

## Standard Reporting Template

(Taken from; GMS Contract 2014/15, Guidance and Audit requirements, NHS England Gateway reference: 01347)

Doncaster Area Team  
2014/15 Patient Participation Enhanced Service Reporting Template

Practice Name: Conisbrough Group Practice

Practice Code: C86024

Signed on behalf of practice: *David Coleman* (GP Lead) Date: 30/10/15

Signed on behalf of PPG/PRG: *Joan Shacklock* (Chairperson) Date: 30/10/15

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

Does the Practice have a PPG? YES / NO	YES
Method of engagement with PPG: Face to face, Email, Other (please specify)	Face to Face E-mail
Number of members of PPG:	28

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	48.8%	51.2%	Practice	18	10	13	12	14	13	11	9
PPG	29%	71%	PRG	0	7	7	14	11	25	29	7

Detail the ethnic background of your practice population and PPG:

We do not hold ethnicity data for our practice population. This data is taken from the 2008 ONS Population Estimate and Exeter Patient Download – available here [http://www.doncastertogether.org.uk/Images/Conisbrough\\_tcm33-73737.pdf](http://www.doncastertogether.org.uk/Images/Conisbrough_tcm33-73737.pdf)

	White				Mixed / multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White & black Caribbean	White & black African	White & Asian	Other mixed
Local population	98.4 – no specific data held				0.4% – no specific data held			
PRG	100%	-	-	-	-	-	-	-

	Asian / Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other black	Arab	Any other
Local pop.	0.5%			0.4%		0.3%				
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:

We took numerous steps in advertising for members, e.g. on the Conisbrough Group Practice website, in our practice newsletter, using our social media channels (Facebook and Twitter), in the local Conisbrough in Focus magazine, on our notice board, posters, and through face-to-face invitation, etc.

Critically we opted for two types of group to encourage participation - a face-to-face group and an e-mail group. This means that people with different commitments can take part, even if they can't attend meetings regularly.

There are members in the PPG to represent the following patient sub-groups:

- Young parents
- Senior citizens
- Carers
- Learning disability population
- Residential home population
- School council member to represent young, school age population – this being a particularly tricky age from which to recruit members.
- Cancer patients
- Patients with physical disabilities

The group is composed entirely of White British patients, which is not entirely representative of the patient population, although it is the majority ethnic group by a considerable distance (98.4%).

We feel we have taken ample steps to encourage awareness and participation in the Patient Participation Group amongst all of our patients, and will continue to encourage patients to take part through regular reminders on our website, social networking groups, in the surgery, and also in the recently reformed practice newsletter.

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 (Lesbian Gay Bisexual Transgender) community? NO

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

N/A

## 2. Review of patient feedback

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

We have a comments/complaints box in the reception area all the time but it is rarely used. If there is anything put in there it would be discussed.

Family & Friends Test

NHS Choices comments

Word of mouth feedback / grumbles / praise

How frequently were these reviewed with the PPG?

These issues were reviewed at (and electronically around the time of) our meetings, which occur every 2-3 months.

### 3. Action plan priority areas and implementation

#### Priority area 1

Description of priority area:

#### **Booking appointments: the patient experience**

What actions were taken to address the priority?

We operate a telephone triage system for the vast majority of appointments at Conisbrough Group Practice.

We decided to explore how call handling times for telephone appointments vary throughout the day and how resources can be effectively managed and/or limitations communicated to improve the patient experience.

In order to do this, the surgery carried out a four week audit of call handling times and call volume. This was analysed at the doctor's Partners Meeting and the data presented to the Patient Group.

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

Dr Coleman presented the views of the patient group at a meeting of the partners of the practice on 16 January 2015. The practice arranged to collect data over a four week period in order to assess how we were performing.

This data and an overview of our interpretation of it was presented to the patient group in our February meeting.

