

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

Practice Name: BOVEY TRACEY AND CHUDLEIGH PRACTICE

Practice Code: L83045

Signed on behalf of practice: *Dr Liam Kinsella*

Date: 6<sup>th</sup> March 2015

Signed on behalf of PPG: *Mrs Fiona Halstead & Mrs Joan Spencer*

Date: 6<sup>th</sup> March 2015

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

Does the Practice have a PPG? <b>YES</b>													
Method of engagement with PPG: Face to face, Email, Other (please specify) <b>By email with PPG members, and face-to-face with PPG Representatives, (and an offer to meet face-to-face was made to the whole group during the year).</b>													
Number of members of PPG: <b>38 as at 20.2.15</b>													
Detail the gender mix of practice population and PPG:					Detail of age mix of practice population and PPG:								
%	Male				%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	48%				Practice	17%	8%	8%	12%	16%	14%	14%	11%
PRG	43%				PRG	0%	0%	3%	0%	18%	26%	49%	5%

Detail the ethnic background of your practice population and PRG:

Note: Of practice population 34.4% ethnicity recorded, 10.25% not stated, 55.35% not recorded.

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	30	0.09	0	0.95	0.01	0.06	0.02	0.01
PRG	34%	2.6%	2.6%	0	0	0	0	0

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	0.01	0.006	0	0.03	0.02	0.06	0.01	0	0	0.02
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:

**The Practice launched a campaign in September 2011 to recruit patients to our virtual Patient Participation Group. Every new patient receives an invitation in their registration pack and we also include features on our practice website, on notice boards and regular features in our Patient Newsletter. Doctors are also encouraged to invite patients to join the PPG opportunistically. We currently have representatives from the Riverside Befrienders, and Bovey Hospital League of Friends. We have a representative from each surgery to represent the practice on external Patient Participation Forums and have recently joined the Locality Patient Participation Forum linking the seven practices in the Moor to Sea Locality (Chillington, Dartmouth, Totnes, Catherine House, Buckfastleigh, Ashburton & Bovey Tracey & Chudleigh).**

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:

**In house survey targeting telephone and front of house services.**

**Requests for direct feedback from PPG on specific topics i.e. Community Plan, new telephone system.**

**Feedback from PPG representatives at face-to-face meetings.**

**NHS Choices, Friends and Family Test, Practice Complaints & Comments - feedback discussed with PPG Reps.**

**CFEP Improving Practice Questionnaire – circulated to PPG requesting feedback to identify priority areas for Action Plan. (CFEP results available on practice website).**

How frequently were these reviewed with the PRG?

**By email with PPG, as required.**

**Face-to-face meetings with PPG Representatives every 2 – 3 months**

Action plan priority areas and implementation

The PPG identified three priority areas following review of the Practice CFEP questionnaire by email. The practice met face-to-face with the PPG representatives to draft the Action Plan which was subsequently circulated to the PPG for comment:

Priority area 1
Description of priority area: <b>Telephone Access</b>
What actions were taken to address the priority?  <ol style="list-style-type: none"><li><b>1. New telephone system installed February 2015, increasing number of lines and enhancing flexibility.</b></li><li><b>2. Increased staffing levels to manage increased number of telephone lines.</b></li><li><b>3. The additional telephone management information will inform decision making and best use of resources at peak times etc.</b></li></ol>
Result of actions and impact on patients and carers (including how publicised):  <ol style="list-style-type: none"><li><b>1. Improve patient experience – improved patient message on answering, faster answer time, information on queue time</b></li><li><b>2. Improve patient experience – improved functionality will allow real case staff training with call recording and monitoring functionality.</b></li><li><b>3. Impact to be measured by CFEP 2015, FFT and patient feedback (formal and informal).</b></li><li><b>4. Outcomes to be published on practice website and in Patient Newsletter.</b></li></ol>

## Priority area 2

Description of priority area:

**Reception Staff – the manner in which patients are treated**

What actions were taken to address the priority?

