

WOODLANDS PATIENTS VOICE ANNUAL REPORT 2018/19

The Group

Woodlands Patient Voice (WPV) has been established since February 2012 and continues in to the current year. There are currently 12 core patient members and 2 practice members representing the GP and management/admin teams attending meetings regularly.

Offices held over the past year are as follows: -

Chair	- Mick Gent replaced by David Dixon in year
Vice Chair	- David Dixon replaced by Val Brownley in year
Secretary	- Patricia Brown
Treasurer	- Kay Yallup

We continue to encourage new members to the group through poster and electronic board advertising within the surgery and on the practice website. Posters advertising the group are re-issued regularly to local schools inviting representation from our younger patients. The group have agreed to work on a communication strategy in an effort to improve on member recruitment.

Woodlands Patients Voice has its own email address where patients are invited to contact current members to raise issues, or find out about joining the group. Contact the group at WoodlandsPatientsVoice@hotmail.com.

The group details are also posted on all the outgoing letters from the practice to patients and on the repeat prescription counterfoils. The group have a dedicated PPG notice board within the waiting area, has been allocated a column within any practice newsletters and there is a dedicated area on the practice website to inform practice patients of their progress.

Our ethnic minority patients represent less than 1% of the practice population and we therefore do not feel it necessary to specifically target this group, but actively advertise the group as being open to all patients. As the services of an interpreter, (though advertised), are rarely requested in the practice, we believe we have made a reasonable assumption that the information advertising the group is presented in a way that is understandable to all groups. However, the majority of NHS information leaflets are generally available in many languages and we are happy to facilitate sourcing leaflets for patients in their preferred format.

Some of our PPG members are actively involved in the voluntary health and social sectors and as such, contribute to addressing issues for population groups not necessarily represented by the demographic profile of the PPG. One group member, Val Brownley, was at the start of the year, a Citizens Reference Panel (CRP) representative for Ashfield North Federation of practices, which allowed patient representation at Clinical Commissioning Group level. The group benefited from feedback from the CRP that Val provided at each meeting. In year, the CRP was replaced by the Patient & Public Engagement Committee (PPEC) which covers the wider area of Mansfield and Ashfield and Newark and Sherwood. Sadly, Val felt unable to stand for this group for logistical reasons. The local patient

representative on the PPEC is Peter Robinson who chairs a PPG group in a neighbouring practice and he routinely shares information across all local PPGs.

The group are a great support and visible presence at any events the practice runs (eg Saturday flu clinic, health events) and this has gone a long way in advertising the group and attracted interest from potential members.

Group Constitution

The group constitution remains in place and will be reviewed at the AGM.

Activity this year

Managing patient feedback

The group continue to respond to patient feedback/suggestions for improvement. We place a great deal of value in feedback from our practice population - good or bad - as this allows us the opportunity to improve on and develop services to our patients. The group encourages feedback in the following ways :-

Issues are occasionally raised by practice patients with WPV and where issues are routine, these are discussed at the next PPG meeting, whilst anything needing more urgent response/ investigation is raised with the Practice Manager.

The group also has a dedicated email account where patients can suggest topics for discussion/feedback. Woodlandspatientsvoice@hotmail.com

The practice reviews both suggestions received via the practice website and practice complaints at the annual complaints review meeting, where each year, volunteer WPV members represent/participate on behalf of the group and a summary of the complaints are then discussed at the next available WPV meeting.

We participate in the national Friends and Family Test (survey) which assesses whether patients would recommend our services to others. The practice consistently achieves high percentage rates of patients extremely likely to recommend. Patients have the opportunity within the survey to comment on why they would or would not recommend and any adverse comments are reported to the group and discussed, in addition to celebration of the positive.

Similarly, this year's National Patient Survey results for all practices were discussed. Pleased with the overall results – the majority of scores were well above national averages with the exception of phone access. The group reflected that this was one negative area balanced against all other positive aspects. Both the Woodlands Management team and the PPG agreed that in trying to address this, this would risk success in other areas where patients really valued the service. Same day appointments, telephone appointments, worker's appointments were all introduced in response to patient feedback. The PPG feels Woodlands is a responsive practice and always discuss with the PPG/seek their input from a patient perspective.

Networking with neighbourhood PPGs

Val continued to represent WPV at locality meetings arranged for the PPG Chairs in our Primary Care Network (PCN). These meetings provided the opportunity to share information and keep abreast of CCG developments. Val had arranged the CCG Chairs meetings as part of her CRP representative role. Sadly this “formal” arrangement came to an end when the CRP was replaced by PPEC.

The “Ashfield North” PCN of local practices consists of Kings Medical Centre (formerly Harwood Close and Ashfield Medical Centre), Brierley Park, Woodlands, Skegby Family Medical Centre and Willowbrook.

Larger networking meetings for groups from Ashfield and Mansfield and Newark and Sherwood allow the groups to share good news stories and good practice, including improving communication with patients, analysing the impact of new services and addressing issues such as patients not attending for appointments. The meetings also give opportunity to the Clinical Commissioning Group to share information about the ever changing NHS and how this has made an impact locally and looking at resolving specific issues raised that have affected our patients

National Association of Patient Participation. (NAPP)

NAPP Membership has recently been renewed for the group, funded by the practice. NAPP is a very useful resource for patient participation groups offering support and guidance and access to training, attending national conferences, sharing ideas and best practice and networking opportunities.

