

# Annex D: Standard Reporting Template

## South Yorkshire and Bassetlaw Area Team 2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Woodhouse Health Centre

Practice Code: C88072

Signed on behalf of practice:

Date:

24/3/15



Gill Siddons  
Assistant Manager

Signed on behalf of PPG:

E. M. Randall M.B.E

Date:

13/3/15

### 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 and Email.																																					
Number of members of PPG: 97																																					
Detail the gender mix of practice population and PPG: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">%</th> <th style="width: 30%;">Male</th> <th style="width: 30%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>6254</td> <td>6342</td> </tr> <tr> <td>PRG</td> <td>36</td> <td>72</td> </tr> </tbody> </table>	%	Male	Female	Practice	6254	6342	PRG	36	72	Detail of age mix of practice population and PPG: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 10%;">&lt;16</th> <th style="width: 10%;">17-24</th> <th style="width: 10%;">25-34</th> <th style="width: 10%;">35-44</th> <th style="width: 10%;">45-54</th> <th style="width: 10%;">55-64</th> <th style="width: 10%;">65-74</th> <th style="width: 10%;">&gt; 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>2215</td> <td>1249</td> <td>1482</td> <td>1451</td> <td>1991</td> <td>1476</td> <td>1345</td> <td>1387</td> </tr> <tr> <td>PRG</td> <td>0</td> <td>3</td> <td>9</td> <td>14</td> <td>19</td> <td>25</td> <td>30</td> <td>9</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	2215	1249	1482	1451	1991	1476	1345	1387	PRG	0	3	9	14	19	25	30	9
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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	6897	14		47	47	8	19	21
PRG	67	1		1				

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	10	13	0	2	31	25	47	7	1	11
PRG					2					

**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 analyse the PPG both the online and the members at the meetings on a six monthly basis. On 23/9/2014 an analysis of both groups was completed. This analysis highlighted that the groups were lacking in patients under 50. The practice tried adding a reminder about the patient forum to the right hand side of prescriptions. This did not prove successful. The practice already advertised the group in the practice by poster and as an advertisement on the TV screens. This was still not attracting the younger members of our population. A flyer advertising the PPG was attached to all prescriptions of patients aged between 18 and 50 for a period of 4 weeks. This did result in a very small increase in the numbers of members under 50 year old but nothing significant. The best way the practice found to attract new members was when the practice, following a meeting with 2 forum members, changed the format of the patient questionnaire which encouraged patients to submit their email address and join the online forum. This change of format of the questionnaire was agreed as part of the patient forum meeting 14<sup>th</sup> October. The online forum increased from 26 to 92 members with this action with 10% being in the under 50 year categories Following a review in February 2015, the current

membership was 79. This was due to patients no longer being on the practice register.

**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:

The practice has a large retirement village in the practice area that has 227 patients living there. The practice has been very successful in recruiting patients from there by talking to patients who live there who in turn have encouraged other residents to attend the meetings in the practice. The group of residents from the retirement village now share cars to get to the meeting. The practice covers 2 nursing homes, 1 learning disability home and several supported living homes. Before each meeting all the homes and residences are telephoned to remind them of the meeting. An invite also is prepared for the nursing homes and left with the prescriptions on reception for a member of their team to collect. It is detailed in the minutes from the meetings on 5<sup>th</sup> August 2014, 14<sup>th</sup> October 2014 and 2<sup>nd</sup> December that whilst care homes were invited, there were none present. On 24<sup>th</sup> February 2015 a representative from Balmoral care home attended the meeting and has said how useful he found the meeting so will attend the next one.

## 1. Review of patient feedback

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

Feedback from patients throughout the year was by several methods.

1. The patient participation meeting in the practice.
2. In the previous year the forum had asked for a time when patients could feed back individual questions to the Assistant Manager. It was agreed to allocate 5pm to 6pm before 2 meetings as a pre meet availability to see if this was feasible to continue. This had been arranged for February 2014 and April 2014. It is detailed in the minutes of 29<sup>th</sup> April 14 that there had been no uptake for this service.
3. Online forum. The online forum has access to a practice email account and use this to add items to the patient forum agenda, send in questions and also send in apologies for meetings. On 21/5/2014 the practice had a comment from a forum member asking about the practice expansion plans. On 18/6/2014 a patient emailed asking for details about the patient forum having seen a poster in our waiting room. A patient sent in their apologies by email on 8/10/2014.
4. The assistant manager has been running the forum for the last 2 years. All forum members and many other patients know that they can telephone or call into the practice to see her anytime.
5. The patients from Brunswick Gardens village meet for coffee in their café. A representative from there along with another forum member are very active within the group and called into the practice for a meeting on 16<sup>th</sup> September to review the newsletter and the agenda for the next meeting.
6. The patient questionnaire that was conducted in October 2014.

