**Derbyshire & Nottinghamshire Area Team**

2014/15 Patient Participation Enhanced Service REPORT

Practice Name: Abbey Medical Centre

Practice Code: C84065

Signed on behalf of practice: Debs Smith Date: 19 March 2015

Signed on behalf of PPG: Sue McNab Date: 19 March 2015

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

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| Does the Practice have a PPG? YES |
| Method of engagement with PPG: Face to face, Email, Other (please specify)  Face to face at our two monthly meetings but we also have contact by email and telephone as necessary. |
| Number of members of PPG: 11 |

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| Detail the gender mix of practice population and PPG:   |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | 49.3 | 50.7 | | PPG | 20 | 80 | | Detail of age mix of practice population and PPG:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | | Practice | 20.1 | 9 | 13.9 | 13.6 | 12.6 | 10.5 | 9.7 | 9.9 | | PPG | 0 | 0 | 0 | 0 | 0 | 33.33 | 66.55 | 0.12 | |
| 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 | 62 | 2 | 0 | 6 | 4 | 1 | 1 | 4 | | PPG | 99 | 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 | 3 | 4 | 2 | 2 | 3 | 2 | 1 | 2 | 0 | 2 | | PPG | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 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 PPG recognises the need to engage with the broad range of patients who are registered with the practice. At the moment the gender split is 9 women and 3 men, whereas the practice profile is more or less a 50/50 split. We have one member from Pakistani origin. The group age ranges is between 56 and 93  We are conscious of the fact that our members do not reflect the wider practice population and we have made concerted efforts to attract more members – both of a younger age and from different ethnic backgrounds. We have displayed notices and flyers in the waiting room on the PPG noticeboard: we have put information on the practice website. [**www.abbeymedicalcentre.org**](http://www.abbeymedicalcentre.org)**;** we have put a message on our Jayex Calling Board periodically to encourage new membersWhen running a patient survey, or a flu vaccination clinic or a practice coffee morning, the PPG members have come along to the practice, chatted to patients and tried to engage under-represented patients to join the group. Our current members have approached relatives and the practice manager has contacted patients in younger age groups. Younger patients tend to be more fit and healthy and do not attend or indeed, are less interested in joining such a group. The group is very conscious that it does not represent the wider practice population and would like to improve this however possible. | |
| 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?  We have a slightly higher percentage of patients between 25 and 44 and we have a higher percentage of children under 16 so maybe it would be beneficial to target young mothers. The PPG has in the past attended a local Sure Start Group to talk to young mothers.  *If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:*  We have advertised for new members on the website, in the waiting room and in our bi-monthly newsletter. We have held coffee mornings where PPG members have chatted to younger patients to encourage them to join the group, as well as at flu vaccination clinics and when conducting patient surveys. | |

1. **Review of patient feedback**

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| *Outline the sources of feedback that were reviewed during the year:*  Throughout the year the PPG members have invited comments, questions and involvement from the wider practice population, by displays in the waiting room, our regular bi-monthly newsletter (example attached) and on the practice website. The group also monitors suggestions made in the suggestion box in the waiting room.  The practice feeds in to the group any comments and concerns from patients and also reported on the Family and Friends Test at PPG meetings and on the NWCCG survey.  The group members are encouraged to look on the NHS Choices website and read reviews and comments left by our patients. |
| *How frequently were these reviewed with the PRG?*  Regularly at our bi-monthly PPG meetings |

