

Annex D: Standard Reporting Template PPG

London Region North Central & East Area Team
 2016/17 Patient Participation Enhanced Service – Reporting Template

Practice Name: Island Medical Centre

Practice Code: F84647

Signed on behalf of practice: 

Signed on behalf of PPG: 

Date: 22.03.2017

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

Does the Practice have a PPG? **YES** / NO

Method of engagement with PPG: **Face to face, Email, Telephone. Joiner forms at reception, Posters, Advertisements, By referral from GP**

Number of members of PPG: **50**

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	3709	3360
PRG	21	29

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	1110	706	2746	1368	580	288	164	107
PRG	0	0	9	6	8	6	8	13

Detail the ethnic background of your practice population and PRG:

		Gypsy or Irish traveller		Other white		White Mixed/ multiple ethnic groups				
						White &black	Caribbean	White &black African	White &Asian	Other mixed
Practice		483	9	0	1516	29	20	34	0	
PRG	17	1	0	3	0	0	0	0		

		Indian Pakistani		Bangladeshi		Asian/Asian British		Black/African/Caribbean/Black British		Other	
		Asian	African Caribbean	Other	Black	Arab	Chinese	Other			
Practice		445	67	1071	494	236	22	50	64	22	301
PRG		2	0	11	2	2	0	0	5		

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:

We have a proactive PPG. We strive to ensure that our practice population is well represented from different ethnic groups and backgrounds. The various methods have been used to engage patients to join the PPG such as face to face contact, email, joiner forms at reception, posters, advertisements, by referral from reception & GP's. The PPG committee members also agreed to promote the meetings to other patients registered at the practice.

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:

The PPG facilitator sent out letters to include vulnerable patients with mental health conditions to encourage involvement to attend PPG meetings. The practice continues to encourage this group to attend through face to face contact and yearly invitations. Patients from Bengali and Chinese speaking backgrounds was another group that was under-represented at the PPG meetings. In order to engage patients from these groups to participate, they were targeted at reception and by letter. The Lead receptionist handed out letters to those patients to explain how the practice was interested in hearing their views and perspective on our service provisions. This was successful as many attended and showed interest in the meetings.

PPG meetings were held on different days and times to accommodate patients from diverse social and economic backgrounds.

2.Review of patient feedback

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

Ipsos Mori survey - Annually 27/05/2016

FFT Surveys -Bi annually 21/10/2016 / 28/02/2017

Written Complaints / Negative feedback - as per when - 28/02/2017

Practice Newsletter- 27/05/2016 / 21/10/2016 / 28/02/2017

Local support groups - as per when 21/10/2016

Suggestions from patients - Every meeting

How frequently were these reviewed with the PRG?

The above sources were discussed with the PPG on the above dates.

Action plan priority areas and implementation

Priority area 1

Description of priority area:

Continuity of care/ recruitment of regular doctors

What actions were taken to address the priority?

<i>Priority Area</i>	<i>Actions</i>	<i>Who does this?</i>	<i>Deadline</i>
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The first PPG meeting for 16/17 was held on 27.05.2016. Three priority areas were agreed. Themes for discussion were carried over from the previous years findings. One priority that was unresolved from the previous year was that of recruitment for a permanent GP. As the practice population size had grown considerably the need for more doctors has become pressing.

Dr Shah who was the Lead GP then became the Medical Director for the Hurley Group early in 2016, consequently having to reduce her clinical sessions from 3 to 2. The PPG were pleased that Dr Shah would not be leaving the practice entirely and that the practice would retain her as a regular GP.

Dr Samarasinghe became a joint Lead GP with Dr Win in April 2016. However in November 2016, Dr Samarasinghe left her position at the practice which reduced the number of sessions available with a regular doctor by six .

Dr Win became the Lead GP in November 2016. The PPG were happy that Dr Win agreed to take on the position of Lead GP due to the fact he is well known and established at the practice. The PPG were pleased that there would be little disruption to continuity of care

The position of regular GP had been advertised in 15/16 and the Hurley Group continues to advertise this internally and externally.

After receiving positive feedback regarding locum doctors, the practice would inform locums that there were a number of advertised vacancies for salaried positions should they be interested.

Dr Shah attended the PPG meeting on 16.02.2016 to explain the reduction in her sessions and this was a career progression.

During this time the PPG were updated of these changes via a graph of Sessional doctors who regularly attend the practice. Changes were advertised via the staff board in the reception area.

The regular sessional doctors were photographed and added to the staff board. This was well received by the PPG and wider practice population

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

Patients and carers fed back via the PPG in the meeting on 21.10.2016 that they were pleased with the sessional doctors who had chosen to attend on a regular basis. They agreed that this greatly contributed to the continuity of care being offered at the practice. When a sessional doctor decides to regularly take up sessions at the practice the PPG facilitator arranges for the doctor to briefly attend the PPG meetings thus making a formal introduction to the PPG. Often patients are reluctant to see a new doctor, however by introducing them via the PPG meeting this is a great way to break the ice and also increases their confidence in the doctor and his role & speciality. They are then photographed and added to the staff board. This has been well received by patients and carers as they are able to identify with the doctor that they last saw and this maintains continuity. The staff board was previously requested by the PPG and is an excellent way to publicise the regular sessional doctors. Patients have commented on the usefulness of the staff board for communicating changes of clinical staff via this method.

