

Patient Panel Group Report 2015-16

Practice Name: West Heath Surgery

Practice Code: M85007

Signed on behalf of practice:

Date: 25.03.16



Signed on behalf of PPG:

Date: 25.03.16



1. 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)

The PRG has opted to take a virtual form using electronic communication to discuss views and ideas in order to maintain communication when meeting is not possible and to allow meetings to take place adhoc when required for important topics requiring face to face discussion. The practice keeps all communication sent by the PRG. The practice will meet at least annually to discuss activity from the previous year and set priorities for the following year.

Number of members of PPG: 7

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	50%	50%
PRG	28.6%	71.4%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	21%	11%	16%	13%	14%	11%	8%	6%
PRG	0%	14.3%	28.6%	0%	14.3%	14.3%	0%	14.3%

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	72%	0.07%	0%	0.2%	0.8%	0.3%	0.2%	0.2%
PRG	42.9%	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	1.5%	0.6%	0.07%	0.7%	1.7%	2%	0.3%	0.5%	0%	18.86 % (not stated)
PRG	0%	0%	0%	0%	0%	0%	0%	0%	0%	57.1% (not stated)

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:

From the statistics above, it can be seen that the panel is fairly representative of the practice's patient population. The practice feels that the PRG is representative of the ages of our population where most age bands are in the tolerance level of 1 person. The ethnicity difference is also within the tolerance of one patient member in each category. The groups however could be more representative by adding a male member between 35 and 44 years old and between 65 and 74. The practice will carry out targeted marketing for this category.

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.

No

2. Review of patient feedback

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

The patient panel reviewed the results from the national GP patient survey. Please follow the link below.

<https://gp-patient.co.uk/practices/M85007>

Due to the recent award and mobilisation of the Prime Ministers Challenge Fund, the practice also paid particular attention to how the new 7 day services were received. The following survey results were also viewed by the panel and can be found on the link below:

<http://westheath.myhealthcare.co.uk/wp-content/uploads/sites/3/2016/11/Patient-Panel-Progress-Report-2016.pdf>

In addition the practice highlighted to the panel that there have been a number of informal suggestions that the car park is often too full to park. The patient panel echoed this problem.

3. Action plan priority areas and implementation for 2015-16

Priority area 1
<p>Description of priority area:</p> <p>Macmillan Value Based Standards project</p>
<p>What actions were taken to address the priority?</p> <p>West Heath Surgery took part of the project as one of 6 practices within the Birmingham and South Central area. The project involved assessing the practice against a number of pre defined indicators and being assessed against the other practices. The practices shared examples of good practice with the other practices that participated to improve our own service delivery.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>West Heath Surgery achieved a very high first assessment score however were still able to obtain good learning from other practices such as improving our new patient questionnaire, advertising the availability to have confidential conversations, improved the way we record consent and making bereavement packs for those who suffer a loss. The practice was able to share many ideas with other practices in able to improve care for other patient across Birmingham. The improvements have been advertised through the best medium for each indicator such as posters in the reception area or updated questionnaires.</p>

Priority area 2

Description of priority area:

Patient communication when clinicians are running late

What actions were taken to address the priority?

Investigate into a system that can report when the doctor or nurse is running late and can advise the patient of this.

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

Unfortunately, the practice has not been able to find a robust solution that can be used to show the doctor or nurse is running late which needs to have a collection and display system linked to the practices clinical system and appointment diary. The clinical system suppliers have advised that they are working on a software solution for this and the practice has opted to await a robust permanent solution. In the interim the practice tried to operate a manual system however this proved too difficult to keep maintained for all staff and was withdrawn due to inaccurate times being advised leading to patient frustration. The practice will continue this action into the following years until a solution is obtained.

Priority area 3

Description of priority area:

Access to medical records.

What actions were taken to address the priority?

The practice has worked with the local commissioners and the clinical system supplier in order to allow patients electronic access to parts of their record. There has been a national programme to allow patients to access their records which coincides with the patients objectives and the practice has adopted these guidelines. The practice will soon be able to allow patient access to certain parts of the record.

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

Once patient gain access this will hopefully lead to patients and carers taking a greater interest and control in their health. The practice believes that access to records is a first step to a future where patients will be able to use data in multiple ways to enhance their care.

Priority area 4

Description of priority area:

Information on self-management of conditions.

What actions were taken to address the priority?

The practice has taken a number of actions on helping patient self manage conditions, these include improvements to the practice website to allow quick access to a number of resources, offering care plans for a number of diseases helping the patients to set goals and provide lifestyle appointments etc on how to achieve them. The practice since being awarded the Prime Ministers Challenge Fund has also now partaken in the design and development of a patient App called MyHealthcare which will have guides intuitive to the patient's specific demographics and conditions. It is hoped that this development will be ready for release in 2017. The practice also initiated some disease specific education classes for Diabetes and COPD which helps patients to better understand their condition and how to improve their health.

