

### Upton Surgery Local Patient Participation Report 2014-15

#### Introduction

The Practice established an active Patient Participation Group in 2007. The current PPG chair was approached to help the Practice develop the group and the group members put themselves forward to support the initiative following an information evening held at the previous surgery site in August 2007. Other members have joined after responding to recruitment requests or offering their support. The group meets regularly to foster good communications between the surgery and the group and to consider patients' issues, concerns and suggestions for improvements.

Upton Surgery patient participation group met 4 times during the year with 3 other sub group or project work meetings. The Chair of the group, Mr Chris Milne was re-elected. The minutes are published on the web site in the Patient Participation section <a href="https://www.uptondoctors.co.uk">www.uptondoctors.co.uk</a>.

The group currently consists of seven members aged between 44 and 81. There are five females and two males. Members of the group represent specific patient groups in longer term conditions, carers and parents, disability interests, and men's health.

The group had drawn up terms of reference that were reviewed to be in line with the new DES in 2013.

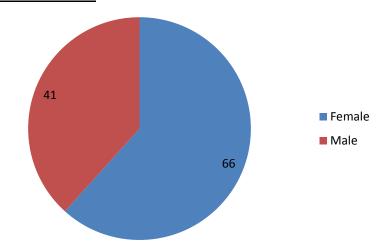
There is a suggestion box in the surgery, a 'contact us' facility on the web site and letters are directed to the chair if requested to obtain feedback on the practice's services and plans. The envisage plasma screen call system is used for communication from the PPG to all other patients attending the surgery and contributions to the surgery newsletter are a regular feature.

Patients can sign up to the Virtual Group via the web site and we have 107 members representing 0.98% of the practice population.

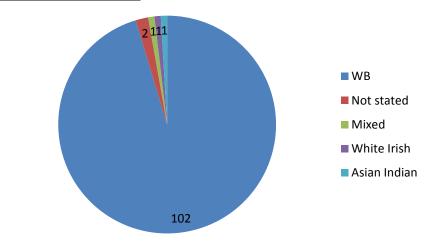
#### vPRG breakdown

Sex	Count	Ethnicity	Count	Age	Count
Female	66	WB	102	17-24	1
Male	41	Not stated	2	25-34	3
		Mixed	1	35-44	7
		White Irish	1	45-54	30
		Asian Indian	1	55-64	31
				65-74	23
				75-84	11
				84+	2
Totals	107		107		107

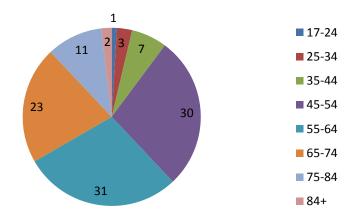
### **Gender Ratio vPRG**



### **Ethnicity Ratio vPRG**



### Age Ratio vPRG



### 2014/15 Update

During 2014 members of the PPG and practice staff analysed and acted on the 2013 survey of over 300 patients on various measures of quality and experience. From that the current key priorities and plan were developed by a sub group of the PPG and practice representatives and are worked on and reported to the group. (Appendix 2)

Key priorities the group identified to focus on were:

- Access
- Continuity of Care
- Communication
- Service Provision

Details of progress are on the Action plan at the end of this report.

Standing agenda items for the PPG meetings are to receive a Practice Update Report on activities since the last meeting including staff changes and service changes. To review complaints, compliments and suggestions. To discuss key NHS priorities e.g. Friends and Family Test, Out of Area Registration Scheme. To receive information on other local priorities e.g SW Healthcare. To review Primary Care Web Tool statistics, National GP survey and other survey data. Speakers in year were from Healthwatch, Nurse Lead for Older people, Practice Pharmacist and a representative from Clinical Research Network for Public and Patient Involvement.

A presentation of the key findings of the National GP survey data for 2014/15 was reviewed by the group at the January 2015 meeting. (Appendix 1).

The overall rating on NHS choices is currently 95.5% 'Among the best' for all weighted markers.

In 2014 we commenced an Arts and Health project led by one of the PPG members which interfaces with the local High School and we now display artwork from the school and plan a visit to the surgery to view others works of art on display. We hope to build on this project in 2015 to engage with young people. We are in planning a community event in 2015 involving Riverboats Sure Start Centre, the local Primary School, Messy Church and youth groups.