1. Telephone calls regarding medication, sickness certification and results are routinely prioritised behind clinical queries such as patients with chest pain, breathlessness, abdominal pain etc. Despite this, the communication to the patient is the same - there is no relaying of the expected wait, which leads to patients calling back to chase the query up. This leads to frustration and dissatisfaction on the patient's part.
2. Calls are sometimes taken for named doctors in the morning when that specific doctor is unavailable (in a meeting or doing another session type, such as minor surgery).
3. The on call doctor typically starts seeing patients at 11am, leaving no one to work through the telephone triage list – this leads to a backlog of calls and subsequent delays. Dr Coleman presented some information showing that the 75<sup>th</sup> and 100<sup>th</sup> call of the day (usually around 10.30am to 11.30am) is generally not dealt with as promptly as the 25<sup>th</sup> and 50<sup>th</sup> (8.30am to 9.45am)

The partners felt that a target of 3-4 hours to respond to calls was a reasonable target in general, although they hoped to respond much quicker when possible. The group felt this was appropriate and that it made sense to deal with the higher priority calls and postpone the more routine ones until convenient. As such, a prioritisation system will be used to determine whether calls will be dealt with in the 3-4 hours window or at any point during the day. The latter category will be reserved for routine queries, such as those about sickness certification, administrative queries, and for discussions about results/referrals. This will be mentioned to the patient, to guide expectations. The result of this is that hopefully the patients who are likely to require an appointment are called more promptly, making it more likely for them to be able to be seen on the day.

A daily diary list of commitments has been created to run alongside the triage list. There is also a team meeting in reception to ensure that all staff are aware of each doctor's commitments. This will prevent patients being told Doctor X will call in the morning when he/she is otherwise engaged.

The data demonstrated that Mondays are always the busiest days in terms of demand. Mondays have traditionally been the day of baby clinic, which takes a doctor away from telephone duties for 2 hours. The data hinted that when Monday's demand was dealt with effectively, the rest of the week followed suit; when Monday was difficult to manage, there was an overspill into Tuesday, which in turn had a knock on effect through the week. In order to improve our performance on Monday, baby clinic has been moved to Thursday effective April 2015.

These changes have been publicised in our practice newsletter and on our practice website as part of this report. Hard copies of this report are available on request at reception and a poster advertising this is currently on display in the reception area.

## Priority area 2

Description of priority area:

### **Explore the appetite for local Patient Health Champions for various domains**

What actions were taken to address the priority?

This matter was initially chosen at a face-to-face patient group meeting in the summer of 2014.

We had hoped that we may be able to develop a role for someone encouraging involvement in a local service, acting as a sign-poster, or even offering informal support for carers, cancer patients, or another specific disease group.

We discussed this across three patient group meetings, hoping a volunteer might emerge; the practice looked into the possibility of creating a desk area in reception for a sign-poster and clarified what would be required (CRB clearance etc.).

A couple of potentially suitable patients were approached, but ultimately there was insufficient interest to take the role forward at the current time.

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

We may readdress this in the coming year of our Patient Group meetings; at our February meeting, having drawn a blank on this priority area, we decided to change our focus to another matter – prescriptions.

Issues with prescriptions have been highlighted in numerous comments – including some on NHS Choice – and this seemed to be a burning issue with some members of the group. One of the main issues centres around availability of medications – practices are often the last to know about drug shortages / supply issues.

In order to address this Dr Coleman agreed to contact the local prescribing advisor, Sally Porter. He had some contact and was disappointed to find there is no centralized list of drugs with supply issues. Sally suggested contacting local pharmacies on a weekly basis to enquire about drugs which are in short supply – taking a proactive rather than a reactive approach to the problem. Dr Coleman has coordinated a list and local pharmacists have been invited to attend the next face-to-face patient group meeting to try to explore this matter further as a priority point for 2015/16.

These actions have been publicised in our practice newsletter and on our practice website as part of this report. Hard copies of this report are available on request at reception and a poster advertising this is currently on display in the reception area.

