

## Cheshire, Warrington & Wirral Area Team 2014/15 Patient Participation Enhanced Service – Reporting Template

**Practice Name:** Priorslegh Medical Centre  
**Practice Code:** N81073

**Signed On Behalf Of Practice:** Angela Wales  
**Date:** 30/03/2015

**Signed On Behalf Of PPG:** Edward Blundell  
**Date:** 30/03/2015

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

<b>Does the practice have a PPG?</b>			Yes								
<b>Method of engagement with PPG: Face to Face, Email, Other (please specify)</b>			Face to Face and Email								
<b>Number of members of PPG</b>			6								
<b>Detail the gender mix of practice population and PPG:</b>			<b>Detail of age mix of practice population and PPG:</b>								
<b>%</b>	<b>Male</b>	<b>Female</b>	<b>%</b>	<b>&lt;16</b>	<b>17-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65-74</b>	<b>&gt;75</b>
<b>Practice</b>	<b>5545</b>	<b>5786</b>	<b>Practice</b>	1857	827	986	1268	1673	1561	1665	1497
<b>PRG</b>	<b>4</b>	<b>2</b>	<b>PRG</b>					1	6		

**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	
<b>Practice</b>	11107	24	0	99		1	2	11		
<b>PRG</b>	6									
	Asian / Asian British					Black / African / Caribbean / Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any Other
<b>Practice</b>	17	24	3	25	8	2	5	3	0	0
<b>PRG</b>										

**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:**

Priorslegh Medical Centre started to recruit members for its PRG in late Summer/early Autumn 2011. The initial steps involved a discussion as to how we would best develop a PRG that was truly representative and sought to include individuals who tend to be under-represented in such groups. We have strived to comply with Equality and Diversity legislation and attract individuals with protected characteristics. We identified valuable resources in recruiting 'hard-to-reach' groups such as our regular contacts with School Nurses; MacMillan Nurses; Community Matrons; Midwives; Health Visitors etc.

Recruitment methods used included the following:

- LED display invitations
- Prescription printed messages
- Practice posters
- Website invitations
- Specific invitations generated by identification of patients with protected characteristics
- Invitations at new patient registrations

The PPG currently has 6 patients and we have continued to strive to recruit more patients by including a form within our new patient pack and have held various events in the past 12 months to encourage patients to join.

**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 pleased to have included individuals with protected characteristics including those with significant disabilities secondary to trauma or degenerative conditions. We also have representation from patients on our palliative care register via carer representatives. We acknowledge that despite our best efforts our group is under-representative of those under the age of 40, pregnant women, young mums, those suffering mental health problems and ethnic minority groups etc. This has arisen despite specific invitations and the involvement of primary health care staff from various backgrounds to facilitate wider involvement. We propose to further develop our PRG over the next 5 years to include a more diverse population and will continue to positively discriminate in the selection of those with protected characteristics. A further round of recruitment took place in September and October 2014 after a dip in active members and to bolster the sterling work being undertaken by our Chairperson.

## 2. Review Of Patient Feedback

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

- NHS Choices comments
- Feedback at PPG meetings
- Feedback from FFT
- Feedback following newsletter distribution
- Feedback following patient leaflet distribution
- Feedback following clinical letter invitation

**How frequently were these reviewed with the PRG?**

As the above feedback mechanisms are on an ad hoc basis these were reviewed with the PPG as they were received and were collated ready for discussion at the next PPG meeting which are held quarterly. This was deemed as the most appropriate way to manage the frequency of review.

## 3. Action Plan Priority Areas & Implementation

**Priority area 1**

**Description of priority area:**

To change the phone system from 0845 number back to original local number following perceived patient perception of increased cost to the patient in respect of telephone charges, which in reality was not the case.

**What actions were taken to address the priority?**

The practice discussed with the PPG the issue around the telephone system and explained that the change of number had no bearing on additional cost to the patient. The practice originally took the decision to change this to help manage the large volume of incoming calls in which the BT exchange system could not cope and regularly fell down resulting in an inability for patients to contact the practice in some instances. The decision was also taken to try and reduce the high cost of telephone calls at the practice and divert this finance to enhance the clinical services provided by the practice. The practice decided to revert back to the local number to appease the patients and this was implemented in December 2014.

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

Following the review and implementation of the original practice phone number the patients are now happier that they can contact the practice on a local line. The practice still does have occasional issues with the phone system being unable to cope with the high demand and specifically on a Monday morning when call volumes are at their peak. Obviously when this does happen this has a negative effect on patient satisfaction but this is lesser when compared to the dissatisfaction rates experienced with the previous number. The practice continues to monitor the service to ensure processes are in place should the phone system fail, so that patient contact can still be maintained.

The practice publicised this change on the practice website and actively marketed the change to patients within practice and telephone message on the old system of the changes that were coming.

**Priority area 2****Description of priority area:**

The discussions and possible outcomes of the PMS review were shared with the PPG to ensure that they were kept in the loop around the issues facing the practice and what impact this may have on the service being offered to patients. The agreed priority area was to keep the PPG informed over discussions and outcomes around the PMS review of the medical centre and any impact that this may have on the service.

