**Patient Participation Group**

**Annual Report Year Three**

**2013/2014**

**PRACTICE POPULATION PROFILE**

|  |  |  |
| --- | --- | --- |
|  | **Number** | **%** |
| Male | 3694 | 49 |
| Female | 3876 | 51 |
| <16 | 1378 | 18 |
| 16-25 | 603 | 8 |
| Working Age | 3732 | 49 |
| >65 | 1857 | 25 |
| **Total** | **7570** | **100** |

***Ethnicity***

The practice population of Cheddar Medical Centre is predominantly white British. Of 7570 patients only 249 have an ethnicity which is stated to be other than white British. This equates to 3% of the total practice population.

**The Patient Participation Group**

Last year we made the decision to amalgamate the Patient Participation Group and the Virtual Patient Participation Group. We made this decision, in consultation with both groups, because we were keen to open the ‘in-person’ meetings to a wider variety of patients. This decision has been a great success. Since merging the two groups, attendance at the PPG meetings has increased and we have felt a renewal of energy and engagement.

**Profile of the PPG**

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| --- | --- | --- |
|  | **Number** | **%** |
| Male | 30 | 38 |
| Female | 49 | 62 |
| <16 | 3 | 4 |
| 16-25 | 1 | 1 |
| Working Age | 52 | 66 |
| >65 | 23 | 29 |
| **Total** | **79** |  |

There are 3 members of the PPG who report their ethnicity as other than white British. This represents 3.8 % of the PPG.

We have a number of younger patients who are not members of the PPG in their own right but who discuss the issues raised with their parents. This is a method which we first employed last year and we have found it to be a very successful way of engaging with young people.

The demographic of young people involved with the support of their parents is as follows:

|  |  |
| --- | --- |
|  | Number |
| Male | 22 |
| Female | 22 |
| <16 | 34 |
| 16-25 | 10 |
| **Total** | **44** |

We continue to encourage our PPG members to discuss relevant issues with their children and as the children reach the age of 16 they will receive an invitation to join the PPG in their own right. We have written to the local senior school to increase awareness of our PPG in the local area. We have found a small increase in the number of teenagers attending PPG meetings which we are keen to encourage throughout the coming year.

We are very pleased that the composition of the PPG is approaching a representative sample of our practice population. We will continue to monitor this as the PPG grows and the practice population changes to ensure that individual groups continue to be represented.

The PPG is currently advertised in the practice waiting room and on the practice website. Sign-up sheets are available in the waiting room, from reception and in new registration packs and notice of meetings is currently emailed to PPG members or they are contacted by telephone. We are exploring how we could use the website to advertise upcoming meetings for those who may wish to become involved. Patients can become involved merely by expressing an interest and do not have to complete the sign-up form immediately.

We will continue to promote the PPG within the practice and on the website. We hope to continue to grow the PPG through the coming year and to engage with our patients regularly.

**REVIEW OF ACTION PLAN FROM 2012/2013**

Last year’s action plan focused on patients who did not attend appointments at the practice.

