**Derbyshire & Nottinghamshire Area Team**

2014/15 Patient Participation Enhanced Service REPORT

Practice Name: Rise Park Surgery, Off Revelstoke Way, Rise Park, Nottingham. NG5 5EB.

Practice Code: c84129

Signed on behalf of practice: Jo Hynes (Patient Services Manager) Date: 27.03.15

Signed on behalf of PPG: RR (Patient) Date: 27.03.15

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)  We meet the PPG at least twice per year at a formal meeting. Information is placed on the website for the members and we send information to them (usually by letter). Occasionally there may be some email or telephone communication between Jo Hynes (Patient Services Manager) and PPG members. | |
| Number of members of PPG: 19 | |
| Detail the gender mix of practice population and PPG:   |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | 47.5% (3203) | 52.5% (3526) | | PPG | 31.5% (6) | 68.5% (13) | | Detail of age mix of practice population and PPG:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | | Practice | 19%  (1273) | 9%  (612) | 14%  (958) | 12%  (800) | 14%  (913) | 13%  (878) | 11%  (742) | 8%  (553) | | PPG | 0 | 0 | 0 | 26%  (5) | 11%  (2) | 16%  (3) | 26%  (5) | 21%  (4) | |
| 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 | 61%  (4076) | 0.1%  (8) | 0 | 1.3%  (85) | 1%  (67) | 0.36%  (24) | 0.2%  (17) | 0.5%  (35) | | PPG | 79%  (15) | 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 | 3.3%  (219) | 1%  (65) | 0.01%  (1) | 0.7%  (45) | 0.6%  (43) | 1.9%  (125) | 3%  (199) | 0.18%  (12) | 0 | 0.3%  (20) | | PPG | 5.26%  (1) | 0 | 0 | 5.26%  (1) | 10.5%  (2) | 0 | 0 | 0 | 0 | 0 | | |
| 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:   * Clinicians are encouraged to ask patients whom they think might be interested especially from groups where we are currently under represented. * Reception and admin staff are encouraged to ask patients at any opportunity especially those who might have issues that they want to raise * The Patient Services Manager asks patients who make a formal complaint on service issues if they would like to attend a meeting – when appropriate. | |
| 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 | |

1. **Review of patient feedback**

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| *Outline the sources of feedback that were reviewed during the year:*  The Surgery reviews feedback on a regular basis. Rise Park Surgery participates in the AQP for ECG’s, ear syringing, treatment room services and phlebotomy. Rise Park Surgery patients and patients from other surgeries regularly complete questionnaires after their appointment/treatment. As per recent NHS England guidelines the surgery also collects data for the ‘friends and family test’. Various GP’s and Nurses also ask patients to complete questionnaires for various services. For example this year we have surveyed gentlemen who have been referred back from hospital to the surgery for monitoring if they have/had prostate cancer; 89% surveyed said the service was very good and 11% said it was good. Some GP’s also ask patients to complete questionnaires for their appraisals. We have also participated in the CCG ‘Responsiveness Project’ this year which entailed patients filling in a questionnaire regarding their satisfaction with the appointments system. |
| *How frequently were these reviewed with the PRG?*  Recent patient feedback was discussed with the PPG at the meeting on 21 March 2015. In previous years the Patient Questionnaire would have been discussed at the PPG meeting however the surgery had made a conscious decision not to have a questionnaire this year as there were numerous other questionnaires being asked of patients already.  The ‘Friends and Family Test’ (FFT) started in December 2014 and so this was really the first opportunity there had been to discuss the results with them (though the follow up question had been discussed with the group at the November meeting). The feedback from the AQP’s was also discussed with the PPG at the meeting in March. Feedback from patients had been very good and from the feedback collected so far, on average 91.5% of patients surveyed said they would either be extremely likely or likely to recommend the surgery. |

