

Patient Participation Enhanced Service 2014/15 Annex D: Standard Reporting Template

London Region North Central & East Area Team

Complete and return to: england.lon-ne-claims@nhs.net no later than 31 March 2015

Practice Name: Alexandra Surgery

Practice Code: F85675

Signed on behalf of practice:



Patricia Creed


Date: 30/03/2015

Signed on behalf of PPG:



SF

CF



Date: 29/03/2015

YS

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

Does the Practice have a PPG? YES
Method(s) of engagement with PPG: Face to face, Email, Other (please specify) <ul style="list-style-type: none">• Face-to-face group meetings [for details refer to our PPG webpage]• Email personal discussion• Open forum via social media
Number of members of PPG: 18

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Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	50.1%	49.9%
PRG	44.4%	55.6%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	19.3%	8.6%	17.8%	19.1%	15.9%	8.7%	5.7%	4.9%
PRG	0%	0%	5.6%	5.6%	5.6%	27.8%	33.3%	22.2%

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	1021	144	7	994	30	23	497	66
PRG	8	1	0	3	1	0	1	0

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	203	38	107	7	644	274	49	19	10	113
PRG	2	0	0	1	1	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:

- The practice continuously seeks new members by open invitation on the notice board, website and word of mouth
- From time to time the practice also extends targeted invitation to key individuals who may represent particular groups with specific needs –for example elderly residents in nursing homes [see below]
- During this year the practice initiated meetings for ethnic sub-groups to engage their interest in a role to shape our services; we discovered, and corrected, the misapprehension held by many patients that the PPG was a political movement!

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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/NO

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

- In the course of this year (2014-15) the practice has taken over responsibility of care for a significant number of residents in a local nursing home.
- One of our doctors visits the home weekly and, besides performing clinical duties, receives feedback from patients and staff
- We plan to approach the manager to formalise the nomination of a representative on our PPG

2. Review of patient feedback

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

- Online comments
- Informal complaints (which had been reconciled without external arbitration)
- 360 degree feedback to Dr Siva
- Friends and Family test results

How frequently were these reviewed with the PRG?

- At least annually as a group
- Ad hoc by electronic communication

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3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area: <u>Customer service</u> – Reception Staff Communication Skills</p> <p>The practice had been concerned about informal complaints from patients about their conversations with reception staff. It was felt that some (though not all) of the staff can be abrupt. Members of the PPG proposed that communication skills of our reception staff should be assessed. It was thought that this could be a cultural problem; loudness was a main issue for them. They added that they understood this could be difficult to remedy, but gave suggestions: e.g. role play, a separate room to discuss sensitive problems.</p>
<p>What actions <u>were</u> taken to address the priority? Training Reception Staff</p> <p>We reflected this immediately to all the staff at reception, and have arranged in-house training on customer services with role play. It was also explained to staff that they should talk to people in the way they themselves wish to be spoken to. It was made quite clear that if any sensitive information is to be discussed with a patient, they should suggest to the patient to go into the side office designated for this purpose.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>The outcome of the training was positive lessons were learnt. The staff felt that role play was a useful way of addressing their culture of speaking to people. All agreed that if a patient starts to mention sensitive issues, to advise them these need to be discussed privately.</p> <p>This is documented in the PPG proceedings and published in the relevant sections of our website and notice board.</p>

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Priority area 2

Description of priority area: **Access** – Ethnicity and Equality of Access Across Language Barrier

The practice administrative team had reviewed comments on our user friendliness. Some patients who mainly rely on their native languages felt that they had difficulty in understanding information and paperwork in English. To some extent the translation facility on our website has helped them access information, but this does not translate leaflets and paper forms.

What actions were taken to address the priority?

We have begun to translate key leaflets into various languages that reflect the profile of our current patient population, beginning with a re-designed practice leaflet. These will be made available on the website or from reception at the patient's request. At this stage we are not in a position to amend official forms (such as the GMS-1 form to register as an NHS patient), however staff will endeavour to provide assistance if necessary.

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

Early feedback from a number of individual patients was that they welcomed the initiative and felt their needs were respected. The impact on the wellbeing of the wider population will be assessed from comments or surveys in the course of time. The availability of leaflets in other languages is to be publicised on our website and notice board.

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Priority area 3

Description of priority area: **Clinical efficacy** – Patients' Assimilation and Retention of Information from Doctors

Dr Siva had received mixed feedback from patients about their experience at the surgery. Whilst they felt satisfied with the care provided, some of them raised the issue that after a consultation with the GP, they often do not remember clearly everything that had been explained to them.

They pointed out that following a hospital out-patient appointment, they usually receive a copy of the letter to the GP. However they do not have any written summary from a GP consultation.

What actions were taken to address the priority?

This was acknowledged to be a problem highlighted in medical journals [*Kessels, R. J R Soc Med. 2003 May; 96(5): 219–222*]

The doctors and administrative staff explored the possibilities based on resources available to us, and introduced a pilot to locate leaflets on our IT system which GPs could print out for patients to take home.

We also provided links on our website to some of these leaflets.

Additionally, we planned to periodically run extra patient meetings on clinical subjects, such as: Healthy Diet, Diabetes, Keeping Well in Winter, Travel Advice.

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

Many patients have given a positive response that they appreciate the opportunity to revisit the medical advice and to share it with their families.

Some mentioned that this has saved them from returning to the GP or turning to other health professionals for the same problem.

We advertised these leaflets on our website.

A first meeting on health information was held on 21 March 2015, with a good turnout and enthusiastic discussion [for details refer to our PPG webpage]

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Progress on previous years

Is this the first year your practice has participated in this scheme?

NO

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

1. Access – Equality
Following concerns over unmet needs of ethnic sectors, we have begun to broaden our PPG membership and piloted Ethnic Sub-group meetings
2. Access – Quality of Doctor-Patient Encounter
Prompted by remarks from PPG members at last year's meeting, to improve the care perceived by patients we introduced 15-minute appointments with clinicians
3. Access – Availability
In response to previous discussion on ease of access to a GP for advice, we now increased the bookings for telephone consultations. For some long term conditions (such as Diabetes) all the GPs have conferred and agreed on a common approach to resolving issues
4. Access – Secondary Care
After considering the frustration voiced by PPG members about hospital out-patient enquiries, we employed a dedicated Referrals Officer ("Navigator") to deal with referrals and liaise with hospitals on behalf of our patients. This has freed up clinicians enabling them to spend more time with patients. This also gives the patient a named person to contact if they have any queries, rather than leaving messages at reception to be allocated to any available staff.
5. Access – Online Services
As agreed during last year's PPG meeting, electronic prescribing and online appointment booking is now available.

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4. PPG Sign Off

Report signed off by PPG:

YES

Date of sign off: 23/03/2015

How has the practice engaged with the PPG:
Face-to-face and Online [see page 1]

How has the practice made efforts to engage with seldom heard groups in the practice population?
Yes [see pages 2-3]

Has the practice received patient and carer feedback from a variety of sources?
Yes [see pages 4-6]

Was the PPG involved in the agreement of priority areas and the resulting action plan?
Yes [see pages 4-6]

How has the service offered to patients and carers improved as a result of the implementation of the action plan?
Yes [see pages 4-6]

Do you have any other comments about the PPG or practice in relation to this area of work?
Development of and engagement with a PPG has focused the practice team to reflect on the issues that matter most to patients. In an era of widening patient choice (including registration with GP out of area) this will help us to ensure that we continue to have a place in the community. We are working towards raising awareness of the PPG and improving representation.

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