

Annex D: Standard Reporting Template

Lancashire Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: **Newton Drive Health Centre**

Practice Code: **p81172**

Completed by: **Chris Casey**

Date: **18th March 2015**

Signed on behalf of PPG: **Donna Jackson**

Date: **18th March 2015**

Please confirm that the report has been published on the practice website by 31st March 2015
(provide further information)

YES (If no, please

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 and Email
Number of members of PPG: 6

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	49	51
PRG	33	67

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	20	10	14	13	16	11	9	7
PRG	0	0	0	33	0	33	33	0

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								
PRG	83.33	16.67	0	0	0	0	0	0

%	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice										
PRG	0	0	0	0	0	0	0	0	0	0

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: Advertising has been published across the practice in waiting rooms, on prescriptions and the group plan to hold a PPG awareness day in the practice to promote the group and encourage representation. The group has implemented a Member profile form as well as asking patient to volunteer to be contact re particular issues. This does not require the patient to be a full time member of the group but allows the group to consult patients of a particular demographic of topics which may affect them. We also work closely with the Patient Participation Network Group which has representation from almost every practice in Blackpool. This group shares best practice across surgeries in the area and the patient representative then feed this back to our own group.

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: **we have a large number of jobseekers who we try to reach through our suggestion box/board as we have not yet had any volunteers to join the group. We also have a large number of carers that the practice is actively seeking to identify and we are lucky to have a carer on our PPG.**

2. Review of patient feedback

Outline the sources of feedback that were reviewed during the year: **We have reviewed the suggestions box, the friends and family test and the patient survey that we conducted.**

How frequently were these reviewed with the PRG? **At every meeting, every 6 weeks.**

3. Action plan priority areas and implementation

Priority area 1
Description of priority area: Patient access to telephone lines.
What actions were taken to address the priority? The PPG reported problems with the phone line – it was discovered that the phone lines would cut out with an error message up to a particular capacity, on reaching more than 6 calls in the queue. This has now been rectified with the IT networking team. The phone options are also under consideration. These have been redesigned to be clearer and provide better information to patients. This should help direct queries to the relevant member of staff more efficiently, saving time for both the patient and practice.
Result of actions and impact on patients and carers (including how publicised): Phone access is now much clearer than before. This provides a better service for patients and the work planned for option redevelopment will also increase the effectiveness. The phone lines are a priority as this is the main way that patients communicate with the practice, although work is being done to promote the practice website and online booking. This has been documented and published with the minutes of the patient participation group meetings.

Priority area 2

Description of priority area: Repeat Prescribing – avoiding waste medications

What actions were taken to address the priority?

Encourage staff and patients to check whether 'all' medications are required when ordering repeat medication. There is often a discrepancy between what a patient wants / needs on their repeat medication as to what is deemed to be 'all' repeats by the practice. Informing patients and working with local pharmacies is essential to cut down unwanted medication ordering. There will be a prescription message to this effect. The practice is also encouraged by local pilots of EPS but it is not yet activated in the Blackpool area. The practice's PPG and the Patient Participation Group Network are working with the CCG in order to move this forward. The practice will support the use of EPS when it is activated.

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

This is on-going work into next year so there are no measurable outcomes at present but we will hopefully see a reduction in prescribing budgets, an ease of repeat medication management and less wasted medication as a result of this publicity and introduction EPS.

This will be publicised within the practice, promoted by clinicians and also on the practice website.

Priority area 3

Description of priority area: **Information for patients**

What actions were taken to address the priority?

Following the practice's annual questionnaire it became apparent that patients were not aware of all the relevant services which would be on offer to them from the practice. The PPG felt that providing this information to patients would empower them to make informed decisions relating to treatment and care. It would also aid the flow of services and ensure that patients could access the correct services in a timely manner. Patients should feel confident to ask for help and they will also be encouraged during the registration process. The practice is developing its website – to build on the information that it already contains. However, a large number of patients cannot access the internet from home so we are also developing a practice leaflet / booklet – along with the already existing practice newsletter – to ensure patients have as much information as possible to help them with self-care treatment, prevention or to access clinical assessment.

