

Standard Reporting Template

NHS England (Wessex)
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Dr Newmans Surgery

Practice Code: J81648

Signed on behalf of practice: Dr Newman

Date:

Signed on behalf of PPG:

Date:

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

Does the Practice have a PPG? YES																																					
Method of engagement with PPG: Face to face, Email, Other (please specify) Face to face																																					
Number of members of PPG: 13																																					
<p>Detail the gender mix of practice population and PPG:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">%</th> <th style="width: 30%;">Male</th> <th style="width: 30%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>49.7</td> <td>50.3</td> </tr> <tr> <td>PRG</td> <td>30.8</td> <td>69.2</td> </tr> </tbody> </table>	%	Male	Female	Practice	49.7	50.3	PRG	30.8	69.2	<p>Detail of age mix of practice population and PPG:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 10%;"><16</th> <th style="width: 10%;">17-24</th> <th style="width: 10%;">25-34</th> <th style="width: 10%;">35-44</th> <th style="width: 10%;">45-54</th> <th style="width: 10%;">55-64</th> <th style="width: 10%;">65-74</th> <th style="width: 10%;">> 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>16.4</td> <td>9.6</td> <td>15</td> <td>13.8</td> <td>16.5</td> <td>10</td> <td>9.5</td> <td>9.2</td> </tr> <tr> <td>PRG</td> <td></td> <td></td> <td></td> <td>7.6</td> <td></td> <td></td> <td>92.4</td> <td></td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	16.4	9.6	15	13.8	16.5	10	9.5	9.2	PRG				7.6			92.4	
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Detail the ethnic background of your practice population and PRG:

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	1816	11		299	5	5		
PRG	13							

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	7	2		7	23	4		2		1206
PRG										

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

Recruitment of members

We have tried a number of methods to try and attract patients to sign up to be part of this group. These included:

- GPs and Practice Nurses asking patients to join
- Giving out the sign up form at the Saturday flu day to 300+ patients
- Having sign-up sheets on the front desk for patients to take
- A message asking people to volunteer for the Patient group was added to the repeat prescriptions
- We have amended our new patient information form so that we ask all newly registering patients whether they would like to sign up

for the group.

- We wrote to all those registered as carers at the practice to ask them if they would be interested in joining the group and during the carers meetings we have discussed the PPG and any suggestions that they may have

We have ensured that all patients who are recorded as being part of the Patient group are registered patients at the practice. We have tried, using the various methods outlined above to offer the group to as many different groups of patients as we possibly can.

In addition the Poole Central Locality have employed a Patient and Public Involvement Worker whose role is help support the development of practice patient groups across the locality. With support from the Dorset Race Equality Council, she has been exploring how to reach out to ethnic minority patients, enlist their views and encourage their involvement in patient groups at the practices where they are registered.

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, significant number of jobseekers, large numbers of nursing homes, or a LGBT community? YES

If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:

Ideally we would have Polish members in the PPG but all of those contacted declined. This remains the case. With this in mind we created an information sheet for our Polish patients just outlining how to make appointments and access services. This has been translated into Polish. This sheet has proved to be very useful and it is issued to all newly registered Polish patients. However many of our Polish patients complete the form on the new patient questionnaire saying that they would like to be a member of the PPG but then once contacted and they realise what they have completed they decide that they do not want to be a member.

A very large percentage of patients in the PPG are in the 65-90+ category and we are grateful that they have stepped forward to help us! We have a high number of elderly and have a strong carers group and therefore we use this to our advantage.

2. Review of patient feedback

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

We have used the feedback from the friends and family test and this has been very positive. Out of 40 responses in January all of whom stated that they are extremely likely to refer us. We had no negative comments.

During the two carers coffee mornings (August 2014 and November 2014) we have used some time to discuss the running of the surgery as many of our active carers are also members of the PPG. We have another coffee morning planned for the end of February. This has been done face to face.

