



Standard Reporting Template – Patient Participation DES 2014/15

Surrey & Sussex Area Team

Practice Name: Woodbridge Hill Surgery

Practice Code: H81090

Signed on behalf of practice: *Abbie Powell* Date: 25th March 2015
Practice Manager.

Signed on behalf of PPG: *J Blake* Date: 26 Mar 2015
J BLAKE

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

Does the Practice have a PPG? YES / NO	Yes, and a virtual group who have been involved previously; group members receive updates via email
Method of engagement with PPG: Face to face, Email, Other (please specify)	With a new Practice Manager in place the PPG now meets 3 times a year formally. Regular contact with the Practice Manager is maintained throughout the year to ensure issues and ideas to improve access and service provision is continuously reviewed and developed as we move forward together
Number of members of PPG:	9 regular attendees (plus two staff) with virtual members

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	51	49	Practice	20	10	17	16	14	9	7	6
PPG	47	53	PPG	0	6	9	16	16	25	25	39

Detail the ethnic background of your practice population and PPG:

%	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish Traveller	Other white	White Black & Caribbean	White & black African	White & Asian	Other mixed
Practice	35	1	-	6	1	1	1	1
PPG	94	-	-	-	-	-	3	-

%	Asian/ Asian British					Black / African / Caribbean / Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any Other
Practice	1	1	1	1	3	3	3	-	-	-
PPG	-	-	-	-	-	-	-	-	-	-

NB. We only have 55% of the practice population coded for ethnicity so figures only a reflection of the population
Please see attached search

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:

PPG is encouraged to develop membership which is extended through PPG survey where patients are actively invited to become PPG members or virtual members. We have messages on our website to encourage membership and the Patient Services Manager and Practice Manager actively promote PPG involvement. Notices in the waiting areas are prominently displayed to encourage informal meeting with the Practice Manager to promote membership and all PPG meetings are publicised on the front door the week of the meeting to encourage participation.

Are there any specific characteristics of your practice population which means that other groups should be included in the PPG? e.g. large student population, significant number of jobseekers, large numbers of nursing homes or a LGBT community? YES/NO

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

We have a known higher rate of children and families for the population area and higher rates than normal of pregnant mothers. PPG engagement in this population is difficult due to this patient group's family commitments,

Woodbridge Hill Surgery

3. Action plan priority areas and implementation

Priority area 1
Description of priority area:
Routine appointments; improve access to appointments for next available routine appointments and enable better access for follow-up appointments.
What actions were taken to address the priority:
<p>The surgery has reviewed and developed a new appointment system that enables patients to access routine appointments next day, 1 week's time or book ahead, and access to the urgent on the day duty system. This new appointment system has improved access for patients requiring routine appointments fairly quickly but who do not require an urgent on the day appointment. This new system has also ensured that follow-up appointments are more available.</p> <p>Previously the appointment system only allowed for 'urgent on the day' or book ahead appointments (2/3 weeks ahead).</p>
Result of actions and impact on patients and carers (including how publicised):
<p>The result of the changes has gone down very well with patients and carers, access to the weekly appointments are being extended due to popularity. The new system gives the patient more choice with appointments and improves access to the surgery for non-urgent illness. This new system also improves access to specific GPs and or male/female GPs and the choice of appointments are offered across GP clinics.</p> <p>The new system has been publicised on the telephone by receptionists, at the reception desk, on the new 'What's New' notice board and on the website.</p>

Priority area 2
Description of priority area:
Communication: Develop a method of updating patients on current developments within the surgery which is easily available to see/access.
What actions were taken to address the priority:
<p>The surgery and PPG group considered this thoroughly to ensure that if any communication process was developed it didn't just disappear into the numerous leaflets and posters already displayed in the surgery waiting areas.</p> <p>The outcome was to 1) post a 'What's New' notice board on the website which keeps patients up-to-date on service developments which is continuously updated 2) to introduce a new notice board on the wall immediately facing the entrance next to the automated book-in system with 'What's New' and keep this notice board updated with a few select notices on changes and improvements to the surgery.</p>
Result of actions and impact on patients and carers (including how publicised):
Being very visual the notice boards are easy to see and keep patients updated with the latest changes and

but we do take every opportunity to engage with this group via the visiting community midwife (3 days per week) and the nursing team at their immunisation clinics to get their views of service provision.

2. Review of patient feedback

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

Feedback sources: We receive feedback from the PPG members at meetings during the year but also informally when services are going well or there are ideas for improvement.

The new Practice Manager has started a PPG forum on-line to ensure the practice regularly receives feedback and trials service provision with PPG members before practice wide adoption (eg. Access to Patient Records) to test services and ensure there is regular communication and involvement of the PPG and patients in general.

The surgery reviews feedback via NHS survey 'How Are We Doing', the patient comment box, FFT feedback, NHS Choices, flu clinic patient feedback and outcomes from General Practice Assessment questionnaires where patients are asked to comment on the GP they have seen and feedback on other aspects of the surgery services.

The surgery is also always looking for ways to improve service through discussion with patients regarding a complaint or concern that has been highlighted which is discussed within the reception and GP team to continuously consider and improve services, wherever possible.

