

Derbyshire & Nottinghamshire Area Team
2014/15 Patient Participation Enhanced Service REPORT

Giltbrook Surgery
C84667

Signed on behalf of practice: J. Wright

Date: 25th March 2015

Signed on behalf of PPG: N. Hutchinson

Date: 25th March 2015

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

| |
|---|
| Does the Practice have a PPG? YES |
| The method of engagement between the practice and the PPG is mostly by a face to face meeting which occurs a minimum of quarterly but quite often more frequent if members of the practice have issues to share. We also communicate with members of the PPG via email. |
| Number of members of PPG: 20 |

| <p>Detail the gender mix of practice population and PPG:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">%</th> <th style="width: 30%;">Male</th> <th style="width: 30%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td style="text-align: center;">51</td> <td style="text-align: center;">49</td> </tr> <tr> <td>PPG</td> <td style="text-align: center;">50</td> <td style="text-align: center;">50</td> </tr> </tbody> </table> | % | Male | Female | Practice | 51 | 49 | PPG | 50 | 50 | <p>Detail of age mix of practice population and PPG:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 10%;"><16</th> <th style="width: 10%;">17-24</th> <th style="width: 10%;">25-34</th> <th style="width: 10%;">35-44</th> <th style="width: 10%;">45-54</th> <th style="width: 10%;">55-64</th> <th style="width: 10%;">65-74</th> <th style="width: 10%;">> 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PPG</td> <td style="text-align: center;">0</td> <td style="text-align: center;">5</td> <td style="text-align: center;">10</td> <td style="text-align: center;">15</td> <td style="text-align: center;">10</td> <td style="text-align: center;">0</td> <td style="text-align: center;">30</td> <td style="text-align: center;">30</td> </tr> </tbody> </table> | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | Practice | | | | | | | | | PPG | 0 | 5 | 10 | 15 | 10 | 0 | 30 | 30 |
|---|------|--------|--------|----------|-------|-------|-------|------|----|---|---|-----|-------|-------|-------|-------|-------|-------|------|----------|--|--|--|--|--|--|--|--|-----|---|---|----|----|----|---|----|----|
| % | Male | Female | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Practice | 51 | 49 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PPG | 50 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Practice | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PPG | 0 | 5 | 10 | 15 | 10 | 0 | 30 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | 98.5 | | | | | | | 0.5 |
| PPG | 100 | | | | | | | |

| % | Asian/Asian British | | | | | Black/African/Caribbean/Black British | | | Other | |
|----------|---------------------|-----------|-------------|---------|-------------|---------------------------------------|-----------|-------------|-------|-----------|
| | Indian | Pakistani | Bangladeshi | Chinese | Other Asian | African | Caribbean | Other Black | Arab | Any other |
| Practice | 0.5 | | | 0.2 | | | | 0.3 | | |
| PPG | | | | | | | | | | |

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:

Invitations to the PPG continue to be made via the practice website, surgery waiting room advertisements and prescription notices, the same as last year. As a continuation of last year's initiative, we have included PPG invites in the new patient pack and also on the survey.. The age groups are not all represented but hopefully this will even out next year. There is a mix of self-employed, employed & retired, also representation of several chronic disease groups.

Patients have been approached and invited via personal invite by the Business Manager and the senior GP, the care homes have been invited and we have complete care and responsibility for a residential home for patients with learning disabilities, these have also been invited personally.

In order to reach the younger practice population, and those patients unable to commit to attending a group meeting, but who would like to give an opinion, the practice is continuing to promote the Patient Participation Virtual Reference Group.

We did not directly target patients from specific ethnic groups as we felt this could be deemed racially discriminative and the small number of patients from any specific ethnic minority would have been over represented by one PPG member. However, we do ask the interpreter to invite patients when they attend the surgery for an appointment but they have all refused so far. We have asked patients of hindu and sikh religion to join too but they have also refused.

Following last year's survey, which invited patient's to join the PPG, we had expressions of interest from several patients. Unfortunately, despite trying to engage with them, it is still the regular, original members who continue to be supportive.

