**Derbyshire & Nottinghamshire Area Team**

2014/15 Patient Participation Enhanced Service REPORT

Practice Name: DERBY ROAD HEALTH CENTRE

Practice Code: C84039

Signed on behalf of practice: ……………………………………………………….. Date: 10th March 2015

 Louise Perkins, Practice Manager

Signed on behalf of PPG: ………………………………………………………….. Date: 10th March 2015

 Robert Kirkwood, PPG Member

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, regular meetings, newsletter, letter, email, telephone  |
| Number of members of PPG: 19 |

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| Detail the gender mix of practice population and PPG:

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| --- | --- | --- |
| % | Male  | Female  |
| Practice | 51.8% | 48.2% |
| PPG | 63.16% | 36.85% |

 | Detail of age mix of practice population and PPG:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 |
| Practice | 14.3 | 16.0 | 20.8 | 13.6 | 12.5 | 9.2 | 7.2 | 6.5 |
| PPG | 0 | 0 | 5.3 | 11 | 5.3 | 16 | 11 | 53 |

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| Detail the ethnic background of your practice population and PRG:

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| --- | --- | --- |
| % | White | Mixed/ multiple ethnic groups |
|  | British | Irish | Gypsy or Irish traveller | Other white | White &black Caribbean | White &black African | White &Asian | Other mixed |
| Practice  | 55 | 0.9 | 0.01 | 8.2 | 1.5 | 0.6 | 1.5 | 0.8 |
| PPG | 52.64 | 0 | 0 | 31.58 | 15.79 | 0 | 0 | 0 |

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| --- | --- | --- | --- |
| % | Asian/Asian British | Black/African/Caribbean/Black British | Other |
|  | Indian | Pakistani | Bangladeshi | Chinese | Other Asian | African | Caribbean | Other Black | Arab | Any other |
| Practice | 5.7 | 5.0 | 0.4 | 1.9 | 2.0 | 2.9 | 3.5 | 0.8 | 2.5 | 5.6 |
| PPG | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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| 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:In setting up the PPG we ran a campaign to get new members involved without discrimination.Posters were placed in waiting rooms and on our website.The PRG was also highlighted in our Patient Newsletter inviting new members to join.Team members were asked to name patients of every category of age and ethnicity that may have had an interest in being an active member.Doctors were encouraged to opportunistically discuss joining the group with their patients. |
| 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 – a large student population**If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:**We have tried to reach this student population via the internet, e.g. text, website and facebook. We have also leafleted the local student population and tried to engage them and get them more involved but unfortunately with little success. Students and young patients are not often frequent attendees at the practice, and therefore lack the full experience of healthcare and/or interest to be involved in the practice group. However, during our annual patient survey we do include a wider diversity of patients as they access healthcare.* |

1. **Review of patient feedback**

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| Outline the sources of feedback that were reviewed during the year:*Improving Appointment Availability and Reducing DNA’s**Improving Communication between patients and the practice**Improving access to the attached pharmacy Boots**Making DRHC more friendly and approachable.**Review of the patient survey questionnaire and recommendations for changes.**Friends & Family**Feedback Card**Emails**Grumbles/Complaints* *Significant Events**PPG**Patient Questionnaire/Survey* |
| How frequently were these reviewed with the PRG?*Together with the Chairman and the whole group, we have had regular meetings and discussions (3-4 per year) to assess what the practice should be focusing on and prioritizing in its efforts to meet the needs of patients. At each meeting there is an update on previous actions and changes. In addition the patient group has been very much involved in agreeing our annual patient survey structure to ensure we are asking the right questions to get a full overview from all patients within the practice and to assess what their priorities were.**The Annual Patient Questionnaire/Survey is reviewed annually by the group as well as Grumbles, Feedback Cards, Grumbles/Complaints and Significant Events.**The new Questionnaire/Survey was designed and agreed in a meeting on 12th January 2015 and the results will be reviewed and any actions/changes to be agreed and implemented by the practice. (2.8% of the patient population responded in February 2015 (266 in total) and is to be reviewed by the PPG at the next meeting in April.)* |

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

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| Priority area 1 |
| Description of priority area:*Improving Appointment Availability and reducing DNA’s*.  |
| What actions were taken to address the priority?*The introduction of our new Nurse Practitioner has improved patient accessibility to treatment and appointments by triaging patient calls. This has helped to free up some of the GP appointments.**The practice together with the PPG agreed a new strategy to reduce DNA’s and implemented a new procedure to send a letter to the top DNA offenders.* *The facility to cancel appointments via text has also now been put in place and advertised over the website, facebook and patient newsletter.* *The automated system for cancelling appointments was highlighted in the patient newsletter, waiting rooms and again on the website/facebook.**We also highlighted the automated system for booking appointments which is available 24/7 with posters in the waiting rooms and again the website and facebook and patient newsletter have been instrumental in spreading the word to patients.* *A text message was also sent to patients informing them of the new service to cancel appointments via text. Patients simply have to reply to their ‘appointment reminder text’ the word ‘cancel’ and the appointment is then automatically cancelled within SystmOne.**We have also worked with external business consultants on Responsiveness to our appointments system/availability, monitoring how well our system works in regard to patient demand.* |
| Result of actions and impact on patients and carers:*An assessment of the DNA’s has shown some improvement of DNA’s reducing them by a third, thereby freeing up these appointments for other patients, but we continue to improve and understand the importance in adapting and changing to meet the needs of patients.**The new triage system offered by our new nurse practitioner has received much praise from patients and has helped ensure that patients receive the right appointment/treatment appropriately.* *The responsiveness survey is a two year project and is on-going. Initial recommendations have been assessed as impractical and therefore we are looking at alternative solutions.*How were these actions publicised?*These additional services have been advertised through the website/facebook/newsletter and the results have been fed back to the PPG group.**The text message to all patients was extremely important to get the message across to patients about how they can cancel their unwanted appointment.**The minutes of PPG meetings have been posted on the website/facebook and in the waiting rooms ensuring that patients are aware of our on-going dedication to improving services for patients.**Continuous updates are also posted and provided in our patient newsletter.**Discussion with the PPG group is a valuable source of feedback for the practice.* |