The PPG supported bids to the UMST Friends of Upton Surgery Trust Fund to improve services for patients such as home loan Blood Pressure machines and additional 24 hour Blood Pressure and other monitoring equipment for patients. They supported the investment in equipment for the physiotherapy gym that is above NHS and very beneficial for rehabilitation services in the rural location that we provide services to.

The leg club commenced in 2013 and additional equipment purchased due to its popularity.

Members of the PPG piloted the access to medical records and advised on implementation. Members under took a PLACE Assessment and produced a report. (Patient Led Assessments of the Care Environment).

Members attend the South Worcestershire Clinical Commissioning Group Board and PPG network meetings when able.

### **Access arrangements**

Changes and improvements to appointment systems are reported to the PPG as coping with significantly increasing demand for 'on the day' appointments, whilst trying to balance with a continuity of care model that is so important for our older patient population, remains a dilemma for the surgery teams. In 2014 two Advanced Nurse Practitioners with Independent Prescribing qualifications were appointed and a senior Nurse Lead for Older People to develop new services to meet these needs.

The core opening hours of the surgery are 0800 to 1830 Monday to Friday. (Evening Duty schedules with the Duty Doctor may go on later than this according to demand. New Duty nurse afternoon sessions have commenced.

On the day requests are received by the morning triage sessions for on the day requests function with a duty team of a GP and Advanced Nurse Practitioner nurse and run on Monday, Wednesday, Thursday and Friday 0800 to 0900. The team of 3 or 2 clinicians may start seeing patients from 0830 which has added capacity from the 0900 start last year. On Tuesday the service is a nurse led Triage service between 0800-0900 and face to face consultations commence at 0900.

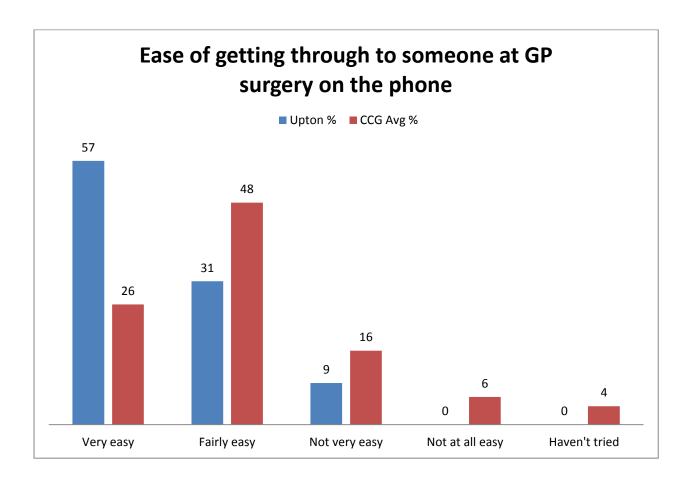
During the day there are a selection of pre bookable routine face to face and telephone Appointments during the morning afternoon and early evening. The practice provides extended hours of 68.25 additional hours per quarter. These

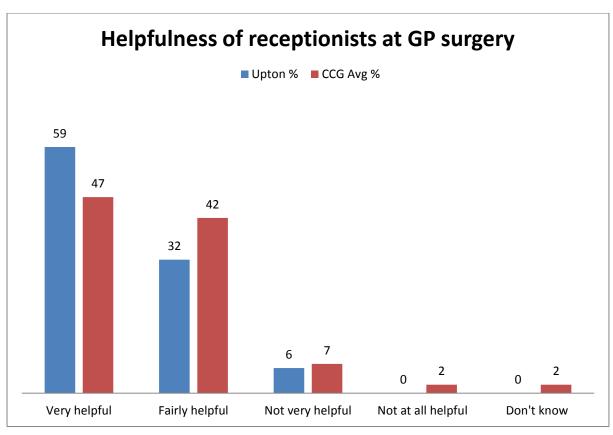
are a mix of early appointments (0720 start), later evening (1920 last appointment) and Saturday mornings with a selection of appointments commencing at 0800 and ending at 1100.

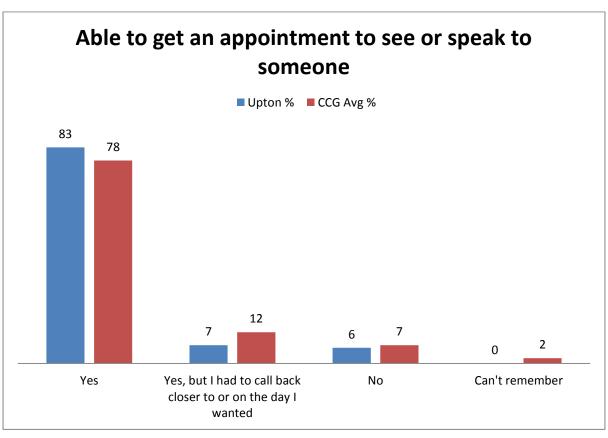
Patients can use the traditional telephone booking system or in person at reception or the online booking systems (once they register to obtain a secure personal PIN access code). The practice has over 2500 users of the internet booking system.

