Annex C: Standard Reporting Template

Basildon and Brentwood Clinical Commissioning Group

NHS England Local Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template



Practice Name: **CLAYHILL MEDICAL PRACTICE**

Practice Code: **F81006**

Signed on behalf of practice: Practice Manager: Marie Venkatasawmy Date: 17.3.15

Signed on behalf of PPG: CS, MM, PB, AH,JG,MZ ,NP, B Date: 17.3.15

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

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| Does the Practice have a PPG? **YES held and maintained was established in 2009** | |
| Method of engagement with PPG: Face to face, Email, Other (please specify) **at our Bi monthly meetings, face to face , via email and telephone/mobile** | |
| Number of members of PPG: **12 Members though this may change.** | |
| Detail the gender mix of practice population and PPG:   |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | 51% | 49% | | PRG | 33% | 66% | | Detail of age mix of practice population and PPG:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | | Practice | 20.2% | 8% | 14.2% | 13% | 13% | 10.3% | 8% | 8% | | PRG | 0% | 0% | 8.3% | 16.6% | 16.6% | 25% | 8.3% | 8.3% | |
| 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 | 45% | 0.2% | 0.0% | 3.2% | 0.6% | 2.5% | 0.3% | 0.6% | | PRG | 33.3% | 0% | 0% | 8% | 0% | 8% | 0% | % |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Asian/Asian British | | | | | Black/African/Caribbean/Black British | | | Other | | | % | Indian | Pakistani | Bangladeshi | Chinese | Other  Asian | African | Caribbean | Other Black | Arab | Any other | | Practice | 0.3% | 0.1% | 0.2% | 0.1% | 0.4% | 2.7% | 1.1% | 2.5% | 0.0% | 0.1% | | PRG | 8% | 0% | 0% | 0% | 0% | 25% | 0% | 8% | 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 continues to publicise, promote and actively recruit members by:   * Face to face interaction via our receptionists and opportunistic invitations by the Practice staff * Details on our Practice website * Various forms of advertising such as poster, leaflets in our waiting room * Word of mouth for patients within the community * Practice Newsletter | |
| 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  The Demographics of Vange in particular is rapidly and we recognise the need to reflect the population as we could increase representation of other groups in the population. We will endeavour to expand our survey/feedback forms to help identify which communities have not been reached.  If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:  Initial attempts have been made to look at opportunities for engaging with stakeholders such as housing associations, faith groups and primary schools to maximise opportunities to recruit more members. Our annual Health Awareness event, held on a Saturday will be a useful starting point for this engagement.  We will continue to advertise through diverse channels and other service providers in order to reach patient’s living with/experiencing health conditions and other specific parts of the Practice population which we have been unable to reach. | |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:   * Friends and Family -The new Friends and Family test - “How likely are you to recommend our service to friends and family if they needed similar care or treatment?” monthly review/comments cards given to patients * In house surveys * Face to face comments * Our complaints procedure is another form of constructive criticism and feedback to learn from. * CQC-Our eagerly awaited CQC report that took place on Tuesday 13th January 2015 * CQC Intelligent monitoring report November 2014 * Suggestions and comments box in our waiting room area * Forums and focus groups clinical and others such as Practice manager meetings, at other locality meetings, Feedback from the Arterial Patient Engagement Group (PEG), Patient and community Reference Group (PCRG) * Networking and engaging with other GP practices, at events such as Time to Learn, Essex Equip, our training department will give us details of many upcoming events in area and speaking to my peers in different sectors can be a great way of getting some useful feedback on my GP practice and within my sector of how to become a successful GP practice and deliver patient care and services. * Others -such as NHS/CCG news-patients and public inviting to the BBCCG patient event held on the 16TH October 2015- members of our PPG attend. PPG members also attended CCG meetings on the 18th February-care co-ordination and frailty Workshop. On the 19th March 2015-Integrated Health and Social Care Event, looking at way forward for Community Care Services. |
| How frequently were these reviewed with the PRG?  Patient feedback is regularly discussed at PPG meetings .The Plan for 2015 is to develop a more consistent and proactive approach to the review to help identify trends or issues of concern  (Members of our PPG attend Locality meetings where they then elect someone to attend the PRG meetings; they then attend the CCG meetings)  This is the up and down process of how sharing of information occurs. (We have a PPG not PRG) |

