

PATIENT PARTICIPATION GROUP

BLACKWATER MEDICAL CENTRE

REPORT 2013/14

Component 1

PRACTICE LIST: At the 1st April 2013 was 14511 patients total but excluding all 15 year olds and under it brings it down to 12072

Age Range	Male	Female	Total
0 - 65	5862	5713	11575
66 - 75	770	844	1614
76+	568	754	1322
Total	7200	7311	14511

Age Range	Male	Female	Total
0 - 15	1290	1149	2439
16+	5910	6162	12072
Total	7200	7311	14511

Age Range	Male	Female	Total
0 - 15	1290	1149	2439
16 - 24	757	690	1447
25+	5153	5472	10625
Total	7200	7311	14511

Age Range	Male	Female	Total
0 - 15	1290	1149	2439
16 - 24	757	690	1447
25 - 34	748	745	1493
35 - 44	876	909	1785
45+	3529	3818	7347
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16 - 24	757	690	1447
25 - 34	748	745	1493
35 - 44	876	909	1785
45 - 54	1087	1092	2179
55+	2442	2726	5168
Total	7200	7311	14511

Practice: Blackwater Medical Centre

Age Range	Male	Female	Total
0 - 15	1290	1149	2439
16 - 24	757	690	1447
25 - 34	748	745	1493
35 - 44	876	909	1785
45 - 54	1087	1092	2179
55 - 64	979	990	1969
65+	1463	1736	3199

Ethnicity:

White British	4949
Other White	154
White & Asian	13
Indian or British Indian	11
Other Black	5
Chinese	17
Ethnic not stated	279
Polish	8
Romanian	1
Not coded	9074

PPG Group:

The active group is made of nine core members, although we have at other times several people who have attended on and off. Dr Cargill is the practice lead and attends meetings when she is able too.

The group comprises of:

16 – 24 years = 1447	0%	0	
25 – 34 years = 1493	0.7%	1	Male
35 – 44 years = 1785	0%	0	
45 – 54 years = 2179	0%	0	
55 -64 years = 1969	0.10%	2	Both Male
65 and over = 3199	0.18%	6	1 Male & 5 Females

Ethnicity of the group is all White British, despite efforts to get other ethnic groups involved including personal invitation by Dr Cargill.

We have not particularly tried to engage any special group such as LD as they only turn up for appointments when a Care Worker is involved and as we meet in the evening I am convinced that they would attend.

We have tried recruiting more patients by advertising on the website, posters, and flyers and in other instances personal letters and invitations. We advertised the group at the public meeting in the hope others will join.

Component 2

Blackwater Patients' Participant Group

Achievements & strategic aims

The Blackwater PPG started in March 2011. Initially, it was very difficult to recruit members to the committee and we struggled to maintain a consistent membership. However, by the end of 2011 and Q1 of 2012, we started to develop a core committee, who were all keen to influence and achieve better outcomes for our health services. We have a permanent member from the ME CCG who provides the communication and informational links with those who are tasked with maintaining the vision of health care in Mid Essex. The Practice Manager, together with a GP are permanent members. The remaining committee members are patients and/or carers with considerable experience and knowledge of local and national issues. We have regular meetings in which we are updated with service issues and development of the ME CCG, as well as other locality issues.

Strategic aims

Consistent with our Terms of Reference, our on-going mission is to represent our patient community and work with the GP Practice to improve and develop services for all. Key to this is to develop relationships with various civic and charitable organisations, together with other health providers. We want to ensure the patient community is consulted and involved with on-going service planning and development of proposals. Our longer term objectives are to educate and ensure a better informed population who will realise the benefits of taking responsibility for their own health outcomes and maintaining an improved quality of life.

