

# Standard Reporting Template

**Bristol, North Somerset, Somerset and South Gloucestershire Area Team  
2014/15 Patient Participation Enhanced Service – Reporting Template**

Practice Name: North Petherton Surgery

Practice Code: L85056

Signed on behalf of practice: Lesley Mildren – Practice Manager  
Date: 27/3/2015

Signed on behalf of PPG: Malcolm Turner - Chair

Date: 27/3/2015

1. Prerequisite of Enhanced Service – Develop/Maintain a Patient Participation Group (PPG)

Does the Practice have a PPG and/or PRG? Yes, established October 2011.
Method of engagement with PPG and/or PRG: Face to face, Email, Other (please specify). Face to face meetings every 6 weeks, minutes and agenda by e-mail. On line group included in e-mail correspondence. PM and PPG Chair meet regularly outside of formal meetings for discussion.
Number of members of PPG and/or PRG: 10 members plus 2 representatives from the practice. Plus 8 patients signed up to the on line group- included in figures below.

Detail the gender mix of practice population and PPG and/or PRG:

%	Male	Female
Practice	49.6%	50.34%
PPG	0.14%	0.25%

Detail of age mix of practice population and PPG and/or PRG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	18.5	7.9%	11.7%	11.5%	15.7%	12.5%	12.06	9.8%
PPG	0	0	0	0.16%	0.23%	0.4%	0.6%	0.4%

Detail the ethnic background of your practice population and PPG and/or 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								
PRG	100%							

	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 and/or PRG is representative of the practice population in terms of gender, age and ethnic background and other members of the practice population:

We continue to be pro-active in recruitment to our PPG and have had some new members join us throughout this year. Although we are aware our membership is not truly representative of our practice population we continue to promote both the patient group and the virtual group to all our patients irrespective of ethnicity, age, gender etc. Ethnicity data is not routinely collected but census data for our area shows that our practice population is overwhelmingly white British and this is reflected in our patient group. We have few patients belonging to other ethnic groups and those that do are predominantly eastern Europeans who have moved to the new housing development, or those who come here as temporary residents for fruit picking during the summer months.

We recognise that most frequent users of our services tend to be in the older age bracket of our practice population, however we are keen to attract younger members. With this in mind we have engaged the services of Bridgwater College Media Department to work with us to produce a patient group newsletter, due for circulation at the end of March. The newsletter will be placed in all dispensing bags increasing coverage to patients in outlying areas, inside the Link magazine produced by the diocese, in the local shops, library and offered at reception. We are using the college to run a “survey monkey” to understand why younger members are reluctant to get involved with patient groups. We hope to get feedback from them enabling us to have an idea of what the younger age group would like to access in their practices and hope that their interest with the production of the newsletter may whet their appetite to attend meetings or at least sign up to the on-line group. We shall see! We realise that time constraints prevent parents of young children from attending meetings, however we continue to hand out our new information brochure to all new patients. (Included within this, together with all the information needed on both groups is a sign up form for the e mail group – to date no one has returned one of these.) Focus groups for specific projects generally happen through the working day. We have also advertised our new surgery brochure in the practice so that patients who may not have had a surgery brochure for some time can be kept up to date with services offered.

We have moved our meeting times from during the day to evening (and back again) with the hope of getting more attendance; to date no further patients have attended. We have maintained our in-house campaign to recruit new members with a designated patient group notice board, posters and sign up forms.

Are there any specific characteristics of your practice population which means that other groups should be included in the PPG and/or PRG?

e.g. a large student population, significant number of jobseekers, large numbers of nursing homes, or a LGBT community? YES/NO

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:

- Annual practice survey
- Annual PPG survey
- NHS Choices
- Connect – PPG focus group
- PPG meeting with the church diocese
- Attendance at practice meetings
- Friends and Family Test
- Somerset PPG Chairs meetings
- Federation Chairs meetings

How frequently were these reviewed with the PPG and/or PRG?

Results of both surveys were circulated at subsequent practice and PPG meetings. Attendees debated the results and comments and highlighted issues needing review.

Posters showing results of the surveys were displayed in the waiting room alongside comments from the practice.

A good response to our practice survey with 90% of patients rating the practice good, very good or excellent. Results were discussed with the patient group and feedback was displayed on the notice board in the waiting room.

Unfortunately only 38% of the patient group surveys were returned so despite this not being statistically significant, most feedback was extremely positive.

We are delighted to see that we have favourable comments on our NHS Choices site. We are well aware of the car parking issue and this will hopefully be addressed if and when we are able to upgrade our building. There is a free public car park attached to the community centre in North Petherton, within a short walking distance of the practice, should parking not be available at the surgery.

A focus group was set up at the Connect meeting at the community centre on 10th March. The PPG representatives visited each table asking for views on surgeries within the area (not all of these were NP patients). We are awaiting feedback from the Chair however we believe that our results were favourable. Connect is a monthly inter-active coffee/lunch morning where patients can get help and advice from various agencies including Age UK, the Police, Citizens Advice Bureau. The PPG members attend Connect on a regular basis to interact with the local community

The Chair meets with the local Vicar and curate on a regular basis and either the Vicar or curate attend our PPG meetings. The patient group is aiming to set up a befriending service in conjunction with the Church and other local partners for those patients needing company and/or assistance. This is an ongoing project which we hope will lead to more patients having an interest in the patient group. We have also made contact with the Village Agent for the outlying practice area and are looking to assist with piloting an isolation project.

