

Derbyshire & Nottinghamshire Area Team

2014/15 Patient Participation Enhanced Service REPORT

Practice Name: Parkside Medical Practice

Practice Code: C84064

Signed on behalf of practice:

Date:

Signed on behalf of PPG:

Date:

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, Email, Other (please specify) <i>Letters/email to PPG members to inform them of upcoming meetings.</i> <i>Face to face meetings once a quarter held in the surgery</i> <i>Notices on website and posters in surgery</i> <i>Ad-hoc meetings with newly appointed chair</i>
Number of members of PPG: 59

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	46%	54%
PPG	34%	66%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	24.05%	11.64%	14.28%	11.99%	13.24%	9.66%	8.17%	6.98%
PPG	0%	1.69%	11.86%	10.17%	22.03%	13.56%	27.12%	13.56%

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	87.48%	0.5%	0%	0.54%	1.86%	0.23%	0.25%	0.72%
PPG	93.17%	0%	0%	0%	0%	0%	1.69%	0%

%	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	0.35%	0.49%	0.04%	0.21%	0.24%	2.36%	1.84%	0.62%	0.01%	2.26%
PPG	0%	3.38%	0%	0%	0%	0%	1.69%	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:

The PPG profile broadly represents the practice population in that the majority of members are of White British origin. In terms of age ranges the PPG continues to have a higher proportion of older members than the practice population. We have changed the times of alternate PPG meetings in order to try to encourage more working age patients to attend and are aiming to develop wider

use of the virtual 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:

We continue to try to encourage patients from all ranges and backgrounds to attend the PPG meetings.

2. Review of patient feedback

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

Comments (both positive and negative)/complaints from patients were raised regularly at meetings throughout the year. These comments arrive at the practice via a variety of sources including verbal, our online Friends and Family survey and letters and NHS choices and from the PPG members themselves.

How frequently were these reviewed with the PRG?

Comments/issues raised by the PPG members themselves were discussed at every PPG meeting. A summary of the Friends and Family Survey results was shown to patients at the September 2014 meeting. Many of the issues raised by both PPG and non-PPG members were around the telephone and appointment systems.

Copies of the minutes from each PPG meeting were made available in the surgery and on our website for all patients to see if they wished.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Access by Telephone – *the practice had experienced severe ongoing issues around telephone access for patients lasting many months.*

What actions were taken to address the priority?

- *Over time we have tried hunt groups, extra lines, hold messages, call routing, automated booking and engaged tones. Staff education had taken place to ensure the telephone was seen as a priority. Regular discussion of telephone issues takes place at team meetings.*
- *Constant reporting of telephone access issues to NHIS resulting in eventual escalation by practice manager to NHIS customer services manager after poor response from telephone technicians*
- *Attendance at December 2014 PPG meeting by NHIS to apologise for ongoing problems and discussion of new processes for escalation within NHIS*
- *Rebuild of phone system by NHIS and scaling back of phone system to absolute basics (2 incoming lines plus engaged tones for any subsequent callers) which was in place for several months for the practice to be completely confident that all problems within the system had been resolved*
- *Since beginning of March 2015 we have reintroduced the hunt group facility so that additional staff members could answer*

the phone during peak demand

- *Future improvements to include a queuing facility so that callers can be given some indication of how long they are likely to be kept waiting before their call is answered*
- *Follow up attendance by NHIS at the PPG meeting in March 2015 to discuss progress*

Result of actions and impact on patients and carers:

Resolving the issues with the telephone system has taken considerably longer than expected. We are hopeful that now the basic functions of the system are operating correctly we can move forward and give patients the service that they expect.

How were these actions publicised?

Discussion at each PPG meeting. Note on home page of website explaining telephone system. If patients raised concerns when calling staff were explaining the problems to them and apologising where relevant. Face to face meeting with patients and practice manager if patients required.