- 1. Increase staffing levels (appointment of two Medical Reception Apprentices)**
- 2. Review of job roles with dedicated staff to prioritise telephone service and admin service**
- 3. Development of “Reception Champion” role for continuous development and training of staff to enhance interpersonal skills and knowledge of services and information for patients.**

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

- 1. Improve patient experience from the reception team, both on the telephone, and at front desk.**
- 2. Impact to be measured by CFEP 2015, FFT and patient feedback (formal and informal).**
- 3. Outcomes to be published on practice website and in Patient Newsletter.**

### Priority area 3

Description of priority area:

**GP Access within 48 hours and to see a practitioner of choice**

What actions were taken to address the priority?

- 1. Recruitment issues over past 12 months have been addressed and permanent posts will all be filled by August 2015.**
- 2. Additional clinical session planned for Riverside Surgery wef 1.4.2015.**
- 3. Additional Nurse Practitioner sessions for minor illness planned for Riverside Surgery wef 1.4.2015**

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

- 1. Permanent appointments will improve continuity of care for patients.**
- 2. Improved access to appointments with increased clinical sessions and Nurse Practitioner sessions.**
- 3. Impact to be measured by CFEP 2015, FFT and patient feedback (formal and informal).**
- 4. Outcomes to be published on practice website and in Patient Newsletter.**

## 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):

1. We agreed to lobby the government to move towards equitable funding for primary care.

*NHS England has started the process of reviewing all medical contracts in primary care to ensure fairer distribution of the budget and access to services.*

2. We agreed to engage with the Locality Commissioning Group to develop community services.

*We have met with our Locality Commissioning Group bi-monthly and the Locality Community Services Plan was published in June 2014 as an on-going piece of work to develop integrated care locally.*

3. We agreed to review our appointment booking.

*We have introduced doctor triage for patients whose clinical condition will not wait until the next available routine appointment.*

4. We agreed to increase clinical sessions by 3 per week and recruit additional nursing, admin and reception staff to improve access.

*We increased capacity in April 2014, but demand continues to outstrip capacity and we are in the process of further increasing our clinical sessions, our nurse practitioner sessions and our reception team to cope with this demand.*

5. We agreed to review our procedures for staff absence, performance management and training needs.

*We have introduced a Managing Absence Policy and developed a trainer role within the practice to promote continuous staff development.*

6. We agreed to review our telephone system

*We have committed 20k of our budget to fund a new telephone system to be installed in February 2015.*

7. We agreed to review our IT system.

*We had plans to install a new system in May 2014 but this was deferred by the CCG for contractual reasons. We have instead installed additional software to our existing system to improve efficiency and functionality.*

### 3. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 6<sup>th</sup> March 2015

How has the practice engaged with the PPG:

Via email with requests for direct feedback from PPG on specific topics i.e. Community Plan, new telephone system.  
Feedback from PPG representatives at face-to-face meetings every 2 – 3 months.  
Offered open meeting with PPG.

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

Every new patient is invited to join our PPG, and information is included in our new patient registration pack. We also maintain information in our waiting room and have regular features in our Patient Newsletter to try and spread the word. We encourage our doctors to personally invite patients onto our PPG opportunistically. We also have a general enquiries email on our website for patient feedback.

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

In house survey targeting telephone and front of house services.  
Requests for direct feedback from PPG on specific topics i.e. Community Plan, new telephone system.  
Feedback from PPG representatives at face-to-face meetings.  
NHS Choices  
Friends and Family Test  
Practice Complaints & Comments - feedback discussed with PPG Reps.  
CFEP Improving Practice Questionnaire – circulated to PPG requesting feedback to identify priority areas for Action Plan.



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

The PPG identified three priority areas following review of the Practice CFEP questionnaire by email. The practice met face-to-face with the PPG representatives to draft the Action Plan on 13<sup>th</sup> February 2015 which was subsequently circulated to the PPG for comment by 6<sup>th</sup> March 2015.

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

Telephone Access -

- Improved patient experience – improved patient message on answering, faster answer time, information on queue time
- Improved patient experience – improved functionality will allow real case staff training with call recording and monitoring functionality.

Increased staffing levels and robust staff training -

- Improve patient experience from the reception team, both on the telephone, and at front desk, and less queuing.

GP Access and to see a practitioner of choice

- Permanent appointments will improve continuity of care for patients.
- Improved access to appointments with increased clinical sessions and Nurse Practitioner sessions

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