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| Priority area 2 |
| *Description of priority area:*Opening up Good Communication between Practice and Patients. |
| What actions were taken to address the priority?*Again our usual paths of communication newsletter/website/facebook/noticeboard/text were utilised in ensuring the patients are kept informed of any changes, e.g. doctors leaving the practice, new staff/practice manager and GP starting at the practice. We have also kept patients informed of the changes within the NHS and what this means for patient services at the surgery, e.g. electronic prescribing, CCG visits and AQP changes.**The PPG group considered it was important to reassure patients that they will continue to receive confidential, quality healthcare at the practice. Particularly with the introduction of ‘data sharing’, we produced our own leaflet to reassure patients of their choices and how it affected their own medical records/access.**Feedback cards and a facility on our website/facebook ensures that patients can make any positive or negative comment should they wish.**We also continue to log all grumbles/complaints from patients and review them regularly.**Texting patients for appointment reviews will be phased in over the coming months.**Reception staff to be trained in customer care in July 2015, so improving our communication and sensitivity towards patients.* |
| Result of actions and impact on patients and carers:We have had excellent feedback from the Group, particularly regarding the newsletter and we have accessed as many avenues as possible ensure that changes have been communicated to patients, keeping them informed and up to date.We have also introduced our feedback card (comments cards) continually asking patients to feedback to the practice.This has helped us improve services to meet the needs of patientsHow were these actions publicised?Facebook/website/newsletter/waiting rooms/PPG meetings/Email |
| Priority area 3 |
| *Description of priority area*:The new Boots Pharmacy attached to the practice closed too early before patients could receive their prescriptions and opened too late on our early days – this was considered very inconvenient for patients and DRHC were asked to address this. |
| *What actions were taken to address the priority?*Meetings and discussions were arranged with Boots Pharmacy and letter sent to their head office. |
| *Result of actions and impact on patients and carers:*The Boots Pharmacy as of February 2015 have agreed to open in line with the surgery! We are extremely happy we have been able to make this happen for the patients.Boots have also publicised the change in its opening times in the pharmacy.*How were these actions publicised?**To be fedback to the patient group at the next meeting (in April) and the information updated in the Practice Leaflet, on the website and facebook. Also to be added to the next newsletter.* |

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| Priority area 4 |
| *Description of priority area*:Electronic Prescriptions |
| *What actions were taken to address the priority?*We have been in communication with the NHS to ensure that our system can work with electronic prescribing and SystmOne has made the necessary changes to ensure that we will be able to roll out the new system as soon as possible. We have requested the go ahead from the NHS and are awaiting a response from them.Patients have already been informed of the new system via the usual forms of communication, e.g. newsletter/facebook/website/email/PPG.Posters have also been placed on the noticeboards. |
| *Result of actions and impact on patients and carers:*This should mean a more efficient service for patients and a more reliable and efficient way of prescribing with fewer delays and lost/tracking of prescriptions.This will also reduce queues at reception. |

**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):

* Improving Telephone System – additional member of staff introduced.
* Review our Appointment System- various different systems have been introduced over the last few years and we continue to strive to improve this service.
* Touch Screen Check-In for Appointments – to help reduce queuing at the desk.
* PPG Highlighted to Patients – this is on-going and success varies from year to year.
* To address the lack of privacy at the reception desk – a screen put up in the waiting room and barrier to give patients privacy.
* The patient group asked us to look at recycling unused prescription drugs – we implemented the service from InterCare.
* The group asked that we pay more attention to the notice boards in the waiting rooms and update them more regularly, which we have undertook and received positive feedback.
1. **PPG Sign Off**

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| Report signed off by PPG: YES Date of sign off: 10th 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?**Patient Survey – distributed in the waiting room. Also highlighted on the website and facebook and also the patient newsletter.**A text was also sent to all patients informing them of the opportunity to have their say and to complete the questionnaire.**We have strived to engage will all patients from all groups via our website/facebook/newsletter inviting patients to join the PPG group and to complete the patient survey.*Has the practice received patient and carer feedback from a variety of sources?*Yes, the Patient Survey/Comments Cards/PPG and verbal feedback to doctors and staff.* 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?*Urgent medical attention is prioritised and assessed more quickly and appropriate treatment given.**Communication of services and changes has been improved to keep patients informed.**Patients also have better access to different ways to communicate their satisfaction or dissatisfaction with the practice.*Do you have any other comments about the PPG or practice in relation to this area of work?*We continue to listen to the PPG and patients’ feedback to improve the patient experience and meet the healthcare needs of all of our patients*. |

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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
* Nottinghamshire practices: e.derbyshirenottinghamshire-gpnotts@nhs.net
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