

Derbyshire & Nottinghamshire Area Team

2014/15 Patient Participation Enhanced Service REPORT

Practice Name: Baslow Health Centre

Practice Code: C81013

Signed on behalf of practice: K Rex

Date: 10th Feb 15

Signed on behalf of PPG: J Buckham

Date: 10th Feb 15

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

Does the Practice have a PPG? YES
Method of engagement with PPG: Face to face
Number of members of PPG: 11

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	47.8	52.2
PPG	55	45

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	15	7	7	9	16	16	17	14
PPG	0	0	0	0	0	36	36	27

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	99.23	0	0	0	0.14	0	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	0.18			0.09		0.09				2.27
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:

Problems that the practice faces is that 63% of the population base is 45 years and over and a majority of the 14 – 25 year olds are boarders or at university. The majority of the working population are professionals who work outside of the area, therefore cannot commit attendance at PPG meetings. The practice is in a rural setting, with patients residing over wide area, thus involving travel by car essential. Local bus services are limited and cease at 18:15 hrs. The PPG has been attending the local school and Mothers and Parents events, in order to recruit for younger attendance. The PPG is continuing with this recruitment. The Practice has a very small ethnic population, making up less than 1%. The

PPG has increased its virtual membership, allowing patients to be emailed copies of the minutes and also contribute to the agenda of the meetings. Unemployment within our practice population is extremely low. The group has looked at working patterns and this is the main reason that the meetings take place in the evening and only every two months in order to make it more accessible. "Wanted" type posters have been displayed in the various villages and social hubs. The group and the Practice and PPG will continue to campaign for younger members to join the 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:

Patient Experience: Examining what is locally available to patients, such as social events, coffee clubs etc. Voluntary organisations. Concerns over patient isolation and what involvement that the PPG members could assist with. Example: Prescription collection service.

Communications: Promoting and increasing the Virtual membership. Increasing the distribution of the newsletter, by email and physical distribution throughout the community.

Involving Younger People: Visiting local schools and community hubs, setting up of social media pages within Twitter and Facebook.

Appointments: Follow up on previous appointment survey, examining any hot spots.

Transport: PPG headed up a local campaign to try and stop the decommissioning of a bus service, which would result in greater difficulty in patients attending the health centre.

How frequently were these reviewed with the PRG?

With the exception of the appointments, the above are continually reviewed every two months during the PPG meeting and on some occasions more regularly by the sub group.

Improvements to the appointment system and the results of the latest survey indicated that this only needed to be reviewed once. However, it will be reviewed sooner if there are indications from the patients to warrant this.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Appointments: The group wanted to measure the patient's perception on the appointment system since the last survey and the changes that had been made to the system and identification of any hot spots.

What actions were taken to address the priority?

The group formed a sub group to develop a follow up survey from the previous year's survey in order to gain the perceptions of the appointment system. Survey was produced and the reception staff asked patients to complete the survey when they attended the health centre. The results were compiled and discussed amongst the group.

Result of actions and impact on patients and carers:

The survey results indicated that the patients were satisfied with the changes that had been made to the appointment system and indicated that it was working well. The group agreed that there was no further action to be taken, other than consider looking at this again in the following year.

How were these actions publicised?

The results of the survey have been include into the electronic TV information screen, fixed to the PPG notice board, on the health centre's internet page and copies available within the waiting room.

Priority area 2

Description of priority area:

Communications: Formulation and regular up to date publication of the PPG newsletter, increasing its distribution. Increase the awareness of PPG and what they do. Hopefully increasing membership.

What actions were taken to address the priority?

Formulation and regular up to date publication of the PPG newsletter, increasing its distribution. The philosophy of this is to try and increase PPG membership and promote the work that they have done and doing.

Items place on the PPG noticeboard and on the electronic information TV screen. Communications sub group established. The appoint survey included a section on PPG membership and asked for email address if they would like to be a virtual member and receive copies of the minutes and newsletters via email. Sub group produced newsletters and arranged for printing and distribution to patients homes.

Result of actions and impact on patients and carers:

Emailing to a larger audience was achieved. PPG formed a postal service and delivered to households within the various parishes. This has seen an increase in the virtual membership and helped with the promotion of the PPG.

How were these actions publicised?

Publicised via the distribution of the newsletter and via the noticeboard and electronic TV information screen.

