**Wheatbridge Patient Participation Group**

**Report 2012/13**

History of the Wheatbridge Patient Participation Group

In October 2008 The Surgery @ Wheatbridge was formed by merging 2 pre-existing surgeries in Chesterfield (Ash Lodge Medical Centre and Tennyson Avenue Surgery). Both these surgeries had Patient Participation Groups in place which had been consulted on the merge of the two surgeries and the new building in which they were to move. By the time the merge happened, the PPGs were well established and became the Wheatbridge Patient Participation Group (WPPG).

The group has gained momentum over the past few years and is now a strong group with a committee, a direction and a purpose to provide a forum for the views of all the patients at The Surgery @ Wheatbridge. Its aim is to assist the medical teams to deliver a first class service; and to foster improved communication between practice and patients.

Meeting Dates – 17th April 2012, 17th July 2012, 16th October 2012 & 22nd January 2013 – All meetings are open meetings that commence at 12:30 p.m.

The WPPG met 4 times in the last calendar year. In April they elected new officers as well as updated their Constitution. A presentation was made on the Summary Care Record. A survey regarding the car park was done and it was found that it is just patients and staff using it. Hopefully, Dr First (new telephone system) will free up some spaces as of June 2012. It should prevent some Face-to-face appointments and the DNA rate should also reduce. Their constitution was updated and a version was circulated to the members with amendments made. They will continue to have 4 meetings a year beginning at 12:30 p.m. Members are volunteering to attend the NAPP34th Annual Conference on 26th May 2012 and will update at the next meeting. Two members attended the network group meeting but there was a disappointing turnout. The next meeting will be on the 24th April with all surgeries invited and our two members will continue to attend. Suggestions from the surgery suggestion box were discussed. One member is attending the Health Panel Meeting on 27th April 2012. There have been nearly 5000 visits to the PPG website and it was decided to continue this website.

In July one member reported on the NAPP 34th Annual conference held 26th May 2012. They noted there was a discussion from the GMC presentation and this was discussed. The Practice Manager noted the revalidation of all doctors annually was supported by the surgery. All GPs at Wheatbridge have annual appraisals currently and have for many years. The practice supports the GMC in the “no decision about me, without me” initiative. It was noted our practice is involved in the CQC (Care Quality Commission) regarding responsibilities for GP Practices. A member asked about the Self-Care campaign noted at Workshop C and the practice manager explained that this means patients take on more responsibility for their own care. Again, the Dr First telephone system should aid in this. Two members attended the PPG network group meeting on 24th April with a discussion regarding integrating services. Solutions are being sought in bringing the hospital, community services and Social Services working together. Another member attended the NDCCG meeting on developing services for the frail and elderly on the 27th June 2012. This was highly attended by medical practitioners. This is about working together between Social Services and all medical teams, especially for complex patients. A future meeting with more patient representation is being planned. A member also attended the DCHS and EMAS meetings, both of which are attempting to become Foundation Trusts before March 2013. They were impressed by these meetings and suggested other member support and attend if they are not currently members. There were multiple suggestions from the suggestion box which were addressed. A couple of complaints were received via the website and these were responded to as such that the WPPG cannot address complaints and they should be made to the Practice Manager.

The Practice Manager and Dr. Chowdhury gave a brief outline of how the Dr First telephone system is working. Adjustments are being made on a day-to-day basis. The DNA numbers have decreased but the car parking has not improved. Members of the PPG group felt that it was an excellent system and it would take some time for patients, in general, to make the adjustment to speaking to a GP before booking an appointment.