|  |  |  |
| --- | --- | --- |
|  | **Plan** | **Review January 2014** |
| **Patients missing appointments** | Instigate automatic text message reminder system | In January 2013 we began using a text message reminder system called MJOG on a trial basis.  Patients who sign up for the system receive a text message the day before their appointment reminding them that they have an appointment booked.  We have received very positive feedback from patients about this system and plan to review the use of text messaging service after the trial period comes to an end. There are currently 113 patients registered however it is growing in number most recently with 10 registrations in the last week of January 2014 alone. The trial is due to end 6th May 2014. By end of April we will review cost/ benefit analysis to decide whether or not to continue. |
| Publicise the number of patients who attend their appointments | These three proposals came from an article in the Journal of the Royal Society of Medicine.  We have found them to be of varied success in our practice.  In particular, receptionists reported that asking patients to write their own appointments down was too slow to be practical at busy times. We trialled the method for a number of months but eventually decided that the impact on reception was too great to make the method successful.  Receptionists have adopted the method of obtaining verbal agreement from patients about informing the surgery if they were unable to attend an appointment.  We have not found publicising the number of patients who attended their appointment to be particularly useful as it lacks context. However, we continue to monitor this data behind the scenes and are considering different ways to publicise it. |
| Ask receptionists to obtain verbal agreement from patients that they inform the practice if they need to change or cancel their appointment |
| Ensure appointment cards are available to patients to write down their appointment themselves. |
| Ensure that patients who are not sure if they can make an appointment are encouraged to book when they know they know what their commitments are. | This is now standard practice. |
| Ensure that patients are given the option for a partner/carer to be informed of appointments | Where patients report that they have a family member or other carer who looks after them there is now an option for that carer to be informed about appointment times using the MJOG messaging system. |
| **Sanctions for repeatedly missing appointments** | Phone call to point out missed appointments vss for repeatedly missing appointmentsointment times.tant that patients who have told us that they have a carer have the | It is now standard practice for reception to call patients who have missed appointments.  Most patients who fail to attend appointments do so by mistake and we believe that a telephone call pointing out the error and giving an opportunity to rebook the appointment reduces the chance of the patient missing another appointment. |
| System of written warnings from the Practice Manager | We have created a protocol for handling patients who continually miss appointments. This includes a system of written warnings from the Practice Manager.  The protocol is available to patients in the waiting room and a copy is sent out with any written warnings we have the send.  The system is based on quarterly search of our appointments software identifying patients who failed to attend their appointment on more than one occasion.  The list is screened by GPs to exclude patients with a medical reason contributing to the missed appointment.  This system is now standard practice.  The combination of all of the efforts brought into process between 2012/13 has seen a 30% reduction in number of DNA’s over a 12 months period.  In the period 1/2/13 to 31/1/14 there were 777 DNA’s at the practice. |
| Possible removal from the patient list following written warnings | It is intended that any patient who repeatedly fails to attend appointments, without a medical excuse and after exhausting the written warning system, will be at risk of removal from the practice’s patient list.  This step will only be taken after consultation with the GPs and approval from the Clinical Commissioning Group.  We have not yet had to take this step with any of our patients. |

As most of the action plans we implemented in 2013 related to reducing patients who missed their appointment without informing the practice, it is very difficult to identify which of the steps had the most individual effect on the number of missed appointments.

We are very pleased, however, that the number of missed appointments has reduced and we will continue to use the methods above to control our appointments.

**Steps taken to determine priority areas for 2013/2014**

Following a meeting of the PPG on 9th September 2013 to discuss the outcomes of the 2012/2013 survey, and internal discussions with the GP partners and practice staff, six areas were identified as potential issues to be included in the 2013/2014 practice survey:

1. Choice of hospital – what is the patient experience of the Choose and Book system and how can it be improved on a local level?

*We often have comments from patients that the system is difficult to use and we are keen to improve this where we can.*

1. Accident and Emergency – how to patients decide whether to attend A&E, a minor injuries unit or their GP and how can we make this decision easier for patients?

*The NHS is keen to reduce accident and emergency visits wherever possible and we want to ensure that we are doing everything we can to help our patients chose the most suitable NHS service for their particular problem.*

1. National Changes to the NHS – which aspects of primary care give the best value to patients and which services should we be preserving?

*There are enormous changes happening to primary care at the moment. We want to understand which aspects of primary care are the most important to our patients and how we can continue to deliver the service they want and need*

1. Patient Driven Action Group – would patients be interested in creating a volunteer based support system to help look after vulnerable people in the community?

*This question came from the wider patient population as well as from a national push to set up community based support groups. We are interested to see if there is any interest in such a group in the Cheddar area.*

1. Local Services – what services would patients like to see implemented locally?

*We would like to be able to use cooperation with the other local GP surgeries to put in place the local services our patients would use and value.*

1. Self-care – how could the practice support patients with self-care and managing long term conditions?

*This question came from the GPs who want to ensure that we are able to support patients with long term conditions effectively.*

We created a mini poll of these options which we released to the PPG on 5th July 2013 asking respondents to choose the one or two issues which were of greatest concern to them. There was also a free text section so that respondents could give us additional ideas. The survey was presented as an online link which was emailed to the members of the PPG. We posted a paper copy to those members of the PPG who do not have internet access.

