

**Shropshire and Staffordshire Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template**

Practice Name: Keele Practice

Practice Code: M83670

Signed on behalf of practice:

Date: 17.3.15

Signed on behalf of PPG:

Date:

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 meetings, and by email																																					
Number of members of PPG: 10																																					
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:20%;">%</th> <th style="width:40%;">Male</th> <th style="width:40%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td></td> <td>2</td> </tr> <tr> <td>PRG</td> <td>3</td> <td>5</td> </tr> </tbody> </table>	%	Male	Female	Practice		2	PRG	3	5	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></td> <td></td> <td></td> <td></td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>PRG</td> <td></td> <td>1</td> <td></td> <td>1</td> <td></td> <td>2</td> <td>4</td> <td></td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice					2				PRG		1		1		2	4	
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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	2							
PRG	8							

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice										
PRG										

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 has posters displayed in the patient areas requesting people to join the group, and also on the website. The practice has struggled to recruit students into the Group, so a representative from the Student Support Group at Keele University joined the group to represent the students. One representative is an ex-student of the university, one is a former lecturer at the university and one is a retired member of the university staff. The group used to have an Asian student representative but he left the group this year when he finished university. There is one student in the 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?

YES

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

The group has tried to recruit more representatives from the student population and to date only one is in the group, and has not been very successful, as few students seem to be interested in joining the group. Students have been personally asked if they would like to join the group but have refused, but the practice does continue to attempt to recruit more in this patient population.

2. Review of patient feedback

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

Discussions within the group of things that would be relevant to patients. Patient satisfaction survey. Friends and Family Test. CQC feedback

How frequently were these reviewed with the PRG?

At the three monthly meetings, or via email where appropriate

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Increase patient parking area</p>
<p>What actions were taken to address the priority?</p> <p>Meetings took place with the university to discuss the problems that patients had parking on the Health Centre car park. Additional staff parking was made available, which increased the number of parking spaces for patients to park in.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>An additional staff parking area was made at the side of the Health Centre, this then enabled the previously patient/staff parking to become solely a patient area i.e. increasing patient parking. New signs were erected which showed that the existing staff/patient parking was now for use only by the patients</p>

Priority area 2

Description of priority area:

To gain the most accurate patient survey results, and feedback from patients and identify gaps in service

What actions were taken to address the priority?

Previously there have been a few patients that have been confused by the questionnaire, and it has been obvious by their replies that they have misunderstood some of the questions, also some patients came to reception as they did not understand some of the questions. To help with the accuracy of the surveys the chair of the PPG went into the waiting room and gave out all of the surveys personally. She was then able to discuss the survey with the patients individually and explain the reason for this, and gather feedback which she gave at the end of the survey period in the form of a report that was added to the survey findings. This also enabled the patients to have someone to ask about any queries that they had about the survey, and give the waiting room experience from a patient perspective

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

The survey questionnaires were filled out completely in most cases, which was an improvement, as in the past there were many forms that were incomplete. The answers to the questions also followed a pattern, and it was obvious that the questions were understood, and the answers given correctly. The feedback from a waiting room perspective also showed some gaps that needed to be filled eg: a notice advising patients that one of the clinicians was working from the downstairs clinical room was attached to the checking in system, as some patients were confused about where to wait. The survey results disseminated to the PPG members and put onto the website, and a hard copy available in the waiting room

Priority area 3

Description of priority area:

Closure of the dispensary when a pharmacy opens on campus. If the pharmacy was found not to be viable and closed, then the dispensary could not be opened again and the dispensing patients would have to travel to access prescriptions

What actions were taken to address the priority?

The practice received a letter from NHS England stating that the Coop Pharmacy had been granted permission to open a pharmacy on the Keele Campus. The chair of the PPG wrote to the local MP Paul Farrelly, and asked him to become involved as there had been previous applications which had not been followed through because the pharmacy would not make enough money to become viable. The PPG were therefore concerned that due to the high number of student patients without transport, if this were to take place and then the pharmacy closed again the dispensing patients would be unable to have their prescriptions dispensed without going over 2 miles into the local town.

