

Patient Participation Report 2015

Bristol, North Somerset, Somerset and South Gloucestershire Area Team 2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Springmead

Practice Code: L85028

Signed on behalf of practice: Martin Daly Date: 26.03.15

Signed on behalf of PPG: Liz Rosser, Robert Jackson, Diana Griffith Date: 25.03.15

1. Prerequisite of Enhanced Service – Develop/Maintain a Patient Participation Group (PPG)

Does the Practice have a PPG and/or PRG? YES																																					
Method of engagement with PPG and/or PRG: Face to face, Email, Other (please specify) Face to Face																																					
Number of members of PPG and/or PRG: 12																																					
Detail the gender mix of practice population and PPG and/or PRG: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">%</th> <th style="width: 40%;">Male</th> <th style="width: 40%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>49.7</td> <td>50.3</td> </tr> <tr> <td>PPG</td> <td>66.7</td> <td>33.3</td> </tr> </tbody> </table>	%	Male	Female	Practice	49.7	50.3	PPG	66.7	33.3	Detail of age mix of practice population and PPG and/or PRG: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 10%;"><16</th> <th style="width: 10%;">17-24</th> <th style="width: 10%;">25-34</th> <th style="width: 10%;">35-44</th> <th style="width: 10%;">45-54</th> <th style="width: 10%;">55-64</th> <th style="width: 10%;">65-74</th> <th style="width: 10%;">> 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>16</td> <td>8</td> <td>10</td> <td>11</td> <td>14</td> <td>13</td> <td>14</td> <td>14</td> </tr> <tr> <td>PPG</td> <td>0</td> <td>0</td> <td>0</td> <td>8</td> <td>17</td> <td>25</td> <td>50</td> <td>0</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	16	8	10	11	14	13	14	14	PPG	0	0	0	8	17	25	50	0
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Detail the ethnic background of your practice population and PPG and/or 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	99%							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	2	0	3	0	1	0	6	0	20
PPG	0	0	0	0	0	0	0	0	0	0

There are still some major variations between the patient population and the PRG that we need to address: this is most notable in the under 35 age group where we still do not have any patients in this category in the PRG, despite the fact that this age group makes up a third of the practice population.

A number of efforts have been made to ensure the PPG is more representative of the practice profile: promotional information about the PPG has been published on the practice website, encouraging patients to provide an email address so that we can contact them with occasional surveys, about how we are doing, and where we could improve services.

Younger patients (aged under-35 years) and minority ethnic group patients visiting the practice website and those receiving the quarterly practice newsletter are specifically encouraged to join the PPG, to better reflect our patient population. We also have promoted better practice population representation via visible posters in the waiting room area, and by staff actively encouraging a more diverse range of patients to get involved in the PPG. Furthermore, access to information in appropriate languages for under-represented patient is available via links on the practice website. Overall, this has resulted in a better balance in the PPG (both real and virtual) against the patient population than was historically the case, but we recognise that we still have more to do with the under 35 age group and to ensure much broader representation based on practice population ethnicity. In 2014/15 we took the unprecedented step of offering a short term work placement to a non-British student who had provided translation services in the surgery, to build up our knowledge and understanding of our diverse patients.

Are there any specific characteristics of your practice population which means that other groups should be included in the PPG and/or PRG?

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:

2. Review of patient feedback

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

Throughout the year the practice received and reviewed patient feedback from a number of different sources. This included: verbal and written complaints, and concerns from patients; a survey of the 'virtual' patient group requesting suggestions for improvement; The National GP Survey; the Friends and Family Test (from January 2015 onwards); online comments made by patients through the practice website; an extensive survey (in September 2014) of 1500 patients (out of a practice population of 6,000+) who had used a new telephone appointments system; and patient comments made during a Care Quality Commission Inspection (November 2014).

How frequently were these reviewed with the PPG and/or PRG?

The 'real' Patient Participation Group (PPG) first met in March 2014 and at this first meeting the PPG began to consider findings put forward from the 'virtual' patient group, principally around 3 themes: how the reception desk and waiting area in the practice could be improved; how the practice could be more effective and organised in what it does for patients; and how the practice could deal with limitations patients had identified in the new telephone appointments system.

These 3 themes were regularly returned to and reviewed the during the 8 'real' PPG meetings that were held in 2014/15.

