

# Derbyshire & Nottinghamshire Area Team

## 2014/15 Patient Participation Enhanced Service REPORT

Practice Name: Riversdale Surgery

Practice Code: C81069

Signed on behalf of practice: Linda Cross

Date: 05/03/2015

Signed on behalf of PPG: Steven Lockwood (Chair)

Date: 17.3.2015

### 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) Face to face and email. Regular meetings, web site.
Number of members of PPG: 7 members meet, and 175 on the email list. The demographics on the next page require a level of information about the Patient Group that is difficult to provide. The age/ethnicity of the on line group is unknown as we would need to access every patient record to determine this. The group that

meet are white, and for the most part retired.

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	49	51
PPG	50	50

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	16	8	10	14	17	13	12	10
PPG						50	50	

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	11	1	0	1	1	1	1	1
PPG	100							

%	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	0	1	0	1	0	0	0	0
PPG										

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 ethnic mix, while not entirely representative of the Practice population is very representative of those who use services the most and of the Practice population. It is predominantly white British in Belper and many patients do not choose to note their ethnicity on the equalities forms. It is also a challenge to achieve the diverse age representation that would be more reflective of the Practice population. The PPG has discussed putting notices up in schools, but as yet none of them have taken this forward.

There is no particular travelling community or other hard to reach group in our Practice Boundary. The virtual group have signed up via our website – we send information to them and receive information back from them when they choose to engage. It is not possible to determine the ethnic group of these patients so it is quite possible that they do reflect other ethnic groups and age ranges.

The PPG attend our flu clinics at the Surgery which are drop in and give out information about the PPG and talk to Patients about the group.

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

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

There are a number of care homes in the area. Unfortunately many of these patients are not able to attend the Surgery and are bed bound.

We contacted PALS as a result of one of the Action points in 2012 to see if we could get assistance in contacting the hard to reach

groups. Unfortunately PALS was undergoing a restructure and have not yet managed to send any information through to us that would help.

We have recently joined the NAPP. It is possible that some helpful information may be available from that source.

## 2. Review of patient feedback

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

We conducted a survey at the beginning of the year to enquire as to where patients would go for information on health matters. The vast majority still felt they would come to a GP for information. The other sources they would consider were in the main the internet and other health professionals. We have made sure that our website is up to date with patient information for self help and we work closely at Riversdale with other health professionals to whom we can pass on concerns if necessary.

We also handed out Friends and Family test cards during our flu clinics, which is when we see a lot of patients who regularly attend the Surgery. Feedback from those cards was not terribly informative as anything that was negative mostly concerned the weather on the day of the clinics and the wait that patients had had to endure for their flu jab. Most of the responses were extremely positive about the surgery in general, so there was nothing specific we could take forward about service delivery on a general basis.

We receive feedback on the website from individual patients with complaints and compliments about the service and sometimes some helpful comments. We always make sure we answer these fully. Where possible such patients are invited into the Surgery to discuss their comments, but few take the opportunity.

*How frequently were these reviewed with the PRG?*

The Friends and Family test will be reviewed with the PPG at PPG meetings. The results are also available on the web site.

Complaints are reviewed with the PPG annually. Other comments/compliments are discussed with the PPG on an ad hoc basis at meetings.

### 3. Action plan priority areas and implementation

Priority area 1
<p><i>Description of priority area:</i> The Group will plan more events giving information via the web site and the notice boards.</p>
<p><i>What actions were taken to address the priority?</i></p> <p>Unfortunately the member of the PPG who was initially taking responsibility for the notice boards in the Surgery has had to stop performing this function due to personal commitments. The Surgery has appointed a member of staff who changes the health information provided on the boards every month and tries to keep up to date with latest information coming from external sources such as NHS England.</p>
<p><i>Result of actions and impact on patients and carers:</i></p> <p>There has been positive feedback on the notice boards. Information has been well received. The staff member has used more colour and changes the information monthly. This also includes developing health awareness with monthly themes.</p> <p><i>How were these actions publicised?</i></p> <p>By using the notice boards.</p>

## Priority area 2

### *Description of priority area:*

A self help folder will be prepared with leaflets to take away.

### *What actions were taken to address the priority?*

Unfortunately the group has not managed to further advance this priority this year. Another member had offered to take over from the original member but she has had to leave the group due to personal commitment.

### *Result of actions and impact on patients and carers:*

Nothing.

### *How were these actions publicised?*

No actions were taken. .

## Priority area 3

### *Description of priority area:*

Talk sessions will be investigated as to viability – this could be something that the 5 Practices in the Belper Area do together.

### *What actions were taken to address the priority?*

This has not been advanced. The Chairs of the 5 Practices in this sublocality have met but one of them retired and the other four

did not feel they could take matters forward until another had been appointed.

*Result of actions and impact on patients and carers:*

No action.

*How were these actions publicised?*

No action.

### **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):

Previous plans have included improving attendance of the PPG – by developing the virtual group as well as the group that meets. More publicity has been put round the surgery and the virtual group continues to expand. There is a form on the Surgery Web site and we receive approximately one application to join the virtual group weekly.

Health Awareness weeks – unfortunately this has not progressed. We have however had monthly themed health awareness messages on the notice boards at the Surgery, which is at the moment being managed by the staff member as previously mentioned.

We have looked at communication issues in the Surgery and agreed that developing the Website to include more information would be beneficial. This has been done.

We looked at providing on line access for patients to use the Website to request prescriptions and to make and alter appointments. The PPG were very active in promoting this – both as part of the flu clinics where information was handed out and also use of the notice boards at the surgery. As a result the amount of patients using the on line access service is increasing month on month.

#### 4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 17.3.2015

How has the practice engaged with the PPG:

The Practice Manager attends every meeting and feeds back to the PPG from the Practice and the Practice to the PPG. The Practice has paid for the group to join the National Organisation.

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

We are unaware of such groups. We attend at the Care homes within the Practice Boundary almost on a daily basis and are planning meetings with the managers of the care homes to discuss ways of working. The PPG will be discussed at those meetings. We have a notice board in the Surgery that the PPG can put information on and can keep up to date. They can use this to target particular groups. As mentioned before the PPG member who had undertaken to look at the Notice Boards has had to withdraw due to personal commitments. The staff now keep the other Boards up to date.

*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?*

More awareness of health issues via the website and the notice boards. Access to the online services has greatly benefited from



the input from the PPG. More and more patients are signing up to the group.

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

It is difficult to find people who can commit time to take forward agendas such as health awareness weeks and talks as they are volunteers and usually busy people. The core group are very committed to the PPG and the Surgery and regularly attend Health Watch meetings and other PPG meetings arranged by our local CCG and bring feedback to the meetings.

The Practice finds the group invaluable as a sounding board for development issues and issues with patient care. The group has been extremely involved in challenging a decision to remove some admin support for the Community Matron who works from the Surgery and while the outcome has not been successful the Chair of the group attended a meeting at the Surgery with the provider and wrote to the CCG about this issue. It was helpful to have this type of support. They also comment on the complaints process and give valuable feedback when we are having issues with the appointment system – like many Surgeries we have a policy that staff are not patients, so unless someone takes the time to feedback about such matters we are sometimes unaware.

**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)