

NHS Greater Manchester
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Limefield Medical Centre

Practice Code: P87651

Signed on behalf of practice: Linda Beder Date: 31/03/2015

Signed on behalf of
PPG:

Date:

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

Number of members of PPG: 20

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	55%	45%
PRG	40%	60%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	2226	860	713	448	235	181	119	70
PRG	0	0	2	8	2	5	3	0

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				+/-98%				
PRG	16			4				

Asian/Asian British				Black/African/Caribbean/Black British			Other
Indian Pakistani Bangladeshi Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other	

Practice

PRG

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:

background and other members of the practice population:

New patients are offered the opportunity to join the PPG.

Posters have been placed in prominent areas encouraging patients to join up or at least enquire.

Any patient who has an issue is encouraged to join the PPG

Patients of any age, ethnicity, gender or background area encouraged to join.

The only age group represented by others is the 0-15 age group, although teenagers would be welcome.

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:

We have a comments box and this is emptied regularly and the contents kept safely.

How frequently were these reviewed with the PRG? One main occasion using actual pieces of paper, though usually Waiting Room comments are discussed at every meeting and they reflect the written comments very accurately.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area: Communication with patients regarding the merger the Practice is undergoing, and the move to the new centre. Those at the meeting felt that the Practice should take out space in the Manchester Advertiser in order to promote news of the merger and the move.

What actions were taken to address the priority?

The Practice agreed to pay for space in the Manchester Advertiser which is a widely-read publication largely targeted at the local Jewish community. The PPG, not exclusively made up of Jewish patients, felt that this would be a good way to reach patients. The reasons for this are a) a majority of our patients do not use the internet or our website and b) if they don't attend the Practice they would still be able to be updated on progress.

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

We will carry out this request when there is an update on new progress towards the merger and / or the development of the new building, to be agreed at our next meeting.

Priority area 2

Description of priority area: The length of the wait for appointment times when seeing Dr Levenson

What actions were taken to address the priority?

There was a lot of discussion regarding the reasons for the waiting time and what could be done to address the issues. Some actions suggested were already in place, such as the request for some appointments to be longer as 10 minutes is not long enough. Dr Levenson already has a monthly surgery for patients aged over-70 where the appointments are half an hour long to allow for an indepth review and discussion.

One idea was to have a paediatrician-type role because of the number of children at the Practice. Another was to have admin support in the consultation to enable Dr Levenson to concentrate on the clinical elements of the consultation, however it was felt that there would be an issue of trust/confidentiality for the patients.

A call system which could alert patients when they were due to be called in was suggested and this is being looked into, and planned to be followed up at the next meeting in May.

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

Actions are ongoing with possibilities being looked into, and a new policy would have to be developed and shared with the patients in relation to what would happen if a patient could not be reached, or arrived very late. This will be written by the PPG and Practice if the system is agreed to in May by the Practice and the PPG.

Priority area 3

Description of priority area: Phone system

What actions were taken to address the priority?

The move to the new premises has been awaited in the near future for some time and is only now a reality, towards the end of the year. This move has prevented us from investing in a new phone system, anticipating that the contract would be too long for the length of time we anticipate remaining in these premises.

A member of the PPG wanted to take responsibility for locating the provider of a VOIP system which he felt could be purchased at a reasonable cost. The benefit of this system, he felt, would be to provide extra lines and allow easier access to staff first thing in the morning. He will be providing the details to the Practice Manager, an email address has been provided for his use, and he would be happy to be present at the meeting between the Practice and the provider when this gets set up.

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

The Practice agreed to this proposal and expect to have news following the meeting to bring to the next PPG meeting in May.

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):

We have made changes to the appointments system in order to meet the requests of the PPG

We have promoted the fact that the daily Urgent Care surgeries are only for urgent care, and one person per appointment using posters and discussion with patients.

The PPG felt that the ease of obtaining results by phone could be improved. A review by Dr Levenson was planned and following this review, he decided that face to face consultation was far preferable, clinically, to phone results, and this is the way we have gone. Dr Levenson has allocated appointments for test result follow up, and the outcome is that there are far fewer requests for telephone follow-up and less patient frustration.

We invited a representative from Salford Carers to address the PPG and our own carers. This resulted in several more carers joining the PPG.

Due to the Carers having more of a voice, the Practice has instituted a policy of giving licence to Carers to return home if there is a crisis / meeting with one of the services, taking place whilst they are waiting to be seen, without losing their place, or whilst still being

guaranteed to be seen. They therefore have the same chance as anyone else to book an appointment at a time when it is available, as their health or that the person they care for might otherwise be compromised.

4. PPG Sign Off

Report signed off by PPG: YES/NO The contents of the report – YES, the actual piece of paper NO

Date of sign off: 31/03/2015

How has the practice engaged with the PPG: In meetings held at the Practice. As email is anything but universal, we write to patients to keep them informed of meetings etc.

How has the practice made efforts to engage with seldom heard groups in the practice population? The best way is to offer newly-registering patients the opportunity to join. The Practice Manager also invites patients who meet with her when they have an issue to discuss to join the group.

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? Yes, from going through the comments in the Suggestion Box, and their own experiences.

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

Carers may spend more time than others trying to book appointments, and our progress towards a new phone system will certainly benefit them.

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

This form is proscriptive in that it doesn't allow for PPGs to handle their issues as they wish in relation to time. It is possible that despite a successful working relationship between the PPG and Practice, the requirements of this submission form could lead the Practice to be penalised. This would not reflect the outreach efforts of the Practice to include and work well with the PPG.

Limefield Medical Centre has an enthusiastic PPG which is happy to raise its issues and work towards solutions in an atmosphere of co-operation and positivity. Having 20 members is a wonderful resource because, naturally, not all members can attend every meeting, but we always have about half and this makes for lively and useful discussion. We only intend for the PPG to grow and continue to work towards the changes that will benefit patients.