

Leicestershire and Lincolnshire Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Merridale Medical Centre

Practice Code: C82073

Signed on behalf of practice: YES

Date: 26TH March 2015

Signed on behalf of PPG: YES

Date: 30th 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, Email, Other (please specify) Face to Face (bi-monthly meetings and adhoc) and via email (adhoc)											
Number of members of PPG: 14 (as at 17.3.15)											
Detail the gender mix of practice population and PPG:				Detail of age mix of practice population and PPG:							
%	Male	Female									
Practice	49.85%	50.15%	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
PPG	50%	50%	Practice	23.6	9.62	18.62	15.14	12.87	8.68	6.14	5.33
			PPG	0	7.14	0	14.28	0	7.14	64.3	7.14

Detail the ethnic background of your practice population and PPG:

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	18.41%	0.54%	0.03%	7.55%	0.93%	0.69%	0.4%	35.98%
PPG	79%			7%				

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	9.72%	0.72%	0.15%	0.35%	1.24%	2.63%	0.74%	0.27%	0.06%	19.60 %
PPG	14%									

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:

A periodic review is carried out with the aim of ensuring that the PPG is truly representative of our whole patient population. Previously we were conscious that we did not have any Eastern European members despite having a large number of Eastern European patients (particularly from Poland). We subsequently recruited 2 additional PPG members both of whom are from Poland. We have been mindful for some time of the lack of representation from younger patients and we have therefore run promotional campaigns (website/articles in Practice newsletters/ Jayex board. We have also sent SMS texts to a random mix of 150 patients who are aged 19-30 as agreed at our most recent PPG meeting. In addition we are in the process of liaising with a local Youth Group and mention has been included again (as a message from our PPG Chair) within the Spring edition of our Newsletter which is due for issue this week. Through a combination of these steps we anticipate that the number of PPG members will be boosted by having a few younger patients joining our PPG in time for the next meeting in May. The timing of some of the PPG meetings throughout the rest of the year has also been reviewed with times varying (to include some evening meetings) to avoid having a set time for each meeting as it is recognised that this could detract patients from joining otherwise.

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

Yes –unemployment levels are high in the area. We also have a large number of patients from Eastern European communities and we also have a large number of nursing homes.

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

We always actively promote the PPG -the PPG notice board is on prominent display within our reception waiting area which includes minutes and contact details. Reception staff also help to promote the existence of the group should anyone express an interest in joining.

The PPG Terms Of Reference; associated documents and membership were reviewed earlier this year when the need to increase PPG membership was discussed in detail. At the meeting in March it was decided that we will be holding a PPG promotional event mid-May time (to help to raise the profile of the PPG and also to give the PPG members an ideal opportunity of engaging more easily with patients including those who are unemployed) with a view to attracting more widely representative membership. Demographical reports are also shared with the PPG with the aim of ensuring that there is an appropriately balanced representation. We haven't as yet embarked upon any specific publicity towards the LGBT community though it is made clear to all of our patients within various communications that the PPG membership is open to everyone –albeit that there has to be a reasonable limit of PPG members who meet (otherwise it wouldn't be practical to administer or convene regular meetings). The PPG members have discussed the pros/cons of having a virtual PPG group but the general consensus currently is for face to face meetings to continue rather than resurrecting a 'virtual PPG group' to run alongside or instead of the present PPG.

In February an Admission Avoidance Practitioner joined our clinical team .Their role is predominantly to carry out regular visits to the nursing homes which entails lots of liaison with the nursing home residents and staff. Once this role has become fully established the intention is for there to be a discussion about what involvement if any nursing homes would like to have with the PPG and how this

can best be facilitated. Although this hasn't materialised as yet (as it is too early to do so) the basic principles have been briefly discussed with the PPG as one of our aspirations. The Admission Avoidance Practitioner readily feeds back any general views as a matter of course. It is recognised though, that we already have ample representation by older patients (it is however regularly acknowledged by the PPG that it is really the younger patients who we need recruit to better balance the composition of the PPG as a whole).

2. Review of patient feedback

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

We have a range of feedback channels including

- PPG members directly (and feedback they have had from others)
- Online feedback forms on our website
- Comment cards on reception (the format of which had previously been agreed with the PPG)
- Adhoc surveys
- Complaints-all anonymised as it simply the themes which are discussed with the PPG
- Friends and Family Test

How frequently were these reviewed with the PRG?