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

Information will be publicised through the website, newsletter and noticeboards. We will also begin to utilise email correspondence as many patients chose this option as their preferred method of communication.

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):

There are two main areas of continuing development for our PPG. DNA's and access to appointments. Work has continued on these over the last few years and staffing updates are now a standing agenda item for the PPG to keep updated on changes to clinical staff and any impact that may have. The PPG reports that access is better than it has ever been and heavily praises our triage system which ensures patients can speak to a GP, if a routine appointment is not available and their medical matter is urgent. This GP triage runs alongside nurse triage and the group feels this provides good access to clinical care. Access has, over the years, fluctuated with staffing levels due to retirements or staff leaving, we also had issues with locum reliability. So the PPG are now informed of any changes and assess how this may impact patient care.

On top of this, wastage of appointments has also been a regular topic for discussion and audit. Hours of clinical time is wasted each month by patients who do not turn up. We have discovered that we have a relatively low rate of non-attendance to appointments but the group feels that this could still be improved. This has included projects such as warning letters to patients for repeat non-attendance, confirming attendance to particular special clinics (e.g. minor surgery / copd), a text message reminder service, regular audits and a shift in our appointment types and layout.

We will continue to monitor these over the next 12 months but most avenues have now been exhausted but it is important that we maintain a level of understanding of these key issues.

4. PPG Sign Off

Report signed off by PPG: Donna Jackson

Date of sign off: 18th March 2015

How has the practice engaged with the PPG:

The group meets every six weeks and at least one member of practice management attends every meeting. Should an urgent issue arise in-between meetings, group members are happy to be emailed or contacted by phone.

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

When it became apparent that our small group may not fully represent all groups within the practice population, our group attempted to recruit from harder to reach. However as that proved fruitless, the group devised a short profile form for patients to complete should they wish, in order for their expertise and experience to be drawn upon whenever necessary, but without the need to commit to attending regular meetings or being a continuous member of the group. The harder to reach groups were identified as including teenagers, unemployment benefit claimants, black and minority ethnic backgrounds, sensory impaired, carers and others.

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

Yes, when feedback is sought, whether it's on a continual basis by using the Suggestions Box, or occasionally when surveys are circulated among patients, the practice and the group work very hard to ensure that all patients have an equal opportunity to respond, in whichever way is easiest for them, in order to make sure the feedback received is honest and a fair and true reflection of patients' opinion.

Was the PPG involved in the agreement of priority areas and the resulting action plan? Yes, the group agreed that the telephone line issue was of great importance to the majority of patients, as our previous surveys showed that telephone is still most patients' preferred method of communication. Wasted medication was highlighted as a national problem as well as a local one, with government cutbacks affecting us all and the issue of medication safety being associated with this also. And the dissemination of patient

information has been an on-going matter discussed by the group on several occasions when barriers have been identified and attempts (successful and otherwise) have been made. The resulting action plan was discussed by the Practice Manager and the group, ideals were debated, an agreement was reached, which was taken forward and acted upon.

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

Members of the group have reported noticeable improvements in all areas identified, however a broader reflection of this will be obtained when the next patient survey is completed. I am hopeful that any major issues, surrounding these or other matters, would be brought to our group or the management's attention earlier, with the use of the suggestion box and/or the complaints procedure.

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

Having attended the larger PPG Network meetings on behalf of our PPG, and discussed our group's work with others, I am content that members of our small yet proactive group work well together, have an excellent working relationship with practice management (and GP's when their input is required) and produce excellent outcomes for patients. All group members have something individual to offer, however we all bring something to the party and together we work successfully and productively. We are realistic in our expectations, however will challenge anything that isn't completely understandable/accepted, and I feel that without the PPG, the voice of the patient would be much fainter.

Please submit your report to: england.lancsat-medical@nhs.net by 31st March 2015