

# Annex D: Standard Reporting Template

London Region [North Central & East/North West/South London] Area Team  
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: **Island Medical Centre**

Practice Code: **F84647**

Signed on behalf of practice: Sheila Dod

Date: 25.3.2015

Signed on behalf of PPG: PPG Chair



Date: 25.3.2015

## 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) **The PPG engaged with the practice on a face to face basis in meetings held at the Practice on the following dates: 11.08.2014 / 12.12.2014 / 9.2.2015 / 2.3.2015.**

Number of members of PPG: **52**

Detail the gender mix of practice population and PPG:

%	Male	Female		
			Practice	<b>3067    2671</b>
			PRG	<b>20       32</b>

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75		
									Practice	<b>902    697    2157    1017    476    257    133    99</b>
									PRG	<b>0       2       6       5       8       8       12    11</b>

Detail the ethnic background of your practice population and PRG:

British Irish	Gypsy or Irish traveller	Other white	White & black	Mixed/ multiple ethnic groups	White & black	African	White & Asian	Other mixed			
<b>Practice</b>			<b>447</b>	<b>7</b>	<b>0</b>		<b>1078</b>	<b>32</b>	<b>7</b>	<b>12</b>	<b>244</b>
<b>PRG</b>			<b>17</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

  

Indian	Pakistani	Bangladeshi	Chinese	Asian/Asian British	Black/African/Caribbean/Black British	Other				
Asian	African	Caribbean	Other	Black	Arab	Any other				
<b>Practice</b>	<b>327</b>	<b>65</b>	<b>890</b>	<b>334</b>	<b>124</b>	<b>143</b>	<b>41</b>	<b>62</b>	<b>24</b>	<b>0</b>
<b>PRG</b>	<b>2</b>	<b>0</b>	<b>12</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	

**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 has a very active PPG . To ensure that patients are representative from our practice population the practice uses the following methods to engage and communicate with patients:-

Methods used to Invite patients to join the PPG 1) face to face 2) via email 3) by letter 4) via the LED board 5) By posters 6) by text messages 7) By the practice website 8) joiner forms attached to registration applications and left at reception for patients to sign up with.

Our Bengali population is a hard to reach group. In addition to the above methods of engagement we also sent out further invitations by text messages to all the Bengali population with a mobile number on record. The practice also targeted this group by means of a letter to be given out by reception to this population that attended the practice. The PPG facilitator booked an appointment at the Local Advice Centre where patients of the Island Medical Centre met to attend English classes. Patients were explained the purpose of the PPG meetings. They were also encouraged to share their views and experiences with the practice and as a result of this direct engagement they were able to attend the PPG meeting and fed back to their community group. Therefore this was successful in representing some of this population.

Patients within the category of 25-34 years of age are another hard to engage group. The practice specifically targeted this group again by sending out text message invitations as well as another letter encouraging engagement handed out by receptionists and by the PPG facilitator. Some of these patients have asked to be notified of PPG meetings by email only, and this is done through the practice email account. They are also offered the opportunity of receiving feedback.

The practice nominated staff to individually target vulnerable patient from seldom heard groups in our case it was those patients with mental health conditions. Prior to the PPG meetings held at the practice some of these patients confirmed that they would like to attend. However this measure proved to be unsuccessful in securing their attendance at the meetings. However their views, concerns, ideas and suggestions for improvements were listened to when shared. As a direct concern shared via this method of engagement the practice implemented a change to the way this groups vulnerability is recorded. The practice will continue efforts to engage with this group.

Patients from the Chinese speaking population for whom English is not their first language is another group that is underrepresented. Therefore the PPG facilitator spoke to the Local Advice Centre to find out how the practice can encourage participation of this group. They spoke of a group that studied English from this background however none of the attendees were patients from our practice. Therefore the PPG facilitator provided a letter for reception to target this group at every interaction .The letter encouraged patients from this group to become involved in the decisions about the range, shape and quality of services that are provided at the practice. Joiner forms were given out and patients from this group were contacted by the method of contact they chose i.e;- email, letter, or by telephone.

**Are there any specific characteristics of your practice population which means that other groups should be included in the PPG?**

**YES – Carers/**

In order to identify and engage with carers the practice ran a search to identify them. Every carer was telephoned and informed about the PPG. They indicated how they would like feedback from the practice. The practice also targeted carers face to face at reception with the intention of promoting them as Patient Champions. One particular patient agreed to chair a carers meeting and support with administrative duties in order to establish the group. More recently 21 carers took part in a survey in order to ascertain how the practice can actively support them and better understand their needs. The survey data will be analysed and feedback to the PPG and wider practice population in May 2015.

