



**Locality Health Centre  
(L81670)**



**Patient Participation Group Report  
And Practice Plan  
March 2015**

**How the practice has engaged with the Patient Participation Group (PPG)**

This has been the fourth year of the patient participation group. This year we have met a total of 5 times face to face. The group has continued to be a vital information conduit between the patients and the practice. We have continued to discuss the importance of patients taking responsibility for their own health where ever possible. This has led to discussions about the 111 service and general health information we put on our screen.

The group has also continued to have invaluable meetings with our own staff and outside providers. This has included sessions with a member of our reception team, our new in houses prescribing pharmacist and the pharmacist from the local dispensing chemists. On each occasion they have explained and explored their role with the patient group. The questions and feedback form patients has been useful in looking at how those relationships work in practice.

This year we have introduced some major changes to the way the practice is staffed by increasing the Advanced Nurse Practitioner to two and introducing an in-house prescribing pharmacist.

We made a presentation called 'Practice for the Future' which outlined what and why the changes would be. Central has been to try to improve continuity of care, and enabling patients to see the right clinician a the right time. The patient group were central to supporting and promoting the changes with other patients.

As ever the patient group are also instrumental in helping design, carry out and analyse the annual in house patient survey.

**Profile of the patient group and steps taken to ensure the group is representative of the practice population.**

We have had a slight success in attracting two younger members on to the group. However we are still aware that the group does not fully represent the younger population of our practice (30% under 18). Feedback from our current members is that it is hard to engage that age group in any activities.

We have continued to publicise on our in house screen and the website. This year we have also used social media, both twitter and Facebook. The PPG are

recommending that we develop our on-line interface for the PPG even further. We will be adding a section to new patient registration form asking if patients wish to receive email communication regarding the practice and the PPG.

One member of the PPG is also running training sessions for lone parents and has invite the practice to attend to publicise the PPG.

There are no other specific characteristics to our local practice population.

Current membership:

Total 15

		PPG %	Practice %
Male	5	33%	
Female	10	66%	

Age	<16	17-24	25-34	35-44	45-54	55-64	65-74	>75
PPG	0	6.6%	13.3%	13.3%	6.6%	20%	20%	6.6%
Practice	30%	13%	15%	13%	12%	8%	6%	4%

Ethnic background 100% White British  
 Practice 88% White British, 6% Other white, 1% Indian, 1% Chinese 1% Other ethnicities <1%

**How the practice obtained the views of registered patients**

There have different methods of seeking feedback form patients. These have included:

Direct feedback through comments and complaints

The introduction of the Friends and Family Test

Patients as Board members of the Locality Health Centre CIC.

An in house paper based survey ran over 4 days.

After pre discussion with the PPG, paper questionnaires are handed out by receptionists and volunteers from the PPG. The volunteers are on hand to assist people if they have any literacy difficulties filling in the forms. All volunteers receive training on confidentiality and approaching patients.

Most patients are encouraged to fill in the questionnaire whilst they are in the waiting room and others are approached if they are using other facilities such as the café or library.

Feedback regarding carrying out the survey indicated that having other volunteer/patients on hand made it feel accessible and that it would be listened to.

The survey results are reviewed once a year with the PPG.

The FFT results will be reviewed twice a year.

Comments and complaints summaries are discussed at the Board once a year.

### **Action plan priority area and implementation**

<b>Priority Area 1</b>
<b>Practice for the Future</b> Continue to implement the changes and service re-design which was discussed at the October PPG
<b>Key Actions:</b> Patient continuity and appropriate care through a broader range of clinicians Create a sustainable, clinical team led practice for the future Embed the role of the new Prescribing Pharmacist Develop further training for nurse team Promote new patient contract Extend facilities to accommodate growth
<b>Expected results and impact on patients and carers</b> Patients will see clinicians who specialise in their care. This should improve access and quality of care to patients. The patient contract will make it clearer about the mutual expectation between the practice and patients. Patients will also gain an understanding of their responsibilities. This will strengthen the patient – practice partnership  This will be publicised through our new website, practice screen information and potential email newsletter.

