

Standard Reporting Template

Devon, Cornwall and Isles of Scilly Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Tamar Valley Health

Practice Code: L82012

Signed on behalf of practice: Kathie Applebee, Management Partner

Date: 23/3/15

Signed on behalf of PPG: Don King, TVH PPG Chairman

Date: 23/3/15

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

Does the Practice have a PPG? YES / NO
Method of engagement with PPG: Face to face, Email, Other (please specify)
Number of members of PPG: Under this PPG's constitution, all patients are automatically regarded as members of the PPG and are all encouraged to participate, but over 90 patients are members of the Digital Group who receive regular updates on PPG activities, receive personal invitations to meetings and to take part in surveys and other forms of feedback. There are 8 active members of the existing PPG committee.

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	7814	8128
PRG	42	58

Detail of age mix of practice population and PPG:

%	<16	17-24	25-44		45-64		65+	
Practice	2398	1395	2688		4931		4530	
PRG	0	1	14		32		53	

Practice age range to match PPG data provision

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	11530	26	0	372	5	5	8	42
PRG	90			10				

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	3	1	2	21	24	7	1	1	0	14
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 PPG, supported both financially and in person by the practice, holds open meetings every 2 months, at alternate health centres, and has committee meetings in the intervening months which are also attended by practice representatives. It has also had information desks in each Health Centre and at various local events in an effort to increase membership and attendance at meetings. The number of patients in the working and younger age groups is slowly growing as a result. The PPG and the practice have sought to raise interest amongst the pupils and staff of Callington Community College where the practice holds daily Tic Tac sessions but progress has been slow so far. Promising contacts have been made with the Duchy College at Stoke Climsland.

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~~/NO

No, the practice population is predominately white and average for Cornwall in terms of age/sex distribution. There are 5 nursing/residential homes, only one senior school and the Duchy College, and no major groups such as refugees, etc. It is a semi-rural farming population.

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:

Friends and Family (from Dec 2014)

GP Patient Survey (Jan 2015)

Survey by PPG on music in waiting rooms (Aug 2014)

PPG representatives were invited to meet with the CQC in January 2015

Verbal and written comments collected from patients during attendance by PPG representatives staffing the information desks held at the Health Centres (some 16 sessions over the first quarter of 2015 at which some 750 patients were contacted).

How frequently were these reviewed with the PRG?

In accordance with their meeting schedule (see above).

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>The PPG and the practice have tried to increase the membership of the PPG and the attendance at open meetings.</p>
<p>What actions were taken to address the priority?</p> <p>The practice has provided special glass-fronted bulletin boards at each health centre plus a table for PPG members to use when periodically sitting in the health centres during opening hours seeking to increase membership.</p> <p>Meetings are publicised in the health centres (on the overhead displays and also using paper posters), on the PPG e-mail list and on the practice website.</p> <p>Members of the committee have spoken at local meetings e.g. the Callington U3A, the local Diabetes Group and the New Outlook Group. Short articles by the PPG have been regularly printed in local newsletters and magazines, and notices of the Open Meetings are displayed in a variety of public notice boards and in local shops.</p> <p>GPs and nurses have attended open meetings to discuss health-related issues, e.g. diabetes.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>Attendance has often been poor, especially in winter bad weather, but the introduction of speakers at the Open Meetings is starting to have some positive effects (a recent attendance was 14). The PPG information Desk sessions are also raising awareness and interest in getting involved.</p>

Priority area 2

Description of priority area:

Review of patient facilities and experiences in the waiting areas, e.g. reception area and staff.

- a) Receptionists' name badges felt to be too small for patients with poor sight.
- b) Need for enhanced training for receptionists.

What actions were taken to address the priority?

- a) A4 display stands are now displayed at each reception desk with: "Your receptionist today is [name]" in very large type.
- b) A training day on Customer Service was arranged for receptionist staff.
- c) Analysis of feedback from patients and the organization of a workshop for the PPG committee focused on the waiting area facilities.

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

This has resulted in a number of appreciative comments from patients and their carers

Priority area 3

Description of priority area:

Patient failing to attend for medication reviews, resulting in difficulties when they required further medication

What actions were taken to address the priority?

The PPG was consulted over this matter and their advice sought. They advised the practice that patients might believe this to be a medical check rather than a medication check, and the letter sent to patients was edited with their feedback.

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

Articles were written for local community newsletters, by both the practice and the PPG, highlighting this issue and encouraging patients on repeat medication to attend when recalled for their (usually) annual reviews. An advisory leaflet was requested at a PPG meeting and this has now been made available, both in paper format and on the practice website. The practice pharmacist gave a presentation at an Open Meeting to explain the recall system to patients.

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):

GP recruitment: the practice returned to full strength in Sept 2014 although now has one GP on long term sickness leave from December until after Easter.

Receptionists: patients at Callington found our receptionists less helpful than at Gunnislake, although the same staff members rotate across both sites. A customer service training specialist provided a training day on a Saturday which was attended by almost all the receptionists, apart from those on leave.

Dispensers were asked to contact patients if their orders were likely to be delayed more than the usual 48 hour ordering time and complaints about this have lessened. There are still some problems with patients returning early and being dissatisfied that their order is not yet ready.

An audit of medication reviews was done and high levels of satisfaction recorded.

The practice's on-going computer issues were improved somewhat during 2014 by the Gunnislake exchange being upgraded, improving the link between the two health centres. Callington phone exchange is also due to be upgraded during 2015, which will increase computer speeds (because of links to the NHS network), and the installation by NHS Kernow of a new computer server at Callington Health Centre has helped with further problems which developed during late 2014.

Opening times: the practice is still doing Saturday morning surgeries rather than additional evening surgeries due to uncertainty over local plans for joint working. This will be reviewed in 2015.

There is no easy answer to the continuing problems with parking at both Health Centres, but the practice and the PPG made joint representations to Calstock Parish Council over proposed changes to parking policy at Gunnislake.

4. PPG Sign Off

Report signed off by PPG: YES/NO

Date of sign off: 23/3/2015

How has the practice engaged with the PPG:

By giving GP and management staff time in attendance at PPG meetings and consultations; regular communication on issues and questions raised and in answering our questions; financial and administrative support with photo-copying and the funding of subscriptions to NAPP, paying for the printing of a PPG leaflet and buying display materials; in consultation on the drafting of notices to patients and on changes to practice services and procedures.

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

Through the use of Practice publicity, whether by local publicity, newsletters and the Centres' own electronic noticeboards and web-site; personal recommendation; the Tic-Tac sessions mentioned above.

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

Yes. Feedback has come from the Family & Friends test, annual detailed patient surveys by the NHS and the practice, the PPG's own surveys, comments collected directly from patients by the PPG committee from open meetings and the information desks, comments sent in via the digital group's own email service, the practice suggestion box, and the recent CQC Inspection Report.

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

Yes. There was a direct link between the joint analysis of the results of the practice's own annual long patient survey (which the PPG was involved in drafting) and the action plan.

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

The information flow to patients has improved and problems caused by staff shortages and computer failures have been better understood by patients. Improvements have been made in the reception area, and in pharmacy procedures. The quality of actual clinical care provided has continued at a high standard but the growing pressure on funding, staff resources, space and information technology in the face of ever rising demand is making it very difficult to achieve significant overall improvements in the service.

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

The PPG has now gone through its initial establishment and development phase and is now working to refine its priorities for the year ahead. It could not have got this far in a relatively short time without the active support and encouragement of the practice.