2011 – 2013

- Develop the core committee
- Continue to recruit candidates and encourage new members, particularly from those hard to reach communities (e.g. Travellers/BME)
- Develop and publish the TOR
- Develop the Blackwater website
- Develop a virtual group to obtain wider representation of the patient community
- Provide on-going information and be a source for patient surveys
- Discuss on-going service issues, changes & policy at regular PPG meetings and cascade to the community via public meetings, media and social media

2014 – 2015

Organise public meetings (2/year) in order to:

- Share information and keep our community informed of changes to services
- Develop relationships with other civic or charitable organisations by inviting them to participate
- Provide a channel for the Practice to communicate headlines that may impact patients
- Create the opportunity for people to ask questions
- Foster & promote higher levels of health literacy by encouraging and supporting activities within the practice with particular focus on preventative medicine.

- Foster & promote
- Discuss on-going service issues, changes & policy at regular PPG meetings and cascade to the community via public meetings, media and social media

END

As compiled by Trevor Fernandes and agreed by the group.

Terms of Reference

–Adapted from ‘Growing patient participation –Getting started’

This PPG will:-

1. Create a PPG that is representative, equitable and, where possible, covers all sections of the practice population
2. Identify key issues for an annual survey that will be published with the findings
3. Discuss survey findings and reach agreement with the Practice on changes to services
4. Agree an action plan with the Practice that enables the agreed changes to services to be made
5. Contribute to practice decision making and consult on service development and provision
6. Provide feedback on patients’ needs, concerns and interest and challenge the Practice constructively whenever necessary
7. Serve as a safety valve for dealing with grumbles and complaints about the Practice-representing patients but also helping them to understand the practice’s viewpoint
8. Assist the practice and its patients by arranging voluntary groups/support within the community
9. Communicate information about the community that may affect healthcare
10. Give patients a voice in the organisation of their care
11. Promote good health and higher levels of health literacy by encouraging and supporting activities within the practice and promoting preventative medicine
12. Influence the provision of secondary healthcare and social care locally
13. Monitor services e.g. hospital discharge and support when back in the community
14. Liaise with other PPGs in the area
15. Be offered the opportunity to be involved with the commissioning of services within the Practice locality via Practice locality group and within Mid Essex via MECCG

Meetings:

We meet regularly bi-monthly wherever possible. A flavour of our meetings are shown

Minutes of PPG Meeting Wednesday 29th May 2013

DD had to leave for another meeting so we took Item 3 of the agenda first.

3) DD gave a clear and concise update on the hospital project. He explained the vision of the CCG for a primary based hub with satellite locations for the outlying areas. The District Council and Essex County Council are fully on board with the scheme. CCG and Council members took a trip to Whitchaven where a number of new community hospitals have been using an off the shelf design which can be delivered more cheaply. Other agencies will be invited to use the facilities such as Farleigh Hospice and the Voluntary Organisations.

There are nine possible sites for the build but no one really wants to redevelop the current site. The next step is to gain approval from NHS England for the practice relocation. The project timescale is hopefully 18 to 24 months.

CCG Matters – nothing vastly different within the CCG at present. There was a very successful shut down which was attended by the majority of practices throughout Mid Essex.

Broomfield A&E and the Ambulance Service are still struggling. There is a new Ambulance Locality Director who hopefully we can get to come to our meeting.

The question of Lay members of the Board was raised. Anne Garrett is the lead on PPG and Chairs a PPG meeting. Discussion on how the CCG will convey to patients dates and venues of public meetings. PP said that she had emailed Neil Pudney but had not received any replies. TK also said that this had happened to him too. DD would investigate this.

There were a number of comments regarding the CCG website. DD explained that they had to buy in their expertise. Trevor said the site was basically very good but now needed more substance.

DD left at 7.20 to attend another meeting.

Matters Arising:

- i) LB informed the group of the status of the residential homes MDT – It is now to commence on the 1st July, the CCG have bought in a private provider to oversee this.
- ii) New Hospital Build: Discussed by DD.
- iii) Car parking signs. Apologies to TK for getting his name wrong.
- 1) 24 hour blood pressure monitoring: LB explained the rationale – the care pathways needed between practices and the expectation of the CCG for practices to reduce wherever possible referral to secondary care.

