Dr Penn and partners

Patient Reference Group (PRG)

2014-2015

The Patient Reference Group has continued to dwindle throughout the year with great difficulty in convening a meeting of more than 2 members. Consequently we have held a meeting with three core members of the group to discuss how we can regenerate interest and enthusiasm in the group and its aim.

We are lucky in that we have three members of the group who are enthusiastic about re-launching the group and making it an integral part of the practice and its development.

The minutes of that meeting and the action plan that resulted are included below.

We agreed that it was time the Group took over the development and running of the new patient reference group. Of course, the practice will support with administration and agree the direction the Group wish to take.

The big project during the year was the progress of our new building in Crossgates to replace Church View Surgery. The PPG have been consulted at various stages throughout this process. There were still some misgivings within the Group about the location of the new surgery due to the road junctions and the fact that the main road can be very busy at peak hours. However, this was our only site option, after eight years of searching, which proved an acceptable distance from our current premises. On a positive note the plans have been passed by the Highways Department and there are plans to improve the junction over the next eighteen months.

As agreed with our PPG last year, we introduced a long term conditions clinic. We trialled the use of one long 50 minute appointment as oppose to two shorter 30 minute appointments and one 10 minute phlebotomy appointment for those patients with combined respiratory and vascular diseases. We then audited the success of these appointments by issuing all service attendees with a patient questionnaire. The results were discussed with our PPG. The results demonstrated the longer appointments were preferable for our patients and have the potential to have a positive health impact on individual care. As a group we agreed to maintain these longer appointments and to continue to up-skill our nursing team in preparation for the new Year of Care guidance. We have recently, January 2015, introduced the Year of Care for diabetes and COPD. The Group were very enthusiastic about this and the expected benefits it will bring to patients living with long term conditions. We plan to seek the opinions of those patients who have used the service by means of a questionnaire to be handed to each patient after their clinic appointment. The questionnaire has been devised but needs presenting to our PPG. We hope this will show an increased level of satisfaction with the treatment patients are receiving.

(see Appendix 1)

We have previously discussed with the Group the importance of flu vaccinations for eligible patients. The Group had suggested ways of promoting the clinics but the most popular suggestion was a drop in session. As a practice we anticipated this to be an organisational challenge but something we should attempt. Our first ever flu 'drop in' clinics were held on, Tuesday 30th September 1.30 pm to 7.15 pm and Saturday 4th October 8.30 am to 12.15 pm. Those patients who met the criteria were also offered blood pressure and pulse checks. Our staff worked incredibly hard and between the two dates they managed to vaccinate approximately 500 patients! The sessions ran extremely smoothly helped by everyone being remarkably patient.

We have previously had discussions about appointment availability, booking online and the number of patients who have missed appointments. The Group have always felt the ability to book and cancel online appointments would be advantageous to both our patients, especially those who work, but also for the Practice, having the potential to reduce our number of 'did not attends,' therefore increasing appointment availability. After some teething troubles we have finally implemented online booking, prescription requests and limited access to medical records. Members of the PRG were invited to register for the service prior to it being launched to the population as a whole. We will look to auditing this in future months but for now we are promoting and registering patients for the scheme. The Practice has also purchased a software package to text appointment reminders to patients but also allowing patients to text in to cancel appointments. This has proved incredibly successful and we have had approximately 100 cancelled appointments for February 2015.

We are excited about the re-launch of the Patient Reference Group and look forward to its successful future.

Minutes of a meeting held on 11th March 2015

Present: Jenny Taylor, Julie Sutcliffe, Ms xxxx, Ms xxxx

Apologies: Ms xxxx (on holiday)

- 1 Jenny welcomed everyone to the meeting and explained there was no formal agenda as the main purpose of this meeting was to explore ideas for re-launching the group and how we might make the Group more autonomous.
- 2 Jenny outlined the lack of response from members of the group and one member who had responded but had said he would be unable to continue because of health issues
- 3 The Group was updated on the progress of the new build at Crossgates.

