

# 2014/15 Patient Participation Enhanced Service Reporting Template

**Area Team: SYB Primary Care England**

**CCG: Rotherham**

Practice Name: **Woodstock Bower Surgery**

Practice Code: **C87003**

Signed on behalf of practice: B. Conway Date: **26/03/2015**

Signed on behalf of PPG: LS Date: **27/03/2015**

## 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, Website, Friends and Family test, Praise or Grumble on -site feedback, opportunistically inviting feedback and suggestions form patients attending the practice.

**Number of members of PPG:** we have 50 members of our virtual PPG and 4 consistent members of our face to face PPG although this year we have found that patients have attended on an ad hoc basis.

**Detail the gender mix of practice population and PPG:**

**% Male Female**

Practice 49% Male 51% Female

PRG: 41% Male 59%female

**Detail of age mix of practice population and PPG:**

Practice less 18 = 22.3%, aged over 65 = 16.3% between 18 and 65 =61.4%

PRG: Under 16= 2%, 16 to 44=56%, 45 to 64= 30%, 65 to 74= 8%.75 or over = 4%

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

The Practice population consists of :approximately 65% White British, the other 35% being a mix of mainly Asian/Asian British, East European and some other nationalities , we have a varying level of different nationality gypsy population. Which fluctuates but is higher than most practices in Rotherham but not as high as some? It is difficult to quantify this population by its very nature.

The PPG Population: 76% White British, 2% Black/black British, 4% Asian/Asian British, 4% mixed and 14% white European

**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:**

We have had representation from patients with challenges such as loss of sight, hearing and mobility challenges. These members do not attend all our meetings but we readily invite their opinion when making any changes that affect them and all had some input into our extension building that was completed in July 2014. The virtual PPG has a much broader range of patient representation whilst the face to face meetings are all British adult age. We decided this year that we would get a much more diverse involvement of patients by having praise and grumble forms in reception and openly inviting all patients to fill these in. These supplement the Friends and family test, although not technically members of the PPG group it does ensure that we are getting all patients opinions and views and are able to respond accordingly. We particularly ask for feedback from underrepresented groups like young people.. The PPG has a very diverse mix of health problems ranging from no/very little health problems to severe health problems. There is also, a mixture of employed, unemployed, retired, carers and housebound.

**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**

We still struggle to gain any representation from non-English speaking patients, this is a challenge in itself, there are many different languages spoken by them including Urdu, Punjabi, Slovak, polish, Romanian and others such as Chinese Mandarin. We have tried to get feedback from these patients when they have visited the surgery but again this has proved too difficult without the right resources. We now aim to look for support from other social groups who work with these patients

## **2. Review of patient feedback**

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

We have received feedback from the virtual patient participation group via the website and email system responding via the website or inviting these patients to come in for a face to face meeting. This has successfully led to many changes such as same day access, telephone systems. We also set up Praise and Grumble forms and a post box on site for patients to actively give feedback, we ask the patients to fill these in if they approach reception with any ideas, complaints that they do not wish to be taken to a formal measure, or indeed any praise. . These are discussed at Practice meetings every week and shared with all staff every month at PLT afternoons. We respond to the patient personally if they have put their name on the form with any actions we have taken as a result of their feedback. We also share these with our PPG . We now run the family and friends test which gives some feedback to patient experience and we respond to any relevant issues. We agreed an action plan for this year in March/ April 2014 and have been working to meet the deadlines we set

How frequently were these reviewed with the PRG? Every quarter, sometimes monthly , however the face to face meeting stopped for several months whilst we had massive building disruption .

### **3. Action plan priority areas and implementation**

#### Priority area 1

##### **Description of priority area:.**

**To recruit 2 WTE GPs to replace lost sessions through retirement and leavers. This was in response to patients saying that they were waiting for an appointment with a GP**

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

**Place adverts for new GPs –ongoing. Look at different ways to encourage GPs to work at the Practice**

**Look at long term locums to fill the gap**

**Recruit and retain**

##### **Result of actions and impact on patients and carers (including how publicised):**

We have managed to recruit and retain 1 GP throughout 2014 and that was in October 2014, she does only 2 sessions a week. There is a national shortage of GPs and many more GPs have chosen to retire and work part time because of cuts in pensions, increases in responsibility and workload and decreases in funding. Rotherham has a whole has problems recruiting GPs. Early 2014 we recruited another Advanced Nurse Practitioner to complete the over 75s review and Long Term conditions management. This has been a huge success for us as a Practice and we have recently recruited another 2 ANP's who will triage, diagnose, treat and medicate appropriately. They lead the same day access service and ensure better resources for home visits etc. This has freed up what GP resource we have to deal with the more complex cases and enable access to routine appointments to be better. However because we have 2 established very long term GPs who have taken retirement and returned part time the demand for these 2 GPs remains high and their lead times can be longer, whilst most patients can have access to a clinician the same day that they ring.. This change was published with posters the waiting room, discussed at the last PPG meeting in the surgery and is explained every time a patient rings the surgery. We have recently begun a new recruitment campaign for salaried GPs again but hold little hope as so far the response has been for locum work only. We have used Locums intensely throughout 2014 and maintained at least 4 GPs working every day alongside 3 ANPs. However this appears to have encouraged more use of the surgery for minor ailments which would be better served by pharmacies .

