

## Annex D: Standard Reporting Template

Taken from; GMS Contract 2014/15, Guidance and Audit requirements, NHS England Gateway reference: 01347

Area Team

2014/15 Patient Participation Enhanced Service Reporting Template

Practice Name: **Acle Medical Partnership**

Practice Code: **D82104**

Signed on behalf of practice: **Teresa Randall**

Date: **27<sup>th</sup> March 2015**

Signed on behalf of PPG: **Pamela Sullivan**

Date: **27<sup>th</sup> March 2015**

**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)	Monthly face to face meetings
Number of members of PPG:	11

Detail the gender mix of practice population and PPG:			Detail of age mix of practice population and PPG:								
%	Male	Female	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	>75
Practice	44%	46%	Practice	17%	8%	8%	11%	16%	14%	14%	11%
PPG	9%	91%	PPG	0%	0%	0%	10%	0%	22%	66%	22%

Detail the ethnic background of your practice population and PPG:

%	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other White	White & Black Caribbean	White & Black African	White & Asian	Other mixed
Practice	81	1	0	7	1	1	1	1
PPG	100							

%	Asian/ Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistan i	Bangladesh i	Chinese	Other Asian	African	Caribbea n	Other Black	Arab	Any Other
Practice	1	1		1	1		1	1		1
PPG										

**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:**

Despite canvassing through notices in the practice, newsletter, website and direct contact by staff and the PPG membership, we have been unable to recruit from young mothers/fathers, students or male patients.

The practice population is similar to the national profile with over 9100 patients, but with a higher percentage of patients over 45, than the national average. There are very few patients of ethnic groups that are not white English.

Representation of each category of patients based on disease prevalence and other demographic equality is not feasible due to a lack of patient engagement from all groups and if all were represented the group would be too large to be of benefit to the general community.

The members are all regular users of the service and have other community roles and young families to be able to offer a truly representative voice for the entire community. Their ages range from 35 to 74 and include a representative for our branch surgery at Reedham. They have experience as carers, knowledge of chronic diseases, disabilities and understand the practice area and needs. Our male membership is now down to one, but to attract younger males will be unlikely with busy lives, despite the membership actively recruiting interest. Although the group is not entirely representative in accordance with the requirements of the DES, the Practice prefers to work with willing and enthusiastic members and would not wish to ask members to leave because of a perceived imbalance with the requisite numbers for a particular demographic.

After discussion after last year's Report it was decided that the meeting times & days would be varied to try to attract new members. So far even this has not helped raise numbers for the PPG or change the demographic of the group.

The group continue to meet monthly at the Practice premises and discuss a variety of issues

**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 (Lesbian Gay Bisexual Transgender) community?**

NO

**If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:**

## **2. Review of patient feedback**

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

During the past 12 months we have reviewed the following with the PPG

- Patient suggestions via PPG post box
- Results of the Friends & Family Test
- DSQS Dispensary Survey
- PPG Questionnaire
- Feedback from the NNCCG Patient Partnership Conference
- CQC Report

### **How frequently were these reviewed with the PPG?**

Any patient comments/feedback/suggestions are discussed at the monthly meeting as a reoccurring agenda item. Any action taken on these suggestions is posted on the PPG notice board in main reception. If the patient who left the comment has indicated they can be contacted the practice also convey the information to them via a telephone call or letter.

Friends & Family results are now being discussed at each meeting. Here we will review the previous month's results and comments that have been left by service users. Review of these comments may lead to improvements and changes to the practice.

The PPG questionnaire that was held September 2014 was reviewed thoroughly with the PPG drawing some actions directly from this. The questionnaire highlighted that people did not know what the PPG was or what purpose it served. So the PPG have held coffee mornings and added extra displays within the practice to try to raise their profile.

The DSQS survey is reviewed annually but the PPG for their thoughts and suggestions in relation to any issues that may arise.

Representatives from the practice & PPG attend the NNCCG patient Partnership Conference bi-annually and feedback to the group. This has led to in depth discussions regarding matters that arise. It is also a learning and networking experience to talk to other PPGs on how they run and the issues they find.

## Action plan priority areas and implementation

### Priority area 1

#### Description of priority area:

From our CQC inspection it was highlighted that our dispensary did not offer enough patient confidentiality while at the hatch. It was also highlighted that the line of patient's waiting down the corridor was not ideal.

"We noted that the dispensary was situated in the middle of the building. This arrangement created some congestion and a potential impact upon people's privacy because the practice had a large percentage of patients who collect their medication from the Dispensary."