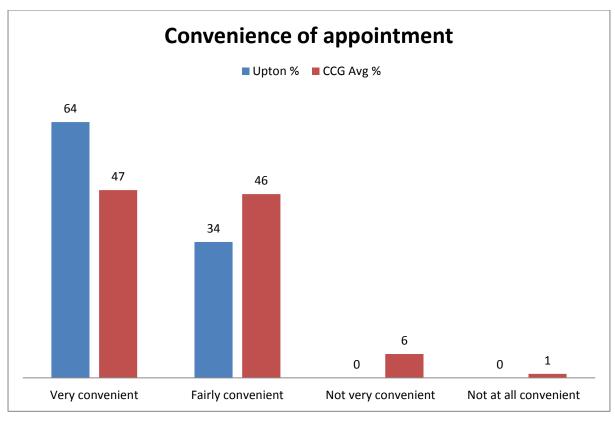
## Upton Patient Survey 2015 Key information charted

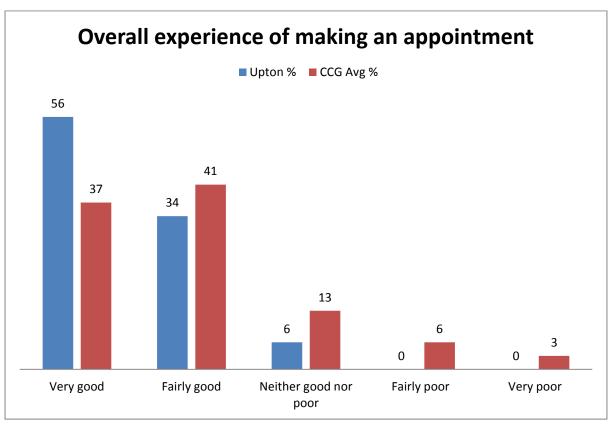
- Charts have been created directly from the Data collated by MORI as part of the national GP Patient Survey for 2014/15
- The charts compare the Upton Surgery results with the average results that represent all of the surgeries in South Worcestershire CCG.

