

Standard Reporting Template

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

Practice Name: **CARNON DOWNS SURGERY**

Practice Code: **L82061**

Signed on behalf of practice: **Mrs Sally Rickard**

Date: 30th March 2015

Signed on behalf of PPG: **Mr Geoff Aver**

Date: 27th 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, Other (please specify) Regular meetings, face to face and via e-mail | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of members of PPG: 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Detail the gender mix of practice population and PPG: <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 style="text-align: center;">2514</td> <td style="text-align: center;">2673</td> </tr> <tr> <td>PRG</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> </tbody> </table> | % | Male | Female | Practice | 2514 | 2673 | PRG | 3 | 4 | Detail of age mix of practice population and PPG: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 10%;"><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%;">> 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td style="text-align: center;">707</td> <td style="text-align: center;">352</td> <td style="text-align: center;">303</td> <td style="text-align: center;">466</td> <td style="text-align: center;">734</td> <td style="text-align: center;">755</td> <td style="text-align: center;">1097</td> <td style="text-align: center;">772</td> </tr> <tr> <td>PRG</td> <td></td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">1</td> <td></td> <td></td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | Practice | 707 | 352 | 303 | 466 | 734 | 755 | 1097 | 772 | PRG | | 1 | | 1 | | | 3 | 2 |
| % | Male | Female | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Practice | 2514 | 2673 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRG | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Practice | 707 | 352 | 303 | 466 | 734 | 755 | 1097 | 772 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRG | | 1 | | 1 | | | 3 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | 5128 | 10 | 0 | 11 | 1 | 5 | 8 | 0 |
| PRG | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

A tiny proportion of the practice population is recorded as

| | Asian/Asian British | | | | | Black/African/Caribbean/Black British | | | Other | |
|----------|---------------------|-----------|-------------|----------|-------------|---------------------------------------|-----------|-------------|----------|-----------|
| | Indian | Pakistani | Bangladeshi | Chinese | Other Asian | African | Caribbean | Other Black | Arab | Any other |
| Practice | 11 | 0 | 0 | 0 | 8 | 5 | 0 | 0 | 0 | 0 |
| PRG | 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:

All patients have been invited to take part in the Patient Group via newsletters, the practice website and poster. There is good representation of the practice's population with regard to gender and age. The Patient Group age range currently spans 64 years.

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

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

We are currently the eldest practice population in Cornwall and we feel that this is reflected in our Patient Group.

2. Review of patient feedback

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

- **The Suggestion Box**
- **The National GP Patient Survey**
- **Friends and Family Test results**
- **Face to face feedback from patients during the flu clinics**

How frequently were these reviewed with the PRG?

Data has been reviewed at Patient Group meetings during the year. These are usually held at 3-4 month intervals.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

To improve access to the surgery for wheelchair users

What actions were taken to address the priority?

Two companies have been invited to the surgery to assess improving the disabled access. Both have unfortunately reached the same conclusion that the existing porch does not have enough headroom to fit any automatic opening devices. This was reported back to the partners who have since engaged two architects to offer their opinion on the options available for rebuilding the porch and incorporating better disabled access. The partners have agreed that it would be wise to spend some time carefully considering the options for extending the surgery in order to make a number of improvements.

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

This is an ongoing project.

A permanent space in the waiting room has been made available for wheelchair users.

Priority area 2

Description of priority area:

To improve communication with patients when surgeries are running late.

What actions were taken to address the priority?

This priority, area agreed with the PPG, was discussed with the reception team. Over the years much time and effort have been invested in trying to limit the potential for surgeries to run late. However, different doctors have different consulting styles and some patients choose to see a doctor who they know may run late because they value the extra time that the doctor spends with their patient. However, we are aware that this is a cause of utter frustration for some patients. We endeavour to notify the patients at regular intervals if a surgery is running more than 20 minutes late. Patients have suggested that we telephone them at home to notify them that a surgery is running late but surgeries can often catch up again as quickly as they can run behind which would leave a large gap if patients were delayed. Sometimes a doctor is called out to an emergency home visit or the nurse may need to carry out unscheduled investigations immediately during a surgery causing a considerable delay and, on these occasions, patients would be contacted to ask whether they wished to re-book their appointment. Every attempt is made to manage each situation to minimise inconvenience to the patient.

