

2014/15 Patient Participation Enhanced Service

Practice Name: Village Surgery

Practice Code: J81042

Signed on behalf of practice: Mrs Jo Phillimore, Practice Manager

Date: 24<sup>th</sup> February 2015

Signed on behalf of PPG: Sent to all members of the PPG and all have approved the report.

Date: 24<sup>th</sup> February 2015

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

Does the Practice have a PPG? YES / NO		Yes	
Method of engagement with PPG: Face to face, Email, Other (please specify)		Email	
Number of members of PPG: 85			
Detail the gender mix of practice population and PPG:		Detail of age mix of practice population and PPG:	
	%	Male	Female
Practice	4194	4763	
PRG	34	50	
	%	<16	17-24
Practice	1148	2277	1129
PRG	0	5	3
		35-44	45-54
		950	1094
		55-64	65-74
		898	892
		> 75	
		22	15
		22	9

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	7418	23	2	512	40	25	52	78
PRG	58	0	0	5	0	0	0	15

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	76	12	10	114	99	20	12	42	41	54
PRG	3	0	0	1	1	1	0	0	0	1

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 Village Surgery is a practice of 8984 patients situated on the Poole/Bournemouth boundary. It is located close to Talbot Village having moved 20 years ago from an old surgery in Winton, Bournemouth into a purpose built building. It is a practice of 5 GPs, two Practice Nurses, one Health Care Assistant and associated reception and administration staff.

The diversity of the patient population is mixed. We are close to both affluent and less well-off areas of Bournemouth as well as being adjacent to Bournemouth University and the Arts University Bournemouth.

The statistics on how the practice population is broken down into age, ethnicity and sex are detailed above but in a nutshell, the vast majority of our population (ie 83%) are of White British origin with generally similar numbers of patients in each age category. However we have a significant percentage of patients aged 17-24 due the number of transient patients who are students at the Bournemouth Universities.

Our ethnic population is small and varied. This again, could be a result of the increasing number of foreign students we have registered whilst they are studying at the University. We do have a number of Chinese patients registered who tend to belong to the same large families.

The ratio between male and female patients is virtually equal with 54% of patients being female and 46% male.

We do not have many vulnerable patients (>50) or registered drug users (>10); however, our carers number have increased from last year as we actively focused on increasing this number this year so that we may offer benefits to this group.

In order to encourage more patients to join our group, we did the following actions:

- Posters were produced and placed prominently within the Practice in the waiting room, corridors and clinicians' rooms.
- The Practice website continues to have full details of the PPG together with a form for patients to complete to join it which they could complete and return via the website or print off a paper copy to be sent to us. Our website is able to translate pages into many different languages.
- A notice was put on our PowerPoint slide presentation that is shown on a loop on the info TV we have in the waiting room.
- An article was placed on our regular newsletter with reminders about the PPG in subsequent editions.
- All clinicians were given copies of our sign up form and would ask patients to join, especially those they had seen from different ethnic groups and ages.
- The waiting room and reception desk had copies of the form and would ask patients to join.
- Details of the PPG went out with registration forms to new students attending the Arts University.
- A paragraph explaining the PPG and how to join is in the surgery booklet which is given to all new patients when they register and can be acquired by any patient if they so wish.
- GPs have actively asked people with learning difficulties or their carers to join the PPG when they attend for health checks or appointments in order to gain their input into changes we can make to their care. Two patients have joined our group
- Carers have been approached to join by our Carers Lead whenever she contacts them.
- Clinicians have also been asked to approach people from minority ethnicities to join the PPG.
- Messages have been put on the back on prescriptions advertising the PPG.

The majority of patients who have joined the PPG seem to be aged 45 and above. We feel that this is representative of the ages of patients who more frequently visit the surgery or have long term conditions. As these are the people who visit the surgery more often, they are able to suggest improvements and reflect on what they like about the service they receive at the practice.

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/NO

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

Yes. We are close to the Arts University Bournemouth. During term time, we hold a one hour clinic either at the Arts University or at the surgery dedicated to their students. Every year, The Arts University send out welcome packs to all their new students and in this pack we send a registration form together with details of the services we provide at the surgery, including the PPG. We had four patients from the University join our group but these have recently left the town and we have therefore been encouraging students to join our PPG when they visit the surgery for treatment or to register. Unfortunately, joining our PPG is not a priority of students and we do struggle to recruit from this sector.

## 2. Review of patient feedback

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

The first source of feedback reviewed was our last PPG report from March 2014. We took on board the remarks made by the patients who had taken part in our patient survey and together with our Patient Representative Group, we drew up conclusions from this and possible improvements we could make.