At each bi-monthly meeting.

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>To improve appointment availability and options for patients</p>
<p>What actions were taken to address the priority?</p> <p>A full review of our appointments systems had been carried out early in 2014 and various changes came into effect as of March 2014. PPG members had contributed to that major review. They then assisted with an evaluation of those changes and as a consequence our appointment options were further enhanced. Specific appointments for patients who work was introduced initially –Saturday morning appointments were then introduced in June 2014. The extent to which patients could pre-book appointments was then extended too (from 2 days in advance to 2 weeks in advance).</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>The changes as described above made a significant difference and improved access and appointment availability across the board including the opportunity for patients to pre-book with a GP of their choice. Greater range of appointment options has also assisted those with caring responsibilities as the options which we offer are now a much broader range which meets most patients needs as far as is practical to do so. The information sheets which were drafted to publicise the changes were approved by PPG members beforehand. From January this year we now issue quarterly newsletters the content of which is also approved by the PPG prior to issue and each newsletter now includes a message from our PPG Chair. We have also gradually increased the amount of appointments which can be booked via our website in line with the increase in the number of patients who have registered to use our online services.</p>

Priority area 2

Description of priority area:

To improve the patient experience when telephoning the Practice

What actions were taken to address the priority?

A review of the current caller options and 'call journeys' of patients was undertaken (helped by the ability by designated Practice staff to retrieve call recordings in order to better understand the patient experience when ringing the Practice). Patient and staff feedback also helped to highlight the main areas for improvement. Options were then explored with telephone providers and a suitable solution was agreed. This has since resulted in migration away from using an 0844 number with the Practice launching a local number (instead of 0844) as of 2.3.15. This major change has since been followed by some further improvements to the telephone system which has included a review of the caller options; changes to some of the call routings; separate queuing systems and messages appropriate to the option which a caller chooses and the launch as of 25.3.15 of a Prescriptions Direct Line.

An additional aspect is that we now expect to have more robust Disaster Recovery measures at our disposal shortly (including the facility of call diversions to designated mobiles if there is a major interruption in our telephone services).

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

The abandonment of the 0844 number has proved to be extremely popular and has had a positive impact on all of our patients who ring the Practice. Whilst the additional changes have occurred very recently and need time to become established, a review of the telephone stats and queuing data has already demonstrated that it is much easier and quicker for patients to get through to the right person at the right time without having to remain in one long queue unnecessarily.

We have used a variety of methods to promote these various changes including issue of a March newsletter; SMS texts; Jayex

board, display screens and the Latest News section of our website. Headers and footers of standard letters are also being updated. The launch of the Prescriptions Direct Line has also been promoted on prescriptions and on the automated messaging facility of our telephone system.

Priority area 3

Description of priority area:

To reduce considerably the level of missed appointments – DNA's (Did Not Attends)

What actions were taken to address the priority?

The level of DNA's has routinely been displayed on our Jayex board and as a consequence has attracted comments from patients including concerns raised by PPG members. The extent of wasted appointments because of DNA's has been an ongoing concern to the Practice. It was therefore agreed that this was an area which would be worth jointly reviewing on the basis that the high level of DNA's impacts on everyone. DNA reports were produced and the PPG Chair has helped with some of the initial analysis. (Our present Chair assists with certain clinical audits –including DNA's in his professional capacity so is well placed to help with this priority area). From the DNA reports it became evident that there was an exceptionally high level of DNA's in respect of pre-booked appointments with our Mental Health Practitioner (MHP). Another area was the reasonably high proportion of DNA'd Saturday morning appointments. The surprisingly high number of DNA'd 'same day appointments' was also identified as needing attention so these 3 'DNA' areas (MHP/Saturdays and same day DNA'S) were agreed as the main ones to focus on initially.

DNA levels were featured as one of the main items in the January edition of our newsletter to highlight the problem to every patient. Installation of a new self-check in screen also occurred to help speed up the checking-in of patients to reduce the risk of patients checking in later than their appointment time and linked with this, a review has also occurred of our queuing systems.

