

BNSSSG Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: **Backwell and Nailsea Medical Group**

Practice Code: **L81060**

Signed on behalf of practice: **D C Penney**

Date: **16.03.15**

Signed on behalf of PPG: **B Kemmish (Chairs)**

Date: **23.03.15**

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/ Written/ Email																																					
Number of members of PPG: Group 10 Core Email group: 281 = 290																																					
Detail the gender mix of practice population and PPG: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 15%;">%</th> <th style="width: 35%;">Male</th> <th style="width: 50%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td style="text-align: center;">49.54</td> <td style="text-align: center;">50.46</td> </tr> <tr> <td>PRG</td> <td style="text-align: center;">42.07</td> <td style="text-align: center;">57.93</td> </tr> </tbody> </table>	%	Male	Female	Practice	49.54	50.46	PRG	42.07	57.93	Detail of age mix of practice population and PPG: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 10%;"><16</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;">16%</td> <td style="text-align: center;">9%</td> <td style="text-align: center;">8%</td> <td style="text-align: center;">11%</td> <td style="text-align: center;">16%</td> <td style="text-align: center;">15%</td> <td style="text-align: center;">14%</td> <td style="text-align: center;">11%</td> </tr> <tr> <td>PRG</td> <td style="text-align: center;">0%</td> <td style="text-align: center;">3%</td> <td style="text-align: center;">13%</td> <td style="text-align: center;">23%</td> <td style="text-align: center;">15%</td> <td style="text-align: center;">18%</td> <td style="text-align: center;">18%</td> <td style="text-align: center;">10%</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	16%	9%	8%	11%	16%	15%	14%	11%	PRG	0%	3%	13%	23%	15%	18%	18%	10%
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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	3095	35	0	4534	12	25	19	21
PRG	270	2	0	10	2	0	6	0

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	36	2	13	20	28	16	5	0	0	52
PRG	0	0	0	0	0	0	0	0	0	0

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 PPG has age, gender and a majority ethnic representation. The demographics of the local practice population area is predominately white British, this is shown in the Office of National Statistics. The PPG is under represented in the Asian and Black African Caribbean ethnicity groups. However, these groups only represent 1% of our total patient population. Full practice ethnicity is undetermined as only 41% of our registered patients are recorded. Data is recorded at the point of registration and opportunistically throughout the year.

The practice pro actively advertises the PPG and encourages all ethnic patient groups to join. We regularly advertise the PPG at local events, waiting room, newsletter and on our practice website.

A newly appointed PPG member is representative of patients with learning disabilities. And we have 7 PPG members who are carers which represents 3% of our carers practice register.

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: **N/A**

2. Review of patient feedback

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

The PPG monitors the number and type of complaints from patients the practice receives throughout the year. In addition to this the PPG also reviews any suggestions and comments the practice receives. Both of these sources of feedback are now standing agenda items at the monthly PPG meetings.

The PPG has reviewed and been involved with local Health Watch surveys and has engaged with local workshops (Hospital Discharges)

PPG members attended a annual local spring CCG stakeholder event, this year it was held at Clevedon Hall

Since December the PPG has reviewed the FFT monthly results, now a standing item at PPG monthly meetings.

How frequently were these reviewed with the PRG?

These sources of feedback were reviewed at the monthly PPG meetings throughout the year and when survey results became available.

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Improve patient experience when visiting the GP and using the surgery website.</p>
<p>What actions were taken to address the priority?</p> <p>PPG members reviewed a number of local practice websites and our own. Members made suggestions on how to improve the practice website, making it user friendly and clearer. Changes were discussed at a PPG meeting and agreed. The Practice proceeded to make the changes and PPG members reviewed the website.</p> <p>PPG members created a patient leaflet on 'Being prepared for your GP/Nurse appointment'. This was written by the members and reviewed by the practice. Leaflets are made available at both surgeries.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>The practice website is now much easier to navigate the information clearer and user friendly. This was reflected in the local Health Watch survey which reviewed local practice websites in August 2014:-</p> <p>Health Watch Survey extract August 2014 - What the Survey Tells Us</p> <p><i>Overall, the websites for GP Practices in the North Somerset area were easy to use and included all the information required for patients. However, some were easier to use than others. For example, the websites for Backwell and Brockway Medical Centres, Tower House Medical Centre and The Green Practice, based at Clevedon Medical Centre, were all laid out very clearly.</i></p>

