

Derbyshire & Nottinghamshire Area Team

2014/15 Patient Participation Enhanced Service REPORT

Practice Name: Daybrook Medical Practice

Practice Code: C84066

Signed on behalf of practice: Dr G Gallagher

Date: 30/3/2015

Signed on behalf of PPG: Denise Ward - Chairperson

Date:30/3/2015

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, Other (please specify) Telephone, meetings, emails.
Number of members of PPG: 19

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	49	51
PPG	9	10

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	19.5	9	13.5	12	15	12	10.5	8.5
PPG					2	1	3	13

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	8.75	0.17	0	0.75	0.36	0.35	0.16	0.19
PPG	17			1				1

%	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	0.833	0.45	0	0.27		0.35	0.36	0.11	0	0
PPG	5.2									

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:

- Information included in new patient registration packs and discussed at new patient health checks.
- Advertised on the TV screen in the waiting room.
- Included in both the PRG and Practice newsletters.
- There is a section on the practice website devoted to the group.
- We have a message on the Jayex board in the waiting room.
- PRG members approach patients at events held by them at the practice.
- PRG members talk to patients in the waiting room when conducting surveys etc in an effort to try to identify barriers to their taking part.
- We periodically add messages to repeat prescription counterfoils.
- We have written to patients of particular ethnic/age groups who are currently under represented inviting them to take part and have offered translation/interpreter services if required.
- We have varied the time of day meetings take place to enable all groups the opportunity to attend.
- The clinicians have opportunistically asked patients in under-represented groups whether they may be interested in joining.
- We have been in contact with the Clinical Commissioning Group for advice/help on how other PG's have tried to enlist under-represented groups.
- We are looking at ways of under-represented groups being able to put forward ideas for the PG if they would rather not be actually involved. New posters are being designed to encourage this.
- We have invited patients to join our "Virtual Patient Group" for those patients who would like to have some involvement but not able to commit to regular meetings.
- We have also tried to enlist patients who suffer from long term conditions.
- We continue to have difficulty in attracting new members from the age/ethnicity that would fully reflect our patient list, although a few of our virtual members are in the 18-34 age groups. The difficulty in recruiting members of this age group is not uncommon nationally.
- There is easy access to both the building and the meeting room for wheelchair users.
- There are play facilities available for young children should their parents wish to attend.

The group is almost exclusively White/British but we do have a few members outside of this group. As a consequence, the membership of the patient group still does not accurately reflect our patient list and we will continue to try and encourage others to join. However we are happy to maintain a patient group that does not fully reflect the practice list rather than discourage those who are keen to be part of it.

Our PRG work enthusiastically to help and advise us and their continued contribution is much appreciated by the partners and staff. The PG set up regular speakers at the practice for patients and any staff who are able to attend. These have included the Alzheimer's Society, Alcoholics Anonymous, and have 2 further talks booked, one on carers and one on healthy housing,

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:

Results from the survey.
Comments made to the PG during coffee mornings and talks.
Suggestions which the practice received from patient suggestion box.

How frequently were these reviewed with the PRG?

Discussed at PG meetings – these are held approximately every 8-10 weeks.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Availability of telephone consultations

What actions were taken to address the priority?

Patients offered telephone appointments with GP if appropriate. These were at first instigated by the GP. The option of telephone appointments to discuss results/possible referrals were included in patient letters. Information was posted on the TV screen in the waiting room and included in newsletters. Patients were given an approximate time for when the doctor would call (for example between 10.30-11.00).

The implementation on telephone appointments was discussed at practice meetings and patient group meetings.

Discussed with GPs at practice meeting. They also felt that more telephone consultations might be beneficial – especially if patient asked to return to discuss pathology results. As a result, a paragraph was added to patient letters sent out to ask them to see GP to discuss results, suggesting that they might like to arrange a telephone consultation.