The practice finds that building the relationships with patients both online and in the meeting alongside the relationships we have with a patients encourages feedback and open discussion not just at meeting times but ongoing throughout the year.

How frequently were these reviewed with the PRG?

The above methods were reviewed with the forum

1. The next meeting date is always set at the current meeting. In 2014-2015 there were 5 meetings. The frequency of the meetings is agreed at the PPG and a date set for the next meeting.
2. In April 14 for the pre meet availability. This was agreed with the PPG to start in February 14. It was reviewed in March 2014 and again in April 14
3. The online forum was reviewed in October following the new members who had added their details to the bottom of the

practice questionnaire

4. Patients are always reminded at the end of every meeting that the Assistant Manager is always available for patient to feedback to and if they wish to make an appointment at the end of the meeting they are welcome to do so. See minutes for February 2015.
5. This is reviewed as and when patients call into the practice.
6. The patient questionnaire is conducted once each year. The results are analysed and discussed at the forum. Common comments are highlighted to the forum and priorities formed from this. The questionnaire was amended by two forum members on 16/9/2015 and approved by the forum on 14<sup>th</sup> October 2014. The survey results were discussed at the forum meeting 2<sup>nd</sup> December 2014.

## 2. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area: Reception</p> <p>The forum identified several issues regarding the reception team and area. This included reception attitude, privacy at reception, security of the team, waiting times on the phones, reception processes such as timescales for medication requests queuing system and appointment availability.</p>
<p>What actions were taken to address the priority?</p> <p>The theme of reception was highlighted to the practice by comments made on the questionnaire in October 2014. The comments were discussed at the patient forum meeting 2<sup>nd</sup> December 2014. Reception was seen as a high priority for the group. This was detailed in the table at the end of the forum minutes from December 2014. It was agreed that the forum would dedicate the majority of the February meeting to discussing these areas and that members from the reception team would attend. As this was added to the minutes of the December meeting, the practice had the highest attendance ever at the February meeting. An increase of nearly 50% on the usual attendance.</p> <p>The idea was that the forum could ask questions and reception team could answer. The meeting also aimed for the forum to listen to the reception team and learn more about how processes work within the practice.</p> <p>On the evening of the meeting all attendees were asked to fill in 2 questions about the reception area/ team.</p> <ol style="list-style-type: none"><li>1. What was the one thing they would change or comment on regarding reception</li><li>2. What was one thing they thought the reception team did well.</li></ol>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>The results of the discussions were detailed in the patient forum minutes of 24<sup>th</sup> February 2015. Here are the details from the minutes</p> <p>9 comments were about privacy in the reception area. It was discussed that whenever there is a room available, patients will be offered to discuss their problem in private. If no rooms are available they will be given the option to return on another occasion. Patients were also asked to use the bottom waiting room if the top waiting room was full as the practice were finding that some</p>

patients were standing outside clinicians doors. This compromises the privacy of patients and clinicians. The sign was a step in the right direction but the forum and the team the waiting/ reception space was not ideal and would be looked at when the plans for the refurbishment are being considered.

There was a long discussion about the safety of the team and the abuse they take from patients. The practice had had an incident on the day of meeting of a patient being verbally threatening towards a member of the team. The forum asked about the frequency of this and did it happen to clinicians as well. The team confirmed this did happen and that the practice had a hot line to the police, CCTV and tested it panic alarm processes regularly. The forum was reassured by this but still concerned about the frequency of incidents. The forum agreed that any design for the reception area has to be patient friendly and safe for the team. The forum asked if they could be consulted on the plans.

A forum member stated that some patients disregard the queue when having seen a clinician, they have to book another appointment. Reception team replied that they will ask these patients to join the main queue.

Availability of appointments was discussed. Reception team never withhold appointments. It does not make sense to have empty appointments when the practice has such high demand. If there is an appointment available they will offer it to patients. We do look regularly at the times of appointments to see if changes can be made.

There were some very positive comments. The main theme being that the forum appreciated the difficult job and the pressures the reception team face but they find them very helpful and professional. A round of applause was given to the representatives of reception team at the end of the meeting.

The minutes were put on the website, sent to both forum groups and to all the care home mangers ( this includes all the assisted living)

## Priority area 2

Description of priority area: Disabled car parking space.

One patient forum member had asked about disabled car parking facilities for the practice in the meeting dated 14<sup>th</sup> October. The question was asked about who could use the space, if it was monitored and where disabled patients could park.

What actions were taken to address the priority?

The question was asked and discussed at the forum meeting on 14<sup>th</sup> October 2014. The minutes about this priority are detailed below.