3. Action plan priority areas and implementation

Priority Area 1
<p>Description of priority area:</p> <p>Improving the reception desk and waiting area.</p>
<p>What actions were taken to address the priority?</p> <p>At the first meeting of the 'real' PPG in March 2014, the members of the PPG did a 'walk around' of the reception desk and waiting area, and were asked, from a patient perspective, to make suggestions about how these could be improved. The PPG came up with no fewer than 16 individual improvements, ranging from a 'de-clutter' of leaflets and posters in the waiting area, to improving patient privacy at the reception desk.</p> <p>Progress in implementing these suggested improvements were reviewed at subsequent PPG meetings.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>As a result of the PPG's suggestions, quick action was taken to implement their recommended improvements, particularly where it would lead to better patient experiences generally and also where it would help specific patient groups. Results from these actions were reported to the PPG and publicised in the patient newsletter.</p> <p>The positive impact of these actions on patients and carers has been commented on by patients, both verbally, and in writing, through various feedback mechanisms, such as the practice website, comments to practice staff, the Friends and Family Test;</p>

through the extensive survey of 1500 patients (in September 2014); during the Care Quality Commission Inspection (in November 2014); and via the PPG at 8 meetings held in 2014/15.

Priority Area 2

Description of priority area:

How the practice could be more effective and organised in what it does for patients.

What actions were taken to address the priority?

During 2014/15, a series of training and development sessions were undertaken within the new 'real' PPG, to start to familiarise the PPG with how the practice works, and how it could be more effective in the future. Two of these PPG training sessions were run by members of the PPG; the first on the Mental Capacity Act; the second on developing structured terms of reference for the PPG.

In addition to these 2 sessions run by PPG members, an external advisor from Public Health outlined recently produced health data on the practice, how the practice performed in key areas, and which areas should be a priority for improvement. Further PPG training and development sessions in 2014/15 were provided by practice staff on: improving patient information to enable patients to have greater involvement in decision making with their GPs about their treatment options; how the practice was exploring options about improving care for patients with long term conditions, as well as making services for patients more sustainable in the long term, as part of its ongoing project work in the Somerset Practice Quality Scheme (SPQS); and how the practice was currently managed and staffed, and what improvements were being planned to improve its organisational capacity, effectiveness and resilience.

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

One of 3 key recommendations to the practice from the Care Quality Commission, following their November 2014 inspection, was that all clinical staff in the practice should receive training in the Mental Capacity Act (2005). The practice understands from the Somerset Clinical Commissioning Group (CCG) that this training will be offered to all Somerset GP practices through an external training provider via the Somerset CCG in 2015.

As a result of the PPG's recent work on terms of reference for the PPG, a clear set of guidelines have been produced which will enable the PPG to support patients and the practice in many different ways in the future. These guidelines are diverse and include provision for: patient involvement in service development and practice decision-making; helping with practice communications to patients and local community groups; encouraging and supporting the practice in promoting greater patient self-care and patients becoming more informed about health options; as well as being a constructive but challenging 'critical friend' to the practice, by providing the practice with feedback on patients' needs, concerns and interests.

Given most of these actions are relatively recent ones, and have not, as yet, been fully publicised, on the practice website, and in the quarterly patient newsletter, it is slightly premature to judge their impact on patients and carers. However, there is evidence from some of the comments from the Care Quality Commission inspector that the PPG has strong foundations as a result of its training and development during 2014/15, and that these foundations are a sound basis for making the practice more effective and organised in what it does for patients in the future.

Priority Area 3

Description of priority area:

How the practice could deal with limitations patients had identified in the new telephone appointments system.

What actions were taken to address the priority?

The 'real' PPG almost immediately from its inception in March 2014 highlighted the limitations other patients had identified in the new telephone appointments system: members of the PPG had used the new system, and had expressed reservations about it.

To address these concerns, the PPG helped the practice construct a survey for all patients who had used the new telephone appointments system; this survey was issued to approximately 1,500 patients and around 500 patients returned a completed survey form in September 2014. The results from these completed surveys were discussed with the PPG towards the end of 2014, and the PPG suggested some specific improvements to the way in which the new system had been set up, and to how the practice could become better organised and more effective for patients when operating it in future.