- 2) On line booking: LB explained the concept of this and gave out password to a number of the members that she knew would be attending. To send out passwords to the other members.
- 3) Views of future PPG and how to meet the objective. TF asked if anyone was willing to take up the duties of MM. TK proposed LB to do this and for the time being this will happen.
- 4) Public Meeting – the group is still keen to have a public meeting. Discussion on how/when and where. Possibly in Mid October. Venue: Le Café for the first one. Posters etc., to be placed around town – possibly ask the Estuary Life Magazine to run an advert for us. Speaker: ? John Whittingdale, ?CCG Members.
- 5) There was discussion within the group regarding Out of Hours and the public's perception of General Practice. LB informed the group of the cost of outpatient appointments and the need within the CCG to reduce wastage. LB showed the group the new instructions being given out to patients being referred. TK suggested it was posted in the waiting room.

The meeting closed at 8.20 pm. Items 7 and 8 were not discussed.

Next Meeting: Wednesday 10th July at 6.30 at Blackwater Medical Centre. Tea and biscuits provided.

PPG Meeting Agenda

Wednesday 18^h September 2013

Minutes of last Meeting:

Matters Arising:

Welcome: DW and TP from Longfields PPG

- 1) Hospital Update.
- 2) Practice Survey form
- 3) Patient information being used. Letter sent by Sutherland Lodge
- 4) Equipment:
 - a) 24 hour blood pressure machines – we now have three – one kindly donated by the Masons
 - b) Defibrillator and new cautery machine donated by Maldon Mud Race Committee
- 5) Sale of books for equipment fund.
- 6) On line booking – appointment tab – Jeanette
- 7) AOB

Blackwater Patient Participation Group

Minutes of Meeting 4th December 2013

Present:

Apologies:

Meeting opened at 6.30 pm.

The purpose of this evening's discussion was to try to establish working groups to bring to fruition the group's desire for a public meeting.

Following full and frank discussions about the content that the meeting should take it was decided that it needed to be informative and to try to make the public of Maldon aware of the problems to be faced in the coming year/s both financially and health wise.

It was agreed that this event should be held around mid-February and that a likely venue would be Le Café at St Peter's Hospital, it being central and has better parking than elsewhere. This would be an evening event and we shall try to arrange refreshments. Tom Kelly has taken on the task of raising funds for this.

It was agreed that we would invite a representative from the Clinical Commissioning Group to come and talk about the issues facing them both in this current year and following years. DD will arrange for a senior member to be available to give a presentation. DD will also try to arrange the venue.

JP will write to Andrew Pike, Chief Executive of NHS England to invite a representative to attend to give their views on the issues facing Maldon with all the prospect new building and the impact this will have on local general practice services.

CC suggested we have someone come and speak about mental health services as this is an issue locally. DD said he would ask Caroline Dollery who is one of the CCG leads in this area.

Once the date and venue is established JP will design a poster and Lesley will print flyers and posters to be distributed around the town. LB will also contact Estuary Life Magazine and the local paper for more advertising coverage. It was suggested to ask for a plug on the local radio either the Ray Clarke or Dave Monk Shows.

It was agreed amongst the group that there needs to be greater public awareness of the threats further funding cuts will impose and to try and raise awareness of the public's responsibility to use health services wisely.

The next meeting is booked for 8th January 6.30 pm at the surgery.

Meeting closed at 7.45 pm.

Further meetings were held on the 8th January 2014 and 26th February 2014. There was also a meeting held on the 25th March 2014 post public meeting event and discussion of survey and report.

Public Engagement Event:

The group in association with Longfields PPG have planned an evening event with speakers from CCG, NHS England and

The group are putting posters around the town and placing flyers in neighbouring households. We have a poster in the surgery and flyers on the reception desk. Also Longfields Surgery are displaying a poster and giving out flyers. The practices have put the poster on the websites as have the local CCG. We are also sending out flyers in our mail shots to raise awareness.

Copy of flyer as attachment

The event was very well attended with over 90 people. Post event comments were analysed by Trevor Fernandes are attached.