A meeting took place between the practice and the Deputy VC, and various different personal of the university. The pharmacy school wanted a pharmacy on campus to enable some students to train in there. The practice expressed their concerns about patients not being able to access medication easily if the pharmacy closed.

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

This is ongoing, as the group are pursuing different avenues to ascertain whether the pharmacy would remain open even if it were not viable.

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):

The process was started last year to obtain more patient parking space. This was a lengthy process with many meetings taking place between the practice including the chair of the PPG, and the university. This year additional parking spaces were identified for patients to park due to additional staff parking spaces being made available. The verbal feedback from patients showed that they appreciated the additional parking, and there was less chaos on the car park when the spaces were unavailable or in short supply.

The use of the online appointment booking and ordering of prescriptions is still very low despite the signs, website link, and verbally offering patients the service and advising them on their repeat prescriptions. This has been discussed previously on many occasions, but despite the patients identifying on the survey that this is a preferred way of booking appointments and ordering prescriptions, the students predominantly do not show any interest in doing this, and despite many password etc. been given out they are not registering with the service.

Although the majority of student patients do register in their first week of term, many do not, and only register when they need appointments. This causes problems and carries risk as there are no previous medical histories available, and on many occasions the histories given by patients are not very accurate. In 2013 the practice put up a stand in the enrolment area and gave out registration forms and details, this proved to be somewhat of an improvement, but many patients still arrived at the surgery wanting an appointment and had not registered. This was discussed within the PPG again, and it was agreed via the student support representative that a new way to address the registering of patients be sort. This year the practice worked together with the student welfare department and was able to move the registration process next to the enrolment area. The patients did then not have to go to the health centre the following week to register, as they could do it the same day. The practice staff also worked all weekend to enable this to happen. This was successfully implemented, and many more patients registered, although there were still students who did not.

A practice website was developed, and this continues to be updated with information, including opening hours, patient surveys, CQC information and links to student support, and online services.

It was also suggested at one of the meetings that a letter box be provided next to the dispensary for repeat prescriptions. This was done and has successfully reduced waiting times at the dispensary.

Two member of the PPG now attend, contribute and feedback from the Locality Patient Group

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 24.3.15

How has the practice engaged with the PPG:

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

Opportunistically, recently a new student member visited the nurse and expressed an interest in services provided by the practice, she was invited to join the group which she did. Due to a lack of student members a member of the university wellbeing team agreed to join and represent the students, and was able to advise on facilities available from the university, health concerns that students, and the registration process for students has been redesigned to make it more easy for them to register with a GP . Advertising on the practice website and in practice with posters.

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

250 annual patient surveys were given out by the chair of the PPG, and the results are available in the waiting room and on the website. The practice is regularly feeding back on the Friends and Family Test and the feedback questionnaires are published on the Iwantgreatcare website. The CQC did an inspection in February 2015, and the patients fed back their views on the practice via questionnaires. The chair also met with the CQC and gave verbal feedback.

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

Yes these were discussed and any actions agreed at the meetings before taking place.

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

More parking area for patients. More accurate patient survey as the chair spoke personally to each patient, and gaps identified for improvement, and also feedback on what the practice did well. More input and information about the proposed pharmacy and hence the impact on existing services, and the ability as a group to communicate with other authorities directly their concerns from a patient perspective. Feedback from the locality a has been very useful, as it has enabled the practice to know more about what

happens in other practices, and the information obtained from the Citizens Jury on Diabetes has been discussed and it was agreed that the diabetes packs discussed at this meeting be available to patients.

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

The PPG members are happy to attend the meetings and give their opinions on current practice issues, and become involved in some activities for the benefit of the practice, but feel that the time commitment requested by the NHS requesting PPG involvement is increasing. This is a small group who have personal and work commitments, therefore the pressure to engage in more additional things is higher. Two members of the PPG attend the locality meetings, and one member also attends the Citizen Jury on Diabetes meetings.