

Derbyshire & Nottinghamshire Area Team

2014/15 Patient Participation Enhanced Service REPORT

Practice Name: Sunrise Medical Practice

Practice Code: C84714

Signed on behalf of practice: Dr Avtar Ghattaora

Date: 17.3.15

Signed on behalf of PPG: Sukhi Ghattaora

Date: 17.3.15

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, Email, Other (please specify)

We have essentially had 2 PPG's running: one for the Radford site which has been run via face to face meetings. The other is at our Clifton site which consists of students at Nottingham Trent university who are our patients. Engagement has been via a focus group meeting and telephone consultation on a one to one basis.

Number of members of PPG: 9 total at both sites

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	58	42
PPG	33	66

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	1	78	13	3	1	1	.3	0.01
PPG	0	44	0	11	11	11	11	11

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	56	7	0	7	0.4	0.2	1	0.7
PPG	55	0	0	0	0	0	0	11

%	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	5	1	0.2	2	1.4	4	1.7	0.3	0	0.03
PPG	0	11	0	0	0	11	11	0	0	0

Please note the percentages don't total 100 due to rounding off errors and small numbers on some of the categories above

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 practice is committed to equality and recognising diversity of the patients we serve. As such the practice encourages the monitoring of ethnicity of patients and actively seeks this data. This data helps to shape our services accordingly. Participation of the group was enabled breaking down barriers such as language, age, disability, access to information. disability, gender

reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Posters have been put up to increase engagement. We have invited carers to take part by talking to them and asking them when collecting prescriptions. This is a very hard to reach group since carers are often family members who prefer to spend the time with those who they care for rather than at the surgery giving feedback and support to the practice. This is one area where the practice was unable to engage despite its attempts to do so. We have also tried to encourage more men to join the group. We have actively tried to talk to patients over the counters who use our services regularly. We have even targeted patients attending GP appointments on the day of the meeting to see if they might wish to attend and try it out!

The net result is that the patient participation group ends up being of regular users of our services often with long term conditions and complicated health history. In some ways these high service users are best placed to give advice and feedback to the practice. We recognised that women are higher service users than men thus the PPG would be skewed that way.

For the Radford group particularly we have found that face to face engagement between patients and the doctors or practice manager has been the best form of recruitment.

We have targeted specific student and the general student population to encourage engagement. At the Clifton site the strategy of targeting students visiting the Wellbeing Centre worked as these patients have issues of health and be high users of our services. Though the intention of students is often good we found it hard to get commitment and continuity from them to sign up to being part of the PPG.

We have also advertised the PRG on the practice website and on the JAYEX boards to increase engagement.

This is a copy of the script we have had on our website to encourage participation too:

Dear Patient, We value the views our patients have about our service and like to involve you in developing future services. As such, we run a Patient Participation Group at our Radford Site and have a Focus Group of students advising at our Clifton site. If you are interested in joining please contact Sukhi Ghattaora the Practice Manager for further information on 0115 919 6662. You may be interested in the information below about the groups and the recent patient survey

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 large numbers of students are registered with us at our Clifton site.

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

We have worked with the team at student support services to ascertain the best way of engaging with students. In particular we spoke to the Wellbeing Manager, the Complaints manager, the Chaplain the key staff who run the Nottingham Trent University Wellbeing Centre and it was agreed to hold the first meeting at the Wellbeing Centre and get patients to join as they came into the Centre if they wished to. We have targeted specific students and the general student population to encourage engagement by putting up posters and talking to them and encouraging them to come for afternoon tea. Giving patients the incentive of being able to add their engagement and participation to their CV helped to keep some interest.

We have also advertised the PRG on the practice website and on the JAYEX boards to increase engagement.

