

THE LOCAL PATIENT PARTICIPATION REPORT

LHMP Patient Participation Group - Directed Enhanced Service(DES) Report

LATHAM HOUSE MEDICAL PRACTICE PATIENT REFERENCE GROUP (PRG) & LATHAM HOUSE MEDICAL PRACTICE have agreed to take part in the Patient Participation Directed Enhanced Service (England) which came into effect from April 2011 to March 2013 initially.

It consolidates previous Access related targets and the indicators previously incorporated into the Quality and Outcomes Framework (QOF). There is an expectancy that the standards introduced under QOF and under previously associated LES / DES targets relating to access will be maintained even where these are not directly funded, and in particular, the ability to book ahead and the two day GP access targets.

The basis of this DES, is to encourage patient involvement and decision making within the practice context, using a formal framework and specific milestones.

Key aspects are for the Practice to form a patient group, canvass patient views via a patient survey, and to consult with the patient group prior to the publication of the survey; discuss with the Practice and PRG results of the survey; produce an action plan following these discussions and to publish the survey results on the practice website.

Description and Profile of the members

The Original PPG was established in October 2007,

Currently there are 12 members, ages ranging from 29yrs to 82 yrs. They consist of 6 females and 7 males.

The PRG aims to be representative of the practice population. Key practice demographics are considered in the make-up of the patient group and will relate (but not be confined) to:

- o Age
- o Ethnicity
- o Gender
- o Occupation (or employment status)
- o Parental status
- o Disabled status
- o Carer status

A description of the membership and what steps have been taken to ensure that the PRG is representative of the registered patients and where a category of patients is not represented, what steps have been taken to engage with those patients;

Although the practice has few ethnic minorities patients, the largest ethnic group are the Polish Community. This Polish community is made up of two age groups, those who settled in Melton after the Second World War; there was a Polish air base locally and they also had their own Polish Doctor during this time. The second group are the newly registered patients who immigrated when Poland joined the E.U. We are fortunate to

have Tad Stenzel as our representative from the Polish Community.

Up until the end of 2011 we had a member of Voluntary Action Melton (VAM) representing the Carers in the practice; unfortunately this has since been closed due to lack of funding. However at least two members are official Carers.

We acknowledged early on that there were no young patients represented on the group. We invited the “Young Mayor” to attend meetings and we adjusted the time of the meetings to enable him to attend, but he could not guarantee his attendance due to school hours and work.

We therefore established regular contact with the local sixth form college and have a co-opted member, Linda Cox, who is a member of the school staff; she attends on an invite basis and passes on any appropriate information to the pupils. We have had information regarding services, opening hours and in particular the CHAT clinic (especially for teenagers) advertised on their display boards in the school.

We have a representative from AGE UK on the group and we have a mother with children, so overall we have a good mix of members and all patients are represented.

DESCRIPTION OF THE PROFILE OF THE MEMBERS OF THE PRG

LHMP PRG Responsibilities

PRG Liaison (Clinical)	Dr John Harvey - Practice Chairman
PRG Liaison (non-clinical, administrative & communication).	Mrs Elga Zivtins - Patient Services Manager & Assistant Practice Manager

PRG -Key liaison contact (in the group)	Mr Peter Roffey - Chairman of the group.
PRG - Patient information	Mr Julian Crew - NEWSLETTER
PRG - Secretary	Mrs Dawn Long
PRG -Practice surveys	Mr Richard Winters

PATIENT REFERENCE GROUP

PRG Current Members List

NAME	DATE JOINED	CONTACT DETAILS
Mr Peter Roffey	October 2007	www.lhmp.co.uk
Mr Richard Winters	October 2007	
Mr Julian Crew	October 2007	
Lucie Keeley	April 2008	
Mr Don Moss	August 2008	
Mr Roy Holland	August 2008	
Mrs Moira Chambers	October 2008	
Mrs Val Dayman	November 2009	
Mrs Dawn Long	October 2010	
Mrs Kathy McKinley	August 2011	
Mr Tad Stenzel	August 2011	
Mrs Elga Zivtins	October 2007	

