



Standard Reporting Template

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

Practice Name: TORRINGTON HEALTH CENTRE

Practice Code: L83026

Signed on behalf of practice:  Date: 27/2/15

Signed on behalf of PPG: 

Date: 27/2/15

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.

Number of members of PPG: 12

Detail the gender mix of practice population and PPG:

| % | Male | Female |
|----------|------|--------|
| Practice | 49% | 51% |
| PRG | 41% | 59% |

Detail of age mix of practice population and PPG:

| % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 |
|----------|------|-------|-------|-------|-------|-------|-------|------|
| Practice | 17.2 | 8.6 | 8.2 | 10.7 | 14.5 | 15.2 | 14.6 | 11 |
| PRG | 0 | 0 | 9 | 0 | 9 | 16 | 33 | 33 |

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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 | 99.5% | 0.1 | 0 | 0 | 0 | 0.05 | 0.13 | 0.15 |
| PRG | 100% | | | | | | | |

| | Asian/Asian British | | | | | Black/African/Caribbean/Black British | | | Other | |
|----------|---------------------|-----------|-------------|---------|-------------|---------------------------------------|-----------|-------------|-------|-----------|
| | Indian | Pakistani | Bangladeshi | Chinese | Other Asian | African | Caribbean | Other Black | Arab | Any other |
| Practice | 0 | 0 | 0 | 0 | 0 | 0.03 | 0 | 0 | 0 | 0.01 |
| PRG | | | | | | | | | | |

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:

It is pleasing to report that we have a strong patient group who have meet here at the Health Centre since 2006. Whilst the membership has changed over the years there are some that have been on the group from the start. We advertise on the practice website and there is mention of the group in the practice brochure. At the suggestion of the group, applications to join are included in the forms which new patients complete and it is included on the television screen in the waiting area. We advertise meetings on our notice board but despite all these avenues, like other practices, it is proving difficult to get an age demographic split which accurately reflects the split of our patient population. In addition, reference to the group and its meetings are included on the practice newsletter. We will continue to explore other means of advertising

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

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:

We are always keen to look for feedback and try to make it as easy as possible for patients to respond. We set up a feedback box where patients could post comments similar to the Friends and Family Test introduced later and this produces some very positive comments. We also use the surgery complaints and significant event analysis as further means of feedback. It is important to share positive as well as negative feedback and that is particularly highlighted around Christmas and the positive comments received then. The Patient Group is clearly a fruitful avenue for feedback and we are always keen to listen to their comments. NHS Choices has proven a limited resource for feedback although again any comments received are discussed. Finally, this year we have seen the National introduction of the Friends and Family Test and although it is in early stages, we have been greatly encouraged by the responses so far received.

How frequently were these reviewed with the PRG? The group meets on a quarterly base and the feedback is shared as part of the meeting so that firstly we can inform the group of changes made as a result of the feedback but to also get their view on comments made.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Appointment System

What actions were taken to address the priority?

A review of patient demand was undertaken to identify the issues which had been previously identified with the challenges of dealing with increasing demand for appointments.

Previously, we held back 3 urgent appointments per working GP for each working session. Whilst that did provide patients the ability to book in advance it did limit appointment availability on the day and also meant that patients who could not book in the morning session were offered the option to ring back in the afternoon to book urgently. This was inefficient and inconvenient to patients. We still offered the option that if the need was urgent they could come and sit and wait and they would be seen.

The system was changed so that 3 appointments each session were held back and released 72 hours before time. This had the effect of easing appointment availability.

The second recent change is to the duty doctor system. The rotational doctor on duty now has 2 hours of bookable appointments on the day. This has meant that we are able to offer a more flexible daily booking system.

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

We are encouraged by the change. It has certainly improved patients ability to book appointments. The changes have been discussed with the Patient Group and will be reviewed at our next meeting for any feedback.

Priority area 2

Description of priority area:

Patient Car Park being full at certain times

What actions were taken to address the priority?