2. Review of patient feedback

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

1. The national patient survey
2. Individual patient complaints
3. Individual patient feedback forms and suggestion box
4. Family and friends test on website

Here is an outline of the current You said... we did ... the outcome was..... produced in march 2015

<i>You said</i>	<i>We did</i>	<i>The outcome was</i>
<i>We need to advertise and promote the sexual health services</i>	<i>We put up displays We put out more literature We reminded patients when they come in for their pills</i>	<i>More patients aware of the services available to them and are booking on an ongoing basis</i>
<i>Patients are interested in online services</i>	<i>Online project undertaken</i>	<i>Patients can book appointments, request prescriptions and view medical records once they sign up</i>
<i>Some patients who don't attend are blocking appointments for those who need appointments</i>	<ul style="list-style-type: none"> <i>• Sit and wait surgery set up at Clifton</i> <i>• Text back cancellation introduced</i> <i>• Letter sent to persistent offenders</i> 	<i>Less DNAs from text backs</i> <i>Patients like the sit and wait service on a Monday</i>
<i>Waiting times in the surgery can be more than 30 mins</i>	<i>We monitored the waiting times</i>	<i>Receptionists to apologise if doctors are running late</i>

<i>Extended opening times – patients like it</i>	<i>Service extended for another year</i>	<i>Greater access for patients</i>	
<i>The TV presentation screen at Clifton moves too fast to read</i>	<i>Sukhi reminded receptionists to change and check on a daily basis</i>	<i>TV screen at a slower pace</i>	
<i>Students said they liked that we are available at a number of points to register patients – and we had time to talk to them about our services</i>	<i>We fed this back to the university</i>	<i>Plans in place to have more staff available at Student registration in 2015</i>	
<i>Receptionist was making a personal mobile call whilst on reception – not very professional</i>	<i>Sukhi reminded staff about use of mobiles</i>	<i>Staff mobile usage monitored by manager</i>	
<i>We should encourage new members to join the patient participation group</i>	<i>Notices were put up. Sukhi discussed this face to face with patients</i>	<i>New members still being sought</i>	
<i>How frequently were these reviewed with the PRG?</i>			
Annually			

3. Action plan priority areas and implementation

Priority area 1
<p><i>Description of priority area:</i></p> <p>Setting up and promoting on line services</p>
<p><i>What actions were taken to address the priority?</i></p> <ul style="list-style-type: none">• The practice joined the online access to records pilot.• Staff were trained on the use of the online appointments prescription and records access process in EMIS web• The practice manager worked with Karen Mellers to pilot the effectiveness of the online uptake for students.• The website was reviewed to highlight the online services• Notices were put up in the surgery to promote online services• The JAYEX was amended to include the online service message.• Uptake was monitored• Feedback was sought from patients in the PPG about the online access.
<p><i>Result of actions and impact on patients and carers:</i></p> <p>The practice has now embedded this service and has robust processes and systems to deal with</p> <ol style="list-style-type: none">1. online prescription requests2. on-line appointment requests3. access to medical records <p>Uptake to online access was much slower than was anticipated. We thought that students would be rushing to sign up but this has not been the case. Patients often prefer to ring to speak to someone.</p> <p>One member of the PPG had accessed her medical record on line and felt that this was a useful functionality.</p> <p>It is anticipated that this will grow as students go home for the summer and might wish to do online prescription requests etc. It is intended that a text reminder is sent to make students aware before they go home for the summer to sign up for the service.</p>

How were these actions publicised?

- Notices were put up in the surgery
- The Electronic message board was updated.
- Letters were sent to invite a cohort of patients to sign up to online services.
- A group Text message will be sent to promote the service to be sent in May 2015.
- Face to face conversations have taken place with patients who might be interested in signing up.

Priority area 2

Description of priority area:

Promote Sexual Health services – i.e. STI screening for chlamydia, HIV, gonorrhoea, syphilis

What actions were taken to address the priority?

- The Health care assistant was trained to do bloods for STI screening
- The bid was renewed to continue to deliver the enhanced services
- All patients attending for contraception are offered STI screening – a template prompt is on the EMIS web system to remind staff to ask.
- Text reminders are sent for STI appointments (not saying what the appointment is for though – kept generic)
- Displays were put up at both sites to promote sexual health screening.
- Leaflets were displayed on all 4 STIs
- Packs were produced for patients to read before taking up the service.
- Discussion took place with university partners regarding health promotion strategy for STI screening

Result of actions and impact on patients and carers:

- STI awareness was raised
- Uptake of STI screening has been steady
- The Service has been promoted as available on site for easy access

How were these actions publicised?

