

Annex D: Standard Reporting Template

Taken from: GMS Contract 2014/15, Guidance and Audit requirements, NHS England Gateway reference: 01347

[Name] Area Team
2014/15 Patient Participation Enhanced Service Reporting Template

Practice Name: PLOWRIGHT MEDICAL CENTRE

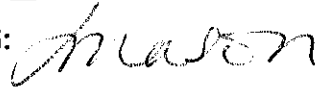
Practice Code: D82621

Signed on behalf of practice:



Date: 28/03/2015

Signed on behalf of PPG/PRG:



Date: 27/03/2015

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

Does the Practice have a PPG? YES / NO	YES
Method of engagement with PPG: Face to face, Email, Other (please specify)	EMAIL / LETTER / FACEBOOK
Number of members of PPG:	24 during year, though 4 recently moved house and left – included in demographics as only recent change

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	2873	3001
PPG	8	16

Detail of age mix of practice population and PPG:

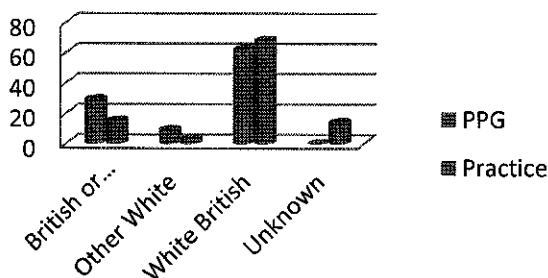
%	<16	17-24	25-34	35-44	45-54	55-64	65-74	>75
Practice	924	420	499	639	790	855	960	787
PPG	1	0	1	2	1	8	6	5

Detail the ethnic background of your practice population and PPG:

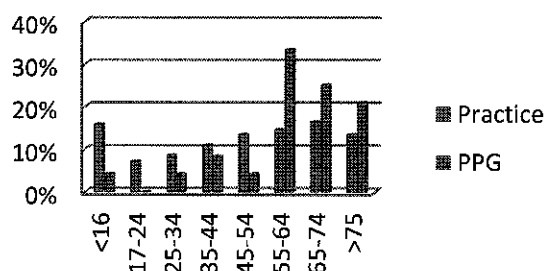
	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other White	White & Black Caribbean	White & Black African	White & Asian	Other mixed
Practice	68%	0%		3%				15%
PPG	62%			9%				29%

	Asian/ Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any Other
Practice										14%
PPG										

Census comparison



Age Comparison



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:

Fortunately to date our demographic breakdowns are relatively comparable between our practice profile and that of the PRG. However, in order to encourage more participation, we run presentations on the plasma screen in the waiting area; have information and sign up sheets within the waiting room; advertise the group on the website and have a Facebook presence. It is hoped that by having a strong digital presence, that it will encourage the young and also working age population to join in and share their views.

Our PRG has continued to grow this year with 3 new patients although unfortunately 2 of our original members have moved away from the area. We will continue to promote our desire

to engage with our patients and be open to thoughts and ideas on how to continually improve our systems and engagement.

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 (Lesbian Gay Bisexual Transgender) community? YES/NO

NO – we have a fairly average practice population.

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

2. Review of patient feedback

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

In addition to the friends and family tests that have been running since December, we also reviewed the national GP survey results, consulted with the PPG regularly through email / letters; spoken with patients whilst in the waiting area; engaged with patients who have highlighted areas of improvement / concern / accolades. There is a suggestion box in the waiting area and slips are available for feedback. Throughout the Practice we encourage all disciplines to engage with patients and to feedback anything relevant, whether it be positive or negative.

How frequently were these reviewed with the PPG?

As a virtual group, we regularly post information on our Facebook page and will engage formally with the PPG 3 or 4 times a year. It is during these interactions that we discuss any significant feedback from other patients.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

The ongoing availability of appointments is an issue that is faced by every GP surgery. Attempting to balance the needs of the patients with the demands on GP time is one of the biggest challenges to all today. Therefore in connection with the PPG we focussed on Patient Education – the need to help patients learn when they should engage with their GP and when they could potentially self manage.

What actions were taken to address the priority?

