

Derbyshire & Nottinghamshire Area Team
2014/15 Patient Participation Enhanced Service REPORT

Practice Name: Drs Broom and Partners

Practice Code: C81086

Signed on behalf of practice: Rachel Taft

Date:31/3/15

Signed on behalf of PPG: Arthur Williams

Date: 31/3/15

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 meetings, Email, bi-monthly meetings.

Number of members of PPG: Attending meetings – 16 throughout the year. Email communication only - 55

DEMOGRAPHICS

Practice Population Profile

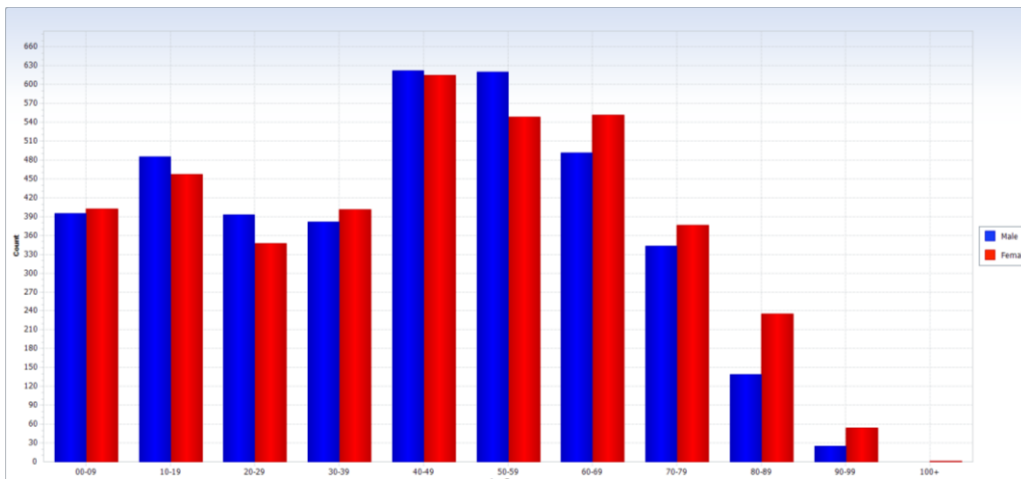
The vast majority of our practice area falls in Derbyshire Dales, with a small portion to the west in the rural northern corner of East Staffs. The practice does not collect data on ethnicity for our practice population, but as can be seen by the above and a more detailed analysis of the census data, our practice area has very little diversity. We also do not collect data on employment status. 2011 Census data has been accessed (via www.ons.gov.uk) and found the following information with regard to ethnicity:

Derbyshire Dales	
White (%)	98.6
Mixed / Multiple Ethnic Groups (%)	0.6
Asian / Asian British (%)	0.5
Black /African / Caribbean/ Black British (%)	0.1
Other Ethnic Group (%)	0.1
East Staffordshire	
White (%)	90.5
Mixed / Multiple Ethnic Groups (%)	1.4
Asian / Asian British (%)	6.9
Black /African / Caribbean/ Black British (%)	0.9
Other Ethnic Group (%)	0.3

Source: [2011 Census](#)

In terms of gender and age demographics, the practice data indicates the following:

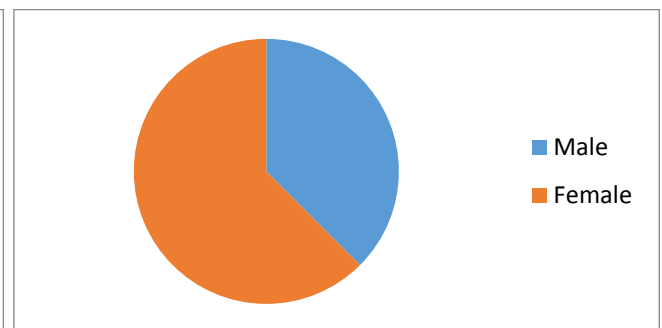
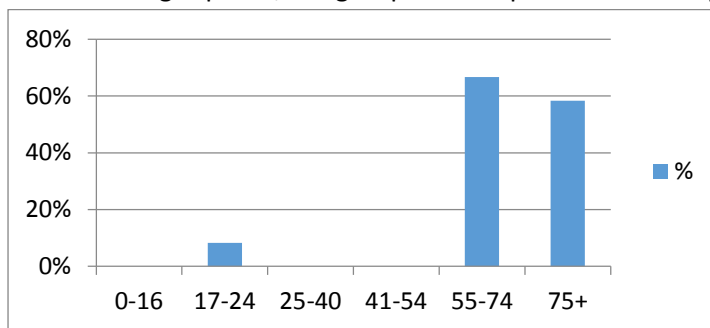
EMIS 31/3/15	Age▶	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	100+
TOTAL	7882	797	942	740	782	1237	1168	1043	719	374	79	1
% of all		10%	12%	9%	10%	16%	15%	13%	9%	5%	1%	0%
Female	3988	402	457	347	401	615	548	552	376	235	54	1
% of all		50%	49%	47%	51%	50%	47%	53%	52%	63%	68%	100%
Male	3894	395	485	393	381	622	620	491	343	139	25	0
% of all		50%	51%	53%	49%	50%	53%	47%	48%	37%	32%	0%