Displays put up in surgery

Leaflets available in surgery

Information about the service was made available on the website

Face to face discussion with patients took place to raise awareness and need for testing especially during contraception review

Priority area 3

Description of priority area:

Reduce the number of DNAs to both GP and nurse surgeries

What actions were taken to address the priority?

DNAs were monitored more closely

Monthly DNA rates were publicised

Major alerts were raised on persistent DNA patients reminding them to attend for an appointments booked

The practice DNA letter was revised to give a stronger message

MJOG text reminders were changed to allow patients to cancel by texting back the day before to cancel unwanted appointments

Sit and wait service introduced bookable on the day so patients all attend ... DNA nil rate

Result of actions and impact on patients and carers:

Convenient service for students to sit and wait – feedback says that patients like the availability of this option.
 Texting back to cancel has meant that more appointments are made available for other patients.
 Less DNAs mean that patients can wait longer in the waiting room as doctors do not have the benefit of DNAs which naturally lead to catch up time in the surgery!
 Persistent offenders are warned and educated about the impact of not cancelling booked appointments

How were these actions publicised?

The Sit and wait service was explained to patients booking appointments at the Clifton site
 Notices put up in the surgery.
 DNA rates are publicised monthly.
 DNA letters were produced for persistent offenders

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):

Below is a summary of the 2012-13 actions and achievement

You said ...	We did...	The outcome was...
<i>Parking issues should be raised with the Centre Manager</i>	<i>This was discussed and a car park survey was done</i>	<i>Periodic car parking surveys will be done in future</i>
<i>Chairs in reception should be moved in the waiting area so that they face the</i>	<i>These were moved around</i>	<i>Patients can now see their call boards and TV screens</i>

<i>patient call in boards</i>		
<i>There should be a phlebotomy service at Radford</i>	<i>We raised this with the commissioners</i>	<i>The service is being commissioned and meanwhile we set up our own blood clinic</i>
<i>We should have stop smoking information available</i>	<i>We put up displays</i>	<i>Information is now available for patients on New leaf</i>
<i>There ought to be a text reminder to patients of how to see doctor when back at home town</i>	<i>We decided to set this up</i>	<i>Termly text reminders are sent to patients at the end of each term</i>
<i>We need a campus Pharmacy</i>	<i>We looked into this</i>	<i>Manor Pharmacy now provide a drop off and pick up service from the campus shop</i>
<i>How about a Facebook Group for Sunrise</i>	<i>This has been developed</i>	<i>Please join our Facebook group</i>
<i>How about a radio in reception for privacy purposes</i>	<i>A License is needed for this</i>	<i>We are considering the cost implications</i>
<i>Buzzer on patient call system to be turned up if possible</i>	<i>We asked JAYEX if this was possible</i>	<i>This cannot be turned up</i>
<i>Patient survey to be published on website</i>	<i>The survey was published</i>	<i>It is available on the website</i>
<i>A new Website if possible</i>	<i>New website developed</i>	<i>We have been congratulated on the new</i>

		<i>website clarity etc.</i>
<i>The Health promotion screen at Clifton is scrolling too fast</i>	<i>This has been slowed down</i>	<i>The screen is more readable now</i>
<i>An online appointment booking system</i>	<i>This is being looked into</i>	<i>We hope this will be live in October 2013</i>

Below is the summary of the 2013-14 actions and achievement

<i>You said</i>	<i>We did</i>	<i>The outcome was</i>
<i>We need to find out what patients think about services</i>	<i>We carried out a survey from Jan – march 2014</i>	<i>The survey results are on the website</i>
<i>We need to monitor the uptake of the blood taking service at the practice</i>	<i>We monitor this weekly</i>	<i>Our own blood taking clinics are popular and patients prefer to use them than go somewhere else.</i>
<i>We need to do something about missed appointments</i>	<i>We have put up statistics and posters</i>	<i>This is still an ongoing concern which we are working on and is a national campaign too ... DNA monitoring increased</i>
<i>We need to recruit more members to the PPG</i>	<i>We put up posters and asked patients</i>	<i>Patients are too busy or not interested in taking part. Continued campaign to recruit new members and encourage participation</i>
<i>We need to do something about taxis parking in disabled spots</i>	<i>Sukhi informed the health centre manager about this</i>	<i>Health Centre Manager to keep an eye on this issue</i>
<i>We need to use the diabetic nurse</i>	<i>Sukhi informed meeting that she will review with</i>	<i>Sukhi in discussion with other primary care providers</i>