This was asked to be added to the agenda by a forum member . The forum said they had asked for the use of the disabled car parking space to be monitored at the last meeting. The practice had been checking cars that were parked in the disabled space to ensure they had a blue badge but feel it is not safe for practice staff to be policing this. This decision was discussed at the forum and follows an incident in October when a car was parked in the disabled space without a blue badge. A car with a blue badge blocked the disabled space. There was a very heated discussion between the two drivers that caused enough upset for the disabled person that a GP was concerned for their welfare. The forum agreed with the practice view. A memo had been sent to all practice staff and the manager of the Woodhouse clinic who share the car park advising all staff not to park in the disabled space. It was also noted the car park is for staff and not for patients and that there is a notice on the entrance to the car park to the affect. Parking in the car park was discussed. It is noted that the car park gets very congested at times and this leaves little space for emergency vehicles.

The forum asked if another disabled space could be allocated. This was taken the partners meeting and agreed in November 2014. This agreement was communicated to the forum in the meeting 2<sup>nd</sup> December 2014. This was raised as an update in the meeting 24<sup>th</sup> February 2015. This meeting communicated that whilst the extra disabled space had been approved; it would be put on hold until the building had completed the refurbishments as the car park surface may be damaged in the building works. The patient forum agreed with this.

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

The result of the discussions were detailed in the forum meeting minutes of 14<sup>th</sup> October 2014, 2<sup>nd</sup> December 2014 and 24<sup>th</sup> February 2015. These are sent out to forum members after each meeting. To all nursing homes and put on the practice website.



### Priority area 3

Description of priority area: More nurse appointments for blood tests and ear syringing.

What actions were taken to address the priority?

The practice had had some team changes which were explained to the forum in the meeting 5<sup>th</sup> August 2014. This caused concern amongst the forum that nurse appointments would be reduced until new staff were employed. The practice advertised for a new nurse. A replacement nurse for this role was recruited and employed in November 2014. A first contact practitioner retired in October 2014. This post was advertised and a new first contact nurse was recruited in January 2015. In the interim the practice used locum nurse practitioners to reduce the impact on services. In the healthcare assistant team, one team member took a career break and another was off on long term sick. The practice covered this by other team members working extra. The member of the team has now returned and more appointments are now available.

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

A review of the team has resulted in team members working extra hours. A first contact nurse being recruited. A nurse being recruited. Further training for existing team members to cover skills. Progress and changes to the nursing team were highlighted in the patient forum minutes of 14<sup>th</sup> October, 2<sup>nd</sup> December and 24<sup>th</sup> February and in the February 2015 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):

### **Progress and issues raised by Woodhouse Health Centre patient forum 2014-2015 compared with 2013-2014**

The practice has two patient participation groups. A group that come to the meetings held in the practice and an online group. For the group that meets in the practice the attendance was 16 members in April 2014 consisting of 11 female members and 5 male members. The age range at this meeting was 57 years old to 81 years old. Following recruitment of forum members this changed to 27 attendees on 24<sup>th</sup> February in 2015 consisting of 19 female members and 8 male members. The age range at this meeting was 25 years old to 81 years old. This showed that the recruitment measures that the practice had implemented throughout the year had been successful. The recruitment measures used were

1. Adding a note to the right hand side of prescriptions.
2. Adding a flyer about the patient forum to all prescriptions of patients under 50 years old for a period of 4 weeks from 23/9/2014
3. Putting an advertisement on the TV screens.
4. Talking to patients about the forum. This included the residents of Brunswick Gardens Village which is a retirement village in the practice area. This village has 227 patients who attend the practice.

The online forum increased from 26 in April 2014 to 92 in November 2014. The success of this was due to the change in the patient questionnaire inviting patients to join the forum at the end of the questionnaire.

Emails were sent to the patient forum online groups on

1. 21<sup>st</sup> May forum minutes sent
2. 21<sup>st</sup> August forum minutes sent
3. 31<sup>st</sup> December forum minutes from 14<sup>th</sup> October and 2<sup>nd</sup> December, patient questionnaire results
4. 26<sup>th</sup> January 2015. Welcome to all those patients who left their email on the bottom of the patient questionnaires.
5. **To fill in when forum minutes from 24<sup>th</sup> February completed and sent out.**

### **Priorities and issues raised by the PPG**

The following issues were raised by the PPG.

Meeting dated 29<sup>th</sup> April.