Important information, such as opening times and 'out of hours' details, could be located quickly and easily. These websites could be easily navigated using a clearly labelled menu. The use of images on the Green Practice website made it particularly clear, user-friendly and aesthetically pleasing.

The leaflet is left in both waiting rooms for patients to read and take copies home for future reference. It is also available on the practice website. This leaflet provides useful information for patients to help them make the most of their visit to the practice, in can enable patients to obtain the best possible service from the practice, help patients to help themselves and avoid any unnecessary frustrations.

Changes to the website has allowed patients to navigate the website and access information easier.

Priority Area 2

Description of priority area:

Promote patient health education

What actions were taken to address the priority?

PPG members discussed how they were going to tackle this priority area. It was agreed at a monthly PPG meeting to have a regular stand at the local Farmers Market on a Saturday morning, as outreach to all patients in the area, regardless of where the patient may be registered. PPG members were keen to hold these events in a local public area, rather than in the practice as it would perhaps reach patients that would not normally attend the surgery. The first event took place in November and reviewed in the December PPG meeting. It was agreed to regularly schedule this event five times a year. PPG members have agreed the Health events for 2015. Members and the practice obtained the relevant information for displays and distribution. PPG members distribute leaflets to the public on the chosen health subjects. E.G Flu, NHS Health Checks. A banner and display board has been purchased and is used to advertise the PPG and any health event.

It is hoped to work with our neighbouring PPG for future planned events.

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

The events are publicised using practice notice boards, website and Patient newsletters.



Photographic consent has been provided by PPG members.- published in the Practice news letter

The impact is to provide patients with health information that they may not necessarily obtain when visiting the practice, or if they do not visit the practice. To help patients to support themselves to ensure they have the right service at the right time and in the right place, ultimately to reduce the burden on the health service overall.

Priority area 3

Description of priority area:

Support socially isolated patients

What actions were taken to address the priority?

To set up an Ellie Lindsay foundation leg club locally, to support patients who are socially isolated as a result of their clinical condition. The Foundation was created to relieve suffering from leg ulcers and associated conditions through the implementation of an award winning model that motivates and empowers patients to take ownership of their care, alleviate their suffering and reduce the stigma attached to their condition. It also seeks to further advance education in all aspects of leg health among sufferers, carers, the general public and the healthcare professions.

This priority continues to be working progress with Nailsea Family Practice; both PPGs are working with the practice managers to support implementation. Both PMs visited an established Leg Club Model in Bradford Upon Avon and also a practice based model at Wrington surgery. Information from both visits was fed back to PPG Members. It was agreed to take forward the Ellie Lindsay Foundation model. The Practice Manager at Nailsea Family Practice invited Ellie Lindsay to give a presentation at GP Forum, along with PPG members and other stakeholders. Both PMs have scoped a venue and fed back to their relevant PPGs. A further meeting took place with district nurses and various voluntary organisations to discuss funding and implementation. The next public event is due to take place on 26th March. PPG members at both practices have been invited to attend the presentation with the aim of establishing a properly constituted board and volunteers to take it forward to implementation. The CCG and community Partnership along with other voluntary organisations are fully supportive of this service, It is hoped the leg club will be set up in April/May.