With regard to the MHP DNA's it was agreed that this was the first 'DNA' area to focus on. This was on the basis that despite the fact that any patients who have consented to receive appointment reminders by text being sent a reminder they were still failing to attend. It was therefore decided, that as a trial, reception staff would ring each patient the day before their pre-booked appointment with the MHP. The same action was then commenced in respect of Saturday morning appointments (with reception staff contacting the patients on the Friday afternoon beforehand to remind them). A simple system was also introduced to ensure that Same Day DNAs are brought to the attention of Practice management (with a view to the patient being contacted if appropriate). If it is the case that a 'same day DNA' is also a frequent DNA offender then this is addressed by a follow-up within

the Practice. Anonymous data for the PPG on the level of frequent DNA levels by the same recurring patients is an additional aspect which is being given attention in general terms by the PPG. The Practice will then decide the most appropriate steps with individual patients (depending on the circumstances). A review of the DNA standard letters is also going to be carried out with the PPG with the aim of 'escalating and strengthening the content where there is a pattern of DNA's by individual patients.

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

In the relatively short time that the above measures have been underway with regard to MHP pre-booked appointments it has already resulted in a marked decrease in missed appointments and in turn has created some extra 'same day appointment slots' with the MHP when patients indicate (when they receive a call from reception) that they wont be attending the next day MHP appointment.

Similarly the extent of Saturday appointments which are DNA'd are starting to decline. It is too early to say whether contact with same day/frequent DNA patients is succeeding but this is being closely monitored.

This DNA review is continuing and a more detailed analysis is underway which will be followed by a review of the additional measures to combat this problem

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):

Our website has continued to be enhanced with a wider range of information available along with the launch of online repeat prescription requests. The introduction of the Electronic Prescriptions Service has also proved popular with patients. The commitment to issuing a quarterly Newsletter has been welcomed by lots of patients too. Saturday morning appointments/opening has been very well received. The continued availability of our comment cards is also a well-used method for patients to provide feedback and any patient who provides their contact details is then contacted by Practice Management.

Please note that the current PPG Chair was newly appointed during this current year (as the former Chair retired from this position)

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 30th March

Has the report been published on the practice website? YES

How has the practice engaged with the PPG:

The PPG is well established within the practice and currently has 14 members. The PPG have recently reviewed their membership and although the group is broadly representative of the practice population, further attempts will be made to increase diversity. In March 2015 a campaign to recruit members aged 18-30 was commenced and the PPG are looking to extend total membership from 14 to 20 patients in 2015-16. The PPG intend to hold an engagement event in May/June 2015 to further raise their profile and the group are in the process of updating the ways in which they communicate with and represent the wider patient population, e.g. updating the PPG noticeboard in the waiting room and a dedicated PPG section in the practice newsletter. The PPG Secretary's personal email is made available on all PPG correspondence and patients are encouraged to contact the PPG via this route if they wish to discuss any matter with the group.

The PPG meet with representatives of the practice every two months and these meetings lead to detailed discussion and the exchange of important ideas. At all PPG meetings, the practice provide detailed updates of recent practice activities for PPG members and the members are invited to feedback and raise points of interest. The PPG Chairman and Secretary also meet practice staff periodically to enhance the work of the PPG.

A wide range of topics have been discussed by the PPG in the last 12 months, but the group agreed that the priority areas for further work in 2015/16 are: 1) improving appointment availability and options for patients, 2) improving patient experience when telephoning the practice and 3) reducing the level of missed appointments (DNAs). In relation to the above priorities, the PPG have worked with the practice and improvements have been made, particularly in relation to improved access and the opportunity for patients to pre-book appointments. The practice have also recently introduced a new telephone system and the PPG will be monitoring this in future to ensure initial positive feedback is sustained. Patients who miss appointments (DNAs) are an on-going

challenge for the practice with the number of weekly missed appointments increasing since early 2014. The PPG are working closely with the practice to address this problem with weekly audit data being collected to quantify the problem. The PPG plan to work with the practice to introduce some new systems/arrangements in Spring 2015 to try and reduce the number of DNAs.

Overall, the PPG is working closely with the practice and over the last 12 months significant improvements have been made to formalise PPG documentation and working arrangements. The PPG functions to both support and provide feedback to the practice and it is expected further progress will be made in the next 12 months.