

Derbyshire & Nottinghamshire Area Team

2014/15 Patient Participation Enhanced Service REPORT

Practice Name: Woodlands Medical Practice

Practice Code: c84014

PPG : Woodlands Patient Voice

Signed on behalf of practice: *P BROWN*

Date: 26th March 2015

Patricia Brown, Practice Manager and WPV Secretary

Signed on behalf of PPG: *D Dixon*

Date: 30th March 2015

David Dixon, WPV Chair

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

Does the Practice have a PPG?	YES - Woodlands Patient Voice (WPV)
Method of engagement with PPG: Face to face, Email, Other (please specify)	<ol style="list-style-type: none">1) Face to face - WPV meets bimonthly with a combined meeting/AGM in May each year.2) In addition to the meetings, the practice is in regular contact with group members via email, post or telephone when business arises between the meetings.3) Patients have been contacted by email to establish a “Virtual Group” in order to widen engagement, appreciating that meetings are not for everyone. Patients will be sent copies of meeting minutes occasional questionnaires or proposals for comment.4) All practice patients have access to WPV meeting minutes on the practice website www.woodlandsmedicalpractice.co.uk Or by following the practice link on the NHS Choices website www.nhs.uk
Number of members of PPG:	TEN

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	48.44%	51.56%
PPG	4%	6%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	19.34%	8.69%	11%	14%	16.92%	11.99%	9.6%	8.35%
PPG	0	0	0	0	1%	6%	0	3%

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	48.29%	0.05%	0	3.43%	0.12%	0.1%	0.07%	0.29%
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	0.09%	0.03%	0	0.16%	0.15%	0.09%	0.05%	0	0	0.15%
PPG	0	0	0	0	0	0	0	0	0	0

Virtual Group figures have yet to be confirmed.

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:

The WPV gender profile broadly reflects the registered patient ratio, though the age representation is skewed towards the 50 to 80 age groups. Sadly, it has proved difficult to engage the 25 to 45 age group, but we are hopeful that the recent establishment of a virtual group will go some way to address this by proving more inclusive to a wider range of patients, including the small number of patients from ethnic minorities. As the services of an interpreter, though advertised, have never been requested in the practice, we believe we have made a reasonable assumption that the information advertising the PPG is presented in a way that is understandable to all groups. However, we are happy to facilitate sourcing the information for patients in their preferred format. Most areas of chronic disease/long term conditions are represented by the core group members.

We continue to find recruitment to the group overall very difficult, despite advertising the group widely via a dedicated notice board, practice leaflet, newsletters, media board, website, and printed as an advertising banner on all practice stationery. We have also sent posters to schools to target teenagers.

The group are a great support and visible presence at any events the practice runs (eg Saturday flu clinic, women's health event) and this has gone a long way in advertising the group and attracted interest from potential members.

Some of our PPG members are actively involved in the voluntary health and social sectors and as such, contribute to addressing issues for population groups not necessarily represented by the demographic profile of the PPG.

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. An increased number of care home patients.

If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:

There is a planned debate with the group to consider writing to care home managers asking them to advise patients about the group's existence. It needs to be agreed whether, if deemed more appropriate by informed staff, this information could be shared with family/carers. We need to discuss whether it would be appropriate to include family/carers that were not patients themselves, and if felt appropriate, to advise / encourage them to either contact the group with any issues or that they would be welcome to join the group on their relative's behalf.

2. Review of patient feedback

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

We place a great deal of value in feedback – good or bad – from our practice population as this allows us to appreciate the issues we can sometimes cause our patients that we might otherwise be unaware of and this allows us the opportunity to improve on and develop services to our patients. The practice encourages feedback in the following ways :-

1. WPV have a suggestions box located in the waiting area (adjacent to the dedicated notice board).
2. The group also has a dedicated email account where patients can suggest topics for discussion/feedback.
Woodlandpatientsvoice@hotmail.com
3. The practice reviews suggestions received via the website and practice complaints at the annual complaints review meeting, where the PPG are represented and participate.
4. Friends and Family Test
5. Review of the bi-annual NHS England Patient Survey results

How frequently were these reviewed with the PRG?