1. The group had previously asked for the assistant manager to be available prior to the start of the meeting so that patients could come along and discuss individual issues. The practice had trialled this however only 1 person attended at 3 meetings. The group agreed that this was not feasible to continue however forum members were advised that they could contact Gill (assistant manager) anytime. It is now encouraged that at the end of every meeting forum members can leave their details and a member of the team will call them to discuss any issues.
2. A patient had commented that not all receptionists offer the lift for disabled patients. Whilst it was pointed out to the forum that the lift is very slow and it is often quicker to walk from one door to another, it was agreed to remind reception team to offer the service. This was done on 30<sup>th</sup> April and the forum members were informed in the meeting 5<sup>th</sup> August.
3. The forum was concerned about the number of patients who do not attend appointments. It was explained the system that triggers letters to patients about their attendance levels. At the moment the practice sends letters after 3 missed appointments without cancelling. The forum wanted this to be reduced to 2 missed appointments. Following the meeting, the practice reviewed it's policy and informed the forum in the meeting on 5<sup>th</sup> August and, in all subsequent meetings this year, on the progress of addressing this issue. minutes.

**Meeting 5<sup>th</sup> August**

1. The forum asked if the telephone system could be changed to let patients know how many people were in front of them in the queue. It was agreed to look into this and whilst the telephone company could do this they would charge the practice approx. £70 per month. This was discussed at the meeting in February and the forum agreed that this was too much to pay in the current climate when the money would be better spent elsewhere. The practice agreed to approach the company to try and reduce the price in about August 2015.

**Meeting 14<sup>th</sup> October**

1. One forum member had asked for the disabled space in the car park to be discussed. The forum said they would like the practice to monitor the patients who use the disabled car parking space at the last meeting. The practice had been checking cars that parked in the space to ensure they had a blue badge but after an incident in the car park that got quite heated, it was agreed that this was not safe for staff to police. It was reported at the February meeting that the partners

had agreed for an extra disabled space in the car park but that this would not be completed until the refurbishment was completed as the car park surface may be damaged in the building works.

2. A forum member asked what the practice procedure was when a clinician phoned in sick and they had a full clinic of patients. The procedure was explained to the forum. As part of the discussion, it was noted that sometimes the reception team cannot contact the patient as the details we have on the patient records are not correct. An article about patients keeping their contact details up to date had appeared in the spring 2014 newsletter.
3. The patient questionnaire was agreed by the forum at this meeting especially the new questions and the question about asking patients who filled in the questionnaire if they would like to join the online forum.

### **Meeting 2<sup>nd</sup> December**

1. A forum member had asked a question about patients having problems getting onto couches for examinations. This was discussed and the forum was informed that clinicians will always ensure that examinations can take place in a safe and efficient manner. If there was ever a problem then another room could be used. If another room was not available then another appointment would be made if necessary. The forum was happy with this explanation.
2. The results of the patient questionnaire were discussed at this meeting. The priorities from the comments were agreed by the forum. A table listing the priorities from the questionnaire and comments was attached to the end of the minutes from the meeting. **A copy of this is submitted with this report.**

The high priorities from the forum were

- Reception ( attitude processes, waiting times on phones)
- Knowing the number of patients in front of you in the telephone queue
- Disabled access to the building
- New ways to remind patients about their appointments
- More telephone appointments

- More nurse appointments for ear syringing and blood appointments
- More privacy at reception
- More online appointments
- More explanation when GPs are running late.

The practice agreed to discuss as many of the high priority areas as possible in the February meeting with the emphasis being reception team issues.

### **Meeting 24<sup>th</sup> February 2015**

The priorities the PPG highlighted from the last meeting and as result of the questionnaire and comments were reviewed for progress.

1. The tannoy not being clear. It was agreed this would be looked at as part of the refurbishment. The forum asked if the clinicians would shout loudly in both reception areas. This was briefed to all clinicians on 9/3/2015
2. Reception attitude, processes and waiting times on the phones would be discussed later in the meeting. The
3. Appointments. The discussion was originally planned for April but may be discussed later in the meeting following points raised from the comments submitted at the start of the meeting.
4. The number of callers in from of you when you phone up. The practice has looked into this and at the moment the cost is too high. It cost the practice £16k to change and buy out of the 0844 number.
5. Opening times. The practice is part of a city wide bid for money from the Prime Ministers challenge fund for £10m. If successful we may be a hub which will allow for late night and weekend appointments.
6. Disabled space. As discussed at the last meeting. This has been approved at the partners meeting but there is little point until the refurbishments completed as we may have to have porta-cabins in the car park.
7. Not being able to pick up prescriptions from the practice on a Saturday when the practice is open. GPs are only here for appointments and not for sorting prescriptions. Patients can pick up prescriptions from Woodhouse pharmacy and have them dispensed at the pharmacy of their choice at any time when the practice is closed. ETP helps with this as approximately 50% of our prescriptions are now sent electronically to pharmacies.
8. New ways to remind patients about their appointments. This was to be discussed later in the meeting. We will consider any suggestions made by forum members. There was a long discussion about patients not cancelling appointments. Whilst the practice is not allowed to put up the number of DNA letters sent, it was suggested that we add a monetary value to the number of appointments not cancelled to our messages on the TV screens.