**Extract from CQC report 15<sup>th</sup> March 2014**

#### What actions were taken to address the priority?

After financial analysis and discussion the Partners in conjunction with the PPG decided to relocate the Dispensary. The large health Education room within the main reception was being poorly utilised the decision was made to relocate the dispensary to this area. This involved a total refurbishment of the room including the removal of three large floor to ceiling windows to create/secure a more ideal and dedicated dispensary space. The new room will offer 2 hatches to deal with busy periods of prescription collection and questions. A queuing system will be set up within reception to allow more confidentiality at the hatch. More importantly a dedicated waiting area is now available.

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

On the 12<sup>th</sup> of January 2015 the new purpose built dispensary was opened and ready for use. The PPG have been kept informed of the plans and progress. Discussions with the PPG have led to several good ideas being implemented within in the design. Patients were kept informed via posters within the practice and a notice on the practice website. At times there was noise and disruption to the practice which we tried to keep to a minimum but when this was not achievable we apologised and explained the reasons why it was happening.

Since the opening of the dispensary the confidentiality and congestion has been addressed in a positive manner. If queues develop the second hatch is then opened and the queue is cleared. With patients being asked to stand behind the barrier and wait the confidentiality at the hatch has vastly improved. The addition of background in reception has also aided the problem. All the patients have had a positive reaction to the new dispensary and it has also had a positive impact on the dispensary team.

## Priority area 2

### **Description of priority area:**

The PPG at Acle need to raise the profile and purpose of the group and the important role they serve for the practice and patients.

### **What actions were taken to address the priority?**

There were many discussions held at PPG meetings as to why they need to raise their profile.

- Attract new members
- Raise some small funds to aid their displays within reception
- Raise awareness of the groups role and responsibilities

There were many ways of doing this discussed

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

The PPG held a coffee morning in conjunction with flu clinics.

The event was held in the neighbouring Baptist chapel from 8:00 – 12:00. The event was publicised in the practice via posters, on the practice website and also posters placed in the surrounding villages.

Several members of the PPG gave up their time to run the coffee morning this gave them the chance to talk to anyone who attended about the work of the PPG and to heighten awareness of the group.

Many people attended the coffee morning and most left with a much clearer understanding of a PPG.

The coffee morning raised £200 but the bigger result was the raising of the profile of the Acle Medical Partnership PPG.

### Priority area 3

Description of priority area:

Recruitment of Nurse Practitioner (NP) to help alleviate same day appointment demand and to support the clinical team.

#### **What actions were taken to address the priority?**

Cost analysis and strategic planning. Proposal presented to the PPG and then the Partnership for approval.

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

Position created and advertised locally. Position filled and nurse recruited and started employment on the 14<sup>th</sup> July 2014.

Appointments restructured to incorporate same day appointments with the Nurse Practitioner.

This recruitment has given patients the choice to either see a Nurse Practitioner (if appropriate) or a doctor. Waiting times for appointments with the NP are minimal due to the nature of this post.

Feedback from patients have been positive and this recruitment, the first of this kind at Acle, has proved very successful.

## 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 action plan developed from last year's questionnaire was as follows

- Online appointment booking was to be introduced
- Nurse practitioner to be advertised for
- Feedback form
- Raising the profile of the PPG

Online appointments are now up and running and flourishing with daily uptake of patients signing up for Patient Access. Patients are finding it easier to book with the GP they would like to see at the time that is most appropriate for them. Online appointments are always booked and it may be worth considering allowing more appointments to be booked this way.

We have recruited a nurse practitioner who has been in post for 7 months please see priority area 3.

### 3. PPG Sign Off

Report signed off by PPG: **YES**

Date of sign off: **29<sup>th</sup> March 2105**

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

The practice manager has email contact with the PPG group in between the 6 weekly meetings. These emails pass down relevant information that the practice manager receives to the PPG. The meetings always have a clear and structured agenda that is distributed by the Chairman before the meeting. The PPG are always asking questions of the practice, offering their own personal feedback and discussing possible ideas & solutions.

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

As a Practice we have added a more in depth section on our PPG to our website. <http://www.aclemedicalcentre.co.uk/ppg.aspx> here it has a quick introduction to what a PPG is and does. There is a short introduction to each of the members of the PPG and also the reports, questionnaires & constitution can all be found here.

There has been a display in the main reception for two months detailing what the PPG is and asking people to show an interest and come along to meetings.

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

As detailed fully in the main report the PPG along with the practice review a whole raft of information from many sources that develops two conversation and feedback.

**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?**

- Increased appointment capacity and patient choice.
- Improved confidentiality at the dispensary hatch.
- PPG profile raised through various campaigns.

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

Acle Medical partnership is proud to have a fully functioning and driven PPG that offers lively debate and helpful suggestions and help throughout the year.