

# Derbyshire & Nottinghamshire Area Team

## 2014/15 Patient Participation Enhanced Service REPORT

Practice Name: Sett Valley Medical Centre

Practice Code: C81003

Signed on behalf of practice:

Andrew Pollitt

Date: 10/03/15

Signed on behalf of PPG:

Pam Cohen

Date: 10/03/15

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

Does the Practice have a PPG? <b>YES</b>
Method of engagement with PPG: <b>Face to face</b>
Number of members of PPG: 15 current members who attend PPG meetings.

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	50.4	49.6
PPG	40	60

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	17	9	11	13	16	14	12	8
PPG	0	0	0	7	20	33	40	0

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	0	0	1.8	0	0.1	0	0
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	0.1	0	0	0	0	0	0	0	0	0
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 PPG is advertised on the Practice notice board and Website. The Practice Manger and PPG Chair wrote to selected groups in the community, including churches, schools, local wives group, and the Town Council, in order to increase interest and membership of the PPG. There was a degree of success, but not in the younger age groups. PPG meetings were previously held at the Practice in the daytime. They are now held at 6pm at the local Volunteer Centre. The Town Hall has also been used as a venue. The PPG is representative in terms of gender and ethnicity, but needs to attract some younger members. Our newly appointed Chair is very keen to include younger people and those who do not access nhs services much, and intends to mailshot this group.

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:*

*Suggestion box on the front desk at reception, computerised kiosk in the waiting room, Friends & Family Test box in the waiting room, Practice Website, Patient Questionnaire (Dec 2014), complaints forms, PPG quarterly meetings, Patient Locality Meetings, telephone conversations between patients and Practice Manager.*

*How frequently were these reviewed with the PRG?*

*Patient Questionnaire (Dec 2014) – at the January 2015 PPG meeting. PPG put the questionnaire together and the Chair summarised the results.*

*Complaints – annually at a PPG meeting.*

*Suggestion box comments – most PPG meetings*

*Other areas – as they arise, some in the regular Practice Manager's Report (covered at every PPG meeting).*

### 3. Action plan priority areas and implementation

Priority area 1
<p><i>Description of priority area:</i> <b>Appointments System:</b> Patients were finding it increasingly difficult to access GP and NP (Nurse Practitioner) appointments. Sources: National GP Patient Survey (Jan 2015), Practice perception, discussions at PPG meetings and anecdotal conversations. We have a daily NP Triage system complementing our appointments system. Our aim is to have a better appointments system that works for the patient population as a whole. This should include clinical need, patient convenience, and efficiency within the resources available to the Practice.</p>
<p><i>What actions were taken to address the priority?</i> The appointments system was changed to a (predominantly) “Book on the Day” system from 1<sup>st</sup> December 2014. Some appointments were allocated (carved out) for advanced appointments, and the commuter clinics were retained on Wednesday mornings and evenings. Consultations were made with the PPG prior to December 2014. A patient questionnaire was circulated in December 2014 to obtain patient feedback for the start of the new system. A further questionnaire is planned for later in the year. The NP Triage system was reviewed internally to make it more efficient. This included routing patient queries to the most appropriate clinician and by the most efficient method.</p>
<p><i>Result of actions and impact on patients and carers:</i> The results of the change in the appointments system have not yet been fully analysed, as the new system has only been in place for 3 months. Early indications are A) Patients can get an appointment on the day much later in the morning than they previously could. B) Patients not attending for their appointments (DNAs) have significantly reduced. C) Cancelling patients when clinicians are ill has been minimised or not required at all.</p> <p><i>How were these actions publicised?</i> The above actions have not yet been publicised, but they will be later in the year when a more complete analysis is available. Sources to publicise include – Practice Newsletter, Practice Website, noticeboards in the waiting rooms, PPG Meetings.</p>

## Priority area 2

### *Description of priority area: **Customer Service – Staff Training***

Investment in staff training to ensure the patients receive the best service possible (covered in items 1,5 and 7 of our Statement Of Purpose).

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

Introduction of Online training modules for staff and clinicians, including Customer Care, Complaints, Being Open and Conflict Resolution.

Discussions at Quest training sessions with the whole Practice Team.

Annual staff appraisals, incorporating customer service.

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

The National GP Patient Survey (Jan 2015) shows patients' rating of receptionists (as good) at SVMC to be just under 90%. This was previously just over 90%. Our aim is to improve on our current rating, which will be published in the 2016 National GP Patient Survey.

The number of patient complaints has reduced over the last year, both in total and in reference to receptionists and staff matters. This will be checked over the coming year.

### *How were these actions publicised?*

These actions were agreed at a PPG meeting in 2014, but have not yet been publicised.