The LHMP PRG

- Meet on the first Wednesday of each month at the practice.
- Are consulted prior to significant events or changes within the practice (significance will be determined by the clinical or non-clinical lead and will liaison with a key PRG representative)
- Be of a minimum target size of 12 members

The practice will:

- Encourage PRG membership and promote this opportunistically (as per poster below)
- Consider the representation priorities for the group and promote awareness of this requirement (e.g. ethnic representation etc)
- Promote the group via posters, the website and with handouts
- Ensure that every group member receives a set of minutes and agenda prior to each meeting
- Agree the initial priorities for the practice with the PRG, and identify these under the following headings
 - o Patient priorities and issues
 - o Practice priorities and issues
 - o Practice development plans
 - o National GP patient Survey results and matters arising

The results from the initial and subsequent discussions will form the basis and content for the practice patient survey.

SURVEY

The practice and the PRG will agree the survey content, format, sample size, timing and delivery mechanisms. It is essential that these elements are designed to reach all elements of the practice population. The communication should be suited to the needs of the recipient.

It should be considered that a web-based survey will not reach those patients without computers, and those with learning disabilities or chronic medical conditions. Local groups may be able to assist in the delivery / collation of responses, the survey will be a minimum of once per year.

The survey may be analysed internally or via a third party. The PRG should be provided with the survey results in advance as the basis for a discussion meeting, where both the practice priorities from the survey may be presented, and the priorities identified by the PRG can be discussed and within the practice via leaflets and posters.

PUBLICATION

This must be via a Newsletter and the website by 31st March.

The publication should include:

- 1 PRG member profile
- 2 A report on the steps taken to ensure it is representative – characteristics of the practice demographic
- 3 The report should contain details of specific patients not adequately represented including what action has been taken / is pending, to correct this
- 4 The decision making process with the PRG to determine the survey priorities
- 5 The method of delivery of the survey and opportunities for patient feedback
- 6 The method by which the PRG and the practice discussed the findings
- 7 The resultant action plan with reasons why items were not adopted
- 8 Details of actions taken or planned
- 9 Opening hours and method of access to out of hours services
- 10 Details of extended hours and times or clinician availability during those periods

LHMP PATIENT REFERENCE GROUP CONSTITUTION

The Latham House Medical Practice Patient Participation Group was founded at an inaugural meeting in November 2007 when 12 members were present. Mr Peter Roffey was elected Chairman. At this meeting, the founding Committee agreed the original "Terms of Reference".

On 8th February 2012 at Latham House Medical Practice the now renamed "Patient Reference Group", (following NHS guidelines) amended the "Terms of Reference" and formed the "Latham House Medical Practice **Patient Reference Group Constitution**".

1. TITLE OF THE GROUP:

The Group shall be called "**Latham House Medical Practice Patient Reference Group**". (LHMP PRG)

2. AIMS OF THE GROUP:

(a) To work in conjunction with the practice to promote co-operation between the practice and its patients to the benefit of both; to represent the patients of the practice, to gather and collate opinion from patients via a range of sources, and to comment and offer opinion on these views to representatives of the practice, to encourage development and quality of health promotion and health care services; to achieve this aim by liaising with the doctors and staff, other community health workers, Clinical Commissioning Group (CCG) representatives and other persons or organisations concerned with health care.

(b) The Group shall be non-party in politics and non-sectarian in religion, and shall be formed using the best principles of equality and diversity. The Group and the practice will make every effort to ensure that the constituent elements of the Group are representative of the practice patient demographic, with a range of patient interests represented.

(c) The Group is affiliate to the National Association of Patient Participation Groups (NAPPA) and will work closely with other local Patient Reference Groups with similar objectives.

3. MEMBERSHIP:

Members of the LHMP PRG must be registered patients at the practice. Anyone interested in joining the LHMP PRG should register their interest with either the Chairman or Patient Service Manager. The practice and the Group, from time to time, may approach individual patients for potential membership.

4. CONFIDENTIALITY

All sensitive or confidential practice information relating to the practice, received by any member of the Group shall be treated in the strictest confidence and must not be discussed outside the Group.

