

**Bristol, North Somerset, Somerset and South Gloucestershire Area Team
2014/15 Patient Participation Enhanced Service**

Practice Name: College Way Surgery

Practice Code: L85021

Signed on behalf of practice: Alex Pryde

Date: 13/03/2015

Signed on behalf of PPG: Derek Spackman (Chairman)

Date: 13/03/2015

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

Does the Practice have a PPG? *The practice has had a PPG established since 2012.*

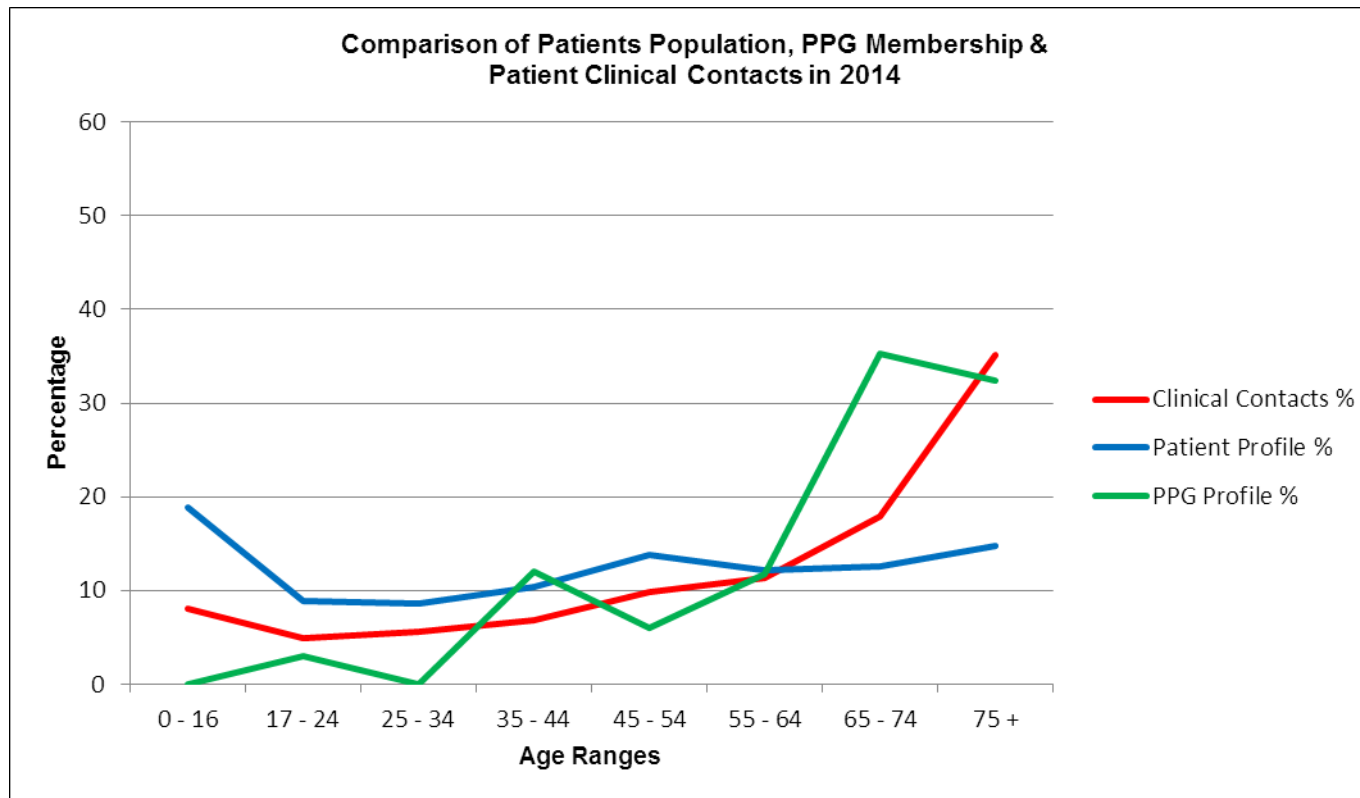
Method of engagement with PPG: *The group meets routinely Face to Face for formal meetings and communicates informally by Email as required. Regular meetings are also held between the PPG Chair, Practice Manager and Assistant Practice Manager.*

Number of members of PPG: *The practice currently has 34 members.*

Clinical Contacts in 2014:

The practice has the lowest deprivation index value in Somerset and a higher proportion of patients over 60 than both the national and Somerset averages. These two factors most affect our disease profile and the number of clinical contacts per patient per year.

	0 - 16	17 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 +	Total
Clinical Contacts	5749	3467	3986	4875	6995	8019	12706	24967	70943



Interestingly our patient group profile reflects the clinical contact profile well.

