

Annex D: Standard Reporting Template

Dudley (BSBC) Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: High Oak Surgery

Practice Code: Y02653

1. 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)	Face to face, telephone, email
Number of members of PPG: 14 from High Oak Surgery (including virtual members)	
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:	
<p>We now have a separate PRG for High Oak Surgery and still have a very diverse patient population. We still advertise the group in a variety of ways including display posters in the surgery and add the information to the bottom of our new patient questionnaire. We also advertise the PPG on our website and on NHS Choices. We have a notice on our PRG notice board in the waiting room and notices on all clinical room doors.. Our local pharmacist also tries to involve patients for us. The GPs also try to involve patients particularly if they feel they could be helped by the support of the group.</p> <p>We have had interest from other ethnicities as virtual PRG members and hope that their interest and involvement grows overtime.</p> <p>Patients are encouraged to join the group to express any concerns regarding both the surgery and secondary and community services. We always let them know that their concerns, comments and ideas are important to us.</p>	

However the original members we do have are very committed and involved. Three of them also attend POP and POD meetings and are involved with other supporting organisations

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:

2. Review of patient feedback

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

Patient questionnaires, comments of NHS Choices, cards and letters from patients, face to face comments, notifications on Practice Facebook page
This is the same for both surgeries

How frequently were these reviewed with the PRG?

Quarterly in general or more regularly if following up a questionnaire. We also discuss Friends and Family Test feedback every 6 weeks.

3. Action plan priority areas and implementation.

Priority area 1

Description of priority area:

To try and get a more diverse PRG in place. Although our last recruitment drive was very successful we still have no representation from disabled patients and those from the African sub-continent or Eastern Europe. We did recruit two members from the Asian community which we were very pleased about.

What actions were taken to address the priority?

We carried on advertising for new members and had some face to face conversations with patients from selected groups when they attended the surgery. There was some interest but many said they had little time to commit owing to family commitments. Some admitted to language difficulties which caused poor confidence levels in mixing with other patients. We therefore suggested they may wish to become virtual members initially until they had more time to spare and until they felt they could communicate well enough to be comfortable at the meetings. One patient with physical difficulties also felt they wished to contribute virtually and their interest was welcomed. Three patients who seemed interested in the virtual PRG left their email addresses for us to circulate agendas and minutes to them hoping to gain further interest in the future.

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

Any patient who left their email were sent a welcome email in response or were called by telephone.

We also put a thank you on our Facebook pages.

Any patients interested in the PRG are told that we are appreciative of their time and if their input is only on occasions we were still very grateful. We have carers who are PRG members but up now no PRG member who needs a carer to get them to the meetings. If ever this was the case we would welcome and accommodate carers throughout the meeting or give them a definite time to return to pick up the patient in their care.

Priority area 2

Description of priority area: We now need two GPs every day to cope with the increasing list size at High Oak but unfortunately lack of room space means that this can only be done on two days every week. Also there were a couple of areas highlighted in the recent patient questionnaire. These are the unsuitability and positioning of the patient toilet and a feeling that the building could be better kept and cleaner. The partners worry that we will not pass any CQC visit because of the type of building and the failure to pass some of the areas for Infection Control areas.

What actions were taken to address the priority?

Discussions with the PRG at every meeting about our regular contact with NHS England regarding land availability and the eventual building of a new surgery. This is imperative in order for us to achieve our required list size of 6000 patients over the next four years.

We have actively been in recent discussions with the CCG to try and address the situation on a short term basis. They have agreed to our need for extra space and have had discussions with the architect and NHS England.

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

We have a very small waiting room and poor facilities which has an impact on a growing patient list size. There is poor wheelchair access once inside the building and nowhere for patients to go if they are feeling unwell or distressed in any way while they are waiting for their appointment. We do apologise verbally to patients/carers about lack of facilities and most take it very well indeed and understand. We also answer all comments whether they be praise or complaint that get onto NHS Choices as we feel it is only proper that if patients go to the trouble to write a comment they should get polite and helpful response in reply.

Priority area 3

Description of priority area:

The importance of recruiting a female GP since the original 3 female partners left High Oak at the end of October 2016. This has concerned us as it has not only left us short of GPs but also greatly reduced our patient choice.

What actions were taken to address the priority?

We have had the services of a female Locum GP on a semi-permanent basis but her commitment is very hit and miss. We have actively tried to recruit for over 2 years and have now involved the services of a recruitment agency to help us with this process.

We now have two excellent female GPs to interview in the next two weeks and are hopeful for a successful outcome in the very near future.

Result of actions and impact on patients and carers (including how publicised): Less patient choice with no female GP. Notices were put in the surgery and on our facebook page informing patients when the original female GPs left us. We have had very few complaints as the patients have been very understanding. A handful of patients left us to go to KMP to see the female GPs they preferred.

The CCG were also informed of the change and we have amended our CQC Registration and GP details

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):

We now have a separate PPG for High Oak. All work and progress made by the PRG was for patients of both surgeries but we now concentrate on the needs of the Pensnett population.

Because of some of the unique health and social care problems of many of our patients we have had to change the way we carry out our consultations. We continue to build upon our success with patients who cannot read and write. This puts extra pressure on the GPs and ANPs but we feel that the effort is beginning to pay off.

Health education is important to our overall care and we promote patient well-being wherever we can. We found that patients were asking to see a GP for every problem and wouldn't necessarily accept our advice that other health professionals were sometimes better suited to handle their problem. Every patient who sees the correct professional instead of a GP gives us more appointments to offer to clinically sick patients.

To try and promote this further we have had two annual Christmas party and education afternoon at the local Community Centre. We invited a whole range of health professionals and other agencies such as Crossroads, Integrated Plus, Winter Warmth, Alzheimers Society and Action Heart to attend. We also invited the Police and the Fire Service.

The events were well advertised and our very frequent attenders were sent individual invitations to attend.

Although these events were not very well attended, those patients that did come felt that it had been a very useful event. Some locals who were not registered with us also came to see what it was all about and were obviously impressed as they then joined the practice. Everyone also had a nice free lunch.

AS with previous years we are still working from very cramped temporary accommodation and are finding it difficult to offer all of the services to fulfil our contract. The PRG are very aware of this and have worked with the wider community and local Councillors to further our case for improved premises.

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?