

## The Patient Participation Group Report - March 2015

Practice Name: The Dower House Surgery

Practice Code: J84014

Signed on behalf of practice: Mrs Glenda Morey Date: 30<sup>th</sup> March 2015

Signed on behalf of PPG: Mrs Glenda Morey (on behalf of our virtual PPG) Date: 30<sup>th</sup> March 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: Email																																			
Number of members of PPG: 35																																			
Detail the gender mix of practice population and PPG:																																			
<table border="1"> <thead> <tr> <th>%</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>49</td> <td>51</td> </tr> <tr> <td>PRG</td> <td>40</td> <td>60</td> </tr> </tbody> </table>									%	Male	Female	Practice	49	51	PRG	40	60																		
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Practice	49	51																																	
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Detail of age mix of practice population and PPG:																																			
<table border="1"> <thead> <tr> <th>%</th> <th>&lt;16</th> <th>17-24</th> <th>25-34</th> <th>35-44</th> <th>45-54</th> <th>55-64</th> <th>65-74</th> <th>&gt;75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>18</td> <td>9</td> <td>13</td> <td>11</td> <td>14</td> <td>12</td> <td>11</td> <td>10</td> </tr> <tr> <td>PRG</td> <td>0</td> <td>0</td> <td>6</td> <td>9</td> <td>14</td> <td>14</td> <td>40</td> <td>17</td> </tr> </tbody> </table>									%	<16	17-24	25-34	35-44	45-54	55-64	65-74	>75	Practice	18	9	13	11	14	12	11	10	PRG	0	0	6	9	14	14	40	17
%	<16	17-24	25-34	35-44	45-54	55-64	65-74	>75																											
Practice	18	9	13	11	14	12	11	10																											
PRG	0	0	6	9	14	14	40	17																											
Detail the ethnic background of your practice population and PRG:																																			

	White			
	British	Irish	Gypsy or Irish traveller	Other white
Practice	25.78	0.09	0	2.61
PRG	94.29	0	0	2.86

Mixed/ multiple ethnic groups

White &black Caribbean	White &black African	White &Asian	Other mixed
0.07	0.01	0.05	0.13
0	0	0	0

Asian/Asian British

	Indian	Pakistani	Bangladeshi	Chinese	Other Asian
Practice	0.18	0.06	0.06	0.09	0.21
PRG	0	0	0	0	0

Black/African/Caribbean/Black British

Other

African	Caribbean	Other Black	Arab	Any other
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0.04	0.02	0.06	0	70.54
0	0	0	0	2.86

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:

When we initially set up our PPG, we had 23 patients who wanted to become members. Having looked at their demographics, it was felt that we needed to attract some younger patients as 95% of those who had replied were over 45 years old. We were also aware of the ethnic breakdown of our patients. Whilst the majority of our patients are White British, we only had 25% recorded as such, with 73% of our patients having no ethnicity stated/recorded. This, therefore, made it very difficult to target specific groups of people based on their ethnicity.

We decided to write to some of our patients in the lower age groups to ask them whether they would be interested in joining the group. At the end of November 2011 we wrote to 48 patients – 6 male and 6 female from each of the age groups 15-24, 25-34, 35-44 and 45-54. These patients were chosen at random. We sent an invitation letter, the leaflet and a stamped, addressed envelope in the hope that this may encourage them to reply. From these invites, we received 5 replies from patients willing to join the PPG. Whilst this was encouraging, we were ideally looking for a few more and so repeated the same exercise during January 2012. Interestingly, we again received 5 replies.

Despite advertising our PPG via posters in the waiting rooms, we have only gained 6 new members to the group since April 2012. Unfortunately, a few of our members have moved away or died, leaving our current PPG with 35 members.

Although 51% of our members are retired, we do have a number of other members who are either employed, unemployed or students. We have also managed to not only recruit patients who are regular attenders at the surgery, but also those who rarely visit us.

From 1<sup>st</sup> April 2015 we will be changing our Online Booking sign up form. We will be adding that as the patient is giving us their email address for the online booking services to be set up, they will automatically be added to our PPG unless they opt out. We are hoping that this will substantially increase our PPG membership numbers.

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, we have an average practice population.

#### 1. Review of patient feedback

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

The results of our family and friends test for the last few months were collated and sent to the PPG for comment.

We had our CQC inspection in March 2015 and we invited members of our PPG to speak to the inspectors on our behalf. Four members attended the surgery on the day and spoke to the inspectors.

How frequently were these reviewed with the PRG?

The results from our friends and family test were emailed to the PPG on 25th March, asking for comments by 30<sup>th</sup> March.

Following our CQC inspection, we emailed the PPG on 12<sup>th</sup> March with a brief overview of the results of our inspection.

#### 1. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Inability to get through to the surgery on the telephone

What actions were taken to address the priority?

In response to our 2011 questionnaire, we introduced a new telephone system in Autumn 2011, the main difference being a queuing system for our appointment line. Patients had complained previously that they were not sure whether they were connected to the surgery; we now have a recorded message to confirm this. There had been teething problems with the new system and we had two extra lines installed in April 2012. We also introduced a system where there is someone answering the appointments line all day in the main office rather than on the front desk. In spite of this, it still seems as though there are problems, especially in the early morning. Unfortunately, early morning is always going to be the busiest time for phone calls, and no matter how many lines we have coming in, it will never be

enough.

