

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

Practice Name: **Hazelmere Medical Centre**

Practice Code: **C82098**

Signed on behalf of practice: **Claire Boswell**

Date: **1st December 2014**

Signed on behalf of PPG: **Mrs E Woolman**

Date: **27 January 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 and Email													
Number of members of PPG: 7													
Detail the gender mix of practice population and PPG:					Detail of age mix of practice population and PPG:								
%	Male				%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	3531	3711			Practice	1358	668	815	687	1404	928	822	557
PPG	2	5			PPG					1	3	2	1

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	2403							27
PPG	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		23				7
PPG										

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:

As in previous years we found that many patients are not interested in giving up their personal time to attend meetings. Over the last few year meetings have been held on a variety of days and times to try to accommodate a variety of people. Both in the evening to allow working age patients to attend and also during the day. We canvased patients and the PRG about the timings of the meetings. It was felt that it would be best to hold them less frequently (as patients felt it was too regular and became fed up) and to change the day occasionally. Currently meetings are held bi-monthly on a Tuesday 18:30-19:30. Copies of the PRG Minutes are available and patients often ask for a copy. Our PRG leads attend most CCG events and feedback at meetings.

The practice appreciates that the group is not representative of our patient population and along with the current PRG members we are actively trying to encourage new members as detailed below.

We try to recruit in the following ways:

- Have an e-mail distribution group, for patients to receive our monthly newsletter electronically. It mentions the PRG each time, currently it has 116 recipients, both male and female, with an age range of 25y-80y.
- Have arranged speakers for meetings to encourage interest and attendance i.e. Health Watch and Air Ambulance
- The PRG has a dedicated board in the waiting room as promotion and posters throughout the practice
- The Practice Website contains information regarding the group and promotes recruitment

- Our Health Visiting Team gives new parents leaflets during clinics to encourage uptake by parents of young children
- We have included information about the PRG on prescriptions
- All patients with a mobile telephone number have been sent an SMS text message informing of upcoming meetings, asking for participants for the group and completion of the Friends and family Test.

In addition during the last year the PRG has held several events to promote the group and to engage with the local community. Recently this September the PRG and several members of staff including a practice nurse, admin staff and practice manager, held a health promotion event in Blaby village. Passers-by were supplied with PRG information, health promotion materials as well as fun activities such as a Tombola and smoothie bike. This gave the group the opportunity to canvass patients for new members as well as fundraising for the community defibrillator. The fundraising undertaken by the PRG members, patients and practice staff has resulted in the first ever defibrillator being purchased and situated in Blaby village. We count this as a huge success for our PRG. Subsequently in November to support and promote the safe usage of the defibrillator the PRG organised for training to take place at the practice and invited local businesses, patients and all the community to attend.

They have also been able to encourage participation by involving local community businesses and voluntary sectors by, securing twice, the promotion within the local Waitrose supermarket to also raise money via the green token scheme and Lloyds the chemist in the support of training and health promotion. We have also whilst exploring areas of Practice federation offered for another local practice PRG to join our meetings/events to collaborate ideas going forward and explore differing ways of recruiting and involvement.

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

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:

The Medical Centre collects and manages patient feedback in multiple ways. This year we have used the following:

- National GP survey
- Complaints and suggestions including those made on NHS choices, practice website and comments box
- Discussions with local businesses
- Healthwatch
- Other local PRGs
- Currently gaining Friend and Family test data

Any results are discussed in an allocated PPG meeting and subsequently information is published to the wider practice population. By accessing all these methods of feedback we hopefully gain an insight into patients' needs and manage the improvements or changes needed.

How frequently were these reviewed with the PRG?

