

## Standard Reporting Template

NHS England (Wessex)  
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Victor Street Surgery

Practice Code: J82022

Signed on behalf of practice: *Fiona Francis* (Practice Manager) Date: 27<sup>th</sup> March 2015

Signed on behalf of PPG: *Victor Street Patient Reference Group* Date: 30<sup>th</sup> March 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): Mainly face to face but we also use email.
Number of members of PPG: 19

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	6258 (51%)	6100 (49%)
PRG	9 (0.14%)	10 (0.16%)

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	18%	9%	15%	13%	13%	11%	10%	10%
PRG	0	0	0	0.1%	0.1%	0.3%	0.4%	0.5%

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	8366	59	0	222	20	16	23	27
PRG	18	0	0	0	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	238	33	31	42	135	105	9	13	4	94
PRG	1	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:**

The PRG is promoted and recruited as follows:

- By notices within the Practice;
- The Practice Web site;
- Practice information TV monitor;

- By direct approach to patients who have shown an interest in becoming a member;
- Through GP contact with Patients.

An area of concern is the lack of "younger" people engaging in the Group and this is mainly due to:

- Working hours and "busy lives"
- Young families
- "Lack of interest"

This issue has been discussed at various PRG meetings but it is generally felt that it is hard to engage and encourage individuals to join. We have investigated Facebook to encourage our younger patient population but dealing with social media requires a level of knowledge in how social media works to enable this to be done correctly; it requires constant checking and responding to posts etc. we also identified a risk that patients may use this platform to raise/air their issues with the surgery which is not what we wish to encourage; we would prefer this be done through the normal channels.

We will be exploring whether we could target patients through our clinics, e.g. every Wednesday we hold a 'Baby Clinic' we could through this, promote the PRG which is something that we will undertake over the coming months. We will also explore having a 'virtual' PRG group which may also encourage those who cannot attend but are happy to engage through email.

**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:**

N/A

2. Review of patient feedback

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

2013-14 Patient Survey; Friends and Family Test; Complaints; NHS Choices website; Feedback via our own website; Patient Reference Group and Patients discussions with practice staff Practice Manager, nurses and GPs.

**How frequently were these reviewed with the PRG?**

The outcomes of the 2013-14 Patient Survey were discussed at the meeting held on 7<sup>th</sup> April 2014. Discussions were also held regarding the 2014-15 Patient Survey and the layout and questions as the group felt that it was not very user friendly. This was completed in January which was later than normal due to changes in personnel (Practice Manager - without a PM for 3 months). The 2014-15 results will be discussed at the PRG meeting which is being held on 20<sup>th</sup> April.

We made the PRG aware of the Friends and Family Test and its introduction on 1<sup>st</sup> December. We discussed at the PRG meeting held on 20<sup>th</sup> January 2015 the limited number of responses we had received; our focus was on the themes and to see how the PRG group could get involved in supporting this.

Complaints are reviewed by the Practice. Most raised are already things that the PRG are aware of through the Patient Survey feedback and their use of the surgery themselves.

### 3. Action plan priority areas and implementation

Priority area 1
<p><b>Description of priority area:</b></p> <p>Retirement of two Senior Partners, increased workloads and the delivery of NHS contractual requirements.</p>
<p><b>What actions were taken to address the priority?</b></p> <p>Recruitment plan put in place to replace the Partners who were retiring;            Patient correspondence planned to all patients affected by the Partners change through the PPSA;            Retiring Partners advised patients face to face where they had the opportunity and notices were displayed within the practice;            Review of staffing internally to cover additional contractual requirements that were identified as well as looking at best use of practice staff;            Recruitment plan put in place to replace the Practice Manager.</p>
<p><b>Result of actions and impact on patients and carers (including how publicised):</b></p> <p>We were very fortunate to successfully recruit two new Partners into the Practice. They both started in June 2014 and took over the two retiring partners' patient lists. At the time, this was promoted internally and on the website. We now also display formal photographs within our reception area, so that patients know who's who (currently GPs only).</p> <p>The appointment of a new full-time Health Care Assistant (HCA) in April 2014 enabled the nursing staff to review their duties and release more appointments to undertake additional chronic disease management clinics and general nursing appointments. Our HCA now undertakes blood test to support our Phlebotomist service, ECGs, blood pressure checks, smoking cessation, diet</p>

advice, new patient health checks, INR checks and also our health notice boards (not exhaustive list).

Another staff change was looking at support for our contractual reporting. We have managed to accommodate this through a refocus of duties; the two days that we have been able to allocate, has enabled the release of some time that GPs spent in undertaking these tasks, and this has enabled us to have a few more appointments available.

Our final staff change was the appointment of a new Practice Manager. The main change here was to appoint a full-time Practice Manager. The main difference is being onsite during core hours has enabled patients who do wish to discuss concerns etc. to talk face to face or on the telephone. This has resulted in concerns raised being dealt with more quickly.

