

Standard Reporting Template

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

Practice Name: Badgerswood and Forest Surgeries

Practice Code: J82042

Signed on behalf of practice: Sue Hazeldine

Date: 20th March 2015

Signed on behalf of PPG: David Lee (Chairman)

Date: 20th March 2015

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: 88																																					
<p>Detail the gender mix of practice population and PPG:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">%</th> <th style="width: 30%;">Male</th> <th style="width: 30%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>49.9</td> <td>50.1</td> </tr> <tr> <td>PRG</td> <td>34.8</td> <td>65.2</td> </tr> </tbody> </table>	%	Male	Female	Practice	49.9	50.1	PRG	34.8	65.2	<p>Detail of age mix of practice population and PPG:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 10%;"><16</th> <th style="width: 10%;">17-24</th> <th style="width: 10%;">25-34</th> <th style="width: 10%;">35-44</th> <th style="width: 10%;">45-54</th> <th style="width: 10%;">55-64</th> <th style="width: 10%;">65-74</th> <th style="width: 10%;">> 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>20.43</td> <td>9.17</td> <td>12.70</td> <td>13.25</td> <td>15.88</td> <td>12.54</td> <td>9.4</td> <td>4.77</td> </tr> <tr> <td>PRG</td> <td>0.7</td> <td>6.0</td> <td>11.2</td> <td>9.8</td> <td>12.0</td> <td>23.2</td> <td>20.6</td> <td>18.7</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	20.43	9.17	12.70	13.25	15.88	12.54	9.4	4.77	PRG	0.7	6.0	11.2	9.8	12.0	23.2	20.6	18.7
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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	98.948	0.33	0	0	0.093	0.124	0.248	0
PRG	97.7	0	0	0	0	0	0	0.7

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	0.031	0	0	0.031	0.093	0.062	0	0.04	0	0
PRG	0	0	0	0	0.8	0	0	0.8	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:

We advertise in the PPG magazine, on the website and in the practices to encourage new members. However, the practice population is predominantly white British and therefore that is reflected in our group. We are extremely fortunate to have a core committee of members and an active engaged membership of 88 in total.

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

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

We have 2 distinct population groups within our practice population of approximately 12,500 patients each served by the separate surgeries: Badgerswood Surgery in Headley looks after a mainly elderly retired and moderately wealthy population while Forest Surgery looks after a young to middle aged population in a deprived area of Hampshire. Both Practices have approximately equal numbers of patients.

Despite attempts to attract all patients by many ways, the Forest Surgery patients are less interested and there are approximately twice as many patients from Badgerswood Surgery are members of the PPG as from Forest Surgery. However the committee of the PPG consists of 7 members, of whom 3 are Forest Surgery patients.

2. Review of patient feedback

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

Leaflets, meetings, newsletters, emails, surveys, practice audits.

How frequently were these reviewed with the PRG?

- Newsletters - produced and edited quarterly by the chairman of the PPG and Manager of the practice
- Emails - continual interchange between patients and the PPG Chairman
continual interchange between members of the PRG and the PPG committee and chairman
continual emails between the manager and GPs with the chairman of the PPG
continual emails between the CCG and the lay governor of the CCG and the chairman of the PPG
- Meetings - 6 monthly educational meetings held for members of the PPG/PRG
Annual public AGM with guest speaker, often educational in nature
- Surveys - annual patient satisfaction survey held over the past 4 years
Liasing with the practice over the National Friends and Family Test
- Audits - as and when required ie discharge summary times from hospitals, local commissioned services

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area: Problem with delay in receipt of discharge summaries from regional hospitals. Patients were being discharged and summaries not received for 4 to 10 days. Main problems related to repeat prescription requirements - what drugs and dosages to give the patient when discharged back to community. Attempts by the practice and the GPs including incident forms had failed to resolve this issue. A formal complaint about this was made by the GPs to the PPG.</p>
<p>What actions were taken to address the priority? Both Hospitals were investigated. The PPG carried out an initial survey over 2 weeks of delay times to receive discharge summaries, to acquire accurate basic data. A discussion was held with the GPs to assess requirement needs. The PPG then approached the local CCG to present the scope of the problem presenting the data acquired and also 3 anecdotal cases in which major incidents had resulted because of the delay in receipt of discharge summaries. Together with the Chief Quality Officer of the CCG, the Chairman of the PPG approached the Hospital Management Teams of both hospitals to constructively improve the speed and quality of the discharge summaries .</p>
<p>Result of actions and impact on patients and carers (including how publicised): Both hospitals have now converted to sending out discharge summaries electronically. One hospital, the problem was immediately resolved, the IT system linking directly to the Practice system and all summaries from this hospital are now received within 24 hours. The other hospital is still in process of being resolved, the problem being that the IT systems are different between the hospital and the Practice. However this is in process of being sorted. In view of our actions, the SE Hampshire CCG wish to implement these changes to all the GP practices throughout the whole of SE Hampshire. The result of these actions were publicised in the PPG Newsletter available on the website and both surgeries.</p>

Priority area 2

Description of priority area: In Forest Surgery, there was a problem with:

1. Patients uncertain if clinics were running late when they booked in for their clinic appointment
2. The occasional patient had difficulty hearing the Tannoy calling their name for their appointment in the reception area

What actions were taken to address the priority?

The PPG had previously fund-raised and bought a self-booking touch-screen for patients.

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

1. The touch screen monitor records the timing of the clinics and indicates to the patients as they arrive if the clinic is running late and by how much
2. Those patients who are hard-of-hearing now know approximately when they are likely to be called on the Tannoy for their consultation and are more likely to be receptive to the calls and find this easier.

