

Derbyshire & Nottinghamshire Area Team

2014/15 Patient Participation Enhanced Service Report

Practice Name: **Victoria & Mapperley Practice**

Practice Code: **C84085**

Signed on behalf of practice:

Date: 24th March 2015

Signed on behalf of PPG:

Date: 30th March 2015

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, Email, Other (please specify)

A designated notice board at each site. Poster on display in the waiting rooms. A quarterly Newsletter and the practice website, all these inform patients of the PPG. When appropriate, during patients consultation, the clinician will also give information about the PPG and sign post them to the Deputy PM. Reception staff when applicable often inform patients about the group and can give dates of meetings and a general overview of how it is run.

We hold quarterly meetings at the practice with 2 GP's and the Deputy PM in attendance. Patients who are members of the PPG also meet together at a formal meeting between quarterly meetings. Deputy PM and a PPG representative also attend the RHC PPG meetings. We also have an 'Action group' drawn from the PPG membership who meet every 4 weeks to generate agenda items for the PPG meetings and ensure action points, from previous PPG meetings are actioned.

Patients who are unable to attend meetings due to work or domestic commitments are encouraged to be 'virtual members'. (we currently have 6 virtual members)

Number of members of PPG:Currently 41 members

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	52%	48%
PPG	27%	74%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	15%	8%	19%	15%	16%	12%	8%	7%
PPG	0	2%	7%	2%	15%	31%	29%	13%

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	52%	1%	0%	7%	13%	2%	0.39%	1%
PPG	92%	0	0	0	0	0	0	0

%	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	1%	1.3%	0.19%	2%	2%	2%	0%	0%	0.07%	0%
PPG	3%	0	0	0	0	0	5%%	0	0	0

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 PPG was re-established in June 2014, with a very proactive approach inviting patients to leave their details if they were interested in helping to revive the group. We had an very positive response and every interested party was contacted and invited to our first meeting in July. We had 25 patients wishing to sign up as members and the group has continued to go from strength to strength with a current membership standing at 41, which we are very pleased with and we hope that we will continue to grow.

The practice is aware that the PPG is currently not a true representation of the practice population. and has been in discussions with the PPG members to look at ways in which we can encourage other minority sectors of our patients to take part.

Future plans to be considered are to try and target specific cohorts of patients and PPG members have volunteered to be available to talk about the PPG & invite patients to the next meeting. This would be done during the clinic times eg. Young parents @ baby clinic and if appropriate gain feedback from patients attending the drug dependency clinic. What do they find helpful at the practice or what improvements would they like to see.

We inform all our patients about the PPG via the designated PPG notice boards in the waiting room at each site. The practice Newsletter is produced on a quarterly basis (also available in the waiting room on the designated notice board) this includes the latest information about the group and contact details of nominated members should they wish to find out more. All patients interested in joining the group are contacted by the DPM, inviting them to the next meeting, emphasising that, although the meeting is chaired and minutes are taken, we try to make it as informal/relaxed as we can with refreshments and biscuits. The aim is to ensure that patients feel that their opinions are important to us and the practice will take their experiences on board.

Patients do not have to attend meetings to be part of our PPG, we encourage patients to feedback any areas of concern or general feedback about the surgery or suggestions on areas of improvement at any time to our PM or DPM or a nominated PPG member.

Staff also promote the PPG adhoc to all our patients when appropriate. The clinicians and the DPM try to encourage patients in particular from our minority groups eg. Young parents, carers, students, unemployed, ethnic minority and if appropriate those with Learning disabilities. Dates of the forthcoming meetings are on display in the waiting room and in the minutes of the PPG meeting and the Newsletter. The website also has this information.

The practice works closely with the Learning Disabilities facilitator and have arranged for the minutes of the PPG meetings to be converted into an easy read format to try and encourage participation from this cohort of patients. During their annual routine Health assessment, where appropriate the clinician explains what the group is and invites them to either attend the next meeting or arrange for them to be on the distribution list for the minutes of the meetings.

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 – (0.1% LGBT) The recorded % for this cohort of patients is not a true record as many patients decline to complete this question either on registration or on health questionnaires.

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

The practice is well known within the LGBT community and has a reputation amongst this cohort of patients of being a welcoming and non discriminate enviroment and is regarded as being a good practice. The practice welcome this response.