Post Engagement Meeting:

The post engagement meeting was held on the 25th March 2014. There was informed discussion regarding the content of the evening programme, venue and refreshments. We were joined by a new member who had come along following the evening event. His comments were as followed:

- 1) The meeting was very well chaired and kept to time
- 2) Very interesting subjects were included in the evening
- 3) Suggest two more such like events

The group felt that although the evening went well it might be more prudent to have just one theme with two or three speakers. It was also agreed that the agenda for the evening would be the only item placed on the chairs.

It was agreed by the group to organise another public meeting for September. Maybe the theme for that one being the proposed hospital build but this has not yet been agreed.

Local Hospital

Many of our group are very interested in the proposed new hospital build that is being discussed between CCG and Maldon District Council. Quite often our meetings are taken up with updates about this subject.

Component 3

Practice Questionnaire

The annual practice questionnaire was discussed with the group at a meeting. They were asked to make comments about it. On the whole they thought it covered most things.

This was a reply from one member:

Patient Survey Questionnaire sent to members of PPG on 6th August 2013

Replies:

12.08.2013

- No 2 - do your patients prefer age bands to giving actual ages?
- The questionnaire seems very similar to last time apart from the addition of on line appointments.
- However no mention of the automated system which I think a lot of people including myself use at times.
- No 12 could also say " tick all that apply"
- Would an extra addition to number 10 of "sometimes" be a help.
- I presume that parking has been left out on purpose as nothing can be done about it.

- How is this being distributed ? Will you know which doctor or nurse each sheet refers to as obviously this will reflect on the answers.
- Will they be given out by the Doctors/ nurses or the receptionist?
- Will it be averaged over one week or all on one day?

Not much help I am afraid as the questionnaire has been thought out very carefully.

Out of interest does everyone return them?From KL

Component 4

Patient questionnaires were handed out to the patients by the doctors following consultation during December 2013 and January 2014. Overall some 1400 questionnaires were given out. The returned questionnaires were sent to Equip for collation and analysis. Equip returned the finished survey report on the 28th February and it was uploaded onto the website on 2nd March 2014 and sent to members of the PPG the same day.

SurveyAnalysis

The survey questionnaires were given out between December 2013 and January 2014. 364 were returned out over 1400 being distributed and sent to Equip for analysis.

About the Patient

Q1) predominantly women were the higher number of patients answering the questions with only 112 male questionnaires returned.

Q2) the age range was diverse

Q3) predominantly white British

Q4) mostly retired.

Q5) Most with long standing health issues.

Q6) most found it easy to gain entrance into the building. With 7 not finding it easy at all – with the reason being the car park. Although this is mentioned every year there is nothing that the practice can do about this. We have no space to enlarge the car park and as most people are not willing to park elsewhere and walk to the surgery there is no solution to this.

Q7) See attached comments.

About Reception

Q8) Most of the patients feel the practice is very clean.

Q9) most patients feel the receptionists are very helpful with only 12 feeling they are not very helpful. I suspect that this is due to being able to get what is wanted at the time it is wanted rather than the staff being obstructive.

10) Most patients feel that they can be overheard in the waiting room and this may be so as it is open plan, however, should they wish to speak confidentially to the reception they only have to ask and they will be taken somewhere more private.

Q11) Most of the patients find the automated book in screen useful. 27 people do not and 13 people don't know.

About Appointments

Q12) Patient attendance figures.

Q13) Normally booking appointments. Patients gave more than one answer for this question, although it seems that the majority do it by phone.

Q14) How easy is it to get through on the phone? Most patients found it fairly easy.

Q15) how easy is it to speak to a clinician on the phone? Most patients found this fairly easy.

Q16) How long to wait for an appointment? Most patients get an appointment the same day or the next day, although 114 said it took 5 days or more. Maybe this is due to the fact that they wish to see a particular doctor.

Q17) how often do you get to see the same doctor/nurse? Most felt it was a lot of the time. 93 said always and 111 said some of the time.

Q18) How long did you wait for your consultation? 114 said less than 5 minutes, 139 said 5 to 10 minutes, 54 said 11 to 20 minutes, 24 said 21-30 minutes and 12 said more than 30 minutes.