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 patient group profile continues to remain very stable this year with many of our members actively participating since we began in 2012. The group includes members who are currently in one or more disease categories, some of our group are employed, some are retired and a number of them act as carers. Over 84% of the practice population with a recorded ethnicity are White British and therefore attempting to attract new members of different ethnic backgrounds has been very challenging. Overall we have a representative profile within the group of illness, need, age and gender. The practice has a higher proportion of older patients than most practices in Somerset and therefore the patient group age profile not unexpectedly has a bias in the over 40 year's age category.

We actively encouraged interest this year by sending targeted letters to patients who are under 40 years old who are using online access for repeat prescriptions. In the letter the feasibility of being able to partake in group decisions by utilising the internet and without the need to attend meetings in person was highlighted. To date this method has resulted in two extra members both in their early 20's. Unfortunately, just recently, one of these members left this area to pursue a job in London. The patient group recognise that targeting patients under 30 can be difficult as this age group often move away during the year to pursue work or have other family or personal commitments. We intend to continue sending targeted letters in 2015/16 as this method has brought the best results so far. As well as continuing to invite patients who use the online access for repeat prescriptions, we intend to reach some of the younger mothers in our practice population by working closely with our midwife and neighbouring schools.

Patient education events held at the practice have also provided an excellent opportunity for speaking to patients who may not attend the practice often and raising their awareness of the patient group. The education events act as a fantastic example of the kind of work the patient group are focusing on and how it really provides benefits to our patients. We are very lucky to have the patient group chairman attend each event being able to speak to patients as not only a fellow patient but also a patient group representative.

The patient group and contact points are advertised on leaflets, the patient information screens within the surgery and on the website.

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?

The practice has a higher proportion of older patients than most practices in Somerset with over 1.5% of its patients residing in care homes.

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

We recognise that many patients in care homes although very capable of manoeuvring around their living quarters, are less able to attend meetings. Unfortunately the homes do not have the space or capacity for us to meet on their premises. Each care home has a designated doctor who routinely visits the home and they encourage feedback to the group from both the staff and residents. Although this has not resulted in any residents of homes joining our patient group, it does mean they can be involved. The practice will also consider inviting the care home matrons to meetings to provide feedback to the group.

2. Review of patient feedback

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

- *Local Survey*

Many of the items contained in our 2014 local survey were ongoing projects and we have continued to discuss these items and review how they are progressing throughout the year. Projects include waiting room enhancements, online services and patient education events.

- *Friends and Family Test*

The practice has provided the Friends and Family Test to its patients since October 2014 including taking part in the early adopter CQUIN Project. We have received excellent responses and feedback which has led to some of the actions for this year.

- *Suggestions Box*

The suggestions box receives a small number of comments each year which are mainly focused towards thanking us for a continued excellent service. With the introduction of the Friends and Family Test, our patients have used this system to communicate their views and opinions back to us rather than the suggestions box.

- *PPG Member Agenda Items*

Members of the group have brought agenda items to the meetings allowing us to focus on areas of the practice or the NHS that they would like to discuss further in more detail.

- *CQC*

Although the practice has not received their report from its CQC inspection, the group were given feedback on the structure of the day as well as the feedback given to the practice by the inspectors.

How frequently were these reviewed with the PRG?

The patient group hold a meeting each quarter during evening hours, discussing many of the items mentioned above. After considering other times to meet, it was agreed that evenings suited all members of the group. As well as face to face meetings, the practice has communicated with the group via email informing them of upcoming events, new services, FFT feedback and general updates on the practice.

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Contacting Patients By Email <i>The patient group as well as members of the practice population requested they would like to be contacted by email for information about upcoming events and new services.</i></p>
<p>What actions were taken to address the priority?</p> <p><i>The practice information governance officer attended the group's meeting to explain some of the initial steps that would need to be taken before sending an email to patients. It was explained that in order to contact patients by email, the practice would first need to request a patient's permission to communicate with them via this method. Therefore, the practice began collecting consent by sending targeted letters to patients who are using online access for repeat prescriptions. This method works very well and has lead on to further targeted letters being sent to patients with a long term condition.</i></p> <p><i>In addition to sending letters to patients we have also utilised other methods such as adding details of the service onto our website and adding an application form for the patient to apply for the service. Advertising has also been added to our online appointment and repeat prescription system to publicise the service. This has generated a high number of applications. The Electronic Prescription Service (EPS), where a patient can have their prescriptions sent to any pharmacy in England for collection, has also provided the opportunity of adding details of the Contacting Patients by Email project to its application form.</i></p> <p><i>Details of the service are also advertised on the patient information screens in the practice waiting room.</i></p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p><i>Through different methods of advertising we have so far received a total of 496 patients sign up to this service. 185 of these patients' signed up via accessing our online services and a further 311 patients signed up as a result of the letter invitations we have been sending out. We are delighted with this response as it is over 50% uptake from the 590 letters that have been sent to date.</i></p> <p><i>A further example of the positive impact this project is already having is our EPS advertising. Prior to going live with EPS we sent the patients who had signed up for contact by email an email advertising the EPS service and this lead to over 50 patients signing up to the EPS service. Emails have also been sent to patients advertising our online appointment and repeat prescription services which has also generated many patients signing up to the service.</i></p>

Priority area 2

Description of priority area:

Waiting Room Enhancements

The Friends and Family Test revealed that patients on the whole are very happy with the services and facilities we provide. There were however a small number of interesting comments that suggested they would still like further additions in our waiting room area.

