

DORSET WEST AREA TEAM
2015/16 Patient Participation Enhanced Service – REPORT

Practice Name: Bridport Medical Centre

Practice Code: J81005

Signed off on behalf of practice: Eilish Davoren (Practice Manager)

Signed off on behalf of PPG: Pelham Allen (PPG Chair 2015/16), Elise Ripley (Locality Engagement Lead)

1. Prerequisite of Contract – Develop/Maintain a Patient Participation Group (PPG)

Does the Practice have a PPG?

Yes the practice does have a PPG; it was first established in 2011 as a virtual group but with a steering group that met regularly. The virtual group has just over 152 (from 120 in 2015/16) members.

Method of engagement with PPG: Face to face, Email, Other

Members of the PPG may choose how they would like to be contacted (see appendix 1 – PPG leaflet)

The PPG is promoted on the practice website and advertised on noticeboards.

Steering group members are contacted by email or mail, with members invited to face to face meetings to develop work plans for 2015/16 (see UPDATED work plan, section 3)

Number of members of PPG: for 2015/16

Membership of the virtual group has increased year on year and currently stands at 152, up 26% on last year.

Membership of the steering group has increased from 5 to 17, with regular meetings planned throughout 2015/16.

Detail the gender mix of practice population and PPG
 Details below are accurate for February 2015

%	Male	Female
Practice	48.26	51.65
PPG		

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	75-84	>85
Practice	14.96	6.76	9.25	9.73	13.51	14.56	16.22	9.24	4.68
PPG	0	3	2	5	7	17	37	21	10

Detail the ethnic background of your practice population and PRG:

%	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White and black Caribbean	White & black African	White & Asian	Other mixed
Practice	94.7	0	0	3.3	0.2	0.1	0.4	0.2
PPG	35	1	0	0	0	0	0	0

%	Asian/Asian British					Black/African/Caribbean/Black British			Other		Ethnic group not stated
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other	
Practice	0.2	0	0.1	0.2	0.3	0.1	0	0	0	0.2	
PPG	0	0	0	0	0	0	0	0	0	0	63.81

Describe steps taken to ensure that the PRG is representative of the practice in terms of gender, age and ethnic background and other members of the practice population:

We continue to promote the PPG using a range of different mechanisms including:

- Practice web site and leaflet extends specific invite to underrepresented groups
- Facebook
- Notice boards
- In the community attending meetings of local groups, where specific groups have been targeted including carers, older peoples forum, disease specific support groups.

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, or a significant number of jobseekers, large numbers of nursing homes, or a LGB community? NO

Younger age groups are beginning to be represented in the virtual PPG, with one 15-24yr old member sitting on the steering group 2015/16. 65 – 84yrs slightly over-represented in the PPG – how to attract younger members to be considered in 2016/17.

2. Review of patient feedback

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

- Patient survey
- Patient compliments and complaints
- Friends and Family test
- Frontline staff
- Focus group
- Practice “performance newsletter”

How frequently were these reviewed with the PPG?

Ongoing – via “performance notice board”, waiting area.
 Monthly – “Friends and Family” report to PPG chairman.
 Annually - as listed above, at steering group.
 Bi-annual – “performance newsletter” to virtual group.

3. Action plan priority areas and implementation

UPDATED 29.03.2016

Theme	Action	Progress
Choosing Wisely - Right Choice, Right Time, Right Service	<ul style="list-style-type: none"> • Finalise plans for developing and implementing a new ‘Acute Service’ to improve access to the health care team. • Develop implementation/engagement plan including plans for dissemination of key messages to local press/ website/social media/parish magazines/in-house/leaflet/community groups. • Co-design marketing/engagement plans with the practice to ensure patients understand the new service will work and the reasons for its development. This will include assisting in the drafting of key messages. • Promote roles of the wider healthcare team to enable patients to make the most appropriate choice when seeking healthcare appointments. • Identify patient champions, providing support, enabling them to be available in the surgery to answer queries when the new service is launched • Gathering patient feedback on the service – co-design of evaluation form. 	<p>Start date for changeover to “48 hour service” delayed on advice of CQC and due to recruitment issues in NP team. Agreement to continue to build framework to allow this service to start in the future (scripts/messaging)</p> <p>Brochure (renamed “What to do when you are unwell”) final draft agreed – to be published 1st April 2016.</p> <p>Brochure draft sent to virtual reference group and feedback used to amend final draft.</p> <p>Reception “scripts” first draft in place. 48hr Service team to work on reception signposting scripts for minor ailments/conditions that do not require GP intervention (via Clinical Pathways Team).</p> <p>Key messages from brochure to be disseminated</p>