We received 51 responses to the poll. The results were as follows:

|  |  |
| --- | --- |
| Choice of hospital | 56% |
| Accident and Emergency | 52% |
| National Changes to the NHS | 49% |
| Patient Driven Action Group | 19% |
| Local Services | 11% |
| Self-care | 37% |

We presented these results to the PPG by email on 26th September 2013. Following a discussion about the options it was decided that the main patient survey would focus on choice of hospital, accident and emergency visits and national changes to the NHS.

We were concerned that covering all three of these elements would make the survey long however, following a discussion with the PPG and within the practice, it was decided that the all three issues were of concern to our patients and that they should be included in the main survey.

The issues which were not included in the survey will form the agenda for PPG meetings throughout the year.

The main survey was drafted and released to the PPG for comment. It was amended as required and opened on 1st October 2013.

The survey could be completed either online or in hardcopy. A link to the survey was emailed to the PPG and the survey could be completed on our website. Hard copies were available in the waiting room, at reception and in the consulting rooms. A prominent notice was placed on the television screen in the waiting room and a banner added to the website. Staff and clinicians also handed surveys to patients.

By opening the survey shortly before the annual flu clinics we were able to reach those patients who rarely come into the surgery. All patients attending a flu clinic were asked to complete a survey.

The survey closed on 30th November 2013.

We received 510 responses to the survey which equates to 6.7% of the practice population. This is a significant increase on the 341 responses received last year. We attribute this to an increased effort within the surgery towards encouraging patients to complete the surgery. We also believe that the proposed changes to the NHS and to general practice are an area of particular concern to our patients which will have increased participation in the survey.

**Survey Results**

In order to understand which elements of general practice were most important to our patients we asked them to identify the three areas which they felt were the most important to preserve and which they would be prepared to sacrifice.

The results showed that the most important aspect of general practice, with 76% of respondents selecting it, was continuity of care. This was followed by access to the doctor of their choice (51%) and having the surgery close to home (40%). These are areas which we agree are very important to preserve and we will commit to presenting these findings to the local federation and the Clinical Commissioning Group as essential characteristics of general practice.

In the section relating to accident and emergency visits 26% of respondents said they had visited A&E within normal surgery opening hours within the last five years. Of these 44% had attended with a major injury or illness, 37% with a minor injury and 18% with a minor illness. 87% believed it was the correct place to treat their condition.

Our survey did reveal that 80% of our patients have never visited a minor injuries unit and 74% don’t know or are unsure about the services a minor injuries unit is able to provide.

Our questions regarding the Choose and Book system revealed that, despite a number of comments about the system being difficult to use, the majority (93%) of patients who had used the system in the past year had not encountered any problems. The comments, however, did reveal that there is a problem in the local area of getting to hospitals using public transport. There were also several comments about a lack of information about individual consultants.

**Obtaining the thoughts of the PPG**

The results of the survey were emailed or posted to the PPG in advance of a meeting on 9th December 2013 to discuss the survey and prepare an action plan.

At the meeting we gave the PPG the opportunity to discuss the survey results and present their own comments. They were very concerned about the changes which are happening in the NHS and keen to discuss ways to preserve the essential elements of general practice care. The group agreed that the essential elements of general practice identified by the survey responses were the most important aspect which they would like to see maintained. We discussed how we could use the local federation and contact with the Clinical Commissioning Group to ensure that our patients’ views are presented. There was also a suggestion in the meeting of inviting our local MP to a meeting in the practice to explore the development of the NHS.