PPG profile

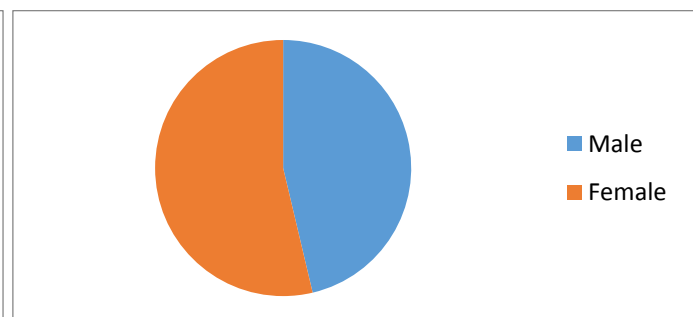
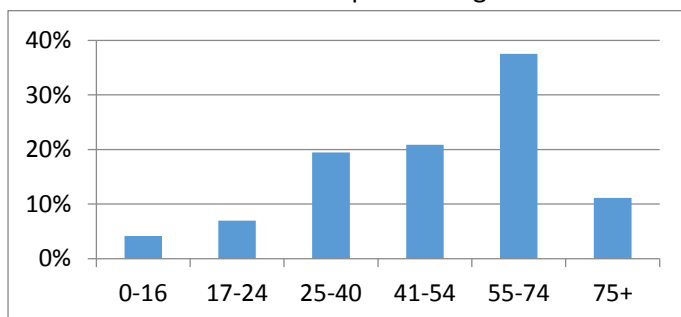
PPG (meeting group):

In terms of ethnicity, the PPG lacks diversity but in this regard matches the demographics of the patient population. In terms of age spread, the group is not representative despite our efforts.



Virtual PPG:

The virtual PPG has a wider spread of ages:



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:

There are 16 active members of the PPG (meeting section). We also have a Virtual PPG with 55 current members. As for most PPGs, we have difficulty attracting a representative sample of patients, particularly in terms of age. As a result, and in agreement with the PPG, continuing attempts have been made to widen the scope and opportunity for those who don't like/aren't able to attend meetings.

We have continued to promote and collect email addresses so that we can build on this group of patients who, whilst they may not be able to attend or enjoy meetings, want to be kept in the loop and allowed the opportunity for discussion/involvement in decisions. This allows patients to submit comments and be kept in touch with PPG's work, its discussions and decisions, and allow some interaction for those who are unable to attend/dislike meetings at a

time that suits them. As can be seen, the Virtual PPG has achieved its aim and it more representative of the practice population with a wider spread of ages than the PPG (meeting group). It has allowed a much wider range of patients to comment/contribute to decisions that affect them.

The PPG has considered a number of ways to improve membership by improving patient groups currently not represented on the patient group. We advertise the PPG in our patient leaflet, new patient information and on the PPG noticeboard in the waiting room. Also, we have a message on the TV screen. We have also regularly considered having the meeting at a different time to attract other members, and this is still a possibility. However, having tried in the past to engage young people, mothers etc, it was felt that those who enjoy meetings and would attend are able to within the current arrangements. We are also about to put an advert in the paper for new members jointly with the other practice in the town.

Members of the PPG have actively sought to be positive spokespersons, to encourage new members and specifically to recruit younger members so that the PPG can become more representative. As a result of these efforts, we now count a 17 year old amongst our regular attendees, and we are hoping to build on this link and have already been in touch with the school and governors to increase our contact with young people.

