

Annex D: Standard Reporting Template

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

Practice Name: **Giffard Drive Surgery**

Practice Code: **J82015**

Signed on behalf of practice:  , Practice Manager Date: 24 March 2015

Signed on behalf of PPG: *Hilary Bellamy*, Vice Chairman of Giffard Drive Surgery PPG Date: 24 March 2015

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, Other (please specify); Face to face Group meetings with bi-monthly meetings; regular email contact with PPG members, as well as members of the Virtual PPG, and ad hoc face to face meetings with members of the PPG during Surgery working times. <i>The Giffard Drive Patients Group (PPG) meets regularly at the Practice, and the meeting dates are publicised on our information screen at Reception.</i>	
Number of members of PPG:	Full Patient Group = 14 members; Virtual Patient Participation Group = 57 members

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	4,184	4,241
PRG	25	46

Detail of age mix of practice population and PPG:

%	<14	15-44	45-64	65-74	75-84	>85
Practice	1,459	3,328	2,198	425	415	166
PRG	0	11	34	10	15	1

Detail the ethnic background of your practice population and PRG:

Although encouraged to do so, many patients are not keen to share their ethnicity with the Practice, despite being asked to do so on their New Patient Registration Forms when joining the Practice and also on many other opportunities when completing survey feedback forms within the Practice. Our broad ethnic breakdown of patients is as follows: White British = 91%; White Other = 1%; Nepalese = 6%; Asian = 1%; Black British = 1% - The percentages on the tables below are rounded up.

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White & black Caribbean	White & black African	White & Asian	Other mixed
Practice	91%	0%	0%	1%	0%	0%	0%	0%
PRG	95.8%	0%	0%	1.4%	0%	0%	0%	0%

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Nepali
Practice	1%	0%	0%	0.5%	0%	1%			0%	6.5%
PRG	1.4%	0%	0%	1.4%	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:

For its size, the Practice profile of patients is very consistent. We have just over 8,400 patients and for this exercise we have used several tools to understand our Practice profile including: technical searches using our EMIS Web computer system, GP partner feedback, GMS statement Correction Factor Reports as well as the information collected from the PPG/PRG pre-survey and sign-up forms. As a Practice we make every effort to gain as much information about our patients as possible so that we can understand their needs and requirements. Information is requested when registering a new patient, on booking appointments as well as through feedback requests via patient surveys, comments box and a website feedback page.

As a Practice, we have attempted to include as many different target groups as possible, including those with chronic diseases, such as Diabetes; COPD; those with learning disabilities and we ensure that these patients (and their carers) are included in searches as part of our target groups. We also ask the Midwives to encourage our pregnant patients (we can boast approximately 100 births per annum) to join our PRG.

- We enclose PRG application forms with the majority of the letters sent out by the Practice to patients inviting them to come in for blood tests; reviews for their chronic diseases, medication reviews; and any other type of communication (where it is felt that the inclusion of the recruitment form is appropriate).
- Application forms for the PRG are available in the waiting room and notices are up both as hard copies in the waiting room and on the rolling information screen to be found in our waiting room inviting patients to join.
- Receptionists; Nurses and GPs have been trained to encouraged patients to join the PRG and explain the process for this.

GP feedback from our Partners, salaried GPs and GP Registrars has also been collated over recent months. Discussion has taken place during Practice meetings to identify our Practice profile and it has been agreed that currently our ethnic minorities and “at risk” groups are comparatively very low.

We do, however, have a growing Nepalese population (with around 20-25 new Nepalese patients registering with the Practice every month. We continue to make improved efforts to engage with this section of our patient population and are talking to leaders within the Nepalese Community on how best to do this. We are working in conjunction with other local surgeries who also have a growing Nepalese patient population and are developing appropriate patient pathways for this group of patients.

