

## Patient Participation Group Annual Report for 2013-14

### MEETINGS

The group had met in March and September 2013 and again in February 2014

### PPG GROUP PROFILE

There has been recognition of the inequality in demographics within the group and the clear under-representation of both younger patients and those in ethnic minorities. Group members have been asked to encourage younger patients to engage with the group and there has been consistent advertising throughout the surgery with the aim of attracting new members from more diverse patient groups. That said, group members have remained committed to the PPG and in meetings have made strenuous efforts to ensure that the needs of those not represented are taken fully into account in any plans proposed take account of the needs of all patient groups.

The practice has recognised that, whilst representation of practice population is not universal, the quality of decision making and commitment of the group has added value to the practice as a whole.

Breakdown of group membership by age/gender is as follows:

<b>Count</b>	<b>54</b>
Female	29
Male	25
<b>Under 40</b>	<b>4</b>
Female	2
Male	2
<b>41-50</b>	<b>2</b>
Female	2
<b>50-60</b>	<b>7</b>
Female	4
Male	3
<b>60-70</b>	<b>14</b>
Female	7
Male	7

<b>70+</b>	<b>27</b>
Female	13
Male	14

#### DEVELOPMENT OF THE ACTION PLAN

Responses to the 2013 survey had been low in number in spite of extensive advertising within the surgery, on the website and providing survey forms throughout the surgery. Extending the survey for a further 2 week period had minimal effect so that the group had to base its action plan on a small sample. However the plan proposed took account of issues relevant to primary care supported by the specific experiences of group members. At the meeting on 28th February 2013, the following areas to be addressed were agreed:

- Improvements to telephony
- Enhancing staff/patient engagement
- Addressing environmental aspects affecting patient confidentiality
- Enhancing the existing website
- Increasing accessibility by fully engaging IT solutions
- Increasing PPG representation
- Reviewing the Patient Charter to address behavioural concerns
- Addressing parking problems

Specific action points were noted within each area (as reported in the PPG Minutes) and work continued throughout the summer months to bring about the required improvements.

#### REVIEW OF ACTION PLAN

Progress was initially reviewed at the PPG Meeting on 13th September 2013.

Whilst some headway had been made, cost and other restraints meant that work remained to be done in most areas. Notably, the practice had invested in the telephone booking system but progress had been slow, at least in part because of the limitations of the telephone system underpinning it. System reports available indicate that, at best, usage was consistent but not increasing significantly; the facility to cancel and rebook appointments had helped reduce the number of wasted appointments and overall it was felt that further action should be taken to encourage use of telephone bookings.

In September the practice also initiated a trial of appointment reminders via text and this has proved popular, albeit there are limitations with the system which need to be highlighted to users (ie appointments cancelled on the day are often not captured giving the appearance that the patient has DNAd an appointment). Similarly, the facility to recall patients via text message has been well received and generally has a good response with associated cost savings over postal recalls.

Finally the practice engaged with the clinical system supplier and has introduced on-line appointment bookings and prescription requests which have been operational throughout the winter months. Consent forms used for the flu campaign were used to encourage registration for online services however, although around 1000 accounts have been created, only 588 are currently active, accounting for just 5% of the practice population. Again limitations have been identified with the software solution which has restricted use of prescription requests and prevents many users accessing the system effectively. This has been raised with the system provider and a system enhancement is anticipated in the first quarter of 2014/15. Once this is functioning fully the practice will undertake a further campaign to encourage new registrations.

**The PPG met again in February 2014** and again reviewed progress on the 2013/14 action plan (reported fully in the minutes of the meeting). At this meeting the members also approved the Patient Survey for February 2014, focussing on gathering patient views on recent technological developments and availability of appointment times to meet patient needs. Patients with mobile telephones were sent a link to access the on-line survey and this certainly appears to have increased participation. At this point the PPG have not met to review the results although these have been circulated via email and are available on the practice website.

PPG Members were pleased to note that their proposals had been adopted by staff agreement to wearing of ID badges to support patient interaction; similarly, photographs of all clinicians had been added to the practice website to engage directly with site users in line with PPG suggestions.

The group noted that plans were in hand to provide a further consulting room which would double up as a patient facility for confidential discussions in line with a further key action point. Financial constraints would limit what might be achieved but the practice had already invested in off-site records storage to free up much needed surgery space.

Overall the group had recognised that the action plan remains a “work in progress” requiring ongoing investment and commitment.

Finally the group approved a revised “Patient Charter” which, it was hoped would help to establish common ground for patient/staff relationships and behaviour.

#### FUTURE PLANS

The next meeting of the group is proposed for May 2014. At this meeting the group will review the results of the survey, identify actions required and propose areas to be considered in future surveys.

