

## Patient Participation Reporting Template 2014-2015

Practices are required to submit the patient participation report detailed below.

Please submit an electronic version of this report to [england.bgswareateamprimarycareBewley@nhs.net](mailto:england.bgswareateamprimarycareBewley@nhs.net) by 17<sup>th</sup> April 2015

If you have any queries, please contact Harriet Gill – [england.bgswareateamprimarycareBewley@nhs.net](mailto:england.bgswareateamprimarycareBewley@nhs.net)

Practice details: Hathaway Medical Partnership

Practice code: J83007

Stage one – validate that the patient group is representative  
 Demonstrates that the PRG is representative by providing information on the practice profile:

Does the Practice have a PPG YES/NO

YES

Practice population profile	PRG profile	Difference
Age		
% 18 – 24 - 8.2%	% 18 34 – 2%	-19%
% 25 – 34 - 13.4%		
% 35 – 44 - 14.3%	% 35 – 44 – 11%	-3.3%

Practice population profile	PRG profile	Difference
% 45 – 54 - 16.7%	% 45 – 54 – 11%	-5.7%
% 55 – 64 - 10.8%	% 55 – 64 – 43%	+33%
%65 – 74 – 8%	%65 – 74 - 22%	+14%
%75 – 84 – 4.8%	%75 – 84 – 11%	+6.2%
% Over 85 – 2.4%	% Over 85 – 0%	-2.4%
Ethnicity		
White	White	
% British Group – 80%	% British Group – 100%	+20%
% Irish -	% Irish -	
Mixed – 14%	Mixed – 0%	-14%
% White & Black Caribbean -	% White & Black Caribbean -	

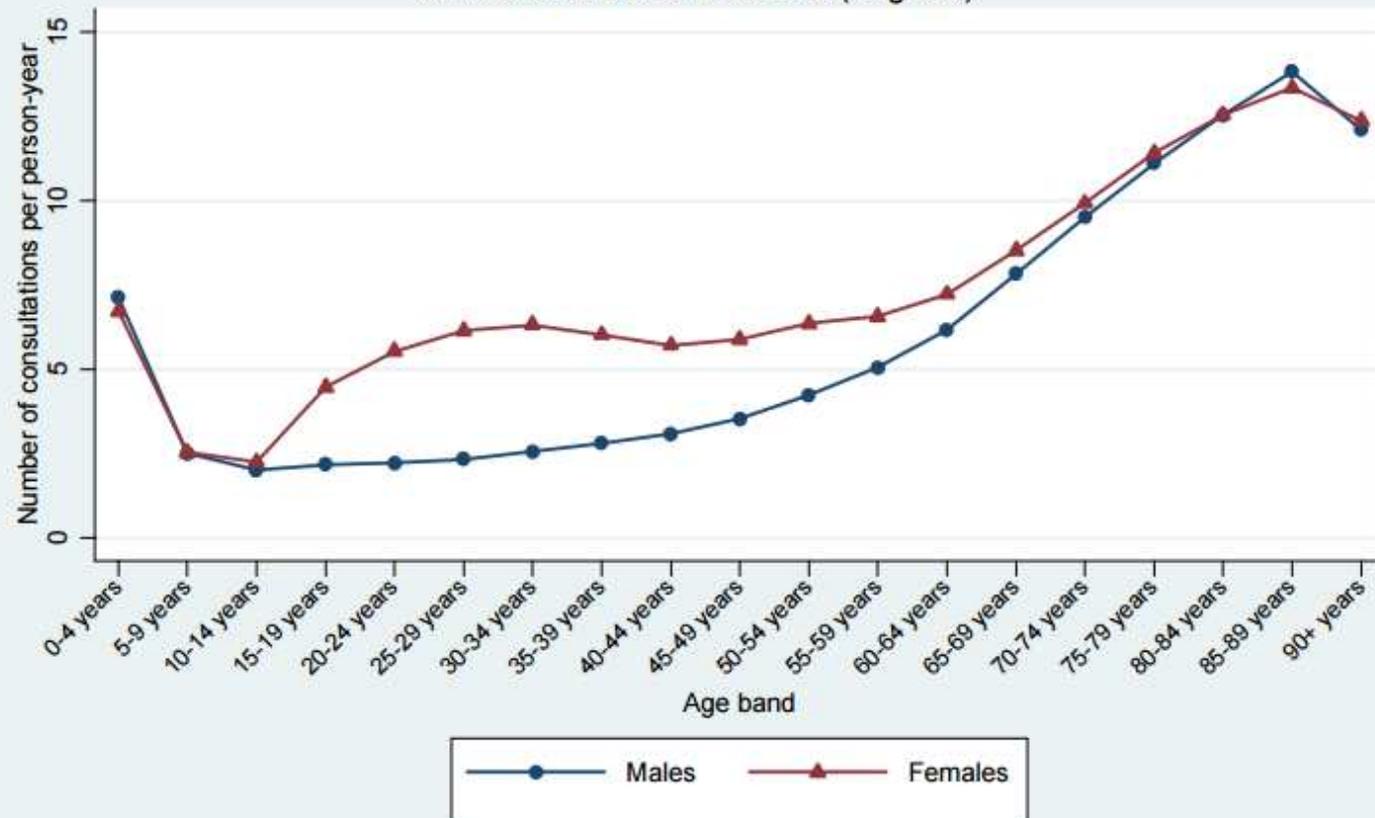
Practice population profile	PRG profile	Difference
% White & Black African -	% White & Black African -	
% White & Asian -	% White & Asian – 100%	
Asian or Asian British – 4%	Asian or Asian British – 0%	-4%
% Indian -	% Indian – 0	
% Pakistani -	% Pakistani – 0	
% Bangladeshi -	% Bangladeshi – 0	
Black or Black British – 1%	Black or Black British – 0%	-1%
% Caribbean -	% Caribbean – 0	
% African -	% African – 0	
Chinese or other ethnic Group 2%	Chinese or other ethnic Group – 0%	-2%
% Chinese -	% Chinese – 0	

