

PATIENT PARTICIPATION GROUP ACTION PLAN 2014/15

Introduction

The practice has a long standing Patient Participation Group (PPG) and the practice was involved in the Patient Participation Directed Enhanced Service (DES) for 2014/2015.

The components of the DES are:-

- Develop a PPG
- **Step 1:** PPG and practice to review patient feedback received by the practice (from a variety of sources such as those listed under step 1 in section 5) at a frequency agreed with the PPG and reach agreement on priority areas.
- **Step 2:** Practice and PPG to develop action plan for implementing changes based on at least three key priority areas.
- **Step 3:** Practice to implement improvements and publicise actions taken to practice population including providing the PPG with updates on progress and assessment of subsequent achievement within the timescales agreed. Practice and PPG to complete the reporting template to report actions taken during the year, involvement of the PPG and the outputs which have been achieved. Practices to post reporting templates on website by 31 March 15.

Section 5:-

- Develop a Patient Reference Group (PRG)
- PPG and practice staff to review patient feedback received by the practice and agree on changes to services.
- Identification of Key Priorities
- Practice and PPG to develop action plan for implementing changes based on at least 3 key priority areas.
- Practice to implement improvements and publicise actions taken to practice population.

Develop a Patient Participation Group (PPG)/Patient Reference Group (PRG)

The practice has a long standing PPG. The practice is always trying to recruit new members to the group from all different backgrounds and religions. The practice also have a 'virtual' group who receive invites, agenda's and the minutes of meetings, these patients generally do not attend the actual meetings but have expressed an interest to be involved. Their comments and ideas are welcomed and they can still attend the meetings if able to do so.

Three Key Priorities for the PPG

-  DNA/Text Message Reminders
-  Tablets/Medication Reviews/Notice Boards
-  Guest Speakers

The group felt these three priorities were important for the following reasons:-

- **DNA/Text Message Reminders:** Patients and practice trying to reduce the amount of Did Not Attends (DNAs) in the practice and to educate patients to cancel appointments if can't attend to free this up for someone else. The practice does have a lot of DNA's each month wasting a lot of clinical time which prevents other patients being seen more quickly.
- **Tablets/Medication Reviews/Notice Boards:** Quite a few queries regarding understanding what tablets are for which problem and when a medication review are done. Could also be useful to have a notice board to update patients.
- **Guest Speakers:** Patients feel it would be very useful to have guest speakers at the meetings.

Survey/NHS Choices

The group are informed to review the practice website <http://www.bettsavenue.nhs.uk/> (as the minutes and information are posted on this site) and to look at NHS Choices for the practice as this shows the results of the most recent practice survey as well as comments received in which the practice monitors and responds to appropriately.

NHS Choices Betts Avenue – Performance (PPG/National Patient Survey)

<http://www.nhs.uk/Services/GP/Performance/DefaultView.aspx?id=43803> – Benwell Site

<http://www.nhs.uk/Services/GP/Performance/DefaultView.aspx?id=37200> – Kenton Site

NHS Choices Betts Avenue – Reviews and Ratings -

<http://www.nhs.uk/Services/GP/ReviewsAndRatings/DefaultView.aspx?id=43803> – Benwell Site

<http://www.nhs.uk/Services/GP/ReviewsAndRatings/DefaultView.aspx?id=37200> – Kenton Site

DNA/Text Message Reminders

The patients are always made aware of the problems with patients who DNA, however it is emphasised that there are genuine reasons why some patients cannot attend and are not able to inform the practice such as hospital admission, and the practice have been exploring ways of dealing with DNAs with the group. One suggestion was to use the Text Message Service to inform patients that they had missed their appointment and did they still need to see a clinician, this puts a positive spin on contacting the patient. This has been trialled with mixed results. The practice are looking at other strategies of ensuring that patients have access to attend their annual review as these appointments are missed the most and could be that they have not received the appointment letter etc. The practice hopes to have a strategy meeting in April 2015 and will feedback to the group in due course.

Text Message Reminders the group feel are very useful and were disappointed with the decision that this could be withdrawn or a cost put onto the practices to provide this service, especially since the focus is more on technology and innovation. The practice will be updating the group accordingly of the developments.

