

THORNELOE LODGE SURGERY PATIENT PARTICIPATION GROUP (PPG)
ANNUAL REPORT FOR THE YEAR ENDING MARCH 2014

QUESTIONS ARISING FROM / ABOUT THIS REPORT?

Please email: Thorneloe.ppg@nhs.net or phone: 01905 722802 and ask to speak to the PPG Secretary

THIS IS THE THIRD ANNUAL REPORT OF THE THORNELOE LODGE SURGERY PPG.

BACKGROUND

The Patient Participation Group (PPG) was formed in late 2011 in response to NHS initiatives intended to create a more representative, transparent, open and accountable forum in which patients could express their views on both practice and hospital / community services; and wherever possible and agreed; influence future plans and services.

The detailed aims of the PPG are:

- For the practice to understand the patients' point of view and needs.
- To actively encourage and welcome comments, suggestions, and the involvement of the local and wider community.
- For the practice and the group to agree what could enhance the practice.
- To inform the practice of patients' views on secondary care (hospital / community) services.
- To agree health education activities within the practice.
- To encourage self-help projects to meet the needs of fellow patients in line with the representative demographic.
- To assist with extra fund raising activities to enable the practice to improve patient services.

The PPG consists of two groups, the committee of approximately 10 to 15 persons who meet at least once a quarter, and a consultation (virtual) group of up to 50 persons whose views are sought on a regular basis via a variety of methods. The surgery designated GP partner, practice manager, and a member of staff fulfilling a secretarial function, attend committee meetings. Other practice staff attend depending on issues to be discussed. Current patient PPG numbers are: committee x 8, virtual group x 15, total 23.

Main activities during the year 2013/2014 include: four committee meetings, a patient survey of both PPG members and the wider patient population focusing on identified priorities, and the agreement between the PPG and the practice of an action plan for 2014/15 to address the main issues identified in the surveys.

In addition a patient member of the committee is also a member of both the wider South Worcestershire PPG Forum (SWPPG) and the Patient Stakeholder Group, which is a subcommittee of, and directly advises the South Worcestershire Clinical Commissioning Group (SWCCG), i.e. the organisation which has replaced Worcestershire Primary Care Trust with the responsibility of commissioning and funding the majority of NHS services in the south of the county.

REPRESENTATIVE NATURE and PROFILE

Profile-Practice Population v PPG as at March 2014

<u>AGE RANGE</u>		PRACTICE	PPG
0-17		19%	0%
18-30		13%	0%
31-45		21%	9%
46-60		24%	22%
61-75		14%	52%
75 OVER		9%	9%
Not stated		0%	0%
<u>GENDER</u>			
MALE		50.03%	43%
FEMALE		49.97%	57%
<u>ETHNICITY</u>	{3,283 from 10,549 patients have a recorded ethnicity}		
WHITE BRITISH		91.02%	91%
BLACK BRITISH		0.58%	0%
ASIAN BRITISH		2.02%	4%
	{Bangladeshi or British Bangladeshi}	{0.65%}	
	{Pakistani or British Pakistani}	{0.84%}	
	{Other Asian British}	{0.53%}	
CHINESE		0.88%	0%
MIXED		0.68%	0%
OTHER NON BRITISH		3.82%	0%
	{Other Non British Black}	{0.16%}	
	{Other Non British Polish}	{0.32%}	
	{ONB Pacific / Australasian}	{0.52%}	
	{Remaining Other Non British White}	{2.82%}	
NOT STATED		1%	
<u>FREQUENCY OF VISITING THE SURGERY</u>			
Regularly	Over 5 times in last 12 months	not	61%
Occasionally	3 to 4 times in last 12 months	known	35%
Very Rarely	Once or twice in last 12 months	not	4%
Never / Not stated	in last 12 months	known	0%
Asthma		5.11%	9%
COPD		2.06%	4%
Diabetes		5.41%	17%
Heart Disease		7.57%	13%
Cancer		1.54%	9%
Epilepsy		0.59%	0%
CKD		2.97%	4%
Hypertension		12.57%	22%
Neurological		N/A	9%
Other		N/A	22%
None		N/A	26%

The stated occupation of PPG members is: Retired x 11, Housewife x 2, Employed: Self Employed x 4, White Collar x 2, Managerial x 1, Part time employed x 3.

No comparable statistics exist for the practice population as a whole.

Steps Taken To Ensure That The PPG is Representative Of Registered Patients

Considerable efforts were made to recruit a PPG which was representative of the practice population. Initial steps included:

- Advertisement within surgery, on the practice electronic display board and on the practice web site.
- PPG large display and leaflets made available in the two main non English languages of patients, Polish and Bengali.
- Personal approach to over 10 Asian British patients and to those aged 30 or below.
- Clinicians and staff handed out application forms to patients.
- An advert for patients to join the PPG was inserted in the South Worcestershire Clinical Commissioning Group Emergency and Practice Contact leaflet sent to all practice households in late February 2012.
- A comprehensive PPG section was added to the practice web site to stimulate interest. This included up to the minute news, ongoing action plan and summaries of meetings together with, yet another plea for younger and ethnically diverse members.

