

# The Blackdown Practice

## Local Patient Participation Report

Date Published: 28 March 2014

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### A description of the profile of the members of the Patient Participation Group (PPG):

In theory every registered patient is a member of the Practice's Patient Group as anyone should feel as though they can comment on the way the Practice currently operates and be involved in proposed changes to the way the Practice provides and develops its services.

A smaller number of patients may wish to participate in a more formal way by being part of a Patient Participation Group (PPG). The numbers of patients wishing to join the group has continued to increase, with a total of 124 patients choosing to be members of the group.

The age/sex breakdown of the group is as follows (as at 28/3/14):

Age band	Practice population		Patient Participation Group Membership	
	Male (Percentage of total Practice population in brackets)	Female (Percentage of total Practice population in brackets)	Male (Percentage of total Patient Group membership in brackets)	Female (Percentage of total Patient Group membership in brackets)
0 – 11 years	397(5.4%)	363(4.9%)	0(0%)	0(0%)
12 – 17 years	241(3.3%)	250(3.4%)	0(0%)	0(0%)
18 – 29 years	375(5.1%)	334(4.5%)	1(0.8%)	5(4.0%)
30 – 39 years	305(4.1%)	310(4.2%)	6(4.8%)	7(5.6%)
40 – 49 years	538(7.3%)	514(7.0%)	6(4.8%)	7(5.6%)
50 – 59 years	534(7.3%)	584(7.9%)	5(4.0%)	18(15.5%)
60 – 69 years	618(8.4%)	589(8.0%)	15(12.1%)	14(11.3%)
70 – 79 years	448(6.1%)	413(5.6%)	21(16.9%)	11(8.9%)
Over 80 years of age	245(3.3%)	298(4.1)	5(4.0%)	3(2.4%)
<b>Total</b>	<b>3701</b>	<b>3655</b>	<b>59</b>	<b>65</b>

For our patient group to be representative of our overall Practice population, we would welcome those aged 18-29yrs and 40-49yrs to join our virtual group.

Overall, ethnicity is recorded for just under 60.5% of our population, with the ethnic breakdown as follows (as at 28/3/14):

<b>Reported Ethnic Group</b>	<b>Practice population (Percentage of total Practice population in brackets)</b>	<b>Patient Group (Percentage of total Patient Group membership in brackets)</b>
<b>African</b>	4 (0.1%)	1(0.8%)
<b>Baltic, Estonian, Latvian, Lithuanian</b>	1(0.0%)	0(0.0%)
<b>Bangladeshi or British Bangladeshi</b>	5(0.1%)	0(0.0%)
<b>British/Mixed British</b>	3776(51.3%)	81(65.3%)
<b>Caribbean</b>	2(0.0%)	0(0.0%)
<b>Chinese</b>	2(0.0%)	0(0.0%)
<b>Ethnic category not stated</b>	561(7.6%)	27(21.8%)
<b>Indian or British Indian</b>	2(0.0%)	0(0.0%)
<b>Irish</b>	11(0.1%)	0(0.0%)
<b>Other Asian background</b>	16(0.2%)	1(0.8%)
<b>Other Black background</b>	2(0.0%)	0(0.0%)
<b>Other Mixed background</b>	2(0.0%)	0(0.0%)
<b>Other White background</b>	55(0.7%)	2(1.6%)
<b>Other</b>	3(0.0%)	0(0.0%)
<b>Pakistani or British Pakistani</b>	0(0.0%)	0(0.0%)
<b>Polish</b>	2(0.0%)	0(0.0%)
<b>Sri Lankan</b>	1(0.0%)	0(0.0%)
<b>White and Asian</b>	5(0.1%)	1(0.8%)
<b>White and Black African</b>	4(0.1%)	0(0.0%)
<b>White and Black Caribbean</b>	1(0.0%)	0(0.0%)

The ethnicity of our patient group is not recorded over and above the routine recording of ethnic origin but personal knowledge of group members suggests that the PPG is not fully representative of ethnic groups registered with the Practice.

