

Wessex Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Royal Crescent and Preston Road Practice

Practice Code: J81027

Signed on behalf of practice: Sandra Maddison

Date: 17th March 2015

Signed on behalf of PPG: Mr John Hayward – Preston Road Surgery
Mrs Isabel Hussey – Royal Crescent Surgery

Date: 25.3.15

Date: 24.3.15

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 and post
Number of members of PPG: PRS 91, RCS 57 Total 148

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	49	51
PRG	36	64

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	8	11	11	14	15	15	12
PRG	0	1	4	3	5	15	40	32

Detail the ethnic background of your practice population and PRG:

Practice ethnicity – White British 97%, Other 3%

PRG ethnicity – White British 98%, Other 2%

This data is as accurate as possible but there are many patients who have not provided their ethnicity details.

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	See above							
PRG								

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	See above									
PRG										

Describe steps taken to ensure that the PRG is representative of the practice population in terms of gender, age and ethnic background and other members of the practice population:

The practice works hard to continually invite new members from all parts of the practice population to join the PRG to ensure the group is as representative as possible. This happens in many ways including:

- A dedicated staff member at each surgery who acts as PRG co-ordinator, working with the group and welcoming new members
- GPs personally inviting patients to join
- Displaying posters in the waiting rooms, sending leaflets out with prescriptions and handing out leaflets at flu clinics and other surgery events
- Advertising the PRG in the regular surgery newsletters
- Trying to reach patients who do not attend surgery through advertising in the local community magazine
- Inviting new patients to join, including the PRG leaflet in our welcome pack
- In certain circumstances encouraging patients who have had cause to complain to join the PRG to help shape and improve services
- Patients with learning disabilities are personally invited to join at their health checks
- Health visitors / midwives encourage parents to join. This has been successful over the last year with parents joining the virtual group
- Community Matron for residential homes promotes the PRG and encourages residents to join
- The practice multidisciplinary team are fully aware of the PRG and are helping us engage with patients the surgery may find it difficult to contact. This includes all healthcare / social care / voluntary sector colleagues who are part of the regular multidisciplinary meetings.
- The PRG itself encourages membership from within under-represented groups via word of mouth / community contacts. This has proved successful with new members joining during the year.
- The practice website and NHS choice both have details of the PRG and how to join
- The TV information screen in surgery promotes the PRG, what it does and how to join
- Good links with the local secondary schools
- Good links with local voluntary groups who work with vulnerable patients

The numerous ways in which patient involvement is promoted and welcomed helps to improve communication with and feedback from patients who might not otherwise have the opportunity to have their views heard.

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:

2. Review of patient feedback

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

Throughout the year the PRG has reviewed various sources of patient feedback with the practice to understand patient needs / areas of concern and to work together to provide the best possible service.

- Patient survey results and comments
- NHS choices website comments
- Suggestions and feedback from Community Angels (local voluntary group attached to the practice)
- Complaints and suggestions
- Friends and family responses and comments
- Face to face feedback received by both PRG members and surgery staff directly from patients
- Other relevant feedback received in other ways ie carer's questionnaires

The PRG also reads and discusses publications relating to the wider health community. This is to try and ensure all patients have the opportunity to be aware of what is going on and to have their voice heard. Such publications include:

- A guide for working together – The care quality commission and patient participation groups
- Developing General Practice today – Providing healthcare solutions for the future (BMA)
- Securing the future of general practice (The King's fund)
- Dorset's Health Services – Thee need to change (Dorset CCG, Clinical Services Review (CSR))
PRG members and Practice representatives are active and involved locally.
- A PRG member has agreed to be the practice PRG representative regularly attending the CSR meetings and providing feedback.
- The practice's senior partner attended a recent PRG meeting to present and discuss local developments to the group.

This feedback is reviewed with the PRG in the following ways:

- at PRG meetings (which happen 3-4 times a year)
- via email (regularly as necessary)
- direct with smaller PRG sub groups as appropriate, eg Online access promotion is discussed with the IT sub group, organisation of patient information events is discussed with the PRG core group (as and when necessary, generally 2/3 times a year)
- publications / information are also sent via post to non-email members
- future plans include the use of social media, such as facebook and twitter

The feedback and subsequent discussions are used to continually develop the agreed action plan.