The Chair attends our monthly practice meetings to feedback any issues raised by the patient group. PPG meetings are held every 6 weeks. Two members of the practice attend along with a GP when time constraints permit. The PPG Chair liaises with the Practice Manager outside of meetings regarding particular issues – e.g. the new newsletter.

Updates on the Friends and Family test are shared with the patient group on a regular basis.

The Chair attends the Somerset PPG Chairs Group, the Federation Chairs group and has been pro-active in several Patient and Public Involvement projects, these discussions are fed back to the group.

*Please see the full Chairs report for 2014/15 on the website under the Patient Participation Heading*

### 3. Action plan priority areas and implementation

#### Priority Area 1

Description of priority area:

Increase membership of the PPG meeting group

What actions were taken to address the priority?

Our first thought was to change the time of meetings from morning to evening to try and capture those patients working during the day together with those with childcare issues.

To heighten the profile of the group within the waiting room with increased advertising of our patient group, especially regarding the on- line group for those unable to attend meetings.

Focus group at Connect

Walking Group – presents an opportunity to promote the work and role of the patient group face to face

## Guest speakers

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

Unfortunately, despite changing the time of the meetings this did not result in any new members. The dates and times are advertised both in the surgery via a dedicated notice board in the waiting room and on the website. An on-line sign up page is included within our surgery booklet.

Our first newsletter has now been developed and is ready for distribution. We hope this will be well received by our patients, highlighting the work done by the group together with signposting them to other services. We intend to make this accessible to all via the website.

We hope that by attending and talking at the local Connect group, members will have been able to raise interest, encouraging more patients to join the group.

The Chair, together with Walking 4 Health is setting up a series of short health walks to encourage the formation of a regular walking group around the North Petherton area. Whilst this is not an initiative solely for patients of our practice it is hoped that this activity might also engage some of our patients to become more interested and involved in the work of the patient group.

Our group has welcomed several guest speakers to the meetings, including, Lucy Nicholls (Patient Experience Manager, Somerset Partnership); Amanda Whitlock (Independent Age); Jayne Nicholas (Projects Manager Patient Assoc.); and Steve Baker (Somerset Rural Youth Project)

## Priority Area 2

Description of priority area:

Online access for patients

What actions were taken to address the priority?

A well- publicised campaign within the practice to advertise this service.

Information on the service advertised on the right hand side of prescriptions, via the website and in the practice brochure.

A write up is included in our first PPG newsletter promoting online access services (2500) copies to be distributed.

Online appointments have also been promoted via the PPG newsletter.

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

Major increase in medication requests via the online system. Patient feedback on this service has been extremely positive. Most requests are for routine medication, however any flagged up as queries are always referred to the duty Doctor.

On line appointments with all GP's (including locum's) available daily, together with routine blood test appointments with the HCA.

We have found that this service has proved extremely popular and we adjust available appointments accordingly.



### Priority Area 3

Description of priority area:

Collaboration with outside agencies

What actions were taken to address the priority?

Visiting speakers to patient group meetings

Collaboration with the Vicar and Independent Age regarding a befriending/isolation group

Attendance at Connect to raise the profile of the group with other agencies

Meeting with Compass Carers

Collaboration with the local Village Agent

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

Most of the actions are on-going and we hope will help patients make the most of community services in Somerset.

As stated above, the group welcomed speakers from various agencies. A useful discussion was held with the Rural Youth project as to how we could increase membership of the group by attracting younger members.

Ongoing collaboration with the Vicar regarding the set-up of a befriending/isolation group to include work with Independent Age.

Still in progress, we hope this will prove an invaluable service to those isolated and alone.

Connect attendance helps to raise the profile of the group with other agencies present and proved especially valuable when it came to the Big Band concert, with many practice patients in attendance.

Compass Carers have been pro-active in attending a drop-in morning during Carer's week hosted by the group, together with attendance at Connect. The Chair has met with the head of Compass Carers via the practice meeting at the surgery. The Compass Carers local agent regularly attends practice meetings.

A recent collaboration with the local Village Agent has proved to be most beneficial. We are looking, with her assistance, to support the development of a pilot isolation project. We are hoping that we can join forces to support individuals in making the most of community services in Somerset.

#### 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):

Some issues raised from patient group surveys include-

**"Privacy an issue when at reception"**. – A notice is displayed at reception offering a room for patients to speak to reception staff should their enquiry be of a sensitive nature

**"Opening hours for those at work during the day"**. We introduced extended hours some time ago. We stay open until 8pm on a Monday evening and open alternate Saturday mornings. 81% responding to our survey, agreed that opening hours were acceptable for those not available due to work commitments.

**"More telephone appointments available"**. Telephone consultations are ALWAYS available either with a nurse or GP. There is NO limit to the amount of telephone consultations. If the Dr feels that patients need to be seen following a telephone consultation, they will be asked to attend the surgery.

#### 4. PPG Sign Off

Report signed off by PPG and/or PRG: YES

Date of sign off: 27/3/2015

How has the practice engaged with the PPG and/or PRG:

Regular 6 weekly meetings with lively discussion on matters affecting the practice and the practice population.

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

We continue to raise the profile of our group via the surgery notice board, planned events and the website. We are excited by our new newsletter and hope it will increase patient interest with the hope of recruiting new members either to the meetings or to the on-line group.

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

Feedback continues via the patient surveys, the website and the Friends and Family Test.

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

How has the service offered to patients and carers improved as a result of the implementation of the action plan? Online access has made making appointments, ordering prescriptions and amending personal details easier for those patients with access to a computer.

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

Raising and increasing our patient group profile is an on-going priority for us again this coming year.