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:

2. Review of patient feedback

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

In the 2013/14 we distributed a patient questionnaire that asked patients various questions around their views on when they felt an attendance at A&E was required. The patient responses were quite surprisingly incorrect and so we created another document with the correct pathways for each symptom or problem and handed it to every patient that attended the surgery for the next 3 months. We also added a feedback question to the front A4 sheet asking for their feedback on their recent experience at the surgery, what we do well and any aspects of our care that do not match up to expectations, how they felt our services or support could be improved. We reviewed their responses and tried to answer each one explaining the practices stance on their concern/issue, these were placed in a folder in the waiting room for all patients to read.

In November we decided to put the FFT questions out to all patients and their responses are in the waiting area

Radio station poll

Overhead patient call screen poll

| |
|---|
| |
| <p><i>How frequently were these reviewed with the PRG?</i> At every meeting</p> |

3. Action plan priority areas and implementation

| |
|---|
| Priority area 1 |
| <p><i>Description of priority area:</i> Reducing A& E attendances through better education of patients. Helping the patient to understand r the type of illnesses/ailments that require emergency treatment from A&E or minor injuries unit/pharmacy/GP surgery</p> |
| <p><i>What actions were taken to address the priority?</i></p> <p>We distributed a patient questionnaire that asked patients various questions around their views on when they felt an attendance at A&E was necessary. The patient responses were quite surprisingly incorrect and so we created another document with the correct pathways for each symptom/ problem and handed it to every patient that attended the surgery for the next 3 months</p> |

Result of actions and impact on patients and carers:

By distributing the correct answers patients did feedback their improved understanding of the purpose of A&E

It is difficult to see any impact as we have had a harsh winter where respiratory infections in children and the elderly have had a significant increase on A&E usage, however we still believe that our patients are better educated

How were these actions publicised?

The action itself was a publication

Priority area 2

Description of priority area:

Radio station poll

What actions were taken to address the priority?

Some patients had expressed their dissatisfaction with the choice of radio station being played in the waiting are

We discussed this choice of background music with our PPG and agreed with them that we would carry out a survey to gauge the popularity of various background music options.

The PPG thought this to be a good action plan so a poll was created with a choice of 6 specific music options and the 7th being any other not stated in the 6. Each patient that attended reception was handed a tick sheet to pass back to reception with their chosen music option

Result of actions and impact on patients and carers:

Results

Below is a list of the answers from the 161 responders

| Music choice | Number of supporters | % |
|-------------------|----------------------|----|
| Radio Nottingham | 48 patients | 24 |
| Radio two | 30 | 15 |
| Radio One | 26 | 13 |
| Classic FM | 15 | 7 |
| Smooth | 47 | 23 |
| Easy listening CD | 9 | 4 |
| Other | 27 | 13 |

How were these actions publicised?

In the waiting area and on the practice website.

As the result was so close we will be extending the poll to try to obtain a greater sample size and ensure that the most accurate conclusion was reached

Priority area 3

Description of priority area:

Information governance around the identity of patients in the waiting area

What actions were taken to address the priority?

During a routine morning surgery a patient approached the reception to raise their concern about their full name being displayed on the overhead patient call screen in the waiting room. His/her concern was that we had not sought their permission to display the full name.

Historically at our practice it was a walk-in surgery where a patient would attend the surgery between specific times and take a token in the form of a number. The Doctor would sound a buzzer and the patients would go to his room in numerical order. As the list grew and more GPs joined the surgery it became too complex for patients to understand which number to place on which GPs hook. Nationally PCTs supplied practices with a call screen which was connected to the computer system where it linked into our appointment system and allowed patients to self-book in and the patient name was displayed on the overhead call screen in the waiting room letting them know which Doctor and which room to go to. We did not ask our patients permission to do this.

We discussed this concern with our PPG at the next available meeting and agreed with them that we would carry out a survey to establish whether others had the same concerns as no one over the ten year period that it had been installed had ever raised an objection.

The PPG thought this to be a good action plan so a poll was created with a yes / no response to the question "Do you have any concerns that your FULL NAME is displayed on the overhead call screen when you are attending for an appointment and being called through?" Every patient that attended the reception was asked to complete a Yes or NO with a signature for a period of 4 months.