How frequently were these reviewed with the PRG? See above

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Preston Road Surgery Reduce the length of time waiting in surgery to see the GP</p>
<p>What actions were taken to address the priority?</p> <ul style="list-style-type: none">• Additional clinical staff (advanced nurse practitioners) to deputise for absent GPs• Raise awareness of what nurse practitioners can do ie diagnose, prescribe and refer• Surgery to review GP clinic structure with a view to increasing appointment length or including breaks in the clinics to allow for necessary interruptions• Clinics to start on time• Offer longer appointments as agreed between the patient and the GP based on need• Raise awareness that a standard appointment is 10 minutes, although some patients and their GP may agree that a longer time is appropriate• Ask patients to consider planning what they want to discuss ahead of their appointment
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>Employment of additional advanced nurse practitioners These staff deputise for absent GPs. This increases the overall capacity of appointments. The practice runs a usual GP system which means each patient has a named GP providing them with continuity of care. Having additional deputising means that GPs see more of their own patients providing better continuity of care and access.</p>

Promotion of the additional advanced nurse practitioners, what they are able to do and the benefits to patients this brings has been publicised through:

- PRG members
- Surgery staff
- Website
- Regular patient newsletters
- Local community magazine
- In surgery promotion – TV screen, posters etc

Clinic structure review

Working together the PRG and the practice looked at the structure of GP clinics. Necessary interruptions, emergencies and patients who needed longer appointments all impacted on the running time of a clinic. Additional “catch up” breaks were introduced to many of the GP clinics so that the structured end time was closer to the actual end time, thereby meaning patients were seen closer to their appointment time. It was agreed the PRG would monitor progress at its meetings.

Data from clinic run times before and after this change was reported on to the PRG and a significant improvement in waiting times once in surgery was shown. Anecdotal evidence from both PRG members and patients they had spoken to supported this finding, in most cases.

Work on clinic structure continues

Appointment awareness

Appropriate length appointments are beneficial for patients. Patients who need longer appointments with their GP have found these beneficial.

The PRG is keen to promote appointment awareness with all patients providing hints and tips on how to make the most of an appointment. Recent Wessex LMC guidance has been discussed by the PRG and is included in the most recent patient newsletter. This work will continue with the PRG looking to publicise this information in a variety of ways.

Priority area 2

Description of priority area:

Preston Road Surgery Appointment availability and access

What actions were taken to address the priority?

- Additional clinical staff to deputise for absent GPs
- Promote telephone consultations
- Raise awareness that appointments can be booked up to 4 weeks in advance (using appointments timely both by staff and patients i.e. not everything is urgent and same day).
- raise awareness to cancel booked appointments that are no longer required,
- use of text message system to remind patients of their appointments
- Continue to promote online appointment booking

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

The same comments regarding additional advanced nurse practitioners apply as above. Providing deputising for absent GPs increases the overall capacity of appointments. The practice runs a usual GP system. Having additional deputising means that GPs see more of their own patients providing better continuity of care and access. It also provides more choice for patients should they need access to a specific gender practitioner, from time to time.

Patients and carers have found online appointment booking particularly useful, including being able to book appointments when the surgery is closed. Patients find the number of appointment dates and times good and more than they would easily be able to discuss if booking say on the phone. The IT sub group of the PRG work with the practice as patient champions and have been involved in helping promote online booking and receiving feedback from patients which is then shared with the full PRG.

Just under 1800 patients at the practice are registered for online access (10%) and around 100 appointments a month are booked this way. Online access and the benefits is a regular feature in the monthly patient newsletter.

Priority area 3

Description of priority area:

Preston Road Surgery and Royal Crescent Surgery Illness prevention and staying healthy

What actions were taken to address the priority?

- Promote NHS healthchecks
- Holistic reviews for patients with long term conditions
- Publicise pharmacy medication use reviews
- Consider how medication reviews are undertaken
- Regular patient education talks. Topics covered so far include How to stay well as you age and Power of Attorney

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

The PRG are keen to work with the practice to support patients and provide information so they are able to manage and make decisions about their own care. This is demonstrated both in accessing healthcare appropriately and in a timely manner, allowing continuity of care where possible, as well as accessing appropriate healthcare personnel. This results in enabling patients as individuals and their carers to have personal care plans and thus manage their own care knowing they have, and can access support from the surgery when required.

The largest impact on patients and carers in this area has been the introduction of holistic reviews for patients with long term conditions. Rather than inviting patients in several times a year to review each individual long term condition, patients now have a single annual review which concentrates on them as a person and all conditions they may have. Patient feedback back about this change is very positive. Over the next 12 months the practice intends to continue to develop this.

The PRG has also been active in promoting NHS healthchecks. Uptake has gradually increased throughout the year; the benefits of which will be seen in the years to come.

Priority area 4

Description of priority area:

Royal Crescent Surgery - Prompt telephone answering

What actions were taken to address the priority?

Changes to staff rotas have been made and there are now more staff answering the telephone throughout the day. The appointment system has been reviewed to allow patients to book in advance, thus reducing the need for patients to phone at 08:30 on the day for an appointment. Staff have been part of a peer mentoring programme to enhance the level of service provided and to main continuity between the reception staff team.

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

The PPG have reported an improvement to the level of service provided. Access to appointments has been published on the website, in newsletters and by word of mouth to patients from reception staff.