Priority area 2

Description of priority area:

Appointment Provision – *like many other GP practices this surgery had been facing increasing demand for appointments and was struggling to provide sufficient capacity. We had experienced difficulties in recruiting a fourth GP and were reliant on locums which resulted in a high number of patient complaints about lack of continuity. We also had a huge ‘did not attend’ rate with around 200 appointments each month being booked and which patients did not then attend and did not contact us to let us know they would no longer require their appointment.*

After many reviews and amendments to our existing appointment system we commenced participation in July 2014 in an appointment system known as 'Doctor First' which was funded by the Prime Ministers Challenge Fund and fully supported by Nottingham City Clinical Commissioning Group. Any patient requiring a GP appointment was asked to telephone us and request a call-back from a GP. We provided data on our appointment system capacity and demand to an outside company who also delivered training sessions to all staff (clinical and non-clinical).

We continued to try to recruit a fourth doctor and provided locum sessions in order to help provide additional capacity.

Result of actions and impact on patients and carers:

Once a patient had requested a call-back their names were placed on a list for a GP to ring them, discuss their problem and then if the GP could not help them over the phone or signpost them to another more appropriate organisation a face to face appointment would be booked by the GP (not the receptionist) – usually on the same day.

Some patients have been very enthusiastic about this system and others have found it extremely frustrating.

Unfortunately after 9 months of running the Doctor First system and regularly reviewing the process and altering the system to try to accommodate our patient demand we have concluded that this appointment system is not appropriate for our patient population. In April 2015 we will be changing our system to a same day bookable system for face to face appointments and we believe that this will better suit the needs of our patients.

How were these actions publicised?

Patients [were] informed of the change in the appointment system at the PPG meeting in March 2015 and we would hope that they would be supportive of the reasons for the change.

We acknowledge that both the recurrent problems with the telephone system and the trial appointment system have been extremely frustrating for patients. We equally acknowledge that they have both put a considerable amount of pressure on the practice staff and at times we have not been able to provide the service that we would hope to. We offer our apologies to patients and hope that they realise we strive to deliver an effective, caring service.

Priority area 3

Description of priority area:

To recruit a fourth GP – the practice had advertised for well over 12 months to recruit an additional GP without success and had been reliant on locum GPs to provide additional capacity which the existing 3 GPs could not provide themselves.

What actions were taken to address the priority?

Regular advertising on NHS jobs, review of applications and interviews.

Until a suitable applicant had been appointed the practice employed locum GPs.

The progress of our recruitment campaign was discussed regularly at PPG meetings.

Result of actions and impact on patients and carers:

Patients will have been aware of the pressures on GP practices around the country as the recruitment crisis had been well documented in the media. A combination of insufficient trainee doctors already in the system, GPs choosing to retire early and many other GPs seeking to locum instead of taking a salaried/partner post had had a huge impact on an already stretched

service. The practice had met with the local MP (along with several other practices) to raise with him the pressures on GP practices in the area and this resulted in him sending a letter to Jeremy Hunt (Health Secretary) outlining the issues discussed.

As we were not immediately able to appoint a fourth doctor we were reliant on locum GPs. Unfortunately some patients complained about lack of continuity as a result of having to see different locums.

We were finally successful in recruiting a fourth doctor in Autumn 2014 who joined us in February 2015.

We are hopeful that the capacity and continuity provided by the new doctor will help us to improve our service both in terms of being able to provide additional appointments and develop further services which we can offer to patients.

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):

Issues brought forward from last year's PPG report include the telephone and appointment access, both of which have been addressed in detail above.

Other areas included:

- Training for reception staff. Staff regularly attend in-house and external training courses and additional staff have been recruited over the course of the last 12 months. Staff roles have been adjusted where necessary.*
- Addressing DNA rates. Whilst DNA rates have dropped considerably under the Doctor First system we still have patients who book appointments, don't attend and don't let us know they won't be coming. We have introduced the MJOG text message system which reminds patients of upcoming appointments and offers them the facility to reply 'CANCEL' by text if they no longer need their appointment. This has helped somewhat but we still have a disappointingly high rate of non-attendance. Patients who regularly DNA are sent letters informing them that we are aware of their non-attendance and offering to try to help if there is something specific preventing them from attending.*

4. PPG Sign Off

Report signed off by PPG: YES / NO

Date of sign off:

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?

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

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