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

Following the analysis of the new telephone appointments system survey results (as above) with the PPG, and the PPG's ideas about how its limitations should be dealt with, a series of improvements to the new system were implemented by the practice. These included: re-aligning staff call handling capacity and staff rotas to cope with peak calling time demands; increasing the number of incoming and outgoing telephone lines, to ensure patients could get through at peak times; maximising the number pre-bookable, routine and follow up appointments available under the new system; and closely monitoring and reviewing individual GP call back performance.

Since implementing these improvements, the number of patients expressing concerns about the new telephone appointments

system has significantly reduced. At the same time, positive patient feedback about the new system, principally through individual patient comments, the practice website and the Friends and Family Test, has noticeably increased in comparison with patients' comments before these improvements were actioned. This is especially the case when patients provide feedback to the practice about speed of access to and advice from a GP, and how likely overall they are to recommend the practice to friends and family.

This change and its impact on patients and carers will need to be discussed more fully with the PPG, and more widely publicised by the practice in 2015/16, with help and guidance from 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):

The 3 key actions for the action plan in 2013/14 were:

1. Reviewing how we dealt with patient requests for a GP appointments – as patients said in a survey it was difficult to get a GP appointment
2. Ensuring that GP pre-bookable appointments are available for non-urgent appointment requests
3. Establishing a 'real' Patient Participation Group.

Progress has been made on all 3 key actions from 2013/14. Taking each of these in turn:

1. In December 2013, the practice introduced a telephone triage system, which enabled GPs to pre-assess same day patient appointment requests; in a September 2014 survey all of patients who had used the new system 75% said it was easier to obtain access to and get advice from a GP than it was under the previous appointments system;
2. In December 2013, as part of the new telephone appointments system, the practice also ensured that GPs could utilise pre-bookable appointments for non-urgent appointment requests;
3. A 'real' Patient Participation Group first met in March 2014 and has continued to meet every 6 weeks since that date.

4. PPG Sign Off

Report signed off by PPG **YES**

Date of sign off: 25.03.15

* How has the practice engaged with the PPG

The Practice Manager facilitates 2 way communication between the practice and the PPG by co-ordinating regular face to face meetings, and maintaining email contact with members of the group. Members of the group are welcome, indeed encouraged, to ask questions, make suggestions and act as a 'critical friend' to the practice. In the short time that the PPG has existed we have engaged in an active learning process guided by the Practice Manager, on a full and frank basis.

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

The practice ensures that information is available in a variety of forms in order to engage more widely. Within the waiting room there are visual displays, both on the walls and the electronic screen; for those who prefer, there are leaflets to take away and the practice website provides engagement with those who choose to access it from the comfort of their own home. The PPG has already given some consideration to identifying which other seldom heard groups need to be targeted in future and how this

could be brought about.

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

Patient and carer feedback is regularly sought, with comment slips by the desk in the waiting area. For a wider overview of feedback in relation to changes in the practice a wide reaching questionnaire was issued. The electronic display makes it very clear that the practice wants to hear from patients about their experiences. In addition individuals can, and do, directly contact the practice manager by phone, email or face to face. And the practice has sought feedback about the new telephone appointments system.

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

All the priority areas and actions were agreed upon with involvement of the PPG at all times.

An example of this was when the PPG engaged in a 'learning walk' which led to a focus on the Waiting and Reception area. From this priorities were identified, actions agreed, acted upon and monitored in order to evaluate effectiveness. The short and medium term priorities have been met and progress being made towards other longer term ones.

- * How has the service offered to patients and carers improved as a result of the implementation of the action plan?

- Greater privacy for patients at the reception desk.
- Easy to clean chairs to promote improved hygiene management
- Change of layout of waiting room chairs to facilitate easy viewing of the electronic display screen
- Automatic door aiding ease of movement between the waiting area and the consulting rooms.
- Out of date information is removed and displays, posters etc are current.

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

The PPG is still a relatively embryonic group with a steep learning curve. The group are genuinely working with the practice to bring about improvements and have a clear voice on behalf of the patient community. Ideally the group would welcome greater opportunity to meet with members of staff and the medical practitioners in order to become more aware of their perspective of their role at the practice and to promote dialogue between them and the PPG. The role of the PPG is starting to become clearer, with the development of more specific terms of reference, to guide how the PPG and the practice will work together in the longer term.