The Practice population as a whole has a higher proportion of older people than the national or PCT average and also, as to be expected from this demographic, has a higher prevalence than the national average for the majority of the main chronic disease areas. This is supported by Public Health data and comparison of the Practice's chronic disease registers with national prevalence data.

There is a high proportion of the Practice population of theoretical retirement age. However, the rural nature of the Practice means that many individuals of retirement age are still actively engaged in farming and countryside activities. The Blackdown Hills also has an excellent voluntary organisation, the Blackdown Support Group, which is supported by a large number of retired/semi-retired people who closely work with the Practice to support patients who may be socially isolated.

In the last year a nursing home has re-opened in Churchinford, with the capacity to care for up to 10 patients. There is another nursing home at the edge of the Practice boundary but the majority of patients in this home are registered with a Cullompton Practice, a branch surgery of which is geographically closer to the home.

## **TERMS OF REFERENCE OF PPG – (Agreed March 2013 – Membership Updated March 2014)**

### **Background**

The Blackdown Practice Patient Participation Group was originally established following the development of a Client Focused Evaluations Program by the National Primary Care Research and Development Centre. This program encouraged Practices to improve their services by asking patients for their views via patient questionnaires and then reviewing these results both within the Practice and also with a small group of patients. The Blackdown Patient Participation Group has evolved over time to consider other issues within the practice, for example patient complaints.

Membership of the Group includes patients who are able to truthfully and constructively talk about the services provided at the Blackdown Practice, and who offer practical suggestions on how services can be improved and developed.

Membership can include patients who may not want to attend formal meetings but who wish to participate in discussions regarding services over e-mail or through written correspondence as part of a wider 'virtual' Group.

### **Aims of the Group:**

- Involve patients in reviewing the range and quality of services provided to patients in order to improve such services and, at a later stage, the services commissioned by the Practice or local Commissioning Consortia;
- To help educate patients in obtaining satisfaction from the many services provided by the surgery;
- To help provide and publish information on the full range of services provided by the surgery and associated services;
- Proactively engage patients and seek views on priorities through the development and use of a local Practice survey;
- Publish the outcomes of engagement and views of patients on the Practice website;
- To review the outcomes of the Practice complaints procedure with the aim of reducing incidence of complaints and negative attitudes towards the surgery by establishing the patient concept of "our surgery" not "the doctors' surgery";
- To feedback to any consortia patient groups.

### **Membership**

All members of the patient group are to be invited to indicate whether they would like to attend core group meetings or be a virtual member, commenting on work of the patient group via e-mail. If there were a large number of patients who wished to attend meetings, then elections will be held.

### **Core Group as at March 2014**

Jennie Aish, Karen Button (Chair), Sarah Dixon, Beverley Drummond, Alice Harding, Jane Kennedy, Roger Lambert, Jennifer Moore, Stuart Murray, Claire Perrott, Megan Redwood, Alec Smith, Brian Simpson, Barbara Starkiss (Blackdown Support Group), Staff rep from Churchinford branch surgery - TBC

## Meetings

The core group will meet twice a year at Hemyock. There will be one additional meeting each year held at Churchinford and Dunkeswell as a general information sharing and fact-finding/feedback exercise.

### **A description of what steps the Practice has taken to ensure that the PPG is representative of its registered patients and where a category of patients is not represented then what steps have been taken by the Practice in an attempt to engage with those patients:**

Although the PPG is currently underrepresented in the age ranges 18-29yrs and 40-49yrs, the Practice and PPG is pleased with the stabilisation/slight increase in number of patients on the group and, since last year, we have seen increases in membership in the age range of 118 to 124, this is despite sadly losing some of our members.