<b>Priority Area 2</b>
<b>Further Practice Transformation</b> The next stage of transformation is to seek additional innovative ways of meeting the increasing clinical and non-clinical demand of patients and look outward to other practices and partner agencies in the immediate area to maximise resources and deliver services together.
<b>Key Actions:</b> This could include investigation of: <ul style="list-style-type: none"><li>• Social Pathway/Prescribing worker</li></ul>

- GP retainers and Physicians Assistants
- Shared 'home working GP'
- and Working with NHS England's Primary Care Transformation Project to share what has worked, initiating a "very local" practice forum for change and implement learning.

**Expected results and impact on patients and carers**

A large number of our patients have high social needs which need support outside of clinical responses. We hope to start to meet these by having a dedicated worker for the practice who could respond and signpost much of this need.

By investigating more collaboration with local partners and other practices we hope to be able to introduce resources which will improve the clinical and broader of experience of people living locally.

This will be publicised through our new website, practice screen information and potential email newsletter.

We will later look to publish articles in appropriate journals.

**Priority Area 3**

**Improve access and experience for people with low to medium mental health issues.**

A high proportion of our patients experience anxiety, depression and low mood. This often associated with physical ill health. Patients report that they want a flexible, accessible and local service which can support people.

**Key Actions:**

Seek funding for a wellbeing worker based on pilot which has had very good outcomes and high levels of patient feedback. It also offers an alternative methodology based on patient led solution.

Explore the possibility of newly qualified counsellors who can offer their skills for free.

Continue and increase opportunities for other such providers to offer their services on site.

**Expected results and impact on patients and carers**

It is hoped that fewer patients will seek medical intervention for above conditions. Through using a solution based approach patients will have a greater sense of empowerment and experience of positive change.

This will be publicised through our new website, practice screen information and potential email newsletter.

The group looked at the **Action Plan 2014-15** Areas for Improvement identified last year and the practice reported on progress. This is summarised below:

### **Continuity of Care – retain GP's**

Unfortunately 4 GP's have left the practice this year all for very good individual reasons (move to Australia, to become a partner, to just do locum work and for career development). We managed to attract back a former GP during this time.

We have discussed the national and local shortage of GP's and the difficulty in recruitment. This is why we have introduced many of the changes outlined on our Practice for the Future development plan. This has been shared with and supported by the patient group.

### **Outcomes**

- **Not achieved** as discussed above due to staffing issues beyond our control
- However this has led to a change of how we deliver the service and with patient and staff consultation we have changed the clinician balance to be less dependent on GP's.
- Initial Service re-design carried out in six months

### **Privacy in reception**

Investigate a perspex screen to form a barrier as people queue  
Investigate more private way of managing samples

### **Outcomes**

- Perspex screen continues to be difficult due to design and cost issues.
- Receptionists have found more discrete ways of receiving samples however the clinical issues of ensuring that the correct information is attached does require that they are still dealt with at the reception desk.

### **On line services**

Introduction of online booking and repeat prescription requests.

### **Outcomes**

- This has been **achieved** by the end of the year.
- This has taken longer than anticipated as other service changes were occurring.
- It proved too difficult to integrate into the existing website and so a whole **new website** which is more practice specific and has the online features has been commissioned.

## **Patient information**

Provide more information about self-management.

Reception to keep waiting patients updated if there are unexpected delays

More local information added to surgery screen

## **Outcomes**

More leaflets are available and nurses have led an awareness day in the practice

Reception do update on delays and the screen asks patients waiting longer than 20 minutes to contact reception.

More information has been added until EMIS web changes and screen computer breakdown. This information needs to be replaced and updated

## **Summary**

PPG is making efforts to engaged underrepresented groups mainly younger people through greater use of online resources and attendance at lone parent training.

The PPG has looked at a variety of feedback from patients and cares including the in-house paper survey.

The PPG discussed and agreed the priority area and action plan for next year. The have also been involved in the practice re-design and resulting information flow to patients.

The PPG recognises the pressure on the practice as demand has risen over 30% in the last 3 years without the accompanying resource increase. During this time the quality of staff interaction has not only remained high but improved.

The PPG wanted to record their positive experience of the group where there is always a mutual exchange of information and demonstration of respect.

Report signed off by PPG representatives

27<sup>th</sup> March 2015