Practice population profile	PRG profile	Difference
& Any Other -	& Any Other - 0	
Gender		
% Male – 50.25%	% Male - 48	-2.25%
% Female – 49.75%	% Female -52	+2.25%

<p>Differences between the practice population and members of the PRG</p> <p>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:</p>	<p>Having discussed this it is our view that the PRG fairly represents the patient’s attendance at the surgery – see graph below. Women consult more than men. Children are more often bought in by their mother than their father. The elderly and children more than young adults. On that basis the age/sex profile of the PRG is representative of the patient use. Those that need to access services most are well represented.</p> <p>Despite positive attempts and direct conversations, we have been unable to encourage non-white patients to participate.</p> <p>While we did not expect &lt;16 yrs to participate, and despite positively seeking out younger patients, it is disappointing that the PRG is biased towards the older population. We do believe that this will be remedied with time and continuing effort to recruit younger patients plus we are actively seeking out the views of late</p>
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	<p>teenage patients at schools.</p> <p>We have agreed a consultation process for younger people by going to the local secondary schools. While this will not be exclusively our patients they should represent “young people”.</p> <p>While we have attempted to encourage a broader range of patients to be involved, there appears reluctance by younger, busier patients to be involved and also by patients who have little contact with the practice – again the younger age group. We have continued to recruit new members through messages in newsletters, practice booklet, responses to complaints, notices in the practice and links on our website. It is hoped that, with time and more directed invitations, the demographics of the group will change to more closely reflect the practice demographics.</p>
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QRESEARCH crude consultation rates per person-year in 2008  
All clinicians and all locations (England)



NOTE: Analysis by calendar years  
copyright QRESEARCH 2003-2009 (Database version 22)

<p>Are there any specific characteristics of your practice population which means that other groups should be included in the PPG? Eg a large student population, significant number of Jobseekers, large numbers of nursing homes, or a LGBT community</p> <p>NO</p>	<p>If you have answered YES, please outline measures taken to include these specific groups and whether those measures were successful:</p>
<p>Is the group virtual or face-to-face?</p>	<p>Virtual</p>
<p>How many members are there on the PRG?</p>	<p>46</p>

Step 2 – Review Patient Feedback	
<p>Outline the sources of feedback that were reviewed during the year:</p>	<p>Direct patient feedback:            Compliments – what works well            Complaints – what isn't working so well            Discussion with patients in waiting areas            Carers Open day            Email consultation with the PRG            F&amp;F test            NHS Choices</p>
<p>How Frequently were these reviewed with your</p>	