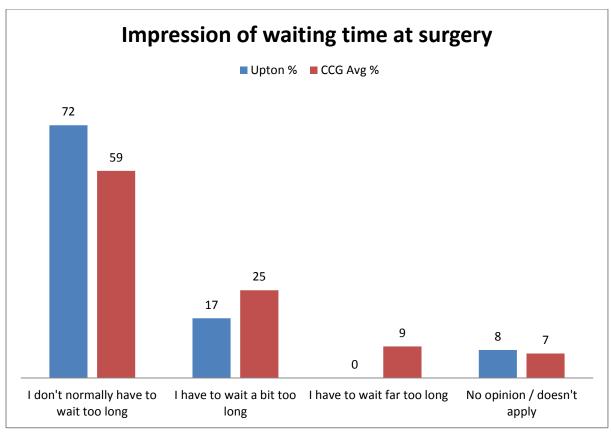


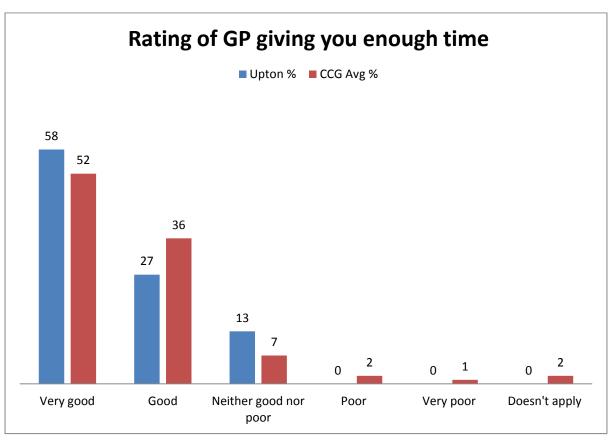


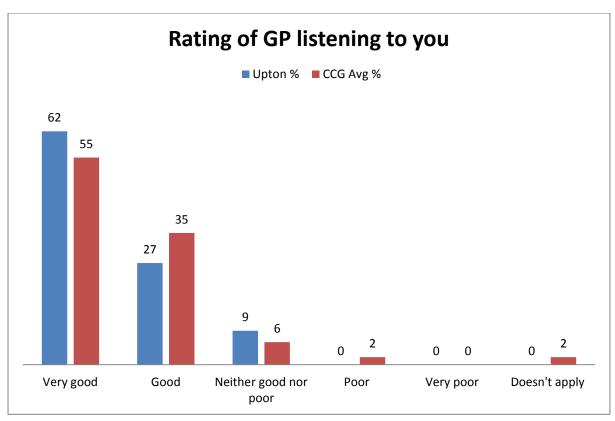


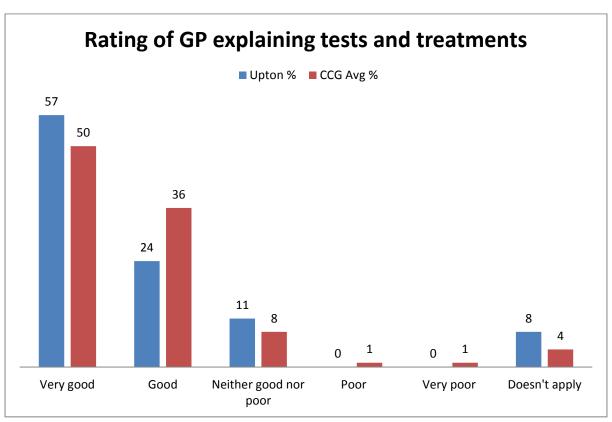


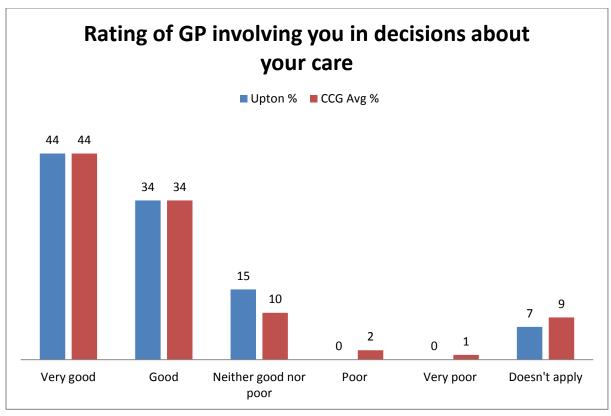


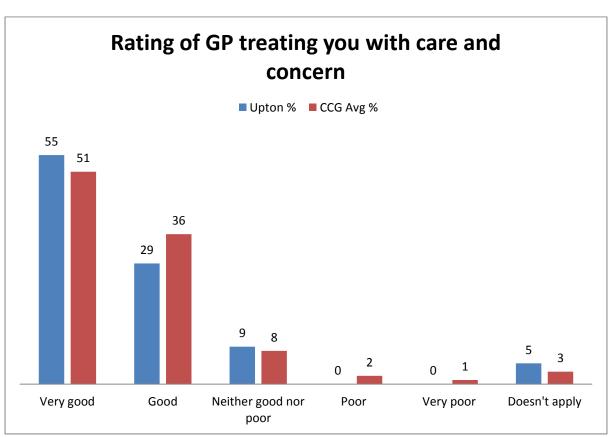


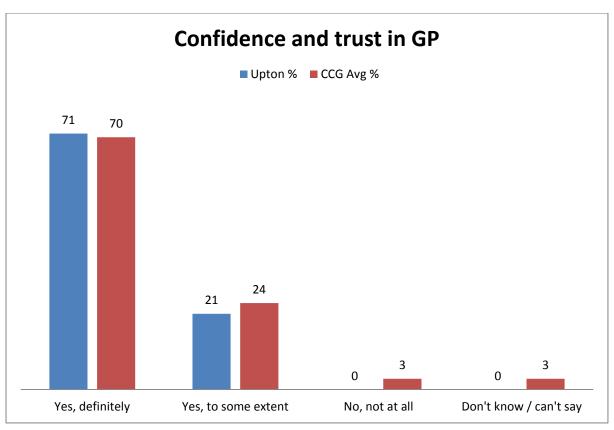


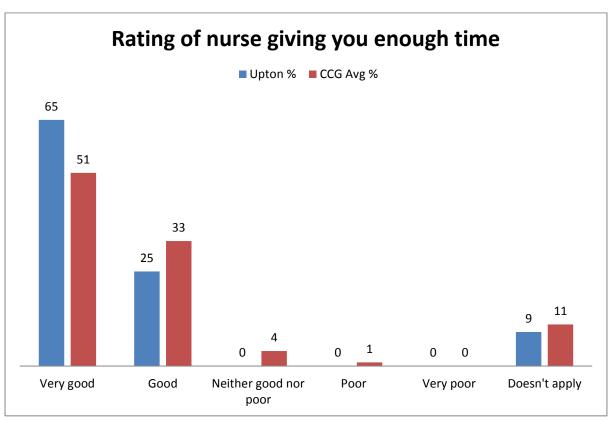


