

Annex D: Standard Reporting Template

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

Practice Name: Dr Usman Akbar

Practice Code: B83611

Signed on behalf of practice: [REDACTED]

Date:24.3.2015

Signed on behalf of PPG: [REDACTED]

Date:24.3.2015

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

Does the Practice have a PPG? YES																																					
Method of engagement with PPG: Face to face, Email, Other (please specify) Face to face, Invitation letters and minutes posted to patients. One off messages on back of prescriptions, notices added to reception notice boards, practice website and Jayex board.																																					
Number of members of PPG: 14																																					
Detail the gender mix of practice population and PPG: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">%</th> <th style="width: 30%;">Male</th> <th style="width: 30%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td style="text-align: center;">1192</td> <td style="text-align: center;">1062</td> </tr> <tr> <td>PRG</td> <td style="text-align: center;">2</td> <td style="text-align: center;">12</td> </tr> </tbody> </table>	%	Male	Female	Practice	1192	1062	PRG	2	12	Detail of age mix of practice population and PPG: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 10%;"><16</th> <th style="width: 10%;">17-24</th> <th style="width: 10%;">25-34</th> <th style="width: 10%;">35-44</th> <th style="width: 10%;">45-54</th> <th style="width: 10%;">55-64</th> <th style="width: 10%;">65-74</th> <th style="width: 10%;">> 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td style="text-align: center;">680</td> <td style="text-align: center;">272</td> <td style="text-align: center;">316</td> <td style="text-align: center;">350</td> <td style="text-align: center;">230</td> <td style="text-align: center;">199</td> <td style="text-align: center;">108</td> <td style="text-align: center;">99</td> </tr> <tr> <td>PRG</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	680	272	316	350	230	199	108	99	PRG	1	1	1	5	1	3	1	1
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Detail the ethnic background of your practice population and PRG:

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice								
PRG	2	1	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										
PRG	3	8	0	0	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:

The practice has an active PPG that has face to face meetings at least 4 times a year, at 3 monthly intervals. In discussion with our members it was decided that this timescale would be appropriate.

The practice is aware that in order for our PPG to be successful, a varied representation of the practice population would be advantageous. In order to achieve this then we have actively tried to encourage people from different age, race and medical groups to attend our meetings.

We have involved our community teams (District Nurse/Midwives/Community Matron/Health visitors etc) to make any patients they come into contact with aware of the group. We believe that by involving these teams we are able to reach a wide and varied number of patient groups.

District Nurses and Community Matrons deal mainly with the older and house bound population which means they are coming into contact with carers, a group which is often forgotten(we have managed to get 2 of our patients who are carers to become involved as a result of this initiative)

Midwives and Health Visitors/ School Nurses come into contact with the younger population.

Opportunistic Invitation: Practice staff have identified any patients that they believe would benefit from our group and invited them to become involved.

Practice representatives have gone out to service providers to engage with them and their clients and put advertisements for our PPG on their notice boards.

We have published information on our Practice website and on our Surgery notice board, newsletter and jayex board and one off messages have been added to prescriptions.

Information sheets detailing what PPG involves and how to become involved are available at reception we also have notices up advising patient that they can have copies of the minutes of these meetings and that they can add things to the agenda of any upcoming meetings even if they are unable to attend in person.

Invitation letters, agendas and previous minutes are posted to members.

Details for the Meeting of the governing body meetings are sent out to all our members.

We have a complaints, compliment and suggestion box in reception and we are actively completing the family and friends questionnaires.

We have over the year changed times and days that meetings are held in order to accommodate our members.

(We had been holding our meetings in the evening as several of our members are in employment but during the winter months our elderly members stated that they would prefer to come when it was lighter so it was decided to vary our meeting times, we also change times when schools were on holiday in order to make it easier for our parent group to attend, through doing this we managed to recruit our youngest member (10yrs) who came along with her mum!)

As a service to the existing members of our PPG and as an interest initiative in order to attract new members we invite a guest speaker to each of our meetings. These speakers are from local service groups that we feel are of benefit to our members. (Womens zone, Chas, Karma Nirvana) We have had good feedback from our members regarding this initiative as they are being introduced to services that they were not aware were easily available to them so close to home.

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
NO

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

N/A

2. Review of patient feedback

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

Any suggestions, complaints, compliments received by practice were assessed and actioned by the Practice manager. Where appropriate any significant events were documented.

Any relevant issues were discussed by practice staff at next available practice meeting.

Practice meetings(Administration/Staff/MDT/business)

Practice had Care Quality Commission inspection in November 2014.

NHs choices

Friends & Family Test.

Patient Engagement

PPG Meetings

3. Action plan priority areas and implementation

Priority area 1

What actions were taken to address the priority?

We assessed our practice DNA policy and adjusted it to bring in a more proactive approach.

