Annex D: Standard Reporting Template

BNSSSG Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Crown Medical Centre

Practice Code: L85006

Signed on behalf of practice: Claire Gregory Date: 23.2.15

Signed on behalf of PPG: Patricia Pollard Date: 23.2.15

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

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| Does the Practice have a PPG? YES |
| Method of engagement with PPG: Face to face, Email, Other (please specify): Face to face and email |
| Number of members of PPG: 11 membersAll members are registered patients at the practice. |
| Detail the gender mix of practice population and PPG:

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| --- | --- | --- |
| % | Male  | Female  |
| Practice | 4645 (50%) | 4641 (50%) |
| PRG | 3 males (27% of PRG) | 8 females (73% of PRG) |

 | Detail of age mix of practice population and PPG:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 |
| Practice | 1896(20%) | 821(9%) | 1188(13%) | 1296(14%) | 1497(16%) | 1060(12%) | 852(9%) | 676 (7%) |
| PRG | 0 | 0 | 0 | 2 (18%) | 2(18%) | 327%) | 1(10%) | 3(27%) |

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| Detail the ethnic background of your practice population and PRG:

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| --- | --- | --- |
|  | White | Mixed/ multiple ethnic groups |
|  | British | Irish | Gypsy or Irish traveller | Other white | White &black Caribbean | White &black African | White &Asian | Other mixed |
| Practice  | 7191 | 5 | 0 | 6 | 9 | 2 | 20 | 10 |
| PRG | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Asian/Asian British | Black/African/Caribbean/Black British | Other |
|  | Indian | Pakistani | Bangladeshi | Chinese | Other Asian | African | Caribbean | Other Black | Arab | Any other |
| Practice | 3 | 1 | 0 | 6 | 4 | 4 | 0 | 0 | 0 | 57 |
| PRG | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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| 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 patient group is made up of some patients who are retired, and some who work (both employed and self-employed).Unfortunately, the previous youngest member of our group is no longer a registered patient as she has gone to university.It is important to assess whether the patient group is representative of the practice population as a whole. The first step is to understand the practice population and a variety of sources have been used to do this including:-* CCG dashboard
* Public Health data
* Somerset Joint Strategic Needs Assessment data for the Taunton Federation
* National General Practice profiles data

This data is used to see if the patient group is reflective of the population.The main characteristics of the practice population are shown below:-* In the age group 0-14 the practice has significantly more patients than other Somerset practices
* The practice has a population ‘bulge’ of males between the ages of 35-54 when compared to Somerset and England.
* The practice (and Somerset) has fewer patients aged 15-24 across both sexes when compared to figures for England
* The practice has significantly more females between the ages of 35 and 44 when compared to other Somerset CCG practices and England.
* The practice has significantly more female patients in the age group 25-34 when compared to the rest of Somerset
* The practice has significantly fewer male patients in the age group 25-34 when compared to Somerset and England figures. However, the figures for Taunton Deane federation also reflect this trend.
* The practice has significantly fewer patients over the age of 75 (7.1%) when compared to the Somerset average of 10.2%

The differences between the practice population and the PPG in terms of age and sex are shown in the tables above at the start of the template. It is evident that we are over-represented in the older age groups (over 75) and under-represented in the younger age groups (below age 34).With regards to ethnicity, only very high level information is provided by Public Health showing figures for non-white British population numbers in the federation when compared to Somerset as a whole. The practice has carried out a search on its own data (using language spoken / ethnicity) for this purpose but this does mean it is not possible to compared this at federation or county level. The practice population is predominantly white British. Other ethnic groups are very much a minority when compared to our overall population numbers however, some are frequent attenders of the practice and therefore we feel it is important to acknowledge the other groups and also try to ensure they are represented. Our second largest group of patients are polish patients (included in the ‘any other’ category in the table), followed by Portuguese, Lithuanian, Romanian, then Asian and Chinese.The practice has a high prevalence of dementia – in fact it has the highest prevalence in the County. This is in part due to the fact that we look after patients with dementia in two large EMI homes. The prevalence of CKD, COPD, diabetes and asthma is also higher than the County average whilst for hypertension is in the lowest 10%.The practice has a high proportion of nursing home patients.There has been a decline in the number of patients in paid work or full-time education and an increase in patients registered with the practice who are unemployed.The practice is in the highest 10% for crime and disorder scores, has a high deprivation score (IMD) when compared to the rest of the federation and to Somerset as a whole. The practice is in the highest 10% for the proportion of its population in the 10% most deprived areas (England).The next section will explain actions we have taken to try to ensure that the features/demographic of the practice population are appropriately represented in the patient group. |
| 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? YESIf you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:In order to ensure that the PPG was as representative as possible for the practice population as outlined in section 1, the practice obtained a variety of data to look more closely at the profile of its population. To summarise, this highlighted the following:-* High prevalence of CKD
* High prevalence of dementia
* Areas of deprivation
* Population ‘bulge’ in certain age groups as outlined previously
* Increase in patients unemployed
* High number of nursing home patients

With regards to the group itself, there are specific groups that have been highlighted in our practice population who we feel are represented on our group as outlined below:-* We have a patient who is living in one of the areas of highest deprivation (in the 10% most deprived areas in Somerset) covered by our practice
* We have a disabled (wheelchair confined) patient.
* We have a patient whose husband suffered from dementia and lived in a nursing home which means she has a good insight into the issues facing patients and carers of patients with dementia as well as experience of nursing homes.