The Practice utilises a number of methods expand the membership of the patient group:

- Invites to join the group with all new patient registrations;
- Practice Manager attending local interest groups e.g. Breathe-Easy group to discuss developments in the Practice, how and why the surgery works the way it does and inviting comments and feedback on current services and the way services may be developed;
- The Practice asks as part of the pre-consultation health questionnaires if patients are happy to be contacted by the Practice by e-mail or text and whether they wish to become a member of the group;
- Patients who contact the surgery with suggestions, comments or complaints. While this does not increase patient numbers substantially or long-term membership, it is very useful to have the input of someone who is interested in sorting out a particular issue or has opinions/ideas regarding proposed future developments;
- Run locality meetings near branch surgeries, either as a patient group meeting or highlighting a specific topic.

The Practice works closely with the Blackdown Support Group and their Chief Officer is a member of the group and the Practice also works closely with the Blackdown Healthy Living Centre. Both organisations can identify people in harder to reach groups who perhaps are more socially isolated and therefore can encourage them to be more engaged with local services, including the patient group.

The Practice complies with the Equality Act in terms of accepting any patient as a member of the patient group.

### **A description to be entered in around how the Practice and the PPG determined and reached an agreement on the issues which had propriety within the Local Practice survey:**

At the January 2014 meeting of the PPG, a number of ideas for the patient survey were discussed:

- Review of dispensary services – with a view to determine where improvements could be made to the current system e.g. considering any difficulties patients found with the current system, convenience, why patients chose to have their prescriptions dispensed elsewhere, developing a community collection service;
- Patient experience – ease of making appointments, ease of access, waiting times for appointments (in terms of booking and when in waiting room) differentiating between triage, urgent and routine, opening times of surgeries;
- Information provided by the Practice – how do patients find out information about the surgery, reviewing the patient pack (new and existing patients), information available in the surgery to view.
- Use of the out of hours service – considering the change to 111.
- Patient-led Care Quality Commission (CQC) type inspection

It was felt that the patient experience was already covered by the national patient survey and that dispensary services would be reviewed as part of the planned programme of Practice development.

Overall it was considered that information provided by the Practice was the preferred option for the survey this year. This would be helpful in terms of preparation for the future CQC inspection in that patients would have critically appraised information provided by and available in the Practice. It was agreed that there would be a survey undertaken to provide a balance of quantitative and qualitative information.

It was also agreed that, in addition to the survey, there would be site visits and review of the patient pack by group members, asking for opinions from patients who had been registered with the Practice for some time and those newly registered.

### **A description of how the Practice sought to obtain the views of its registered patients**

The Practice Manager drafted the survey based on discussions at the January 2014 PPG meeting to generate a mix of quantitative and qualitative responses, to find out how patients found out information about the Practice, whether the information provided was useful and whether the current communication strategy was effective. For the last point it was decided to include a question regarding the new out of hours number as this had been the subject of a newsletter, posters in the surgeries, information in the patient pack, an alert on the Practice website and added as an answer phone message on the Practice telephone system.

The survey was handed out by a receptionist/dispenser to patients consulting a doctor or nurse/healthcare assistant or if patients were collecting their prescriptions during the time period 24 February – 7 March 2014. Patients could either complete the survey whilst in the surgery and post their response into a 'post box' or were given a pre-paid envelope to return the completed survey to Hemyock. 103 responses were received.

The results were collated and analysed in-house. They were analysed per site as well as showing the overall result for the Practice.

The survey questions are shown in Appendix 1 of this report.

### **A description of how the Practice sought to discuss the outcomes of the local survey and the Practice's action plan together**

The PPG met (13/3/2014) to discuss the:

- Results of the Practice survey;
- Results of the National Patient survey;
- National clinical data extraction (and update as had already been discussed at the January meeting);
- Complaints/constructive comments received 2014/2015;
- Latest news at the surgery – on-line services, re-design of the reception area at Hemyock, automated checking in screens, changes to repeat prescription ordering
- 111 service;
- Care Quality Commission inspection process.