Most patients have found this a big improvement but those patients who wish, can still book in at reception and will still be welcomed by the reception staff. The result of these actions were publicised in the PPG Newsletter available on the website and in both surgeries.

Priority area 3

Description of priority area: New web-page

The Practice has acquired a new web-site this year. The previous web-site had only a small box for the PPG newsletter which was inserted by the web-master and the PPG had no access to the site. When the new web-page was being constructed, the PPG requested that it have its own App and that it have access to this, not only to insert its newsletter, but so that it could place other items at any time.

What actions were taken to address the priority?

As the new web-page came on stream, the PPG had talks with the GP who was liaising with the web-master and the Practice manager (who is our vice chairman) about the PPG App and our requirements.

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

The PPG now has its own site with the ability to place the current and previous newsletters, current items, notices, etc regarding changes in the Practices which affect patients and the PPG, etc. The result of these actions were publicised in the PPG Newsletter available on the website and both surgeries.

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):

Progress on Previous Years:

1. Communication of Extended Hours

In conjunction with the practice, advertised more vigorously and practice also participated in Extension of Extended Hours to aid winter pressures in the system opening on Saturdays until 31/03/15 which provided more flexibility for patient access.

2. Problems at Forest for Patients Booking in at Reception

The PPG fund-raised and bought a self-booking touch screen for patients as they arrived so that they did not need to queue at reception to book in for their clinic appointments.

Result was patients no longer had to queue at reception and therefore are no longer held up and late for their appointment times. This has also eased the reception queues considerably. The monitor records the timing of the clinics and indicates to the patients as they arrive if the clinic is running late and by how much. Those patients who are hard-of-hearing now know approximately when they are likely to be called on the tannoy for their consultation and are more likely to be receptive to the calls and find this easier. Most patients have found this a big improvement but those patients who wish, can still book in at reception and will still be welcomed by the reception staff. The result of these actions were publicised in the PPG Newsletter available on the website and both surgeries.

3. A Particular GP Waiting Times

In conjunction with the practice the configuration of a particular doctor's clinic was altered to better keep to time.

4. New telephone system at Forest Surgery – has improved patient access and waiting times for calls to be answered.

Continued...

In addition, the PPG has:

Set up and run Basic Life Support and First Aid Training Course for members as this was a topic that they wished to engage with and had no personal access.

Organised clinical talks which are open to members and other patients to attend – our next speaker in April is on “Breast Cancer”

Our newsletter has an Educational Article in every issue which is aimed to alert people about something they may have which they were not aware of, how to deal with some condition they may be suddenly faced with, how to prevent getting a problem or how to manage a problem. Our articles have included “I wonder if I am Diabetic?”, “Asthma”, “Meningitis”, “Acute Stroke”, “Who do I call in an Emergency” and many others. These are determined by the PPG, GPs and external clinicians.

Our practice has set up a respiratory clinic run by a specialist respiratory nurse from QA Portsmouth and we are fund-raising for a spirometer for this. This gives patients access onsite to a hospital based speciality which would have originally meant travelling 25 miles to access. The practice is also using this as an opportunity to further upskill existing practice nurses.

We are also involved with Headley Parish Council in fund-raising and purchasing a Defibrillator for the village and hope to set up a First Aid Training programme for anyone in the village who is interested.

3. PPG Sign Off

Report signed off by PPG: YES
Date of sign off: 20 March 2015

How has the practice engaged with the PPG: Manager is the vice chairman who attends 6 weekly committee meetings. A GP attends committee meetings for those items on the agenda relevant to the doctor. Senior GP contacts Chairman almost daily with items by email. Practice Manager and GPs contribute to every newsletter. All changes and issues in the practice are discussed fully with the PPG, for example, a member from the PPG was involved in the previous appointment/interview of a partner subsequently appointed by the practice.

How has the practice made efforts to engage with seldom heard groups in the practice population? Carers - included in a survey. Only 7 patients responded as carers. The practice contacted these 7 to ask if they would be happy if the PPG contacted them directly to conduct a more extensive survey with a view to setting up a carers group. They were not keen as there is already a large and active carers' group in the area and they felt there was no need for another group. Not followed on. Alzheimer's Group - The Alzheimer's Society has written an article for our newsletter – the PPG is now working with this group to try to develop an Alzheimer's Centre in our local hospital. The CCG seem receptive to this work which is still in its infancy.

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

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?

Patients and carers have seen an improvement in the service in the areas raised and the resulting action taken:-

- Discharge summaries received in a timely fashion have led to less delay in patient medications on discharge from hospital and confusion as to treatment etc.
- New website has allowed more user friendly access to online services and better information posted with regard to patient services and PPG information.
- Patients better informed when attending the practice of appointment waiting times and an understanding of when to expect to be called, especially the hard of hearing

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

Although we agree that all GP practices in the country should aim to have a PPG, we feel that the statement by the BMA and NHS England that 'it will be a contractual requirement for all Practices to have a PPG' is unacceptable. PPGs are voluntary groups and no one can mandate the formation of volunteers. Likewise, the BMA statement is unacceptable that 'a PPG is expected for a CQC inspection'. Ideal – yes. 'Contractual and expected' – no. So long as the practice is safe, caring, well-led and responsive to patients' needs it cannot and must not be penalised. We continue to further progress the improvements with the practice i.e. discharge summaries from hospitals have yet to be rectified with one local hospital.