5. ANNUAL GENERAL MEETING:

The Annual General Meeting of the Group shall be held in JUNE each year, at which all patients of the Practice shall be entitled to attend. The date of this meeting shall be displayed publicly at least 14 days prior to the meeting. Patient should contact the group if wanting to attend, so that suitable venue can be arranged. The venue will be dependent on the number of potential attendees. An annual report will be produced by the Executive group for the Annual General Meeting, giving brief outline of the group's achievements that year.

6. THE COMMITTEE and EXECUTIVE:

(a) The Annual General Meeting is open to all patients, and will be run by the Executive of the PRG.

12 would be the ideal membership, of the Executive Committee. The Executive will consist of a Chairperson, Secretary and a member of the practice, to which it may delegate any or all of its powers as it may from time to time decide.

(b) The Committee shall have the power to co-opt members from time to time provided that the total number of co-opted members does not exceed one half of the total of elected members.

7. EXTRAORDINARY GENERAL MEETING:

An Extraordinary General Meeting shall be held if not less than one third of the voting members of the current Committee request it in writing, stating the reasons, to the Chairperson or Patient Service Manager. The date of the meeting shall be notified to the members or advertised in the practice for at least 14 days in advance.

8. QUORUM

One half of members shall form a quorum at meetings of the Committee. Six members shall form a quorum at Annual General Meetings.

9. MINUTES

Minutes of all meetings shall be kept and the Secretary shall include a record of all proceedings and resolutions. Copies of minutes will be kept by the practice.

10. ACTIVITIES OF THE GROUP

(a) The Group will endeavour to meet once every month. An Agenda is to be produced for each meeting and is to include "Any other business" to enable any member of the group to raise any previously un-tabled items.

(b) Notices of meetings and information about the Group's activities will be displayed on notice boards within the premises of the practice, on the practice's website and through the Newsletter.

(c) The Group will produce a Newsletter three times a year informing patients of the work of the practice and activities of the Group. The Newsletter will be available on the practice website, and will be made available in hard copy format on the practice premises.

(d) From time to time the Group will cause publication in the local Press of

information in relation to its activities.

(d) Administrative assistance will where necessary be provided by the staff at the practice.

10. ALTERATIONS TO THE CONSTITUTION

Any proposal to alter this Constitution must be delivered in writing to the Chairman or practice representative not less than 14 days before the date of the next meeting. An alteration will require the approval of a two thirds majority of Committee members.

Signed.....

Mr Peter Roffey
Chairman of PRG

Dated February 12th 2012

Signed

Dr John Harvey
Chairman of LHMP

Dated February 12th 2012

Signed.....

Mrs Elga Zivtins
Patient Service Manager
LHMP

Dated February 12th 2012

SAMPLE OF HANDOUT / POSTER LAYOUT

LATHAM HOUSE MEDICAL PRACTICE

PATIENT REFERENCE GROUP

THE PRACTICE HAS AN ESTABLISHED GROUP OF PATIENTS, WHO ARE WILLING TO CONTRIBUTE SOME OF THEIR TIME TO THE DEVELOPMENT OF THE PRACTICE AND ITS HEALTH SERVICES.

We are especially keen to make sure that the group is fully representative of our patients and therefore invite anyone with an interest to enquire about joining. Places will be limited due to size of the practice.

Please send in a letter of applications to either the Chairman of the PRG - Mr Peter Roffey or the Patient Service Manager Mrs Elga Zivtins, these should be left at the practice marked for the attention of the PRG

The group meets monthly, we will endeavour to make arrangement for those patients who are not able to attend in person, but feel that they would like to contribute. Please write to the Chairman Mr Peter Roffey if you have any comments to make.

We are happy for new members to come forward at any time.

THANK YOU!

PRG PATIENT SURVEY SUMMARY 2011/12

The purpose of the Patient Reference Group DES is to ensure that patients are involved in decisions about the range and quality of services provided and commissioned by the practice. It aims to encourage and reward practices for routinely asking for and acting on the views of patients.

The DES aims to promote the proactive engagement of patients through the use of effective PRG and to seek views from practice patients, through the use of a local practice survey. The outcomes of which, are to be published on the practice website.