A designated member of staff was given the responsibility of following up any patient who had missed appointments, on a weekly basis she contacted via telephone or letter where required. The Practice manager is also heavily involved in this strategy.

Practice staff are very proactive in educating patients on the importance of cancelling any appointments that are no longer required.

Notices are displayed around the surgery and the practice website and newsletter has information regarding this issue.

The surgery offers online services so that patients can book and cancel appointment.

An Sms messaging service is now available for patients so that they receive a reminder for an appointments that they may have booked and practice staff are very proactive in encourage patients to register for this service.

As we are aware that the chronic illness clinics that are run by the Practice nurse are very important for our patients welfare and continued care we contact as many patients as possible via the telephone the day before their appointment, we are conscious that these appointments can be lengthy and demand is high.

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

We are aware that over the past few months we have seen a slight reduction in patients who have missed appointments and as a result we are able to offer better access to our clinicians.

As an ongoing project our practice staff are very proactive in advising patients of the importance of cancelling any unwanted appointments and educating them in the impact this has on other service users and practice staff,

The practice has been involved in the Pharmacy first scheme and we have seen a reduction in the number of patients

demanding same day/emergency appointments for conditions that can be dealt with by over the counter medication.

New patients: In order to register with the practice all new patients have to book an appointment to see the practice manager. At this meeting they bring all the necessary forms and identification for registration purposes. The practice Manager discusses everything that the patient needs to know about the practice, particular attention is paid our appointment system and the importance of cancelling any appointments that are no longer required.

Carers: the practice is aware of the important role that carers play in the welfare of patients, but they are often a forgotten group. We feel that it is beneficial to include them in our PPG. Although we are aware that they may not be able to attend the actual meetings we do contact them when these meetings are taking place and we post copies of minutes to those that have expressed an interest. As a result of a speaker from carers uk coming to one of our practice meetings a member of our team contacted all our registered carers to advise of this service and invited them to apply for a one off grant that they could receive. We also gave them information on how to access the caring callers service. We have had some very positive feedback as a result of this. Even if they are unable to attend our PPG we feel that now we have opened up a way of communication with our carer groups and that they now feel valued and able to contact the surgery with any query they may have, something that we have not really experienced in the past.

As a result of the reduction in DNAs we have been able to offer more appointments to patients.

Our PPG members have been very concerned at the number of DNAs the practice can have and as a result they have been taking this information back to their family and friends and the wider community.

The online services is another tool that we are able to use to help to reduce the number of patients missing appointments as it allows patient s to cancel any appointments online it is particularly useful at busy times for the practice when it may be difficult for patients to get through to the surgery on the telephone.

Priority area 2

Description of priority area:

Online services- Allows patients who register for the service 24 hour access to book/ cancel appointments and order repeat medication.

What actions were taken to address the priority?

In order for this service to be implemented the practice had to establish a new website. (2014/2015) as a result of this we are now able to offer patients an online service.

This was discussed at the PPG meetings and patients were very enthusiastic about the new service.

Website /online service were advertised in practice newsletter/on practice notice board, via jayex system and word of mouth from practice staff.

Practice leaflet has also been updated.

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

Patients can access the service 24 hours a day. This means that they can book/cancel appointments and order repeat medication at any time that is convenient to them. This also helps to reduce pressure on the practice staff.

Carers often experience flurries of activity when they are giving medication, feeding, toileting those in their care. This service reduces the pressure upon them and can take the opportunity to make any of these requests at a time when they are feeling less pressured. Any newly identified carers are advised of the online system.

In order to use the online services, patients first have to register with the practice. This is a very quick and simple process and just requires them to provide one of a selection of forms of identity and all practice staff are happy to help with this. Registration is immediate. With the rise in technology in everyday life this service allows patients more choice in how they wish to access GP services.

All new patients are advised of the online service at the point of registration.

The online services are publicised through the practice newsletter, practice website, practice leaflet. We attach messages to the notice board and to the practice jayex system. The practice has a designated carers notice board which is updated at regular intervals. All practice staff are proactive in advertising the online system.

Priority area 3

Description of priority area:

A&E and 111 services. During the course of this year the new 111 service was introduced throughout the country which obviously had an impact on the surgery. This was discussed at PPG meetings which allowed us an opportunity to discuss the impact of patients using A&E and 111 instead of their surgery during opening hours where applicable.

The staff took a proactive approach in making patients aware of the correct service to use and only to use A&E and 999 in an emergency or life threatening situation. Staff encouraged patients to use the Pharmacy First scheme and the surgery as their first point of call.

What actions were taken to address the priority?

The practice has started having 'open access' clinics on a Monday and Friday.

The practice became actively involved in using the Pharmacy first scheme for minor ailments.

