**Derbyshire & Nottinghamshire Area Team**

2014/15 Patient Participation Enhanced Service REPORT

Practice Name: Wellspring Surgery

Practice Code: C84072

Signed on behalf of practice: Dr M Swinscoe (Lead GP for PPG) Date: 16.03.15

Mrs J Sherwood (PM)

Signed on behalf of PPG: Miss Michelle Robinson (Chair) Date:16.03.15

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)   1. Quarterly face to face PPG group meetings which are attended by PPG members and surgery team consisting of GP lead and practice management team. During these meetings we refer to comments from our patients who have written their feedback in the comments book kept in the waiting area. 2. PPG notice board displayed in the practice waiting room. 3. Some of our PPG members come in from time to time to hand out patient questionnaires and promote the work done by the PPG. 4. Ad hoc basis mainly with Chair and vice chair (face to face, telephone and email) 5. Our PPG held a joint meeting on 26.01.15 with our neighbouring practice to discuss Dementia and self-help groups within the St Anns and Nottingham city area. 6. Our PPG chair will join the Robin Hood Cluster CCG network for patients this year.  |  | | --- | |  | |
| Number of members of PPG: Currently 10 members |

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| Detail the gender mix of practice population and PPG:   |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | 49.04 | 50.96 | | PPG | 30 | 70 | | Detail of age mix of practice population and PPG:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | | Practice | 25.76 | 10.5 | 17.64 | 14.39 | 12.39 | 8.71 | 5.54 | 5.07 | | PPG |  |  |  |  | 30 | 20 | 40 | 10 | |
| 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 | 39.3 | 0.8 |  | 10.3 | 9.5 | 0.3 | 0.6 | 1.5 | | PPG | 70 | 10 |  |  | 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | Asian/Asian British | | | | | Black/African/Caribbean/Black British | | | Other | |  | |  | Indian | Pakistani | Bangladeshi | Chinese | Other  Asian | African | Caribbean | Other Black | Arab | Any other | Not stated | | Practice | 0.4 | 1.5 | 0.8 | 0.2 | 4.0 | 3.4 | 7.5 | 1.3 | 0.0 | 3.3 | 15.3 | | PPG |  |  |  |  |  |  | 10 |  |  |  |  | | |
| 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:  Our Patient Participation Group is not fully representative of our practice population with regards to age and ethnicity. The practice continues to make efforts to recruit members to the PPG and in particular the following unrepresented groups of people:-  The age ranges where our PPG is not fully representative of our population are as follows:-  16-44 years  Currently we have no representation on our PPG from any other ethnicity, other than British, Caribbean, African and Irish despite the efforts by the practice and PPG members to recruit more members on board.  Initially when the PPG was established, practice team members suggested patients who may be willing to be involved and the PPG was formed. Since then the following continues to be undertaken to gain representation:-   |  | | --- | |  |   All GPs and Practice Nurses continue to discuss opportunistically with individual patients trying to actively recruit new members on an ongoing basis.  Advertising on the website, including how to become a virtual member (We have been advertising virtual membership for some time now as we thought this would encourage younger members to join). Unfortunately, no one has taken this option up. We do however receive comments through our website regarding the services that we offer and if appropriate are added as an agenda item and discussed at PPG meetings.  We continue to advertise the presence of our current PPG members through our PPG notice board which has photographs of some of the members and information as to how to join the group.  Once again this year our PPG members helped devise the questions used in the Patient Questionnaire and also attended surgery to market and promote the input that our PPG has within the practice.  We have tried to make these meetings as informative and educational as possible to encourage attendance i.e. speaker invited from Dementia friends and self-help groups.  At the Wellspring surgery we care about the community that we serve. Over the past three years we have focussed on mechanisms for recruitment of the PPG. We do talk about our services and listen to and respond to ideas that are presented to us via the PPG meetings, comments book and comment forms. However, we feel this year with the help of the PPG we would like to reach out to the community more, ensuring that we are listening to all our practice population with regards to age and ethnicity.   |  | | --- | |  | |  | | |
| 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?  No  *If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:* | |

1. **Review of patient feedback**

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| *Outline the sources of feedback that were reviewed during the year:*   1. Patient survey 2. Comments book 3. Suggestion box 4. Letters to the practice regarding range, shape and quality of services 5. PPG members feedback 6. Friends and family test (Dec 2014, January 2015 and February 2015) |
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1. **Action plan priority areas and implementation**

