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: Southfields Group Practice

Practice Code: H85007

Signed on behalf of practice: Date: 27th March 2015

Signed on behalf of PPG: Date: 27th March 2015

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

<table>
<thead>
<tr>
<th>Does the Practice have a PPG?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

Method of engagement with PPG: Face to face, Email, Other (please specify – Letter)

Number of members of PPG: 10

<table>
<thead>
<tr>
<th>Detail the gender mix of practice population and PPG:</th>
<th>Detail of age mix of practice population and PPG:</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>Male</td>
</tr>
<tr>
<td>Practice</td>
<td>6013</td>
</tr>
<tr>
<td>PPG</td>
<td>3</td>
</tr>
</tbody>
</table>
Detail the ethnic background of your practice population and PPG:

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th></th>
<th>Mixed/multiple ethnic groups</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>British</td>
<td>Irish</td>
<td>Gypsy or Irish traveller</td>
</tr>
<tr>
<td>Practice</td>
<td>4401</td>
<td>266</td>
<td>0</td>
</tr>
<tr>
<td>PPG</td>
<td>8</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Asian/Asian British</th>
<th>Black/African/Caribbean/Black British</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indian</td>
<td>Pakistani</td>
<td>Bangladeshi</td>
</tr>
<tr>
<td>Practice</td>
<td>299</td>
<td>379</td>
<td>27</td>
</tr>
<tr>
<td>PPG</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Please note re above ethnic information – 4494 patients have not specified their ethnicity

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:

**Patients are approached directly when they attend the surgery as well as by the methods described below**

**Methods used to publicise:**
Posters are displayed in the surgery inviting patients to contact the patient participation group if they are interested in taking part. Practice leaflets are given to new patients at the point of registration. At the end of a consultation with a clinician discussions may be held with patients encouraging them to consider participating in the patient group. Several members of the Patient Participation Group have been successfully recruited in this way.

**Virtual Patient Participation Group**
This continues to be an area under development with suggestions and comments received regularly from patients in relation to services offered at the practice.
Increasing representation:
Email addresses and current telephone numbers are now routinely obtained from new patients at the point of registration with the practice and from existing patients opportunistically and by placing posters in the practice premises. Patients are also asked if they would be willing to be contacted by the patient group; whether they are willing to give their views on a number of areas that the patient group would be working on in relation to services provided by the practice; whether they have suggestions about the services provided and ways of improving access to these services. Utilising these methods a pool of patients has been recruited to a Virtual Patient Participation Group with the main point of contact being by email.

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:

We have a large number of families with young children. We were successful in achieving representation for 2 years or so but as their children grew up representatives would return to work commitments. Unfortunately we haven’t recently managed to engage young families with young children but have considered changing our PPG meeting times to accommodate this.

2. Review of patient feedback

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

Feedback is received from patients regularly. The practice discusses all NHS Choices comments made. A suggestion box is left in reception, comments, suggestions or complaints which have been sent to the practice by letter, email or word of mouth are fed back and discussed. The new family and friends test comments will be discussed at the next PPG as it is still a relatively new process.
How frequently were these reviewed with the PPG?

Relevant comments are reviewed at each 3 monthly meeting with the PPG.

3. Action plan priority areas and implementation

<table>
<thead>
<tr>
<th>Priority area 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of priority area:</td>
</tr>
<tr>
<td>To campaign for a second disabled parking space due to direct requests from patients, patient suggestions and the annual patient survey. Agreed as an action point at the PPG meeting on 14th July 2014.</td>
</tr>
<tr>
<td>What actions were taken to address the priority?</td>
</tr>
<tr>
<td>The project was discussed with the PPG and a member of the group who had contacts within the local council agreed to take responsibility for the campaign. The Practice Manager did some background work to determine how many, among our practice population would benefit from this second bay. A search was organised detailing the number of elderly, disabled, learning disabled and nursing/residential home patients that were currently registered at the practice. The figures would be presented alongside the petition to reinforce the need for the bay.</td>
</tr>
<tr>
<td>A petition was set up and all staff were briefed, and were requested to promote the campaign to all patients that came into the practice. A second petition was placed in the pharmacy next door to the practice. The PPG member who led the campaign recruited a helper and spent time in the practice talking to patients as they came in to raise awareness, discuss views and obtain more signatures.</td>
</tr>
<tr>
<td>Result of actions and impact on patients and carers (including how publicised):</td>
</tr>
<tr>
<td>The outcome of this was that the council authorised another disabled bay to be placed directly outside of the practice in October 2014.</td>
</tr>
</tbody>
</table>
This has had a very positive impact with patients who previously resorted to parking directly outside the practice, on the pavement or at the entrance of the doctors car park, causing safety issues and delays in the doctors entering or leaving. There had previously been a negative impact on other service users in pushchairs or wheelchairs who were unable to access the practice by improper parking, and this was also resolved.