Sources to publicise include – Practice Newsletter, Practice Website, noticeboards in the waiting rooms, PPG Meetings.

### Priority area 3

*Description of priority area: **Flu Clinics***

Organisation of annual flu clinics to be improved, resulting in a better experience for patients. This includes patients queueing, increasing the number of flu clinics, ordering, storing and distribution of vaccinations, staffing clinics, advertising clinics.

*What actions were taken to address the priority?*

Discussions with the PPG, and attendance at some flu clinics by PPG members, in an organisational role.  
Internal staff meetings to improve organisation (see details above).

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

Patients generally had a better experience -

- A) Advertising of the clinics was better,
- B) Flow of patients within the surgery, minimising outside queueing and more people directing patients
- C) Vaccinations were delivered earlier allowing clinics to be better organised

*How were these actions publicised?*

Sources to publicise include – Practice Newsletter, Practice Website, noticeboards in the waiting rooms, PPG Meetings.

## 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):

We have participated in this scheme for 4 years, since the first year it was available (2011/12).

**2011/12** – You were unable to get an appointment with a GP more than 2 working days in advance. We modified the appointments system to introduce more advanced appointments.

You were concerned about the number of patients who did not attend for their appointments, thus wasting resources. We agreed to determine the numbers of DNAs and advertise them in the surgery and on the website.

You valued the surgery's triage service and did not want to see this removed or reduced. We discussed the triage service and decided to operate it on the same basis for the foreseeable future.

Information at the Surgery needed to be more prominent. We assigned a receptionist to take responsibility for managing the notice boards in the waiting room.

Some hand gel dispensers should be provided around the surgery. We provided some wall mounted hand gel dispensers in the surgery.

**2012/13** – You asked us to introduce plans to allow more patients to get an appointment with a GP on the same day or within 2 working days. We reviewed the appointments system and introduced more Nurse Practitioner appointments.

You asked us to purchase software for the new telephone system to allow us to monitor call usage. Also, remind staff about the urgency of answering external phone calls as a priority. The telephone software was purchased and installed. The Practice Manager monitored usage.

Practice Manager met with staff (Quest – 20/02/13) and reminded them of the importance of answering phone calls promptly.

**2013/14** - Introduce plans to allow more patients to get an appointment with a GP **on the same day or within 2 working days**. Introduce plans to allow more patients to get an appointment with a GP **more than 2 working days in advance**. We agreed to review the appointments system, including triage, and introduce online booking of some GP appointments.

It wasn't as easy to obtain test results by telephone. We agreed to review the telephone results service.

#### 4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 10/03/2015

How has the practice engaged with the PPG:

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

The Practice Manager and PPG Chair wrote to selected groups in the community, including churches, schools, local wives group, and the Town Council, in order to increase interest and membership of the PPG.

The PPG has recently appointed a new Chair (21/01/15). The Chair has strongly advocated the desire to engage with seldom heard groups in the practice population. This includes teenagers, elderly patients, and carers. This will be discussed at future PPG meetings in 2015 and actions taken accordingly. This may include distributing letters, sending texts and emails, and face to face presentations..

The Practice runs a teenage drop in clinic every Monday. We have also signed up to the Directed Enhance Service (DES) for the over 75's allocating specific doctors to each of these patients and installed an emergency phone contact for this group of patients. We cover 2 local nursing homes with an active presence on a weekly basis, and as required for visits.

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

The Assistant Practice Manager (APM) has a register of carers, which is identified on their clinical records.

Patient feedback has been received on the Patient Questionnaire from December 2014, with the information collated by the PPG Chair and feedback at a PPG Meeting.

The Practice Manager (PM) has received information from the National GP Patient Survey (North Derbyshire information) which has been shared with the Practice Team and also the PPG.

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

Yes, the priority areas and resulting action plan were discussed and agreed over 2 PPG meetings in 2014/2015.

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

The current year's action plan is in the early stages of implementation.

The appointments system is being monitored and will be reviewed and discussed in due course, both within the Practice and at the PPG Meetings. Early indications are that the system is working well, but no system will suit all the people in all situations. The success will depend on our flexibility, resources and management of the appointments and triage systems.

Customer Service and staff training is an ongoing matter. This can be measured by the comments, compliments, and complaints received throughout the year, both written and verbal. These will be shared within the Practice Team and with the PPG.

The flu clinic is seasonal, starting October, therefore the outcomes for this area will be unknown until early 2016.

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

The PPG have been interactive and very supportive of this area of work. They have been involved, interested and helpful. The Practice are keen to engage with the PPG in any future work which relates to the well-being of the patients.

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

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