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

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| Priority area 1 |
| *Description of priority area:*  ***Appointment Review***   * *Review routine appointment availability* * *Review triage appointment availability* * *Review DNA policy* * *Review internal systems for booking appointments for chronic disease reviews* |
| ***What actions were taken to address the priority?***  **Review routine and triage appointment availability –** Anecdotally it was felt by all at the surgery that the balance of appointments between routine (pre bookable) and triage/urgent (on the day) appointments was not right. The GP’s and managers regularly reviewed the appointments and ‘tweaks’ to the system are often made. For example just before Christmas 2014 appointment types between GP’s were equalised and some more routine appointments were added to Dr Malone’s surgeries. In October 2014 the surgery participated in the CCG Responsiveness Project. An independent GP came into review the appointments system and also the workload and skill mix within the surgery, producing a detailed report.  **Review DNA policy –** Despite the text reminder service DNA rates are high. Individual GP’s will discuss non-attendance with patients where appropriate. This subject has been discussed on many occasions with the PPG who would like the practice to adopt a stronger stance with patients that DNA. The Practice is hoping to send a letter to all patients who DNA 2 or 3 times within a 6/12 month period (TBC). Some of the GP’s are reluctant to come across as being too heavy handed in this area especially considering the chaotic and stressful lives that some of our patients lead. However, it is hoped that this new letter will be approved by all the partners and it will just provide a formal ‘gentle reminder’ to patients.  **Review internal systems for booking appointments for chronic disease reviews –** wherever possible the admin staff who book patients in for regular reviews will try and arrange for 2 reviews in one appointment i.e. for patients who require a CVD and Diabetes review they will look to arrange for all the bloods to be taken at one session and for a double or triple appointment booked for the review as appropriate to avoid multiple visits to the surgery. This appears to be working and helping to reduce the pressure on nurse appointments. |
| ***Result of actions and impact on patients and carers:***  **Review routine and triage appointment availability –** The practice is very aware of the need for a balance between routine pre-bookable appointments and urgent on the day appointments. When GP’s are on leave Locum GP’s are recruited to try and redress any imbalance. The rearrangement too of GP appointments on a ‘standard’ week should have helped. Feedback following the Responsiveness Project showed that from responses received (23) 74% were ‘very satisfied’ with access to appointments, 22% were ‘satisfied’ and 4% were ‘unsatisfied’. This survey was undertaken in March 2015.  **How were these actions publicised?**  Information is placed on website and on notices in the waiting room.  **Review DNA Policy –** Hopefully the proposed action will result in less DNA’s at the practice and patients who are unable to attend their appointment will cancel in advance to release that appointment for someone else to use.  **How were these actions publicised?**  At the PPG’s suggestion a bigger display will be placed on the notice boards within surgery to highlight the extent of the problem.  **Review internal systems for booking appointments for chronic disease reviews –** This appears to be working and helping a little to reduce the pressure on nurse appointments and it is more convenient for the patient as it reduces the amount of journeys to the surgery.  **How were these actions publicised?**  These actions aren’t publicised as such but all staff and clinicians are aware to try and work with the above guidelines. |

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| Priority area 2 |
| *Description of priority area:*  **Improved Communication with Patients**   * Review Practice Leaflet * Provide details of clinicians usual days of work * Bi annual newsletter |
| ***What actions were taken to address the priority?***  **Review Practice Leaflet –** Unfortunately this task has taken longer than hoped to complete. It is still a work in progress and the GP’s at the surgery are also involved. The ‘old leaflet’ is still being distributed to new patients and information is of course available on the website. It is anticipated that the new leaflet will be available in May 2015.  **Provide details of clinicians usual days of work –** This information is now available on the website, is displayed on the notice boards within surgery and also in the window in the porch area. Leaflets are also left on the reception counter for patients to take away the information. It is reviewed regularly and updated with any changes as and when necessary.  **Bi annual newsletter –** the intention is to produce one for May and then October/November 2015. Important notices are added to the display board in the entrance hall of the practice building. |
| ***Result of actions and impact on patients and carers:***  **Review Practice Leaflet –** no impact either way for patients so far. Newly registered patients still receive a Patient Information Leaflet but the intention is to make it shorter and more succinct.  **How were these actions publicised?**  It hasn’t been as yet however when the new one is available it will be publicised via the website and posters as being available and of interest to new and existing patients.  **Provide details of clinicians usual days of work –** Patients are aware of what days their usual GP/Nurse/HCA are working and so can plan routine appointments around this information.  **How were these actions publicised?**  As detailed above – website and in surgery.  **Bi annual newsletter –** again no impact either way for patients though it would be a nice to have and it would be a way of reaching patients that may not attend the surgery on a regular basis as the newsletters could be distributed via the website and in local shops (subject to them agreeing).  **How were these actions publicised?**  As above – they will be available in surgery and hopefully in other outlets within the community. |