2. Review of patient feedback

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

1. GP appraisal – Patients comments for each GP were reviewed by the practice team, although this was anonymised data any trends were highlighted and discussed.
2. NHS Choices website – Although this provides a really good access route for patients to comment, unfortunately these are anonymised which is really frustrating for the practice. As we are unable to discuss the patients comments /suggestions on a one to one basis and can only generalise our response.
3. Friends & Family Test – These are submitted on a monthly basis and any additional patients comments are being collated and reviewed. These anonymised results have also been given to the PPG and discussed at our March PG meeting. This is now an ongoing item on the agenda.
4. PPG meetings – These are quarterly meetings in which at least one GP & DPM are present, working closely with the group to help develop and improve the practice.
5. CQC Report – VHC site was inspected on 3rd Nov 2014 – outcome rated as Good. We received postive feedback from the patients. Areas of improvement identified which the practice are working on. This was also discussed in our March PPG meeting.
6. Patients cards & messages – throughout the year Clincians and admin staff often receive goodwill messages & cards particularly from relatives of deceased patients or families that are moving out of the area. Patients often make comments and suggestions to the GP/nurse during their consultation. These are feedback to the PM/DPM for discussion.
7. Patient questionnaires – although anonymised this is still significant data where any common theme is highlighted, discussed, monitored and reviewed.
8. Complaints – These are reviewed and discussed. Patients are encouraged to meet with the PM/DPM to discuss their concerns and GP's will often meet with the patient if it's a clinical concern. Changes within the practice would be considered and implemented if necessary, to ensure continual improvement to our patient services and communication.
9. Ipson/MORI Survey results – details below – were discussed at the PPG meeting and made availbe to all patients. According to a recent patient survey our Practice is doing reassuringly well in some important areas of its work. The survey,

commissioned by NHS England and was carried out by Ipsos/Mori in 2014, asked for the views of 306 patients in the Victoria and Mapperley practice of which 102 survey forms were returned – a response rate of 33%.

The questions asked were wide ranging covering everything from trying to make an appointment through to patient's perceptions of how they were dealt with in the consulting room. The results were published in January this year and compared our figures with the average figures for GP Practices within our Clinical Commissioning Group – they make for very interesting and in the main, very welcome reading! Here are some of the main conclusions :-

What our practice does best :-

70% of our respondents with a preferred GP usually got to see or speak to that GP (local CCG average 60%).

95% said that the last GP they saw or spoke to was good at giving them enough time (local average 85%).

93% said that the last GP they saw or spoke to was good at treating them with care and concern (local average 84%).

Where the practice could improve:-

52% said they usually waited 15 minutes or less after their appointment time to be seen (local average 63%).

66% described their experience of making an appointment as good (local average 74%).

69% were satisfied with the opening hours (local average 76%).

How frequently were these reviewed with the PRG?

The PPG was re established in June 2014. Since then we have had meetings in July, Sept, Dec and March 2015. Patient feedback is reviewed by the Practice and actioned where appropriate.

The Action Group members of the PPG have had additional meetings in Jan & Feb 2015 with the DPM. The practice feel that these regular meetings will help build the foundations of the group and its ethos. These meetings will continue on request.

The Friends & Family Test is a relatively new campaign which started in Dec, feedback from patients is collected and submitted on a monthly basis to the CCG. Final results from this are not available until the end of the year. However, patient comments about the practice are discussed at staff meetings and the PPG meetings.

The CQC report has just been released these were discussed with the PPG at the March meeting. The link to the report is available on the practice website and a copy of the report is on the PPG notice board in the waiting rooms. Copies are also available for patients to take home.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area: Communication

At the start of re-establishing the PPG, it was clear that patients felt that the main area for improvement needed within the practice was to have better communication. Many felt that there had been so many changes within the practice team due to retirements and maternity leave, they were unsure who this now consisted of! A suggestion was made for name badges for staff and their roles.

It was also highlighted that the website was also out of date.

Patient feedback from FFT & GMC patient questionnaire revealed patients were often frustrated with the response time in which they were being dealt with especially on answering the telephone.

CQC Report - identified - Improved access to information about services is required for people whose first language was not English.

What actions were taken to address the priority?

The practice felt that the patients comments were valid and immediately introduced a Practice Newsletter. This first edition informed patients of the retirement of two GP's and recruitment of the new doctors along with a new role within the team of a DPM. Details of the surgery being approved as a training practice was also included .

This was also a great opportunity to once again invite/encourage patients to join our PPG or for patients to express an interest in just wanting to receive the minutes of the meetings. The Newsletter was made available at both sites in the waiting room for patients to take home and also on the notice board.

As the practice team took on board the comments of patients requesting better communication, we have been very proactive in ensuring every method possible has been utilised to inform our patients about the new text messaging service. Posters, website, newsletter and PPG members have been involved, talking to patients in the waiting room explaining about the service and how the process of signing up. They also took this opportunity to encourage others to join the PPG group and listened to patient feedback about the practice. This will be fed back at the next PPG meeting.

The website was also reviewed and amended accordingly. We have recently introduced a PPG section for members to decide what they wish to put in this section.

The practice have also introduced designated notice boards not only for the PPG but for other health related topics relevant to the national campaigns.

The practice was proactive in helping to establish the RHC PPG attending the first meeting in August and hosting the second in January, encouraging members to attend. The aim of this group is to build a network and communication links between PPG's in the RHC area with the purpose of creating a stronger voice for patients whose views can be then fed back via the RHC Patient representatives to the RHC Board meetings.

Name badges are in the process of being sought.

An additional PC /workstation has been created at the front desk to help deal with patients promptly and an extra telephone line is also planned.

The practice has information leaflets available in different languages for key areas eg. Smear, bowel & breast screening and Child immms. Language line is also used if interpreters are unavailable for consultations . The practice aim to increase the range of information on services available in different languages.