Media Board

Members of the group are currently planning to provide PPG information for the practice media board and website.

Raising Health Awareness/Promotion Campaigns

Group member Val has continued, now with Sylvia’s support, to periodically review the notice boards alongside an annual diary of health awareness/health promotion campaigns and identify events most relevant to promote and support in the practice. The promotions are aligned with national campaigns and patients are showing an interest/accessing information.

In an effort to reduce information saturation, all notice board and leaflet racks are reviewed regularly and health promotion themes organised and where information is already available on the media screen, duplication is cut down and awareness raised. The patient information leaflets have also been sorted in to topics for ease of access. Val attends the practice on a two monthly basis to review the boards in line with the national diary of health promotion events.

A dedicated Woodlands staff member is responsible for keeping the Teen Zone up to date.

Appointment System Review

WPV have continued throughout the year to be a sounding board for any proposed changes to the appointment system, including the national GP Access service (8 til 8 and Saturday opening). The group welcomed provision of more appointments to support working patients but also had sympathy for staff whose work-life balance was affected by this contractual requirement to provide additional "out of hours" service.

Health Events

WPV members regularly support the practice with patient Health Events taking the opportunity to raise the group's profile at the same time. For example, in previous years, the group has supported the annual flu campaign, where group members help to organise the queues and direct "traffic" ensuring that clinics run smoothly, despite dealing with large numbers of patients.

Within the current year, the group also organised a self-help event for patients and the general public which ran on Saturday 29th September, open to the public between 10 and 11.30am. Patient support and signposting organisations in attendance included Ashfield Voluntary Action (AVA) - including their Lifestyle and Step by Step programmes; DESMOND - diabetes management education programme; Smoking cessation; Dementia Friends; Pathways and Age UK for signposting for support and PPG promotion.

Information/feedback slips completed on the day revealed attendance for a host of reasons/health conditions and without exception, all reported they got the information and support they came for. The morning had a really good buzz and those who did attend, all stayed a good while. The participating organisations took the opportunity to network and were all supporting of other events we might organise.

It was agreed the group will consider more targeted event in future, involving direct promotion by the GPs which may provoke better attendance.

Walking for Health (WFH)

The group's plans to set up Buggy Walks for parents and carers has not progressed as we had hoped, due to a number of factors. The proposed walk leader was unable to train and fulfil this role due to ill health and arrangements for liability insurance have changed within the year. We are working towards training up a walk leader in order to progress this now the WFH walks have started up again after the winter break.

WFH leaflets are available in reception.

Speakers

A variety of speakers have attended WPV meetings over the course of the year. The speakers provide an opportunity for the group to learn of new developments and services and ask questions. This also provides an opportunity for patient feedback in to services and to develop/promote good relationships within the community.

This year's speakers in included the following :-

- **Janita Nixon - Pharmacy Technician for MACCG**

Janita supports Woodlands with prescribing issues and audit and came to discuss Electronic Prescription Services (EPS) and Electronic Repeat Dispensing (ERD) with the group to determine what support the PPG could give to the practice to promote these services.

EPS has been available since 2005 and the patient arranges this with their preferred pharmacy. Not all prescriptions can be sent electronically at the moment, for example controlled drugs and some drugs cannot be “mapped” so the details are not recognised by the system and so will be blocked. Work is ongoing and it is hoped that all prescriptions to be issued electronically by 2020.

For ERD – where the GP agrees, the patient can receive a batch of repeat prescriptions for either 6 or 12 month’s supply - whatever the GP feels appropriate. The prescription will then sit on the spine for patients to collect from the pharmacy every month. The GP and patient will agree whether this method suits the patient circumstances and meets the list of qualifying criteria. Suitable patients for this service will be on stable medication, with long term conditions, on multiple therapies and who can appropriately self-manage seasonal conditions. They will also have had no change to their medications in the last six months, will not currently be under hospital care or been referred to the hospital. The Pharmacy also has four standard questions to check with the patient at every collection, to ensure that the prescription is still valid, appropriate and safe to dispense. The patient does not have to order every month – just attend the pharmacy to collect.

The GPs are recruiting suitable patients at annual medication review. This ensures they can check all is well, perform any monitoring blood tests, discuss the options with the patient and gain their consent. It is hoped that moving patients to ERD will cut back on medicines waste. Investigation of a pharmacy order recently revealed the patient did not order all items that the pharmacy had requested and the patient returned some things they were not using to the practice - over a thousand pounds worth of medications had been wasted.