#### Priority area 2

**Description of priority area:** To do more work on reception to ensure helpfulness and friendliness

**What actions were taken to address the priority?** Continue to provide feedback to reception from praise or Grumble, discuss any complaints with them and how they could have handled things differently, role play certain scenarios with reception on protected learning events to ensure we all emphasise with the patient and participate in the best way to deal with it . We also split telephone answering away from reception top ensure that reception could focus on the patients in the practice and telephonists on patients calling the practice . We have recently installed a camera and recording system which will go live in May 2015 to look, analyse and improve incidents

**Result of actions and impact on patients and carers (including how publicised):**

Complaints' about reception have decreased significantly and we now get a fair amount of praise too. However there are still some issues arising that will need further work on. Particularly when the receptionist has to tell the patient something that they do not like, They need more training on how to do this in a helpful manner. This matter has been discussed and fed back at most face to face meetings and on individual emails from the website.

### **Priority area 3**

**Description of priority area:** Look at text messaging services to remind patients of appointments – July 2014. The face to face PPG requested we start this

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

We started to do this in August 2014 but initially our IT resource for sending these messages ( EMIS) was not functioning properly and was sending incorrect messages out, although to the right patients We had to shelve this until the problem was sorted . Now we have been told that the cost will not be supported anymore from April 1<sup>st</sup> 2015 so we may have to re – consider this.

**Result of actions and impact on patients and carers (including how publicised):** We published this through our website and then the fact that it was not working properly. We have had an intermittent service from the providers of the service but would like to see this as still in progress as we feel that it should reduce the number of DNA's.

#### **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 main priorities outline in previous years:

To increase access for same day, reduce lead times for routine - we have worked on this constantly as the NHS changes and resources diminish. We have been successful in this at first introducing a nurse triage system but after a year the system needed changing again to keep up with increasing demand and reduced funding. We now meet demand for same day access by 95%, only occasionally asking patients to ring back tomorrow. The routine appointment lead time has gone down to 7 days on average unless a patient wants Dr Everett o Dr Cole. They have a large patient following put have reduced their hours to part time. We offer more appointments for the same day which reduces the need for more routine appointments

To lose the 0845 number and replace with a landline number – this was done in July 2014. The disadvantages of a landline was explained but the majority of patient complaints was about the expense of the 0845 number

To provide more rooms for the practice to increase the number of primary care workers and clinicians they provided. This was completed in July 2014. The partners and staff funded all the

equipment for the rooms themselves as funding was no longer available. The rooms are fit for purpose, and the existing building was mostly re-furbished

To colour boundaries so that they can be seen by the partially blind – this was done with the extension and the re-furbishment completed in October 2014 and July 2014 .

Have an audible lift operation – done with extension

#### 4. PPG Sign Off

Report signed off by PPG: yes : LS

Date of sign off: 26.03.2015

**How has the practice engaged with the PPG:** The practice has held face to face meetings up to July 2014 and has now re-introduced these meetings to start again in April? The face to face meetings are only attended by 3 to 4 people with others joining very rarely on an ad hoc basis. The virtual PPG has had some updates and individuals feedback. But we could have had more. It has been busy time for the surgery and as yet they have to lead the face to face PPG and provide information to the virtual PPG. Sometimes we have not got the minutes from the Rotherham wide PPG but this has been sorted now. The feedback needs to be shared more openly with other members of the virtual group by sending everyone in the group the issue and inviting feedback from all. We would like more face to face meetings but with such a small group of us able to attend and drive the meetings this had to come from the members and not the Practice. The involvement of all has been better achieved by the proactive actions of the practice asking for feedback on-site

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

There has been recruitment drives in the past to engage people and they now involve the patients using the practice but more could be done. We have had involvement with various cohorts of patients. .

#### **Has the practice received patient and carer feedback from a variety of sources?**

Yes, from face to face, virtually via the website, from praise and grumble forms and friends and family test. The PPG does not get to hear about them all though and has now agreed that these will be shared without any patient identifiable information.

#### **Was the PPG involved in the agreement of priority areas and the resulting action plan?**

Yes the priorities were set as a result of the survey and PPG input in March last year a result of ongoing issues and continuing patient involvement. Other smaller matters are openly discussed and resolved. It is still very much practice led and through the receipt of a theme of complaints etc. or a survey.

**How has the service offered to patients and carers improved as a result of the implementation of the action plan?** We believe that it has improved and although the PPG has not had such a high profile recently, the Practice has worked on all our issues and continues to work on them . More

work can be done with carers but the Practice has recently joined a pilot where carers are identified and referred to services to help

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

The Practice needs to try again to get more people involved in the PPG. It is hard to commit to regular meetings for most patients apart from the highly motivated. It requires time and effort. The PPG has tried to recruit patients but some attend for a short while if they have a specific complaint and then do not come anymore .