

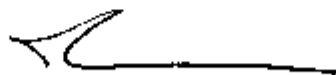
Derbyshire & Nottinghamshire Area Team

2014/15 Patient Participation Enhanced Service REPORT

Practice Name: Eyam Surgery

Practice Code: C81039

Signed on behalf of practice: Dr D Goodwin



Date: 06.01.2015

Signed on behalf of PPG: Mrs S Yates



Date: 2/1/2015

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, Other (please specify)

Face to Face, Email

Number of members of PPG: 14

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	50%	50%
PPG	36%	64%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	16%	7%	7%	11%	17%	16%	15%	11%
PPG	0%	0%	0%	7%	7%	13%	40%	33%

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	99.25%	0.1%	0%	0%	0.1%	0%	0.2%	0%
PPG	100%							

%	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	0%	0.05%	0%	0%	0.1%	0.1%	0.05%	0.05%	0%	0%
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:

We hold our meetings in the evening so that the majority of patients can get to them. We have a large car park so that everyone can park. It is well lit with plenty of disabled access.

We advertise the meetings in each of the surgeries, web site etc. We also send letters to the patients who are part of the group and try to choose a date to suit as many of them as possible. We have rotated days of the week so that different patients can attend. Not as many patients attended the last meeting therefore we will be trying very hard to recruit more members prior to the next meeting. It was suggested at the last meeting that we advertise in the local papers, parish mags where possible.

We have decided that we would like a member from each village to lead the way for each branch surgery to see if we can focus on each village's needs. We do have members from each village however we would like a member who will be more active than other members of the group to help us find out exactly what the patients want and communicate with them more directly.

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:

Patient Survey
Health watch Derbyshire
Suggestion box
Complaints and Praises
Significant Events

How frequently were these reviewed with the PRG?

Annually, but if anything important came to light prior to this then I would take to the next meeting or inform the PPG in writing.

3. Action plan priority areas and implementation

Priority area 1
<p><i>Description of priority area:</i> To complete the car park and increase the number of disabled spaces.</p>
<p><i>What actions were taken to address the priority?</i> Builders were employed to complete the car park, put up the relevant signage to identify the disabled spaces, put in the necessary lighting.</p>
<p><i>Result of actions and impact on patients and carers:</i> It has doubled the number of car parking spaces available. Patients are able to park easily and we have received no complaints about not being able to park. It has reduced vehicle congestion around the school, which is next door, as none of our staff or patients have to park on the road now. We have doubled the number of disabled parking slots.</p>
<p><i>How were these actions publicised?</i> It wasn't necessary everyone noticed and we received praise from the patients.</p>

Priority area 2

Description of priority area:

Create more nurses appointments

What actions were taken to address the priority?

We have employed 2 HCAs. We have an extra 4 hours of appointments every morning. They do the blood tests, CVD checks, fit 24 hour ECG and BP machines etc. They have surgeries at Eyam and Bradwell.

We have therefore taken the need for any of these tasks to be completed by the nurses or nurse practitioners. So they can now do more QOF type checks and medication reviews.

We are gradually training the HCAs in more procedures therefore freeing up more nurses time as we do.

Result of actions and impact on patients and carers:

The waiting times to see the nurses have reduced significantly (and so have the doctor times). It has eased the pressure on all the clinicians. Patients have more choice and have less time to wait to get an appointment.

We have completed the required number of CVD checks.

How were these actions publicised?

Surgery timetable, patient leaflet, web site.

Priority area 3

Description of priority area:

To re-introduce the self-check in facility.

What actions were taken to address the priority?

New software was purchased and installed which was compatible with EMIS web.

Result of actions and impact on patients and carers:

Patients and carers have less time to wait to talk to a receptionist because patients/carers who are only here to attend an appointment can sign in themselves. They can go straight through to see the clinician without speaking to a receptionist. We have a board which indicates in which direction, from the main reception, the clinicians are working.

How were these actions publicised?

Notices put up in surgery to ask patients to use the check in facility and not to queue.

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):

1. The car park has been extended and finally finished.
2. We are continuing to work on communicating to our patients; the web site contains info on what we are doing at the moment as well as holding some of the newsletters etc. We are hoping to get the PPG involved in either writing an article in each newsletter or producing an occasional one themselves.
3. We are going to try again to get a regular article in all of the parish magazines around here. We are hoping the new members in the PPG will help us with this.
4. The information file is continually updated and put in each branch surgery.
5. Annually we investigate the cost of a card machine to see if we can find one that is a reasonable as we do not want to transfer the cost of using it on to the patients.
6. We have weekly staff meetings to review what has happened the previous week and ensure we look immediately at patient complaints/comments/praises. As well as the monthly Quest meeting with the clinicians.
7. HCAs have been employed to give us more appointments, relieving the pressure on all clinical grades.

4. PPG Sign Off

Report signed off by PPG: YES / NO



Date of sign off: 8/1/2015

How has the practice engaged with the PPG:

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

The practice has advertised the existence of the PPG and encouraged new members. This has been done through notices in the practices and on the web-site. I do not believe they could do much more.

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

Yes. It regularly sends out patient questionnaires and there are suggestion boxes in each surgery.

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

- 1) Yes – we were very pleased to see the improved car parking facilities which mean that no longer do we risk having to find parking on the roadside.
- 2) Yes – there had clearly been a need for more nurses' appointments from the patient surveys.
- 3) Re-introduction of the self check-in facility has been a welcome addition to the surgery.

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

- 1) The extended car park is all on the level and is well signed and lit. Access to the surgery is easy for everyone, with a ramp for the less mobile amongst us.

- 2) It is easier to get nurses' appointments now with the employment of the 2 new HCAs.
- 3) The self check-in facility has made speaking to a receptionist much quicker and with less queuing.

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

Personally I value the opportunity of having some input into the operating of our surgery and I do believe that I speak for the rest of the group. We do wish that the practice could have more members on the PPG but if patients do not want to become involved in such a group then it is difficult to see what else could be done. From my own point of view I have tried to encourage a friend who lives in the same village as me to get involved but the interest is just not there.

Of course, patients have their own reasons for not getting involved. The young tend not to see groups like this as a necessity and only want to know that they have a GP to go to in times of need. The middle-aged seem to lead such busy lives. The retired tend to have more time on their hands and a more altruistic approach to such groups.

Please submit completed report to the Area Team via email no later than 31 March 2015 to:

- Derbyshire practices: e.derbyshirenotttinghamshire-gpderbys@nhs.net
- Nottinghamshire practices: e.derbyshirenotttinghamshire-gpnotts@nhs.net