

Annex D: Standard Reporting Template

Devon & Cornwall Area Team – NHS England
2014/15 Patient Participation Enhanced Service

Practice Name: **Lander Medical Practice, Truro Health Park, Infirmary Hill, Truro, TR1 2JA**

Practice Code: **L82001**

Signed on behalf of practice: ***Dr T Weake, Miss E Wilson, Miss C Moyses*** Date: **30/03/2015**

Signed on behalf of PPG: ***Mr Laverne Caddy - Chairperson*** Date: **30/03/2015**

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

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| Does the Practice have a PPG? <i>YES</i> |
| Method of engagement with PPG: <i>Face to face and email</i> |
| Number of members of PPG: <i>13, consisting of 12 face-to-face and 1 virtual. Our virtual group (75 patients), from previous years, also receive copies of any questionnaires/surveys that are running as a direct result of work done by the PPG.</i> |

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 Patient Participation Group is advertised in the surgery waiting areas (posters & television media), on the website and Facebook page. An insert is also placed in our new patient practice leaflet. GP's have provided information to their patients but it has to be a personal choice to join. We recognise that our group does not correctly reflect our patient population, despite being well advertised. That being said, our members have a wealth of knowledge within the NHS, commissioning and business sectors and we have members with young children. A suggestion was made during one of our meetings to set up a table at our local college to see if we could encourage someone from the younger range to attend. Our website also has the option to change the language to suit the patient need so they are not excluded on the basis of a language barrier. The District Nursing Team have also helped us by supplying housebound patients with a copy of the annual survey.

During this year's PPG chosen questionnaire we advertised that we would welcome new members to the group. We had an overwhelming response and have managed to represent other age ranges. We have still struggled to recruit members from the ethnic groups.

We will continue with the above advertising for the coming year to raise interest in our PPG. We are hoping to have separate notice boards in each waiting room solely for the purpose of LPPG. Business cards advertising the LPPG will be used in the next month.

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:

The annual questionnaire was used for discussion to agree on our action points. We had a very large number of 'free text' patient comments this year and it is from this information that we came to the decision on the action points noted below. There has been a very common theme in responses this year and the group felt that these issues should be addressed.

The results of the questionnaire were posted on the website and copies available in the waiting rooms. We welcomed feedback from this.

Our Chairperson also attends locality meetings and reports back any findings/issues to the PPG.

The Practice Manager also attends meetings with the Kernow Clinical Commissioning Group and the Locality Groups. Items that are thought to be relevant are also taken to the PPG meeting for discussion.

We will be looking at discussing the results of the Friends and Family test at the next meeting.

Reinstatement of a suggestion box in each waiting room is also under discussion.

Complaints are dealt with by the Practice Manager and GP concerned. Should an issue arise that could benefit the PPG this would also be available for discussion.

How frequently were these reviewed with the PRG?

At every meeting.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

To arrange a meeting with the Manager from a local chemist following comments which have been made about their service provision. Hopefully, this will enable us to iron out the problems that appear to be occurring. It would be useful to know how 'things work' their end and we can explain how we manage our daily prescription requests and our routine. Ideally the chemist should run along smoothly with the surgery, but there appear to be a few problems at present.

What actions were taken to address the priority?

Outcome: Despite sending three letters to the Pharmacy Manager we have not received a reply to our concerns. Two of these letters were hand delivered and one handed in by person. It was decided to try one more time, with a face-to-face request. If we are unable to then secure a brief meeting to discuss the issues it was decided to take this to the Regional Manager to improve us working together.

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

Until we manage to meet to discuss the problems that have been noted we are unable to move forward with fixing the issues. There has been a problem with 'lost' prescriptions in the past but we now have in place a system to prevent this. All prescriptions that are collected from the surgery by this chemist have to be signed for at reception. If it is suggested that a patient return to the surgery as they do not have the prescription, we can reassure the patient that the prescription has been passed over to the chemist to be filled. Minutes available in waiting rooms.

Priority area 2

Description of priority area:

To arrange a meeting with 3Spires Practice to see if we could hold a joint PPG meeting regularly in order to pool resources and patient provisions. Between the two surgeries we are responsible for around 30,000 patients. As Practices we both lease our surgery space in the same building and are limited on what we are able to change/provide without prior authority from the building owners. By joining forces we feel this would stand us in a good position to approach the owners regarding issues that both Practices face.

What actions were taken to address the priority?

Outcome: 3Spires Practice has been contacted to enquire if they would be interested in joining PPG's for occasional meetings to discuss benefits of working together on some issues. This is something they are interested in. Mr Caddy (LPPG Chairman) has kindly volunteered to contact all PPG members in order to go forward with this. Suggestion has been made of an informal meeting at one of the surgeries, either daytime or evening, to see how the groups would like to work. NB This has now been arranged for the end of April 2015.