### Priority area 3

Description of priority area:

**Improve communication between practice and patients, specifically regarding changes to services and staff.**

What actions were taken to address the priority?

The group felt it would be worthwhile to relaunch the lapsed practice newsletter again as a further mode of communication between the practice and the patient population. This, along with the monthly updates in the local *Conisbrough in Focus* newsletter, would help to provide updates on changes in the practice.

The newsletter will be available as a hard copy in the surgery and at key places around the village – day centres, meeting places, schools – and also available online.

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

The newsletter was re-launched for a March/April edition and will continue to be issued every two months as hard copies in the practice waiting area and on the practice website, with links on the social networking platforms Twitter and Facebook.

The newsletter is reproduced on the following page.

The practice continues to issue monthly bulletins in the *Conisbrough in Focus* publication, which is a free newsletter distributed around the village and read by thousands every month. These were felt to be useful and will continue

## Your Practice, Your Views



Did you know you can now leave feedback and rate the practice on our NHS Choices website?

And because we value all of your views - positive, negative and neutral - we will respond to your comments.

Our goal has always been to provide you with the best possible practice and your views are invaluable in helping us to work towards this goal.

So please visit the NHS Choices website for Conisbrough Group Practice and share your thoughts on the care you received today.

<http://www.nhs.uk/services/gp/overview/defaultview.aspx?id=44581>

### Conisbrough Group Practice Online

Practice Website  
[www.conisbroughgrouppractice.co.uk](http://www.conisbroughgrouppractice.co.uk)

Like us on Facebook  
[www.facebook.com/conisbroughgp](http://www.facebook.com/conisbroughgp)

Follow us on Twitter  
[www.twitter.com/conisbroughgp](http://www.twitter.com/conisbroughgp)

March/April 2015 Newsletter

## Conisbrough Group Practice



**UNFORTUNATELY,  
NO AMOUNT  
OF ANTIBIOTICS  
WILL GET RID  
OF YOUR COLD.**

The best way to treat most colds, coughs or sore throats is plenty of fluids and rest. For more advice talk to your pharmacist or doctor.

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### Online Access

New services added

- Patients registered for online services may have noticed some changes.
- As well as booking appointments and ordering prescriptions, patients with an online access account can now view a **summary of their medical record**. This includes access to your current prescription, a summary of your medical problems, and your allergy and immunisation history.
- Photographic ID is needed to register for this service. You must register in person at the reception desk to obtain an account. The receptionist will print out a PIN number and instructions on how to set up your account.

### Farewell and good luck to Dr Mazhar, Dr Eribake and Dr Awadallah; Welcome to Dr Chew

- In February both Dr Mazhar and Dr Eribake completed their six month posts at the surgery. We wish them well in the rest of their GP training.
- Dr Sahar Awadallah leaves the practice at the end of March having completed her training.
- We welcome a new GP registrar, Dr Chew, to the practice. She will also be posted with us for six months.

Conisbrough Group Practice March/April 2015 Newsletter

### Additional News

Telephone Triage Service; Online Booking; Patient Group

#### Telephone Triage Service

- We are currently experiencing very high demand. On Mondays alone, the doctors and First Contact Practitioners are consistently carrying out more than 200 telephone consultations - that is over 2% of our patient list on just one day.
- We are currently carrying out an analysis of these requests, which we hope will allow us to tailor our working day to best meet the rising demands.
- The results of our analysis will be included in the Patient Participation Update on the practice website in late March.
- If you have any feedback on our appointment system please do let us know - we value your opinions, positive or negative, and always discuss them.

#### Make Your Voice Heard: Join the CGP Patient Group

We are always looking to welcome new members to our thriving Patient Participation Group. Please ask at reception for more information.

There is an electronic and face-to-face component of the group - so you can make your voice heard no matter what your commitments and availability are.