Priority area 2

Description of priority area:

Internal Electronic Communication Systems

What actions were taken to address the priority?

Priority Area Actions Who does this? Deadline

The PPG noted the electronic display board was not working at the practice.

The PPG requested the practice to fix the LED board which broke in August 2015. They argued that this was a fundamental piece of equipment which communicated changes, updates while also acting as a calling system between the patients and clinicians in the building. Due to the non- functioning of the LED board there have been significant events. The PPG requested that the Hurley Director attend the next group meeting to explain why there is no funding for this piece of equipment.

The practice Manager looked into fixing the equipment but it was uneconomical to do so due to its age. A replacement was also explored but this also proved to be very costly. Therefore the PM took the matter to the Hurley Group as directed by the PPG. She was informed there is no funding for this equipment as these things are not considered core equipment.

These have been actioned and reported on the staff intranet as Significant Events.

The PPG Director of Operations Organisational Development attended the meeting on 16.02.2016 and explained that the LED board could not be funded. However, she agreed to look into an alternative calling system for the practice. This was followed up by the practice. The practice is waiting for a response.

The practice is currently in the planning stages for expansions works for the building. This will involve some form of electronic communication being installed. PM

Hurley Director O&O Development

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

The non-functioning of the LED board has led to breakdowns in communication. Negative feedback has been reported by the following groups of people:-patients who are hard of hearing and 2)those whose first language is not English and 3) patients with the same name

It is also the responsibility of clinicians to correctly identify patients on presentation, by asking for the patient's full name, date of birth etc. Once patient demographics have been confirmed the clinician should then proceed with the consultation. The non-functioning of the LED board has increased the amount of misunderstandings being reported. This feedback has been received and addressed by practice management and consequently shared with all staff. The practice is pursuing an alternative digital calling in system. This will be installed during the building expansion works

Priority area 3

Description of priority area:

Limited Building Capacity / Water Damage To The Building Structure

What actions were taken to address the priority?

<i>Priority Area</i>	<i>Actions</i>	<i>Who does this?</i>	<i>Deadline</i>
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Since November 15, the roof of the Landlords flat has been leaking water causing significant damage to the practice affecting electrical circuits throughout the building. Fungal growth in the flat has resulted in adjoining areas becoming unusable spaces within the practice with serious Health & Safety concerns.

PPG members agreed that space and storage is becoming an increasing problem. Due to the list size growth, clinical consultation room capacity has been exceeded. The waiting room is also being encroached on by numerous filing cabinets. The PPG asked if staff have a designated area for eating and taking breaks free from patients view as they are often disturbed while trying to have a break due to the shortage of space. The PPG were informed that there is extra space in the flat which is adjacent to the practice and that this area is unoccupied. The practice will investigate to establish if this is a feasible option to explore.

The PPG also enquired as to why the TV in the waiting room was no longer working, It was explained that there was a damp problem in the flat and this had tripped one of the circuits which the TV was functioning on and it is no longer working. The damp would need to be investigated by the Landlord and external companies.

The Hurley group met with the landlord to see if the practice could use the adjoining flat. Negotiations are taking place.

NHS Property Services surveyed the building. Works commenced in December 2016 to repair the leaking roof in the landlords flat.

PPG were informed of this in the October meeting.
Hurley Group

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

The TV has not impacted significantly on patients and carers. However, the PPG asked if a radio could be used until the circuit is fixed as patients can overhear conversations in the consultation rooms off the waiting room area thus potentially breaching confidentiality. The practice will obtain a radio board casting license and play the music in the waiting room. Progress of the negotiations with the Landlord for extra space was reported back to the PPG and carers via the meeting on 21.10.2016. The patients and carers were pleased to be updated on the progress of the building works. This was publicised through the year end poster “you said , we did” disseminated at the PPG on 28th February 2017. The PPG Facilitator will continue to update the PPG and carers and wider practice population of the progress on structural changes at each PPG meeting.

Priority Areas

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

Recruitment Of Practice Nurse

The issue of recruiting a practice nurse had been an ongoing issue since she left her position in December 2014. The practice had to buy in longer term locums during the interim period. This post had been advertised numerous times with no successful candidates to recruit. The Hurley group continues to advertise this post internally.

Regular GP

This issue was carried over from the previous four years findings of concerns raised by the PPG. The practice list size continues to grow. This in turn means that there are more positions available for regular GP

LED Board

In year 14/15 the practice forum wanted the Led board to be fixed, initially in order to communicate changes to patients. However more recently the demand has centred on the near misses, and misunderstandings that have occurred through verbal communications from clinicians to patients. This has been explained above in Priority area 2.

3.PPG Sign Off

Report signed off by PPG: YES
Date of sign off: 22/03/17

How has the practice engaged with the PPG:

The various methods have been used to engage patients to join the PPG such as face to face, via email, by joiner forms at reception, posters, advertisements, by referral from reception & GP. The PPG committee members also agreed to promote the meetings to other patients registered at the meetings.

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

Patients with protected characteristics are defined by the Equality Act 2010 are also encouraged to participate in practice decisions by the above methods.

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?

See year end "You said we did poster"

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

No

Minutes

Newsletters



PPG Mins 27th MAY
16.docx



PPG minutes for
21.10.16.docx



PPG Mins
28.2.17.docx



feb 17 FFT
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