

# Standard Reporting Template

NHS England (Wessex)  
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: **THE WILSON PRACTICE**

Practice Code: **J 82157**

Signed on behalf of practice: **Rosie Lewis**, Business Director

Date: 30.03.15

Signed on behalf of PPG: **Sally Stoodley**, chair Wilson Practice PPG

Date: 30.03.15

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

<b>Does the Practice have a PPG? YES / NO</b>
YES and a patient reference group (PRG) (virtual)
<b>Method of engagement with PPG: Face to face, Email, Other (please specify)</b>
PPG: Face-to-face, telephone and e-mail PRG: e-mail and post
<b>Number of members of PPG:</b>
PPG: 17 patients PRG: 413 patients

**Detail the gender mix of practice population and PPG:  
Have noted the breakdown of PRG in the following sections**

%	Male	Female
Practice	49%	51%
PRG	44%	56%

**Detail of age mix of practice population and PPG:**

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	18%	8%	11%	13%	14%	12%	12%	11%
PRG	2%	4%	12%	11%	19%	16%	19%	17%

**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	96%	<1%	0%	1.5%	<1%	<1%	<1%	<1%
PRG	97%	<1%	0%	1%	0%	0%	0%	<1%

*\*our PRG recruitment questionnaire did not breakdown ethnic background into so many options*

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	<1%	<1%	0%	<1%	0%	<1%	<1%	<1%	0%	<1%
PRG	<1%	0%	0%	<1%	0%	<1%	<1%	<1%	0%	<1%

**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:**

**Our Patient Participation Group** is made up of volunteers who acknowledge that they are not representative of the patient group as a whole, but they are active and have backgrounds that enable them to support patients and practice activities and engage with other groups routinely to ensure all interests are covered. Whenever a new patient registers they are offered the opportunity to find out more about becoming involved with the PPG and the PRG. A small percentage tick that box. These patients are sent information. Of those that express any interest, most opt to join the PRG; contact details of any individuals that express an interest in the PPG are passed on to the chair.

Ethnic background

We are conscious that we have a growing number of Eastern European patients on our register. We encourage our GPs to enquire if these individuals would be interested in joining either group and have in the past had flyers in the local Polish delicatessen (now closed).

Age

We have recruited a younger person to the PPG from the local 6<sup>th</sup> form college for the last two years. This is generally a student studying health and social care related subjects. We value their input; they are able to explain the 'landscape' of health as experienced by younger patients and particularly the other services that are 'out there/visible' to them. We hope they get something positive from the association/experience.

Two years ago the PPG was conscious that it had low representation of younger adults. A campaign to communicate with younger people through school gate contact and the baby immunisation clinics held weekly in the practice has increased the numbers on the PRG: we now have two committee members and one 'Friend' with school aged children.

Gender

We always keen to recruit new members, regardless of gender. We ensure any questions with a potential gender bias are worded appropriately.

**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? YES/NO**

**If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:**

We have very positive relations with the seven nursing/care homes in our area but we have not currently considered representation from their residents specifically. In the past 12 months GPs have completed/reviewed Care Plans for all care/nursing home residents and, where appropriate patient/carer feedback is sought as part of this exercise.

## 2. Review of patient feedback

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

- Patient comments and complaints: verbal, written and via website
- Response to Minor Injuries/minor surgery survey (spring 2014)
- Response to mailing all PRG regarding value of pharmacy advice (January 2015)
- Routine (monthly) discussions with PPG
- Comments raised by others via PPG
- Comments, discussion and feedback at PPG Health Fayre (September 2014)
- National GP survey results
- Comments, discussion and feedback at public meeting regarding health needs of population for Alton Neighbourhood Plan (July 2014)
- Friends and Family Test (FFT: from December 2014)

### How frequently were these reviewed with the PRG?

- We discuss current issues at **monthly** PPG meetings
- We highlight specific concerns raised with the practice on on-going basis
- We summarise complaints and highlight themes/solutions/learning points once a year
- We table FFT information monthly and plan to review free text comments on quarterly basis.

### 3. Action plan priority areas and implementation

#### Priority area 1

**Description of priority area:**

Access to timely appointment with GP Although the practice provides over 950 standard GP appointments on average a week, plus Duty Doctor and nurse availability for emergencies, and nurse clinics for minor illness and some long term conditions, the practice continues to struggle to meet patient demand/expectation on some days.

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

The practice is acutely aware of the problem and continues to discuss systems internally. We failed to recruit a replacement for a 5 session salaried GP over the winter, but have been covering her sessions with additional time from other GPs, plus locum GPs, although the availability of these has been difficult in some weeks.

The practice has tried most combinations of Book on the Day and Pre-bookable appointment options, but is conscious that. In common with many other practices nationally, demand is currently exceeding GP availability.

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

In September we held a patient meeting to help air the issues, in line with the national British Medical Association campaign 'Your GP cares' and to highlight how patients might be able to help themselves for certain self-limiting conditions. We already have advice in the practice signposting patients to other providers for support if appropriate. We are aware that this is still an issue for some of our patients; we continue to monitor the situation and discuss with other practices any strategies they might have for managing demand and supply more effectively. We appreciate the PPG support in this work.