Patients are encouraged to provide us with feedback and or comments through our TV in the waiting room. Forms are on reception and any completed forms are reviewed. Any comments made informally to Doctors or nurses are passed on to the management team and are reviewed and discussed.

Complaints and significant events are also reviewed.

How frequently were these reviewed with the PRG?

At the coffee mornings 2 to 4 times a year

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p>Availability of blood tests and the results</p>
<p>What actions were taken to address the priority?</p> <p>We have employed an HCA and she is doing some practice based and community based blood tests. We have a new telephone system and we now have a dedicated option for test results.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>GP's are able to arrange home visits for our patients aged over 75. This has been welcomed by the patients and we hope to increase the HCA's hours so that she can see some of our under 75's that would benefit from being seen in their own home.</p>

Priority area 2

Description of priority area:

Timeliness of prescriptions and ability to request prescriptions in different ways

What actions were taken to address the priority?

Introduction of EPS

Introduction of patient access to EMIS web

Accepting prescriptions by practice email, fax and telephone

Having a dedicated telephone line for prescription requests

Result of actions and impact on patients and carers (including how publicised):

All of the above has meant that prescriptions are produced very quickly and are ready for collection from either the practice or the patients nominated pharmacy.

Each newly registered patient is provided with their online access passwords to enable them to order a prescription through our clinical system. Posters are in both waiting rooms promoting online access and on the patient TV in the main reception to encourage longstanding patients to request their online access passwords.

On the reverse of the prescription details of our fax number, practice website and telephone number can be found advising the

patients that they can use these methods to request a prescription

Priority area 3

Description of priority area:

Lack of parking

What actions were taken to address the priority?

Being a central surgery our parking is very limited, we encourage patients to use public transport however this is not always possible. We advise our private providers to park off site and we rent 4 additional spaces from another local business for staff to park in so that all of the car park is kept free for patients only.

Result of actions and impact on patients and carers (including how publicised):

We have noticed an improved flow with regard to this and we have not received a patient complaint with regards to parking this year.

Progress on previous years

If you have participated in this scheme for more than one year, outline progress made on issues raised in the previous year(s):

Patients still seem unhappy with the NHS 111 service but accept that this is not something that we control

From the 2013-14 report “several patients made the comment that they felt coming in for “just a BP check” and or a “new patient check” was a waste of clinical time. We invested some of our PBC savings monies from last year into the purchase of a Telehealth Surgery Pod. This pod will be installed, hopefully, by the end of March and will enable patient to go into a room and complete some checks on a touch screen, have their height, weight and BP automatically entered onto the clinical system”. These pods continue to be used, they have proved to be very popular and appear to have reduced the number of appointments that are made for a BP check or weight check.

From the 2013-14 report “We have noticed that we are getting more and more calls on the day needing sutures to be removed or dressings to be changed where the patient has been discharged from hospital. We have therefore introduced an hour on a Tuesday, Wednesday and Thursday in the afternoon for one nurse to have emergency appointments. This has been in effect since January and seems to be improving the demand”. We still have this system in place as it works well.

From the 2013-14 report “The employment of an HCA for bloods is not financially viable”. Through the over 75’s funding we have been able to employ an HCA and she will be doing some hours for the practice in the future to assist with this.

From the 2013-14 report “Several patients commented that they are receiving recall letters when they have already been seen by the nurse or have a pending appointment. We explained that this is due to us changing our clinical system in September 2012 and that the recall system is different with Emis web which has meant we have had an overlapping of correspondence. We apologised for this and explained that hopefully over the next few months this will sort itself out but in the meantime we have added a footnote at the end of each recall letter stating that if they have already be seen or have a booked appointment to please ignore this letter”. We changed our recall system completely in August 2014. Each patient is now recalled on their birthday for an annual health check as well as any chronic disease management. It is hoped that this will improve our recall system.

4. PPG Sign Off

Report signed off by PPG: YES/NO

Date of sign off:

How has the practice engaged with the PPG:

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

Has the practice received patient and carer feedback from a variety of sources?

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

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

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