 There was some lively discussion about the pros and cons of the site but as we are due to move in July this year there is nothing that can be done. We also informed the Group that we had been searching for eight years for a suitable site and that Station Road was the only option available.
 - One member of the Group was unsure she would be able to continue with the group because of the site of the new build. We said, whilst we would be disappointed if she felt she could not continue, we would respect her decision. She is to inform Jenny about her decision in due course.
- **4** We then discussed how we might re-launch the group and devised an action plan:
- The meeting to be re-convened in two weeks, i.e. 26th March 2015.
- Julie to look at the list of patients who have expressed an interest in being part of a virtual patient opinion forum and send a mail shot to these patients asking if they would be interested in joining the Patient Reference Group.
- We discussed the need to make the Group representative of the practice population and we will consider how this can be done at the next meeting.
- The patient representatives on the Group to consider what areas they would be interested in being involved with.
- The practice to consider what areas would be of interest for the Group to consider.
- Jenny to re-visit the ground rules of the group and consider a document stating the broad aims of the Group and distribute before the next meeting.

- 5 We discussed the introduction of the Year of Care and explained its purpose. The members were supportive of this project.
- 6 This is the first year when we offered drop in flu clinics which had been previously discussed with the group. They have proved very popular and have been well attended. The organisation of the sessions was a challenge but we were delighted with the way they ran. Anecdotally, these have been popular with patients although we have not, as yet, audited the level of satisfaction.
- 7 We discussed the introduction of SystmOnline. The group were enthusiastic about this development and agreed to register and try it before it was launched to the practice population as a whole.

Minutes of a meeting held on 26th March 2015

Present: Jenny Taylor, Ms xxxx, Ms xxxx

Apologies: Julie Sutcliffe, Jo Vila

This meeting was to brainstorm the way in which we can take the group forward and make it representative of the practice as a whole.

The meeting was very productive and enthusiastic about making the patient group a real integrated part of the practice, with lots of innovative ideas about projects we can undertake.

Since the last meeting we have analysed the profile of patients who had expressed an interest in being part of the virtual patient group. We will initially target 15 patients who are representative of the practice profile and ask them if they would like to be part of the main PRG Committee. It was felt that a committee of about 10-12 would be the optimum number. Jenny/Julie will plot the profile and choose randomly from across this profile the patients to mailshot.

Ms xxxx and Ms xxxx agreed they would take over the organisation of the Group with the support of the practice.

The meeting then moved on to what things the Group might do. We spend some time discussing the new building at Crossgates. The availability of the Health Promotion room prompted lots of ideas for using this space to bring in the community and integrate the new build into the community. We were conscious of not treading on the toes of the very successful Cross Gates Good Neighbours Scheme, but felt that there was little for younger members of the community. We could host meetings for mothers and babies, hold fitness classes, weight watchers, etc. We could also hold sessions dealing with specific health issues, perhaps with guest speakers.

This would need the agreement and hopefully the approval of Manston Surgery. It would be useful for the two PRGs getting together to work on this project. Jenny will discuss with the Manager from Manston to see if this would feasible.

We would then look into the feasibility of introducing a similar facility at Shaftesbury.

The next meeting will be called when we have the results of the mailshot to patients but we hope that this will be no later than one month.

Dr Penn and Partners Year of Care Evaluation Survey 2015/16

You have either attended one of our new diabetic/vascular clinic appointments OR been sent an appointment to attend. We value your views because they help us shape the services you need, in the way need them. Please take a couple of minutes to fill in this form and tell us what you think of this NEW service.