Stage 1

- Priorities areas were agreed with the PRG and practice jointly, based on the DES guidelines;
- Survey included the following areas;

Accessibility	Opening Times Ability to make appointments Waiting times Effectiveness of telephone service
Experience	Service received Contact with other members of staff
Premise	State of the building

Stage 2

- Preliminary discussions took place with the PRG in September 2011 , they agreed what they thought were the priority areas. A PRG sub committee made the final decision of the wording of the survey.
- Format of survey agreed by PRG & LMHP with no disagreements- October 2011
- Richard Winters volunteered to produce the master copy of the survey and also to analyse the results (this was a huge undertaking by an individual for which we owe him a great debt of gratitude)
- Patient Survey - 2000 copies printed
- Time scale and end date – this was completed by end of October maximum of 3 weeks.

Stage 3

- **How and where to advertise survey**
 - Posters in waiting areas
 - Advertise in Melton Times through PRG column?
 - Library
 - Age Concern
 - Voluntary Action Melton
 - Polish club –
 - Seniors Forum
 - Asfordby
 - Children's centres, The Edge, The Cove etc,

PRG Involvement

- PRG will be present at first Saturday flu session 15th October and will hand out forms as patients leave.
- Need collection points on premises. To ensure collection from all other sites.
- Analyse results - Richard Winters has agreed to produce and compile results of survey.

LHMP Responsibilities

- Publish results on LHMP web site
- Complete submission to PCT

Stage 4

Once all results are collated; Full survey results posted on website & PRG Newsletter

- **PPG discussed survey results - this took place in January 2012.**
- **LHMP discussed survey results in January 2012**
- **PRG made recommendations to the practice following discussions of the**
- **All results and also other comments made by patients were discussed**
- **LHMP agreed the following recommendations**

MAIN ISSUES RAISED IN SURVEY

OPENING HOURS – although many patients requested or commented on Saturday or Sunday opening times; the practice currently is not able to comply as there is no funding available for these additional weekend hours, however this request was duly noted. Many patients were satisfied with current opening times.

Normal opening times are Monday – Friday 8.00am – 6.30pm

LHMP has agreed to extend the opening times- Early mornings on Monday 7.30am – 8.00am and late evening surgeries on Monday & Thursday 6.30 – 7.00pm.

It should be noted that the Nurses from LHMP already cover the **Out of Hours** at Melton Hospital on Saturday & Sunday mornings **9.30am – 1.30pm** and on Bank holidays, when there is a Minor Illness nurse and a Minor Injury nurse on duty.

OUT OF HOURS should you require medical treatment out of hours please ring the normal surgery number 01664 503000 - You will hear a recorded message as to the number to contact. It is 0845 045 0411

APPOINTMENTS – It was agreed that there had been problems with patients unable to access by phone easily. Practice agreed that additional staff be placed in the call centre at busy times. (this has been arranged)
The Practice is actively looking at new phone systems.

It was noted that patients had limited knowledge of the Internet online booking of appointments – this is to be advertised more widely.

To also advertise more widely the different services available within the practice, to include nurse appointments, Patient Medicals - by way of notice boards and Newsletters

STAFF TRAINING- Comments had been made about the attitude of some staff. Additional training has already taken place and regular staff meetings are being held to improve the “Customer Care”. Management are keeping a close eye on the service provided to patients.

BUILDING DÉCOR- Practice agreed to roll out a decoration plan as soon as funds become available.

Comments had been made regarding the height of the reception desk. This is being looked into, and quotes for lowering and repairing have been obtained. The height of the desk is restricted by the height of the PC screens below.

POSITIVE RESPONSES – Very positive comments on the clinical care received by patients both in the actual questions and additional remarks made. MTU nurses received particular praise.

Patients were very happy that they could speak to their GP by phone. They were also happy with talking to their GP and the outcomes of their treatment.

Further details of the survey results are on the LHMP website.

THE FUTURE

Both the PRG & Practice felt that some amendments needed to be made to the questions and to simplify the data.

The practice may ask that the next survey be a little more GP specific so that they get additional feed back from their own patients. We would also to include ethnicity in more detail.