All of the above will have a positive impact on patients and the service we provide. Some will be very tangible to the patient e.g. appointment of our HCA and the change in Partners, but some will be less tangible e.g. reporting statistical information as it is an activity that goes on behind the scenes to ensure that the Practice remains operational and adheres to current legislation and retains its funding to operate.

## Priority area 2

### **Description of priority area:**

Patient communication – this covers a number of areas.

### **What actions were taken to address the priority?**

Investing in the development of a new website;  
Introduction of name badges and a photo wall;  
Introduction of a quarterly newsletter;  
More frequent updates to our 'health' slides;  
Keeping our 'health' noticeboards fresh and up to date.

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

Utilising My Surgery Website, new website developed in the early part of 2014. This enabled us to provide core information on the services that the practice provides. It is also easier to edit and update; therefore, more frequent updates can be made.

We received comments that patients did not know who was who in the practice. We introduced staff names badges and have introduced a 'picture wall' within our reception area; currently all our GPs pictures can be seen as well as the Practice Manager. We will be looking to add all other clinical staff soon. We have received a number of positive comments regarding our 'picture wall' and staff name badges.

Introduction of a quarterly Newsletter – first one circulated in December 2014 (<http://www.victorstreetsurgery.nhs.uk/website/J82022/files/newsletter.pdf>). We are currently exploring how we can circulate this more widely to patients as it's currently on our website and a small amount of copies were printed for use in the surgery. We are

investigating the use of patient emails but currently we do not collect this information as part of our registration process. We are talking with our website provider to see whether we can add a 'sign up to' section on our website as we currently have 2165 active users of our online services.

We agreed as a practice to change our communications slides every 6-8 weeks. This provides current information on services within the practice and services that others provide within the Southampton area, and we also look to promote current campaigns that are taking place within that period.

We recognised that our practice sees a lot of patients, who sit and wait in the surgery. An important part of promoting health awareness was to keep our noticeboards up to date with relevant campaigns that support national activity; unfortunately this was not always a priority within the practice. On the employment of our Health Care Assistant, this now forms part of her role and is in charge of all our 'health awareness' noticeboards.

We believe that the implementation of the actions to help support communications has had a positive impact. However, we are unable to evidence this as we have not directly asked patients. This will be something that we will look to rectify in the coming months through a number of short patient surveys.

### Priority area 3

**Description of priority area:**

We receive a number of complaints/concerns regarding the Practice's main telephone number as it's a 0844 number rather than a 02380 number.

**What actions were taken to address the priority?**

In January 2015 the new Practice Manager started to review our current contractual obligations. It's unfortunate that we are currently unable to make changes now to our telephone number due to our contractual obligations. However, we have started to investigate with telephone providers that work with other general practices to understand what technology is available and how we can improve the patient experience, including changing our telephone number and reviewing the telephone automated booking system.

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

It is disappointing that we have not been able to progress this as we would like, as we know it is one of the biggest feedback point that we receive from patients. This is a point that we discuss regularly within the Practice and as soon as we can make the changes we will. The Practice is keen to invest time and funding to get this right going forward as well as future proofing due to the fast pace of technology changes.

## 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):**

Every effort is made to try and address issues that are raised. However in reality when changes are made to how we operate - an example is the number of appointment made in any given week- the demand on services means that changes made are not always effective in the long term. What has been recognised is that we have to constantly review our processes in order to provide services to our patients as best we can.

During 2014-15, the practice has made every effort to share information with patients where possible and those on the PRG on what is facing general practice e.g. changes to contractual obligations, new initiatives that are introduced. Most require changes to how we may need to work in order to deliver what we are required to do but ensuring that we keep the patient at heart of it.

#### 4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 30<sup>th</sup> March 2015

**How has the practice engaged with the PPG:**

Through quarterly meetings and via email.

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

No but this is something that we will look at during 2015/16.

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

Patient feedback has been received through a number of channels. However, we cannot tell whether this includes carers as a lot of our feedback is anonymous.

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

The priority areas noted were discussed at the PRG meetings throughout the year. However, these were not explicitly agreed as the three action points that we would work on they were representative of the concerns raised through our other channels of patient engagements.

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

Whilst we cannot evidence through patient feedback that the actions taken have resulted in improved services we believe that those things that have been done has enabled us to provide health care to our patients. For example the recruitment of our new Partners; both are passionate about their patients and are keen to ensure that Victor Street continually improves and provides our patients with the services that they need. Employing an additional member of the nursing team who is our HCA has enabled us to free up some of our nurses to provide more specialised clinics to support those patients that have chronic diseases as well as provide more nurse appointments.

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

It has been a difficult year with a number of changes within the Practice including the resignation of our Practice Manager who operated the PRG. This resulted in a gap of approximately three months, plus the new Practice Manager required time to get up to speed before fully engaging and appreciating the importance of patient engagement. Going forward, it has become apparent that we need to check-in with our patients more regularly throughout the year and not just through the annual Patient Survey.