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| Priority area 1 |
| *Description of priority area:*  Changes to Phlebotomy service  From 3rd November 2014 the community phlebotomy service changed this service from a drop in service to a pre booked appointment service. Nottingham city NHS intentions were to make the service easier for patients to access i.e. less waiting around, more certainty whether you would be seen or not and a fixed appointment times.  Unfortunately, the practice or the patients were not aware of these changes until the day before and no information displayed or discussion took place as to changes taking place. |
| *What actions were taken to address the priority?*  Concerns were initially raised by the practice to Nottingham commissioners regarding the lack of consultation and notice. Further concerns were then raised by GPs and patients regarding problems getting through to the Clinical Assessment Service to make an appointment and patients who were finding it difficult to arrange an appointment on the telephone.  This was discussed with the PPG members on the 3rd December 2014 and it was agreed that we would ask our patients how they thought the changes to the service were working and then feedback to the commissioners. |
| *Result of actions and impact on patients and carers:*  Results of the questionnaire have been fed back to the Pathways and Service Redesign manager for NHS Nottingham City [simon.oliver@nottinghamcity.nhs.uk](mailto:simon.oliver@nottinghamcity.nhs.uk)  Together with the feedback from the questionnaire that the phlebotomy team has also carried out he will feed back to the practice.  Results of the practice questionnaire    *How were these actions publicised?*  Once the reply is received from NHS Nottingham city it will be available on the PPG notice board in the waiting area and the practice website [www.wellspringsurgerynottingham.co.uk](http://www.wellspringsurgerynottingham.co.uk) |

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| Priority area 2 |
| *Description of priority area:*  Continue to review our Appointment System  On the 27th May 2014 after feedback from our patients we made changes to our "sit & wait" clinics.  Offering the following:-   * 56.5% book on the day either via appointment or Sit and wait * 43.5% pre bookable up to two weeks in advance via internet, telephone, GP request or at reception |
| *What actions were taken to address the priority?*  Comments from the survey and the comments book have been discussed within the practice and at PPG Meetings.     * Comments from patients that work are that they cannot spend time waiting. * The sit & wait clinic demand has increased from one GP doctor being available every day to currently all GPs offering a sit and wait clinic every day. These 4-6 daily GP clinics continue to be very busy. Some of these appointments could have been redirected to other services i.e. Practice nurse minor illness clinics (which are held on a daily basis; pre booked practice nurse clinics; pharmacy first. * We have been collecting our appointment data (Daily GP demand) for a number of weeks working together with Doctor First looking at our current demand. We will be in a position to discuss different approaches to managing our appointment system and patient demand by 02.04.15. |
| *Result of actions and impact on patients and carers:*  *During the last year we have changed our appointment system from a 60-40% split (60% book on the day and 40% pre-bookable). All surgeries were by appointment only and same day appointments booked via telephone at 8.30 am in the morning and 1.30pm in the afternoon).*  *We listened to our patients and carers comments and introduced*   * *The Sit and Wait clinic (which was amended on the 27.05.14 following patient feedback)* * *Introduced internet bookings for appointments* * *Introduced daily telephone consultations appointments which can be pre booked*   The sit & wait clinic means more patients can be seen on the day. We are currently looking at a new telephone triage system that will help those who work (including carers) and cannot get to the surgery easily. We have completed an appointment audit and the outcomes will help to develop an improved system. We have actively tried to promote the online booking service on the website by posters, verbal, and textual. But so far the up take has been very disappointing,  *How were these actions publicised?*   * *We had large A Boards publicising the sit & wait in the waiting area* * *Sit & wait and online appointments have been advertised on the website* * *We have displayed posters and information on the notice boards in the waiting area for many months* |

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| Priority area 3 |
| *Description of priority area*:  Ask our patients what other services they think we should offer 2015/16  It was included on the survey – asking patients if they thought we could offer any additional services that would be helpful    The main comments from this patient survey were discussed with the PPG and the following areas highlighted and discussed further:-   * The appointment system – which are already being addressed in priority area two. * Information as to where to go for NHS care. * General information more clearly available at reception and in the waiting area i.e. leaflets and posters * Dedicated screened off children’s area * Self-help group for Diabetic patients within the practice * A reply to all these comments from the Practice and PPG to be displayed after the PPG June meeting |
| *What actions were taken to address the priority?*   * Information as to where to go for NHS care. With this in mind the practice, with the help of the PPG has devised a signpost board to give information on what service can be accessed for presenting symptoms. The surgery has collated a rough mock-up of this and has asked the Primary Care Development if we could have some funding to develop this into a freestanding banner or poster (as at 18.03.15 awaiting reply from Robin Hood Cluster board). * Information more clearly available at reception and in the waiting area. Following our discussion with PPG we agreed to update all our information boards and ensure all appropriate leaflets displayed. We agreed to change and update on a regular basis (bi monthly). It was felt that more information needed for carers and more general leaflets in a variety of different languages. *A member of staff has been allocated to do this who will liaise with the PPG on future topics.* * Dedicated screened off children’s play area. We discussed this with the PPG and the Assistant Centre Manager and decided that due to the risk of supervision and security we were unable to offer this.      |  | | --- | | * Self-help group for Diabetic patients within the practice. We used to run a diabetic self-help group within the practice led by our Diabetic nurse who has now retired. This suggestion has been put forward to our new diabetic nurse for her feedback and further discussion. | |
| *Result of actions and impact on patients and carers:*   * Information as to where to go for NHS care Awaiting funding decision from Robin Hood Cluster CCG. This will have a positive effect ensuring that patients and carers are directed to the correct service at point of need. * Information more clearly available at reception and in the waiting area. Leaflets update regularly, notice boards updated regularly. More information available to patients and carers. * Dedicated screened off children’s play area **This was not agreed** - It was felt that supervision/security of patients this was the correct decision * Self-help group for Diabetic patients within the practice. Feedback will be discussed with the PPG. |