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

We hope by working together we will have a bigger 'voice' over matters and will be able to represent patient opinion. Fundraising is something that is up for discussion. Joining together in certain areas will only benefit the patients at each Practice. LPPG will still continue to have their own meetings for the patients of Lander. Minutes available in waiting rooms.

Priority area 3

Description of priority area:

To arrange a meeting with the Truro Health Park Building Manager, Facilities Manager and Team to discuss the survey results and patient comments to see if we can obtain permission and are able to go ahead with some of the suggestions made, ie coffee machine. Other comments regarding problems within the building ie doors to consulting rooms, untidy garden areas, can be raised.

What actions were taken to address the priority?

Outcome: The garden area, which was of concern to some patients, has now been tidied. The group were informed regarding the refusal of the coffee machine; it was not refused by the Truro Health Park Management but the other tenants/users of the Health Park. This was discussed at the tenants meeting.

Many patient comments made during the survey were concerning the building. Permission has to be sought/granted and the Practice is financially responsible for any works carried out. We are limited as to what changes can be made but this does not mean we cannot approach the THP management with ideas should the PPG wish.

The PPG also have a budget that they have access to with revenue accrued from the advertising media in the waiting rooms.

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

We will continue to feedback patient queries and opinions to the management team of Truro Health Park. The Practice Manager attends tenant's meetings on a regular basis. Outcomes to be discussed with LPPG and minutes available in waiting rooms.

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):

1) Training - All staff have completed their customer care training and this is an ongoing item on our agenda. Training has been made available either face-to-face or via online training. Staff have also received training on safeguarding adults and safeguarding children. New members of staff have an intensive 2 week training period and a review after 3 months with a training update on areas of their choice and need.

2) Access - Patients have expressed their interest in the telephone consultations which was on our action plan for last year. This is working really well and will continue to be monitored and a decision will be made by the GPs as to whether we increase the amount of these. A lot of patients have said they prefer a telephone consultation as it saves them time with something that can be dealt with quickly and easily. Early morning/late evening appointments are available for patients. An early morning clinic for blood testing is also available on a Friday from 7.30am. A healthcare professional is always available at the Practice during opening hours. Serco are available when we are closed and you are in medical need. We have been running the Vision Online Services programme. This enables patients to book their appointments and order prescriptions online. After a few technical issues this service is running smoothly and has been received positively with nearly 5% of our patient list signed up already.

3) Advertising - Changes to old services and integration of new ones needed to be advertised in the best possible way. Advertising media for the waiting rooms was discussed by the PPG and this is now up and running on both floors at the Lander Practice. It contains useful information regarding the Practice and has advertising space available for persons who wish to use the facility.

4) Prescription service - The prescription service had changed from 'same day prescriptions' to collecting 24 hours later. This has worked well and a further change has been made since that time in that the prescription telephone line is no longer open in the mornings but has extended opening hours in the afternoon. The volume of prescriptions has risen and this is the safest method to prevent errors with prescribing.

5) Working together - One of our PPG members (Mr Caddy) also represents the Practice at the local Kernow Clinical Commissioning Group meetings. An informal meeting of other Practice PPG representatives takes place prior to these meetings. The KCCG meetings have been extremely informative for PPG representatives in relation to the changing face of the NHS within the wider issues that are now being faced. Copies of these minutes are available with permission of the KCCG. <https://www.kernowccg.nhs.uk/localities/truro-gp-locality/>

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 30th March 2015

How has the practice engaged with the PPG:

Face-to-face meetings and email contact with the virtual group. The meetings are attended by a GP, Practice Manager and Administrator. LPPG is assisted with admin support during the year.

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

Advertising on website, Facebook page, waiting rooms. It is difficult to engage with patients who do not visit the Practice frequently but our website is extremely popular so we hope we are reaching this group via that route.

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

*Annual survey
Friends & Family Test results – box at reception and through website
NHS Choices website
Suggestions avenue via practice website
Facebook page*

Additionally: we are looking to install suggestion boxes in each waiting room.

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

Yes, these points for action were discussed at our meeting dated 1st October 2014 and again at our meeting dated 6th March 2015. There was a delay between these meetings as we wanted to receive a response from action point 1 for discussion, unfortunately we did not receive one.

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

We need to continue to collect patient opinion and comments and go forward with these. Our action plans are 'wheels in motion' at present and we are hoping for positive outcomes soon.

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

It was agreed to set up an additional notice board to promote the PPG and the results of the Friends and Family test survey and what we have done in response to the comments from the survey. The group has now grown in size and will be led in an effective and enthusiastic manner by the Chairman.

Reading materials are available from the websites listed below.

www.patients-association.com

www.napp.org.uk

www.patientvoicesouth.co.uk

The LPPG will act as a representative group of patients to inform and influence the management of the practice. They will continue to collate and discuss information and make the outcomes available to the wider population.