For the past 12 months we have been focussing on communicating with our whole practice population, not just those patients who regularly attend the surgeries. To do this, we have been working with the 8 Parish Magazines within our catchment area and promoting different health topics each month. These have ranged from **When and How to book an**

Appointment; through the local issues faced with **Watton Medical Practice**; to educating patients on the **Day in the Life of a GP** and the **Changing NHS**. More health based articles such as **Prostate Cancer** and **Flu** are also included. Although we do not have exact figures, it is anticipated that we reach approximately 75% of all patients through these articles.

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

There have been some real positives to these articles. A number of patients, including members of our own PPG, were surprised at the vast range of tasks that GPs have to undertake in a day, and also how the NHS is changing on a local front. The verbal feedback from some patients suggested that they now think twice about troubling a GP when they realise the complexity of the modern role. The **When and How to book an appointment** was a cut out and keep article which we have been informed, verbally, that some of the more elderly patients have indeed cut out near their telephones. We also received a letter from a patient of another practice who wished to discuss the local health economy and understand the impact on the provision of local GP services as a result of the **Changing NHS** article. This was a useful communication and I liaised with the patient and subsequently fed back to their own GP surgery to ensure a joined-up interaction.

It is exceedingly difficult to judge the impact of these articles, but despite a huge increase in patient numbers – 9% in 4 months (due to a neighbouring practice’s challenges) our GPs have been able to cope with the increase on appointments, with routine appointments mostly being available within 10-14 days. If patients need to see a GP for an urgent issue then emergency same-day appointments are always available.

Priority area 2

Description of priority area:

Educating patients within the practice on how to self-care and improve their own quality of life.

What actions were taken to address the priority?

It was decided to promote self care for active patients through investing in a plasma screen for our waiting room. The subjects to review and include on the screen took considerable discussion and debate. The ever-changing presentation includes information from NHS Choices, local presentations, slide shows as well as amusing animation, all focussing on the topics of promoting self help. We have added information on about the Bowel Cancer screening programme, Winter health, Antibiotics campaign and why they are not always good for you, the NHS healthcheck and so on. We have also provided the local charities / services the opportunity to promote their services on our screens – key criteria require that they must either be a local charity actively engaged with the Practice or private services that hold an NHS contract.

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

The Plasma screen has only been active for the past 3 weeks due to the time required to obtain permissions to purchase and hang the screen as well as accumulate the appropriate content. So far, the feedback from patients has been extremely positive. 80% of the time, the area of seating nearest the screen is filled whilst the other areas are less occupied. Some patients have again reiterated the useful practical knowledge contained within, ie how to collect a sample for the bowel screening campaign.

Priority area 3

Description of priority area:

A poor transport network within Norfolk coupled with our more elderly population, means that accessing services is increasingly challenging for our patients. They are being forced to either ask neighbours / relations for transport or if facing the local transport system, they are faced on a number of occasions with at least 2 bus changes to reach the hospitals / services.

What actions were taken to address the priority?

We have actively engaged with a number of services to offer outreach clinics within our building and offer local access points for not only our own patients but those from neighbouring practices. This is an area well supported by the PPG and has involved research and negotiations with these various services to offer local access. Clinics at Plowright now include:

^ Nurse led Chronic Disease clinics ^ Mobile Dexa Unit ^ NHS Osteopath ^ NHS Chiropractor ^ Dietician ^ Hearing Aid Support Service ^ Contraception and Sexual Health Clinic ^ Wellbeing Mental Health ^ Adult and Child Counselling ^ Diabetic Retinopathy Eye Screening ^ Osteoporosis Support Nurse ^ Cancer Care Support Team ^ West Norfolk Carers ^ Health Trainer ^ Winter Electric Blanket testing

These clinics (with the exception of the electric blanket testing) take place on an at-least monthly basis, and in many cases, weekly clinics.

We have also engaged with the local Age Concern unit, Swaffham Befrienders, who frequently visit and support our more elderly patients. They are submitting a bid for funding for a Hospital Buddy Scheme which will provide a service, for a small contribution from patients, to enable those patients to travel to and be accompanied by a vetted 'befriender' – providing the much needed support for those who do not have friends / family able to take them. This scheme is still in the planning stage but active engagement between the practice and this local charity will continue to support our patients access to services.