In addition, a recent recruitment drive when members of the PRG attended our flu clinics to hand out Friends and Family test questionnaires has meant that we have seen new members joining the group during 2014/15 and two of the 4 new members are in age groups that we have actively been seeking to recruit from.However, there are also those groups who are not represented, namely unemployed patients and those in the age groups where we have a significantly higher number (although it would not really be very easy to have anyone in the age group 0-14). In addition, as stated in previous years, we are also aware that there has been an increase in the number of polish patients registered at the practice. We have also seen increases in other ethnic minority groups. We still record data on ethnicity and first language and the data on this supported the fact that the Polish community is our second highest ethnic group. We have continued to try to get representation on the group from the polish community by writing to patients, asking face to face and by promotion on NHS Choices and the practice website but still to no avail. We have also contacted Healthwatch for guidance on engaging with patient from other ethnic groups. They advised to contact MECA (Midwest European Community Association) and we are still awaiting their response.In order to attract patients from this section of the community and also the other under-represented groups shown above we have recently re-written our practice leaflet to highlight the groups we feel are under-represented. The leaflet is being given out during consultations specifically to patients in those groups. This information leaflet is also available on our website and NHS Choices. We have also translated the revised leaflet into polish. In addition, members of the primary healthcare team are identifying patients from these groups who they feel are appropriate to contact directly to ask if they wish to join the group. In addition to specifically targeting under-represented groups as outlined above, we continue to promote our PPG at every opportunity. This is done through patient newsletters, on the website, on NHS Choices and with new patient information that is handed out as a pack. The group has decided to have a maximum membership number of 12 patients and we will operate a waiting list system for new members should the numbers exceed this level. As numbers have reduced we are currently actively promoting the group to increase numbers, preferably from the under-represented groups shown above. Patients are able to put forward any issues that they wish to be raised at the patient meetings by contacting any member of the primary healthcare team. |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:A number of different forms of patient feedback have been used during the year and these are outlined below:-* Friends and Family Test (FFT) – a number of comments were made on the questionnaires which provided useful feedback
* Comments and suggestions forms
* Patient complaints
* NHS Choices
* PPG (PPG reps also attended flu clinics to talk to patients)
* Informal feedback at reception/in consultations etc
* National GP patient survey
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| How frequently were these reviewed with the PRG?All sources of feedback are reviewed at every PPG meeting. The meetings are currently held quarterly however, any items requiring discussion before the next meeting are discussed ‘virtually’ via email. The issues discussed relating specifically to this enhanced service were discussed at patient meetings in November 2014 and February 2015. In November the PPG reported its findings from patient feedback at the practice flu clinics and the practice reported the findings from other sources. The three priority areas and actions were then agreed at this meeting. At the meeting on February 9th 2015 we discussed the outcomes and progress on the agreed actions with the group. |

Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area:The doors into the patient waiting room area and also down to the GP consulting rooms were reported to be too heavy for patients, particularly those who are elderly, or with a disability or mums with pushchairs etc. |
| What actions were taken to address the priority?The issue with the doors has been raised before but a solution had not been forthcoming because both sets of doors are fire doors and should be kept closed. Due to the position of the main doors, it would also mean that the building would be very cold if they were left open at all times. The solution with the main doors has been that patients who may experience difficulties opening the doors can enter via the pharmacy automatic doors. However, there has been a more successful outcome with the doors to the consulting rooms. The practice sought advice from its fire maintenance company who advised that it would be possible to have the doors open on a magnet to enable easy access for patients. However, if the fire alarm is activated then the doors automatically close thereby adhering to fire safety regulations. This has improved access for patients. |
| Result of actions and impact on patients and carers (including how publicised):The patient group was happy with this outcome. This has been publicised on our website at [www.crownmedicalcentre.co.uk](http://www.crownmedicalcentre.co.uk) (through this report), NHS Choices and will feature in our next newsletter.We have not received any adverse feedback following the changes. |