9. More phone appointments. The practice has increased the number of phone appointments and will look at providing more in the future. Dr McGinty highlighted that all telephone appointments are for 5 minutes. Some can go to 15 minutes which puts the rest of the telephone clinic behind. We will ensure that reception inform patients that phone appointments may not be at a specific time but can be anytime in that clinical session.
10. More ear syringing/ blood appointments. New staff. Sonia back. More appointments. As the forum had asked for more blood appointments and the waiting list for cryo had reached 2 years which the practice thought was an unreasonable wait. The practice made the decision to stop the cryo clinics to provide more blood appointments. The forum was asked if they agreed with this. The forum response was that whilst they appreciated the extra appointments for blood tests they would like us to look into the range of service we offer at the next meeting. Dr McGinty informed the forum that the practice completes approx. 120 blood tests per day to save patients going to the hospital. Another point raised by the forum was that of blood have to be taken in the morning then could we look at the type of clinics we do in the afternoon and feed back to the forum at the next meeting.
11. More privacy at reception. New sign for patients to wait behind. Reception team are trying to enforce this.
12. Notes not read at point of online ordering. To be discussed later in the meeting. This was deferred to April meeting due to time constraints.
13. More online appointments. More appointments added on line. Printout of appointments available at 2.20pm on day of meeting was explained to the forum.
14. Don't close at lunchtime. This has reduced from 2 hours of closing to 1 hour. Some clinics even run through. The forum would like the phone lines to be closed for one hour only at lunch as that is when workers also have lunch.
15. No explanation when GP running late. This had been discussed at previous meetings. Reception team do update the TV screen message where possible. When using the self-check in screens this also shows how many people are in front of you.
16. A forum member asked when the last time the practice did an efficiency review. It was explained that the practice had a company review the practice approx. 18 months ago and that the practice was looking into working smarter due to the reduction in funds that is imminent.

Also as a result of other discussions in the meeting the following issues were raised.

- Patients wanted the practice to look at having more services in the practice rather than patients not having to travel to hospitals. It was explained to the forum that the practice had started to look into this. The memory service was waiting for staff in order to start clinics on Thursday afternoons.
- Privacy in the reception area was discussed. The extract from the meeting is listed below.
- 9 comments were about privacy in the reception area. It was discussed that whenever there is a room available, patients will be offered to discuss their problem in private. If no rooms are available they will be given the option to return on another occasion. Patients were also asked to use the bottom waiting room if the top waiting room was full as the practice were

finding that some patients were standing outside clinicians doors. This compromises the privacy of patients and clinicians. The sign was a step in the right direction but the forum and the team the waiting/ reception space was not ideal and would be looked at when the plans for the refurbishment are being considered.

- Safety of the team. Below is an extract from the minutes of the meeting.

There was a long discussion about the safety of the team and the abuse they take from patients. The practice had had an incident on the day of meeting of a patient being verbally threatening towards a member of the team. The forum asked about the frequency of this and did it happen to clinicians as well. The team confirmed this did happen and that the practice had a hot line to the police, CCTV and tested it panic alarm processes regularly. The forum were reassured by this but still concerned about the frequency of incidents. The forum agreed that any design for the reception area has to be patient friendly and safe for the team. The forum asked if they could be consulted on the plans.

- Queuing at reception. Below is the extract from the meeting minutes.

A forum member stated that some patients disregard the queue when having seen a clinician, they have to book another appointment. Reception team replied that they will ask these patients to join the main queue.

- Availability of appointments. Below id an extract from the minutes of the meeting.
- Availability of appointments was discussed. Reception team never withhold appointments. It does not make sense to have empty appointments when the practice has such high demand. If there is an appointment available they will offer it to patients. We do look regularly at the times of appointments to see if changes can be made.
- Positive comments about reception were discussed, Below is an extract from the minutes if the meeting.

There were some very positive comments. The main theme being that the forum appreciated the difficult job and the pressures the reception team face but they find them very helpful and professional. A round of applause was given to the representatives of reception team at the end of the meeting.

The end of year report was discussed and it was agreed that the content of the February PPG meeting would be added and made available to forum members, online and in the practice from mid-march.

### **Themes from complaints**

Where themes in complaints were identified between meetings, these were discussed at the meetings and documented in the minutes. In the October 2014 meeting there had been a theme of patients' complaints and grumbles about patients not getting appointments and not getting through on the telephones. A discussion around this was completed and followed up in December 2014 and February 2015 meetings. The extract from the meeting is detailed below

October meeting stated

A discussion was held about the demand for appointments and the practice capacity. The practice offers as many appointments as it can with the clinicians we have. When there are no appointments left patients will be asked how urgent they think their problem is. The receptionists will advise them of the options available to them depending on each circumstance.