Priority area 5 (Royal Crescent Surgery)

Description of priority area:

Royal Crescent Surgery - Improving communication to patients

What actions were taken to address the priority?

- A dedicated receptionist has been monitoring and updating the website.
- Quarterly newsletters are used to communicate with patients.
- Copies of the Surgery booklet are now available in reception
- Messages on prescriptions
- TV screens to be used in the future to run a slideshow of patient information (PRG to help with this)
- Noticeboards reviewed

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

Website is up to date and has current information on. Improved communication with patients and carers, information is clearly stated on newsletters.

Actions and results on the 5 priority areas are publicised to patients throughout the year. This report detailing the improvements will be published to the practice population as follows:

- Practice Websites (www.prestonroadsurgery.co.uk and www.royalcrecentsurgery.co.uk)
- NHS Choices website
- Email / post to PRG members
- Copies available in Surgery and a visible poster advertising this
- Summary in the surgery newsletters (with the invitation to ask for a full copy). The newsletter will be available in the practice and handed out with all prescription and sent with all correspondence.
- Copies available at the local Chemist
- An article including a summary will be included the widely read local Community Magazine

The progress on previous years as detailed below will also be published and shared with the practice population.

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 PRG and the practice have worked well together over the last year and responding to patient feedback, have achieved the following for the benefit of patients:

- Patients suggested an automated check-in facility was needed to help with queues at reception; this has been installed and is helping to reduce queues.
- Some patients felt privacy at the reception desk could be improved. As well as the sign (see point below) we have installed a large sliding door between the reception and waiting room areas. This can be closed slightly (taking care not to impede access to the waiting room) and provides an element of screening to the reception area from the waiting room, improving privacy.

- Over half of the patients who responded said they did not realise they could ask for more privacy for their enquiry at reception. A prominent notice has been put up at reception advising patients of this and additional reception staff are available to take patients to a more private area if required. A few patients have requested more privacy as a result and have been pleased to be seen elsewhere.
- Patients felt it was not obvious that there was a patient toilet in the surgery and how to access it. Signage was put up advising patients of this and access to the toilet is now improved
- Several patients suggested a TV information screen. The PRG and the surgery worked together on this. Both parties were keen that the screen should contain useful surgery-specific information and general health advice, but not marketing. As such both parties have spent time creating a PowerPoint presentation with the required content. The screen is operational and is proving a valuable source of information for patients.
- Patients said the noticeboards are overcrowded and not eye catching. A dedicated receptionist has been tasked with keeping the noticeboards up-to-date and clutter free and as a result they are easier to read.
- Patients felt the seating in the waiting room could be better arranged. The surgery has discussed with the PRG as to what changes might be made and what the benefits to patients of these changes would be. This continues to be under review with the PRG. Target achievement date 2015.
- Patients said the waiting room could be more welcoming with pictures etc and with leaflet stands that containing up-to-date and relevant leaflets. Several patients would like a clock in the waiting room. This ties in with the comments on noticeboards and seating arrangements and continues to be under review with the PRG. Additional pictures and information leaflets have so far been introduced.
- Patients want choice in how they can order their medication – e.g. post, via the chemist, online, phone. Several patients wanted to have prescriptions issued for longer periods. Patients are able to order their prescriptions in a variety of ways so, with the help of the PRG, we have been promoting this information in many different ways so patients are aware. The ability to order prescriptions and book appointments online has been introduced and a publicity campaign has resulted in many patients choosing to use this option.

4. PPG Sign Off

Report signed off by PPG: Mr John Hayward
Preston Road Surgery PRG, Chairman

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Date of sign off: 25/03/2015.....

How has the practice engaged with the PPG:

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

The practice has fully engaged with all patient group and the detail of this is set out in question 1 above. The PRG has been fully involved in this.

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

This is fully detailed in question 2 above. The PRG has been fully involved in this process, both in helping to collect and in the review of all responses.

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

Yes the PRG has been very involved. My view is that the relationship between the Group and medical practitioners and practice managers is really good and this helps a lot to identify and implement improvements to benefit patients in the practice.

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

These are set out in Priority Area 3 above.

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

I think the practice and PRG are working well together for the benefit of all patients. But the PGG could benefit by having a bigger proportion of younger members, but this is difficult because of their work and family commitments.

It is also good to see that the Practice is working closely with the NHS Commissioning Group to achieve further improvements to patient care in the community.

Report signed off by PPG: Mrs Isabel Hussey
Royal Crescent Surgery PRG

Mrs I. M. Hussey

Date of sign off: *24/3/15*

How has the practice engaged with the PPG: *As detailed above*

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

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

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?
Telephone is answered promptly, good appointment availability. Very good service from reception team and surgery team.

Do you have any other comments about the PPG or practice in relation to this area of work?
Keep up the good work – working well