1. The PPG Chair services the box and assesses the urgency of any suggestions/queries. If routine, these are discussed at the next PPG meeting, whilst anything needing more urgent investigation/response is raised with the Practice Manager.
2. The PPG Chair also services the PPG email account and would follow the same action as in (1).
3. At the annual complaints review meeting (March)
4. Discussed at bi-monthly meetings.
5. Annually

3.

4. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Periodic review of notice boards by the PPG alongside an annual diary of health awareness/ promotion campaigns so that notice boards are of relevance and up to date

What actions were taken to address the priority?

A diary of campaign dates were passed to nominated group members to agree which events would be most relevant to promote and support in practice.

Result of actions and impact on patients and carers:

Health information within the waiting area/on the website is current and valid.

During Cervical Cancer Awareness week, the practice held a Women's Health event targeting young females who had not accessed services or were overdue for review. Rather than focus just on cervical screening, the evening event included education on other female health issues. On the night, attendance was affected by heavy snow, but in spite of this, uptake for cervical screening was increased by 25%. Money raised from the sale of lapel badges and a raffle on the night raised £55 for Jo's Cervical Screening Trust.

Two members of WPV were in attendance to provide refreshments and informally discussed PPG membership with the patients

A men's event has been identified as the next health promotion project.

How were these actions publicised?

We advertise our "chosen" campaign as a flash on the practice newsletter – available in practice or on the website.

For the women's health event, initially, specific patients were identified and received a direct invitation by letter then followed up by phone. The invitation was then extended to all women and generally advertised within the practice waiting area and on the website.

Priority area 2

Description of priority area:

Encourage patient participation in the National Association of Patient Participation and Royal College of General Practitioners national campaign asking for support (petition signatures) from patients in relation to the funding crisis in general practice.

The campaign highlighted that the number of patients needing to see their GP was increasing, whilst funding was falling. Nationally it was feared that up to 100 practices could face closure, affecting over 70,000 patients and inadequate funding was likely to impact on services to patients for all practices.

What actions were taken to address the priority?

The group agreed to support the campaign, advertise it widely and seek to promote sign up before the deadline for the submission of signature forms on 14th August.

Result of actions and impact on patients and carers:

Group members took signature sheets away to encourage sign up.

One group member came in to the practice and canvassed waiting patients for signatures, where relevant information was available to patients to help them make an informed decision.

How were these actions publicised?

Advertising was arranged in the practice and a “sign up” link was added to the practice website.

Priority area 3

Description of priority area:

The Friends and Family Test was to be introduced from January 2015 as a national requirement to ask whether patients would recommend the practice to Friends and Family. The results would be reported centrally for benchmarking purposes. The practice has an opportunity to ask a second question of their choice and the group agreed that the question should be changed on a quarterly basis, to ensure that data collected was useful, with the same cycle repeated the following year in order to compare results/activity. In addition, we would collect demographic details in order to assess how issues might affect different population groups.

The survey would be anonymous.

What actions were taken to address the priority?

The group agreed that the first quarter's question should be about the appointment the patient had attended for that day. Whilst our patient satisfaction surveys are largely positive in this respect, we were aware that appointment availability was stretched currently due to increased winter pressures and that reception staff were bearing the brunt of some of the frustrations this was causing some patients.

The question would include whether they saw a GP or Nurse, were they satisfied with the appointment and if not, asked to elaborate in a comments box.

Patients were to be asked to identify their gender and the age group that applied to them.

Result of actions and impact on patients and carers:

The survey results are being collated and the spreadsheet of results will be made available to the PPG at the end of the quarter for review. Any themes identified will lead to any actions for change/improvement.

Whilst the first quarter is still in progress we are not able to give a definitive response, but the group were encouraged by early assessment after the first month revealing that 98.6% of patients were extremely likely/likely to recommend the practice to family and friends and 1.3% (2 patients) were dissatisfied with their appointment (but unfortunately without comment).

How were these actions publicised?

Once the PPG have reviewed the quarter end results, we will advertise any resulting activity in a “you said ...we did” format as in previous years responses to patient surveys.