It is acknowledged that having a free car park so close to town is a disadvantage in that it is open to abuse. We have operated a National Car Parking penalty notice for some time but it is difficult to identify offenders as there could be good medical reasons to explain why vehicles occupy a space for a long time. A limited amount of tickets have been issued, which is a positive and I am sure the signs do focus the mind. It has also coincided with the fact that we are no longer having cars abandoned in the car park which is excellent.

In discussion with our neighbouring practice, Castle Gardens, it has been fed back by patients that patients are not parking in the respective car park. Notices have been displayed in both surgeries asking for patients to use the correct car park.

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

We are fortunate in having 19 spaces in one car park and another 7 in a second which is a high ratio for the number of patients. That said, it is very important that there are sufficient spaces when a patient who needs to park close to the surgery, can. We will continue to publicise our vigilant monitoring and the need to ensure patients only park in the car park when they are attending the practice.

Priority area 3

Description of priority area:

Confidentiality and waiting times

What actions were taken to address the priority?

In recent years we have had some substantial internal upgrades to the building. Part of which was the removal of the glass screens and an open plan reception area. This has caused some patient comment regarding confidentiality and this added to other comments around waiting times lead us to investigate an automatic check in screen and in the interim a way of reception advising patients of potential delays.

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

New Check In screen installed in February. Early indications are that it is reducing queuing at reception desk, has improved confidentiality as conversations not now overheard. New screen does indicate waiting times which is helpful. Music playing in waiting area has received a very few negative comments but in the main it does help with confidentiality. The doctors have recognised that keeping appointments to 10 minutes is challenging in some cases and it is right that patients are given the time they need. To acknowledge this they have built in catch up slots to their surgeries spread out throughout the session so that if there is an overrun in the appointments there is the ability to catch up.

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 three key areas identified last year as a result of the patient survey were:

1. Chance of seeing a doctor/ nurse within 48 hours. This has been an area we have always been keen to improve and from the changes and catch up slots we did see improvements but I think the latest changes have added yet more benefit. This will remain an on-going process as times change.
2. Chances of seeing a doctor of choice. Linked to the first item we have made changes which have improved matters. We have gone through a period of change over recent times with two GP's retiring who had been with the practice for many years, but we now have a stable new team which should remain for many years to come.
3. Length of waiting time. The PPG has acknowledged that patients are not rushed at this surgery and that GP's give them the time and they have commented that they are not treated as a number. This has the disadvantage of waiting times being longer but there is a balance to be struck and the new screen this year should help with patient expectation.

4. PPG Sign Off

Report signed off by PPG: YES/
Date of sign off:

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?

As stated before the PPG here in Torrington has been running since 2006. They meet every quarter and at the meetings we review progress made against the action plan, staff changes, process changes and matters which might affect them in the wider NHS. A topic that has been on-going for some time has been the impact of the changes to the Torrington Cottage Hospital and feelings in the town has been shared.

Feedback from various sources such as the suggestion box and the Friends and Family Test have been shared with the group and it has been expressed that these mirror the impression of the group members.

As a practice and a patient group we are very positive with the years ahead. Over the last few years, money has been spent on the surgery improving particularly the environment of the waiting area and patient experience whilst attending the surgery. We all feel the new check in screen will improve many of the issues mentioned before including waiting times and confidentiality.

We have made further changes including the ability to leave repeat prescriptions with the dispensing team to be ordered at a later time to avoid having to call in with the request later in the month. We have also just taken on electronic prescribing which has enabled those town patients who collect their medication from a pharmacy the ability to nominate a pharmacy of their choice.

Finally, we are very pleased with the new team of GP's who are joining Dr Thomas and Dr Mogge. They have all worked in the area and although have been only with us a short time we are receiving some very positive verbal comments. It is also very pleasing to report that we are welcoming back Dr Amerasinghe from maternity leave.