The action plan was developed from the July 2013, January and March 2014 meetings as a consequence of discussions at the meetings, the review of the Practice complaints/comments received from patients and the results of the patient survey.

Minutes of the meetings can be viewed on the Practice website <http://www.theblackdownpractice.co.uk/>

**A description of the findings or proposals that arose from the local Practice survey and what can be implemented and if appropriate reasons why any such findings or proposals should not be implemented.**

## **SURVEY RESULTS**

- If patients have tried to find out about services provided and general new then the three most popular methods (across all three sites) were:
  - Displays in waiting rooms;
  - Staff and doctors;
  - Newsletters.
- A higher proportion of patients use the Practice website rather than NHS choices but web access not as popular as other methods.
- Use of patient pack as a source of information is very low.
- 93% of patients who had tried to find out information they needed about the Practice had found it easy/very easy to do so.
- Of those using the website 91% found it to be useful and 100% found it to be up to date.
- 91% of patient found the displays in the surgery useful and 92% felt they were up to date
- 38% of respondents knew about the 111 service/number, a further 18% would have used the surgery to get the out of hours number. 10% of patients would have used the Devon Doctors Ltd number (which is now no longer available)
- Comments regarding information 'not provided':
  - Telephone triage - an explanation of the system
  - Display screens
  - Community support groups
  - Public health/health promotion material
  - Information regarding common clinical conditions

As a consequence of discussions at the PPG meetings, the review of the Practice complaints/comments received from patients and the results of the patient survey, the following actions have been agreed:

- There is a need to review the information displayed in the surgeries to maximise its impact - Whilst the survey suggests the information was up to date and relevant, feedback received to date from reviewing Hemyock's notice boards is that there is a lot of information available that is confusing and often detracts from what is the main message. An example of this is information relating to services to support carers. There are many potential agencies involved. However the main messages we wish to get across are that:
  - carers checks are available in the Practice
  - there is a local carer support worker
  - there is a local carer's group.
  - further information is readily available for anyone who is a carer.
- We should personalise all carer information to include the pictures of those staff who undertake the checks and use the leaflet developed by the carer's admin lead in the Practice to signpost carers appropriately. This would allow more space for health promotion, public health and clinical condition information to be displayed. There could be a section for community support groups but it was noted that it important to note that the Practice could not always endorse such groups.

*Cont'd*

- De-clutter signage at all entrances to each building, removing multiple ‘instructions’ and therefore maximising the impact of any topical notices displayed.
- Use of “themed” notice boards (already commenced a trial of these at Hemyock regarding care.data and the Hemyock reception re-design plans).
- Hold consultation events for the reception plans at Hemyock (already underway) and progress the plans for re-designing the reception.
- Update (modernise) the Practice website – whilst the use of the website was lower than other methods in terms of obtaining information it was thought it may be used more by patients not routinely attending the surgery. N.B. Work is already underway by the Practice’s apprentice.
- Review the patient pack – feedback received to date was that new patients found the information contained in the pack to be very useful but many long-term patients may not be aware of the pack’s existence. There was discussion regarding size, A4 or A5:
  - the A4 format is preferred in terms of font size and the ability to contain detailed information e.g. the full complaints policy, rather than *“there is a complaints policy available please ask at reception”*
  - the A5 format is preferred in terms of on-going storage in the home.
- It was agreed that the Practice should consider the use of fridge magnets/plastic business cards to publicise the Practice telephone numbers, hours of opening and the out of hours number.
- There should be a newsletter article and information on the website regarding telephone consultations and how the appointment system works.
- Automated checking in screens - intended as part of refurbishment at Hemyock, should install at Dunkeswell as soon as possible. Use at Churchinford to be considered at a later date.
- Display screen – intended as part of refurbishment at Hemyock, implement here first then consider installation at branch surgeries.
- Use of Parish magazines – was suggested as another method of communicating. It was agreed that this would be used for topical issues e.g. 111 service, care.data, flu vaccinations but should not be used to publicise meetings.
- Write a Parish Magazine article regarding 111 and care.data.