What actions were taken to address the priority?

Reception Hatch Privacy

After discussing the results of our Friends and Family Test with our Patient group it was agreed that the first item to address was the privacy of conversations between the patient and the receptionist at the waiting room reception hatch window. The practice is fortunate enough to have a large waiting room and this has allowed us to move our waiting room chairs back away from the reception hatch to maximise the distance between a patient's discussion and the rest of the patients waiting for an appointment. We have also ensured that our waiting room speakers, which provide background music, are strategically placed to project music across the waiting room but several feet in front of the reception hatch window. This has also helped to reduce the ability of hearing private discussions.

These methods have improved the issue but we still want to give the patient as much privacy as possible. Therefore, we added a notice beside the reception hatch window to alert patients that if they would like to speak to the receptionist in a more private area to inform the receptionist at the start of their conversation. Receptionists have been trained to direct the patient to the reception hatch side door where they can open the top half of the door as you would a stable door. The top door when opened 90 degrees acts as a glass barrier between the patient and waiting room and further reduces the chance of anyone overhearing the conversation.

High Chairs

The Friends and Family test highlighted that some of our less able patients would like more high chairs in the waiting room. We have purchased two more high chairs that are now located closest to our consulting and treatment rooms.

Waiting Room Music

Several patients commented on the waiting room music and how they would like to hear a different kind of music. We have therefore purchased 3 further compilations of music that we hope will create a relaxed calm and peaceful atmosphere in the waiting room.

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

Patients have commented how impressed and appreciative they are with the ability to have a more private conversation with the receptionist away from the rest of the waiting room. We have not received any more feedback regarding waiting room privacy and therefore we shall continue to monitor this throughout the year.

Many of our patients who are elderly and have difficulties sitting down and getting back up have remarked to the receptionist how the chairs have really helped them and made coming to the surgery an easier and more pleasant experience.

The waiting room music has been a recent addition and we are still awaiting feedback from the change. All recent Friends and Family Test results have not commented on the waiting room music and therefore we shall continue to monitor this throughout the year.

Priority area 3

Description of priority area:

Contacting Patients With Their Blood Results

The Friends and Family Test suggested that although doctors contact patients following specific blood tests by telephone and letter, it would be useful if patients were informed of all blood test results even if they are normal. The group agreed that this was a good idea and feel patients would appreciate this service.

What actions were taken to address the priority?

The practice is proposing that when a doctor has chosen not to contact a patient directly by telephone or letter following a blood test, to utilise the Contacting Patients by Email project to provide patients with their blood results. Therefore, the practice's I.T department are currently working with system suppliers to investigate the existing system capabilities, and we hope to soon develop a facility that will send an email to patients with their blood results.

This service will only be available to patients who have provided us with their email address and consent.

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

This project is in its early stages of testing as it firstly relies on the patients providing us with their email address and consent. After a successful testing period, we propose to send members of the group their blood results by email and, if successful, expand the trial to send results by email to all patients who have provided us with their email address and consent.

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):

Education Events

In 2014 the practice held three patient education events for Dementia (April), Diabetes (June) and Asthma (October). These events were initially discussed with the patient group to agree on which subjects to present and then they were advertised to our patients through surgery posters, waiting room patient information screens, patient consultations and our website. Each event was a success with around 30 to 40 patients attending each event. All patients commented how they left feeling more educated about their own condition or that of their family and friends. We have begun organising our next event for March 2015 which will be on First Aid. We have employed a registered first aider to provide training to our patients on a range of topics from CPR to chest pain and bleeding. These events are proving very popular and therefore we plan to continue running them in the future.

Waiting Room Layout

The local survey that was given to patients last year showed that there was an overwhelming satisfaction with the current layout. Therefore we did not proceed with changing the layout as there was no demand. However, there were a small number of interesting suggestions for more minor changes such as a further patient information screen for displaying patient's appointments. The patient group agreed that this was good idea and since that time we have installed a third patient information screen. Patients have commented how they appreciate a further screen that is closer to where they are sitting. It has helped them read the notices we advertise as well as see their appointment as the doctor calls them.