Priority area 2

Description of priority area:

Communication – Agreed as an action point at the meeting of 14th July 2014.

What actions were taken to address the priority?

The practice has been more pro-active in respect of keeping patients up to date with local changes within the practice/NHS. This priority area was achieved on 2nd March 2015, when the practice leaflet was updated. The leaflet was distributed to all patients attending the practice and pharmacies and posters in reception were updated regularly. The website is also being updated regularly with topical information and updates to services. We discussed using the text messaging service more widely to continue promoting changes but this is still in the process of discussion. The telephone message was updated to inform patients of the relevant pathways i.e NHS111

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

A discussion was had at the PPG meeting on 9th February 2015 of how to gauge whether these initiatives were successful, and it was agreed that a patient questionnaire would be put into place in three months time and PPG members would be in reception to talk to patients and assess their knowledge of practice services, opening times, out of hours options etc. This would then be fed back at a subsequent PPG meeting in June 2015, to determine whether the measures we have taken are successful or need to be explored further depending on patient feedback.
Priority area 3

Description of priority area:

Educating Patients regarding the correct NHS facilities and pathways to consider. Agreed as an action point at PPG meeting of 14th July 2014.

What actions were taken to address the priority?

In respect of inappropriate attendances, all doctors code A&E attendance letters as to whether they are appropriate or inappropriate attendances. When presented with an inappropriate attendance letter, the administration team will write to the patient enclosing a relevant pathways information leaflet.

The opening times, of the practice are advertised in the practice booklet, on the website, practice leaflet, telephone message and a poster on the main door of the practice. Extended hours information is also given and is amended whenever the practice is able to offer further appointments i.e. the winter extra clinics. The details of local hospitals and urgent care centres is also given.

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

As of 2nd March 2015, the practice seldom receives calls from the local A&E units to organise appointments for patients who attend inappropriately and we believe this is due to the system the practice has for emergency patients and our simplified system of how to access our services. Receptionists are also trained to give patients who contact the practice, appropriate information regarding the services they can contact and how to do so.
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):

The Southfields Group Practice has participated in the scheme in previous years and issues included:

- Simplifying the booking system which has been tremendously successful. On-line booking is constantly promoted within the practice, the practice has a very good system for dealing with patients requiring emergency appointments. Patients are able to book 1 month ahead for the nurse and doctor. All these changes have been of great benefit to patients with very few complaints.
- Reducing the number of missed appointments. Text messaging is used to remind patients of appointments 48 hours beforehand, a protocol was put into place to deal with patients who regularly DNA'd appointments. This is an ongoing project.
- Increasing patient awareness of services is again an ongoing project. Patients are continuing to be updated with information on the correct services to use and the importance of using them.
Report signed off by PPG: **YES/NO**

Date of sign off: 27\textsuperscript{th} March 2015

**How has the practice engaged with the PPG:**

The practice engages with the PPG by 3 monthly meetings, email, letter, telephone and ad-hoc meetings when necessary.

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

The doctors have attended designated meeting for seldom heard groups throughout the year.

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

Yes – as described previously there are various methods of collecting patient feedback.

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

Yes – The PPG are kept informed and are consulted regularly.

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

Patients have been listened to and comments acted upon resulting in various changes within the practice being made, as described in action points 1, 2 and 3.

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

Yes – The PPG is a valuable group that the practice wishes to maintain, even though the PPI DES will not be continuing. We feel that the contributions from the group are very important in gauging the patient needs within the practice and their input and ideas have been very useful. The group would like to state that they feel that in the past when they have been able to contribute to ideas in regards of practice spending (FUR’s), that this should again be considered as an incentive that they can contribute further to the practice needs.