		widely (campaign) via Jayex boards, local media, website, social media.
Supporting our patients to manage their own health and wellbeing	<ul style="list-style-type: none"> • Establish an interest/task group to develop plans for encouraging patients to make lifestyle changes, this will include; <ul style="list-style-type: none"> ➤ Signposting to local services, provision of verbal and written information on what is available locally and through the new Public Health Hub ➤ Supporting the practice in promoting national health event days locally ➤ Becoming volunteer ambassador/ motivators to buddy individual patients (specifically to support patients where a member of the healthcare team has suggested a lifestyle change) ➤ Develop whole practice approach to encourage lifestyle change. ➤ Seek out best practice – disseminate and share. • Develop health information seminars (at least bi-annually) on subjects identified nationally and locally, to include pharmacology, mental health, dementia. • Explore best use of Jayex (call in information boards) media in-house support (as above) 	<p>Directory of services (Ann Beeching) in place. Electronic version shared with Dorset Community Action and CCG.</p> <p>Flu clinics – health promotion activities and fundraising activities (raised £100)</p> <p>Health and Wellbeing workgroup “pending” to allow Elise Ripley to focus on “health and wellbeing Day” for Bridport (and wider locality) – planned for June 11 2016. Elise working with Sports Development Worker, Dorset CC, Bridport Fitness Centre and other local health and wellbeing groups to promote local services and offer “taster sessions” for local H&W activities.</p> <p>Small workgroup to be started nearer the date to support agreed activities.</p> <p>Deferred to 2016/17 work plan</p> <p>Jayex boards now display a wide variety of posters/videos relating to H&W.</p>

<p>Building capacity and capability in our local community.</p>	<ul style="list-style-type: none"> • Mapping of local voluntary organisations, identifying any gaps in provision, specifically relating to supporting the most vulnerable patients as identified by the integrated health and social care team. • In partnership with appropriate staff and community groups, promote volunteering opportunities to support the work of the integrated health and social care team. • Seek out best practice – disseminate and share. 	<p>Directory of services (Ann Beeching) in place. Electronic version shared with DCA for upload to My Health, My Way website.</p> <p>Elise Ripley to support the work of Dorset Community Action to develop capacity and capability in the voluntary sector to support vulnerable patients.</p> <p>BMC working with volunteer bureau to develop voluntary input front of house, to support patients attending surgery (disseminate key messages/signpost)</p> <p>No current work plans for PPG in this area.</p>
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4 PPG Sign Off

Report signed off by PPG: YES (Elise Ripley, locality engagement lead)

Date of sign off: 29 March 2016

How has the practice engaged with the PPG:

Bi-monthly Steering Group meetings continued throughout the year. Work streams identified as above and progressed via smaller work groups. Unfortunately, due to other work commitments, Mr Allen resigned from his position as chair having agreed to carry out the role for one year. The practice has decided to move the PPG back to a virtual format while discussing how best to continue with the work of the PPG.

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

Steering group members agreed (meeting 5 June 2016) that, although it was still proving difficult to get membership from under-represented groups, we had membership from the CQC identified “six population groups”, with members willing to reach out to other harder to reach patient groups if necessary.

The practice and the PPG held regular “practice manager surgery” sessions in the Medical Centre to talk with patients about their experience of the healthcare services provided by the practice. Unfortunately, only 2 appointments were booked despite advertising on Jayex boards, website and social media – to reconsider 2016/17.

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

Yes

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

The progress reported earlier in this report on the three priority areas for 2015/16 well received by patients and PPG members. Patient satisfaction with the practice remains generally very high.

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

PPG members remain engaged and keen to get involved.