The practice signed up and took part in the winter pressure scheme whereby the surgery opened on Saturday mornings between November 2014 and March 2015 to help to ease the pressure on the A&E department at weekends.

The practice also signed up to the avoiding unplanned emergency admission DES and the children with complex care need LES, both of which have a robust system in place. This scheme gives those patients most at risk of A&E attendance easier access to the GP/Clinician on a daily basis which hopefully helps to ease the pressure on other services.

The A&E attendances are monitored by the practice manager on a weekly basis. She works closely with the other community teams to reduce any repeat attendances and uses the risk stratification tool and communications via system one to help with this process.

The practice has monthly MDT meetings where patients at risk of having unplanned admissions are discussed. Any appropriate clinical staff are invited to attend and the teams work together to find solutions to any problematic patients.

Since its inception the practice has proactively advertised the 111 service on its notice boards/ new letters and website. Leaflets and handy credit card sized cards are given to patients who are encouraged to keep them for future reference.

The surgery has a designated notice board for minor ailments which identifies the most appropriate course of action for patients to take should they have a medical problem.

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

Pharmacy First: The practice is now using this tool on a daily basis and we have found that it is having great impact on the demand for GP appointments. The practice is actively promoting self care and patients seem to be taking this on board rather than first port of call being the GP surgery. We have a designated notice board that gives advice on treatment for minor ailments. We have handy handouts that patients can take away and keep for future reference.

Open Access Clinics: on a Monday and a Friday the practice operates an open access clinic, on these days appointments are only available on the day. These appointments are for people who have a medical problem that cannot wait until the next bookable appointment. Their call is triaged and they are given a time to attend surgery on that day. The times that the clinics are held can vary as we try to accommodate our patients. (ie: times can be changed during school holidays and when patients are fasting for religious purposes, we also have an evening session in order to accommodate those who work). The number of patients seen can vary from week to week (approx 40 patients per session). We have found that since our implementation of this clinic there has been a drop in numbers of patients using the out of hours service.

Winter Pressure campaign: As a result of the surgery being open from November 2014 until March 2015, the practice has helped to reduce the number of attendances at the A&E and out of hour's services. As we have been able to open some of these appointments on a Friday we have been able to offer next day appointments and cut down on the number of patients who would have attended Ooh on a weekend.

Carers: We have a designated notice board in reception which has information for carers, this is updated at regular intervals by a member of carers UK who comes into the surgery, we can also pass any information onto to her at this time.

At the time of registration any new patients who are identified as carers or as being cared for are given information on how to access any relevant services and appointments etc.

Information given to patients via:

Notice boards in surgery

Practice leaflet

Practice news letter

Telephone encounters

Verbal contact with patients

Practice website updated

Messages added to back of prescriptions

Practice jayex board has messages added

PPg Members took information out into the community.

Community staff (District nurses/health visitors/ school nurses/ Community matron) advised of any information that may be appropriate to pass onto the patients they see in the community in particular housebound patients.

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):

Appointments: we have seen a drop in the number of appointments that have been missed this year (by about 10 per cent). The introduction of the open access clinics on a Monday and Friday has really had an impact on this as patients can ring up and be seen on the same day. We have also seen it have a knock on effect the rest of the week as the telephones are quieter first thing in the morning which is having an impact on the reception staff. The introduction of the SMs messaging service has also helped as patients are being reminded 24 hours before their appointment is due. We have noticed that we are receiving more cancellations and this is having an effect on the pre booked surgeries as staff can sometime offer same day appointments on these days also due to these cancellations.

Minor Ailments/self care: As a practice we have really tried to educate our patients on when and what cause of action is best to use for their medical problems/queries. We have taken part in the Pharmacy First scheme since it started and as a result we have seen a decrease in the number of patients coming in to see the GP for things that they can get from the pharmacy. We have a practice Minor ailments notice board that offers handouts for patients to take away to help them treat certain ailments themselves. We try to update this with the seasons to offer topical advice such as hay fever and how to treat sunburn in summer. Cough, colds and sore throats and how to protect against the cold in winter.

NHs 111 & A&E Attendances: The practice has taken part in the Winter pressure scheme from November 2014 to March 2015 which has allowed our patients access to see a GP on Saturday morning. This has hopefully helped to ease the pressure on the OOH services, we have also found that our numbers of patients accessing the OOH service over the weekend has reduced slightly and we believe this is due to the open access clinics that we hold on a Monday and Friday as patients know that they will get to see a GP if they ring on a Monday morning therefore if their problem isn't too urgent then they are waiting till after the weekend.

Service Groups: The introduction of a guest speaker at our PPG has had an impact on our practice as we are able to offer services to our patients that they may not have accessed before. The practice has referred several patients on to these services with some really good results and feedback from patients. Our PPG members have really enjoyed these sessions and they have taken the information back into the community.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 24.3.2015

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?