Patient Participation Report 2014-2015

The practice is required to produce an annual report for NHS England of the activities of our Patient Participation Group (PPG) over the last year. This year there was no formal need to produce yet another in-house patient survey so gave us more time to think about how we continue to make the practice responsive to patient needs and develop the activities of the PPG further so that it becomes a really positive force for good practice and supports the practice and its patients in a fast changing NHS. In reality the surveys had common themes every year and the PPG is now focused on finding some long term solutions to the problems of General Practice and how they can help us provide better care for our patients. The report below is the one we have submitted to NHS England and we thought it was appropriate to share this with our patients. We will never solve all the problems but our work with the PPG helps us to set priorities and to continually improve and review year upon year. We hope our patients will find this interesting and that it might inspire more of them to join either the Core PPG which meets quarterly or the ePPG whose members make contributions by email. If you wish to know more please contact me on john.moon@nhs.net

John Moon, Practice Manager.

Stage one – validate that the patient group is representative

Demonstrates that the PRG is representative by providing information on the practice profile:

Does the Practice have a PPG YES/NO	**YES**

Practice population profile	PRG profile	Difference
Age		

Practice population profile	PRG profile	Difference
% 18 – 24 - = 9%	% 18 – 24 - = 4%	-5%
% 25 – 34 - = 9%	% 25 – 34 - = 7%	-2%
% 35 – 44 - = 13%	% 35 – 44 - = 11%	-2%
% 45 – 54 - = 15%	% 45 – 54 - = 22%	+7%
% 55 – 64 - = 15%	% 55 – 64 - = 22%	+7%
%65 – 74 - = 12%	%65 – 74 - = 28%	+16%
%75 – 84 - = 8%	%75 – 84 - = 7%	-1%
% Over 85 - = 3%	% Over 85 - = 0	-3%
Ethnicity		
White	**White**	
% British Group - 96%	% British Group - 98%	+2%
% Irish -0	% Irish - 0	
Mixed	**Mixed**	

Practice population profile	PRG profile	Difference
% White & Black Caribbean - 0	% White & Black Caribbean - 0	
% White & Black African - 0	% White & Black African - 0	
% White & Asian - 0	% White & Asian - 0	
Asian or Asian British	**Asian or Asian British**	
% Indian -	**% Indian -**	
% Pakistani -	% Pakistani -	
% Bangladeshi -	% Bangladeshi -	
Black or Black British	**Black or Black British**	
% Caribbean -	% Caribbean -	
% African -	% African -	
Chinese or other ethnic Group	**Chinese or other ethnic Group**	
% Chinese -	% Chinese -	
ALL OTHER NON-British 2% (+ 2% NOT STATED=100%)	ALL NON BRITISH - 2%	0%

Practice population profile	PRG profile	Difference
Gender		
% Male - = 49%	% Male - = 41%	-8%
% Female - = 50%	% Female - 59%	+9%

Differences between the practice population and members of the PRG 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:	Our core group (originally formed about 8 years ago) which meets quarterly requires a fair level of commitment - they need to be able to devote time for in depth meetings, research and preparation between meetings, and an awareness of political and NHS changes around General Practice issues. As a result this core group is mainly made up of retired or semi-retired professional people with confidence that they have the appropriate skill set to take an active role in the development of the practice. It is inevitable that this will vary somewhat from the average patient demographics because the patients with the time, energy and skills for the role will be between 60 and 70 years old. We continually try to recruit new members and try to target other groups but those of working age cannot usually give the commitment needed. However we have more recently recruited an email PPG varying from 40 to 50 members with a more representative demographic whose views are sought before and after Core PPG meetings and who are copied in on agendas and minutes, and in the past our patient survey results and analysis too. Getting patients under 24 is particularly difficult as many are politically disengaged and this attitude carries into other areas of community life. We have also found that if they do sign up we get little or no communication from them and we suspect it is because they are interested in putting their membership on their CV rather than a genuine desire to participate. It also means that we may quickly lose any younger members as they move away to University and are forced by the current registration system to register elsewhere (even though they usually

	come to see us as temporary residents in Uni holidays!) The small difference between male and female participation is probably related to the fact that more men than women work full time so again this is beyond our control. Continued In terms of ethnicity we cannot meaningfully record different non-white variants individually as they are less than half a percent and therefore statistically zero, so we have lumped them all into one category of 2% non-white. Given the fact that we cannot coerce patients to join our PPGs we feel the representation is reasonable at this stage. For special clinical groups eg learning difficulties patients, we feel that one to one contact with carers is a better way to be aware of their needs than representation on a PPG as there are so many other issues the PPG has to consider that the special group issues will get lost or seriously diluted.
Are there any specific characteristics of your practice population which means that other groups should be included in the PPG? Eg a large student population, significant number of Jobseekers, large numbers of nursing homes, or a LGBT community **YES**	**If you have answered YES, please outline measures taken to include these specific groups and whether those measures were successful:** Our special notes are that (a) we have the highest age profile in BANES and (b) we have a high number of nursing home beds - over 150 But our age profile in the PPG already favours the elderly so there is no need to cover these needs by extra specific actions.
Is the group virtual or face-to-face?	Both.
How many members are there on the PRG?	Currently 9 in the Core Group and approx. 44 in the email group.