## 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):

Issues raised last year were acted upon.

**Action Point 1:** The practice to design a guide to local service options for local patients.

### CONISBROUGH GROUP PRACTICE GUIDE TO LOCAL NHS SERVICES

#### MINOR ILLNESS

*Coughs, colds, sore throats, flu, minor cuts and grazes, diarrhoea, headache*

**Self care** is often the best choice to treat very minor problems. If your problem persists or worsens, you can call **NHS 111** or ask your **local pharmacist** for advice.

Colds last around 7 days in adults and up to 14 days in children. There is no cure for a cold. For advice on common minor illnesses, please visit [www.conisbroughgrouppractice.co.uk](http://www.conisbroughgrouppractice.co.uk)

#### PERSISTENT PHYSICAL & MENTAL HEALTH PROBLEMS

*Dizziness, depression, abdominal pain, back pain, hearing loss etc.*

#### In hours (between 8am and 6pm Monday to Friday)

Please contact the surgery on **01709 860016**. We offer two types of appointment.

- 1. Routine appointment** - for patients with non-urgent or ongoing problems, those wishing to see a specific doctor or those who need an appointment at a specific time.
- 2. Telephone triage** - if your problem can't wait, you will be added to the triage list and one of the medical team will call you back. Some problems can be managed on the phone; patients who need to be seen urgently will be offered a same day appointment.

#### Did you know?

We advise between 70 and 140 patients every single day as part of our telephone triage service

#### Out of Hours (6pm to 8am weekdays; all day Sat/Sun)

Call us on 01709 860016 and you will be automatically diverted to the **GP Out of Hours Service**, which is staffed by Doncaster GPs and offers urgent care for our patients when we are closed.

#### INJURIES REQUIRING MEDICAL ATTENTION

*More serious cuts, sprains and injuries too severe for self-care*

**Mexborough Minor Injuries Unit** offers medical treatment for problems that do not require a trip to A&E.

The unit is staffed by nurses and is not equipped to deal with medical emergencies like heart attacks, strokes & major bleeding.

The unit is based at Montagu Hospital, Adwick Road, Mexborough. The telephone number is 01709 585171. It is open 12 hours daily, from 9am to 9pm.

#### SERIOUS ILLNESS AND INJURIES

*Chest pain, severe bleeding, black outs, falls, strokes, seriously ill children*

This guide is our own adaptation of the NHS Choose Well campaign leaflet. For more info please visit [www.nhs.uk](http://www.nhs.uk)

#### Attend a local A&E department or call 999.

Both Doncaster Royal Infirmary and Rotherham General Hospital have A&E departments. Mexborough Montagu does not have an A&E department.

A&E departments are extremely busy places and should only be used in serious or life-threatening situations.

Choosing the most appropriate service from this guide helps you to get the best care and leaves emergency services to those who need them most.

This document was created and has been well received. There are posters up in a variety of public places and the images can be downloaded and printed on the practice website. Furthermore, it was promoted on our practice Twitter feed.

**Action Point 2:** The practice to further advertise its new online access services, both in *Conisbrough in Focus*, on the practice website, and using a poster in reception.

This has also been done and now a small minority of patients are regularly using this service for repeat prescriptions and booking appointments.

This is still being advertised on the practice website in a position of prominence and was highlighted again in our March/April newsletter.

#### 4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off:

How has the practice engaged with the PPG: Regular Meetings with staff and PPG

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

Through face-to-face meetings, posters in the waiting room, emails, bulletins in the local Conisbrough in Focus magazine and directly in consultations, both face-to-face and on the telephone.

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

YES

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?

Yes. Early indications are we are managing demand more effectively. Baby clinic has been moved from the busiest day of the week to the quietest day as a direct result of the PRG work. Patients are kept abreast of practice changes via the newsletter. We hope that prescription issues will be addressed in the coming year through closer collaboration with our pharmacy colleagues.

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

NO