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| Priority area 3 |
| *Description of priority area*:  **• Service Expansion**  **New services for patients at the surgery –** addition of phlebotomy service and continued provision of existing services (ECG’s, Treatment Room Services etc).  **Expansion of current provision/capacity -** to include a branch surgery at Bestwood Village |
| ***What actions were taken to address the priority?***  **New services for patients at the surgery –** patients have requested for some time that there be a phlebotomy service at the surgery so that they don’t need to travel to City hospital, Health Point at Top Valley or other clinics in Bulwell. In November 2014 as a result of the AQP (Any Qualified Provider) initiative, funding became available which enabled the surgery to train 2 phlebotomists and have a phlebotomy session every day of the week for the convenience of Rise Park Surgery patients and patients from other surgeries. Again, through the AQP we have been able to safeguard the ECG, Treatment Room services and Ear Syringing service here at the surgery so that Rise Park Surgery patients do not need to travel to access these services.  **Expansion of current provision/capacity –** Some of the residents of Bestwood Village have asked via the PPG group and also in letters directly to the surgery if it would be possible to have a branch surgery in the village. This is something in theory that the partners at Rise Park Surgery are interested in as long as there is funding available to help with the initial setup however this is a huge undertaking that must also include input from the local council, CCG and NHS England.  There is very little room for expansion in the current surgery building due to room capacity however another room will become available in the near future as the Health Visitor relocates to Southglade Access Centre. |
| ***Result of actions and impact on patients and carers:***  **New services for patients at the surgery**  The addition of the new phlebotomy service at the surgery and the continued provision of the existing services is undoubtedly a bonus for the patients. The surgery staff are pleased to be able to offer the new phlebotomy service and to continue to be able to offer existing services as we aim to improve patient access. Feedback via word of mouth, the AQP surveys and feedback at the PPG is very positive regarding the staff (those that perform the services plus the reception and admin staff) and the surgery itself in terms of environment (comfortable temperature, clean and tidy, car parking, accessible etc).  **How were these actions publicised?**  Information regarding the new services was added to the website and also on posters in the waiting room. Staff also shared the information verbally. The feedback information has been discussed briefly with the PPG at the meeting in March. When we have a full year’s data the information will be shared via the website and in surgery.  **Expansion of current provision/capacity**  No change for patients as they still come to surgery in Rise Park.  **How were these actions publicised?**  The surgery continues to state in PPG meetings and in correspondence with the Residents Group in Bestwood Village that in theory the partners are interested in expansion and a branch surgery in Bestwood- however there are a number of issues that need to be dealt with first before any commitment can be made, the main one would be funding for a branch surgery by an external provider. |

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| Priority area 4 |
| *Description of priority area*:  **Premises upgrade –** The surgery building and its suitability for use now and in the future is constantly reviewed by Dr Parker and the maintenance team. A significant programme of improvements to the building has just been completed to bring the surgery in line with CQC guidelines. |
| ***What actions were taken to address the priority?***  A new carpet has been put down in the waiting room and reception areas, all clinical rooms have had new sinks, cupboards and splash backs and Treatment Room 1 has been completely gutted and replaced. Radiator covers have been fitted and clinical room lighting improved. An ongoing redecoration programme will see 3 clinical rooms redecorated this year and the remaining treatment rooms will be decorated in 2016. |
| **Result of actions and impact on patients and carers:**  The facilities at the surgery have been improved and upgraded providing a nicer environment for patients to be treated and for staff to work in. It is to be hoped that the CQC when they visit will find the building compliant as the changes reduce the risk of infection and improve health and safety for patients and staff.  **How were these actions publicised?**  Via the minutes of the PPG meetings |