Q19) if you need to see a doctor/nurse urgently, can you see them the same day? 242 said YES and 47 said NO. Again does this 47 include patients who only want to see a particular clinician? We have an emergency doctor on call in the afternoon and a triage nurse so no one is turned away.

Q20) Have you missed an appointment? 297 did not answer this question.

Q21) is the practice open at times convenient to you? 321 patients said YES, 21 patients said NO. With 22 not answering the question.

You're Consultation

Q22)

a) Giving enough time? 213 said excellent.

b) Make you feel at ease? 211 said excellent

c) Listening to you? 219 said excellent. 1 said Poor.

d) Explaining tests and treatment? 208 said excellent. 1 said Very Poor

e) Involving you in decisions about your care? 188 said excellent. 1 said Very Poor

f) Treating you with care and concern? 208 said excellent. 1 said Very Poor.

g) Confidence in clinician? 302 said excellent.

h) Would you see this clinician again? 331 said excellent.

Patient Experience

Q23) Overall experience? 175 said excellent. 166 said good. 10 said fair and only 1 said Poor. Probably the same person as before – obviously we did not treat his/her condition satisfactorily.

Q24) Recommending the practice? 337 said Yes, 11 said No and 16 did not answer.

Q25) would you consent to share your clinical data? 126 said Yes, 26 said No and 212 did not answer

Conclusions

On the whole I believe that the practice is providing a good and safe service. Apart from the car parking issue there is nothing we can do about that.

Patients can be seen the same day but obviously only have the choice of the duty doctor. There is an explanation sheet of how we divide the appointments up into advanced, 48 hour and same day bookings. We are under pressure to provide more appointments but actual consultations are only part of the working day for the doctors – there are home visits for which we have a high demand being that we have a large elderly population and some nine care homes on our books. Referrals, paperwork including reading all hospital correspondence, looking at results as well as the demands made by patients for private insurance forms, claim forms, certificates and letters for housing, court and a multitude of other things take a huge amount of doctor time. As well a lot of work being sent back to General Practice from Secondary Care.

Some patients use the service negligently coming in for minor ailments that could be treated at home with over the counter remedies, unfortunately the population feels it is their right to be seen and this is fuelled extensively by the newspapers and political dictat. Perhaps it is time that the CCG or NHS England start educating patients to use all the NHS services wisely.

Appointment System:

We are aware of trying to accommodate patients fully in ways to book appointments. In view of this we instigated on-line booking in the summer of 2013.

We have also signed up to a programme called Mjog which is a texting reminder service to patients. We only have 16% of mobile phones on the clinical system so we are making a concerted effort to get as many mobile numbers as possible. Unfortunately, patients are apt to change telephone numbers and not inform us of this. We need to raise awareness.

We are happy for any constructive comments from our patients about the appointment system.

Partners:

A number of partners are reducing their sessional time this year (2014). Two are taking 24 hour retirement and reducing down to three days a week and three others are dropping a session each.

We have interviewed and employed two Salaried GP's who will be joining the practice in April. We have increased the provision of services by one session.

Responses to the results of the questionnaire from the membership include:

I have just looked at the Blackwater surgery survey and think that overall it seems excellent and something to be proud of. It is without a doubt a 100% better than the Daily Mail/Fail keeps reporting on its front page about doctors and their surgeries. From PP

Thanks Lesley, an interesting read with parking coming out as the main concern.

Is there anything that can be done about parking? A few complaints about booking appointments and getting to see preferred or female doctors. From the results, I'd say the practice is doing a great job overall. How will you cope with a big influx of new residents into the area? From JP

Component 5

The report was sent to all members of the group for comment and any ideas it was discussed at the meeting on the 25th March 2014 and some amendments were made to it following the comments. The group felt that we had made great progress in achieving the aim of a public meeting and I must congratulate them on the success of the evening and thank them for all the hard work and time that they put into this event. We had four new people show interest in joining the group as a result of that evening.

