



# Manor View Practice Annual Patient Participation Report March 2015

This a copy of the report the practice has submitted to NHS England and the format has been kept the same

# 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) Face to Face, email, letter, newsletter																																																							
Number of members of PPG:264																																																							
Detail the gender mix of practice population and PPG:						Detail of age mix of practice population and PPG:																																																	
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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 demographic structure of the PPG is monitored on a regular basis. If specific age or ethnic groups can be seen to be under represented they are identified and patients of that age/ethnicity are approached when attending the surgery.

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

If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:

Manor View Practice has a higher prevalence of patients with learning disabilities (LD) than average. This is because of the presence of 3 residential homes for people with LD in our area. Every patient on our LD register has been written to informing them of the PPG and inviting them or a carer to join the PPG. This has resulted in several carers joining the PPG and some have attended meetings. The proportion of the PPG that have LD is higher than the practice population.

## 2. Review of patient feedback

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

National Patient Survey

Practice Annual Report of Compliments and Complaints

Friends and Family Test results

How frequently were these reviewed with the PRG?

This year - once but this will increase and improve in the future due to a new structure to the PPG.

### 3. Action plan priority areas and implementation

Priority area 1
Description of priority area: To make the PPG more patient led and to give it more of a “voice” in the practice.
<p>What actions were taken to address the priority?</p> <p>We appointed a chairperson and vice chairperson (after advertising the posts to the PPG and inviting applications.) We also asked another candidate to take on the role of running the PPG section on the practice website and electronic communication for the PPG.</p> <p>The chair and vice chair now meet with the lead GP for patient participation and the Practice manager every 6 weeks to discuss practice performance and development and future PPG activities.</p> <p>The PPG will now meet every 3 months and the chair and vice chair will arrange and chair these meetings. They are also in the process of devising a constitution and terms of reference for the PPG including an AGM and committee structure.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>They were publicised by email (or letter if requested) to members of the PPG and in the practice newsletter.</p> <p>Impact on patient’s and carers:</p> <ol style="list-style-type: none"><li>1. The PPG presence is much more obvious</li><li>2. It is now patient rather than practice led – the “agenda” will be set by the patients and patient involvement in practice development will be enhanced.</li></ol>

## Priority area 2

Description of priority area: Improve publicity about practice news and developments and PPG activities.

What actions were taken to address the priority?

1. The vice chairperson of the PPG has produced a bi-monthly practice newsletter. Issue 2 has just been produced. As well as including practice and PPG news it also includes tips for staying healthy and contacts for useful local resources. The newsletter is sent to PPG members and is left in reception for all patients to read.
2. The main whiteboard in the waiting room has been given to the PPG and the vice chair regularly updates it with news and details of future PPG meetings and activities.
3. The practice website has enhanced the section for the PPG and this includes minutes of PPG meetings, our annual report of compliments and complaints and a link to the National Patient Survey results.

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

1. The newsletter has proved to be very popular with several reprints needed.
2. The white board has shown to be very effective. We are in the process of building new premises (with ground breaking starting in next few months) This has been an ongoing project for some years and we have endeavoured to keep the patients informed. But it has only been since the plans have been included on the white board and mentioned in the newsletter have patients started to comment and discuss this.
3. There have been a lot of informal compliments to practice staff about the newsletter and whiteboard with no negative feedback received.
4. It is too early to see the impact of the enhanced publicity on PPG membership and meeting attendance.

### Priority area 3

Description of priority area: Patient education on “hot topics”

What actions were taken to address the priority?

The PPG were asked to devise a list of topics where they felt there was a need for patients to know more about that subject and it was felt to be an important or high priority subject.

The practice very much wanted this to be a list that patients felt was important and not the practice.

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

1. 3 topics have been suggested to date; Memory problems, Being a Carer and How to Complain.
2. The practice and PPG have decided to hold these every 2 months.
3. The practice will host it and arrange a speaker if requested. The PPG will decide when the best time to hold the event is and will publicise it. It will be open to all practice patients and their carers.
4. The first meeting will be held on 24/3/15. A member of our local Early Memory Diagnosis and Support Service team is coming to do a Q&A session on the differences between dementia and normal ageing.
5. The second meeting will be run by Dr Kirsty Moore, GP at Manor View Practice and RCGP National Patient Carers GP Champion. We hope Carers in Hertfordshire will attend as well. The date of this meeting is yet to be decided.
6. These events are being publicized via the information channels described above.
7. It is too early to see the impact on patient and carers.

## 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):

The 3 action points from the annual report 2013-24 were as follows:

1. Increasing the online availability of appointments.

Outcome: The Practice has made 90% of routine appointments with doctors available to book online we have published information on our call screens in the waiting area. Nurses offer many different types of clinics all with different time allocation due to this complex nature we are unable to offer these online.

2. Providing oral anticoagulation monitoring “in house.”

Outcome: We had hoped to have completed this by April 15. This has not been possible because of unforeseen circumstances; the required training was not available at the time we needed it and there have been changes in nursing staffing which has impacted on the start up of the service. We still intend to do this and have set a new target of end of 2015.

3. Increasing the number of routine GP appointments available in line with increase in practice list size.

Outcome: We have been unsuccessful in this task for several reasons.

- i. One partner suddenly left the practice in February 15 and another partner has been on maternity leave since April 14.
- ii. We had difficulty recruiting long term locums of sufficient competency to cover the missing sessions.
- iii. Our list size has unexpectedly grown considerably more than previous years- In the year to Jan 15 it has grown by 3.71 % which is approx. 3x the usual list size growth and 2.9x the change in practice population of the whole CCG over the same time period. We are the 9<sup>th</sup> fastest growing practice in the CCG out of 70 practices. The other practices in Bushey have growth rates of 2.59% 1.38% and -0.16%.
- iv. The large increase in patients coupled with reduced doctor availability has been a considerable challenge for



4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 10/3/15

How has the practice engaged with the PPG:

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

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

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

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

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

Signed on behalf of practice:

*Paul Dany*

Date: 11/3/2015

Signed on behalf of PPG:

*John Beecher*

Date: 10/03/2015