This resulted in April 2012 in a membership which included 1 x Asian British and 2 x Age 31 to 45 members. Unfortunately these members were lost in late 2012 due to child care v meeting clashes and a patient moving. Recent recruitment, however, has added 1 x Asian British and 1 X Age 21-30 to the virtual group. The PPG is, regrettably, still not as representative of the registered practice population as we would wish it to be.

Renewed efforts have been made to recruit new members to more accurately reflect the practice population. This included a member of the PPG talking to young mothers waiting for baby clinic. Recruitment of those under age 30 is particularly difficult as most rarely visit the surgery and seem, either not interested or too busy especially young mothers. Other non British patients seem to regard themselves as transient and therefore do not seem to wish to become involved. Retired patients on the other hand generally have the time, interest and motivation to become members; hence they are currently in the majority.

Current Measures:

Continued advertisement within surgery on two 6 x 4 foot display boards, on the practice electronic display board and on the practice web site. In addition several members of the virtual group have recently been contacted by the Chair to invite them onto the committee.

Future Measures

Efforts will continue to improve the representative character of the PPG. Currently planned measures include 2 X PPG members canvassing in the waiting room during the next few months and an article by the Chair for the practice website and newsletter, as well as further language posters aimed at ethnic groups. It is also hoped to carry out another targeted approach to younger patients within the waiting room.

A wider representative opinion was, however, gained though responses to the PPG survey which was made available both within surgery and on the practice web site. A disappointing 145 or 1.38% of the practice population completed a survey although many more were seen during the period. The age breakdown was, however much more representative than previously: 18-29 8%, 30-44 24%, 45-59 23%, 60-74 21%, 75 or over 14%, No response to age question 10%.

DETERMINATION OF PRIORITY ISSUES FOR PPG SURVEYS

Previous surveys have covered, the appointment system, communication with the surgery by phone, online booking, reception and reception services, Out of Hours service and in house services.

Priorities for 2013/14 were influenced by PPG ideas and wishes, patient complaints and suggestions, practice thoughts on its own weak points and opportunities to improve services, recent contractual changes in the NHS, and the desire to revisit previous survey after actions to determine whether any improvement had occurred.

Main new areas requiring patient's views were agreed at the 1st committee meeting of the year as:

- On line booking enhancements
- Additional in house services priorities.
- Regular BP and blood test monitoring recall systems.
- Appointment and phone system.

HOW THE VIEWS OF REGISTERED PATIENTS WERE SOUGHT AND OBTAINED

Possible survey questions were prepared and sent to both committee and virtual group members for comment. Useful amendments were suggested and incorporated before final surveys were discussed at committee meeting and finally agreed via email.

Time Frame: 4/11/13 to 30/11/13

Method: Lots of advertising / encouragement on the premises via notice boards and electronic display board. Reception staff, doctors and nurses handed them out and encouraged completion. Staff also "prowled" waiting rooms with spare surveys and "encouraged" hesitant respondents. A PPG member visited young mothers waiting for baby clinic to encourage and assist with survey completion. Survey was anonymous and could either be placed in a box in reception or posted back in a stamped addressed envelope. It was also advertised prominently in the news banner part of the website, visited by between 1600 – 1800 patients monthly for information or to request prescriptions / cancel appointments. The online version just required tick box replies but also had a section for free text comments.

Total Number of Patients Surveyed: 3,739 (based on the number of appointments during this period)

Number of Responses: 145 or 1.38% of the practice population of 10,700

Initial Results: All replies were then input onto the practice website which has the facility to collate answers and produce an instantly viewable survey result. This initial raw result was immediately made available on the web site in a prominent position and in the magazine area of the waiting room. Results were also sent to all committee and virtual group PPG members for comment.

DISCUSSION OF THE SURVEY AND DETERMINATION OF AN ACTION PLAN.

The Survey Results. Latest survey is available in two places on the practice web site, accessed via the further information box on the right of the home screen, click either the Patient Participation Group News or Survey Reports tab. A copy has also been placed on the patient magazine table in waiting areas within the surgery.

Outline Of Discussion Of The Survey By The PPG Committee

Survey was sent to members electronically for comment and considered in depth at the PPG meeting on 12th March 2014. Members thought the overall survey was encouraging and demonstrated the impact of recent improvements / changes to the appointment and phone system and that many patients were generally satisfied with services.

Booking on Line Enhancements and Additional In House Services.

Patient wishes and

preferences were clear and have been included in the action plan.

Regular BP / Blood Test Monitoring Recall System.

also been included in the action plan.

Over 91% were in agreement and this has

Appointments.