Online services

The appointments and repeat prescription online services continue to be very popular with our patients. As well as promoting the service through our website and waiting room patient information screens, we have also placed posters at keys areas of the surgery such as the main entrance and at the patient check in screen. The online nurse blood appointments continue to be utilised well, with further types of appointments, such as COPD and smears, being made available early this year. We have also used the Contacting Patients by Email project to raise awareness of these services and gain some interest. All of these methods have worked well and we now currently have 4565 patients signed up to our online services. That is over 600 more patients signed up for online services than this time last year.

Services Provided in the Surgery

Previous surveys indicated that a number of patients would like receptionists to communicate with the waiting room using a microphone. The practice investigated this request and concluded that the project was not practical at present as an entire new music system would need installing to accommodate the newer technology. It was agreed with the patient group that we would revisit this in the future. Other requests, such as a single automated telephone voice, were acted on immediately, ensuring that the patients are not greeted by different voices at different stages in the telephone system.

4. PPG Sign Off

Report signed off by PPG: *This report has been formally signed off by the Patient Participation Group.*

Date of sign off: 13/03/2015

How has the practice engaged with the PPG:

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

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?

Previous sections of this report have outlined the efforts taken by the practice to diversify the PPG group membership although the practice supports the view that anyone who wants to be part of the group should be encouraged to do so. However, the younger person's voice is still felt to be under represented and therefore continued work will be carried out, such as sending targeted letters to patients and working closely with other health professionals, to ensure this group of patients has as much opportunity to voice their comments as do any other age group.

Significant Events and patient complaints are routinely reviewed by the partnership team to determine any areas for concerns where service delivery may need improvement. These are shared with the practice when appropriate.

A number of areas have previously been highlighted through the patient group's former annual satisfaction surveys which have been ongoing for a number of years and still form the basis of most concerns expressed by patients in varying formats. The group feels that data collected through the practice is a more reliable source of feedback to help determine priorities being provided by patients who they can be confident are regular users of the practice services.

The group determined that this year we should focus on feedback acquired through the FFT rather than a local survey. The survey has included an additional question about the practice services and facilities as well as the mandatory question and responses. The practice and patient group took time to discuss and consider the results and determine what priorities should be taken from the feedback received and based these results on the actions for this year.

Overall, once again, feedback from all sources for the practice was extremely positive and supportive of the work undertaken by the team, although there still remains an element of the usual patient concerns e.g. appointment access, continuity of care / availability of GPs and receptionist service. The practice and patient group have worked together to improve patient understanding and promote better use of the services offered.

The practice will continue its efforts to increase the presence of younger members in the group and look to motivate more patients to become involved from across the practice population. Both the practice and the group believe that greater patient involvement is necessary to ensure that local services are understood, valued and used appropriately to maximise the care that can be delivered.

The practice is very lucky that our patient group is an enthusiastic group of patients who are keen to help us ensure we offer the best care possible to all our patients.

Note from the Group Chairman

The patient group has now been meeting for over 3 years. The composition of the group is representative of our patient population, but it is proving difficult to attract patients under the age of 40 to join us! We have worked hard to attract new members under that age by sending letters this year and we are delighted that this brought two new members to our group.

The patient group has collaborated with the practice in carrying out several surveys. These surveys have dealt with specific activities but have also allowed the patients the opportunity to make general suggestion for improvement. The results of these surveys have indicated a high level of satisfaction with the service received. This has also been confirmed by the response to the Friends and Family Test.

Towards the end of the year the CQC paid a visit to the practice. During their visit the patient group was given the opportunity to meet with the inspectors and five members of the patient group took up the opportunity. This proved very rewarding and along with the Doctors, Nurses and non-medical staff at the surgery we look forward to receiving their report.

The patient group has a good working relationship with the practice and we have seen many of our small but important suggestions for improvements implemented. The improvements have made for a better experience for the patients when contacting or visiting the surgery. The patient group will continue to meet with the practice management team together with representatives of the Doctors and Nurses in order to ensure that the good feelings and relationships that currently exist continue.

Derek Spackman (PPG Chairman)

Opening Hours

Details of the surgery opening hours and how to book an appointment are given in the “Surgery Information” and “Online” pages of the website.

http://www.collegewaysurgery.co.uk/opening_hours.htm

<http://www.collegewaysurgery.co.uk/appointments.htm>

In summary the Surgery Opening hours are as follows:--

<i>Monday</i>	<i>8.30am to 6.30pm</i>
<i>Tuesday</i>	<i>8.30am to 6.30pm</i>
<i>Wednesday</i>	<i>8.30am to 1.00pm & 2.00pm to 6.30pm</i>
<i>Thursday</i>	<i>8.30am to 6.30pm</i>
<i>Friday</i>	<i>8.30am to 6.30pm</i>
<i>Saturday</i>	<i>CLOSED</i>
<i>Sunday</i>	<i>CLOSED</i>

The surgery offers late appointments (after 6.30pm) every day from Monday to Friday. Priority for these appointments is given to patients who are working and unable to attend during the day.