## Priority area 2

### **Description of priority area: Patients who fail to attend appointments**

In discussing Priority Area 1, the PPG became aware that an average of 200 patients a month fail to attend either GP or nurse appointments (over 30 hours of clinical time), and it was felt that solving this problem could be part of the solution for Priority Area 1.

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

The practice has introduced text messaging of appointment details – both at the time of booking and 48h prior to appointment for all patients with a mobile telephone number. This acts as both a reminder and a reference for patients who perhaps are less likely to use a diary. The practice has had a policy of highlighting ‘DNA history’ to those patients whose records show they have done this in the past when they book a new appointment. Not a ‘telling off’, but simply a polite suggestion that their DNA has been noted and we would ask that if they decide they no longer require the appointment or unable to attend that they let us know (this can be done by telephone in and out of hours and on-line).

We also publish the statistics for missed appointments – in the waiting room, on-line and in our newsletter.

For ‘persistent offenders’ the patient’s GP writes to the patient asking for their co-operation, and suggesting that they may be restricted in their choice of appointments in the future.

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

To date the DNA rate is still fluctuating, but a number of conversations with patients suggest that awareness is building. We continue to publicise the monthly statistics in waiting room, in newsletter and on-line.

### 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):

Since 2013 we have:

- improved the '**children's waiting area**' in the waiting room. We have wall decorations, wipe clean games and a dedicated area for children's books. The PPG is instrumental in keeping this area resourced.
- Enhanced waiting room communication. We have **more notice boards** and they are clearly marked with topics. They are refreshed on a monthly basis. The PPG supports us in this endeavour
- Enhanced the **nursing staff clinic programme** – to offer a more responsive service to patients and release GP time for more complex clinical activities. Nursing staff now undertake NHS health checks and straightforward hypertension reviews – feeding clinically appropriate information to a patient's GP to ensure that nothing is missed.
- **Telephone consultation** – one of our GPs is trialling this and finding some benefit – this has yet to be reported/analysed for further consideration in the practice.

#### 4. PPG Sign Off

**Report signed off by PPG:** YES.

**Date of sign off:** 30 March 2015

**How has the practice engaged with the PPG:**

We have monthly meetings with our PPG committee. Minutes of those meetings are posted on our website

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

We have included an Alton College student on the PPG for the last two years. This has opened dialogue with younger people, especially those who are well and therefore less likely to come into the Health Centre.

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

In addition to feedback offered in individual consultations which, if appropriate and anonymous, was considered at a regular practice meeting, the following options were available to engage patients and capture their thoughts:

- Friends and Family Test (from December 2014)
- Specific formal complaints, and more generalised 'grumbles' shared with a member of staff
- Feedback via our own website and nhs choices
- Flu clinics – patients have a little more time to chat and are not visiting the practice because they are unwell
- The PPG arranges a couple of talks a year on health, or health-related issues - comments before/after the meeting
- The annual Health Fayre, organised by the PPG, provides a forum for general conversation and feedback about local health services (not just those offered by the practice)
- GPs have produced or revised care plans for approximately 350 of our frailest and most vulnerable patients, in some cases with the support of a carer or family member. There has been opportunity for feedback during the preparation of the Care Plan.

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

Yes. Sadly the core issue of access to GP appointments has proved very challenging – both locally and nationally. We continue to discuss this, and the impact of patients who miss appointments, to seek the best way of allocating our resources fairly and sustainably.

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

Dialogue regarding appointment availability is on-going, but remains challenging at times. We remain committed to this issue and to communicating with our patients about the matter



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

The practice and the PPG have mutual respect and are supportive of each other, but independent. The PPG will suggest occasions when they believe the PRG should be involved/information should be circulated to them/comment sought from them.

The PPG is active in driving forward a patient-focussed agenda forward and has recently have made links with the other local practice PPG in order to better serve the population of Alton as a whole. The other two (smaller) local practices have virtual reference groups. The PPG has included those practices in its plans when appropriate to do so.

North Hampshire Clinical Commissioning Group runs an area-wide PPG – with representatives of PPGs from all practices. It has been supportive of local initiatives and has provided a level of support where needed.

The two local PPGs have produced a very useful Health Directory (print and on-line versions available), listing all the local and national charitable and voluntary sector organisations that provide assistance or information to support self-care, free-of-charge. The Directory has been well received and will be reviewed and refreshed on a rolling six-month basis.

East Hampshire District Council has recognised the importance of the annual Alton Health Fayre, originally a Wilson Practice initiative, but now shared with the other local PPG, as making a positive contribution to encouraging health and wellbeing awareness; it has commissioned the event for the coming three years.

The PPG, having sought understanding and support from the practice has successfully lobbied, via NH CCG, to get Abdominal Aortic Aneurism screening reinstated in a local venue. It is hopeful of a similar outcome following closure and then resumption of a much reduced orthotics service at Alton Community Hospital.