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:
Our largest ethnic population at Giffard Drive Surgery, outside the local area's White British population; is the Nepalese immigrant population, which makes up approx. 6.5% of our total Practice population. We have employed two Nepalese speaking receptionists who are undertaking a variety of training courses designed to enable them to help with any communication issues faced by our Nepali population. They do, of course, also deal with the day to day concerns of all our other patients here at the Surgery. Additionally, two of our GPs speak Hindi and Urdu, which also helps with any communication problems we may have with our elderly Nepali patients. We actively encourage our Nepali patients to join both the PRG (Patient Reference Group) and the main Patient Group. We have one member of the PRG who is Nepalese, and are still trying to recruit more members. We are in discussion with a few of the younger Nepali patients to join the main Patient Group, but so far with little or no success.

2. Review of patient feedback

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

The existing Practice PPG agreed to continue to support the Practice in creating PRG surveys, advising on questions and collating and interpreting the results as required.

Following in-depth discussions with the Patient Group at a number of meetings during the year, it was felt that the majority of issues affecting our patient base had already been discussed in previous years' reports; thus it was felt best to go back to basics, asking patients what they wished to comment on before setting up a survey. Ideas were also generated from:

- GP Partners' feedback following Practice meetings asking for ideas on this subject
- A management review of prominent topics within complaints and comments received at the Practice over the past year
- Staff feedback following staff meetings asking for ideas on this subject
- National GPAQ Survey website and other Patient Participation DES survey informed professionals
- Using the Friends & Family Feedback forms from December 2014 onwards

In addition to the other engagement efforts being made, the Practice Manager and Office Manager and members of the PPG talked directly with patients in the waiting room on many occasions.

How frequently were these reviewed with the PRG?

The feedback gained from these various sources is collated and analysed by the Practice Management team and discussed with the Patient Group at their regular bi-monthly meetings. Should any feedback of immediate patient input be required to any matter raised by one of these methods, the Practice Manager contacts one or more of the Patient Group Team either by email or telephone and talks to them directly to discuss the issues raised.

3. Action plan priority areas and implementation

Priority area 1
<p data-bbox="163 272 548 304">Description of priority area:</p> <p data-bbox="163 347 2016 416">Ensure Carers are represented more widely within the patient population and that information and access to services is made more accessible to Carers.</p>
<p data-bbox="163 496 846 528">What actions were taken to address the priority?</p> <p data-bbox="163 571 2063 676">The Carer's initiative has been taken on by a member of the Practice Administration Team who has a special interest in this area. She was sent on training and encouraged to network with the local carer associations in order to be able to provide as much information as possible for our Carers and patients.</p> <p data-bbox="163 719 1989 788">The Administrator contacted our local area's Carer Co-Ordinator and set up joint monthly clinics in the Practice to publicise all the different services available to carers and to "recruit" more carers for our register.</p> <p data-bbox="163 831 2056 900">Leaflets were produced and distributed advertising the monthly Carers' Clinics and a concerted effort as made to identify and target all Carers within the Practice.</p>
<p data-bbox="163 979 1272 1011">Result of actions and impact on patients and carers (including how publicised):</p> <p data-bbox="163 1054 2040 1160">As well as the leaflets produced inviting carers to our monthly Carers Clinics; posters and flyers were published advising patients and Carers of their rights to access as well as all the various services available to them from the local social and voluntary sectors, from respite care to a friendly helping hand, as well as a friendly voice at the other end of the telephone.</p> <p data-bbox="163 1203 2040 1272">We are trying to ensure that patients realise Carers do not have to be paid to be classified as carers; a wife can be registered as her husband's carer is she provides a high proportion of his daily caring needs, both social and health-related.</p> <p data-bbox="163 1315 2056 1383">Our Carers' register is expanding and patients feel encouraged to ask to help as both Carers and patients in short and long-term carer need situations. Initial feedback is very positive.</p>

Priority area 2

Description of priority area:

Provide more school hour friendly appointments for children and parents

What actions were taken to address the priority?

Following on from a pilot project initiated by Giffard Drive Surgery for its patients over 2013-14 to reduce paediatric A&E attendances during working hours, it was decided to expand this project to provide specially designated After Schools Clinics for our younger patients.

The Duty Doctor has designated After Schools Clinic appointment slots in his/her clinical which are reserved for under 16 year olds. When a parent (or child) calls for an appointment once they have picked up their school age child, realising that the child needs to be seen by a GP that day, these are always available after school hours (between 15:30 – 16:30), as they are designated After Schools slots and are not used up in the usual morning “urgent on the day appointment” allocation.