February meeting stated

The themes of complaints were incorporated into the meeting discussions. These included lack of appointments, phone appointments not running to time.

### **Practice priorities**

Practice priorities were discussed in the forum meetings.

In April the forum discussed the proposed expansion of the building, the location of the health pod, A and E attendances and sharing of patient records.

In August the forum discussed the PPG report, NHS choices comments, and updates on the team and the impact on appointments, prescriptions, the emergency on-call service the practice offers and the Friends and family test.

In October the forum discussed, the practice maintenance programme, updates on the team flu clinic, early years teaching of medical students

In December the forum discussed, the CQC article in the local newspaper, the review of the practice patient profile, the patient questionnaire, the refurbishment plans and team updates

In February the forum discussed the priorities of the forum, an update on the expansion of the practice and an update on the team.

### **Planned Practice Changes.**

In August the practice informed the group of some service changes. The Healthcare trainer had stopped. This was reinstated in January 2015. The medicines optimisation team had stopped this was re-instated in October 2014.

Team changes were discussed at all forum meetings.

The progress on the expansion was also discussed at every meeting.



### **CQC related issues.**

In April and October the forum was informed that the practice had not received a CQC visit and would keep the forum informed of any updates.

In December there had been an article in a local paper about GP practices not performing well and that the practice had been placed in band 2 so making the practice into the second worst performing group of practices in the city. The report and how this score was formulated was explained and discussed with the forum.

In February a forum member asked for an update on the report in the paper. It was explained in that meeting that nothing had changed but the practice was preparing for a CQC visit in the very near future. The practice would keep the forum updated on this issue.

### **National GP survey issues.**

The national GP survey was discussed and explained at the forum meeting In October. At this meeting the forum agreed they would like to wait until the survey is updated before reviewing any issues and actions from this. The survey was explained again in December inline with the CQC report.

### **Patient Survey**

On 16/9/2014 two members of the forum agreed some potential changes to the patient questionnaire. The changes proposed reflected the future launch of the friends and family test and were designed to help the practice have a more in-depth knowledge about how patients felt about the care they received. The survey also asked what patients did e.g. retired, employed and if they were a carer for someone. Patients were also asked about accessibility to the building, All the new questions were used to help the practice knowledge on the demographics of the patients and their perception of the care they received. These proposed changes were discussed at the patient forum meeting in October 2014 and approved by the forum. The survey was launched on 20<sup>th</sup> October 2014 and was available at reception and on our website. Pharmacies and nursing homes were informed of the availability of the survey. 300 surveys were sent to the retirement village. Two forum members volunteered to distribute the surveys there.

**Provide the PPG with the opportunity to discuss survey findings and reach agreement on changes to service and agree an action plan and agreement to implementing changes.**

The practice received 459 responses in October 2014 compared to 418 in January 2014. The results of the survey and comments were collated and discussed at the forum meeting in December 2014. The forum agreed the priorities and timescales from the survey . A copy of this table is available at the end of this report. The comments in bold are the updates that were discussed at the February meeting.

Following discussions at the December meeting the forum did not highlight any need for service changes.

### **Opening hours of practice.**

The practice is open is

The surgery is open **Monday to Friday 8.00am to 6.00pm** and **Thursday 8.00am to 12.00pm**.

We close between 1pm-2pm Monday, Tuesday, Wednesday and Friday for Administration.

With extended opening times on

Two early morning surgeries (from 7.20 am per week)

One late surgery a week (Tuesday)

One Saturday per month.

Patients can access the practice services in person at reception and by telephone. Online appointments are also available.

### **Summary**

The practice has increased the number of forum members in both groups and has seen an increase of 6 members of the meeting group under the age of 57 compared with zero in April 14. The online group has increased from 26 members in April 2014 to 92 in February 2015. This is due to the change of format of the patient questionnaire.

The practice has raised the awareness of the PPG within the city. The assistant manager and a forum member were asked to attend a Healthwatch meeting and talk about how the forum works in the practice and how patients get involved in our practice.

Here's the copy of the text sent from the organisers of the meeting

Thanks so much for coming along and giving a useful talk – we've had really positive feedback. Best Wishes

Carrie McKenzie

Policy and Engagement Co-ordinator, Healthwatch Sheffield

Below is a table of the actions and priorities raised by the forum and the actions by the practice.