PRG	6 monthly
Priority Area 1	
Describe the priority area:	The introduction of education meetings and support groups for patients
Why was this priority identified:	From our carers exhibition From attending a local practice education evening run by their PPG
What actions were taken to address this priority	<ol style="list-style-type: none"> <li>1. Carers Open Day – April 2014</li> <li>2. 3 education sessions (two lunchtime and one evening) for diabetes patients Nov &amp; Dec 2014; education and technique</li> <li>3. Education clinic for diabetic patients on “Dermatologica Neglecte” specialist clinic around education for foot care – March 2015</li> </ol> <p>Our future plans include a patient information evening on Dementia as this was identified from the Carers’ Open Day</p> <p>Other suggestions have been to establish a support group for ME and also meetings to cover parenting.</p>
What were the results of the actions and what	

<p>impact on patients and carers.</p>	<p>Carers Open Day This gave carers an opportunity to meet various services available to them, education around food, experience some massage and also network with one another.</p> <p>Three education sessions for diabetes patients Nov &amp; Dec 2014 One Education clinic for diabetic patients on "Dermatologica Neglecte" specialist clinic around education for foot care – March 2015</p> <p>Agreement to set up regular education evenings for patient Seek volunteers to arrange these</p>
<p>How was this publicised.</p>	<p>Carers Open Day through direct mail to carers and specific notices in the practice</p> <p>Diabetic education through direct invitations.</p> <p>Future events through the newsletter that is available in reception, the waiting areas and emailed to &gt;3,000 patients, plus specific notices in the practice</p>

Priority Area 2	
<p>Describe the priority area:</p>	<p>Feedback to Friends &amp; Family Tests (FFT) Questions</p>
<p>Why was this priority identified:</p>	

	The feedback from F&FT identified a number of frequently asked questions that we felt we should address and publicise why some things are done the way
What actions were taken to address this priority	A FAQ sheet was prepared to identify information that patients may find useful.  We envisage that this will be an organic document available on our website and also in our next newsletter.
What were the results of the actions and what impact on patients and carers.	FAQ added to our website FAQ to be added to our next newsletter  Impact on patients – improved information and better understanding of the services we offer. The hope is that this will reduce the incidents of future misunderstandings
How was this publicised.	Website and newsletter

Priority Area 3	
Describe the priority area:	Shaping services for Generation Y

Why was this priority identified:	Through a complaint received from a patient
What actions were taken to address this priority	<p>Information sheet for temporary residents who frequently returned from university</p> <p>Arrange meeting with 6<sup>th</sup> form students to discuss how they would like to see services offered by primary care and also the issues around being temporary residents.</p> <p>Members of local school health and social care GCSE visit the practice for a tour and discussion</p>
What were the results of the actions and what impact on patients and carers.	<p>A better understanding of the problems that arise when life is split between two locations, the issue that medical records are not currently totally portable and that the practice where patients are registered as temporary do not have full access to their records.</p> <p>Discussion with current students help to better shape the services for generation Y (the generation born in the 1980s and 1990s, typically perceived as increasingly familiar with digital and electronic technology) but who do not engage with the</p>

	PRG and who we have difficulty understanding how to respond to this group of our patients.
How was this publicised.	On our website To patients registering as T/R With schools
Progress on previous years	
If you have participated in this scheme for more than one year, outline progress made on the issues raised in the previous year (s)	
<p>Year 1</p> <ul style="list-style-type: none"> <li>• By the end of September 2012 to have reviewed the days and times of extended hours and increase patient awareness of the appointments by:             <ul style="list-style-type: none"> <li>• Another reminder in the next newsletter</li> <li>• Additional information on the website</li> <li>• Improved information in the surgery</li> </ul> </li> <li>1. Review the timescales that appointments currently become available and look at how this may be changed to closer meet the expectations of the patients.</li> <li>2. Identify ways in which we can reduce the risk of patients failing to turn up for their appointment, these could include:             <ul style="list-style-type: none"> <li>• Compulsory text reminders? What if patient doesn't have text facility?</li> <li>• Registration scheme for patients who want to book more than 8 days ahead?</li> <li>• Ensure that patients repeat back the date, day and time of their appointment when making appointments as this has been proven in research to improve attendance.</li> </ul> </li> <li>• By October 2012 to have reviewed the scheduling of minor illness appointments so that they are not all "same day". However there are a few concerns:             <ul style="list-style-type: none"> <li>○ Vulnerable patients ie the elderly &amp; very young</li> <li>○ What do we do on Fridays when the next day is Saturday; Mondays that have not been filled on a Sunday?</li> <li>○ Poor historians who are in fact less well than they say on the telephone?</li> </ul> </li> </ul>	

