

**G83651 BLACKHEATH PMS
LOCAL PATIENT PARTICIPATION REPORT
2016-2017**

COMPONENT 1: PPG PROFILE

At Blackheath PMS, we currently have 12 members in our Patient Participation Group (PPG).

The group is made up of 3 men and 9 women who are aged from 21 to 85 years. There is a good mixture of employed, unemployed and retired patients and the group includes carers, patients with disabilities and those with young families.

The ethnicity breakdown (with ages in brackets) is: Asian (21), White British (25)(56) (70), Indian (42), Chinese (53), Asian (56), Sri Lankan (62) (30), Asian (73), Afro Caribbean (76) and White British (85).

All of the PPG are registered patients at Blackheath PMS.

PRACTICE POPULATION PROFILE

The practice total list size is 5942 and its profile is made up of 2989 male and 2953 female patients. The ages of our practice population are:

Age range	Male	Female	Total
75+ years	110	147	257
55-74 years	440	442	882
45-54 years	422	359	781
35-44 years	550	467	1017
25-34 years	635	716	1351*
17-24 years	236	291	527
0-16 years	596	531	1127

*Highest population groups

The practice catchment area is very mixed. The most common social group is ABC1 in the Greenwich and Blackheath areas and C2, DE in the Woolwich and Plumstead areas. There are several children living in the area. The adults are typically aged between 25 and 44 years. Households consist of young and older singles and couples.

The people living here are generally skilled and the typical employment type is classified as white collar, blue collar or self-employed. Unemployment stands at 9% higher than the national average.

The ethnic break-down of the practice is typically white or of mixed race with 53% British or mixed British, 11% African, 10% Asian, 6% Indian, 3% Pakistani, 2% Chinese and 15% other ethnicity.

THE PRACTICE POPULATION AND MEMBERSHIP OF THE PPG

Our PPG is representative in its ethnicity of the practice population.

Recruitment for members has been an ongoing priority and we have tried to encourage attendance by putting up notices in the practice and on our practice website, asking face-to-face at GP consultations and also when registering new patients.

We continue to capture the views of our patient population in other ways for example through the Friends and Family Test (iplate), by reviewing NHS Choices website comments, and by reviewing the National GP Survey. All of these initiatives are fed into our PPG meetings and are discussed in detail.

We have used our best endeavours this year to ensure that the PPG is representative of the registered practice population.

COMPONENT 2: LOCAL PRACTICE ISSUES & SURVEY

Background:

Blackheath PMS set up the PPG in 2011 and since then has been holding meetings on a very regular basis. On average, 3–4 meetings are held throughout the year. Each meeting has a defined agenda which is agreed by the PPG and all meetings are minuted, mailed to members and made available on the practice website.

All practice staff are invited to attend as it gives them a clearer understanding of patient's needs and provides the opportunity to listen and think about where improvements can be made. It also provides an open platform for the staff to share some of their concerns and to voice any issues that they might be finding difficult on the front line.

PPG Meeting:

This year PPG meetings were held on 6 July 2016, 26 October 2016 and 6 March 2017.

At the July meeting there was a full debrief on the practice's Care Quality Commission (CQC) inspection which was carried on 16 March, when the practice had been rated 'Good' in all categories (Safe, Effective, Caring, Responsive and Well-led). See the link to the report:

https://www.cqc.org.uk/sites/default/files/new_reports/AAAF0926.pdf

There were no issues resulting from the CQC feedback to be included in the Annual Practice Survey.

All meetings included a discussion on comments and statistics from the **Friends and Family Test**, **NHS Choices** website and the **National GP Survey**.

At the October meeting last year's **Practice Action Plan** was discussed and the PPG were pleased at the outcome. **Future priorities for 2016/17** were also discussed and some immediate priorities identified including the provision of coat hooks for all patient toilets, a visual note on the amount of DNAs that the practice was receiving, a Code of Conduct on the Practice's expectations of its staff and patients and some Frequently Asked Questions (FAQs). It was also agreed to continue with on-going recruitment to the PPG.