Result of actions and impact on patients and carers:

An audit of telephone consultations was carried out for the month of September 2014. A breakdown of these is shown below:

Breakdown of results

1 GP visit

1 DN visit

8 prescriptions issued

15 Advice/reassurance. No follow up required

1 referred to hospital

1 appointment with GP

1 appointment made for blood test

1 appointment made for ECG

1 medication change & letter to cardiology for advice

These results show that those patients who needed to be seen were but that the majority could be dealt with without being seen. Those patients who used the system were happy as they did not need to take time to come down to the surgery when a telephone call served the purpose. Those patients who worked did not need to take time off as were able to take a call at a time suited to them.

How were these actions publicised?

A copy of the audit results was publicised on the practice website and is to be included in the March newsletter. It was also mentioned in the minutes of the PG meeting which is available in the waiting room and on the website.

Priority area 2

Description of priority area:

Utilisation of Electronic Prescription Service (EPS) process.

Uptake of this facility has been lower than expected and it was felt that many patients may not have been fully aware of the benefits. It was felt that spreading the word via the patient group would have far more impact than posters.

What actions were taken to address the priority?

Members of the PG spoke to patients in the waiting room, at the coffee morning and talks. Information was also included in the PG newsletter.

Information is now included in new patient registration packs.

Result of actions and impact on patients and carers:

Due to patient Group intervention, Rowlands Pharmacy (on-site) have advised that there has been a 16% increase in our patients using the EPS facility.

Patient who signed up for EPS make fewer trips to the surgery. Prescriptions can still be ordered in the same way, in person, via chemist or email. However the patient only has to go to their nominated chemist to collect their medication. This system is proving to be faster and more efficient. Prescriptions do not go missing and are more easily audited. Less time waiting at the chemist as medication is ready when they go rather than a further delay whilst the prescription is being filled. This in turn has led to the in-house pharmacy not having long queues of patients waiting which in turn has led to more patients using it.

How were these actions publicised?

Data was included in the TV screen presentation and this report will be published on the website, displayed in the waiting room and a copy will be available to any patient who wishes to see it.

Priority area 3

Description of priority area:

TV Screen

What actions were taken to address the priority?

The PG regularly checked on the validity of the information on the screen and that the information was relevant and up to date.

Result of actions and impact on patients and carers:

Patients and carers are kept up to date with new services, how to access emergency care out of hours, opening times and can be made aware of any outbreaks of infectious illnesses in the area and what to do, for example scarlet fever. The impact of using the TV is far greater than posters and has been commented on by numerous patients.

How were these actions publicised?

Actions not publicised as already on the TV screen. This report will be on our website, a copy will be in the waiting room and a copy will be available for any patient that wishes to take one.

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 2012/13 the idea of telephone consultations was first discussed and a sub group with 2 members of the PG , the APM and Dr Gallagher was set up. As you will see from Priority Area 1 this has now moved on and is continuing to improve as it evolves.

PG newsletter this is now in its full second year and is proving very popular and a good source of extra information for patients. This will continue to be published 3-4 times a year. Often included are details of who to contact in an emergency when the surgery is closed. Booking appointments in advance and booking on line.

The PG have had a positive impact on the surgery in particular with their ideas for telephone consultations and the newsletter. They are keen to keep this moving forward and improving patient experience within the practice.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 30/3/15

How has the practice engaged with the PPG:

Regular full meetings
Meetings with Chair

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

We constantly encourage all patients to contact us via any media to discuss anything that bothers them or to bring us any suggestion as to how we can improve the services offer them.

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

We receive patient feedback via the website, NHS Choices site, through Friends and Family Test responses, face-to-face, via the suggestion box, through patient surveys and via contact with the patient group.

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

Yes at all times

*How has the service offered to patients and carers improved as a result of the implementation of the action plan?
Patients now have access to a greater number of telephone appointments than previously.
More patients are aware of the availability and benefits of using the Electronic Prescribing Service.
More up-to-date information on waiting room TV screen.*

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

We are indebted to all members of the patient group for the time and effort they put in to helping us improve patient services. They freely give of their time.

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

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