**What actions were taken to address the priority?**

The practice agreed to continue to facilitate discussions with the PPG as and when new information was received in relation to the PMS review process. Particular emphasis was placed on ensuring that the PPG were made aware about any opportunities for patient discussion with NHS England around the PMS review to ensure that patients were being listened to and had the opportunity to respond and share their views.

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

Obviously the PMS review is still being undertaken but we have kept the PPG informed at all times and will continue to ensure that we adhere to the above actions. The priority for the practice, subject to the outcome of the peer review would be to ensure that any changes to services are discussed fully with the PPG around the proposals and the reason for them to ensure that the PPG have involvement in the decisions the practice makes which may affect the service to its registered patient population.

**Priority area 3**

**Description of priority area:**

To enhance and increase the level of integrated working with other practices in the local area. The PPG was made aware and was extremely supportive of the plans to introduce a level of integrated working with other practices. The PPG encouraged this to help introduce new services which would benefit the patients of the borough and help the practice and other practices to increase its level of service to the patients.

**What actions were taken to address the priority?**

The practice has met and established joint working relationships with the other practices in the area and has discussed and implemented various schemes to facilitate joint working. One example is the introduction of a care coordination scheme which provides a discharge management service to all patients across 4 practices who have been discharged from hospital. The care coordinator will contact the patient at discharge and ensure that they have a full support package in place to prevent re-admission to hospital where possible. The practice is currently working on further schemes with other practices in the area to take forward this integrated working.

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

Since the introduction of integrated working across practices this has helped to gather ideas around service improvement and enhancement with shared vision and workload across the practices, therefore meaning that the services we previously couldn't offer are now a reality. The care coordinator role is something that has been received well by the patients with many of them being impressed with the care and contact that they have received since their hospital discharge.

## 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 issues raised in the last year and reported in the patient participation report were detailed as follows and the progress to date is highlighted in blue text:

1. Signposting initiative to be active at all levels of patient contact with the practice whether this is a receptionist signposting to a local Minor Ailments Service or a GP directing a late afternoon visit request to the Out of Hours Visiting Service.  
This initiative has been fully implemented and is monitored on a regular basis to ensure success. All teams located within the practice have a directory of service which contains access details for all services and this is updated as and when services change.
2. On-going review of appropriateness of Accident and Emergency attendances and advice leaflets to those giving all the various options for future contacts e.g. Telephone Triage Service 8 - 1830 or NHS Direct/111/Out of Hours Triage.  
A&E attendances continue to be reviewed on a regular basis and frequent attenders are contacted by telephone and a conversation takes place with regards to their attendances and re-education around the appropriate use of services. Advice leaflets are in place, are regularly monitored and updated and are provided to appropriate patients.
3. Proposal for a PRG representative to attend the Caring Together Meetings to see how multidisciplinary Team Working takes place.  
This occurred and we will continue to ensure that this occurs in the future.
4. The Patient Journey – a proposal to design an interactive map for display in the surgery waiting time. The concept showing how to access appropriate health or social care in any 24 hour period quickly and effectively and how to avoid inappropriate access into services that may slow the patient journey or lead to long delays.  
The practice considered this proposal with a member of staff who was skilled in IT, however, unfortunately the named member of staff left employment with the practice and this role is yet to be filled. However, we have plans to continue to recruit for this role in the future which will then enable this project to be taken forward.
5. Creation of a health forum linking in with the local community around health education and information for the borough.  
This forum was initiated and was hugely successful and attended by the mayor and MP at the time. Local services were involved to ensure that input was obtained from all areas of the community spectrum. The practice PPG plans to hold further events like this in the future and the practice will continue to support the PPG in organising this as this was deemed to be extremely valuable for the population of Poynton.

## 4. PPG Sign Off

Report signed off by PPG: Edward Blundell

**Date of sign off:** 30/03/2015

**How has the practice engaged with the PPG:**

The practice has facilitated and helped chair the PPG meetings quarterly throughout the year whilst also distributing various information to the PPG via email. Various topics have been discussed with the PPG around feedback and developments/changes at the practice and views obtained.

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

The practice has sought views from the PPG about various ways to contact patients and has tried to cover all aspects by communicating via the following methods:

- Email
- Newsletter
- Postal
- Website
- NHS Choices
- At the desk
- Opportunistically at appointments
- Attendance at health events in the area
- Telephone

**How has the practice received patient and carer feedback from a variety of sources?**

The practice has provided the following opportunities for patients and carers to provide feedback on services:

- Email
- Text
- Fax
- Telephone
- At the desk
- With the clinician during consultation
- Friends and Family Test
- PPG Meetings
- NHS Choices
- Website
- Postal
- Newsletter

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

Yes

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

As detailed above, the service has improved under the various aspects.

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

The practice is always looking at ways to improve the service that we offer to our patients and we will continue to encourage patient feedback which will help shape the future of our service to our registered population.