**YES - Patients with reduced mobility**

Also patients with reduced mobility continue to be offered the opportunity of participating in PPG decision making by telephone. In this contact the PPG facilitator offered them the opportunity to raise concerns, ideas and any suggestions for improvement. This group are sent feedback on PPG outcomes. This continues to be a successful way of communicating with this seldom heard group.

2.Review of patient feedback

Outline the sources of feedback that were reviewed during the year on these dates:

Ipsos Mori GP Patient Survey – **yearly**

NHS choices complaints –**twice yearly**

Written complaints- **twice yearly**

Suggestions from patients- **Every meeting**

Practice Survey on population awareness of late evening clinics **yearly**

Local support groups in the community **twice yearly**

Hurley survey feedback **-yearly**

All the above sources of feedback were looked at to identify common themes and agree areas of priority to be actioned.

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

It was agreed with the PPG at the 11<sup>th</sup> August 2014 meeting all sources of feedback should be reviewed at as per interval above.

### 3.Action plan priority areas and implementation

#### Priority area 1

Description of priority area:

**The continuity of care to be improved by employing more regular doctors rather than using as many locums.**

What actions were taken to address the priority?

Priority Area	Actions	Who does this?	Deadline
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- A) At the first PPG meeting held on 11.08.2014. Feedback from the GP Patient Survey (IPSOS Mori) July 2014 revealed that only 61 % of patients with a preferred GP were usually able to see or speak to that GP. The group also reviewed and discussed feedback from patient complaints, NHS Choices, Hurley surveys and patient feedback via the PPG. The emergent theme centred on the volume of locums being used by the practice and its impact on the continuity of care offered. Therefore the PPG directed the practice to secure a third regular permanent doctor as soon as possible.
- B) The PPG also considered common themes that emerged from complaints received through NHS choices and from written complaints to the practice. Feedback revealed that patients were dissatisfied with locum doctor consultations because they often lacked key knowledge of local services and referral pathways. As a consequence, this had a direct impact on the continuity of care provided by the practice as patients often needed to return for a further consultation with a regular doctor. The PPG requested the practice to create a more comprehensive locum pack which included extensive knowledge on local services and pathways for locum use.
- C) The PPG also wanted the practice to report negative feedback/complaints regarding locums to HMB.
- D) On occasions where the practice needed to use locums, patients and the PPG wanted the practice to secure longer term locum.
- Practice to follow up and obtain an update from HR on the progress of recruitment of regular GP. This action was already advertised as a follow up action from the last PPG meeting March 2014.
  - The group were unsuccessful in securing a regular GP for the practice in this recruitment round.
  - Dr Shah introduced a friend who is a GP and was looking for work. The new doctor agreed to trial working for the practice on a three months fixed term contract in order for doctor to assess if it was feasible to continue on a more permanent basis due to the travelling distance.
  - At the end of the fixed term period the practice were able to agree a mutually convenient working arrangement. The doctor accepted

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

- *Patients and carers have fed back via the PPG at the meeting held on 09.02.2015, that they had seen improvements in the continuity of care, ease of access to a regular doctor of their choice and a reduction in the waiting time to see a regular doctor. The PPG also reported that this has enabled patients and carers to build an ongoing relationship with another regular doctor at the practice.*
- *The successful recruitment of a third GP was publicised on the practice website, Led board, “you said” “we did” poster, practice newsletter and displayed on the PPG patient information board at the practice.*
- *Creating a comprehensive user friendly locum pack has benefited the locum doctor because they now have a better understanding of local services and clear referral pathways. This in has turn resulted in patients and carers having a more positive patient experience during their consultations as reported by the PPG and by patients themselves following their consultations with locum doctors.*
- *The PPG reported to the meeting on 9.2.2014 that they were more than satisfied with the practices complaints handling process particularly so with reference to complaints concerning locum doctors.*
- *Patients and the PPG have reported that the use of longer term locums has also made another improvement in the continuity of care offered by the practice as patients are being seen by familiar doctors all be it they are still locums.*



Priority area 2

Description of priority area:

**To update service change messages, renew efforts to communicate these changes and where possible to establish new channels of communication.**

What actions were taken to address the priority?

Priority Area	Actions	Who does this?	Deadline
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- A) At the first PPG meeting held on 11.08.2014. The GP Patient Survey ( IPSOS Mori) July 2014 revealed that 64% of patients wanted the practice to be open after 6.30 pm. The practice already provides extended hour sessions beyond 6:30 and has done so for the past 7 years. This service is advertised on the Practice website, posters, leaflets and the LED board. Despite the practice using the above methods of communication there still appeared to be a lack of awareness the practice offered extended hours evening sessions twice a week. Having reviewed and discussed this feedback the group instructed the practice to carry out a wider survey to ascertain patient's awareness of the evening sessions offered.