Guest Speakers/Medication/Notice Board

The practice asked the Practice Pharmacist to attend one of the meetings to explain his role and inform patients on the importance and reasons why medication reviews are undertaken. The practice has also implemented the Electronic Prescribing Service (EPS) as well as patients having to sign for the Controlled Drug Prescriptions. The practice has had a long standing system for the chemists to sign for the prescriptions they collect for audit purposes. This works very well.

The CCG have also attended the Patient Group and there is a further speaker scheduled for the April 2015 meeting regarding clinical research. Further guest speakers will be identified as per the PPG group.

Notice Boards are routinely changed to try and give variety and support the local health campaign such as Flu/Healthy Lifestyle. The group suggested having 'Useful Numbers' displayed. This is currently in progress ready to be reviewed at the next PPG meeting and then can be advertised accordingly.

CQC Inspection

The practice recently underwent the Care Quality Commission (CQC) inspection on 2nd December 2014, although it was quite a stressful day for staff, it was a very positive experience and members of the PPG group met with the Inspector (Patient from Benwell Site and Patient from Kenton site).

The feedback from the CQC was very positive and the practice was rated overall as GOOD and also given a rating of GOOD in all the categories/sub categories inspected by CQC:-

- Safe
- Effective
- Caring
- Responsive
- Well-Led

Including care for:-

- Older People
- People with long term conditions
- Families, children and young people
- Working age people (inc recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (inc people with dementia)

Patients were also surveyed throughout the day as well as comments cards left in the surgery 2 weeks before the inspection for the CQC to gauge the views of the patients. The results are in the report but overall majority of comments were positive with one or two not so good but nothing that caused the inspectors any cause for concern.

To read the review or full report visit:

www.cqc.uk/provider/1-199690404

Friends and Family Test (FFT)

The Friends and Family Test was introduced into Practices as from December 2014. The practice actively encourages patients to give their views using a standard brief questionnaire. However, since the introduction of the FFT in December it is proving more difficult to actually receive completed responses. The responses so far are very positive, the results are published on the practice website as well as the notice boards in each surgery.

The previous action plans are always referred to and are on the website for patients to view.

Other Actions Undertaken/Reviewed in 2014/15

1. Podiatry / Retinal Screening

This has improved since the change in the service, however the podiatry letter from the Diabetes Centre still informs patients that they will receive their retinal screening at the same time when this is generally not the case as they are now different providers. The practice nurse will contact the Diabetes centre to inform them they are using the original template and need to change the wording.

2. Repeat Medication

Work continues to ensure patients are asked which medication they require to order rather than the patient asking for 'all' medication on the repeat list. This needs to continue to prevent patient's stock piling unwanted medication and to help them understand exactly what medication they are ordering. The practice pharmacist assists the practice with ensuring that patients are reviewed correctly and any complex medication changes are done so with the patient.

3. Electronic Prescribing Service (EPS)

The practice implemented Electronic Prescribing Service (EPS) on 25th Feb 2013. There continues to have teething problems, especially anyone who has medication that is not compliant with EPS, none of their prescriptions can go EPS even if it does not contain that particular item.

4. SystmOne Online Access

Patients can sign up to order their medication online, book limited appointments and see their Summary Care Record information. This system helps the patients identify which medication they need to order as they can see their 'repeat medication' as well as recorded allergies. This will be offered to all new registrations as standard question on the registration form.

Time Frames

The group were happy to have flexible time scales for each priority. It was agreed that the priorities are such that a date cannot be specified therefore it was agreed that hoped to have further information and progression on each of the areas by the end of the March 2015 but some of those priorities will also be relevant moving forward past March 2015.

Management

Delegated responsibility for overseeing this Action Plan/program is Mrs Julie Wade, Practice Manager. The PPG will also review all actions and look at what else can be improved during the course of 2015/2016.

Monitoring

This plan has been published on the practice website and posted to members of the patient forum.

Feedback to partners meetings, PHCT meetings, reports published on practice website and at Patient Participation Group.

Julie Wade
4th March 2015