You Said	We Did	The outcome was
You wanted a team member to be available before the forum meetings to discuss individual issues	The practice trialled the assistant manager being available 1 hour before 3 meetings.	Only one patient attended so it was agreed at a later meeting not to continue this but that forum members could contact the Assistant Manager or member of the team anytime about issues in the practice
That not all patients who needed to use the disabled lift were offered this service.	Discussed this issue at a forum meeting and briefed all our reception team to ensure this service was offered	Reception team now offer this service to any patient who requests it.
You wanted the practice to change the policy of informing patients about their lack of attendance to booked appointments and to be less tolerant.	This was discussed at several meetings	The practice has not changed its policy due to the workload this would produce but is reviewing this issue at every meeting with the forum
You wanted the telephone system changed to state how many people were in front of you in the telephone queue	We looked into this with our telephone company and discussed this again with the forum in the February meeting	An agreement was reached that at the moment the cost to change this is too high however the practice will review later in 2015 to see if the cost has changed to become more reasonable.
You asked for the disabled car parking space to be reviewed in the car park	The practice monitored the space as agreed with the forum but felt it was not safe to police this. A second disabled space	The second disabled car parking space has been agreed but this has been put on hold until the refurbishments have been completed. The forum agreed with this decision in the February meeting

	has been agreed	
You asked about what the procedures are in the practice when a clinician phones in sick	This was discussed at the October meeting	No further action
You asked what happens if a patient has difficulty getting onto a couch for an examination	This was discussed and explained in the December meeting	No further action
You said the tannoy was not clear	This was discussed in the meeting in February following comments on the patient questionnaire	This was highlighted to clinicians in a meeting 9 <sup>th</sup> March 2015 and would be reviewed as part of the refurbishment plans
You commented on the survey about reception attitude and processes	The forum wanted the reception team to meet with them to discuss issues.	The reception team leaders and some of the reception team attended a meeting in February 2015
You wanted more appointments for nurses, blood tests and ear syringing	The practice had gone through some team changes and some sickness.	The progress was discussed at all forum meetings. 2 new nurses had been recruited and the practice had been using locum first contact practitioners to try to ensure as many appointments as possible.
You wanted more privacy at reception	A sign was purchased so that patients can stand back from reception. A room is offered if patients want to talk privately about any problem	The sign is now in place and is working well.
You wanted the practice	The reason for closing at	No further action at this point in time but may be reviewed at a later

not to close at lunchtime	lunchtime was explained to the forum in the February meeting. The practice used to be closed for two hours at lunchtime. This has been reduced to one hour with some clinic running over this hour,	date.
You wanted more services locally rather than travelling the hospital	The practice has been talking to the memory service about this.	Clinics from the memory service will start when their team have enough staff to cover. The practice already offers diabetic eye screening, diabetic clinics midwife and counselling services at the practice.
You were concerned for the safety of the team following discussions about patients being abusive to reception team and clinicians	This was discussed at the February meeting	The practice are asking the architect to look into this when he starts the plans for the expansion of the building
You wanted better disabled access	This was discussed at the February meeting	The practice are asking the architect to look into this when he starts the plans for the expansion of the building

Here is the updated action plan agreed by the forum in December 2014 and reviewed by the forum in February 2015

Comment	Forum comments	Level of priority	Action or discussion timescale
The tannoy cannot always be heard	Agreed with this	Medium	<b>To look at this when the practice completes its refurbishment</b>
Reception. Attitude, processes, waiting times on the phones	The forum would like to understand more about how the practice works from the reception point of view	High	Invite members of the reception team to the next meeting so that everyone can learn from each other. Meeting held 24 <sup>th</sup> February
Appointments	The forum would like a session to discuss the appointment system	High	<b>Discussed in the meeting 24<sup>th</sup> February</b>
To know the number of callers in front of them in the queue on the phone	This was seen as priority for the forum	High	<b>Cost quoted by phone system contractor too high at present. Will review if the price comes down</b>
Opening time	A discussion around this resulted in a conclusion that unless extra funding was obtained this would not be	Low	<b>To wait for any additional funding for extra opening times as explained in meeting minutes</b>

	possible		
Disabled access	This had been discussed in today's meeting and the comments from the partners meeting had been explained	High	<b>In progress as explained in meeting minutes</b>
Not being able to pick prescriptions up when the practice is open on Saturdays	This was discussed at this meeting. Patients can use the pharmacy if medication is needed urgently	Medium	Emergency supply rule for pharmacies explained and picking up of prescriptions when closed.
New ways to remind patients about their appointments	To review at the appointments meeting	High	Patient forum to comment on any new ideas at next meeting
More phone appointments	To review at the appointments meeting	High	To be reviewed in practice and discussed at next meeting
More ear syringing/nurse appointments so more blood appointments	This was discussed earlier in the meeting. A new nurse employed. Reduced waiting times.	High	<b>Explained in meeting minutes</b>
More privacy at reception	Patients do know to ask if they need to speak to a	High	<b>New sign at reception. See also notes as explained in meeting minutes</b>

	receptionist in private but reception still feels crowded		
Notes not be read with online ordering of prescriptions	To review with reception	Medium	To discuss in April due to time constraints in this meeting.
More online appointments	The group discussed that whilst the majority of our patients did not have internet access this would help those who worked especially with smartphones. As all appointments are released at the same time this would mean a fairer system for those who worked	High	To discuss within practice and feedback at next meeting. <b>As explained in meeting minutes</b>
Don't close at lunchtime	Gill explained that this was the time that clinicians needed to visit, look at hospital letters, liaise with other professionals. The team also need	Low	<b>As explained in meeting minutes</b>



	time for admin work		
No explanation when a GP is running late	This was seen an important area to discuss	High	<b>As explained in meeting minutes</b>