Step 2 – Review Patient Feedback	
Outline the sources of feedback that were reviewed during the year:	Previous years' in-house patient surveys and action plans and progress towards several long term goals. Action plans cannot always be completed in each year because conditions change during the year and technologies which may form part of solutions are changing too as a result of technological progress eg telephone systems, software. Eg an agreed principle of encouraging continuity of care through less clinicians working more sessions so that a patient has more chance of seeing the same doctor next time they attend the surgery, is not solved one effort. It may take several years through natural wastage to be able to achieve this aim (we cannot simply sack one or two GP and force the others to take up the extra sessions) and there may be setbacks on the way like a GP going on maternity leave, but with diligence it can be achieved over the longer term. At any given point in time we will probably have 6 or 7 topics in the pipeline.
How Frequently were these reviewed with your PRG	Quarterly at PPG meetings. From experience of monitoring in-house patient surveys over more than a 5yr period the Core PPG knows that the headline issues do not vary that much. Their role is to assist the practice in gradually improving the key areas each year, not looking for a new set of targets every few months. The PPG specifically requested not wasting time continually reviewing surveys as this reduces the amount of time available for looking for solutions and implementing plans.
Priority Area 1	
Describe the priory area:	Building a more interactive relationship with patients
Why was this priority identified:	1. An awareness of large numbers of patients with no involvement in or understanding of the provision of their care 2. The need to develop a growing, long term commitment to Patient Participation in a

What actions were taken to address this priority	multi levelled approach 3 areas were identified:- (a) Links to be strengthened between the Core PPG and the ePPG – encouragement of ePPG members to email Core members to share their views and ask for them to be represented at future Core meetings. (b) Beginning the process of increasing awareness of the PPG amongst the full patient list, and encouraging them to make use of the Core Group to represent their views and be a conduit to the management of the practice to improve patient care. (c) Links between the Core PPG and selected staff members of the practice to be encouraged in order to support those staff in various projects as practice administrative workload is escalating year on year without any funding available to strengthen the size of the admin team.
What were the results of the actions and what impact on patients and carers.	There were many proposals from the Core Group: (a) PPG reps have just started encouraging pts to use the Friends and Family test system both on the iPad in the surgery and on the website. (b) Offering assistance to pts who are struggling to get to grips with online services such as appt booking and repeat prescription ordering. (c) For the first time Core PPG members' email addresses have been shared with the ePPG, and will be made available to all patients through noticeboards and the website. (d) Advising the practice on the content of the website and exploring the statistics around "website hits" to sharpen the site's effectiveness. (e) Occasional waiting room "sit-ins" where PPG members will talk to patients to offer general info on what the PPG does and how they can engage with the process, and offer help in specific areas such as how to use the iPad for F & F. Practice name badges to be provided for PPG members for this purpose. (f) The creation of a part of the website to act as a forum for pts to link to the PPG and have their queries answered by the PPG or practice management.

	The above actions are in various stages of progress and will probably take another year to really bear fruit.
How was this publicised.	As part of the end of year report posted on the website + emailed to all ePPG and Core PPG members

Priority Area 2	
Describe the priory area:	Updating the waiting room environments to improve the patient experience and support other projects such as the ones above in Priority Area 1.
Why was this priority identified:	1. It was agreed that there is great potential for improving pt involvement through focused, purposeful, informed displays. 2. All service users will visit one or both of the surgery waiting areas. This is an opportunity to inform and engage our patient population.
What actions were taken to address this priority	Many suggestions from several meetings were collated by long serving Core PPG member, JS, and shared with the Core Group and ePPG as a blueprint for actions required (see appendix A). One admin staff member has been designated (RB) as staff liaison person for this project and she will be allocated time to meet with JS when required to take the project forward. Feedback from this project to be shared in a newsletter and on the website.
What were the results of the actions and what impact on patients and carers.	Greater engagement between staff and the PPG. The PPG are more focused on how they can share their information with the patient population. Management agreed to the purchase of more display boards for walls and free standing units and equipment to enable increased interaction and feedback. On a practical level the

	need for air conditioning at Saltford was identified, funded, and installed.
How was this publicised.	In the year end report on the website + physical changes in the waiting rooms, and shared with the ePPG by email.