In order that we had a good accurate representation of our list size and a valid worthwhile result we calculated the percentage of patients who had provided us with a response

Patient list size 18 and over as at the end of the poll = 3438 patients

Signatures = 609 patient responses

Totalling 17.7% of our patient population over 18 years of age had their say

Result of actions and impact on patients and carers:

Results

Of the 609 patient responses, 607 responded that they were happy with their name being displayed and had no concerns whatsoever. Apart from the original patient who raised the concern, one other did mention that they may have a concern. Upon questioning the person their reason for their name being removed from display was valid and appropriate

The poll did bring to the forefront that foster children's names were also being displayed. We made contact with the foster parents to discuss our concerns that we have a duty of care to safeguard looked after children and that we are obliged to protect them from the public knowing their details and placements. We felt that by displaying their names on our overhead call screen would/could potentially provide the public with evidence of their placement in the community which in return could potentially have a negative result/outcome for the foster families and the looked after children.

Since concluding this piece of work another problem has arisen from names appearing on the overhead call screen. A young female patient has been approached on a social media site which caused distress to the mother and the young lady herself. Although we explained that this problem was not confined to GP waiting areas as social media is so wide spread it did concern us that we may have played a small but unwitting part in this unsavoury episode and wanted to do our best to prevent further opportunity for upset to our patients. We have held a meeting and decided to best protect patient identities, the GPs will fetch the patients and will call them in by their title and surname. If the overhead screen is used it has now been set up to display only their initial and surname.

How were these actions publicised?

In the waiting area and on the practice website.

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):

| lastyears action plan: | | |
|---------------------------|---|---|
| Priority improvement area | Proposed action | Update |
| Hospital correspondence | <ul style="list-style-type: none">Contact the CCG and inform them of the practice survey results | CCG informed |
| Record sharing | <ul style="list-style-type: none">Display an interesting easy to read information board in the waiting area for a six month period <p>Hand outs to all patients with the three sharing methods explained and the actions required</p> | Information board in place and continuously updated Hand outs were distributed |
| A&E education | <ul style="list-style-type: none">Hand outs to the patients of the results of the A&E questions with the correct and incorrect answers with an easy to understand answer to the incorrect answers | Hand outs were distributed as described above |

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: Thursday 25th March 2015

How has the practice engaged with the PPG:

The method of engagement between the practice and the PPG is mostly by a face to face meeting which occurs a minimum of quarterly but quite often more frequent if members of the practice have issues to share. We also communicate with members of the PPG via email.

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

Invitations to the PPG continue to be made via the practice website, surgery waiting room advertisements and prescription notices, the same as last year. As a continuation of last year's initiative, we have included PPG invites in the new patient pack and also on the survey.. The age groups are not all represented but hopefully this will even out next year. There is a mix of self-employed, employed & retired, also representation of several chronic disease groups.

Patients have been approached and invited via personal invite by the Business Manager and the senior GP, the care homes have been invited and we have complete care and responsibility for a residential home for patients with learning disabilities, these have also been invited personally.

In order to reach the younger practice population, and those patients unable to commit to attending a group meeting, but who would like to give an opinion, the practice is continuing to promote the Patient Participation Virtual Reference Group.

We did not directly target patients from specific ethnic groups as we felt this could be deemed racially discriminative and the small number of patients from any specific ethnic minority would have been over represented by one PPG member. However, we do ask the interpreter to invite patients when they attend the surgery for an appointment but they have all refused so far. We have asked patients of hindu and sikh religion to join too but they have also refused.

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

Feedback has been obtain face to face during consultation with carers during their annual health checks

Learning disability patients have been asked verbally and by their manager to offer feedback

Feedback via Friends and Family Test

GP feedback during appraisal process

A&E audit – feedback form attached for written comments

Feedback from our patients with physical disabilities has been verbally sought through every individual in this group of patients ie hearing impairment/ mobility impairments /visual impaired

40- 74 year olds during national health screening assessments

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?

There are three action plans and each have been described above

1: A&E education – the service has improved because less people would go to A&E with inappropriate issues thus freeing up A&E resources and improving the care received from hospital. also patients attending the surgery with symptoms such as a sore throat are likely to receive better care than if they attended A&E

2: Radio station – happy relaxed patients are more able to communicate their symptoms and concerns during a consultation and this helps us to diagnose and treat their illnesses

3: Call screen – the care offered to looked after children has been improved as their identity is now more protected

Do you have any other comments about the PPG or practice in relation to this area of work? no

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