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| Priority area 2 |
| Description of priority area:Problems with the attached pharmacy. Patient feedback has been quite negative and a number of complaints and grumbles relate to the service in the pharmacy. Although the practice has no ‘rights’ over the pharmacy in the sense that it is a separate organisation, the PPG felt that not only could negative feedback reflect badly on the practice, but also that the impact on patients was so great that this area warranted further action to try and sort out the problems. |
| What actions were taken to address the priority?The Managing partner has met with the manager of the pharmacy. The prescription desk lead administrator also has regular communications with the pharmacy staff. A further meeting is required with the pharmacy area manager who has recently been appointed and this is being arranged at present. The new manager will meet the Practice Manager and also attend the next patient group meeting. One of the members of the patient group has also written to the new manager. |
| Result of actions and impact on patients and carers (including how publicised):The patient group is happy with the actions but sees the pharmacy as being a top priority to improve. The actions have been publicised on our website at [www.crownmedicalcentre.co.uk](http://www.crownmedicalcentre.co.uk) (through this report), NHS Choices and will feature in our next newsletter.Slow progress has been made on this area and there is still a lot of work to do.  |

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| Priority area 3 |
| Description of priority area:Patients obtaining an appointment with the same GP.A number of patients reported that they were finding it difficult to get an appointment with the same doctor. |
| What actions were taken to address the priority?The practice has recently moved to changing the way it books appointments for patients with a view to ensuring that patients are seen by the same GP. This has involved a lot of work at practice level with doctors going through lists of patients to make sure that patients they know well are registered with them. Reception staff are encouraged to always book with the registered doctor unless there are reasons that this is not possible. In those cases a set a process is followed to make sure that the patient is seen by the most appropriate person and has the best possible care. In addition the appointments system has been ‘tweaked’ to make sure that we have sufficient appointments released at the right times to keep pace with demand. |
| Result of actions and impact on patients and carers (including how publicised):This was discussed thoroughly at the patient meeting. The group is on the whole happy with progress so far although there are still some problems with patients not being able to see their own GP.The actions have been publicised on our website at [www.crownmedicalcentre.co.uk](http://www.crownmedicalcentre.co.uk) (through this report), NHS Choices and has featured in our practice newsletter.We have not received any adverse feedback following the changes, it has very much been positive. |

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):

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| Action points from last year’s survey | Action to be taken(if no action is to be taken provide appropriate reason)‘We did...’ | Progress |
| OOH services for patients | Raise patient awareness of options for OOH services (GP services/NHS 111 etc rather than A&E) by writing a leaflet and including in newsletters etc. | We have written a leaflet for our waiting room and have included this in our 2 most recent newsletters. This information has also been added to our website and NHS choices. |
| A&E attendances | Explain to patients when A&E attendances are inappropriate by writing to frequent attenders with primary care problems. | Letter developed by federation to be used. |
| Promote on-line prescription ordering | This should help alleviate volume of traffic on the ‘phone and at reception to free up time for other ‘phone calls.Develop leaflet to attach to prescriptions (as the group felt that patients would be more likely to read a separate leaflet) promoting the service.Ask Boots to promote the service by placing a poster in the pharmacy. | Meeting held with Boots Manager. Leaflet still being developed. |
| Look at ways to improve pharmacy service | It was felt that negative feedback about the pharmacy could reflect badly on the practice. It was agreed that the practice should share the patient feedback with the pharmacy and look at ways to improve the service provided there. | Meeting held. Changes to personnel mean that further meeting is required. |
| Waiting room | It was felt that the waiting room did actually reflect well on the practice. The practice has a lead receptionist who ensures that the waiting room is always clean and tidy and that the magazines etc are up to date. The patient group felt that the waiting room did not need changing significantly. However, there were some minor changes that could be made such as having a dedicated leaflet stand and adding the new display screen. | Leaflet display unit purchased and now used in the waiting room. |

1. PPG Sign Off

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| Report signed off by PPG: YESDate of sign off: 23.2.15 |
| How has the practice engaged with the PPG:How has the practice made efforts to engage with seldom heard groups in the practice population?Has the practice received patient and carer feedback from a variety of sources?Was the PPG involved in the agreement of priority areas and the resulting action plan?How has the service offered to patients and carers improved as a result of the implementation of the action plan?Do you have any other comments about the PPG or practice in relation to this area of work?Please see information from Chair of PPG Patricia Pollard.The PPG meets regularly at the practice with members of staff including GP’s, nursing staff, reception and administration where we discuss items brought up by members of the group, practice staff and patients.  If there are more pressing issues we will bring a meeting forward or deal through email/telephone. The composition of the group is also regularly discussed in terms of which patient groups are well represented and what can be done to increase representation or even feedback from under-represented groups. During flu clinics we as a group introduced ourselves and made patients aware of what we do and invited new applicants to join the group and also to put forward issues they feel should be addressed. We are also now going to have our own dedicated noticeboard at the surgery. The feedback we received from patients was discussed at one of our meetings and we then all agreed the priority areas that formed the action plan.Since the start of the group various issues have been discussed, most of which have been addressed satisfactorily along with other ideas/suggestions in the pipeline. This has improved the service to patients as actions have addressed issues they wanted to see resolved/improved. |