Same day access had improved but the total of same day to next working day remained about the same as previous surveys. Same day and advanced appointments with a named doctor were only 39% and 58% respectively, although advance appointment availability with any doctor was 62% (confusing as these are always available). It was agreed that the appointment system had to contend with conflicting expectations and could never be perfect. Improvements in one area often led to service reductions in others. The practice system of trying to cope with and satisfy as many expectations as possible was reviewed and is explained in the survey results. This weekly / daily monitoring would continue.

Phone:

The overall satisfaction rate for getting through on the phone to book an appointment had increased from 52% to 73%, while getting test results or answers to a query had risen from 72% to 83%. Members stated that this mirrored their own experiences and showed the improvements to the phone system introduced as a result of a previous survey.

Action Plan Determination.

The committee then went on to consider an action plan to address the main issues arising from the survey. Broad agreement was achieved but members were asked to consider proposed actions and comment within 7 days.

PRACTICE POST SURVEY ACTION and IMPLEMENTATION PLAN.

The practice and the PPG jointly agreed the action plan. The practice has implemented or will implement it as detailed below:

PREVIOUS ACTIONS CARRIED FORWARD.

- **Email communication with Patients.** 862 patients with recorded email addresses have been asked for consent to receive letters by email. New patient registration forms and text / email opt in forms were recently produced to record both email addresses and consent to receive letters by email status. All template letters now show email address if available and patient email consent status. If a patient does not have a consent status recorded, the letters display a message informing them how to signify consent or consent declined. IT systems configured and staff trained to use emails for routine letters. Use of emails to communicate with patients who have given consent commenced in Feb 2014.

NEW ACTIONS.

- **On line booking enhancements.** Simple repeat blood tests, BP monitoring and cervical smear appointments to be made available for booking on line by June 14
- **Additional in house services.** It has already proven possible to introduce a shared care drug detoxification service which was started in Jan 2014. Funding is currently available to introduce the highest priority service i.e. heart failure blood clotting risk test, and if still available in 2014/15 will be introduced as soon as possible. The practice will actively investigate with the SWCCG whether funding is available to introduce other additional in house services either into the practice, or in conjunction with other practices within the city, in order of priority: counseling, weight watchers, alcohol use education. It is, however, recognised that the commissioning and funding of such services is currently under review and subject to drastic changes which might not become clear until at least mid year.
- **Regular BP and Blood Test Monitoring and Recall.** The practice to introduce a monitoring system for patients who need regular testing to identify all the tests that the patients needs during the year across all conditions and issue a combined recall letter to them during their month of birth.

Action Plan Publication / Dissemination:

The final action plan will be made prominently available on the practice website by the end of Apr 14. It will also be the subject of a PPG display together with survey

results and comments within surgery for patients to read.

INFORMATION REQUIRED BY THE NHS TO BE PUBLISHED WITH THE ANNUAL PPG REPORT.

PRACTICE PREMISE OPENING HOURS and METHODS OF ACCESSING SERVICES DURING CORE HOURS

Core Opening Hours.

Thorneloe Lodge Surgery is routinely open Monday to Friday 08:00 to 18:30. Doctors' routine consultation hours are Monday to Friday 08:20 to 11:00 and 14:00 to 17:30. Nurse routine appointments are 08:10 to 12:40 and 14:00 to 17:30 Monday to Friday.

Access to Services:

Appointments: Bookable by phone 08:00 to 16:45 and by visiting the surgery at any time it is open. GP appointments also available on line via the practice webs site or a separate proved link, once patients have registered for the service.

Home Visits: Emergency visit requests can be made at any time the surgery is open. Urgent same day visit requests can be made by phone between 08:00 and 11:00. Routine visits can be requested by phone 08:00 to 16:45 or visiting the surgery at any time it is open.

Repeat Prescriptions: Request can be made:

Via voice mail 09:00 to 14:00 and 15:00 to 18:30 Monday to Friday.

By phoning and speaking to a prescription trained receptionist 14:00 to 15:00 Monday to Friday.

By email, fax or post at any time.

Via the practice website at any time.

By completing a request slip in surgery any time it is open.

Test Results, General and Prescription Enquiries: By phone or in person 09:00 to 16:45 Monday to Friday.

Further details of services and access to them is contained within the practice leaflet which can be printed from the practice website: www.ThorneloeLodgeSurgery.co.uk

PRACTICE EXTENDED HOURS OPENING AND SERVICES.

Thorneloe Lodge Surgery is open during extended hours, over and above routine core opening hours, alternate Mondays and Wednesdays 18:30 to 20:30 and one Saturday per month 8:30 to 12:00.

Services during extended hours include: pre booked doctor and nurse appointments, walk in advance appointment booking, collection / ordering of prescriptions and enquiries. Phones will not, regretfully, be answered during these times due to the limited number of staff on duty and associated security requirements.

Extended hours dates are published monthly in the surgery foyer visible from outside, and on the practice website.

Prepared by J. A. Shaw

Practice Director

Thorneloe Lodge Surgery



31/3/14

Copy to:
NHS South Worcestershire CCG.

PPG members.

Practice website. PPG display board within surgery. Patient magazine tables within surgery.