The Practice survey findings were discussed on 12.12.2014 and the PPG requested the practice to intensify their efforts to further advertise these sessions at:

1 the point of registration

2 by designing a poster to specifically promote just these sessions.

- B) The practice changed its opening times from 9am to 8am from 11th August 2014. To promote this service change the practice sent text message alerts to all of the practice population who had mobile numbers. This communication was only received by those PPG members who had mobile numbers. Therefore after discussion, the PPG requested that the practice use all possible methods of communication to inform the wider practice population.
- C) The practice also started opening on Saturdays mornings from 10<sup>th</sup> January 2015. The PPG asked the practice to advertise this change to the wider practice population by all methods possible
- D) The PPG specifically wanted this to be advertised via a practice Newsletter.
- E) The PPG asked the practice to change the board outside the building to reflect the new opening times.

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

- *Promoting and advertising services through various communication channels has broadened the practices ability to communicate service changes effectively to a wider spectrum of patients. At the end of year meeting patients fed back via the PPG who commended the practice for intensifying its efforts to promote new service changes. The PPG reported thus far that this has had a positive effect on patients and carers as they are able to gain access to services with more ease. The practice will continue to promote service changes via all communication methods available.*

### Priority area 3

Description of priority area:

**To provide early morning appointments with the HCA and offer additional nursing services.**

What actions were taken to address the priority?

<b>Priority Area</b>	<b>Actions</b>	<b>Who does this?</b>	<b>Deadline</b>
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HCA

Patients via the PPG and in comments and suggestions made to the practice as discussed at the 11.08.2014 meeting requested early morning appointment access to be made available with a Health Care Assistant. They requested for the clinics to start from 8 am.

Nursing

The PPG asked the practice to provide Nursing capacity throughout the week rather than at the beginning of the week. In addition to the above patients the PPG asked for an increase in nursing provision as it had been become an on-going suggestion that patients had to wait longer than expected to see the practice nurse.

The practice nurse resigned in January 2015 due to unforeseen circumstances. Therefore this has become an ongoing priority area that the PPG want the practice to resolve.

Practice manager to negotiate early morning clinic starts with the HCA.

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

- *Providing early morning appointments with the HCA has improved access for those who work full time and have difficulty attending due to working hours and other commitments. The PPG were satisfied that the practice was committed to working towards meeting this need. Having audited the appointment system, the practice was able to feed back to the PPG the popularity of these appointments as well as the positive feedback received from patients when offered this service. From September - December this service provision was trialled for three months but the HCA was unable to commit any further time due to her nursing vocational commitments. The practice continued to provide this service by employing another Health Care Assistant to post starting 29.01.2015.*
- *Originally nursing capacity was only available from Monday- Wednesday which impacted on patients and carers who needed nursing services towards the end of the week. Therefore by spreading nursing provision over three days throughout the week adequately met the patients and carers needs. As a result of patient feedback via the PPG the practice was asked to look at increasing this capacity from 3 to 4 days week thereby providing a significantly increased number of extra appointments. This reduced the waiting times to see the Practice Nurse. Following the resignation of the nurse in January 2015, the practice decided to reevaluate the nursing skill mix needed to meet the needs of the population. Therefore an interim decision has been taken to employ highly skilled Advanced Nurse Practitioners to provide nursing services to meet the needs of patients with long term health conditions as well general nursing needs. As this is a relatively new service provided by the practice. The practice will need to further assess and evaluate this service in order to ensure it is meeting the needs of our patients and carers.*

The practice has publicised this information via the practice website and the Led board.

## 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):

### **Priority Area**

What action has been taken? Who is responsible for this? What action still needs to be taken? **Deadline**

#### **Continuity of care**

This issue was carried over from the previous two years findings of concerns raised by the PPG. Doctors who were appointed as regulars in 2012/2013 were not able to stay in the post. In 2014 the practice again found themselves in the same position of having to recruit a third permanent GP.

#### **Nurse Availability**

In 2013, the PPG asked for more nursing provision to be spread over a whole week and not just at the beginning of the week. They later requested for this to be extended over 4 days.

The practice was only able to offer a three session post previously due to practice size. However since then the practice has grown and a

#### 4.PPG Sign Off

Report signed off by PPG: YES/NO      YES

Date of sign off: 25th March 2015



How has the practice engaged with the PPG:

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

YES

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?

Yes

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

No



11.08.2014  
minutes.docx



12.12.2014  
minutes.doc



PPG minutes  
9.2.15.doc



PPG mis 2.3.2015  
-.docx



YOU said WE did  
poster.pptx