Priority Area 3	
Describe the priory area:	To continue to work with the practice management to evaluate new initiatives in technological facilities and patient services to support the practice and the local healthcare community in delivering the best services in the most efficient way.
Why was this priority identified:	1. The PPG is aware of the escalating workload of practice staff and committed to helping directly (hands on involvement in projects) and indirectly (helping to evaluate proposals for "working smarter"). 2. Technological change is ever present. Telephone systems, information sharing, website development, automatic appointment booking etc are making strides each year and the practice needs to take advantage of smarter working practices as they become available.
What actions were taken to address this priority	(a) The Core Group examined the Hurley Group model in London and could see how such a model could free up reception/admin time, and that it was not possible for a single practice to develop clinically safe procedures for automatic appointment triage so would need to collaborate or buy such a solution. This is now superseded by Patient Partner under "Prep for the Future". The PPG support this. (b) A regular item has been added to the PPG agenda – The practice manager gives an update of all service changes, pilot schemes, new enhanced services, data protection issues etc so the PPG are informed of all Primary Care developments and are kept informed of landscape changes. (c) Last year the PPG wrote to the CCG in favour of the extension of the Social Prescribing scheme as we were a pilot practice and the PPG invited the service deliverers to a meeting to discuss the outcomes. Their view was that it was an

	outstanding success and true value for money and should be expanded to all BANES practices, which has of course recently happened. (d) The practice manager has agreed to share all significant practice developments with the PPG and the rationale behind those developments so that they understand the purpose and can advise patients who ask for information on these issues.
What were the results of the actions and what impact on patients and carers.	(a) The practice committed to the BWMS Preparing for the Future project and the Patient Partner trial. (b) A reduction in the complexity of the auto-attendant message has speeded up phone answering and improved access to telephone controlled services. At the same time there has been a significant increase in the number of calls the team deals with each day though we are not sure how much of this is quicker answering and how much is increased workload thru GP change! Probably a bit of both. (c) In the last month or so it has become clear we need to consider more investment in our phone systems. The practice manager will be receiving a quote and will present a case to the partners and the PPG for consideration.
How was this publicised.	Website end of year report. Shared with both PPGs
Progress on previous years	
If you have participated in this scheme for more than one year, outline progress made on the issues raised in the previous year (s)	
Year 1 . (a) Established principle of growing our own well trained team and ensuring high skill levels across whole team. Employed first apprentice and agreed to take on a 2nd one. (b) Made new innovations in the appointment system – spread more evenly through the day. Made permanent a Nurse Triage pilot. Recognised need for greater on-call flexibility for timely response to urgent pt demands during the day and began experimentation. (c) Established principle of the desire for greater continuity of care as an essential component of practice efficiency and responsiveness. (d) Improved phone systems through fixing external line problems, improving OOH resilience via new PC and software.	

(e) Actively pursued development of new premises in Keynsham, as many identified problems were routed in poor premises.

Year 2

(a) Continued staff development programme. Gave permanent contract to second "graduate" from the apprenticeship scheme. Agreed to take on a 3rd apprentice.

(b) Bidded for funding to improve our telephone system.

(c) Began to create more links between the Core PPG and the ePPG as part of a long term aim.

(d) Established principle of more online and email communication with pts to reduce calls and increase responsiveness to pt requests.

(e) Expanded PPG knowledge of the wider Primary Care landscape and made this a basic underpinning of PPG activities.

(f) Equalised range of services available at the branch and frequency of clinics linked to local population. Ie 40% of pts get 40% of service cover closer to home. Also helped with the overcrowding problem at the main surgery.

(g) Continued to push for premises funding, & planning support for a new surgery on the Cadbury site. PPG relayed status updates to patients.

Year 3

(a) Established principle of greater interaction with patients both through the PPGs and directly via email/website

(b) Built upon continuity of care principles in our team building and rota development.

(c) Expanded communication between Core PPG and ePPG – a principle supported by both.

(d) Started programme of waiting room upgrades to improve environments, confidentiality and communication with pts

(e) Started formal links between the PPG and staff members for individual projects.

(f) Strong commitment given by the Core PPG to give more hands-on support of practice projects and more time outside of PPG meetings to reduce the burden of the PPG admin and activities on the 2 managers.

(g) Core PPG continued building on their knowledge of the Primary Care landscape with a desire to make a difference and support the practice wherever they can.

(h) Have shared good news about service improvements and reduction in complaints and increase in praise for the practice.

(i) Supported premises aspirations eg by writing to planners to insist on GP surgery inclusion in the Cadbury development.

(j) Formal support received from NHS England for our premises renewal.