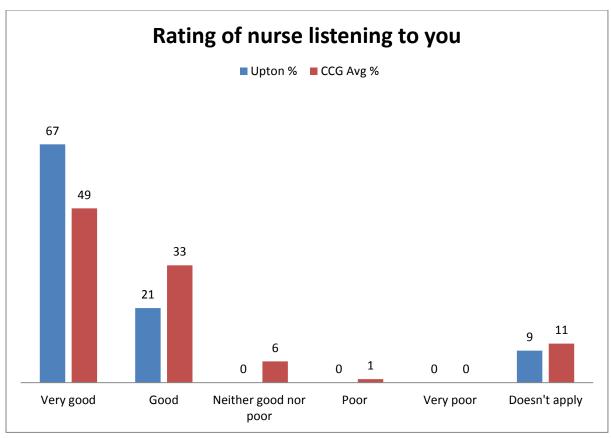


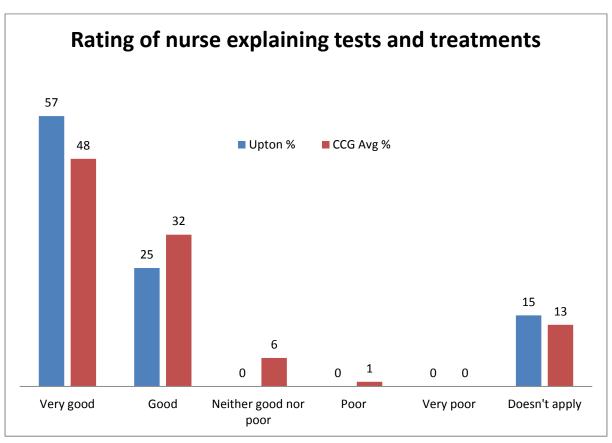


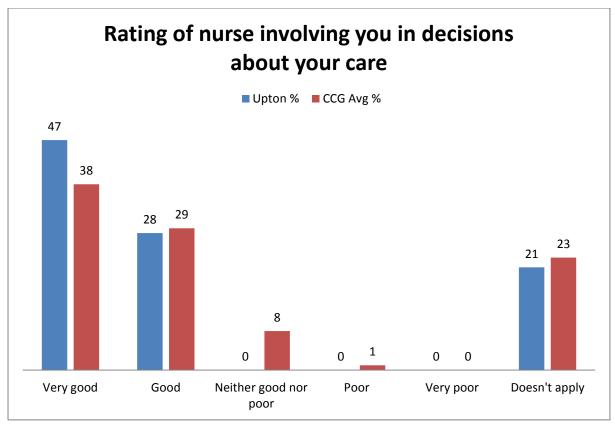


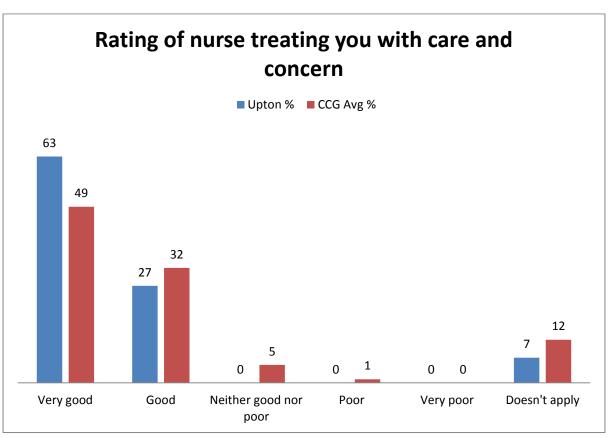


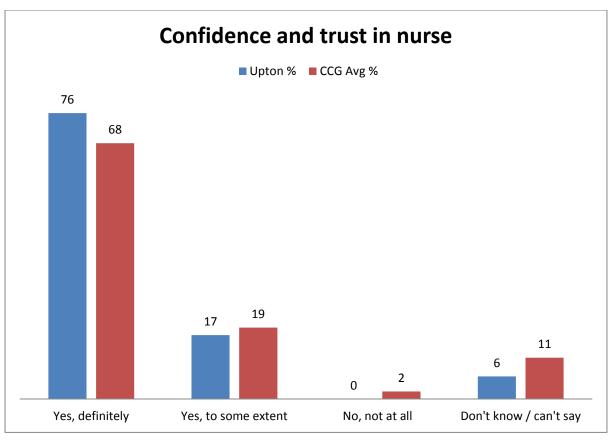


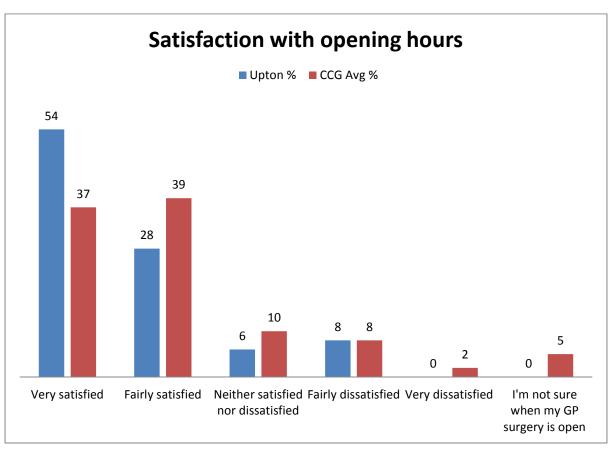


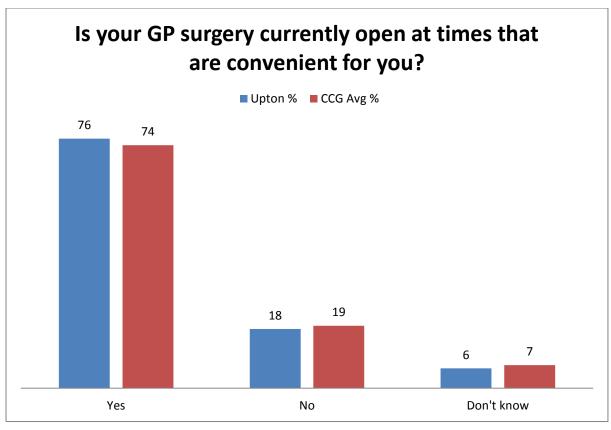


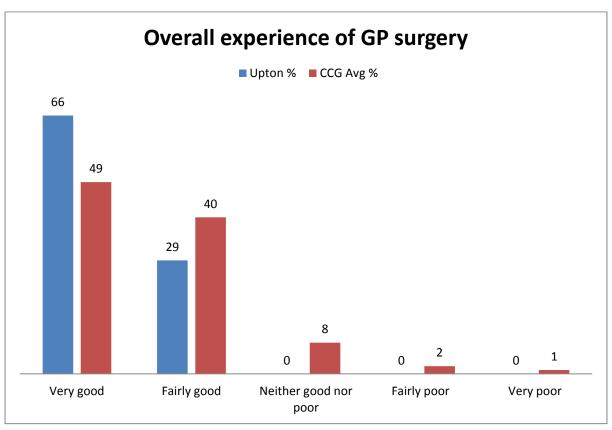


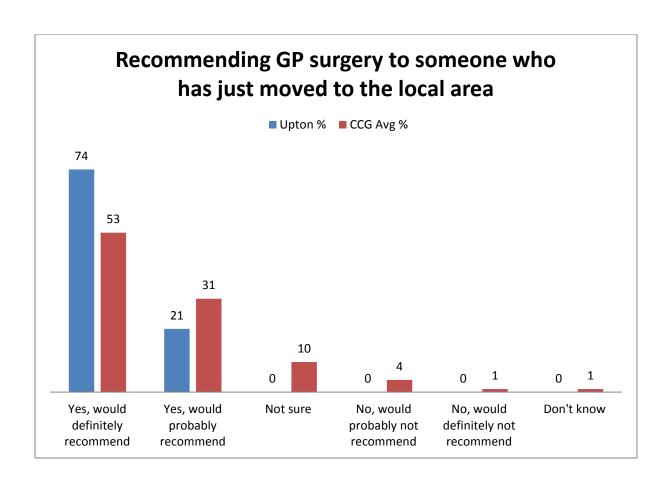












# **Upton Surgery – PPG Action Plan**

### Access

Aim		
To ensure adequate access for patients		
Led by	Progress	
1. PW/JH	1. On-going	
2. PW/JH 2. Completed		
l intelligence, Friends Family test, SWCCG:		
iality markers. Continue to note trends and disci	iss with PPG	
	To ensure adequate access for patients  Led by  1. PW/JH	