Which surgery do you normally attend?	Shaftesbury Medical Centre ☐ Church View Surgery ☐					
We have changed the way in which we operate our diabetic/vascular clinic appointments. Patients are now given a 20 minute appointment with the Health Care Assistant who will perform all the necessary tests (bloods, blood pressure, foot check, weight, etc.) The results of these tests are posted to the PATIENT. The patient then brings these results to their next 20 minute appointment with the nurse. Both nurse and patient will discuss the results, focusing on any goals the patient wishes to achieve. To help us evaluate this new system could you please complete the boxes below.						
 Did you attend both the 20 minute health care appointment? (please answer below) Yes 	assistant appointment and the 20 minute nursing					
2. If you only attended one appointment which one was Health Care Assistant Nurse	as it?					
Why didn't you attend the other appointment? (please	e write below)					
3. If you did <u>NOT</u> book any appointment or did not tu why? (please write below)	rn up for your appointment can you please tell us					
4. What could we do differently to ensure you attended below)	ed our new diabetic/vascular clinic? (please write					

Health Care Assistant (HCA)

Providing excellent clinical care is our priority. Please tell us how much you agree with the following statements

	YES	NO				
After attending the HCA appointment I						
received a copy of my test results and a list						
of normal measurements to compare with.						
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	
The HCA was professional and friendly						
I understood all the information given.		$\overline{\Box}$	$\overline{\Box}$	$\overline{\Box}$		
It was useful to have a copy of my test	$\overline{}$	$\overline{\Box}$	$\overline{\Box}$	$\overline{\Box}$		
results before attending the nursing						
appointment.						
Nursing Annointment						
Nursing Appointment	ner fromtham b	oolth muchl		4 od 2001 kla 200	our gondition	
The aim of the appointment is to reduce as Please tell us how much you agree with the fo	-	-	ems associa	tea with yo	our condition.	
r lease tell us now much you agree with the lo	Strongly	Disagree	Neither	Agree	Strongly agree	
	disagree	2.5.182.5.5	agree nor	115100		
			disagree			
I know what to look for in terms of new						
symptoms or changes in my condition						
I was given sufficient time to discuss my						
condition with the nurse						
I was given information/advice on how I						
could reduce/prevent worsening of my						
symptoms/disease						
I felt the nurse listened to my concerns and						
helped me focus on what was important to						
me.						
I was given the opportunity to decide what						
changes I wanted to make to my health. I feel more confident dealing with my						
condition.						
Condition.	<u> </u>				<u> </u>	
We do our utmost to meet your expectations.	Please comp	plete the box	kes below			
0						
On a scale of 1 to 10 how satisfied were you o satisfied and 10 being the most satisfied) plea		•	r appointme	ents? (1 bei	ng not at all	
satisfied and 10 being the most satisfied) plea	isc circle bei	O VV				
1 2 3 4 5 6 7 8 9 10						
What was particularly good about attending t	he appointm	ent? (Pleas	e answer be	low)		
What did you dislike about attending the annu	nintmont? (D	loaco angres	r holow)			
What did you dislike about attending the appointment? (Please answer below)						

Please return this survey using our 'comments box' or post using the stamped addressed envelope provided. Your comments are confidential.

Thank you for taking the time to fill in this survey. We will be feeding back the results of this survey in the next few months. If you would like to know what other people think of our practice look out for the displays in the waiting room or visit our website at: www.doctors-leeds.com.

Below is our equality monitoring form. By filling in this equality monitoring section you will help us ensure that we get feedback from all the different communities in our area. Filling in this section is optional. All information is strictly confidential.

Equality monitoring

All the information you provide will remain confidential.

Ethnic origin:	Asian or Asian British:
Please tick the appropriate box to	☐ Indian
indicate your ethnic background:	Pakistani
White:	☐ Bangladeshi
☐ British	☐ Chinese
☐ Irish	Other Asian background
Gypsy or Irish Traveller	(please specify)
Other White background	
(please specify)	
	Black or Black British:
	☐ Caribbean
Mixed/multiple ethnic groups:	☐ African
☐ White and Black Caribbean	Other Black background
☐ White and Black African	(please specify)
☐ White and Asian	
Other mixed background	
(please specify)	Other ethnic groups:
	☐ Arab
	Any other ethnic group
	(please specify)

Getting Involved.

We have set up a Patient Reference Group, a group of volunteer patients who meet up a few times a year to provide us with views on existing and proposed services relating to the health needs of our population. If you are interested in joining this group please tick the box below and provide us with a name and contact number.			
I would like to find our more about the Patient Reference Group			
Name			
Contact number			