Action plan priority areas and implementation

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| Priority area 1 | |
| Description of priority area: Summer event 2014. Open day -Health Awareness day 2014 | |
| What actions were taken to address the priority?   * Health awareness event set up to discuss and outline required actions for the event and named leads * Regular liaison between the Practice Manager and working group to ensure internal and external actions followed through * Engagement with service providers/partners regarding the networking/Marketplace set up for the event * Advertising and marketing of the event | |
| Result of actions and impact on patients and carers (including how publicised):   * The event was a success and turnout was encouraging * The event will now be organised annually * Participants benefitted from the information stalls and their awareness increased on Healthy Lifestyles and well being * The event was a successful networking opportunity for stakeholders and the different health departments to get to know each other’s organisation and what they do. * To increase awareness of healthy lifestyles and good living - health awareness and education for our patients. * A brief piece on the vent was published in the Practice’s first edition newsletter with copies in waiting room and on display board in waiting room | |
| Priority area 2 |
| Description of priority area: Did not attend patients (DNA’S) e.g. Month of September we had 121 DNA’s. 7 Advanced booking slots, 105 normal slots and 9 Embargoed slots wasted. Needed to do something about these wasted slots. |
| What actions were taken to address the priority?  The PPG discussed the DNA (did not attend) policy to ensure that this was being adhered to. The desired outcome of our discussions and future actions is to stop appointment slots and time being wasted. The PPG backed staff to implement sanctions if necessary to minimise DNA rates.  Staff and PPG looked at ways in which patients can be involved in the analysis of the increase in DNA rates, the implications of patients cancelling without notifying the Practice or just not turning up in order to put in place meaningful corrective actions |
| Result of actions and impact on patients and carers (including how publicised):   * A decrease in DNA’s and a change in patient’s attitudes towards appointments * Patients have stopped DNA and now call up to cancel, making an appointment slot available for another patient. * More appointment availability which helps staff * Offer more patient choice in an emergency or same day appointments when required |
| Priority area 3 |
| Description of priority area: Phlebotomy Clinics- High priority, HCA moved on due to progression |
| What actions were taken to address the priority?   * GP’s took on phlebotomy at the time * Advertised position of HCA/Phlebotomist * Networked with other GP practices to put the word out that CMP needed an HCA * Had to signpost our patients back to Basildon and Thurrock Hospital for their bloods to be taken |
| Result of actions and impact on patients and carers (including how publicised):   * We now have our Phlebotomy clinics back, there was only one month without a Phlebotomist * Easy access to local service for our patients who otherwise have to travel to Basildon & Thurrock Hospital and sit waiting for long periods of time * Freed up GP time to do assessment, diagnosis and treatment of patients |