All our patients are able to comment on the service they receive throughout the year by:

- Putting a message in the suggestion box in the waiting room.
- Placing a message on our website which will be forwarded to the Practice Manager.
- Contacting the Practice Manager through her email address.
- Through the Friends & Family Test.
- By telephone.
- By writing.

How frequently were these reviewed with the PRG?

Twice. Fortunately, we received very little negative feedback from our patients and any complaints received were due to specific incidents where the complaint either turned out to not be warranted or were patient specific so did not warrant being discussed openly due to data protection.

The PPG was emailed by the Practice Manager in November to agree the questions for the Friends and Family Test and to ask if they considered any other questions were required. Those who replied were happy with the questions.

In January, the Practice Manager wrote via email to the PPG asking for their opinion on three areas for improvement which the Surgery had identified and to ask if they had any other suggestions for areas to improve.

### 3. Action plan priority areas and implementation

Priority area 1
<p data-bbox="201 387 589 422">Description of priority area:</p> <p data-bbox="201 462 757 497">Improve parking at the Village Surgery.</p>
<p data-bbox="201 611 889 646">What actions were taken to address the priority?</p> <ul data-bbox="250 686 2033 1181" style="list-style-type: none"><li data-bbox="250 686 2033 782">• The PM applied to Poole Borough Council to use the undeveloped land to the right of the car park to increase the number of parking spaces but unfortunately because this land has a preservation order on it, we were unsuccessful and the planning application was turned down.</li><li data-bbox="250 829 2033 925">• She then met with a representative of the Transport Department at Poole Borough Council to ask for his advice on what the Surgery could do and if one hour's parking for 10-15 cars along Gillett Road could be implemented. Although the Council's representative was sympathetic with our problem, he asked us to explore all avenues before changes like the one proposed could be considered.</li><li data-bbox="250 973 2033 1037">• The PM then wrote to ask for the help of two local Ward Councillors and if they could assist us but I am still waiting for their response and will pursue this further.</li><li data-bbox="250 1085 2033 1181">• She has now joined the Talbot Village Association's Neighbourhood Forum and have written to the Chair of the Association explaining our issues and asking if he can offer any advice and if the Practice could purchase additional land to extend the car park at the rear of the surgery.</li></ul>

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

Reaction from our PPG for this action plan is very positive and supportive. The vast majority of our patients realise that parking is a continuing problem at the surgery and are appreciative of steps we have taken to try and improve this.

## Priority area 2

Description of priority area:

Start using the NHS' Electronic Prescription Service (EPS).

What actions were taken to address the priority?

Although EPS was first discussed a couple of years ago, it had a few initial problems and we decided to wait until these had been 'ironed out' and the service proved to be more reliable before we recommended it to our patients. The Practice Manager has made enquiries with other local practices who have gone 'live' with EPS and early indications are that it has been well received by the GPs, receptionists, pharmacists and most importantly, their patients. If our PPG are happy to go ahead with this we hope to introduce the service in the summer.

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

This service enables patients to nominate a pharmacy and when a repeat medication is required, their GP will send an electronic prescription to that pharmacy ready for them to collect. We feel this will especially benefit our patients as it will remove the need for them to attend the surgery to collect their prescription and thereby help the parking problem too. GPs should benefit by not having to sign prescriptions at the end of their sessions and it will mean less work for our receptionists preparing and printing prescriptions releasing them to do other work to improve the practice. Other practices who have started using EPS already have found it very good. We hope to start this service in the summer.

We will advertise the Electronic Prescription Service as soon as we have a 'go live' date from the IT Department. This normally takes 8 weeks which should be ample time to reach most of our patients on repeat prescriptions. The Practice Manager will contact other practices who are already using EPS to ask for their advice on setting the system up and will arrange visits for GPs, receptionists, IT Manager and herself to see the system in action.



### Priority area 3

#### Description of priority area:

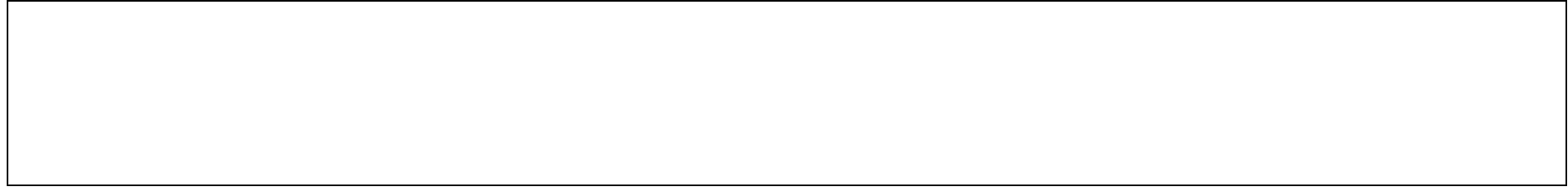
Improve access to the premises. We will review improving or replacing the electronic doors at the front of the surgery to aid access for all our patients.

