

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

Practice Name: **Moor Grange Surgery**

Practice Code: B86065

Signed on behalf of practice: Amanda McDermott

Date: 26/03/2015

Signed on behalf of PPG: AS 30/3/2015

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 + Email,																																					
Number of members of PPG: 6 face to face + 1 virtual member = 7 members																																					
Detail the gender mix of practice population and PPG: <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 100%;"> <thead> <tr> <th style="width: 15%;">%</th> <th style="width: 35%;">Male</th> <th style="width: 35%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td style="text-align: center;">2052</td> <td style="text-align: center;">2078</td> </tr> <tr> <td>PRG</td> <td style="text-align: center;">1</td> <td style="text-align: center;">6</td> </tr> </tbody> </table>	%	Male	Female	Practice	2052	2078	PRG	1	6	Detail of age mix of practice population and PPG: <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 100%;"> <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></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PRG</td> <td style="text-align: center;">750</td> <td style="text-align: center;">374</td> <td style="text-align: center;">540</td> <td style="text-align: center;">597</td> <td style="text-align: center;">608</td> <td style="text-align: center;">487</td> <td style="text-align: center;">353</td> <td style="text-align: center;">407</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice									PRG	750	374	540	597	608	487	353	407
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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	3457	32	1	82	49	24	41	32
PRG	5	0	0	2	0	0	0	0

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	61	123	0	45	65	45	0	4	0	5
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:

When the PPG was launched the practice actively worked to promote it and encourage a variety of patients to join. Full details regarding this are contained in the 2011/12 PRG Report dated March 2012. We have continued to promote the groups & encourage a wide variety of patients to participate in improving the practice. The practice & the groups are committed to recruiting more patients in future & that those recruited will be representative of our practice profile. We would like ethnic minority groups to be represented at our PPG & also some patients in the younger age groups. This year we have attempted to boost the PPG in the following ways:-

- Included details of the group in our new patient registration pack
- Included an article about the group in an edition of the practice newsletter
- Encouraged clinical & non clinical staff to engage patients opportunistically
- Produced a new poster & dedicated one of the practice noticeboards to the PPG

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:

Feedback from the practice suggestion box &/or comments received in other ways by the practice (email/telephone)
Friends & Family (we were a pilot practice)
Patient Survey

How frequently were these reviewed with the PRG?

Feedback from any suggestions received discussed at the next patient group meeting
Friends & Family responses (including the free text comments & suggestions) reviewed after the pilot
Patient Survey results reviewed on completion of the patient engagement

PPG is only involved with matters which concern all patients, while scores of private/individual proposals, suggestions & complaints are solely dealt with by staff to preserve privacy.

3. Action plan priority areas and implementation

Priority area 1
Description of priority area: Improving access to online services & providing text messaging services
<p>What actions were taken to address the priority?</p> <p>The practice enabled appointment booking & repeat prescription ordering via the practice website</p> <p>The practice actively sought to gain consent for text message appointment reminders from as many patients as possible. The text message appointment reminder service was then activated.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>Both services are now operational.</p> <p>Both services were publicised in the surgery & on the practice website. We also included articles in an edition of the practice newsletter. All new patients who register are asked for consent & also asked if they would like to register for online services.</p> <p>Since starting the text message service, the did not attend rate has dropped significantly which in turn means more available appointments</p>

for other patients. Being able to order repeat prescriptions from a pre-populated list rather than typing a list into an email has proved popular & the number of patients registered for online services continues to increase.

Priority area 2

Description of priority area: Patient Access to appointments both in & outside core hours

What actions were taken to address the priority?

The practice made the decision to join together with a group of 10 other practices to form a co-operative to enable their registered patients to be seen for routine care at a Hub practice outside core hours, namely Saturday, Sunday & Bank Holidays 08.00-16.00

The practice made the decision to open longer hours (07:00-19:00) Monday to Friday to improve patient access – in order for this to work, 2 long term locum GPs were recruited to provide extra clinical sessions. The regular GPs provided extra clinics early morning & late evening.

