

Derbyshire & Nottinghamshire Area Team

2014/15 Patient Participation Enhanced Service REPORT

Practice Name: Mapperley Park Medical Centre

Practice Code: 84602

Signed on behalf of practice: Dr Mark Stevens

Signed on behalf of PPG: Shirin Bahrami

Date: 31/03/2015

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

Does the Practice have a PPG? Yes
Method of engagement with PPG: Meetings and Invitations
Number of members of PPG: 14

<p>Detail the gender mix of practice population and PPG:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">%</th> <th style="width: 30%;">Male</th> <th style="width: 30%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td style="text-align: center;">1345</td> <td style="text-align: center;">1078</td> </tr> <tr> <td>PPG</td> <td style="text-align: center;">7</td> <td style="text-align: center;">7</td> </tr> </tbody> </table>	%	Male	Female	Practice	1345	1078	PPG	7	7	<p>Detail of age mix of practice population and PPG:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 10%;"><u><16</u></th> <th style="width: 10%;">17-24</th> <th style="width: 10%;">25-34</th> <th style="width: 10%;">35-44</th> <th style="width: 10%;">45-54</th> <th style="width: 10%;">55-64</th> <th style="width: 10%;">65-74</th> <th style="width: 10%;">> 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td style="text-align: center;">14</td> <td style="text-align: center;">7</td> <td style="text-align: center;">21</td> <td style="text-align: center;">20</td> <td style="text-align: center;">17</td> <td style="text-align: center;">9</td> <td style="text-align: center;">7</td> <td style="text-align: center;">6</td> </tr> <tr> <td>PPG</td> <td></td> <td></td> <td style="text-align: center;">7</td> <td style="text-align: center;">14</td> <td style="text-align: center;">7</td> <td style="text-align: center;">43</td> <td style="text-align: center;">7</td> <td style="text-align: center;">21</td> </tr> </tbody> </table>	%	<u><16</u>	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	14	7	21	20	17	9	7	6	PPG			7	14	7	43	7	21
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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	39	0.5	0	7	14	1	0.04	0.4
PPG	50	0	0	7				

%	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	3	3	0.08	0.7	0.6	2	10	4.6	0.04	18
PPG					14		29			

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:

We have repeated inviting randomly chosen people with extra invitations to groups less likely to respond. The representation was acceptable for a small group.

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?

No. The practice has a slightly larger number of males and slightly above average numbers of patients over 75, but there are no obvious exaggerations that merit special consideration in PPG composition.

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

2. Review of patient feedback

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

GPAQ questionnaire.

How frequently were these reviewed with the PRG?

Annually

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3. Action plan priority areas and implementation

Priority area 1
<p><i>Description of priority area:</i></p> <p>Maintenance of open access to the doctor every morning despite criticisms of the waiting time. Patients appreciate not being rushed and having all the items they wish addressed being attended to on the one visit.</p>
<p><i>What actions were taken to address the priority?</i></p> <p>To consider information in the waiting room to improve efficiency, such as asking for repeat prescriptions at the reception desk instead of obliging the doctor to do it during the consultation, and switching off phones before consultations. Patients are increasingly likely to express hostility to reception staff when they are waiting and the provision of information about our part in the operation of the NHS might be helpful. It is very difficult to fairly prioritise one patient over another – should a senior manager with undiagnosed pneumonia give place to a baby with a cough who has had her mother up all night? The senior manager was actually a lot iller than the baby, but could be more generous than the baby who had not yet reached that stage of development. Both happily survived!</p>
<p><i>Result of actions and impact on patients and carers:</i></p> <p>To maintain a responsive and just-minded patient-orientated service informed by effective operational procedures and good</p>

medical science in clinical application.

How were these actions publicised?

It is our quest to perform this on a daily basis and for our services to be self-publicising.

Priority area 2

Description of priority area:

Partners of PPG were to be invited those with Long term conditions.

What actions were taken to address the priority?

The partner of the PPG member with a long term condition did attend and made some very good suggestions about the waiting in the waiting room, particularly for people in pain. She herself had gone home again because of the wait and the pain she was in. In her case, she was not in an age group where we routinely suggest times for people to come in should they ring up to be seen (this applies to children under 11 and adults over 79).

As a result of this we are making exceptions for people who have difficulty sitting for a while whatever their age, and their notes can be marked with this so that reception staff are aware of this arrangement for them when they ring in and their notes are examined.

Result of actions and impact on patients and carers:

We have a more flexible and sensitive procedure for reducing waiting time for patients less able to wait because of their medical condition.

How were these actions publicised?

The action is being publicised by being made available on the web-site and in hard copy in the reception room.

Priority area 3

Description of priority area:

We discussed the patient survey results from the GPAQ as a basis for choosing an area with least strong focus in order to develop a survey.

The GPAQ showed a high level of satisfaction with the performance of the receptionists, nurse and doctor in our team which the PPG members would like us to continue.

What was less strong in the survey response was the patients' sense of being able to look after themselves following their visit to the doctor compared with other practices nationally.

This was a new departure for the practice GPAQ results which in previous years have shown high levels of patient ability to look after their own health following their visit to the doctor.

We wondered whether the provision of printed material from on-line services was the reason this score might have dropped relative to other practices, as it is not a habit of mine to print off leaflets with patient information.

We planned an audit of provision of written information on care.

What actions were taken to address the priority?

Written information was sent to 40 patients at high risk of hospital admission using an eHealth scope algorithm. This was part of optimising health care by preventing conditions escalating.

We surveyed this group of patients between 26 – 30 March to assess whether they had any recollection of this written information, and whether it had been of help to them.

We obtained results from 18 patients (many people do not answer the phone or respond to texts). One patient remembered the written instruction, but it had had no influence on his subsequent hospital care because his main problem was bleeding difficulties which needed managing in the hospital on multiple occasions. Another 8 of the patients had no recollection of the written information that had been sent some months previously, and 9 recalled the fact of receiving information, but did not have any recollection of specific advice. Many of these patients are in a frail medical condition, and providing this group of people with information about how to look after themselves with their conditions does not seem to have made an impact.

Result of actions and impact on patients and carers:

We are providing written information contemporaneously with medical consultations during the next year and see whether our score in the GPAQ for perceived ability to self-care improves in the next survey.

This will measure our impact on patients and carers.

How were these actions publicised?

They will be publicised here on the web-site and in hard copy in the waiting room.

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):

In previous years we considered being overheard in the waiting room when talking to receptionists which was sometimes an issue. We took this on board and trained the receptionists to take people to a side room if there were prolonged discussions. We recognised that people moderate what they say according to the situation, including perception of being overheard, but sometimes it was really helpful for it to be recognised that matters needed to be discussed in detail and for this to be appropriate use of a side room was a necessary service.

We discussed introducing texting to inform people about waiting times. We are now taking calls from people asking about their waiting times, and we are hoping that this can be automated with a live web page in the future.

4. PPG Sign Off

Report signed off by PPG: RW
Date of sign off: 31 /3/15

How has the practice engaged with the PPG:

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

There are no teenagers in the group. The clinicians in the practice point out to teenagers when they present in consultation that they can consult any time, even if they are well, and want information from a clinician, and we do not have to tell their parents – in fact, in most case it would be wrong to do so. This is often a surprise to them, as they are familiar with seeing the doctor as a child and think that is always how you see the doctor or nurse. Coming on their own is a really novel idea.

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

Yes, from the GPAQ and web-site patient comments

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?

More awareness of reception staff to issues of being overheard. In past years we have demonstrated improvements in telephone access to the GP following PPG discussions and actions taken.

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

No.

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