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

We have found the number of our patients able to pull on and access these additional

services has increased significantly since having them based within our surgery.

By having a closer interaction with the services, it has also enabled improvements between the services and our patients especially in connection to initial communications. One example would be of offering the Cancer Care Pilot which is running in West Norfolk to patients diagnosed with cancer. The remit behind the service is to step in post diagnosis, during or after treatment and pre-palliative in order to ensure that these patients are aware of all the support that they may be able to access as a result of their diagnosis. The letter introducing the service was initially being sent by post to all patients. When it was raised that these communications can sometimes catch patients unaware, at potentially vulnerable times, it was agreed through close consultation with the services that the initial contact be changed. By involving the PPG members it was suggested that the initial contact letters are given out by either the dispensers (if the patient is collecting regular medication) or by the receptionists if they attend the surgery regularly. For patients who are not regularly accessing the Practice, the letters are reviewed by either the Practice Manager or Usual Doctor to identify the best method of communication for that individual patient. This has certainly seem a more responsive and positive reaction by patients and is a direct result of consultation with the PPG.

Patients are very positive about the variety of services that are available at our surgery. Analysis of those accessing each service, indicates that a good proportion of each clinic is attended by Plowright patients, when considered against other surgeries covered by that service's catchment area. This suggests that by hosting these services at the practice, Plowright patients are accessing more services than those neighbouring practices.

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):

Previously we have committed to triaging our patient requests for same-day emergency appointments to enable those who need to be seen to see a GP and those who can be better cared for at home or by a nurse to access those options. This has continued to work well with patients and clinicians. Although the practice has struggled due to maternity leave and sick leave amongst the nursing team, this has now become a core component of our daily activity and will, as an initiative, continue indefinitely.

An issue raised in last year's action plan was that of communicating with patients in connection to late running doctors. We continue to advertise any late running clinics internally using our Jayex digital boards as well as by the receptionists communicating directly with the waiting patients. This has continued to improve and has significantly reduced the number of grumbles and complaints which had been experienced previously.

The delays between patients leaving a GP consulting room and the next patient being called in has up to now caused problems, with patients believing that their GP was having a coffee & biscuit break at their expense. However, the article submitted to the parish magazines in the winter period has raised a number of observations amongst patients, not least of which is their surprise at the amount of interruptions and administration that a GP must also juggle

during their working day. We intend to continue this sharing of information through interviews with the clinicians on the waiting room plasma screen – a project planned for 2015/16. We are also commencing dialogue with the ambulance trust and care homes to attempt to minimise the number of 'urgent' interruptions that are requested during a clinic by formalising access times.

4. PPG Sign Off

Report signed off by PPG: YES/NO

Date of sign off: 27/03/2015

How has the practice engaged with the PPG:

As patients, the practice regularly interacts with the group on important matters concerning its patients and their families. This is achieved through emails, telephone conversations and letters, as well as face to face meetings. The practice has taken on the concepts and thoughts the group has raised and adapted it to benefit its patients.

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

There are notices up in the surgery that encourages patients to join the PPG with slips to fill in, return to the receptionists whom then pass on the details to the Practice Manager. There is also a page on the practice website that goes into depth about how patients can join the PPG and the ways the group can benefit from the local community. There is an option to download the get involved leaflet and sign up form as well as last's years Local Patient Participation Report.

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

Yes

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 action plan?

With the introduction of articles in parish magazines the practice has given its patients more information regarding booking appointments when truly necessary, kept existing patients up to date about influx of new patients from surrounding areas and how the practice dealt with the rise in patients numbers and finally what a GP has to deal with on a normal working day revealing that it is not just seeing patients in clinic or signing repeat prescriptions. These articles can be seen to have empowered patients into making better choices and overall becoming more involved in their care as well as being kept up to date about how the NHS is constantly changing.

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

The practice cannot be faulted in its way it interacts with patients and the PPG. It is always open to new ideas and ways of improving the services it offers its patients.