PPG Sign Off	
Has the report been signed off by the PPG	Yes
What date was this report signed off:	31/3/15

How has the practice engaged with the PPG
How has the practice made efforts to engage with seldom heard groups in the practice population? By working with both PPGs to expand their contacts with each other and the wider population and on an individual basis with carers for small groups like LD patients.
Has the practice received patient and carer feedback from a variety of sources Yes. Eg 2nd hand from PPG members eg “Mrs X stopped me outside the Co-op last week and asked me why we are advertising that we are taking on new NHS patients currently…..” They are very good at sharing patient feedback both positive and negative. In the last year we decided to ensure all patient correspondence goes out with either the practice manager’s email address or the practice generic email address (or both) to encourage direct contact on pt care matters (not the GPs directly as this would open floodgates). The result has been a significant increase in carer contacts by email eg “I live and work in Northampton and I am concerned that my elderly frail mother is getting the care she needs as I am not able to get there myself to support her……” Some of these enquiries have resulted in great thanks from

families and follow up emails in later months keeping families re-assured that care is ongoing and that we are a responsive organisation with patient care at the focus of our efforts. Indeed most complaints and praise messages now come in by email. Once we have established consent for family involvement and consent for use of unencrypted email it proves to be a very effective means of patient communication and service.
How was the PPG involved the agreement of the priority areas and the resulting action plan? Discussion at face to face meetings, followed by email and fax exchanges to take issues forward.
How has the service offered to patients and carers improved as a result of the implementation of the action plan? Complaints down, praise and thanks messages up, direct contact with patients and carers up. Both complaints and praise are shared with the team so they are aware what we do well (and it gives them a boost to hear these) and where we need to improve. Praise from PPG members at meetings has actually improved significantly this year too and they feel confident to represent us in public. In short the practice has become more responsive to patient needs. However not all of these improvements can be just credited to the PPG – our successful revamp of our duty doctor/on call system also plays an important role in our increased responsiveness. But like most progress it takes sustained efforts on more than one front to make real improvements. Our PPG are however kept advised of such changes.
Do you have any other comments about the PPF or practice in relation to this area of work? Our PPG has been running for about 8 years but it has really gained strength in the last 2 years in terms of finding a useful role to play in the practice and gaining a confidence in being able to make a difference and be an agent of positive change.

Name of Individual Completing this Document: JOHN MOON
Role: PRACTICE MANAGER
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Appendix A

Material/information which could be available for patients in waiting rooms

Information about the Practice. - (all information about both surgeries at both surgeries.)

- Surgery times
- Nurse practitioner times
- Chronic disease and health enhancement clinic times and venues.
- When and how to get information about test results.

- Out of hours - what to do, number to ring.
- Who's who and changes in personnel - not just doctors.
- New initiatives and benefits for patients, how patients can access them if appropriate - Flu jabs, well person checks etc.
- How you can help promote the work of the surgery - ideas and suggestions including things like notification of inability to attend appointments etc.

Research at the practice. Information about research in which the practice is taking part.
New projects coming up - requests for volunteers
Outcome of earlier projects
Changes made because of research outcomes.

Govt. initiatives and requirements:-
Well person clinics; national health check scheme; recommendations for health and welfare; data extraction and collection - opting out-how,how soon; family and friends feedback from patients and in due course the results of this; choose and book etc etc.
NHS leaflets of general relevance eg. 'Your family guide to local services'

Support services - what is available in the community and how do you access it (mostly notices but some leaflets may be appropriate) eg. Home from hospital, Care and repair, Independent living, Samaritans, Transport and mobility services, Local lunch clubs, Mental health support services, Child support services etc.

Complementary Therapists - only those who work from the surgeries and only one notice each.

New NHS services available locally - Pharmacies, Dentists etc. No commercial advertising.

How to complain - the procedure and where to get forms etc.

Getting involved - Having your say: Post-it notes in waiting room; PPG; Healthwatch,; CCG - Your Voice; Volunteering

Healthy lifestyle information (not just eat '5 a day' etc) innovations around diet, exercise, smoking, alcohol, drugs etc, what is available locally and how do you access it.

Self Help information. Contact details/fact sheet lists of organisations providing different kinds of help eg. Age UK, Childline, Mental health organisations, Various disease charities etc. etc. *Care here about overlap with support services.*

Presentation. Due to limited space and funding most of the above would be in the form of notices or leaflets. These should be well thought out and involve colour (paper and/or print) and diagrams or pictures etc. and long term ones should be laminated. Leaflets should be in a proper rack and organisations supplying these should be encouraged to send supplies regularly on a top-up basis. Some topics lend themselves to video presentation but should be of good quality and work on the "How to achieve it locally" style rather than nebulous 'this is what you ought to do'**. Everything to be available at BOTH surgeries**.

Action. A member of the PPG could do most of the work in liaison with a designated member of the surgery administration.

More suggestions please.