

Derbyshire & Nottinghamshire Area Team

2014/15 Patient Participation Enhanced Service REPORT

Practice Name: Whitemoor Medical Centre

Practice Code: C81038

Signed on behalf of practice: *Tim Skinner*

Date: 11/03/2015

Signed on behalf of PPG: *Barry Pedon*

Date: 11/03/2015

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) Regular Bi monthly face to face meetings & Email/telephone/letter on ad hoc issues as they arise
Number of members of PPG: 21

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	49	51
PPG	45	55

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	18	9	10	13	17	12	11	10
PPG	0	0	0	5	5	40	40	10

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	98	<1	<1	<1	<1	<1	<1	<1
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	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1
PPG	0	0	0	0	0	0	0	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:

The gender split of the PPG is reasonably reflective of the practice profile. There is no representation from ethnic minorities and this is reflective of the ethnic mix of the population in Belper which Amber Valley Borough Council statistics show as being nearly 99% White British.

Formal ethnicity data not available for PPG members - none assumed to fall into any of the main ethnic minority groupings.

The PPG is conscious that there is a marked under representation in the 18 to 34 and 35 - 54 age groups. This is reflective of the situation at a large number of GP practices and is largely due to 3 main factors

- The largest proportions of clinician appointments are with the over 55 age group so there is a tendency for them to have a greater motivation for regular engagement with the practice.
- A number of factors such as work commitments/childcare/alternative priorities for spare time make it more difficult to get a regular commitment to the PPG from younger age groups.
- Amber Valley Borough Council surveys show that nearly 70% of the population of Belper consider themselves to be in good health and only 8% consider themselves to be in poor health. Because of this health provision does not feature in the councils top 10 list of local public concerns. This is potentially another barrier to younger age groups engaging in a more formal way.

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:

N/A

2. Review of patient feedback

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

- 2014 National Patient Survey
- Complaints log/Health watch feedback/NHS Choices patient reviews & direct patient feedback
- Anecdotal feedback - both personal and from other patients - made by members of PPG
- CQC practice risk profile

How frequently were these reviewed with the PRG?

Reviewed at each bi monthly meeting and on ad hoc basis with individual members of group when issues arose.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Improve the patient experience of making an appointment

The 2013/14 GP survey showed that 17% of patients rated their experience of making an appointment as poor

What actions were taken to address the priority?

- GP partners appointed an Access Lead (Dr Bishop) to oversee and assume responsibility for patient access.
- Patient Access monitoring group (GPs and management) met monthly to review access to appointment issues and make adjustments to rota to try to match supply to demand (given limited financial resources available to do this).
- All practice management had SMART goals around patient experience built into their performance plans.
- Target introduced of under 3 minutes for average reception telephone response time
- Daily monitoring of "wait time" for next available routine appointment.
- Introduction of GP triage system for emergency appointment requests.
- Increased number of appointments available by appointing Advanced Nurse Practitioner
- Introduced formal training programme for reception team to help support them in difficult job of facilitating good access for patients appropriate to their clinical need

Result of actions and impact on patients and carers:

- Due to the introduction of the GP triage system for emergency appointments and our Advanced Nurse Practitioner we have been able to guarantee a same day appointment (face to face or telephone) to all patients who contact us to say they have a problem they feel is of immediate threat to their health. (To enable us to continue to provide this potentially lifesaving service we do ask patients only to request a same day appointment where they feel it is really critical to their health)
- For more routine/ non-urgent appointments we have operated for most of the year with a maximum 5 working day (up to 7 days including a weekend) wait for the next available GP appointment. Although longer than we would like this reflects both the national average wait times and the limited resources available to primary care.
- From November 2014 onwards we have seen waiting times for GP appointments deteriorate with the availability of routine appointments being beyond 7 days. This has been due to a full time GP leaving the practice, who have we were unable to find an immediate replacement for due to the national GP shortage. In addition another colleague has had a lengthy period of unplanned absence. Unfortunately no funding has been available from the NHS to provide locum arrangements.
- A new full time GP will be joining us at the beginning of August 2015 and in the meantime we are diverting as much of our own financial resources as possible into providing ad hoc locum cover.

How were these actions publicised?

- Discussed at PPG Meeting March 2015
- Published on practice website March 2015
- Copy of report available at reception for patients to view

Priority area 2

Description of priority area:

Close gap between patient expectations of routine availability and what practice is able to deliver (based on current funding)

Feedback from patients has been that the wait time for a routine GP appointment does not currently meet their expectations

What actions were taken to address the priority?

- Daily monitoring and monthly audit carried out of the average wait time for a routine GP appointment
- Agreed with the PPG a aspirational wait time for a routine appointment of no more than 5 working days (or 7 days

including the weekend)

- Advise patients of this aspiration when discussing concerns about access.
- Carried out regular reviews of rota to ensure the best mix of "on the day" and pre bookable appointments are available to patients

Result of actions and impact on patients and carers:

- Since we began monitoring in August 2014 we have, on average, kept the wait for a routine appointment on or below the 5/7 day aspiration.
- We have a clear policy and aspiration that has helped patients who are unhappy with a wait time for a GP appointment to understand better how the appointment system works and what reasonable expectations are.
- We have written to NHS England and questioned our local MP, Pauline Latham, to understand what NHS and government expectations are around the wait time for a routine GP appointment and what support and funding is available to support improvements in access for pre bookable appointments. Unfortunately neither were able to help us on either point.

How were these actions publicised?

- Discussed at PPG Meeting March 2015
- Published on practice website March 2015
- Copy of report available at reception for patients to view

Priority area 3

Description of priority area:

Improve patients rating of the explanation of tests and treatments undertaken

The 2013/14 GP survey showed that 78% of patients rated our GPs as being good at explaining tests and treatments. This is below the local and national average.

What actions were taken to address the priority?

- GPs held a "best practice" meeting (October 2014) to share best practice and develop skills and strategy in this area.
- Rota amended so that all GPs have ring fenced time in which patients are able to make telephone appointments to discuss their test results in more detail.
- The practice website has been updated with information for patients on how they can check their understanding of test results.

Result of actions and impact on patients and carers:

- GPs aware of the importance patients place on obtaining a very clear understanding of their test results.
- Clear pathway available for all patients who want to talk to a GP to get a better understanding of the tests they have undergone.

How were these actions publicised?

- Discussed at PPG Meeting March 2015
- Published on practice website March 2015
- Copy of report available at reception for patients to view

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):

You Said	We Did	Outcome
Getting repeat prescriptions is too difficult	Set up an online system for ordering repeats and a dedicated telephone line	Awareness of facility has risen and increased patient numbers making use of additional facility
Communicating with the surgery should be easier	Set up new user friendly website with more information and promoting PPG and other communication channels	Improved patient awareness and approval of these facilities

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 11/3/2015

How has the practice engaged with the PPG:

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

- Website and email feedback facility
- Active promotion of Friends & Family Test
- Practice Manager and deputy Manager "open door" policy to patient requests for meeting/discussion time
- Participation in structured visits to local care homes
- Regular in house surveys carried out throughout year

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

See above

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

Yes

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

Yes

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

The PPG has been actively engaged as a “critical friend” in driving these and all service improvements forward

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.derbyshirenotttinghamshire-gpnotts@nhs.net