- Staff also need to be skilled, when speaking to patients, to determine that there are no “red flags” (dangerous symptoms that the patient/caller may not be aware are life threatening) when patients contact the surgery. Patients must also be reassured always given advice about what to do if their condition gets worse (“worsening advice”) and reassured that we will always see a patient between 8:00am and 6:30pm, Monday – Friday and that the Out of Hours Service will see patients outside of the hours.
- By December 2012 to improve access to nurse appointments by:
  - Reviewing the nurse clinics and treatment room appointments in conjunction with minor illness clinics to implement changes that will improve access to more routine nurse appointments.
  - During the forthcoming year to:
    - Review our capacity for the different long term conditions
    - Balance capacity to meet the needs of each long term condition.
- By the end of June 2012 to improve continuity by:
  - Encouraging patients to maintain continuity with a GP for a particular episode of being unwell.
  - Encourage GPs to clearly record when reviews should be made as this enables staff to release appointments that are not otherwise available.
- Before December 2012 the practice must improve patients’ understanding of the skill and knowledge level of our nurse team in the hope that this will reassure patients not to have to return to see their GP for a second opinion. This will be done by:
  - Patient information leaflets in the waiting areas
  - An article in the next newsletter
  - Email to all patients on our email database (currently approx 1,000 patients)
  - As an ongoing process we need to improve our staff skills and will continue sending staff on customer care courses
- Actions: By October 2012 to improve patient awareness of annual reviews by:
  - Improving the information given when calling a patient for review
  - Improving the information given when patients register
  - Encourage patients who do not wish to have a review, but who have a flu vaccination, to attend for both at the same appointment

Year 2

- Improved patient information outlining our position as a training practice, the reasons behind this decision and what it means

to patients and the service we give.

- To implement changes that the practice has already started formulating as a result of the questionnaire to reduce the time patients need to wait for a routine appointment then run another questionnaire in the autumn to include all appointments.
- Whenever there is a change in GPs or a need to reschedule routine GP surgeries, the opportunity must be taken to increase the amount of extended hours available.
- We are aware that our current appointment system does not always lead to continuity and we will look at changes that can be made to improve this.
- For many patients a referral to a consultant is a new experience. Improve information to patients about what is likely to happen when seen by a consultant, timescales, results and who is responsible for communicating these to the patient, follow up appointments etc.
- With respect to our telephone system we need to:
  - Review and re-record a number of messages
  - Review the options, look to remove or change the prescription option
  - Revert to a telephone number included in call packages – *we are already committed to do this in 2014*
- Through training we will improve consistency between all staff with a fundamental approach that we are here to help patients. This training will need to support staff to find a balance between ensuring that patients are seen by the most appropriately trained members of staff and being intrusive/insensitive with the questions that are asked.
- We will review the information available to patients about why we ask questions and also what is and what isn't possible to achieve so that we do not appear "inflexible".
- We will look to maximise services delivered from the medical centre whenever it is possible to achieve this

### Year 3

- We improved the publicity of our private interview room
- Implemented continuity appts to facilitate patient/GP continuity
- We increased awareness of our 01249 number from our 0844 non-geographic number
- We changed the balance between routine pre-bookable and urgent appointments plus we changed the way our appointments are embargoed – this was continued this year.

## Achievements following 14-15 report

### Action:

The results show that there has been an improvement in the ease of making an appointment since we changed our system. It is hoped that further development will further improve this. No specific action identified.

