

Derbyshire & Nottinghamshire Area Team

2014/15 Patient Participation Enhanced Service REPORT

Practice Name: Oakhill Medical Practice

Practice Code: C81070

Signed on behalf of practice: Helen Foster (Practice Manager)

Date: 13.3.15

Signed on behalf of PPG: Nick Welsh (Chair of PPG)

Date: 13.3.15

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, Other (please specify) - Email (Virtual PPG)
Number of members of PPG: 39

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	49%	51%
PPG	41%	59%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	14	7	8	11	16	12	16	16
PPG	0	0	0	6	10	22	18	44

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	80	0	0	0	0	0	0	19
PPG	100	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	0	0	0	0	0	0	0	0	0	0
PPG	0	0	0	0	0	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:

We have a form which invites patients to join we hand out the form to all patients, it is also available on our website, anyone that completes an online Friends and Family test gets one as does anyone that makes a complaint, verbal or in writing. The practice demographic is older people but we try to involve younger people by collaborating on projects with the local school. We are located in front of a community centre and I have been to the parent and toddler groups hosted there to try to encourage engagement of younger people. Dronfield is predominantly a white British area but we have tried to target the few patients we see that are not white

British.

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

2. Review of patient feedback

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

Suggestions, complaints and compliments box, GP 360 appraisal questionnaire, regular emails to the VPPG, quarterly newsletters, Friends and Family Test responses

How frequently were these reviewed with the PRG?

As a minimum quarterly but since FFT started in December we have updated the group monthly. Also since Building work commenced in February I have regularly apprised the group with updates and drawn their attention to the photographs showing progress on the website.

3. Action plan priority areas and implementation

In April 2014 I emailed out to the PPG for suggestion of what the 3 priorities should be, I reminded them in May, I had minimal response so in August I emailed again with my suggestions based on areas in which we didn't meet our targets in our patient Questionnaire results.

Priority area 1

Description of priority area: Waiting Times. Patients consider that they are spending too long in the waiting room. We did not score well on this in our in house survey.

What actions were taken to address the priority?

Reception staff trying to enforce one problem per appointment when patients book appointments. We have also emphasised this in the TV presentation in the waiting room and in newsletters .We had one regular locum who regularly runs late but we have replaced her. We have also ensured that if there is late running the reception staff will advise patients of this which seems to appease some of the agitated patients.

We have also suggested that patients bring a book or some knitting as its easier to wait when you have something to do.

We ran a poll of what music or radio station patients would like to have playing in the waiting room but no obvious consensus was reached so we don't have any.

Result of actions and impact on patients and carers:

In general the feedback is good, waiting room is calmer but some patients complain that they need to discuss more than one problem and that availability of double appointments is limited. We have tried to release some GP capacity by ensuring patients do not book GP appointments for things that can be dealt with by another member of the Practice team or the wider team such as Community Nurses, CAB or voluntary sector organisations.

How were these actions publicised?

TV in waiting room, newsletter and email to VPPG. We use every opportunity we can to let patients know what the HCA, Nurse and Community Pharmacist can do to avoid using a GP appointment unnecessarily. When we ask patient to sit as wait if they feel they are urgent and we have run out of routine appointments, or during our Friday afternoon sit and wait clinic we give patients a card to read while they wait explaining the importance of only presenting with 1 problem for the sake of their own safety.

Priority area 2

Description of priority area: Waiting to book in at the front desk. During busy times such as at 8am in the morning or if we have a staff shortage there can be a backlog of patients waiting to book in.

What actions were taken to address the priority?

Discussed getting a touch screen mark in machine with the patient group, some of the members spent time in practice over a 2 day period asking patients if they would use it and if they would be encouraged to use it if someone helped them with it for the first few times. The vast majority of patients said they preferred to talk to the staff even if it meant waiting a little while.

In addition we now have a trainee is post full time so there are additional staff available to help patients. We have made some attempts to separate the reception area and telephones so that people at the reception desk do not feel the telephones are the priority but this is still in its embryonic stage, the technical problems will be easier once the building work is completed.

Result of actions and impact on patients and carers:

There is rarely a build up of patients in the reception area and I have not had a negative complaint about this in the last 12 months.

How were these actions publicised?

The touch screen consultation was on the website, on the TV presentation in the waiting room and in the newsletter, also in the 2 day project all patients entering the building were asked for their views.

I have spoken to the PPG network (patients from all 4 Dronfield practices) and opportunistically approached patients in reception, about separating phones and reception and in general it is considered to be a good idea.

Prior to having the new telephone system installed that allows us to do this I consulted with the VPPG and publicised it using the waiting room TV presentation, Newsletter, website and spoke to patients in the waiting room.

Priority area 3

Description of priority area: Access to telephone advice. Many patients didn't know that we offered Telephone appointments, this had been deliberate on our part as often telephone appointments would result in asking a patient to come down as well thereby taking twice as long so in the past these had only been booked by GPs.

What actions were taken to address the priority? We ran a 2 week pilot to measure the impact on the practice if the reception staff actively asked patients if they wanted a telephone appointment. 3 telephone appointments were made available to each GP in addition to their usual face to face surgery.

Result of actions and impact on patients and carers: The uptake was good but there was a significant percentage of patients who didn't really need GP help and as expected a proportion who needed to be seen as a result of the telephone consultation so in fact the impact on access was negative.

Appointments used	68	84%
Number we needed to see	23	28%
Didn't need an appointment	19	23%

How were these actions publicised?

Website and newsletter. Its possible we would trial this again but not in the same format, possibilities include giving reception staff a protocol to use to help decide who would need to be seen face to face and who didn't need a GP interaction at all

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):

In previous years we have increased the number of phones we have in reception to improve patient access, we now have software that monitors calls so we know that patients are not waiting as long to speak to a receptionist, we continue to monitor this.

Last year we worked with a local school on a competition for their Art Students to design a new logo for the practice, the results were in the local press. We are currently planning another collaboration on prescribing waste.

The practice continues to try to involve the PPG in Health Promotional work, last year we had planned a Healthy Living Road show that everyone was enthusiastic about but unfortunately we didn't achieve it, it remains a priority for this year.

We continue to share the annual audit of complaints with the VPPG to see if anyone has any innovative ideas to help us to solve common problems.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 20.3.15

How has the practice engaged with the PPG:

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

Giving questionnaires out in the practice and making it available on the website

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

Yes, in a suggestions box, Friends and Family test on a touch screen device, website, system online, regular emails to VPPG.

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

The VPPG was consulted on what the 3 priority areas should be but there was minimal response so the Practice decided on priorities based on survey responses and complaints.

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

The service has improved and offers greater innovation in involving its patients in planning and delivering services.

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

Please submit completed report to the Area Team via email no later than 31 March 2015 to:

- Derbyshire practices: e.derbyshirenotttinghamshire-gpderbys@nhs.net
- Nottinghamshire practices: e.derbyshirenotttinghamshire-gpnotts@nhs.net