Priority area 3

Description of priority area:

Patient Experience: Localised information such as a poster, highlighting clubs, societies and organisations. Examine transport issues and establish a buddy system, offering lifts and also a befriending service.

What actions were taken to address the priority?

A sub group formed to deal with this. Illness has delayed this project and the complexity of it is making it a slow task to achieve.

This project is still ongoing.

Result of actions and impact on patients and carers:

Ongoing

How were these actions publicised?

Ongoing

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):

2011 – 2012 the group undertook a survey to look at the practices extended hours provision as the current Saturday provision was not being fully utilised. This survey asked patients when they would like to have extended opening hours. The survey conducted by the Group resulted in the majority of patients surveyed wanted an early morning and late night opening and Monday was the day that the majority wanted. The practice ceased with Saturday opening and commenced with early morning opening and late closure on Monday. This service has proved to be popular.

2012 – 2013 the group undertook a survey on patients likes and dislikes about the practice. This survey highlighted the following dislikes:

- State of building. Not able to see a GP between 12:00 – 16:00
- No weekend surgery. Lack of parking. GP's leaving
- Appointment system. Lack of news about the new surgery
- Not enough time to discuss problems with GP. Not enough On-Line appointments
- Change of name from Ashenfell to Baslow

The group identified the main arrears that they would like to deal with was the building and the appointment system. It was agreed that owing to the fact that the Practice was awaiting for the new building to be built, money should not be wasted in renovating the current building. It was agreed that the group would therefore work with the Practice and look at the appointment system and keep patients informed over what is happening with the new building.

The group established sub groups to look at communications and a sub group to look at the appointment system.

The group did not complete the action points during this year owing to the following factors: The group went through a period of a high turnover with its members reducing it from a size of 13 members to 7 members.

Two members of the appointment working group that commenced with looking at the appointment system got delayed because one had to retire for a while absent due to health and the other one with family issues. It was agreed that both members would meet at the end of February and work with the Practice Manager and conduct an audit and feedback to the group to establish an action plan. This was further delayed until April, and then again until June 2013. The communication sub group also faced similar problems. These two action points got carried over into the 2013 – 2014 reporting year.

Due to unfortunate circumstances, the practice was not able to commence with the building of the new surgery and has since begun its renovation of the existing premises.

2012 – 2013 The group identified the following 3 action points for this year:

- Communications
- Parking
- Appointments

Parking: Concern was raised over the condition of the drive and the car park. Also concern over the amount of available parking spaces. The Practice removed some of the shrubbery, increasing the availability by 3 spaces and increased the turning circle within the car park. The practice resurfaced the drive and the car park. A bicycle rack was installed.

Communications: As the surgery was no longer moving to new premises, refurbishments started to take place in July, this led to the removal of all the notices and the installation of a large wall mounted TV screen in the waiting room, displaying patient information. The group and the Practice Manager redesigned the DNA letters and November saw the first publication of the PPG's newsletter.

Appointments: The group said that that they had received complaints from patients, regarding problems with booking an appointment. A survey was conducted with the findings resulting in amendments being made to the way patients can book appointments.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 10th Feb 2015

How has the practice engaged with the PPG:

The PPG hold a meeting every two months with a GP Partner in attendance. The GP presents the group with updates and any current issues relating to the Practice. The group informs the GP of any group and patient issues and the progress of any actions that had been agreed. A member of the practice attends sub group meetings that are additional to the regular PPG meeting. The Practice has made financial contributions to assist with the publication of the PPG newsletter and attendance and representation at National Patient Groups. The Practice Manager has devoted time in ensuring that the survey is carried out and the results collated.

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

The Practice has worked with and supported the group in engaging with the younger population, by attending schools and community hubs. The PPG has established a virtual membership and continues to promote it. The virtual membership breaks down availability barriers and widens the participation from the patients.

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

Health Watch Derbyshire conducted a review of the Practices services with patients attending the surgery. The results of this review, displayed the practice in a positive manner.

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

Yes

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

Identification of the best day and times for the practice's extended hours and improvements to the way in which patients can book appointments. Increased participation via the virtual membership.

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

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

- Derbyshire practices: e.derbyshirenottinghamshire-gpderbys@nhs.net
- Nottinghamshire practices: e.derbyshirenottinghamshire-gpnotts@nhs.net