

Patient Participation Reporting Template 2014-2015

Practices are required to submit the patient participation report detailed below

Practice details: Combe Down Surgery, Bath, BA2 5EG

Practice code: L81065

Stage one – validate that the patient group is representative

Demonstrates that the PRG is representative by providing information on the practice profile:

Does the Practice have a PPG YES/NO	YES
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Practice population profile	PRG profile	Difference
Age		
% 18 – 24 : 7.7%	% 18 – 24 : 11%	+3.3%
% 25 – 34 : 10.1%	% 25 – 34 : 11%	+0.9%
% 35 – 44 : 10.8%	% 35 – 44 : 11%	+0.2%
% 45 – 54 : 14.1%	% 45 – 54 : 15%	+0.9%

Practice population profile	PRG profile	Difference
% 55 – 64 : 12.9%	% 55 – 64 : 15%	+2.1%
%65 – 74 : 11.3%	%65 – 74 :11%	-0.3%
%75 – 84 :8.2%	%75 – 84 :12%	+3.8%
% Over 85 :4.1%	% Over 85 : 12%	+7.9%
Ethnicity		
White	White	
% British Group : 90.42%	% British Group :98%	+7.58%
% Irish :0.52%	% Irish :0	-0.52%
Mixed	Mixed	
% White & Black Caribbean :0.2%	% White & Black Caribbean -0	-0.2%
% White & Black African :0.12%	% White & Black African -0	-0.12%
% White & Asian :0.26%	% White & Asian -0	-0.26%

Practice population profile	PRG profile	Difference
Asian or Asian British	Asian or Asian British	
% Indian :0.67%	% Indian -0	-0.67%
% Pakistani :0.17%	% Pakistani -0	-0.17%
% Bangladeshi:-0.32%	% Bangladeshi -0	-0.32%
Black or Black British	Black or Black British	
% Caribbean :0.08%	% Caribbean -0	-0.08%
% African :0.49%	% African -0	-0.49%
Chinese or other ethnic Group	Chinese or other ethnic Group	
% Chinese :0.77%	% Chinese -0	-0.77%
& Any Other :5.99%	& Any Other :2%	-3.99%
Gender		
% Male :48.3%	% Male :37%	-11.3%

Practice population profile	PRG profile	Difference
% Female :51.6%	% Female :67%	+15.4%

<p>Differences between the practice population and members of the PRG</p> <p>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:</p>	<p>Creation of an online 'virtual' PRG in addition to the long established 'Friends of Combe Down Surgery' which is a group that meets monthly, but doesn't necessarily match the practice demographic entirely. We have also positively</p>
<p>Are there any specific characteristics of your practice population which means that other groups should be included in the PPG? Eg a large student population, significant number of Jobseekers, large numbers of nursing homes, or a LGBT community</p> <p>No</p>	<p>If you have answered YES, please outline measures taken to include these specific groups and whether those measures were successful:</p>
<p>Is the group virtual or face-to-face?</p>	<p>We have a face-to-face group but also seek feedback electronically with a Tablet-device in our waiting room as well as via paper based forms.</p>

How many members are there on the PRG?	35
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Step 2 – Review Patient Feedback	
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Outline the sources of feedback that were reviewed during the year:	<ul style="list-style-type: none"> • Face to face via meetings of the 'Friends of Combe Down Surgery' • Electronically via the iPad in the waiting room • Paper forms with patient surveys • Comments received via ad-hoc reports- either verbal or written • Analysis of all complaints
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How Frequently were these reviewed with your PRG	Annually
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Priority Area 1	
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Describe the priory area:	Improving our phone system <ul style="list-style-type: none"> • Easier interface • 24h booking
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	<ul style="list-style-type: none"> • More robust and informative phone queuing system • Answered more quickly
Why was this priority identified:	<ul style="list-style-type: none"> • Feedback from PPG • Regular comment from patients • Our own experience • Phone system failure (software and hardware)
What actions were taken to address this priority	<p>So far-</p> <ul style="list-style-type: none"> • Additional lines purchased • Additional investment in the software capacity • Repeated contact with the supplier to fix the software failures • More staff employed at 8am to answer incoming calls • Increased proportion of on-line appointments to reduce need to book by phone <p>Planned-</p> <ul style="list-style-type: none"> • Purchase of new system • Addition of secondary 24h booking system
What were the results of the actions and what impact on patients and carers.	<ul style="list-style-type: none"> • Increased capacity in the system • Shorter queue times • Easier to book same-day appointments • Reduced need to phone back to book an appointment •

How was this publicised.	<ul style="list-style-type: none"> • Via our website • By word-of-mouth • On the waiting room TV communication system
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Priority Area 2	
Describe the priory area:	Clinical rooms, bathrooms and waiting areas at the main surgery needing refurbishment. Car park uneven and large puddle near disabled parking space
Why was this priority identified:	<ul style="list-style-type: none"> • Comments from patients • Comments form staff • CQC self assessment
What actions were taken to address this priority	<p>We undertook a survey of the works required then submitted a bid to NHSE for part funding. They have kindly supported us by contributing 33% of the costs. The GPs are paying the other 67% of the cost. The works were put out to tender, a contract awarded and the work undertaken to</p> <ul style="list-style-type: none"> • Refurbish all clinical rooms and toilets with new cupboards, sinks/taps and flooring. All rooms also to be redecorated • The problem area of the car park to be dug out, levelled and an improved soak-away put in

What were the results of the actions and what impact on patients and carers.	<ul style="list-style-type: none"> • A brighter, smarter and more professional appearing building • CQC compliance
How was this publicised.	Initially by informing our patients that the work was to take place, then asking for their patience whilst it was undertaken.