- **Susan Holmes. Publicly Elected Governor representing Ashfield and Lead Governor , Sherwood Forest Hospitals Trust.**

Susan outlined what the role of Governor, how they are elected and what the role entailed. This includes attending compulsory governors’ meetings, involvement in unannounced walk-about visits within the hospital with senior hospital staff in different work areas, giving them a chance to speak to anyone they want, as a governor and from a patient perspective and feed their findings in to meeting discussions. The governors have been involved in steering improvements – instrumental in halting the hospital merger /cosmetic changes to waiting areas. Susan strongly recommends and encourages standing for a governor. There are lots of vacancies looming.

The Trust’s “Good overall” CQC achievement was discussed and the input from the Governors to make improvements was acknowledged – they were elected when the Trust was in special measures. The continuous work towards and resulting improvements and now the CQC results, means that staff morale is good, staff turnover and sickness absence at very low levels and staff recruitment very positive. She reports that the Trust has amazing staff who are all working hard to achieve outstanding in all areas. The Trust is managing the PFI debt well.

The group raised some questions such as :-

Colour coding of staff uniforms is confusing- could do with signage in general spaces like main street or A and E to advise patients on how to identify staff.

Multiple concerns re poor transfer of information. Negative experiences of delayed discharges, transfer between departments, no follow up arranged on discharge. EAU appears well staffed but still feels like a cattle ranch – patients been diagnosed but no communication from doctors/wards sending patients to EAU.

Susan advised the trust are organising for consultants to sign paperwork the night before to prevent discharge delays, streamline discharges and free up beds. A new patient chart system detailing the flow of individual patients which is constantly updated has been introduced. This means staff can track someone's progress. Digital records are being worked on and linking all GPs and hospitals

Car park charges - these are not the hospitals, though the trust can fix prices in a range only – but they are at the lowest possible now and have not been changed for three years. Governors have asked about a buggy from the bus stop up the drive to the hospital. Open visiting has improved car parking marginally.

What can PPGs do? – pass on ideas, criticisms, put forward patient issues to be looked at by the governors. Encourage feedback through a governor. Volunteers are raising 550K for a nuclear scanner. Already raised 120K – any contributions welcome.

- **Samantha Clarke of Ashfield Voluntary Action (AVA) re the Lifestyle Project.**

Samantha is in charge of Ashfield Voluntary Action's Lifestyle Project funded by Mansfield and Ashfield Clinical Commissioning Group and based at Ashfield Health Village. The aim of the Lifestyle project is to support patients who are at risk of falls, trips and slips. Mansfield and Ashfield patients can be referred in to the service by their GP, any other health care professional or they can self-refer. From the referral, Samantha arranges a home visit to assess the patient's needs, including a falls assessment, review of trip hazards and any other contributory factors including, loss of confidence & social isolation.

The Lifestyle Project links with other AVA projects that Samantha's clients can tap in to such as lunch clubs/bingo and dominoes/exercise groups/social activities and a leaflet advertising these activities is produced three times a year and circulated through GP surgeries, libraries and council offices. AGE UK workers also have access to the leaflets in order to recommend the activities and is a valuable resource for people who may feel isolated. In some cases, Samantha attends the first session with her clients where they may be anxious from social isolation/about going out as a result of a fall, or recurring falls. Samantha also runs a Falls Aware and Loving Life Group herself at Ashfield Health Village offering coffee and a chat, social interaction and some brief falls awareness through quizzes, exercise etc. Group member Kay discussed her coffee group for patients with mental health issues which also comes under AVA's umbrella.

Lifestyle leaflets available in practice.

- **Sally Dore - Head of Psychological Therapies to discuss Insight Healthcare**

Sally came to discuss Improving Access to Psychological Therapies (IAPT) which is a national service for patients with a low level of anxiety or depression. This one service replaces the three different services all providing the same care – Lets Talk Well Being; Trent PTS and Insight Healthcare. This is a self-referral service. The referral will be assessed and the decision made as to what service best suits the patient's needs. Depending on need, the number of sessions can vary, but generally patients have an hour session for twelve weeks. The therapies are based on Cognitive Behaviour Therapy (CBT) - for example, a patient who has had a heart attack in the local post office is now scared to go back to the post office. CBT will get the patient to take incremental behavioural steps to equip the patient to go back to the post office.

Marketing materials will be available in GP practices – patients would be advised to phone or fill in a referral form. Services will also be promoted in hospital, libraries, supermarkets and through the police service. There will be a video available soon for practices to advertise on media boards. Insight will also be providing quizzes/ resources on line, aimed at patients who use the internet and unlikely to seek support at practice level.

Looking at new ways to deliver/adjust services to meet patient needs to address waiting times. For example, traditionally cancer patients were being seen for anxiety and depression – Insight feel these patients might need something different – eg therapy support to come to terms with/accept their diagnosis; where pain clinic attendance with no improvement – have started therapy with these patients.

Practice Update

As a standing agenda item, one of the practice members of the group will give an update on any changes and/or developments happening within the practice. Where it is reasonable to involve the group as a sounding board in debate and decision making about changes and service developments, this will occur. The building extension has been the main feature at the meetings this year.

The practice is very grateful to the core group of patients who continue to participate in the meetings and represent the practice patients in working to develop and improve services. We are always appreciative of constructive feedback as we can be unaware of issues or difficulties we may create for our patients and patient input is vital for planning our services.