It is also hoped that group will be sufficiently established that its constitution may be reviewed and opportunities identified to increase group membership and patient engagement.

#### DATA SOURCES

Patient Partner monthly usage reports on telephone bookings  
Vision Online Service reports (appointment usage and repeat request orders)

### **Patient Participation Group Annual Report for 2012-13**

**Facilitator**                    **Dr Sanjeev Sangar**

**Note Taker**                    **Mandy Carr, Practice Manager**

**PPG Members:**            **Mr Vijendra Gajparia; Mrs Susan Lynch; Mr Augustine Odita; Mr William Steel; Mr Colin Thomas; Mrs Sheila Whitehead; Mrs Vera Youngs**

#### **Minutes**

##### **1. 1.**

#### **PROGRESS REPORT ON 2012-13 PRACTICE ACTION PLAN**

At their meeting on 31st January, the group reviewed progress in the year to date. Key action points from the previous survey had been reviewed and progress in each area identified:

**Action 1 – Improvements to Telephony.** It was noted that during 2012/13 there had been significant financial investment to increase the number of incoming telephone lines and to improve handling of incoming telephone calls. It had been hoped that this enhancement to the system would also increase useability of the telephone booking system but, in the event, the telephone system was failing to live up to expectations. The Practice has called a meeting with the system providers to give account for the significant shortcomings being reported by patients and other system users.

**Action 2 – Professionalism.** It had been suggested that communications might be improved by the introduction of staff name badges. In discussions with the staff there had been reluctance on the part of some team members to wear identity badges. Several reasons had been identified for this and, whilst the practice remained keen to enhance communications, it had been felt important to maintain staff morale during a particularly difficult year by avoiding conflict. The group felt that this subject should be broached again

with the suggestion that ID badges would initially be worn on a trial basis to reassure staff that their views would be taken into account.

**Action 3 – General ambience of the surgery.** There had been decoration of main patient areas during the year which it was felt had improved the areas to some extent. However, other issues had not been addressed, largely because of significant staffing issues which had affected the practice team for the whole of the year. It was hoped that greater stability would allow staff time to focus on improving the working environment, noticeboards, etc. Although Signage generally had been improved, it was acknowledged that more work needed to be done particularly in relation to check-in systems.

**Action 4 – improvements to the website.** The group felt that the site remains heavily text based but that it held a good volume of relevant information. This will be raised again with the practice IT lead for further development in 2013.

**Action 5 – Accessibility.** As a result of the previous survey the Practice had ordered on-line booking software early in 2012, however, as a result of ongoing technical problems identified by the system provider, this had not been implemented. However, during January the system providers had been able to carry out final commissioning and a plan for implementation would be proposed as soon as system training had been completed. A go-live date of April/May was considered feasible and early response from patients had been positive who had completed application forms to access the service

**Action 6 – Representation.** Little progress had been made during 2012-13 to increase patient involvement in the core group so that this will remain an ongoing focus for the coming year. Group members were encouraged to share information about the group with their peers in order to improve engagement locally and the practice would renew its efforts to raise the profile of the PPG among the patient population generally.

## 1. 2.

### **PATIENT SURVEY 2013**

At their meeting in January the group had reviewed the content and responses of the previous survey and modified the content to target areas for the coming year. Over previous surveys it had become increasingly difficult to secure levels of response from patients It was felt that the survey should again be kept short in the hope of maximising response from patients albeit it was acknowledged that the on-line survey media allowed respondents to skip questions, potentially detracting from the value of the responses reported.

The survey was held as planned, however, response levels remained very low with only 51 respondents completing the survey within the specified period. At their meeting to review the survey the group had agreed to extend the survey period into mid April before drawing final conclusions and agreeing further actions.

## 1. 3.

### **PPG ENGAGEMENT WITH STAFF**

The group had discussed various aspects of practice operations and including telephone consultations and availability of appointments and remains keen to seek the views of staff within the practice to contribute to planned future developments. The group acknowledged staffing difficulties in the previous 12 months and there had been discussion on the impact this had had on patient services. Notably the group felt they could work to develop a new “Patient Charter” to set out expectations and obligations for patients and this will be revisited during 2013 as a key action point.

## 1. 4.

### **DATES OF NEXT MEETING**

The current group although still relatively small has now established excellent working relationships and has a clearer understanding of practice operations and the factors which affect it most directly, enabling them to move on to provide valuable patient input to

practice developments.

A further meeting in early Summer will re-examine the final results of the extended survey and proposals for a new Patient Charter. It is anticipated that this meeting will take place in May.

At that point, the full results will be circulated to members of the wider Patient Representation Group for their input.