These was then agreement to form an early **Action Plan for 2016/17** adding further priorities at future meetings and following the results of the Annual Practice Survey. Full details of both last years and this years **Action Plans** are listed at the end of this report.

The PPG then discussed areas that they felt should be a priority for us to include in the **Annual Practice Survey 2016/17**. The PPG agreed that there should be a question about getting an appointment at the practice and to include a question on missed appointments and whether patients did inform the Practice on cancelation. The group though that we should also include a question about what was an acceptable time to be waiting for an appointment and whether or not the patients had been kept fully informed when the surgery was running late.

There was overall agreement with the PPG that 8 questions should be included as a slightly shorter survey may improve collection rates.

Timing for the **Annual Practice Survey** was discussed and it was noted that several members had recently completed the National GP Survey and that patients may be reaching survey overload. Therefore it was agreed that the **Annual Practice Survey** should be delayed until after Christmas.

At the PPG meeting on 6 March the full **Annual Practice Survey** results were reported to the group.

How were the questions developed?

The questions for the patient questionnaire were developed and agreed jointly with the PPG by building on the previous year's questionnaire, following review of other sources of patient data, reviewing with the PPG and then by seeking their agreement. 8 questions were created and were graded in a simple format to enable completion.

The following areas were agreed in order of priority with the PPG:

1. Satisfaction with getting an appointment
2. Perception on missing an appointment
3. Informing staff following a missed appointment
4. Reason for failing to do this
5. Acceptable arrival time for an appointment i.e. on time
6. Acceptable time to be late
7. Perception if appointments should be cancelled if patient is very late
8. Notification by practice when surgery is running late

COMPONENT 3: THE LOCAL/ANNUAL PRACTICE SURVEY

Please describe how the survey was conducted?

The **Annual Practice Survey** was given to patients either by their GP, the practice Nurse or the Reception team.

Completed surveys were then dropped into a dedicated box in the Reception area and an independent consultant collated the results and generated a report using Survey Monkey. Analysis was fed through to practice staff and also to the PPG at the meeting on 6 March 2017.

The **Annual Practice Survey** was made available throughout January 2017 and a total of 230 responses were received.

What were the survey results?

83% of patients were **satisfied** with getting an appointment at the practice. 5% were neither and only 2% were dissatisfied.

Just over 5% admitted to **having missed** an appointment, citing the reason as "having got better". Of those, most said that **they had** informed the practice. A small number said that they simply forgot to inform the practice. The main reason for missing appointments and being late was cited as "held up in traffic" and delays in public transport.

92% said that they **always arrive on time** for their appointment, whilst 4% said sometimes and 2% said never.

45% felt that **an acceptable time to be late** for the appointment was 1 – 5 minutes, whilst just over 35 % said between 5 – 10 minutes and 1% said that 10 minutes or more was acceptable.

Just over 80% of patients were in agreement that the practice should cancel the appointment if the patient was very late.

When asked if the practice kept patients informed when the surgery was running late, most patients said "Yes" at just over 82%. 4% said "Sometimes they had been informed", 3% said that they had "Never" been informed and some did not answer.

COMPONENT 4: REPORTING BACK TO THE PPG

Once the results of the **Annual Practice Survey** were known, the PPG were invited to a meeting held on Monday 6 March 2017 and the findings discussed.

The PPG were very interested in the results and we worked together on any other priority areas for improvement. The PPG were in agreement to add only one item to the existing Practice **Action Plan** which was to explore the idea of establishing an online PPG, especially as the Practice had recently introduced the Patient Online Services.

The PPG also agreed that a summary of the **Annual Practice Survey** results should be advertised within the practice and placed on the practice website. They did not mind which format this took.

There were no significant changes or disagreements arising out of this and no contractual considerations or alternation to services provided, therefore NHS England were not contacted.

COMPONENT 5: AGREEING THE ACTION PLAN WITH THE PPG

How did you did you agree the action plan with the PPG?

At the October 2016 meetings an Action Plan was developed and agreed with the PPG following proposals and priorities arising from discussions. Then at the March 2017 meeting, following the presentation of the Annual Practice Survey results the Action Plan was further updated and agreed.