1. **Action plan priority areas and implementation**

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| Priority area 1 |
| *Description of priority area:*  The group felt that more feedback is needed from patients and carers in general and so to gain their views, it would be valuable to hold a Dignity and Respect Survey, to obtain the views of patients on how they feel they treated at the practice, to ensure that patients, carers and in particular more vulnerable patients are afforded privacy and dignity, and are treated respectfully, in all circumstances, whether by a clinician, nurse or a member of the administration team. The PPG feels that with the development of the NWCCG PRG, there has been a focus on the wider picture of general practice, services and commissioning. The PPG members felt that it is important to explore issue at a more grass roots level as well, and how the practice responds to patient needs and manages the patient experience on a daily basis. |
| *What actions were taken to address the priority?*  A Dignity and Respect Survey was carried out in the summer of 2014 with nearly 200 patients taking part. Survey forms were handed out in the waiting room over a period of a few weeks. The results of the survey and the patient’s comments were discussed by the practice staff and by the patient group and a number of priority areas were identified for further discussion.  Of the 37 comments made the practice and patient group were very pleased that 22 of these were extremely positive with comments such as “very satisfied, excellent service” and “my treatment with all at the practice has always been exceptional”.  Other comments were on the following topics: Appointments 3, Heaviness of entrance door/pram access 6, Uneven path 1,  Car park often full 1, Phlebotomy appointments 1, Text reminder did not work 1 |
| *Result of actions and impact on patients and carers:*  The patient group and practice staff considered the above comments and as a result the following actions were put in place.   1. The practice now open additional hours on a Thursday afternoon 2. The practice is obtaining quotes for automatic entrance doors 3. It is difficult to change the layout of the path to the practice and it was acknowledged that only one patient had mentioned this. 4. The car park is a reasonable size but is sometimes full and there is one disabled bay. However there is ample parking on the side streets in nearby streets. 5. More phlebotomy appointments have been made available for patients 6. Patient test reminder system was checked and appeared to be working satisfactorily   *How were these actions publicised?*  These actions were publicised in the waiting room on the PPG noticeboard, in the practice newsletter and on the practice website. |

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| Priority area 2 |
| *Description of priority area:*  The PPG discussed how they could help and support patients with long term conditions such as diabetes, asthma and heart disease to enable them to manage and make decisions about their own care and treatment. The group then decided to focus initially on patients with diabetes and how they could be supported further. Two members have diabetes and so have specific experience of the condition. |
| *What actions were taken to address the priority?*  The group decided to hold a Diabetes Event in September 2014. This was advertised in the waiting room, on the website and in our bi-monthly newsletter. A professional from the Juggle Diabetes Education Programme attended as did a Dietician and our Diabetic Nurse Specialist, to answer questions and chat to patients. Our practice nurses attended, as well as the practice manager, reception manager and PPG members. Healthy food and drinks was provided.  The Educator, Dietician and Nurse Specialist all gave a brief talk as did one of the PPG members with diabetes. |
| *Result of actions and impact on patients and carers:*  The event was a huge success, it was well attended by both patients with diabetes and their relatives/carers and everyone felt that they had more of an understanding of how they could help manage their diabetes and how the relatives/carers could support them.  As it was so popular, the practice asked the Juggle Educator if it could host a series of Juggle Education programmes, which are for patients with Type II diabetes not on insulin. This is for both our patients and for patient from other NWCCG practices. The first programme was held in December 2014 and the next one is in April 2015. The programme was well received by those who attended and they reported that the experience had been very positive and informative. By offering the service to patients from other practices we are enhancing contact and communication in the wider community/locality.  *How were these actions publicised?*  In the waiting room, in the bi-monthly newsletter and on the practice website. The Juggle Team produces their own flyers/posters to encourage patients to attend. |

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| Priority area 3 |
| *Description of priority area*:  The PPG has tried very hard to encourage new members over the past year, from all backgrounds, ages, carers, young mothers and vulnerable patients who may not get the opportunity to engage with the practice. These efforts met with little success. The group is aware that other local practices face similar problems attracting new members for their PPG. The group feels it is important that it represents the wider practice population to really be effective and, even if new members cannot attend regularly, that patient awareness is raised of the work of the PPG and how patients can feed into this. |
| *What actions were taken to address the priority?*  The practice manager, as representative of the group, was tasked to meet with two other local practice managers (Manor and Oaks) to discuss how we could all promote the work of the three PPGs on a locality level, by writing an article for a local, free Beeston newspaper. The practice managers met and then one contacted the Beeston Express newspaper to arrange a meeting which was held at Manor Surgery with the editor from the newspaper. A further meeting was arranged with two PPG members from each practice and the editor, so the PPG members could provide the patient’s perspective. Photos of the members were taken to include in the article.  This was also discussed at a PRG meeting and it was suggested that a NWCCG practice wide article on the work of PPGs is placed in the publication “Broxtowe matters”, which goes to every household in Broxtowe. A PPG member from Abbey has been given the task of liaising with the NWCCG Patient and Public Involvement Officer to develop this idea further. |
| *Result of actions and impact on patients and carers:*  The three practices had a joint article in the Beeston Express newspaper’s edition on 20 March, with photos of some of the PPG members from each practice. The work of the PPGs was described and patients were encouraged to join. Contact information for each practice was included.  *How were these actions publicised?*  They will be publicised in the waiting room on the PPG noticeboard, in the bi-monthly newsletter and on the practice website. |

**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):

For 2013/2014 the scheme, as in previous years, focused on a PPG survey. Last year’s survey had a very pleasing result overall and the patients were happy with the practice in general.