Last year we moved to having appointments embargoed 5 working days ahead, and also some released 20 working days ahead. This showed the above improvement during 13-14. During this year. Following feedback from patients, we have reduced the embargoed time to 3 working days. This has had two impacts:

1. The most beneficial outcome is that patients can, generally, get an appointment within 3 days. This is supported by an audit carried out in February 2015 comparing the appointments booked in Nov 14 with those in January 15.

	Nov 2014		Jan 2015	
<2 days	3705	45.5%	3501	51%
<1 week	5655	69.4%	5091	74.2%

This shows that more patients are being seen faster.

2. A slightly detrimental outcome has been that, because there are fewer available appts in the system, the appts can become full when there are sudden spikes in demand. It is sometimes difficult to explain to patients that appointments are released every day and that tomorrow will have capacity that is not available today.

**Action:**

Given that one of the key elements of the changes was to improve the opportunity for patients to contact their GP of choice, this is rather disappointing.

Action – review and adapt continuity slots.

During the year we have flexed the availability, number and timing of the continuity slots to improve access.

**Action:**

Despite the increase in signs identifying that we have a private room, we need to further increase awareness

We have continued to promote the use of our confidential interview room. Despite increased signage it is infrequently used by patients to discuss confidential appointment requests.

Summary of Actions:

- Raise awareness as to why reception and phone staff ask the questions that they do. Ensure that questions are asked in a sensitive manner
- To improve continuity we must ensure that patients are asked if they have already seen someone about their problem and if so, who? Patients also need reassurance that problems can sometimes wait until a GP has a routine appointment
- Greater awareness of our 01249 number
- Suggests that more GPs book their own follow-up appointments
- Ongoing training and feedback for staff
- Some of the comments show that we have been unable to communicate our opening hours to many of our patients. The surgery is open from 7:00am and until 7:30pm on some days. On other days GP appointment are offered up until 6:00pm
- There is a difficult balance to be struck between routine pre-bookable appointments and urgent on the day appointments. Patients who are “ill” want to be seen on the day, others want to be able to book days or weeks ahead. This balance is further complicated by the desire for continuity and the practice’s need to be able to plan the delivery of its services. Despite offering more GP appointments than ever before, there is still a perceived shortage of appointments. We will continue to monitor what is offered and attempt to adapt the system we have to improve access in partnership with our patients.

PPG Sign Off	
Has the report been signed off by the PPG	Yes
What date was this report signed off:	30/3/2015

#### How has the practice engaged with the PPG

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

The practice attempted to encourage a broader range of patients to be involved, there appears reluctance by younger, busier patients to be involved and also by patients who have little contact with the practice – again the younger age group. Staff encouraged younger patients at baby vaccination clinics etc.

The practice have continued to attempt to recruit new members through messages in newsletters, practice booklet, responses to complaints, notices in the practice and links on our website. It is hoped that, with time and more directed invitations, the demographics of the group will change to more closely reflect the practice demographics.

The discussion between the practice and PPG this year has been around how we move forward, virtual or through meetings. A common view is:

“I think the virtual patient group works well. As for me, being a working mother of young children, i probably wouldn't have the time to commit to face to face meetings. I do however use and rely on the surgery a great deal. I agree that it's important that you get feedback from a cross section of your patients.”

Therefore we will continue to communicate in a virtual way, but accept that there will have to be meetings to enable us to continue our carers open days and the education meetings.

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

Feedback from the following sources has been received and reviewed to contribute to the report:

- Direct patient feedback
- Compliments – what works well
- Complaints – what isn't working so well

- Discussion with patients in waiting areas
- Carers Open day
- Email consultation with the PRG
- F&F test
- NHS Choices

How was the PPG involved the agreement of the priority areas and the resulting action plan?

The planning process was not done in one go. As areas arose these were discussed agreed and implemented during the year

The PPG were contacted with a draft plan outlining concepts and ideas for 2015/16. The group were asked to respond to these ideas by email, telephone or letter. From this the plan was brought together for approval. This plan and action for 15/16 was signed off in March 2015.

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

- Educational events for carers and diabetics
- Future events agreed
- Better information for patients through our FAQ
- Improved information for T/R and young people with an ongoing plan to increase the communication with young people through school visits.

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

The practice is committed to developing services and believe that the PRG will be a key partner in this process.

Name of Individual Completing this Document: Mr Andy Briggs

Role: Manager
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