

# Annex C: Standard Reporting Template

Leicestershire and Lincolnshire Area Team  
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Abbeyview Surgery

Practice Code: C83617

Signed on behalf of practice:

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:	Eight (fluctuated through the year)																																							
<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: 15%;">%</th> <th style="width: 30%;">Male</th> <th style="width: 30%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>3514</td> <td>3672</td> </tr> <tr> <td>PPG</td> <td>5</td> <td>3</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	%	Male	Female	Practice	3514	3672	PPG	5	3				<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%;">&lt;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%;">&gt; 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>1415</td> <td>599</td> <td>679</td> <td>908</td> <td>1177</td> <td>987</td> <td>849</td> <td>572</td> </tr> <tr> <td>PPG</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>3</td> <td>5</td> <td>0</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	1415	599	679	908	1177	987	849	572	PPG	0	0	0	0	0	3	5	0
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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	6804	4		306		38		
PPG	8							

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	6	3	3	13	12			1		
PPG										

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:

Invitation to join the PPG has been widely advertised to all members of the Practice population, including via the local magazine, on posters at local post offices and in the waiting room, on the right hand side of prescriptions for a period of time, in the Practice leaflet, and at Flu clinics by the PPG themselves.

The Practice has also made personal invitation to try and encourage patients that presented at the Surgery from less well represented groups. A young mother and a patient from the ethnic group did indicate their interest initially, but later failed to attend any meetings.

Whilst consideration has been given to age, gender and race as important denominators of the Practice population, we have also considered representation of other types of patient groups to be at least as important when considering patient opinion of the services and access to service of a GP Surgery. Throughout the year, members of our PPG have therefore been able to represent Carers, patients with Diabetes and other chronic illness (frequent users), disabled patients (facilities and access), healthy patients (less frequent service users), working people, out of work/retired people (different access to service requirements). Members of the

PPG have also accessed a wide range of the services provided by the practice (and therefore been able to offer opinion on) such as phlebotomy, treatment room services, chronic illness clinics, vaccinations, health check appointments.

The Practice is actively engaging with the newly established Surestart Centre (young families) and Crowland 55+ Carers/Dementia group with a view to developing further channels for patient feedback from these groups.

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? NO

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

## 2. Review of patient feedback

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

Feedback from **PPG**. As a representative group for the patients of the Surgery, the PPG offers regular proactive and invaluable input into the provision and development of services at the Practice.

Patient feedback **post box in waiting room** is available. This has been for patients to feedback to the Practice but, as feedback is low, the PPG and Practice have decided to try utilising it for feedback direct to the PPG to see if this improves usage. Any feedback received to be discussed at regular PPG/Practice meetings.

**Friends and Family Test** feedback has shown overwhelming satisfaction with the Practice with 99% of patients indicating they would recommend the Practice to Friends or Family.

Feedback from **Dementia patients**. The Practice and PPG have received a number of positive comments from patients and carers who attended the Dementia Forum jointly organised by the PPG and Practice..

Feedback from **Crowland 55+ Group (local Dementia/Carer support group)**. The group facilitator has attended meetings with the PPG and Practice on several occasions, inputting ideas for the Dementia Forum and thereafter providing ever more positive feedback from her group. The Practice now has a Carer/Dementia lead for the nursing team who now attends the 55+ Group monthly meeting, allowing members to easily speak to her and provide feedback directly, which is then relayed to the Practice team as appropriate.

**Leg Ulcer** patients and Patients attending the **Warfarin Clinics** were invited to complete surveys during the year. Both surveys revealed patients are extremely happy with the services provided at the Practice with no areas of concern identified.

**GP Patient Survey** feedback was very positive with the Practice being recorded as showing the most improvement in almost all areas covered by the Survey. The issues with Access highlighted by the the last patient survey (under the 2013/14 PPG DES) are shown to be a particularly successfully resolved following instigation of the changes agreed with the PPG.

Patient access to the PPG/Practice continues to improved with the development of a **dedicated email** address to enable patients to email the PPG directly with any suggestions for improvements etc. Additionally the Practice and PPG are developing a **PPG Notice Board** and **dedicated page on the Practice web site** to enable the PPG to communicate with patients of the Practice openly and directly.

The Practice has engaged with the new **Surestart Centre** in Crowland which serves patients of the Practice with young families, with the aim of developing a positive relationship enabling a further channel of communication from which the Practice might receive open feedback. The members of the Surestart team have met with the Practice team and return visits are planned.

#### How frequently were these reviewed with the PRG?

The Senior Partner and Business Manager have an open door policy for members of the PPG who are welcome to phone, email or meet face to face as needed throughout the year. Additionally, the Practice meets with the PPG every few weeks, frequency being dictated by the projects in hand at any point in time. Feedback from any source, together with feedback from the PPG members themselves is discussed at every contact.