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 establishment of the virtual group has progressed. All patients with an email address recorded on our database have been contacted to advise them of practice plans to involve them in occasional questionnaires or proposals for comment. All contacts have been advised how to withdraw from the virtual group, should they prefer to do so.

Our sms messaging service used for appointment reminders has now been running without issue for a reasonable time and satisfaction with the service will form the practice’s question on the next quarter’s Friends and Family survey.

Patent issues around local council sharps and clinical waste collections were referred to the Clinical Commissioning Group to investigate the contracts for this service/infection control concerns.

Trent Barton’s bus route to the surgery location are currently under review.

5. PPG Sign Off

Report signed off by PPG: YES / NO

Date of sign off: 30th March 2015

How has the practice engaged with the PPG:

The practice is always represented at the bi-monthly meetings by a GP and the Practice Manager , where the Practice Manager holds the post of group secretary. We feel this practice representation allows for valuable and timely discussion and feedback within the meeting. Whilst the group have agreed they are not keen to “wave banners”, they are more than happy to be involved as a “sounding board” in supporting the practice to review and develop services or playing an active part in practice events. This is of great value to us, for example, the group attends our annual Saturday morning Flu clinic where on average, 900 patients are seen in three hours. The smooth running of the session is largely down to the support of group members in directing and supporting the patients attending.

A section of each WPV meeting is dedicated to a practice update, where any changes due in the practice (eg staff or services) are discussed. This also gives the practice the opportunity to share information about wider NHS issues and how they might affect us at practice level. This then allows the group to discuss how best to communicate with patients on any changes that might directly affect them eg. the introduction of the Friends and Family Test.

The practice continues to fund membership of the National Association of Patient Participation (NAPP) for the group. NAPP is a very useful resource for patient participation groups offering support and guidance and access to training, attending national conferences, sharing ideas and best practice and networking opportunities.

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

We are keen to engage all practice patients and advertise the group widely, with dates of meetings and minutes advertised on the website, and in the practice. We do need to pro-actively target seldom heard groups and are doing this to an extent when providing health care, particularly for care home patients/the housebound and carers.

For care home patients, the practice employs a dedicated specialist nurse providing holistic care for this group and we receive regular feedback from family, carers and care home staff about the services they receive. As indicated previously in the report, we are to debate how best to encourage direct engagement with WPV.

To encourage engagement from the housebound and carers, we have a dedicated carers champion within the practice. This member of staff works very closely with "Pathways" and other voluntary sector organisations and signposts support services to patients and their carers. She has also developed a number of support information packs eg for dementia patients and their carers.

We are actively involved with the Together We Are Better (TWAB) befriending service for housebound/socially isolated patients and the PPG group invited a TWAB speaker to a meeting to see how the group could support this programme.

Some of our PPG members are actively involved in the voluntary health and social sectors and as such, contribute to addressing issues for population groups not necessarily represented by the demographic profile of the PPG. As a result of one such contact, the group were involved together with the practice in providing Christmas treat boxes for the local foodbank.

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

We have a dedicated specialist nurse providing holistic care for our care home residents and we receive regular feedback from family, carers and care home staff about the services they receive. A similar programme and opportunity exists for our Learning Disability patients and their carers.

Feedback on the Friends and Family test is routinely discussed at the PPG meetings (carer information forms part of the survey)

Occasionally, carer feedback is received via the website or from the formal complaints process and this is discussed at the annual review meeting which involves PPG representation.

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

Areas for discussion are often identified within the meeting setting or brought along by either group members themselves; from the other feedback sources; or identified by the practice. These discussions then lead to agreeing priority areas for the action plan.

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

The health event was of great benefit to the target population group and the results demonstrated the value of this kind of educational event very clearly. We would hope our plans for a men's health event will benefit a wide range of population groups who may not otherwise routinely access services. Health promotion campaigns within the surgery (outside the health events) are regularly updated as part of this process and our most recent campaign is focused on dementia patients and their carers.

Within the Friends and Family questionnaire, we seek demographic information so that we can understand the needs/issues of different population groups from their responses. In addition, we specifically ask whether the patient is a carer for the same reason.

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

We value the hard work and support of WPV members and are grateful for their personal time they dedicate to the practice.

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