group 25 to 55 attended. Like most PPG Meeting Groups we do find it difficult to get patients under the age of 65 to engage/attend.](#)

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

No, our patient population largely comprises of an average UK population with a 16% (average) immigrant population.

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 conducted a local patient survey with the help of our PPG. This was over a three week period and we surveyed 576 patients in total.

Any suggestions/comments made by patients are discussed with the PPG Committee/PPG Chair.

How frequently were these reviewed with the PPG? 6 weekly

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

GP Access - as a Practice we continue to perform below the national and WCCCG average for the amount of time and involvement our GPs are able to give to patients. Long term sickness absence for one GP over a 12 month period (June 2013 to July 2014 was a major factor). The use of GP locums does not manage demand, in general practice it tends to only defer it. Patients often return in order to meet with their regular GP for a longer term healthcare plan.

The Practice identified the need to increase GP capacity to cope with this and the 7% increase in demand in just one year.

What actions were taken to address the priority?

The Practice conducted a Capacity Analysis in October 2014, this demonstrated the volume of consultation grow from 64,800 to 69,300 (2014/15) over one year. This +7% growth was with the same number of FTE GPs and Nurses (11.5). The decision was made by the GP Partners to recruit a further salaried GP in addition to that undertaken last year. The full cost of this (est @ £97,300 including NI/ Superannuation and MDU) will be met by the Partners by way of reduced drawings.

The goal is to meet both 48 hour access targets and to also increase consultation time from 10 to 12 minutes. A growth in demand of 7% of the number of consultations and the expenditure in excess of £50k on locums underlines the need for longer term investment in capacity and resources. There will be no reimbursement from the NHS again in 2014/15 without the commitment to 12/7 working in General Practice.

We also have an active “Did Not Attend” process and we have reduced our average DNA rate to 1.6% (almost half of the UK average rate of 3% and the Secondary care rate of 10%). We will continue to monitor and manage our DNA multiple repeat patients who misuse the system and disadvantage our other patients. Our current DNA patients (repeat DNAs) waste the equivalent of $\frac{1}{4}$ of a GP per annum.

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

The Partners interviewed Salaried GP applicants on Saturday 28th February 2015 with a view to appointing an additional 1.5 FTE. They will be in post for early April 2015.

This will be publicised on the Practice website and in the Spring newsletter.

Priority area 2

Description of priority area:

Getting through to the Practice on the telephone – whilst this has improved this year we continue to be only just above the national average stats. The telephone system is 14 years old was becoming unreliable and obsolete. As no NHS funding is available for this the Partners agreed to fund this project at a cost of just under £10k.

What actions were taken to address the priority?

The Practice has spent £10,000 on a new digital telephone system with significantly improved call reliability. We also now have to ability to monitor call volumes, analyse peak demand and call answering stats. This will help to improve the patient experience in contacting the Practice as the staff rota can reflect the peaks/troughs of the day.

The Practice has also spent a further £50,000 (without any re-imburement from the NHS) on building a new CWP Community Team Room, a new Community Reception Room and 2 new GP/ Nurse Consulting Rooms. These will accommodate our two new salaried GPs (one from April 2014 and two in April 2015). This was funded by way of a bank loan over 10 years.

The Practice recruited a third new Apprentice in November 2014. This was to cover the continuing long term sickness absence of a Staff member (22 months). The additional cost of £5,866 will also have to be met by the practice without any reimbursement from the NHS. This will help to cover the telephones, especially at the critical times of 8.00am to 8.45am.

The Practice has had to pay over-time of £1,100 to bring additional Reception Staff in to cover the telephones at key times during the busy summer holiday period. This was an interim measure to cover basic daily tasks until we had recruited and trained the new staff up to basic standards.

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

National Patient Survey results – “Ease of getting through to somebody on the phone” – stats for July 2013 were 79.8% but in June 2014 this has increased to 83.6%

The consulting room and new telephone project was discussed at the PPG meeting on the 11th June 2014. This was also publicised on the Practice website and in the Practice newsletter.

Priority area 3

Description of priority area: Improving Patient Self Help and Signposting to increase patient's awareness of alternatives to A+E, OOH for minor ailments.

What actions were taken to address the priority?

The Practice actively promotes self-care on a daily basis but we highlighted this further by working collaboratively with the PPG for the Self Care Week (17-23 Nov 2014). This was also discussed at the Nov 2014 PPG meeting and the PPG members pro-actively promoted this in the waiting room. The PPG member's sign-posted patients to voluntary sector organisations handed out common self-help leaflets and promoted Pharmacy First. As part of the self-care campaign we also invited the Carer Link to the November 2014 PPG meeting. She gave a talk on the definition of a carer, explained some of the benefits available and chatted to the group on idea how they can increase the Practice prevalence.