Result of actions and impact on patients and carers:

Feedback from patients was very positive, particularly the Newsletter. Patients welcomed the additional information relating to the summer season - reminders about the Pharmacy First Service for summer ailments eg Hayfever bites & stings etc.. We also gave Summer travel vaccination informations and the time frame for getting vaccinated to ensure protection along with the BE SUN SMART campaign for children & elderly. We also published the contact numbers for local chemists, self help groups, alcohol support groups, carers associations, counselling contacts for 11- 25 yrs olds and emergency contact numbers. This is an ongoing section within the newsletter and will remain so as patient feedback has been that patients value this page.

The impact on patients/carers meant they were better informed and had important, relevant contact numbers to hand. Information about the practice boundary changes that were due to commence in October was also in the Newsletter and appreciated by patients as many of them wrote to the practice stating they were moving out of the area but would like to stay registered with us.

The website is being updated on a regular basis now, the PPG has identified a volunteer willing to work with the practice in developing the website.

Designated notice boards are working well as information is now segregated and patients find it easier to find information that is relevant to them. Once again, the PPG members have offered to help with the upkeep of the PPG notice board.

We are currently awaiting quotes for name badges. Decision to be made shortly.

How were these actions publicised?

These were put on the designated notice board, in the Newsletter and on the website and discussed at the PPG meeting.

Priority area 2

Description of priority area: Improvement of the practice premises.

During PPG meetings, FFT feedback and informal chats with patients, revealed that patients felt that the Mapperley practice premises was in need of maintenance/improvement work. Once again, the practice agreed with this and has taken steps to make improvements .

What actions were taken to address the priority?

1. Clinical rooms have been upgraded – with new flooring, work surfaces
2. Reception desk has been modernised
3. Entrance door has been adapted for ease of access for disabled users and parents/carers with prams/pushchairs.
4. New sign with the name of the practice and all the new GPs has been designed and we are currently waiting for delivery
5. New cleaning equipment eg Vaccum & steam cleaner purchased.
6. Decorating the waiting room and other communal areas currently under discussion with the Partners.

Result of actions and impact on patients and carers:

Cleaner and more welcoming environment. Clinical rooms are Infection Control compliant.

Easier access for disabled patients at our new reception desk with a low level counter and improvement on the service as there are now two staff members on the front desk to help with patients.

Easier access for all patients with the entrance door now being electronic.

Easier recognition of the practice location now the new signs are in place.

Waiting room is now a cleaner environment for patients

Awaiting feedback from partners about the decorating of the waiting room & other communal areas

How were these actions publicised?

These were put on the notice board, in the Newsletter and on the website. PPG were also informed.

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):

As the PPG disbanded last year, it is difficult to ascertain any action from the previous years. However, details from minutes revealed that Communication was one of the areas highlighted eg waiting room information and the website.

On re-establishing the group it is clear to see that patients opinions have been sought on this topic and resulted in actions which have been implemented. Some of which are still ongoing or still at the development stage.

The practice will continue to promote and support the PPG as patient feedback is essential, especially in the current ever changing role of the NHS.

The practice and our patients are united in the belief that it is crucial to listen and obtain patients opinions of services, especially their experiences, not only within Secondary and Primary Care but also the Community services to ensure that patient care is not compromised.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 30.3.15

How has the practice engaged with the PPG:

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

The adoption of a 'virtual group' membership is an attempt to capture patients who would be unable to attend day time meetings. It is hoped that this will attract younger patients [19% are under 35yrs] and patients in work or with domestic commitments.

There is a significant amount of work required in outreach to Learning Disabled patients, patients in residential care, Carer and cared for patients, Parents attending Baby Clinics , and patients from the ethnic minority community who represent a significant percentage of our patient population. The PPG plans to work actively with the Practice in looking at how we can reach out to these groups and represent their views in our conversation with the Practice.

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

Yes -

- NHS England Ipsos/MORI Survey
- Friends and Family Test
- GMC Patient Questionnaire.

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

Priority area 1 – Communication

- The PPG took the initiative to request that staff wear name badges. This is in the early stages of implementation.
- The PPG has expressed concern about the Practice website being out of date. We hope that progress will be demonstrated in the coming months.
- The PPG have identified a PPG member with IT skills who is willing to support the Practice in developing its web page. He will also be responsible for ensuring that the PPG webpage is kept up to date.
- We have asked that the Practice make it clear what other languages clinicians are able to use in their clinical work.

Priority area 2 – Improvement of Practice Premises

This commitment pre dates the establishment of the current PPG.

The PPG will recommend to the Practice that a list of priority areas be agreed with the PPG so that the 2015-16 Report can be reported on more fully.

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

It is too early to respond to the question. The PPG is in a very early stage of development. We have a good working relationship with the Practice and we hope that our role as 'Critical Friend' of the Practice will be a productive one.

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

.Over the next 12 months the PPG will gain a clearer understanding of its role within the Practice and how it can bring influence to bear on future developments.