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| Priority area 5 |
| *Description of priority area*:  **Patient Education -** To arrange and organise evening/Saturday morning event with external speakers (Stroke, Carers, Diabetes, Terence Higgins Trust) |
| **What actions were taken to address the priority?**  The practice team liaised with the Carers Federation to try and arrange a date for them to come and present to the PPG and other patients who might be interested. Posters were placed in the surgery and also on the website and an expression of interest was sought (to assess the viability of the event and also for catering purposes).  The response was very poor and so the decision was taken to postpone the meeting until spring 2015. The surgery is currently trying to arrange a new date with the Carers Federation.  After consultation with the PPG it was felt that we should try and join up with an existing organisation within the community (possibly the luncheon club at the local church). |
| **Result of actions and impact on patients and carers:**  Sadly the response was very poor and so the decision was taken to postpone the meeting until spring 2015. The surgery is currently trying to arrange a new date with the Carers Federation.  After consultation with the PPG it was felt that we should try and join up with an existing organisation within the community.  The surgery and the PPG are still very committed to arranging such events and will endeavour to explore options over the course of the next few weeks.  **How were these actions publicised?**  This was discussed with the PPG at the last meeting on 21 March.  When a new date is confirmed the practice will send out ‘flyers’ with the chronic disease recall invites as well as advertising the event with the partner agency, on the website, sending text messages and having posters and flyers on reception and in the waiting room as well as hopefully having information in neighbouring shops etc. It is anticipated that this event would be advertised in the Newsletter. |

**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 appointments system was reviewed and a telephone triage/urgent appointments system was put in place to run alongside pre-bookable routine appointments. This means that patients can be sure that if they feel they need to be seen urgently they will get the opportunity to speak with a GP who will assess their condition.
* The auto arrivals screen was added as soon as possible following System One change over- after requests from the PPG and patient survey. This has reduced the need for patients to queue at the desk to arrive themselves.
* Following feedback from the PPG and patient surveys we endeavour to have 3 staff covering reception and the telephones in the morning as patients reported finding it frustrating when they can’t get through to us on the telephone.
* A new telephone system has been installed within the last 6 months which the surgery hopes will enable us to be more responsive to patient demand on the phones as this keeps the incoming lines free and provides more outgoing lines for staff members.
* A patient newsletter was produced and we will produce these bi-annually as a way of communicating with patients.
* Patients are aware of the days when their usual GP or nurse is scheduled to be at surgery following publication of their working days.
* The PPG had asked for a staff identification picture board. Not all of the staff were in favour of this and so a compromise position was reached so that all staff wear name badges (except GP’s). The names of the GPs are on a notice board in reception and on the door of their consulting rooms.
* Some PPG members have helped on flu clinic days in an attempt to try and attract more members to the group; this is something that we hope will continue in the future.

1. **PPG Sign Off**

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| Report signed off by PPG: YES  Date of sign off: 27 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?**  *Feedback cards are readily available in the reception area and consulting rooms. Posters are also in the waiting room inviting patients to meetings and also posted on the website.*  **Has the practice received patient and carer feedback from a variety of sources?**  *Yes from friends and family cards, patient surveys across a wide spectrum of areas, the PPG and feedback to 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?**  *Triage appointments with doctor over the phone to ensure all urgent problems are dealt with that same day*  *Improvement in the practice telephone system*  *Check in screen on arrival*  *Information regarding specific days individual GP’s work*  *Expansion of phlebotomy service*  *Improvement to the practice building to ensure we are CQC compliant for infection control purposes.*  **Do you have any other comments about the PPG or practice in relation to this area of work?**  *We strive to attract a wide range of patients to the group to discuss the current issues and improve the service of the practice. It is a useful forum for engaging with the practice.* |

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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) |