

Standard Reporting Template

Bristol, North Somerset, Somerset and South Gloucestershire Area Team 2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Mendip Country Practice

Practice Code: L85046

Signed on behalf of practice: *R E L Woodland. Practice Manager* Date: *26.03.15*

Signed on behalf of PPG: *Valene Horler secretary of PPG.* Date: *26.03.15*

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

Does the Practice have a PPG and/or PRG? YES

Method of engagement with PPG and/or PRG: Face to face, Email – both. The group meets bi-monthly at the surgery

Number of members of PPG and/or PRG: = 9 plus a GP partner and the Practice Manager attend

Detail the gender mix of practice population and PPG and/or PRG:

%	Male	Female
Practice	2583	2590
PPG	4	5

Detail of age mix of practice population and PPG and/or PRG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	973	412	482	636	827	698	701	444
PPG	0	0	1	1	1	2	2	2

Detail the ethnic background of your practice population and PPG and/or 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	5170	0	0	0	0	0	5	1
PRG	8	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	4	0	0	0	0	0	0	0	0	0
PRG	1	0	0	0	0	0	0	0	0	0

Describe steps taken to ensure that the PPG and/or PRG is representative of the practice population in terms of gender, age and ethnic background and other members of the practice population:

The PPG's main concern is the lack of representative from patient's under 25 and those 45 to 54 years old. We consistently advertise for new members on the practice website, in the practice leaflet, local Parish magazine, the Practice Newsletter and on the waiting room noticeboards. In October the Chairman of the PPG spent a morning in the surgery waiting room encouraging patients to complete the Friends and Family Questionnaire. Whilst engaging in this, he also promoted the work of the PPG, raised awareness in the anticipation of gaining new members. We have again contacted local senior schools to encourage students to volunteer, this would be especially positive for those seeking a career within the NHS, unfortunately to date we have been unsuccessful.

The PPG are mindful of the fact that there has been a change in Practice Manager and that the practice was without a Manager for 3 months of 2014 as the manager is essential for non-clinical data collection and action planning this has delayed.

Are there any specific characteristics of your practice population which means that other groups should be included in the PPG and/or PRG?

e.g. a large student population, significant number of jobseekers, large numbers of nursing homes, or a LGBT community?

NO

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

2. Review of patient feedback

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

1. Friends & Family survey. Government-led short survey. Request for Patient Group Members to help in handing out surveys , one member offered to help. Discussion about relevance & suitability of survey. Chair to write letter to Department of Health about survey concerns. Discussed at meetings held on the 20.10.14 and again 11.12.14.
2. The national GP patient survey –results published July 2014 and sent to practices – discussed at the 11.12.14 meeting. The main discussion was how well the practice compared to national, CCG and Federation

98% of respondents find it easy to get through to this surgery by phone, whereas the CCG (regional) average: **78%**

93% of respondents would recommend this surgery to someone new to the area, whereas CCG (regional) average: **83%**

97% of respondents had confidence and trust in the last nurse they saw or spoke to. Whereas CCG (regional) average: **88%**
3. Monthly surgery Consultation Rates – total number of face to face and telephone consultations for Doctors, Nurses, and the number of DNA's. This are compared month on month. We now have a complete year of data consequently in future we will be able to compare each month with the previous years and determine trends.

How frequently were these reviewed with the PPG and/or PRG?

1. Friends and Family test was discussed at meetings held on the 20.10.14 and again 11.12.14.
2. The national GP patient survey –results published July 2014 an discussed at the 11.12.14 meeting
3. Surgery consultation rates – are reviewed at each meeting.

4. Action plan priority areas and implementation

Priority Area 1

Description of priority area: Routine appointments bookable in advanced - the wait time for routine appointments has increased significantly over the winter period in 2014/15. The practice has received a small number of verbal comments from patients concerned about the increase wait time to the next available face to face routine appointment for a doctor. The doctors had also become aware that booking their patients for review necessitated either booking well in advance or using same day appointment slots.

What actions were taken to address the priority?

The PPG and partners have decided to prioritise this action even though it was not discussed until the last meeting 5th March 2015. The practice has agreed to carry out the following monitoring to evaluate routine appointments access.