### 3. Action plan priority areas and implementation

## Priority area 1

### Description of priority area:

#### **Online appointment booking/repeat prescription services awareness.**

The Practice and PPG agreed that the potential benefits associated with greater use of the above services were self-evident. Patients would have access to the appointment system and be able to order repeat prescriptions at any time, including when the Practice was closed, and from any location with internet access (including via mobile phone app) offering greater and more convenient access to all members of the patients population, including working people and patients who may have difficulty getting to the Surgery.

It was decided that the provision of the online facilities available at the Practice should be further advertised and use of the services actively encouraged.

### What actions were taken to address the priority?

The Practice promoted the online facilities via the local Crowland magazine and posters, as a message on the right hand side of prescriptions, on the Practice web site and by encouraging patients at appropriate face to face encounters.

Members of the PPG attended the Practice Flu Clinics and Saturday NHS Health Clinics (which the Practice facilitated to enable working patients to attend for a health check) where the online services were promoted and discussed with patients.

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

Increased use of online system to order repeat prescriptions and make appointments has reduced the volume of calls made to the Reception team, indirectly also improving access to services to patients who prefer to contact the Practice by telephone.

Patients utilising the online system have access to appointments and ordering prescriptions 24 hours a day, including weekends,

directly improving access.

Results publicised on news posters within the Surgery and on Practice web site.

(Nb: According to latest GP Patient Survey of South Lincolnshire Practices, 35% of our patients use the online facilities, now making us third highest usage of the 15 Practices, with two Practices at 36% just above.)

## Priority area 2

### Description of priority area:

#### **Practice Champions (developing effective working relationships with local support groups/agencies)**

It was agreed that implementation of actions relating to this Subject Category are key in the provision of enhanced services to the patient community. All agreed that this is an area in which the PPG and Practice could, through working together, demonstrate effective cooperation and improved service value.

### What actions were taken to address the priority?

The initial area identified for development was Dementia patients and their Carers.

Dr Banerjee was identified as Lead GP for Dementia. This role was advertised to patients to enable and encourage continuity of care.

Tracy Swain was identified as Lead Nurse/HCA for Dementia and Carers, her role being to offer patients a named point of contact for any concerns they may wish to discuss, together with continuity of care. Tracy's role was also developed so that she is the primary professional for health checks for Carers of vulnerable groups, together with supporting the GP's in providing health checks for vulnerable patients.

The Practice and PPG engaged with Clive Yates of Lincolnshire Carers and Young Carers Partnership. The PPG members and then the FULL Practice team underwent Dementia Awareness training and the Practice is now officially a 'Dementia Friendly'

Practice.

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

Dementia Event attended by representatives/speakers from Crowland 55+ Group, Lincolnshire Carers & Young Carers Partnership, Abbeyview PPG and Practice Dementia Leads.

Nurse/HCA Lead now attends monthly meetings of local Dementia group to provide ongoing support and visual Practice presence to offer any support.

The Practice and PPG plan to continue to identify and develop further areas for improvement of services available both by the Practice and by working more closely with local services.

Priority area 3

Description of priority area:

**Preventive Awareness**

The PPG and Practice agreed that a key factor in the provision of an effective Health Service, particularly given limited resources, is the delivery of a focussed and appropriately supported Preventive Awareness programme. It was further agreed that the effective implementation of Practice Champion actions would logically enable a professional and appropriate Prevention Awareness programme to be implemented.

It was agreed Preventive Awareness should be a target area for this year and ongoing thereafter. Areas initially identified as priority were Diabetes care, stroke prevention, the importance of vaccination, and supporting/signposting support service to Carers.

What actions were taken to address the priority?

VACCINATION

All patients attending for influenza vaccination were offered a pulse check – being a simple and effective early indication of being at risk of a stroke. This offer was promoted by the PPG and offered and administered by the Practice clinical team. PPG attended flu clinics to promote the protection offered by being vaccinated for Pneumonia, Shingles.

DIABETES

The PPG and Practice are in the process of organising a Diabetes Forum to be held on the 8<sup>th</sup> May 2015.

STROKE PREVENTION

An irregular pulse is an early warning sign of a patient likely to suffer a stroke. Pulse checks were offered throughout the flu vaccination clinics with high uptake.

SUPPORT SERVICES TO CARERS

There are a large number of support agencies available offering support to Carers. The Practice and PPG worked together to seek out ways patients could be better signposted to the appropriate agencies. Identification of a Carer Lead and maintenance of a Carer notice board within the Practice was agreed.

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

VACCINATION

Uptake of Pneumonia and Shingles vaccination is high at the Practice.

DIABETES

A Diabetes Forum is scheduled for the 8 May 2015. Speakers include Consultant and Specialist Doctors and Nurses in Diabetes Care who will be offering advice on topics including healthy eating (particularly for patients at risk of developing Diabetes or diet only controlled), best injection techniques, importance of monitoring for early identification of any developing associated problem, etc. and there will be an opportunity for patients to ask questions. The event will be open to any registered patient/carer with Diabetes or at high risk of developing Diabetes. GP's and nursing staff from the Practice will also be in attendance.



### STROKE PREVENTION

Pulse checks – identified several patients with an irregular pulse/atrial fibrillation that were not previously diagnosed. These patients now have a reduced likelihood of suffering a stroke and associated complications in the future since preventative medication and/or monitoring has been offered/implemented.