Patient experience / issue	Aim		
Able to get through to the surgery on the telephone	Maintain responsive access by telephone		
Actions	Led by	Progress	
1. Review to be undertaken and staffing arranged according to high demand times identified		G/JH 1.	On-going
2. Use system to provide reports to monitor performance	2. JI	H 2.	On-going
2. Ose system to provide reports to monitor performance	2. 31	2.	On gon

#### **Update / information**

- 1. **Jan 2014** Phone access rating has dropped to 89% from 95% despite additional staff and no change in telephone system continue to monitor. **Sep 2014** rating now 87.23%. **Jan 2015** rating now 88%
- 2. **April 2015** New telephone system installation

Patient experience / issue  Access for on the day advice or appointments to ensure on the day requests are dealt with appropriately.	Aim Introduce daily triage duty team approach		
Actions		Led by	Progress
1. Triage for on the day requests GP and nurse between 0800 – 0900 in	ntroduced	<ol> <li>Clinicians</li> </ol>	1. On-going
2. Duty nurse sessions introduced		<ol><li>Clinicians</li></ol>	2. Completed
3. Telephone consultation slots scheduled		<ol><li>Clinicians</li></ol>	<ol><li>Completed</li></ol>
4. Block 'triage doctor open' slots to stream patients to usual doctor w	hen possible	4. Clinicians	4. On-going
5. Receive training in productive general practice scheme for all day tri	age systems	5. SME	5. Completed
	<u> </u>		•

### **Update / information**

- 1. **Mar 2015** 2 Advanced Nurse Practitioners employed to support on the day requests. New duty team GP, ANP and blocked HCA slots to commence March 2015
- 2. Jan 2015 2 Advanced Nurse Practitioners with full prescribing qualification in post giving additional access for on the day appointments also triage
- 3. Completed
- 4. Jan 2014 Moved to open on the day universal block system
- 5. Completed

Patient experience / issue	Aim		
Difficulty in attending for appointments	To extend hours of opening		
Actions		Led by	Progress
1. To provide some appointments on pre-bookable schedules of week day evenings and early mornings		1. PAB	1. On-going
and Saturday mornings to increase hours by 274 per year			
Update / information		·	
1. Oct 2014 – provided as per contract with extended hours			

# Continuity of Care

atient experience / issue Aim				
Ability to provide continuity of care	To improve continuity of care by p	To improve continuity of care by preferred doctor		
tions		ed by	Progress	
Block 'Open on the day' slots to stream patients to usual doctor		PW/GP's	On-going	
Update / information				
<b>Sept 2014</b> – Demand monitoring at least 3 times a week by Practice Director.	Embargoed open on day slots added	to nurse and	HCA and phlebotomy	
schedules.				
Dec 2014 – Nurse lead for older people appointed as care navigator for frail/e	lderly			
Jan 2015 – 'In-house' Improving Patient pathway project underway				

Patient experience / issue Access to specialist clinics close to home	Aim  To improve continuity of care in specialist areas		
Actions		Led by	Progress
1. Use of choose and book facility		1. PW/Clinicians	1. On-going
2. Arrange consultant clinics on site		2. PW/Clinicians	2. On-going
3. Use in-house specialism for inter GP referrals for minor surgery, de diabetes and contraceptive services	ermatology, cardiology,	3. PW/Clinicians	3. On-going

### **Update / information**

Jan 2013 - Clinics on-going are Parkinson specialist nurse, MS specialist nurse, Diabetes specialist nurse, mental health CBT, Heart Failure nurse. Leg club ongoing, in house prostate recall system and Long Term Conditions Birthday recall systems working well. Consultant Dermatology, Rheumatology and Older People Psychiatric consultant clinics on site. Additional private counselling options added in year.