It was felt that the suggested improvements could be implemented fairly easily and there were no actions that were deemed necessary to inform NHS England.

The PPG were updated on the implementation of the Action Plan at the meeting on 6 March 2017.

The agreed Action Plan was to:

1. Provide coat hooks for all patient toilets
2. Produce a poster/visual communication on the amount of DNAs
3. Produce and disseminate an agreed Code of Conduct on the practice's expectations of its staff and its patients
4. Produce some Frequently Asked Questions (FAQs) and make these available to patients
5. Continue to recruit/encourage membership of the PPG
6. Explore the idea of establishing an online/email group, building on details following introduction of online services

Note: Action Plan, timelines and outcomes are listed at the back of this report.

COMPONENT 6: PUBLICISING THE LOCAL PARTICIPATION REPORT

Please describe how the report was advertised and circulated

The report and Action Plan was posted on the practice website www.woodlands-charlton-surgeries.nhs.uk

The Action Plan was also sent to the PPG and copies placed on the practice notice board/ waiting room.

OPENING TIMES

Please include opening hours and out of hours arrangements in the report

Woodlands Surgery

Monday 08:00 - 18:30

Tuesday 08:00 - 19:30* (1 hour GP and 1
hour nurse from
18.30 - 19.30)

Wednesday 08:00 - 19:30* (1 hour GP from
18.30 - 19.30)

Thursday 08:00 - 18:30

Friday 08:00 - 18:30

Weekend *Closed*

**Extended opening hours at which it is
possible to see a GP and Nurse*

Charlton Road Surgery

	Morning	Afternoon
Monday	08:00 - 13:00	16:00 - 18:30
Tuesday	08:00 - 13:00	16:00 - 18:30
Wednesday	08:00 - 13:00	16.00 - 18:30
Thursday	08:00 - 13:00	Closed
Friday	08:00 - 13:00	16:00 - 18:30
Weekend	<i>Closed</i>	<i>Closed</i>

Our Out-of-Hours care service is provided by 111 service and Greenbrook.

**BLACKHEATH PMS
ACTION PLAN 2016/17**

	PLAN & PRIORITIES	BY WHOM	WHEN & HOW	WHEN COMPLETE	RESULTING CHANGES
1	Provide coat hooks for all patient toilets	PM	ASAP	Completed Nov 2016	Good patient feedback
2	Produce a poster/visual communication on the amount of DNAs	PM	ASAP	Completed Nov 2016	Good patient feedback
3	Produce and disseminate an agreed Code of Conduct on the practice's expectations of its staff and its patients	All staff/PPG	ASAP	Completed October 2016	Better communication and awareness of expectations
4	Produce and disseminate a list of useful frequently asked questions (FAQs)	All staff	ASAP	Completed January 2017	Better communication and awareness of expectations
5	Continue to recruit /encourage membership of the PPG	All staff	March 2018	On-going	
6	Explore the idea of establishing an online/email PPG group	PM/GPs	March 2018	On-going	

Update on previous year (2016) Action Plan

BLACKHEATH PMS ACTION PLAN 2015/16					
	PLAN & PRIORITIES	BY WHOM	WHEN & HOW	WHEN COMPLETE	RESULTING CHANGES
1	Continue to monitor and feedback to the CCG all comments received regarding our patients use of the 111 service	All staff	On-going	On-going	Varied response from patients mixed feedback. We will continue to monitor
2	To ensure better communication with the patients by buying a white notice board for urgent communications and decluttering the walls by removing superfluous notices	GP to purchase Reception staff to use	Dec 2015	Completed Dec 2015	Decluttered the front reception areas and removed all duplicated notices. New white board purchased for urgent notices e.g. surgery running late Good feedback
3	Make provision at the practice for safe disposal of sanitary/ nappy waste (risk assessment to be carried out)	Nurse to risk assess GP to purchase equipment	Nov 2015 Nov 2015	Completed Nov 2015	Risk assessment made. Minimal sanpro waste and non-hazardous Agreed to buy lined (bagged) lidded container, foot operated required/ Nappy bags/sanitary sacks Good feedback