From the actions identified, there were no contractual changes to be considered.

Progress on the actions identified is as follows:

Privacy for patients at reception. An information floor stand has been placed in reception asking patients to stand behind the stand to respect the privacy of the patient in front of them in the queue at the reception desk. The notice also informs patients about the availability of a private room to discuss confidential matters. Information has also been placed in the practice newsletter and on the waiting room noticeboard.

Weekend opening. As a small number of patients wanted this it was felt that it wasn’t feasible at the current time and also, before the introduction of NEMS covering on Saturday mornings, it was noted that these appointments were only for emergencies not routine appointments.

On-line prescription ordering. All patients can order repeat prescriptions book GP appointments and view their basic summary record on line.

Completing questionnaires on line. This was looked into but the types of questionnaires being completed cannot be attached on the website e.g. NWCCG survey form and our Friends and Family Test form which has been professionally printed. The practice computer system does not offer the facility to complete questionnaires on-line.

1. **PPG Sign Off**

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| Report signed off by PPG: YES  Date of sign off: 19 March 2015 |
| How has the practice engaged with the PPG:  *How has the practice made efforts to engage with seldom heard groups in the practice population?*  We have displayed notices and flyers in the waiting room on the PPG noticeboard: we have put information on the practice website. [**www.abbeymedicalcentre.org**](http://www.abbeymedicalcentre.org)**;** we have put a message on our Jayex Calling Board periodically to encourage new membersWhen running a patient survey, or a flu vaccination clinic or a practice coffee morning, the PPG members have come along to the practice, chatted to patients and tried to engage under-represented patients to join the group. Our current members have approached relatives and the practice manager has contacted patients in younger age groups. Younger patients tend to be more fit and healthy and do not attend or indeed, are less interested in joining such a group. The group is very conscious that it does not represent the wider practice population and would like to improve this however possible.  *Has the practice received patient and carer feedback from a variety of sources?*  Throughout the year the PPG members have invited comments, questions and involvement from the wider practice population, by displays in the waiting room, our regular bi-monthly newsletter and on the practice website. The group also monitors suggestions made in the suggestion box in the waiting room.  The practice feeds in to the group any comments and concerns from patients and also reported on the Family and Friends Test at PPG meetings and on the NWCCG survey.  The group members are encouraged to look on the NHS Choices website and read reviews and comments left by our patients.  *Was the PPG involved in the agreement of priority areas and the resulting action plan?*  Yes, the PPG were fully involved in the agreement of priority areas and the resulting action plans  *How has the service offered to patients and carers improved as a result of the implementation of the action plan?*  The practice and patient group has discussed and acted on issues identified from the dignity and respect survey.  Patients with type II diabetes have an ongoing education programme running and we have asked whether this can be extended to patients with type I diabetes in the future.  It is hoped that the article in the Beeston Express will encourage more patients to join our PPG. If we can obtain more members and involve a wider representation of the practice population, this should influence discussion and development of services for our patients.  *Do you have any other comments about the PPG or practice in relation to this area of work?*  The PPG at Abbey Medical Centre is a proactive, dynamic, focused group. It already has other ideas identified for future development, which we will be discussing at forthcoming meetings. These are on similar lines to the Diabetes Event, but for other Chronic diseases and also on events to promote healthy living with exercise and Tai chi for example. |

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| **Please submit completed report to the Area Team via email no later than 31 March 2015 to:**   * Derbyshire practices: [e.derbyshirenottinghamshire-gpderbys@nhs.net](mailto:e.derbyshirenottinghamshire-gpderbys@nhs.net) * Nottinghamshire practices: [e.derbyshirenottinghamshire-gpnotts@nhs.net](mailto:e.derbyshirenottinghamshire-gpnotts@nhs.net) |