**Progress on previous years 2014-April 2015**

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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| **Topic:** | **Discussion with PPG** | **Action** | **Responsible**  **lead** | **Set date**  **Deadline** |
| **1.** Patient awareness  & Informatics | Extending appointment slots if needed from 10 min to a 20 min slot  To allow more time to discuss matters concerned | If receptionists know nature of problem  Sign at front of reception now giving more information on these appointments | Receptionists | April 2015  This is an on-going process |
| **2.** Differentiation of  Extended slots, phone appointments  & home visits | What qualifies as a reason for an extended, phone, home appointment?  When to allocate more time for an appointment | A leaflet informing patients about home visits, phone and extended appointment slots  Informing patients of when these are available, type of appointment & when to request an extended slot(Listening and engaging with patients)  **We all listen and engage with our patients constantly** | Receptionist +  PM | April 2015  On-going +in progress |
| **3.** Clinical waiting times & Delays | When doing a survey again to elaborate on questions regarding time factors  Reviewing the percentage of positive answers and then to consider more options | Review appointment times  Causes of delay when waiting for an appointment, frequency of delays why the delays occur  Improve waiting times by looking at all the above aspects-consider on- call arrangements  Add a patient waiting time form which the patient can fill in regarding there appointment and duration of wait if too long- **in progress** | Doctors +  PM | April 2015  On-going and in progress |
| **4.** Patient access & online services | Not enough patients booking on-line | To promote and provide this facility- **in progress and continuous**  Online access given to all PPG members - **Completed**  Website and via the receptionist | Receptionist +  PM | April 2015  On- going Process |
| **5.** Online prescribing  Repeat prescribing | Patients unaware that can do this  Advantageous to people with personal commitments & work, also housebound patients | To promote and facilitate via waiting room notice boards(posters)  Website  Through the PPG  Via the receptionists verbally  **All in progress and continuous** | Receptionist + PM | April 2015  On –going process  (To deliver & tailor to patient’s needs) |
| **6.** Practice Website | Cascading down patient awareness & informing them about the Practice-Patient awareness and informatics | Regular updates to the website this includes different events and information about the Practice.  **In Progress and Continuous throughout the year** | Receptionist + PM | April 2015  On- going process |
| **7.** PPG Promotion &  Advertisement | To involve and increase our member status  Diversify the group more e.g. mothers with children, male participants and carers  Different gender and ethnic backgrounds | To promote and advertise on the website to join  Market the PPG through causes such as the practice website, verbally-word of mouth, advertises through care homes, radio and leaflet.  **In progress and continuous throughout the year** | PM+ PPG +  everyone | April 2015  On- going process |
| **8.** Summer Event 2014 | An event that promotes our Practice and what we have to offer, as well has what we do | Promotion and increasing patient awareness of healthy lifestyles and good living through this event with stalls on advice and literature from different departments and services.  Promotion and education - to now become a yearly event | PM+PPG +  everyone | **Health Awareness Open day**  **18.10.2014** |

1. PPG Sign Off

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| Report signed off by PPG: **YES**  Date of sign off: **17.3.15** |
| How has the practice engaged with the PPG:  At our Bi-monthly meetings or when a meeting needs to called ad-hoc, as well as via the phone, mobile and email.  The GP’s attend the meetings a couple of times a year plus other staff e.g. Practice nurses    How has the practice made efforts to engage with seldom heard groups in the practice population?  Via our Practice website which is open to people to use if they want to be in contact with us  Advertisement within the practice –waiting room and at reception  Has the practice received patient and carer feedback from a variety of sources?  Yes as above in question 2 review of patient feedback sources of feedback  Verbally- word of mouth,  Patient survey-written and paper based  Practice website –computer and electronic sources.  Was the PPG involved in the agreement of priority areas and the resulting action plan?  Yes- advice and guidance taken on board – discussed with PPG members 17.3.15  How has the service offered to patients and carers improved as a result of the implementation of the action plan?  All patients have the ability to join the PPG  All have access to the FFT comment cards at reception  Our Practice is aware and understanding of the need for patient feedback to improve services for everyone who access it.  We look at all comments, suggestions and deal with complaints as a way to move forward and progress.  We are waiting for our CQC report and outcome to see if there are any issues or actions to be reviewed and improved upon.  We will monitor and action these if the need is required.  Do you have any other comments about the PPG or practice in relation to this area of work?  The Practice is extremely proud of the Clayhill Medical Practice Patient Participation Group.  It is an active and dynamic group, the members that are in the group give their time and energy towards supporting this Practice  When the practice had the CQC visit members of the PPG came along and answered questions from the CQC inspectors.   |  | | --- | |  | |

Publication of report and achievements

A copy of this report will be uploaded onto our Practice website and this will be a true and current reflection of the work undertaken with regards to our patient participation DES scheme 2014/15 requirements.

This report will also be emailed to our members of the Patient participation Group and then to be discussed at our next meeting 17.3.15.

The wider practice population:

Copies of this report are available on our Practice website at [www.clayhillmedicalpractice.nhs.uk](http://www.clayhillmedicalpractice.nhs.uk) and hard copies will be available in the waiting room.

Brentwood and Basildon clinical commissioning group –our locality manager

To NHS England

To be uploaded electronically onto our Practice website and a copy sent to NHS England by no later than Monday 31st March 2015