The surgery has an open approach to patient feedback from all sources to ensure services are designed at the optimum level and ensure that patients feel they are able to discuss and be involved in the development and improvement of patient care.

How frequently were these reviewed with the PRG?

Members review and consider the feedback from patients at regular meetings. Feedback structure and design is continually reviewed and developed by the PPG group by surveying the patient population.

improvements to service provision in the surgery.

Priority area 3

Description of priority area:

To raise awareness of what the pharmacy services (chemist e.g. Boots etc.) can offer in providing emergency prescriptions when patients run out of medications over the weekend and/or on holiday.

What actions were taken to address the priority:

The surgery has put a message on the telephone answering system to inform patients during out of hours that the their local pharmacy may be able to issue them with a prescription over the weekend or on holiday if they run out of a prescription medicine which is needed urgently. The surgery has also put a similar message on the website to highlight this service.

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

It is difficult to gauge the impact of this priority on access to prescription provision although the reception team have been asked to monitor this activity and the OOH service are monitoring prescription requests OOH to reduce unnecessary OOH appointments due to patients running out of medication over the weekends. The surgery has also asked the local chemist to monitor this activity. This is an awareness priority.

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)

Free text
<p>Addressing the appointments system has been a major achievement something that was highlighted in the last year's report and subsequently underwent minor change (access to urgent on-the-day increased). Since introducing the improvements presented in priority 1 (this year's improvements) access has greatly improved and patients are much better served with better choice which is more akin to patients' health needs.</p> <p>The building has gone through significant improvement highlighted in discussion in previous PPG reports and minutes which include the introduction of an air conditioning unit in the upstairs waiting area, grab rails on the stairs and access to downstairs consultations for people with reduced physical abilities.</p> <p>The receptionists now have regular monthly training/team meeting sessions where they share ideas and develop changes to improve patient care and awareness around patient and systems management. This has improved team working and service provision.</p>

4. PPG Sign Off

Report signed off by PPG: YES / NO	Yes
Date of sign off:	26 th March 2015
How has the practice engaged with the PPG:	Regular meetings, emails and discussions to involved PPG members in the service provision and developments.
How has the practice made efforts to engage with seldom heard groups in the practice population?	<p>'How are we doing' survey is available on the website to improve access.</p> <p>There is a comments box easily seen and accessible at the front desk for comments.</p> <p>The FFT cards are available on the reception desk co-located with the feedback box and GPs/nurses give out FFT cards to specific patient groups which allow patient to free text their ideas or concerns alongside their FFT recommendations which is also ethnicity auditable and is being analysed.</p> <p>We have targeted maternity services as this is the most ethnically diverse population group to get feedback on service provision</p>
Has the practice received patient and carer feedback from a variety of sources?	Yes, as above
Was the PPG involved in the agreement of priority area and the resulting action plan?	The PPG set the priorities

<p>How has the service offered to patients and carers improved as a result of the implementation of the action plan?</p>	<p>Better choice and access to appointments More awareness of what is being developed/changed at the practice via the 'what's new' notice boards Greater understanding of the pharmacy OOH service on offer by chemists to improve awareness and reduce prescription enquires via OOH services</p>
<p>Do you have any other comments about the PPG or practice in relation to this area of work?</p>	<p>The new Practice Manager is very keen to develop this collaboration further to improve the quality of the service and to work in partnership with patients developing and improving awareness of service provision and health messages generally.</p>

Population search.

WOODBIDGE HILL SURGERY
Contents of folder: Ethnicity searches

Name	Patient Count	%	Last Run	Baseline Date
patients code pakastani and british pakistani	72	1%	25-Feb-2015	25-Feb-2015
patients coded african	103	1%	25-Feb-2015	25-Feb-2015
patients coded any other group	0	0%	25-Feb-2015	25-Feb-2015
patients coded bangladeshi and british bangladeshi	44	1%	25-Feb-2015	25-Feb-2015
patients coded British or mixed british	4063	35%	25-Feb-2015	25-Feb-2015
patients coded Caribbean	18	1%	25-Feb-2015	25-Feb-2015
patients coded chinese	128	1%	25-Feb-2015	25-Feb-2015
patients coded ethnic cat not stated	587	5%	25-Feb-2015	25-Feb-2015
patients coded ethnic group not given - patient refused	7	1%	25-Feb-2015	25-Feb-2015
patients coded Indian or british indian	135	1%	25-Feb-2015	25-Feb-2015
patients coded Irish	66	1%	25-Feb-2015	25-Feb-2015
patients coded other asian background	164	1%	25-Feb-2015	25-Feb-2015
patients coded other black background	8	1%	25-Feb-2015	25-Feb-2015
patients coded other mixed background	47	1%	25-Feb-2015	25-Feb-2015
patients coded other white	738	6%	25-Feb-2015	25-Feb-2015
patients coded white and black african	31	1%	25-Feb-2015	25-Feb-2015
patients coded white and black asian	58	1%	25-Feb-2015	25-Feb-2015
patients coded White and black caribbean	15	1%	25-Feb-2015	25-Feb-2015
patients coded with ethnicity code	6380	55%	25-Feb-2015	25-Feb-2015