### SUPPORT SERVICES TO CARERS

Identification of Carer Lead within the Senior Reception team to undergo training around knowledge of local support groups to enable her to signpost patients, if approached, to possible sources of advice and support.

We have submitted a Carers Charter Application (pilot site) and are awaiting confirmation that we are one of the first 'Carer Champion' Practices in Lincolnshire.

## 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):

### **Difficult to get through on the telephone between 8am and 9am**

We have altered the appointments system to allow a number of slots to be released at 1pm each afternoon for following day, reducing the number of patients being asked to phone back at 8am and have additionally ensured additional Reception staff are available at this time.

### **Difficult to get through on the telephone between 9am and 10am:**

This was due to patients being held in the queue for the phone in. Patient feedback revealed a trial of the service as a phone OUT to be extremely successful. The new system has been permanently instigated and has additionally enabled a new service. Patients are now able to prebook a telephone consultation with a named GP and/or a day of their preference.

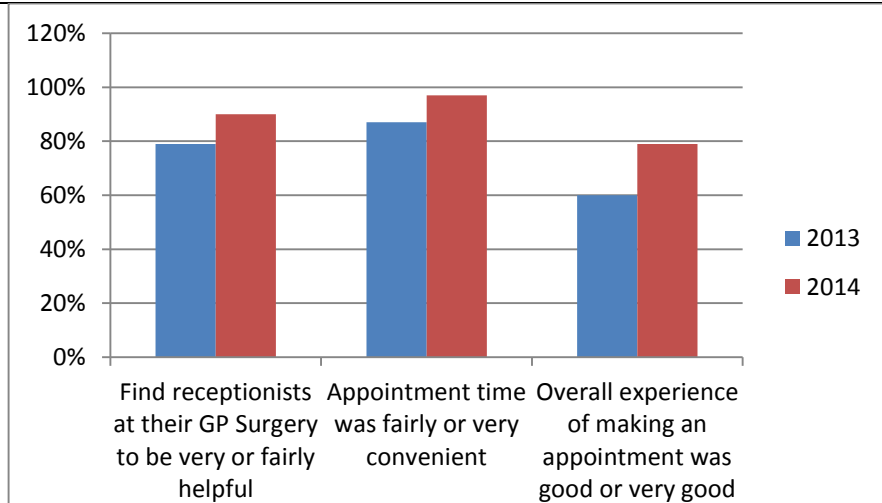
We now have a process so that staff keep patients informed when and why we are running behind during a particular clinic, eg when we have had to deal with an emergency.

### **Poor access to front of house Receptionist - hatch opening to small.**

Unfortunately the Surgery does not own the building - we are tenants and there are restrictions on what we are allowed to do to the building. We are aware the reception layout is less than ideal and have been negotiating with our Landlord some months for agreement to alterations. We will continue to fight for an improved Reception area.

### **Variable view of Reception service - many patients found it to be exceptionally good, others identified areas for improvement.**

Changes to working methods, assessment of staffing levels and improvements to the appointments service have contributed to a much improved perception of the reception service. This is clearly evidenced by the recent GP Patients Survey :



### **Building needs repair and redecorating**

Since the Practice does not own the building, we are not able to alter the décor without the consent of the Landlord. We have been negotiating for attention to the state of repair of the building for many months and we will continue to do so until improvements have been made. In the meantime, the Practice has been investing in new seating, new couches for consulting rooms, new curtains around consulting couches, new flooring in clinical rooms, new storage for medical supplies and improvements to medical equipment and services.

#### 4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 24 March 2015

Has the report been published on the practice website? YES

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?

The mutually on-going support between the Practice and the PPG has been fundamental in enabling the PPG to develop into a value add function focussed on enhancement of the service, provided by the Practice, to the patient community. This support and inter function respect has, throughout 2014, resulted in a number of actions and enhancements including:

- Enhanced appointment management and availability in direct response to issues raised in the Patient Survey 2014 and subsequent Action Plan;

- An improved understanding, throughout the PPG and Practice, of the needs of memory impaired patients and their carers as a result of appropriate professional awareness programmes. As a result of this improved understanding the PPG and Practice managed a Memory Impairment event for patients and carers at which appropriate support organisations were invited to present;

- Agreement between the PPG and Practice regarding joint focussed activities for 2015. These include:

  - The undertaking of events during the year aimed at various subjects e.g. Diabetes, Healthy Eating and Impact of the new Care Act on carers

  - Focussed surveys, managed and conducted by the PPG, to determine the effectiveness of the end to end service being provided to patients. These will include Mother and Baby group and local Pharmacy service levels.

  - (P Stimpson, Chairman for and on behalf of Abbeyview PPG)

Please return this completed report template to the generic email box – [england.leiclincsmedical@nhs.net](mailto:england.leiclincsmedical@nhs.net) no later than 31<sup>st</sup> March 2015. No payments will be made to a practice under the terms of this ES if the report is not submitted by 31<sup>st</sup> March 2015.