Comments from patient surveys November 2014

<b>Positive</b>	<b>number</b>	<b>Negative</b>	<b>No</b>
No worries about waiting after time for an appointment	6	The tannoy is not clear for patients with hearing problems	5
The reorganising/new seating in the bottom waiting room	2	Not being able to make appointments far enough in advance	13
Clinicians good	5	Reception attitude	11
excellent care	78	More time for patients in appointments	3
Reception staff helpful	20	more help on phone calls	3
Excellent staff	50	More home visits ( BGV)	3
Care at BGV	2	Not being able to see designated GP more often	11
Wonderful GPS	9	long wait after appointment time	16
overall service excellent	1	More on the day appointments	11
Receptionists are an excellent firewall	1	Too long to wait to pick up a care plan from reception	1
Outreach flu clinics	1	Better disabled access	2
Consultant referrals	2	More resources for the practice	1
fast turnaround of prescriptions	3	Better surgery opening times	8
Need more good doctors like the ones you have now	1	Needs to open on Saturdays	2

Practice is clean	2	Long wait on telephone	33
Good to be able to order prescriptions through the pharmacy	1	General unhappiness with appointment system	61
Reminders about flu vacs	1	Not telling patients when tablets have changed that now need to be signed for	3
good at listening then acting accordingly	3	GPs not listening to patients problems	3
Repeat prescriptions online	2	Too many patients	3
Nurses wonderful	7	car parking	2
best ever docs and nurses	1	Need to know how many in front of you in the telephone queue	1
Never feel rushed	3	More appointments at BGV	3
Having a pharmacy in the same building as the GP	4	Only allow 2 days bookable in advance so some free appointments	1
Excellent care for the elderly	2	Not being able to order prescriptions by phone	2
Lots of nurses available if GPS not	1	Incorrect medication order received	2
Easy to get results	1	Don't close at lunchtime	2
Easy to get advice	1	more appointments for those who work	17
Easy to get an appointment	3	not being able to pick prescriptions up when the practice is open on a Saturday	
First Practitioner good	7	Open on Thursday afternoons	2
Online appointments	3	more online appointments	2
Telephone appointments	1	Difficulty standing a queue at reception	1
treating patients with respect	1	Receptionists have too much responsibility	1
Warfarin clinic	1	too long to wait for a blood test appointment	3
<b>Positive</b>		<b>Negative</b>	
giving appointments at short notice for a child with learning disabilities	1	More staff would help	4
good asthma care	1	think people should pay if they don't turn up for an appointment	2

flu clinics	1	new ways to remind patients of appointments	1
Nurse Kathryn wonderful	1	Using patients own knowledge to direct them to what they need	1
Practice shows it listens to patients through questionnaire	1	Difficulty getting test results	2
late night appointments	1	more phone appointments	4
More Dr Anumba	1	more ear syringing appointments ( 7 week wait)	1
Very patient staff as patients are rude	1	More permanent GPs	9
Excellent from Dr Nevitt	1	difficulty with online prescription ordering. Notes not read	1
Best practice in Sheffield	1	Not being marked DNA when only a few minutes late	1
Good communication with patients	2	more privacy at reception	2
		GPs to give out test results not receptionists	1
		If no appointments at this practice being able to go to another practice to be seen sooner	1
		Not enough seats in reception at busy times	1
		Doctors don't listen	1
		No explanation or information when a GP is running later	2
		quicker response to requests	1
		Miss old fashioned GP/patient relationship	2
		better communication between hospital and GP	1
		Internal pharmacy poor	1
		More home visits for disabled patients	1
		More appointments outside school times for children	1
		Practice to provide drinking water in summer	1
		stop the time wasters	1

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3. PPG Sign Off

Report signed off by PPG: **YES/NO**

Date of sign off: 13/3/2015

This report and the minutes of the forum meetings are available on the practice website  
[www.woodhousehealthcentre.co.uk](http://www.woodhousehealthcentre.co.uk)

4. PPG Sign Off

Report signed off by PPG:  YES /  NO *E. W. Raudell M.B.E.*

Date of sign off:

*13/3/15*