In January 2014 we introduced an online booking system which enables patients to book, change and cancel appointments and request repeat prescriptions without the need to visit or telephone the surgery. Our patients are able to register either in the surgery or through our website. As more and more patients sign up to use this service, it is hoped that this will help to reduce the volume of telephone calls, particularly first thing in the morning.

We also have a new Healthcare Assistant for the Elderly. She has her own direct phone line which all over 75 year old patients who have a care plan can use to contact her with any problems or queries. All our local nursing homes, walk-in centre and A+E department have been given this number which they can use. The walk-in centre and A+E department also have our ex-directory number should they need to get through to us urgently.

Result of actions and impact on patients and carers (including how publicised):

The online booking system has proved popular with our patients. We now have 409 patients who have created accounts and in the last year 314 appointments have been made using this system and 109 appointments have been cancelled. Many patients are now using this service to order their repeat prescriptions and we are hoping that as they become more used to the system, the number of appointments being booked this way will increase.

Priority area 2

Description of priority area:

Lack of GP appointments

What actions were taken to address the priority?

On 2<sup>nd</sup> February 2013 we introduced a completely new appointments system. It ensures that home visits are carried out all day, not just at lunchtime and in the evening. There are now emergency appointments available all day. Each doctor has administration time every day during which they can make phone calls and do paperwork. By re-arranging their working patterns, we have also increased the number of routine appointments each doctor has weekly.

In January 2014 we introduced a Nurse Practitioner into the Practice. She is able to deal with most minor ailments and is currently seeing up to 40 patients each day, which has therefore freed up more appointments for the doctors. We have also recently introduced a new Healthcare Assistant Care Co-ordinator who will contact patients who have had an emergency Admission and see if there is any way she

can help them. This is also freeing up our doctor's time as she will liaise with other services so the doctors do not need to.

Result of actions and impact on patients and carers (including how publicised):

Our patients have now begun to accept our new Nurse Practitioner service, and in fact many will now ask to see her rather than a doctor for minor ailments. Obviously this releases the doctor's appointments for more serious complaints. There is a poster on our front door advertising the Nurse Practitioner service and when an appointment is requested, the receptionists will ask if an appointment with her would be suitable (they have a list of ailments that she can deal with). We informed our PPG by email when the new service was introduced, and it was advertised on our website.

Priority area 3

Description of priority area:

Lack of GP's

What actions were taken to address the priority?

On 30th September 2013, one of our much loved GP's, Dr Lemm, left the Practice and moved to China. In April 2014, another of our GP's, Dr Simmons, took early retirement and at the end of September 2014, we lost our third GP, Dr Clarke, also to retirement. These positions have been advertised again and again, but to no avail. Unfortunately there is a national shortage of GP's at present, and there are many other Practices with vacancies which have not been filled. Obviously we are doing our best to recruit but in the meantime our current doctors are increasing their own surgeries when possible and have employed long term locums to help provide enough appointments.

In January 2014 we introduced a Nurse Practitioner into the Practice. She is able to deal with most minor ailments and is currently seeing up to 40 patients each day, which has therefore freed up more appointments for the doctors.

In February 2014 one of our long term locums, Dr McEwan, became a Salaried GP with us, which has helped the stability of the Practice.

In July 2014 we changed the way our patients registered with us, so they are now registered with the Practice rather than an individual doctor, although they all have a named GP who is responsible for overseeing their care. As always, our patients can request an appointment to see any of our doctors, not just their named GP.

We have also recently introduced a new Healthcare Assistant Care Co-ordinator

who will contact patients who have had an emergency Admission and see if there is any way she can help them. This is also freeing up our doctor's time as she will liaise with other services so the doctors do not need to.

Result of actions and impact on patients and carers (including how publicised):

As each GP left, their patients were informed by personal letter of the situation. They were assured at all times that, should they need to see a doctor, they could request an appointment to see any of our GP's, and that their health was always our main priority. All of our patients now have a named GP, and again, all affected patients were informed by personal letter of any changes to their registration. Our PPG have been kept informed of any changes by regular emails.

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):

For the past few years, the main issues raised by both our patients and our PPG have remained the same. We have detailed above our current situation and hope that the actions put in place will help to alleviate the problems to some extent.

#### 1. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 30<sup>th</sup> March 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?

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

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

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

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

work?

The final draft version of the reporting template was emailed to our PPG on 25<sup>th</sup> March, asking for comments by 30<sup>th</sup> March. We received one comment, reproduced below:

Just to show I'm a sad person who has read the report to the end, a couple of points.

Apart from the odd typo and inconsistency in acronyms, right at the end there is a question which appears out of place (after the sign off section) and appears to have no answer.

Finally on page 3 a question is asked about whether there are any specific characteristics of the practice population which means that other groups should be included in the PPG. A simple No answer is given. I am not doubting that the answer is correct but some brief evidence in the report of how you know might avoid a future question.

Thank you for a copy of the draft report and for the opportunity to comment

As this was the only reply received, we have signed the report off on behalf of the PPG on 30<sup>th</sup> March 2015