

# Derbyshire & Nottinghamshire Area Team

## 2014/15 Patient Participation Enhanced Service REPORT

Practice Name: Leen View Surgery

Practice Code: C84043

Signed on behalf of practice: Linda Lawton

Date: 26.03.2015

Signed on behalf of PPG: Ann Morton

Date: 30.03.2015

### 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) Letter, Email and Face to Face
Number of members of PPG: 58

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	47	53
PPG	41	59

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	24	10	14	12	13	10	9	8
PPG	0	0	9	8	19	12	33	19

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	25	1	0	3	2	1	1	1
PPG	85	0	0	2	2	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	1	1	1	1	1	1	1	1	1	1
PPG	0	0	2	2	0	0	7	0	0	0

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:

We advertise our PPG to make the whole practice population of aware of our PPG and that all are welcome to join. We do this with flyers in the waiting room, through our website, Twitter and Facebook, there is also a television in our waiting area which explains what the PPG does and how to get involved. Existing members of the PPG also attend our surgery on various days throughout the year to try and recruit new members, they do this by talking to patients attending surgery that day. They have tried to recruit younger members by attending surgery on our baby clinic day, they also spent the day with us on our busiest day during the Flu campaign.

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

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

We have a fairly large number of nursing homes in our practice population, although nothing has been done yet to engage the residents within the nursing homes, we are planning to send information to them on how to get involved if they wish. This could be done with questionnaires and suggestion cards which could then be relayed back to the surgery and then passed to the PPG for further discussion.

## 2. Review of patient feedback

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

We have a suggestion box in reception – anything that is posted is shown and discussed within the PPG meetings.

Any e-mails received regarding the patients view of the surgery, be it good or bad are also given to the PPG.

We review feedback received from NHS Choices website with the PPG.

The FFT (friends & family test) will be discussed at our next meeting.

Our Doctor 1<sup>st</sup> questionnaire will also be discussed when we receive the report which is to be analysed by the Doctor 1<sup>st</sup> company.

*How frequently were these reviewed with the PRG?*

Feedback is discussed quarterly within the PPG meeting.

### 3. Action plan priority areas and implementation

Priority area 1
<p><i>Description of priority area:</i> Telephones. We receive many complaints regarding the telephone from the general practice population and from members of the PPG. These include the telephone not being answered and the telephone system itself. Our telephone system was run through Patient Partner – an automated service instructing patients to choose options to enable them to book, cancel or check an appointment. If they wanted to speak to a receptionist, they would then be placed in a “loop”, this “loop” could carry on for some time and the patient would have no idea how long they would have to wait for their call to be answered, after a certain time the call would then be switched back to the initial automated option message. This sometimes happened at considerable cost to the patient and caused a lot of frustration.</p>
<p><i>What actions were taken to address the priority?</i> After discussion among staff members and at the PPG meeting it was decided that Patient Partner would be removed and that our incoming telephone lines would be reduced to three. This would mean that when patients called it would go straight to an engaged tone if we were busy, this way the patient would know that the phone would not be answered and to try again later, this was done in the hope to cut down on frustration and costs.</p>
<p><i>Result of actions and impact on patients and carers:</i> This was only a recent change and our plan is to develop a short survey to find out which system our patients preferred. The results of this survey will then be discussed with staff and the PPG and systems will then be modified if necessary.</p> <p><i>How were these actions publicised?</i> The change of phone system was publicised on our website and by explaining directly to the patient either face to face or over the telephone.</p>

## Priority area 2

### *Description of priority area:*

GP Appointments.

Frustration and concern among our practice population and the PPG about the shortage of appointments. This has been a concern for some time and regularly discussed at length within the PPG meetings.

### *What actions were taken to address the priority?*

The practice strives to meet the demands of the patients, various changes have been made to try and deal with this whilst balancing the needs of the patient and the practice.

In June 2014 we adopted a new way of handling this in the hope of satisfying both parties. We tried a demand led system called Doctor First. Initially this went well and seemed to satisfy our patients as they were all dealt with on the day they contacted us but as time went on the demand for phone calls increased and this then became unmanageable. After consulting the company that provided this system we then modified it by introducing a more balanced number of appointment and calls.