More recently the Practice and our PPG have been involved in a local Patient Self Help Group (Vicars Cross Community Group). On the 11th March 2015 they held a "Healthy Living Event"; we combined with Heath Lane Medical Centre to offer BP checks, BMI checks, smoking cessation advice, healthy eating advice and signposting patients to local services (e.g. Carers Link, Age UK, Alzheimer's Society, Bereavement Support and Counselling). We also promoted the use of Pharmacy First, Extended Hours Services and NHS 111.

The Practice will also to continue to emphasis and promote the availability of Patient Access (online booking/cancellation of appointments, repeat prescription ordering, change of address, BP Reading) which has been available to patients at the Practice since 2004. The Practice has offered appointments up to 14 days in advance, 48 hour and on the day access. We will continue to highlight this service to all new and existing patients. We currently average three times the national average of online booking with 18% of appointments being booked on-line. The Practice has a set target to reach 30% by the 2017. In Autumn 2014 the Practice started to offer patients the ability to book Phlebotomy appointments on-line ad then expanded this to Advanced Nurse

Practitioner appointments on-line. This has been well received by patients and has received positive feedback.

We have recently extended this service by offering full access to on-line medical records as from the 2nd February 2015. We worked closely with the PPG Committee members on a 6 week consultation process, this included PPG feedback on the patient leaflet, questionnaire and support with the marketing campaign. In the launch week the PPG also assisted by promoting the service in the waiting room.

We have also been offering Electronic Prescribing since summer 2013. This has been a valuable contribution to improved patient service and the reduction in administrative workloads in the Practice. Lost prescriptions have been reduced by over 90% due to the full audit trail provided by EPS2. We will continue to promote this service to drive up standards of patient service and great practice efficiency.

Result of actions and impact on patients and carers (including how publicised): Practice Newsletter; Practice Website and PPG Quarterly Meetings

The figures from the National Patient surgery demonstrate the % of patient booking on-line appt – the national average 5% but the Practice performance in June 2013 was 14% and in December 2014 this increased to 18%. Currently the Practice has 2358 patients signed up for Patient Access; this is 19.4% of the practice population.

Since the launch of the “bolt on” access to online medical records the Practice has seen a 370% increase in the weekly average 5 patient requests for Patient Access.

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):

Progress on the 2014 Scheme:

Action Plan Agreed with PPG Committee

Patient Survey Results July 2014

City Locality (BOUGHTON MEDICAL GROUP)

66% definitely have confidence and trust in the GP *WCCCG Average = 69.7%

88% would recommend the surgery (WCCCG Average = 81.1%)

This surgery has an overall rank of 1894 out of 7952 in England (NHSE Top 25%).*Boughton Medical Group ranked first (out of 13 Practices) in Chester City and seventh (out of 37 Practices) in West Cheshire CCG. Boughton ranked in top quartile in NHS England. We project that the addition of our additional GP (Dr. Ed Henry) will raise the patient satisfaction levels to well above the WCCCG average by the time of the next National Survey.

1. GP access remains a concern following recent sickness absence. The Practice will be recruiting and additional FTE Salaried GP (at its own expense) to increase the number of GP consultations available to patients. We also aim to move from 10 to 12 minute patient consultations.
2. Patients being able to get through to the Practice by telephone is better in 2014 than it was. However volumes remain an issue. The Practice has decided to invest £10k in a new Digital telephone system. The current telephone system is 14 years old and is old technology and also it is known to be at the end of its useful life.
3. The Practice will recruit an addition FTE Apprentice to increase staff numbers and to help us to have more staff available at keys times. To date we have recruited 3 Apprentices over the past 6 years and they have all been taken on as permanent staff in due course.

PPG Sign Off

Report signed off by PPG: YES/NO **YES**

Date of sign off: **24th 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?

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

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?

We meet with the PPG Chair monthly, the PPG Committee meet every six weeks; we hold PPG meetings every 4-6 months. The PPG also manage a virtual google group. The PPG meetings at the Practice have a pre-agreed agenda and the minutes are published on the website and distributed to all PPG members by email. The PPG Committee and Chair are closely involved in all of our planning processes. We also get regular and positive feedback from the patients and carers from our website links (asking for feedback)

We conducted our own local patient survey in July 2014 and received back 576 individual surveys (4.8% of our patient list size). The PPG met in November 2014 after the patient survey findings were published in October 2014. Our local and national patient survey has shown a significant improvement over the 2012 and 2013 surveys. Boughton Medical Group came 1st out of 12 City Practices and 7th out of 36 WCCCG Practices in the National Patient Survey in 2014. Once we have recruited our 1.5 Salaried GPs (due April 2015) we will have replaced our long term salaried GP absence (12 months) and aim to move towards a goal of 12 minute GP consultations (currently 10 minutes) to give GPs more time with patients and to involve them in their health care plans in more depth. The PPG Chair attended a Practice Business meeting in September 2014 to discuss the results of the survey with the Clinicians and Management Team.