- measure the time to the third next available appointment – using the RCGP third available appointment calculator
- Improving Patient Flow - Poor patient flow leads to increased cost, less than perfect patient and staff experience and potentially to failures of care. Evidence from the Health Foundation 2013, Joint Commission Resources 2010 suggests that enhancing patient flow increases patient safety and increases the likelihood of patients receiving the right care, in the right place. Improving patient flow is one of a range of potential solutions to be considered when improving access and managing increasing demand. The Manager has agreed to plot a patient flow chart on small number of patients' access & contact with the surgery and to report back at the partners and PPG meetings.
- The proportion of free appointments available next week.
- Data collection – of same day and book in advance requests – to be carried out by Reception staff using the RCGP Treating access toolkit.
- Measure the number of patients triaged each day and the number of urgent face to face appointments

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

As this priority was not discussed until the last meeting there has been insufficient time to set up a robust method of data collection to ensure we gain sufficient data to enable the practice to make plans to address this issue. Plans are now in place and collection has commenced.

In the meantime we have used the practice website, patient leaflets and surgery noticeboards to signpost patients to other available services.

Priority Area 2

Description of priority area: Recruiting members to the PPG

What actions were taken to address the priority?

- The chair of the PPG spent a morning in the surgery waiting room primarily encouraging patients to complete the Friends and Family test but also spent time talking to patients about the work of the PPG.
- Contacting local senior schools to encourage six form pupils registered with the practice to participate.

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

- We had received several enquiries from interested patients to join the group. Three new members have joined the group within the last month.
- We have changed the time and venue of the meeting which has allowed a GP to attend each meeting, the group felt this was particularly important.
- Apart from the under 25 year olds we now have a representative within each age group. Plus a representative from a minority ethnic group. This means that the group will be more focused on the entire patient population as opposed to the older patient.
- The result of this recruitment drive will be published on the website and on noticeboards in the waiting area. By publishing the age of the members we are hoping this will encourage younger patients to feel more comfortable to volunteer.

Priority Area 3

Description of priority area: Publish monthly DNA figures and doctors consulting days – in the local parish magazine and the waiting area. The PPG hoped that by publishing DNA figures it will make patients more likely to cancel their appointment

What actions were taken to address the priority?

- Members of the PPG suggested publicising the number of DNA appointments in the parish magazine – as this is delivered to all homes in the area it would reach all patients. The practice has a regular slot in the magazine to reach a wide population. The PPG suggested that a catchy notice such as :-

'Unable to get an appointment at your doctors surgery this week'

Well this could be because X number of patients failed to turn up for their appointment.

X number of appointments = hours of a doctors time

If you are unable to make your appointment – cancel

It can always be used by another patient, the more notice you give the better.

You can cancel your appointments through the online booking system or phoning reception.

Never be embarrassed to cancel an appointment.

Do you need to be reminded of your appointment – we can send you a text reminder – so please ensure we have your correct mobile number

- Send text messages to those patients with mobile phone; text messaging was recently switched off by the practice as patients were becoming extremely confused by the number of texts received concerning investigation results. However, after investigation it has been established that the practice can globally opt for appointment reminders only.

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

- Monthly monitoring of the number of DNA's and comparing each month's figures to see if publication will make a difference. There has been a small decrease in numbers. Interesting we have run a daily comparison – which has shown that the number of DNA's routine doctor's appointment on a Monday is double compared to any other day of the week- this would concur with The RCGP 'Treating access toolkit' which suggests that Monday appointments should not be used for review appointments.
- Patients have become more aware of the importance of cancelling an appointment, and how it affects them and other patients when they do not.

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):

The practice continues to strive to improve the communication with patients and their carers. With the introduction of the unplanned admissions enhanced service – this has led to better and more joined up communication between the practice the patient and their carer and other healthcare professions including secondary care who are involved in the patients care.

Infection Control Audit has been carried out and the IC nurse has carried out spot checks and prepared a written summary of her findings.

Magazines in the waiting room – do still disappear, there is very little the practice staff can do.

5. PPG Sign Off

Report signed off by PPG and/or PRG: YES/NO

Date of sign off:

VHL
26.3.15

Valerie Horner
Secretary PPG

How has the practice engaged with the PPG and/or PRG: through Bi Monthly meetings

How has the practice made efforts to engage with seldom heard groups in the practice population? Advertising in parish magazine, through notices in the waiting room, and post office, contacting schools

Has the practice received patient and carer feedback from a variety of sources? Through face to face contact, email, letters, NHS choices and Western Daily Press.

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? Allowing the patients to have their say has given them more ownership of the problems, we have received several good comments and patients have taken the trouble to enter these comments on NHS Choice and in one case write to the Western Daily Press. We recently ran a Saturday charity coffee morning – where the nurses, doctors and manager were present – this was well received by the local community. Communication is the key, and there is a general opinion that this has improved.

Do you have any other comments about the PPG or practice in relation to this area of work? no