An Advanced Nurse Practitioner was employed to help deal with this new hybrid system.

### *Result of actions and impact on patients and carers:*

The new system now allows more patients access to a GP/Advanced Nurse Practitioner at the time they need, the majority of patients are now contacted on the same day. Depending on demand on the day some patients would be asked to call back the next day, this would be for non-urgent queries. Many patients do not need seeing face to face and are happy to have their problem or query dealt with over the telephone, if either party feels that that patient should be seen then an appointment would be made, preferably on the same day.

So in theory more patients are helped and access is easier.

This system has also cut down on the number of DNA's, this is because there is no forward booking, although some same day booked appointments are still resulting in DNA's.

### *How were these actions publicised?*

The actions regarding the hybrid system have been publicised mainly by speaking to patients and by word of mouth, the original Doctor First system was well publicised by all available methods. Flyers were put into patient letters, left in reception and waiting areas, advertised on Facebook, Twitter, website and originally discussed at length at PPG meeting.

### Priority area 3

*Description of priority area:*

Recruitment of GP's.

This subject has been of continual discussion at the PPG meetings.

We have had continued problems recruiting permanent GP's, this causes a lot concern regarding capacity and continuity of care.

*What actions were taken to address the priority?*

We have tried and are still trying to recruit permanent GP's. We have successfully employed one salaried GP who is here on a 1 year contract and are still advertising for other posts.

We have taken on two advanced nurse practitioners who join our own advanced nurse practitioner /partner and are here on a permanent full time basis, they are of huge benefit to the practice and are able to deal with the demand of our patients.

At present we are relying on locum doctors and appreciate that this is not ideal but the use of locums is necessary to ensure appointments are available to those who are in need of a GP.

*Result of actions and impact on patients and carers:*

Whilst we understand the importance of continuity and availability of regular GP's, we have very little control over the national shortage of Doctor's wanting to join general practice.

We can only reassure our practice population that we are doing everything possible to recruit permanent doctors at the surgery.

*How were these actions publicised?*

None publicised.

## 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):

Appointments- Introduced Doctor First and adapted it to work better for the practice and its patients, we constantly monitor capacity and demand and try to adjust as necessary, this is on-going and we will continue as necessary.

Staff Training – All admin, including reception have had additional training to help them provide outstanding customer service to our patients. They have attended a course titled “Improving Patient Experience – The Responsiveness Contract” which helped them understand the patients’ perception and expectations. Staff training is always on-going and is attended at every opportunity.

We purchased a television information system which is in our reception, as well as being the doctor’s means of calling the patients into their consultation rooms this system also promotes health campaigns and signposts patients to other services.

We have a good selection of information in our reception and our leaflets are updated regularly.

All our clinical staff promote patient health at every opportunity.

We have also made efforts to get patients to engage with us online via our website.

#### 4. PPG Sign Off

Report signed off by PPG: YES / NO

Date of sign off:

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 does attempt to engage with seldom heard groups. Members of the PPG have volunteered on several occasions and visited the practice and talked to and encouraged people from all groups to join us to make a difference.*

*The practice do use all types of media to make patients aware that the group is always looking for new recruits.*

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

*Yes the practice has received feedback and this is discussed at our meetings. Suggestions slips and copies of e-mails etc. are handed to us during meetings which are then discussed and action is proposed.*

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

*Yes. The PPG was informed and our ideas, potential solutions and concerns were listened to.*

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

*We can see how the practice has made efforts to improve on priority areas, the access to doctors improved now the Doctor First system is being used, although there is still issues, we are satisfied that the practice is doing all it can to solve them.*

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

*The members of the PPG are in general agreement that the surgery has not got enough doctors and sometimes appointments are not available but being part of the PPG makes you aware of the reasons behind this. Hopefully more people will attend our meetings and we will be able to make a difference in the running of the surgery to make things better for staff and patients alike.*

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

- Derbyshire practices: [e.derbyshirenottinghamshire-gpderbys@nhs.net](mailto:e.derbyshirenottinghamshire-gpderbys@nhs.net)
- Nottinghamshire practices: [e.derbyshirenottinghamshire-gpnotts@nhs.net](mailto:e.derbyshirenottinghamshire-gpnotts@nhs.net)