Views of the group regarding the report:

DW – great.

TF – does it need all the minutes of the meetings? Otherwise very good.

KL - A great report - do hope it gets to tick all the boxes and you get the money you deserve. I actually enjoyed reading it albeit only briefly. Makes us realise just how much has been done in a short time.

Component 6

Future Action Plan:

Following discussion with the members the intentions of the group for the coming year are as follows:

- Enhance relationship with a neighbouring Practice Patient Reference Group
- Group to investigate the possibility of improving Appointment bookings – booked for 31st March
- Arrange further public meetings on various subjects
- Endeavour to increase the active members of the PPG

PPG Achievement for 2013/14

Public Meeting held on the Tuesday 11th March 2014 at the Le Café, St Peters Hospital.

This meeting was organised and arranged by the members of both Blackwater and Longfield Medical Centre's PRG's. The members gave their time freely to put this together.

We believe that there were a little over 100 people in attendance, although not all returned their post event view form.

Ian Stidson from NHS England was the first speaker.

Ian explained the structure of the NHS as it stands at the present time. Showing how the Local Area Team holds responsibility for many of the service providers in the Essex Area in partnership with Local Councils. It is a complex environment and covers the population of Essex which about 1.7 million people. Andrew Pike is the Area Director for Mid Essex.

The Local Area Team assure that services are being delivered and are moving towards a working partnership with other providers as no one can continue to work independently. The Area Team is responsible for Primary Care and has 276 practices in Essex. There is a new Primary Care Strategy being formulated with drivers for the future. He would very much like the views of our local PPG's and hopes to arrange a meeting with them in the not too distant future to discuss this.

Dr Lisa Harrod-Rothwell Chair of the CCG

Lisa explained the structure of the CCG and the budget, which at present stands at £390 million pounds for the population of Mid Essex. The CCG covers 520 square miles and 390,000 patients over 49 practices. These practices all give a service of high quality and high performance. The area does have problems with smoking and obesity and there is a lot to do to improve health and wellbeing.

There is a challenge because as an area we do not fare so well out of the national funding formula. Our population is made up well off and not well off people and so how funding is low. Predicted gap of £51 million shortfall over the next 5 years and therefore the CCG is in distress. The CCG is in radical transformation which is never easy.

However, there are opportunities; the CCG has good clinical leadership and engagement. We need to work together with patient, carer and public involvement to improve the health care in Mid Essex. We have wrongly disempowered people in the past in relation to their healthcare and now is the time to empower them again and get them to take some responsibility for their own health and health needs.

Dr Caroline Dollery CCG Clinical Commissioner for Mental Health Services

Caroline is working both regionally and nationally with in the Mental Health framework. She is frustrated, as are many other people, with the Mental Health Services, but like everywhere else there is a budget that has to be adhered too.

She asked “how can I work with you?” Physical and mental health is very important. The focus of the CCG is on well-being, this is essential to the mental health strategy, which includes dementia and urgent care.

There are a lot of drivers nationally to improve care. There is the drive to set up a network of everyone working together both in primary and secondary care. We are looking at outcomes. The idea is that every practice will have a “star worker” to assist with patients. Training will be provided in Primary Care over the next year to ensure confidence in practitioners and guidelines of where to send complex cases. The community needs to be involved.

An idea is to set up a Recovery College, which is a place where patients get assistance and training to get back into employment. There is also going to be a primary care hub, once place for patients to go rather than being pushed from pillar to post and this hub with assist in early intervention working closely with all providers. We are pushing for extra funding for all of these ideas.

Dr Lucy Reynolds from “Keep Our NHS Public”

Lucy gave an overview of the political agenda in regard to the NHS. She explained about the Governments plans to sell off local hospital and to destabilise primary care with ever decreasing funding. However hard CCG’s work across England there will never be enough money to meet the commitments placed on them as there has to be a year on year saving.

She talked about American Insurance Companies waiting in the wings to privatise the NHS and predicted that this would happen after the next election which she believes will be won by the Labour Party.

The meeting closed at 9 pm.