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

The result of producing better information for patients means that they can try to involve themselves in their own care and better understand how to maintain a good quality of life. The information is available through our website, through patient consultations and specific leaflets.

Priority area 5

Description of priority area:

Patient Call System

What actions were taken to address the priority?

Although the patients first felt that a patient call system was an impersonal touch and left out of the design of the building, the Patient Panel thought it is actually beneficial to those that are hard of hearing and other groups as the waiting area can often be a noisy place. The practice searched the market for an appropriate system and is now installed.

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

The practice staff still walk to the reception to collect a patient for their appointment however the screens will now add a further indication that the patient is being called to their appointment. The call system is integrated with our display screens within the waiting area.

Priority area 6

Description of priority area:

Further management of the patient wasted appointments

What actions were taken to address the priority?

In addition to the action taken last year whereby patient text reminders were adopted and posters displaying how many appointments were not cancelled and therefore wasted, the practice has looked to further advertise the statistics. The practice has added a regular slot to its newsletter to advertise the number of wasted appointments. The practice also offers more telephone/skype appointments through the Prime Ministers Challenge Fund so that patients can choose to an alternative to attending the surgery if they feel this is more convenient.

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

Continuing to reduce the number of wasted appointments affords other patients to benefit from this wasted time thus increasing our ability to improve access to services.

Priority area 7

Description of priority area:

Move more secondary care services to the practice

What actions were taken to address the priority?

The patient panel has seen many benefits of moving services such as gynaecology and ultrasound into the medical centre and would like to see the centre house more specialities creating a 'one stop shop' environment. The practice continues to talk to other providers to see how care can be moved to the practice premises and has worked with University Hospitals Birmingham and Birmingham Community Healthcare Trust to add Dermatology and Physiotherapy to its list of services. Although these are a great start the practice intends to keep adding as many services as possible. Negotiations continue with Birmingham Mental Health Trust (Healthy Minds) to offer some mental health services and also as part of the Prime Ministers Challenge Fund the practice is soon hoping to start specialist wound care clinics.

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

Bringing services closer to the patients home provides extra convenience to the patient and their carers. Community clinics are often more structured than in hospital clinics and therefore often leads to better access via booked appointments. Many patients that do not travel by car have advised that the local hospital is very difficult and time consuming to attend via public transport and those patients can now experience a more accessible alternative.

4. Progress on previous years

Outline progress made on issues raised in the previous year(s):

In the year 2014/15 the PPG looked at the following priority areas:

- Full roll out of online appointment booking and prescriptions
- Increase Community Ultrasound services reducing hospital attendances
- Advertise new practice services to patients
- Install Self Check In machine
- Add more female GP sessions
- Name badges for staff
- Reduce wasted appointments
- Continue to add further services

The outcome of all of the actions carried out during the year can be found in the patient panel report from 2014/15 which can be found at the link below:

<http://westheathsurgery.co.uk/about-us/patient-panel/>

5. Progress on previous years

New Action Priorities for 2016-17

Due to the award of the Prime Ministers Challenge Fund (PMCF) and the Primary Care Transformation Fund (PCTF), it was felt by the panel and the practice that these two infrastructure projects would consume all available practice resources available for innovation and improving services. The PMCF however would result in a huge benefit for patients which could allow the practice to improve its access to patients by offering 7 days services beyond an initial pilot which has been very well received by patients. The PCTF will result in the practice adding an extension to the already purpose built medical centre allowing further services to be delivered. The 2 actions for 2016/17 are therefore:

- Showcase and Look to extend the 7 days access pilot to GP and Nurse Appointment.
- Construct 4 new consulting rooms to allow further clinicians to work at the practice.

6. PPG Sign Off

What else does the practice do to engage patients other than have a patient panel. Does this include the views of all patient groups.

The practice has a number of methods of receiving views of patients and these are normally collated and brought to the patient panel for discussion. These methods include uses of suggestion boxes, patient surveys for specific projects, informal feedback reception staff and in consultations, audit of clinical records, review of complaints and compliments, friends and family test, team meeting regarding significant events amongst others. The practice will periodically look to gain focused understanding from those that have received specific services at the practice particularly the new services we mobilise or those that we are looking to change.

The practice aims to collect information by a number of channels whether verbal written or electronic in order to increase the patient convenience of engagement with the practice

The practice accepts observations and suggestions from all patients regardless of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The practice also tries to gain comments from those that often don't comment such as those with mental health, those that are carers, homeless etc.

The practice always looks to improve its methods of collecting patient feedback and would welcome suggestions and examples of good practice from any source.