3 monthly as part of PRG meeting agenda

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Moving forward – Health promotion</p>
<p>What actions were taken to address the priority?</p> <p>It was agreed that the PRG was struggling to attract new members and that this may be the formality of the meetings. It was agreed that in order to engage with the local community and therefore encourage new members to come forward we would concentrate on health promotion events and community involvement. The PRG members therefore organised the health promotion event in the village of Blaby as described in Section 1 of this proforma. Also along with Lloyds chemist and Waitrose the PRG were able to encourage engagement from the local community through collection schemes which along with PRG/Practice fundraising events lead to the eventual installation of the Community Defibrillator. Also other organisations were encouraged to participate in events and have come along to the practice to promote Health Watch, Alzheimer’s Society, and Carers Org etc.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>These events have not only raised awareness of the PRG but also hopefully encouraged the local community to ensure their health is appropriately looked after. We have seen a rise in the number of patients attending for health checks and some have commented that this was a direct result of the promotion day. Also we have actively promoted help for Carers and allocated a practice champion to ensure patients who are/or have a carer are referred and supported. All the actions and results have been publicised in the practice newsletter, website, PRG meetings and on posters around the waiting room.</p>

Priority area 2

Description of priority area:

Federation working

What actions were taken to address the priority?

It was recognised by the PRG members that federation of practices was at the forefront of NHS thinking and that as a group we should look at and investigate the possibility of federation amongst PRGs. Not only to engage more patients but to share ideas across practices in the same locality (Blaby Village). We felt it important to move forward with this but at a slow pace as to not disengage members who may be unsure of how it would work. We were also very aware that the two practices work very differently and that to start we would just explore the idea of joint meetings and involvement in our events.

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

Wider knowledge and learning base from other practices to improve services.

Priority area 3

Description of priority area:

Alternative methods of Patient Involvement

What actions were taken to address the priority?

We recognised that some members of the practice population are unable to communicate verbally themselves with the practice due to disabilities (physical and mental) or because of their inability to attend meetings due to being cared for or caring for others. These patients views are just as important as others and we felt it necessary to ensure their views are heard. Therefore we have been looking into how to set up a virtual PRG and have tried to canvas patients about how this may be achieved along with guidance from NHS employers. Patients seemed to welcome the idea and we are in the process of setting this up.

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

To effectively reach the broadest cross section of the community the practice decided a combination of a virtual PRG and the current face-to-face group would be the best way of engaging with the practice population.

The actions we hope for are for patients to ensure they are aware that by joining the virtual PRG they are making a positive contribution to the services and facilities offered by the Medical Centre to patients. We will be asking members of this reference group questions from time to time, such as what they think about our opening times or the quality of the care or service they have received. We will only contact members via email and will keep any questions short so it shouldn't take too much time. We will ensure that a report on issues raised is published to the wide population via the newsletter and on our website.

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):

It was agreed that the practice had undertaken many changes in previous years, one of the main things being change of partnership. The practice had developed a new GP Partner structure to provide stability and continuity for patients and the PRG agreed that this was important to canvas patient opinion on how this had affected the practice both in continuity of care and the quality of care. Thankfully the outcome was that patients were more than happy with the change in GPs and the transition was successful. We also agreed that promoting our wider services such as having a Minor Illness qualified Nurse and specific clinics plus our accessibility, would hopefully educate patients and in turn reduce our A&E, Walk in centre, urgent care centre admissions.

Other priorities and proposals which came out of last year's evaluation have progressed also. We introduced text messaging for results which the GPs deemed appropriate such as normal results, feedback has been positive from patients. We have also increased GP telephone consultation appointments and GP availability. Though raising awareness of online services we now have 45% of our over 16 population using the system, this hopefully will reduce calls to the practice for booking appointments/prescriptions and also enables Electronic prescriptions to flow seamlessly through the practice.

4. PPG Sign Off

Report signed off by PPG: **YES**

Date of sign off: **27 January 2015**

Has the report been published on the practice website? **YES**

How has the practice engaged with the PPG:

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

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

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

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

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

It was felt by PRG members that the practice had engaged with the group and facilitated efforts to fundraise, raise awareness and promote the group.

Feedback is continuously given to the practice and discussed with the PRG, introduction of the virtual PRG should enable a wider group to provide comments and suggestions.

The priority areas were agreed in the PRG meeting held on 23rd June 2014 and the actions agreed and taken have been successful.

The practice would like to thank the PRG for all their hard work and determination to push projects forward and engage with not only members of the practice population but the wider community.