**Summer 2014** – Consultant physician & consultant rheumatology clinics ceased despite GP opposition.

Oct 2014 - New dedicated joint injection clinics commenced.

Patient experience / issue Aim			
Access to specialist nurse or other professional services closer to home	To improve continuity of care closer to home		
Actions	Led	by	Progress
1. Ensure nursing team are trained and updates to deliver specialist on s	ite clinics in INR, COPD,	1. PW/AW	1. On-going
Asthma, Diabetes, Minor Injury and specialist tests. Doppler & Bladde	r scanning are offered from	2. PW/AW	2. On-going
trained nurses on site in addition to all Local Enhanced Services contra	acts		
2. Provide access to other specialist community nurse services on site			

### **Update / information**

Oct 2014 - COPD and Asthma training open uni modules being attended by ANP. GP commenced dedicated respiratory clinics weekly to cover absence of nurse specialist. New nurse recruited with Asthma and COPD experience. Additional Nurse expertise in Diabetes and INR training in year

# Communication

Patient experience / issue	Aim		
Informing patient about appropriate access and use of the service	ing patient about appropriate access and use of the service  To increase appointment overall and manage expectation		ectations
Actions	<u> </u>	Led by	Progress
1. Newsletter rebranding and produce minimum 6 per year and post on website		1. LB	1. Completed
2. Use of NHS material to inform patients of appropriate NHS use of services		2. PW	2. On-going
Update / information			
Jan 2015 – Designated members of staff continue to provide service.			

Patient experience / issue	Aim		
Patients not informed of appointment time delays	To improve patient waiting experience		
Actions		Led by	Progress
1. Reception staff to routinely advise patients if a doctor or nurse is running late		1. JH	1. On-going
2. Advisory notice to be on envisage system		2. JH	2. Completed
Update / information			
Jan 2015 – Waiting time MORI 92% satisfaction with waiting times.			

	Aim To provide user feedback to inform service provision
Actions  1. PPG established terms of reference reviewed for PRG compatibility 2. Establish wider Virtual groups using email 3. Establish contact with harder to reach groups with PPG support 4. 2014 patient survey 5. Introduce Friends & Family Test	Led by  1. PW/PPG 1. Completed 2. PW/PPG 2. On-going 3. PW/PPG 3. On-going 4. PW/PB/LB 5. PW/PPG 5. On-going

### **Update / information**

- 1. PPG group in place
- 2. Jan 2014 Virtual patient reference group has 106 members. Jan 2015 Virtual patient reference group has 107 members.
- 3. **Dec 2013** Older peoples showcase event. **Nov 2013** Young mums health training recognising and treating childhood illness x 2. **July 2014** Art work link with Hanley Castle High School and display works commenced. GP talk to sixth form on careers in medicine. **Jan 2015** Family health event in planning with Riverboats Childrens centre.
- 4. **Sep 2014** PPG meeting in Sept to discuss the data July Sept 2013 and January March 2014. Action plan agreed and discussed at the PPG meeting on October 20th.
- 5. Nov 2014 Commenced and to plan

tient experience / issue Aim			
Informing patients of access choices	To improve use of modern convenient access choices via the web		
Actions		Led by	Progress
Web site information		PW / all staff /	1. Completed
<ol> <li>Advertise service in newsletter, via prescription bags and Envisage call s</li> </ol>	ystem	LB or RG for	2. On-going
3. Proactive informing when appropriate in consultation registration and f	ace to face contacts	Data	3. On-going
Update / information		·	•
1. Jan 2014 – New format chosen by PPG and launch scheduled for Feb 20	14. Communication exercise	e in place. <b>Oct 2014</b> – A	Access data for web site

report to PPG

- 2. **Jan 2015** On-going recruitment along with advertisement of the new additional patient online viewing access for patient medical records (currently 2257 signed up)
- 3. **Jan 2015** On-going

## **Service Provision**

Patient experience / issue Plan patient open day event for 2015	Aim Improve communication and access and signposting to other services, to promote self-care		
Actions 1. Planning team	Led by	y . PW/LB/GP's	Progress 1. Exploratory
Update / information			meeting held
1. Family event in planning with Riverboats, local Primary School & lo	cal Messy church		

Patient experience / issue	Aim		
Telephone message quite slow to get through options	To improve the patient experience when using the phone system		
Actions		Led by	Progress
<ol> <li>Update the recorded message with the PPG selected options and having a faster run through of the options</li> </ol>		1. RG	1. Completed
Update / information			·