#### What actions were taken to address the priority?

Four companies were approached and asked for their advice on either updating the doors we have or replacing them with electronic sliding door. They are preparing quotes and we are awaiting receipt of these. We will review these with the Patient Reference Group to gain their impression on the best way access to the surgery can be improved.

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

The current electronic doors to the surgery are frequently breaking down and although they are repaired as soon as possible, replacement parts are getting increasingly difficult to obtain as the motors are now obsolete. The doors no longer meet successfully every time and are heavy to push for elderly or weak patients. By either having a complete overhaul of the current doors and updating their motors or by replacing the doors entirely, we feel would be a major benefit to our patients and those of the Dental Practice which also occupies our building.



### 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):

#### **Patient Participation DES 2012/13**

The outcomes from the DES in this year were as follows:

1. Clinicians Endeavour to reduce the time patients have to wait to see a doctor and keep them informed when doctors run late. We will regularly review appointment times retrospectively and assess reasons why clinicians may have run late and put steps in place to prevent a recurrence wherever possible.  
**Actioned. GPs timetables were reviewed and catch up slots added. Doctors made a concerted effort to run to time wherever possible.**

#### 2. Telephone System

We are very pleased to note that 72% of the patients undertaking the survey found that our telephone answering service had improved since we updated our server and changed how calls are answered - although we did have a few negative comments on it which seemed to relate to patients being unable to get through at 8.00 am. Unfortunately, this is mostly down to the amount of telephone calls being received in the practice at that time and although we always try and have as many receptionists on duty as possible in the morning, it will always be difficult dealing with the volume of calls we receive.

#### 3. Investigate providing additional services.

We were keen to gauge our patients' views on us providing additional services, such as chiropody, physiotherapy, more phlebotomy appointments etc and this has come across as a positive way ahead in the survey. We would therefore like to investigate this further and hopefully provide extra healthcare services in the future. **We have managed to provide an extra phlebotomist session each week and secure the phlebotomy service of Moordown Clinic three mornings each week.**

#### 4. Keep Patients informed

From the survey, we noticed that many patients weren't aware of alternative services we provide (such as a Carers service) and those NHS ones that are available (such as the Boscombe & Springbourne Health Centre). We will continue to keep patients informed and up to date on any services that we think might benefit them or help their healthcare. **We took over our TV information service in the waiting room and created our own PowerPoint presentation which gives details of various services we have or where patients can access them. This has been kept up to date regularly. Information details are also available on our website, frequent newsletters (copy of which are placed on our website) and in a revamp of our surgery booklet.**

### **Patient Participation DES – 2013/14**

#### 1. Nurse Appointments Available On Line

At the moment we do not want to make nursing appointments bookable via our on line system. As explained above, our nurses and HCAs do various medical treatments which need specific appointment slots. Our receptionists are trained to know exactly how long each procedure needs and what other information or samples patients may need to bring with them. We therefore believe it is better and more efficient for our patients that nursing appointments remain bookable only via a receptionist.

#### 2. Availability of Appointments

The appointment system we currently provide we consider is the fairest for all our patients. However we have listened to our patients and Dr Sobhy now provides an additional morning session each Tuesday. We are also pleased that Dr Phillips has recently been approved to become a GP Trainer and we will soon have an additional GP Registrar working with us in August on a full time basis. We will however audit appointment availability regularly.

We are very pleased with how successful and well received our on-line booking service has been with our patients. We want to continue to promote this in the future and encourage more patients to sign up and use the service. This will help patients booking appointments to see the availability of each doctor up to four weeks in advance and make an appointment if need be.

### 3. Phlebotomy and Nurses' Appointments

We will audit phlebotomy and nursing availability to see if the demand for these appointments is increasing and look at how we can provide additional services if need be. We will continue to use the phlebotomy services of Moordown Clinic three times a week.

### 4. Car Parking

Car parking has become an increasing problem at the Village Surgery and lately, it seems to be getting worse. The Practice Manager is therefore going to look at all options available to the surgery to try and improve this situation. This will involve:

- \* Putting into operation a parking charge system to deter people who are not patients using the surgery's car park. **Actioned April 2014.**
- \* Approaching the Talbot Village Residents' Association to ask their advice on how we can provide additional parking spaces.

**The Practice Manager has already approached Poole Borough Council and the Talbot Village Trustees to arrange a meeting to discuss the possible purchase of additional land to extend the surgery's car park. Still on going.**

### 5. Dr Andrew McLeod's Memorial Garden

One patient commented at the recent decline of Dr McLeod's memorial garden at the front of the surgery. This has already been tidied up in honour of a doctor who is still fondly remembered by a lot of our patients.

**Actioned March 2014 and maintained throughout the year.**