There were several comments in the meeting about the difficulties of travelling to local hospitals using public transport. Several patients were concerned that if they were unable to drive they would not be able to get to a hospital appointment. This is a matter which we can present to the federation who will be able to liaise with local bus companies and the local hospitals on behalf of the wider area. We also discussed how the transport services offered to elderly or vulnerable patients could be better advertised in the surgery and patients informed if they might be eligible.

We discussed the pressures which are being placed on A&E departments and how the practice might be able to help patients find alternative services. Several people in the meeting said they were confused by the different services available so would be likely to either visit their GP or A&E instead of going to an alternative service and finding it to be inappropriate. Members of the group suggested that a comprehensive leaflet detailing the services provided by local minor injury units and by pharmacists, together with opening times, contact details and information about the location of the services would be very useful. We also discussed how the surgery’s website could be used to present this information.

The survey showed that when they are seeking information about a medical problem only 5% would consider using the NHS 111 service as their initial source of information. Several members said that they were unsure what it was for and would be nervous about trusting it to be effective. We discussed how we could make this information available to patients.

Following these discussions we agreed the following action points:

* Producing a comprehensive leaflet detailing heath care services available in the area and how to access it;
* Improving the website to include this information in an accessible way;
* Improving the information available in the waiting room;
* Using the local federation to look into bus services to hospital;
* Using the local federation and the Clinical Commissioning Group to present our patients’ concerns about changes to general practice; and
* Inviting a local MP to discuss government changes to the NHS with our patients.

The minutes of the meeting were emailed of posted to the members of the PPG who were unable to attend the meeting together with a copy of the survey results. They were invited to respond with any additional thoughts and their own ideas.

Following this dialogue we created the following action plan which was emailed or posted to the PPG for comment on 24th December 2013.

**ACTION PLAN 2014/2015**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **IDENTIFIED ISSUE** | **PROPOSED ACTION** | **LEAD** | **TIME SCALE** | **PROGRESS** |
| Lack of information about other health care services in the local area | Produce a comprehensive leaflet detailing the services available | Practice Manager | May 2014 | Production of this leaflet is in progress. |
|  | Improve the information available in the waiting room | Practice Manager/  Reception | March/  April 2014 | We are able to use the television screen in the waiting room to present information to patients.  We are also improving the displays of leaflets available in the waiting room to make them more noticeable and accessible |
|  | Improve the use of the website | Practice Manager/ IT lead | April/  May 2014 | We will put more information about local services on the website and make sure it easily accessible and kept up to date |
| Concerns about changes to the NHS | Ensure our patients’ views are communicated to the federation and the Clinical Commissioning Group | Practice Manager | Continuous | This is an on-going commitment. The federation meets each month and there are regular opportunities to feed information to the Clinical Commissioning Group. |
|  | Invite an MP to the surgery | Practice Manager | March 2014 | Tessa Munt, MP has been invited to attend the surgery. A date has been agreed at Thurs 20th March 2014 at 7pm in the surgery. 11 members of PPG and PM will meet with her to outline our concerns regarding NHS direction. |
| Lack of transport to local hospitals | Work with the federation to communicate these issued to bus companies | Practice Manager | Summer 2014 | We will communicate these concerns to the federation and intend to approach local bus companies in the spring. |

The PPG considered this draft at our meeting on 24th February; all aspects were unanimously agreed upon and this action plan was accepted as final version.

**Opening Hours of the Practice**

Cheddar Medical Centre is currently open from 8:30am to 6:30pm. There is a doctor on call and a receptionist available to take emergency calls from 8am to 6:30pm. We do not offer extended opening hours.

Patients are able to book appointments either by phone or in person between 8:30 and 6:30. They can make and cancel appointments through our website at any time using EMIS access.

This information is available to patients on our website via the link below.

<http://www.chedmed.co.uk/making-appointments.aspx>

Repeat prescriptions can be ordered via telephone (between 10am and 12pm only), by depositing the prescription counterfoil in a secure collection box, or via our website.

<http://www.chedmed.co.uk/prescriptions.aspx?t=1>

All the above information can also be found in our practice leaflet.