Priority Area 3	
Describe the priority area:	<p>Anxiety about the effect that the new house building locally will have on service provision. 1050 houses (split into 2 areas- one of 750 houses and one of 300) are to be built within 1 mile of the surgery buildings. These houses will be built over the next 5 years. Whilst some of the residents will register at other practices, this will still have an impact on our services unless we properly plan for the growth and are supported by NHSE and the Local Authority.</p> <p>Our patients are concerned about service capacity, physical capacity, reduction in continuity of care and issues such as parking.</p>
Why was this priority identified:	Planning permission has now been granted for the two schemes, they have been more

	<p>widely publicised and patients are now beginning to appreciate the potential impact.</p>
<p>What actions were taken to address this priority</p>	<p>We have known about these schemes for some years and have taken a number of actions-</p> <p>Strategic-</p> <ul style="list-style-type: none"> • Meeting regularly with the planners and developers • Linking with the CCG and public health about resource planning • Being involved as a stakeholder throughout the open public consultations • Planned refurbishment and expansion of our branch surgery • Workforce strategy across clinical and non-clinical staff • Working with 2 other nearby General Practices to explore joint working and provision of certain services eg managing health and ill-health for the community rather than on a practice-by-practice basis. <p>Practical-</p> <ul style="list-style-type: none"> • Refurbishments at main surgery • Planned refurbishment and expansion of our branch surgery • Redeployment of staff across both sites • Migration of services and clinics across both sites to utilise spare room capacity

<p>What were the results of the actions and what impact on patients and carers.</p>	<p>To date the only impact has been that a proportion of the chronic disease clinics now run at the branch surgery- this suits many patients as its closer to their home. Parking is also easier.</p> <p>The medium to long term impact will depend on support and resource allocation as well as our matching the pace of our growth to the anticipated population growth. We are doing all we can to ensure that there is no adverse effect on our patients.</p>
<p>How was this publicised.</p>	<p>Through our website</p> <p>We publicise the consultation documents, meetings and leaflets/newsletters for both developments in both of our surgeries.</p>
<p>Progress on previous years</p>	
<p>If you have participated in this scheme for more than one year, outline progress made on the issues raised in the previous year (s)</p>	
<p>Year 1: n/a</p> <p>Year 2: More Evening surgeries have been arranged as part of the extended hours work. We have also increased the number of nurse appointments available in the 'extended hours;' periods, specifically on Saturday mornings. We have also handed out more questionnaires to male patients to try and address the mismatch in proportions.</p> <p>Year 3: We have now employed a Nurse Practitioner as part of the surgery team. She is a highly experienced nurse practitioner and prescriber and it has been of significant benefit to patients with increased capacity, particularly for same-day and urgent issues. This has helped increase the proportion of advance-booking appointments which are available to our patients.</p>	

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PPG Sign Off	
Has the report been signed off by the PPG	Yes
What date was this report signed off:	March 2015.

How has the practice engaged with the PPG
<p>How has the practice made efforts to engage with seldom heard groups in the practice population?</p> <ul style="list-style-type: none"> We publicise our interest and desire to have feedback from all groups via our website, through messages printed on repeat prescriptions and via our on-line repeat ordering system. In addition to this we have posters displayed in both surgeries as well as messages on our waiting room TV system
<p>Has the practice received patient and carer feedback from a variety of sources</p> <p>Yes- verbal, paper, electronic</p>

<p>How was the PPG involved the agreement of the priority areas and the resulting action plan?</p> <p>The findings of the patient surveys (paper and electronic) were presented to a PPG meeting and an open discussion was held</p>
<p>How has the service offered to patients and carers improved as a result of the implementation of the action plan?</p> <p>We now provide services from a brighter and more professional appearing environment. Our phone system enhancements will make it easier for patients to get through and to access help and support- this should in turn reduce the pressure on A+E and the Urgent Care centre as patients will be able to more readily access the appointments that we make available.</p> <p>The wider housing developments will allow us to grow, and to provide a wide range of services in the community and to do so jointly with neighbouring practices. Whilst those developments are ahead of us, already patients are benefitting in terms of a better geographical access to our chronic disease management clinics as well as staff who are able to work across our sites and who each have a wider portfolio of skills and understanding of the needs of patients and carers.</p>
<p>Do you have any other comments about the PPF or practice in relation to this area of work?</p> <p>An area of priority for us this year is the growth of the 'Virtual' PRG and the use of online surveys in addition to the paper surveys.</p>

Name of Individual Completing this Document: Dr Andrew L Smith
Role: GP