<i>specialists in house</i>	<i>the integrated care teams</i>	<i>– diabetic nurse holds specialist surgeries as needed</i>
<i>Linda is an excellent receptionist</i>	<i>We told Linda and congratulated her</i>	<i>Linda appreciated the feedback</i>
<i>Congratulations on an excellent CQC visit</i>	<i>Feedback to the team</i>	<i>Our team is happy too with the CQC visit outcome and report.</i>
<i>You wanted more information about the sports physio service at NTU</i>	<i>Sukhi sent an email with the poster</i>	<i>Information received – Posters checked in sports halls Sports physio pilot ended</i>
<i>NTU students would like a walk in service</i>	<i>Sukhi to investigate</i>	<i>Our review said that it would not be an efficient use of time and might create too many peaks and troughs Sit and wait service initiated in 2015 on Monday mornings</i>
<i>The Self-certification forms for NTU students should be available on the practice website</i>	<i>Sukhi to add to website</i>	<i>The self-certification forms are now available on the website</i>
<i>Information about Pharmacy First Scheme should be made more available to students</i>	<i>Sukhi to get more leaflets and circulate the information more widely</i>	<i>More posters are up in the surgery and staff are reminding patients too about the service</i>
<i>The CCG app on local services</i>	<i>Adverts are put up in the surgery</i>	<i>More information about the APP is available in</i>

<i>needs to be advertised further</i>		<i>surgery</i>
<i>Staff need to ask patients to ring for results every time</i>	<i>Sukhi to remind staff</i>	<i>Staff are reminded about the protocol</i>
<i>Find out if MJOG have the facility to cancel appointments by replying to text reminders</i>	<i>Sukhi to talk to MJOG before renewal of contract</i>	<i>Sukhi now looking at other possible service providers for text reminding</i>

4. PPG Sign Off

Report signed off by PPG: YES



Date of sign off: 20th March 2015 by Vincent Bailey on behalf of the PPG

How has the practice engaged with the PPG:

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

The practice has worked closely with Nottingham Trent University. An example of this is the university has a widening participation strategy which means that students with disability and mental health needs are encouraged to take up university places. This means that when they attend their needs are greater. The practice has worked with staff at the Wellbeing centre to encourage these patients to get involved.

Similarly the practice manager has worked hard to engage patients such as mothers with young children to be part of the PPG as their input is crucial. Periodically the practice manager has sat on reception to talk to patients about the PPG and invite them to

attend. It has been hard to get patients to commit time to coming to meetings as they too have busy lives and whilst their intention is good to support the practice, it can be difficult to get them to attend the meetings.

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

- Yes:
- *National patient survey*
 - *Responsiveness contact survey*
 - *Family and friends survey*
 - *Suggestion box feedback comments slips*
 - *Comments from patient parents and hall managers*

Was the PPG involved in the agreement of priority areas and the resulting action plan?

YES

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

The online services are now embedded and uptake increasing

The sit and wait service was introduced

Persistent DNA patients are being monitored more closely and educated on the impact of not attending

Sexual health services have now been bided for a further two years via the city council.

Do you have any other comments about the PPG or practice in relation to this area of work?

There is huge value in engaging with patients to seek their views and opinions.

The DNA rate at the PPG meetings is a concern.

It is hard to balance expectations with the implications of suggestions and the constraints in general practice.

Please submit completed report to the Area Team via email no later than 31 March 2015 to:

- Derbyshire practices: e.derbyshirenotttinghamshire-gpderbys@nhs.net
- Nottinghamshire practices: e.derbyshirenotttinghamshire-gpnotts@nhs.net