**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):

* We continue to review and develop our appointment system. Our pilot ‘sit and wait’ was updated during May 2014 and we await the results from data collection for ‘Doctor First’ this is a company who look at the demand and output of patient appointments, and on analysing the data collected over a 4 week period they will devise a triage system tailored to our needs, we have some time booked out with Doctor First to discuss the findings and review the system they are suggesting.
* Offering telephone consultations with our GPs works well and offers a choice of coming into the surgery or speaking on the phone.
* Even though we have increased patient ability to make an appointment by the introduction of online booking of appointments the percentage of patients booking on line is only 0.04%
* We continue to review technology and we are currently a pilot site for ‘patient access on line’. In 2015 we hope to improve our prescriptions workflow and implement the electronic prescription service.
* We continue to promote the services offered by our practice nurses by cardboard cut-out nurse advertising what services she offers. This year we are taking this one step further – with input from all clinical, reception staff and PPG members we have devised a sign post board detailing different symptoms and which service to access to deal with these. There are similar posters available but the PPG thought that the one we have devised is simpler and easier for people who English is not the first language, as it is a visual aid as well as informative, we have contacted the commissioning Manager for Primary Care Development with a request for some funding to produce this in a free standing banner or large poster form.
* We continue to monitor DNA rates (patients who do not attend their appointments). This information is displayed in the waiting area to increase patient awareness of time wasted by missing appointments.
* Promote patient feedback. We have kept to evening meetings for the PPG so more patients can attend regularly. We promote patients writing their comments in the comments form, suggestion forms and now completion of family and friends feedback.
* Published survey results on our practice website and a paper copy on display on the PPG notice board in the waiting area.

1. **PPG Sign Off**

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| Report signed off by PPG: Yes  Date of sign off: 16.03.15 |
| How has the practice engaged with the PPG:  We have met with the PPG on a quarterly basis this year as a formal PPG meeting. Dr Swinscoe is the lead GP who attends the meetings but if appropriate other members of the clinical team will attend. We have also held a joint meeting with our neighbouring practice PPG for a dementia awareness training session plus meeting a representative from local self help group.  How has the practice made efforts to engage with seldom heard groups in the practice population?  Yes  Our PPG members are very proactive and do talk to patients within the surgery to encourage target groups who do not represent our PPG. Our chair has local contacts with local area groups*.*  *We have a section on our website dedicated to carers, which includes information on benefits, housing, and how to access help.*  *The PPG share their information on the dedicated notice board in the waiting area.*  Has the practice received patient and carer feedback from a variety of sources?  Yes   1. Comments book 2. Website 3. PPG interaction in waiting area. 4. Friends & Family Questionnaire 5. Survey   Was the PPG involved in the agreement of priority areas and the resulting action plan?  Yes the PPG were involved in the agreement of all priority areas together with the practice.  How has the service offered to patients and carers improved as a result of the implementation of the action plan?  Changes to Phlebotomy service The practice, patients, carers and PPG have identified a problem with a change in services. We have taken this forward and await an acceptable outcome to the service user and provider.  Appointment System – Continues to be updated by the practice with the involvement of patient, patient carers and PPG by their feedback and suggestions.  Ask our patients what other services they think we should offer 2015/16 – we have asked our patients what services they think we should be offering. They have replied. We have discussed with our team and the PPG and agreed on 4 priorities to take further in the coming year.  *Do you have any other comments about the PPG or practice in relation to this area of work?*  We would like to thank our PPG members for all their hard work and input again this year. |

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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) |