**A summary of any evidence including statistical evidence relating to the findings or basis of proposals arising out to the local Practice survey:**

The summary of the patient survey is shown above and can be found on the surgery website <http://www.theblackdownpractice.co.uk/>.

The Practice summary has been published in a newsletter (March 2014) and is available in each of the surgery waiting rooms.

There is a display in each waiting room that shows the results for that particular site.

A Description of the action which the Practice, the PCT intend to take as a consequence of discussions with the PPG in respect of the results, findings and proposals arising out of the local Practice survey. As this is the third year of the scheme an update on the action plan from last year's report is provided.

#### Action plan update April'12 – March'13

- Practice Manager would ask who wishes to attend as a member of the core group and who would like to remain 'virtual' – **Partially completed** - *Invite everyone to meetings but ask those who attend on multiple occasions to be a core member of the group.*
- Hold patient participation event in Dunkeswell in May 2013 – **Completed** (except meeting held in July 2013) *at Throgmorton Hall*
- Hold patient participation event in Churchinford in June 2013 – **Completed** (except meeting held in March 2014) *at Churchinford Village Hall*
- Discuss at the Dunkeswell and Churchinford events the role of the reception/dispensers at the branch surgeries – **Completed.**
- Consider automated check-in screens but Dunkeswell branch may need to be reconfigured anyway as the Partners would like to host a 2<sup>nd</sup> GP registrar and their base could be Dunkeswell – **Partially completed** - *there will be an automated check-in screen at Dunkeswell. However, unlikely to be able to accommodate a new registrar, this may be considered at Churchinford.*
- Update the Practice website in terms of format – **Partially completed** - *some work has been started, it will be finished by the Practice's apprentice.*
- Utilise the Parish magazines more to promote services provided by the Practice and to highlight current issues – **Partially completed** - *started to use Parish Magazines but need to plan in advance to meet deadlines.*
- Nominate another member of the core group to sit on the Mid Devon consortia group – Alice Harding is interested, Karen Button to confirm the time commitment – **Not completed** - *although Roger Lambert attended the workshop last year, thank you Roger!*
- Upgrade computer system to facilitate on-line access to appointments – **Completed**
- Rationalise afternoon opening hours at Churchinford - **Completed**
- Post results of DART survey on Practice website and send to DART - **Completed**
- Contact Healthwatch Devon and/or neighbouring Practice regarding mystery shopper exercise and Healthwatch Devon regarding expanding the membership of the patient group in those areas currently under-represented – **Not completed** - *as CQC inspection anticipated.*
- Improve patient knowledge of how to access the out of hours service – **Completed** - *in terms of information on website and in patient packs... although survey would suggest we could do better!*
- Ask Partners to consider different working patterns taking into account the results of the national patient survey – **Partially completed** - *in terms of change in mix of appointments.*

#### Action plan April'14 – March'15

- Review the information displayed in the surgeries and maximise its impact.
- Personalise all carer information displayed.
- Allocate more space for health promotion, public health and clinical condition information.
- De-clutter signage at all entrances to each building.
- Use of "themed" notice boards.



- Hold consultation events for the reception plans at Hemyock and progress the plans for re-design of the reception area.
- Update (modernise) the Practice website.
- Review the patient pack.
- Consider the use of fridge magnets/plastic business cards to publicise the Practice telephone numbers, hours of opening and the out of hours number.
- Newsletter article and information on the website regarding telephone consultations and how the appointment system works.
- Automated checking in screens – install at Hemyock and Dunkeswell.
- Display screen – install at Hemyock as part of refurbishment.
- Increase utilisation of parish magazines as a method of communication.
- Write a parish magazine article regarding 111 and care.data.