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

Although the leg club is still working progress and has not formally started , both practices and PPGs aim for the same

positive impact and outcomes as is reported by members on a survey conducted by the Ellie Lindsay Foundation and published on their website -

Extract

A small survey was carried out by the committee of two Leg Clubs to obtain their members' views of the Clubs. The results indicated that a non-threatening environment was an important factor. Members who were reluctant to visit a medical centre for treatment found that attending a clinic in a social setting gave them a sense of purpose, that they shared a common problem, and were not isolated. They formed friendships, gained an understanding of others' problems and needs, and their medical problems became secondary. This network of mutual support and friendship gave members a strong sense of motivation as well as trust, confidence, and understanding of their treatment.

It is intended to publicise the leg club on the practice websites, news letters, local press and in waiting rooms. This model will support patients in a social environment with clinical input to promote overall health and wellbeing and to reduce the burden on primary care.

Historically those patients requiring dressings on a District Nurses case load would be seen in the patients home and will remain socially isolated, this model will enable patients, District Nurses and our own Nurses to treat the patient in a social environment which has been evidence to not only improve the health and wellbeing of the patient, but also the level of treatment given by nursing staff.

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):

Issue	Agreed Action	Owner	Date Commenced	Date Completed	Update
1. Waiting Room	<ul style="list-style-type: none"> Cost replacement of waiting room chairs to include higher chairs with arms for less mobile patients. 	GH	20.02.14	August 2014	Chairs with higher arms were purchased for both sites.
	<ul style="list-style-type: none"> Present business case to Partnership for replacing all/some of the waiting room chairs (dependant on maintenance budget) 	DP	May 2014	4 th June 2014. Agreed to	Backwell chairs will be replaced in February 2015.
	<ul style="list-style-type: none"> Place signs for donations of suitable reading material in waiting rooms. 	GH	18.03.14	25.03.14	There should now be a spread of reading materials for all age groups
	<ul style="list-style-type: none"> Cost additional T.V for children. If approved a poster requesting donations of DVDs will be displayed in both waiting rooms 	GH	March 2014	Costs of TV given to DP 21.3.14	Needs to be approved at Marketing meeting – 02.02.15
	<ul style="list-style-type: none"> Research use of background music in waiting rooms instead of Health Promotion Channel 	GH	March 2014	Not progressed due to new PPL licensing laws.	Increase in fees and new legislation – not implementing this year.
2. Appointments	<ul style="list-style-type: none"> Review appointment templates and ensure better spread of on- line appointments for working patients 	RT/DP	24.02.14	March 2014	
3. Websites	<ul style="list-style-type: none"> PPG chair to write to EMIS accounts manager/development team as patient representative regarding on-line inefficiencies, which has reflected badly on the practice 	BK	02.04.14	BK – completed.	
	<ul style="list-style-type: none"> Add days All GPs in surgery on website 	AB	19.03.14	Nov 2014	Add new Partners – reminded AB – no photo and information on days not included

4. PPG Sign Off

Report signed off by PPG: **YES**

Date of sign off: **23.03.15**

How has the practice engaged with the PPG:

Monthly meetings and relevant emails about local health events from the Practice Manager. (JW) PPG engages with practice by having regular updates on practice issues at monthly meetings. Good discussions at meetings between PPG members.(CL)

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

The Practice has been collecting email addresses where possible from patients and communicates with the PRG (JW) PPG aims to get a greater variety in age group for the group i.e. some younger members or other ethnic groups but they are difficult to recruit for a variety of reasons. The PPG tends to be top top heavy with more retired members than under 50's, but this is because they have more spare time.(CL)

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

Family and friends survey provides some feedback from patients as does PRG group(JW) Patients are given the opportunity to complete surveys(CL)

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

PPG discussed about ideas on how to reach socially isolated people – older and less able population and those who are lonely and housebound. Leg club possibilities for those with leg ulcers so they can socialise ,have coffee and chat regularly.(CL) Yes, having looked at other practice websites, the PPG suggested that the days Dr's worked be put on the website .

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

Chairs with higher seats help the less mobile. Reading material has increased particularly for children.

Website changes -This was particularly helpful for working people who wish to see a particular GP.

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

The PPG and the Practice meet regularly so there is good line of communication.