We held a carers' open morning at the practice during the course of the year with some members of the PPG in attendance to encourage carers who attended to consider giving their views and possibly joining the PPG. We also continue to arrange an annual visit by our Reception Manager to the local secondary school.

2. Review of patient feedback

Outline the sources of feedback that were reviewed during the year: PPG meetings, Suggestion box, F&F test, previous survey and action plan

How frequently were these reviewed with the PRG?: Previous survey and action plan was reviewed at PPG meetings held in July14, September14 and January15. F&F test results were discussed at PPG meetings held in January15

3. Description of priority areas

A: Need to increase availability of GP appointments

What actions were taken to address the priority?

The practice has been working over the last year to recruit more GPs and to put in place more GP sessions. We have finally been able to do this – we have recruited two permanent salaried GPs and we hope this investment shows our commitment to the patients and to our desire to increase access.

Result of actions and impact on patients and carers:

We have already increased our capacity by five extra surgeries per week, and we hope that as of June we will be able to add another four sessions to this via a locum GP. This will be the equivalent of one additional full time GP. As a result, we have many more appointments available in a week, have better cover through holiday times and are more able to provide quality care to our patients.

How were these actions publicised?

On our website, via PPG meetings and on our tv screen in the waiting room. Mostly, via Reception offering appointments with the new GPs.

B: Need to increase availability of nurse appointments

What actions were taken to address the priority?

After a period of great change in the nursing team, the practice has completed its recruitment process and has expanded the team. We now have a full range of skills from HCAs to Nurse Practitioner, and we have actually

increased the team by over 20%.

Result of actions and impact on patients and carers:

The 20% increase means more appointments and more time can be spent in some of those appointments where appropriate. We now have HCA-run blood clinics every morning of the week, which frees up the nurses to spend more time on chronic disease reviews and general treatment room activities. This means that we are more likely to be able to offer an alternative if patients are unable to make our usual clinics (such as our set-time smear, child health, travel clinics etc). We are continuing to invest heavily in training and upskilling our nursing team so that they can all offer a wide range of services to our patients and improve access.

How were these actions publicised?

Mostly, via Reception offering appointments with the new nurses and ensuring they were trained and fully aware of what each member of the nursing team can do. On our website, via PPG meetings and on our tv screen in the waiting room.

C: Prevalence of Did Not Attend appointments (DNAs)

What actions were taken to address the priority?

We monitor DNAs and put posters up around the practice and notices on the website and tv screen in the waiting room to highlight the problem and the impact it causes. We also call patients who DNA to ask them why. We have advertised use of the website to cancel appointments and have been advertising online access all year in preparation for appointment booking etc.

Result of actions and impact on patients and carers:

DNAs have stayed steady. It was hoped that we could implement SMS text messaging but with the uncertainty over who will be funding NHS text messaging when NHS Mail contract stops on 31/3/15, we were not able to implement this (whilst the service has been extended to September 15, we do not feel it is right to make the change, provide a service that patients come to rely on when we do not know whether we will be able to continue in 6 months due to cost).

How were these actions publicised?

The action itself was the continued publicity to patients of the impact of DNAs

4. Review of patient feedback

Report signed off by PPG: Yes

Date of sign off: 31/3/15

If you have participated in this scheme for more than one year, outline progress made on issues raised in the previous year(s):

The Practice Manager has continued to update the PPG throughout the year on the action plan from 2014 and to update on any progress or otherwise. We were able to get a 111 feedback form which is now in place. We have improved the tv screen messages and also the website continues to be updated. We have also installed a new phone system which has reduced/stopped the inconvenience to patients caused by the old system (cut-offs etc).

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

We are about to put an advert (jointly with the other practice in town) in the paper seeking new members and for those who don't regularly attend the practice.

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

Continually through the practice's 'carer's champion'. Also our Carers event in 16/6/14

Was the PPG involved in the agreement of priority areas and the resulting action plan? Meeting of 3rd November where PPG was asked for priority areas – a resounding 'appointments, appointments, appointments' was the answer. Kept fully informed of recruitment process and appointments via bi-monthly PPG meetings.

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

More GP and nurse appointments are now available and continue to grow

Do you have any other comments about the PPG or practice in relation to this area of work? No