**A description of the opening hours of the Practice premises and the method of obtaining access to services through the core hours:**

**Hemyock site**

Monday to Friday                      8:30am – 6:00pm – the dispensary is closed between 1:00pm and 2:00pm

Saturday                                  8:00am – 11:00am – the dispensary is also open

**Churchinford site**

Monday, Tuesday, Thursday and Friday              8:30am – 12:30pm and 2:00pm – 6:00pm

Wednesday                              8:30am – 12:30pm

Dispensary hours are the same as surgery opening hours

**Dunkeswell site**

Monday and Wednesday                                  8:30am – 12:30pm and 3:00pm – 6:00pm

Tuesday, Thursday and Friday                      8:30am – 12:30pm

Dispensary hours are the same as surgery opening hours

Patients can telephone or attend any surgery to make an appointment at any site with a doctor, nurse or healthcare assistant. The Practice is also fortunate to have Trust-employed physiotherapist, podiatrist, health visitor and midwife offering appointments at Hemyock. The community nurses are also valuable ‘associated’ members of the Practice team, also based at Hemyock.

To manage the on the day demand as well as the availability of routine and ‘soon’ appointments (appointments within 3-5 days) across the three sites, the doctor’s appointment schedules contain a mix of:

- Triage telephone consultations;
- Appointments that Doctors and nurses can book patients into that day or in the next few days as appropriate;
- Routine and ‘soon’ appointments that receptionists and nurses are able to book patients into [the ‘soon’ appointments are freed up on a rolling basis, so appointments are regularly released up to a week in advance]

Nurses also offer triage appointments and on the day consultations for minor illnesses as well as a range of appointments for review of chronic conditions, contraceptive services, smoking cessation and wound management. Our Health Care Assistants provide essential support to the other clinical staff, taking blood, measuring lung function, supporting minor operations and undertaking new patient checks.

The Practice puts in considerable effort to review and proactively manage the appointment system to maintain good access to clinical staff across the three sites both for urgent and routine appointments.

On-line appointments are now available for doctors' appointments.

Patients can order their prescriptions on line for all three dispensaries.

**A description of any extended opening hours that the Practice has entered into and which health care professional are accessible to registered patients.**

The Practice continued to open on a Saturday morning at Hemyock when the national contract was changed in 2003.

The Practice has appointments available between 8:00am and 11:00am with one of the Partners which are a mix of pre-bookable and appointments that may be booked that morning. Patients are asked to telephone the main surgery line if they wish to be seen that morning, when all these appointments are full, the telephone line is transferred to the answer phone message directing patients to the 111 service if they need to see a doctor before the surgery reopens on Monday.

There is a courier service that operates between the surgery and the lab at Musgrove Park Hospital for urgent tests/samples taken that morning.

The dispensary is also open during this time to dispense medication needed from the clinic or for collection of repeat medication.

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# Information Provided by the Blackdown Practice to its Patients

**Q1** What methods do you use to find out about services provided by, and the latest news about, the Practice?

- Displays in waiting rooms
- The patient pack
- Practice newsletters
- Practice website
- Staff and doctors
- The patient group
- NHS choices website
- Don't know
- Haven't tried
- Other – please detail below

**Q2** How easy is it for you to find the information you need about the Practice?

- Very easy
- Fairly easy
- Not very easy
- Not at all easy
- Don't know
- Haven't tried – please go to **Q4**

**Q3** If you have tried to find out information about the Practice, is there anything you could not easily find? Please detail below.

**Q4** Do you think the information displayed in the surgery is useful?

- Yes
- No
- Don't know

**Q5** Do you think the information displayed in the surgery is up to date?

- Yes
- No

**Q6** If you use the website, do you think the information on the website is useful?

- Yes
- No
- Don't use the website

**Q7** If you use the website, do you think the information on the website is up to date?

- Yes
- No
- Don't use the website

**Q8** What information do you think the surgery should provide that it doesn't currently either in the waiting room or on the website? Please detail below.

**Q9** Finally... the test! What number do you telephone if you think you need to see a doctor when all three surgeries are closed?