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

Parents feel much happier in that they are able to send a child to school and book an appointment after school hours. Also they know that any child with an urgent need to see a GP that day will be seen on the same day.

This builds up confidence between patients and Practice, with the parents of young children being encouraged to bring their children to the GP rather than take them straight to A&E for what is often something minor.

Our GPs are available to speak to parents about any concerns they have for their child and will ensure that any triage telephone appointments are answered within a short time period, sometimes obviating the need for a face to face appointment.

This means that parents, Carers and Guardians are able to access our health services quickly and safely, and if they have a child who cannot be taken from the house at short notice, can plan their appointment at a time./day to suit them and also are able to speak direct to a GP or Nurse for reassurance and advice and guidance.

Priority area 3

Description of priority area:

Provide increased access to GPs and Nurses, both through email and telephone access

What actions were taken to address the priority?

A secure, encrypted generic Practice email address has been set up – NEHCCG.GiffardDriveSurgery-Main@nhs.net for patients to write down any concerns or issues they have and to ask their GP any non-urgent questions. This email is monitored 3-4 times daily and emails received at this address are responded to very quickly. Simple requests are answered by the admin staff and a GP specific request is forwarded to that patient's GP to respond to, via the generic email address.

Increased telephone triage slots have been introduced in the GP's daily clinical sessions, both during the morning and the afternoon sessions, so that patients are able to ask for a return telephone call to discuss any urgent or worrying issues they may have with their GP.

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

Both the increased telephone triage access and the Practice email address is advertised within the Practice in the waiting room, on the rolling information screen and on the website. In addition, the admin staff advise the patients of these services and more often than not this information is passed on to other patients by word of mouth. We serve a small close-knit community who appreciate the personal touch provided by their GP Surgery.

Patients and Carers are able to assess their own problems and decide whether this requires an urgent telephone response or a more measured email/written response and contact their GP appropriately. The telephone triage system also allows the GP to invite the patient straight down for a mutually arranged urgent appointment, thus ensuring the patient does not have to wait longer than necessary to be seen.

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):

Some of the issues raised in previous years have been to do with the general refurbishment of the Practice premises. This has now all been completed and the Patient Group have helped in this endeavour by donating a brand new suite of very comfortable and practical chairs for our waiting room, in complementary grey and blue colours.

The newly installed telephone system, to help alleviate the telephone “traffic jams” in the early mornings when patients often reached a busy signal have worked well and patients are given advice and guidance on the best times to call for various matters (e.g. call back later for results). Also, patients have told us that they appreciate being able to tell they are in a queue to be answered rather than just reaching a busy signal, at least they know they will be speaking to a Practice member shortly.

We noticed in previous years’ surveys that not as many patients as we would like were aware of the different methods to access health information, such as via websites; Patient Information Leaflets and similar. To this end we have installed special patient information points in our waiting room and information in these areas is replenished and updated daily. Useful and interesting online information is made available to our patients through our website – www.GiffardDriveSurgery.co.uk as well as being publicised on our rolling patient information screen in the waiting room.

Following discussions with various patient groups, it is apparent that these areas are seen as an improvement for our patients.

4. PPG Sign Off

Report signed off by PPG: **YES** / ~~NO~~

Date of sign off: 24 March 2015

How has the practice engaged with the PPG:

Regular meetings and email correspondence with members of the PPG

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

They have attempted to engage the hard to reach category of patients in our catchment area and both the current Patient Group members as well as the Practice staff actively recruit new members to the Patient Group

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

Yes, both through surveys, direct patient contact and via their website

Was the PPG involved in the agreement of priority areas and the resulting action plan?

Yes, we help set the priorities and review the action plans proposed by the practice.

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

We feel that the service has improved and that the patients feel they can suggest improvements and be taken seriously.

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

I feel that there is a good relationship between the Patient Group and all the staff at Giffard Drive Surgery. The majority of members on the Patient Group have been patients of the Practice for many years and rate the GPs, Nurses and Admin staff very highly indeed.

***Hilary Bellamy
Vice Chair,
Giffard Drive Patient Group***