At the October meeting a virtual PPG network was discussed as a way of reaching a wider age range of patients. A slip could be made available at reception for patients to register their interest. This will be investigated further. Two members attended the Chesterfield Locality Patient Participation Group Meeting on the 10th October 2012. A copy of the minutes were reviewed. Meetings will take place every two months with terms of reference finalised. There would be 1 vote per practice. Discussion regarding the Care Homes Project were outlined. It was announced that the practice will begin doing 24 Hour Blood Pressure Monitoring once the equipment and training is in place. Another member attended the EMAS meeting and further public meetings will be held to discuss ambulance station closures. They also attended the DCHS meeting with another member and had a copy of the minutes which were discussed. A member attended the NDCCT meeting and they are still trying to get members from other PPG groups to attend. Suggestions from the suggestion box were addressed. Members attended the Saturday Flu clinic in October and distributed leaflets out to patients explaining the WPPG and membership.

At the January meeting the matters arising from the previous minutes were discussed and addressed. A member attended the EMAS workshop on 7th January 2012 regarding the close of ambulance stations in the area. He noted 5 options had been put forward and further public workshops were to take place. Suggestions from the suggestion box were discussed and addressed. There was no feedback from the WPPG website since the last meeting. One member attended the NAPP meeting regarding the Care Quality Commission. He explained as of 1st April 2013 the CQC will be responsible for monitoring GP practices and inspections will take place every two years. He said they would like to have a relationship with the WPPG. A guide for the PPG and CQC is being developed. The Practice Manager explained she is in regular contact with the CQC and it is felt the CQC needs to be independent and should not get too close with members of the WPPG for fear of the appearance of showing favouritism. There is also the possibility of problems with confidentiality. The next NAPP conference is on 8th June 2013 and they will again discuss CQC. There was feedback regarding Dr First and the practice continues to make adjustments as different variables come into place. Not having an engaged signal is being address with the purchase of new equipment. Having a virtual PPG was again discussed to attempt to involve a wider age range in PPG activities. It would involve communicating via e-mail. There would be 4 e-mails per year to anyone who agrees to take part. A questionnaire is being developed. It was decided to try and start a virtual PPG and once the practice made initial contact it is felt the WPPG could run it.

**Patient Survey**

In November / December 2012, we conducted a patient survey to assess how the new appointment system was going:

Some facts / figures for you:

We started the new appointment system as a pilot for the North Derbyshire CCG in June 2012. We sent out 1000 invitations for people to take part in the survey on line. We also had 200 paper copies which we sent out to PPG members & people who had given us feedback along the way. 140 responses were received.

Feedback: (Action points are highlighted in red)

The following are the main points from the feedback:

- 2/3 of patients were aware the appt system had changed before they used it - well publicised

- Most respondents like the idea of being able to speak to a doctor without the need to attend the surgery

- Most patients understood why they were being asked questions about their condition but a number of patients expressed dissatisfaction at having to discuss condition with a receptionist - worked on making it clear to the patients that it helps the doctor to prioritise though the patient doesn't have to give details if they don't want to

- Patients reported difficulties getting through to the practice by telephone – Action: alter our telephone system so that the 9th caller will get an engaged tone. This means they know to call back later, not getting unrealistic expectation that they will be answered soon & not getting charged whilst holding on.

- most people were happy with the type of consultation they were offered

- timeliness of call back fell short of expectations – Action: split the doctors' lists into am & pm

- 18 of the 140 said they were not able to receive telephone calls when the surgery is open. A greater number (35) said it was inconvenient for them to do so – Action: make arrangements to use some of our extended hours time (7-8am each morning & 6.30-8pm on Mondays) for telephone consultations

- around a quarter of respondents felt the doctor was unable to offer reassurance over the phone

- 54% said they did NOT feel the telephone consultation was more convenient that a traditional consultation

- the majority of patients experienced continuity of care and reported that the telephone consultation improved their appointment

 - another point which was highlighted by this survey was that patients could no longer book on line – Action: try to offer a number of on line booking slots

Opening Times of The Surgery @ Wheatbridge

**Monday 7.00am – 8.00pm**

**Tuesday 7.00am – 6.30pm**

**Wednesday 7.00am – 6.30pm**

**Thursday 7.00am – 6.30pm**

**Friday 7.00am – 6.30pm**