We have noted that the checking in screen sometimes causes confusion as it will state whether the surgery is running late and, if so, by how much. This information can often prove to be misleading for the patient as it may state that the clinician is on time or running 10 minutes late. However, if the current consultation is on time but ends up being an extended consultation the patient may then end up waiting unexpectedly.

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

The reception team aim to minimise frustration by regularly updating patients if surgeries are running late, apologising and offering choice with regard to re-booking appointments.

Priority area 3

Description of priority area:

To improve awareness of contact details for organisations outside of the practice

What actions were taken to address the priority?

Extra information has been added to our website including telephone numbers and website links to contact other organisations that a patient might be referred to. Contact details and general information is given to the patient when a referral is made to an organisation outside of the surgery. There are leaflets available in the entrance porch that patients can help themselves to.

During our flu clinics we invited representatives from the Lions Club and Cornwall Carers Service to be present in the surgery. The Lions Club handed out their fridge information canisters and Debbie Bolshaw from Cornwall Carers was available to sign post carers and patients to resources that they might find helpful. This initiative was so successful that arrangements have been made to allocate Cornwall Carers Service a regular morning each month to be present at the surgery to help patients and their carers to access the services that are available to them.

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

Extra information has been well received by patients and carers. In particular, the Cornwall Carers Service will bring benefits to carers who are often forgotten on the health journey. The display screen in the waiting room is used to publicise information as well as posters, the website and newsletters.

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):

Issues that have been raised and addressed in previous years include

- A clock was requested for the waiting room and this has been actioned
- Better instructions for using the check-in screen were requested and these are in place
- The waiting room chairs have been replaced with new chairs that give a choice of seat height and arms to aid patients getting up and down
- A permanent space has been made in the waiting room for a wheelchair to park
- A 24 hour answerphone has been put in place for repeat medication orders to allow flexibility for patients who wish to order outside of surgery opening hours
- The group has aimed to encourage patients to make better use of the practice website which is packed with useful information. Numbers of patients using the website to order medication has steadily increased and it is now possible to book appointments via the website as well
- Patients did not like having to phone back if all the lines were engaged early in the morning. The phone system has been updated and improved to allow a queuing system
- Visibility leaving the car park was thought to be poor. The surgery sign has been moved resulting in an improvement
- The appointment system was probably the biggest cause of dissatisfaction amongst patients. Changes have been made to the balance of pre-bookable appointments and those that are available on the day. Feedback from patients more recently through the Friends & Family Test have been very positive with regard to appointment availability
- Various measures have been put in place to reduce the time some patients wait to see the doctor when surgeries are running late with some effect. Many patients make a choice to see a particular doctor and acknowledge that they might be kept waiting and are quite happy with this

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 27th 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?

The practice engages well with the PPG and is always prepared to look into any issue we raise. As you will know from the above data, our population is an elderly one in a reasonably affluent area. It is therefore, fairly easy to notice those groups which do not fit that profile and we do engage with them. Obviously the issues associated with old people are of prime concern but another of our main concerns is to hear the minority youth voice and we make particular effort to do this and have a young person on our group. His presence is invaluable in bringing youth issues. The PPG is always involved in setting priority areas and in the writing of the plan. We believe that there is now evidence of positive results from our actions as stated above. We are seeking to involve PPG Members in a greater exchange with patients and carers and our presence at the Flu Clinics this year, as well as social events, is an example of this. In a small rural community there is regular information gathering and social interchange which our group members use to feed information back to our group.

I feel confident that we are playing an increasing role in our Practice and that any ideas or initiatives we may want to suggest would be well received.

Geoff Aver, Chairman