In order to make these changes practical in the long term a decision to submit an application to NHS England to merge with a neighbouring practice was made

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

The Hub practices are now operational – patients can pre-book for routine care at a local Hub practice (Ireland Wood Surgery) on Saturdays, Sundays & Bank Holidays. This scheme is still in the early stages & promotion is on going. In house advertising has started & will develop & continue. It is hoped that this service will enable patients to have more flexibility in accessing routine care & help reduce out of hours attendance & referrals to A&E

The practice has been open 07:00-19:00 Monday to Friday since November 2014 – this has provided an increased number of both GP & nurse/HCA appointments. This has been publicised in the practice, on the website & NHS Choices.

The approval to merge with Abbey Medical Centre on 1st April 2015 was received recently & we are now working towards the merge. We have publicised the proposed merge widely & involved patients in deciding whether the merge would be beneficial. The merge will provide even better access to clinicians at 3 sites (patients will be able to choose which site they are seen) & will have access to far more services than they were previously.

Priority area 3

Description of priority area:

Practice to address the lack of provision of certain patient services which had been lost due to staff changes – namely joint injections & minor surgery

What actions were taken to address the priority?

The practice agreed to include one or both areas of special interest in the specification when recruiting new clinicians. Dr Welch also agreed to undertake some minor surgery procedures which she had stopped due to pressure of work caused by staff shortages. This was also one of the main reasons for the practice agreeing to submit an application for a practice merge with Abbey Medical Centre as it was felt that by merging, patients would benefit from a wider range of services.

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

The practice recruited a long term locum with an interest in joint injections – this meant that rather than being referred to a clinic, patients were able to book a routine appointment at the surgery & also have this procedure carried out at home which for the elderly/housebound patients & those in care homes meant far less disruption. We placed a notice on the waiting room noticeboard about this & patients were informed when they made enquiries about services available.

The practice made the decision to employ a second long term GP to enable Dr Welch to provide some minor surgery at the practice rather than having to refer to a community clinic; this is more convenient to patients. This was publicised in the surgery.

The practice merger application will enable Moor Grange patients to have access to a far wider range of services on a permanent basis, these will include: contraceptive implants, IUD, minor surgery, liquid nitrogen & joint injections. The practice merger & its benefit to patients has been widely publicised in the surgery, on the right hand side of prescriptions & on the practice 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):

Patients said they found it difficult to contact the surgery by telephone.

A new telephone system will be installed on 30th March 2015, providing better access to the surgery, allowing filtering of calls. The GPs will provide telephone triage & telephone consultations by mobile rather than via the practice phone system.

The practice will aim to inform patients of the various data sharing schemes which are operating & improve understanding.

The practice made available leaflets on each of the data sharing schemes. Information on the schemes & opt out forms were made available on the practice website & in new patient registration packs. Two members of staff were especially trained to explain to patients & answer their questions about what schemes & services are provided.

To reduce Fail to attend rates generally

The introduction of text message appointment reminders & also contacting patients who had long nurse appointments booked has reduced the FTA rate considerably.

To promote choice at the point of referral

The practice has used the Choose & Book referral system whenever possible for the last 18 months, this has given patients choice of provider & location when an onward referral has been necessary.

PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 30/3/2015

How has the practice engaged with the PPG:

The PPG of Moor Grange Surgery has now been operating for the second year. The aim of the Group is to represent all the patients who belong to the surgery and to help the surgery team improve the services offered for the benefit of both, those who give and those who receive these services.

We meet from time to time (depending on the urgency of the issues), learn about developments, discuss various aspects and make suggestions. Obviously, the Group has no power to introduce 'revolutionary' changes, but from my experience as a member of the PPG from its first day, I know that the fact that members of staff and patients representatives are meeting to discuss matters of common interest, ensure that the voices of both parties are heard. In a very pleasant atmosphere under the skilful management of the Practice Manager several issues are raised and discussed, and very often proposals made by the Group are adopted and applied. Bearing in mind that all members of PPG are attending meetings on a voluntary basis and are doing so for the welfare of all, we would welcome more people, either to join us or take over so that new and fresh ideas will be constantly brought forward. A couple of hours once every few months are not a 'medal-deserved' sacrifice for a good cause, aiming at improving what we all need.

With regard to the PPG in general, I do feel that it is very worthwhile in that a number of useful ideas have come out of our meetings, and meeting face to face means that what starts out as a vague suggestion can be added to and refined through our discussions to either be implemented as a good idea or discarded as not useful.

