

Annex C: Standard Reporting Template

Schedule M

Hertfordshire and South Midlands Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Medici Medical Practice

Practice Code: E81073

Signed on behalf of practice: Elaine Johnson

Date:29/03/2015

Signed on behalf of PPG: Gary Ames

Date:29/03/2015

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												
Number of members of PPG:13 PATIENT MEMBERS PLUS PRACTICE STAFF												
Detail the gender mix of practice population and PPG:					Detail of age mix of practice population and PPG:							
	%	Male	Female									
	Practice	6064	5641	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
	PPG	6	7	Practice	1275	457	1103	1010	900	631	431	259
				PPG	0	0	0	0	2	4	5	2

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	90	11	0	51	11	2	1	7
PPG	10	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	10	26	9	3	16	18	11	5	2	11432
PPG	2	0	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 PPG has been advertised to all patients via the website and within the Practice. The information is available in a variety of languages on the website and has been translated into Polish within the surgery as this is a growing ethnic group within the Practice. The Practice does not have a complete ethnicity demographic for the registered population. Ethnicity is requested on registration to the Practice and is recorded when given. Any figures from our current system would not accurately reflect the ethnicity demographic as it would not be complete.

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?

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:

Health watch survey

CQC report for February 2014

CQC report for November 2014 – NB PPG had direct input into the report. Chair of the PPG spoke at length to the Lead Inspector prior to the site visit.

Medici Medical Practice Website

Review of complaints and procedure

Friends and Family test

NHS Choices

How frequently were these reviewed with the PRG?

Meetings have been held every 6 weeks (approx.) and the agenda is open to all to develop.- minutes available on request or can be viewed on the Medici Medical Practice website.

Action plan priority areas and implementation

Priority area 1

Description of priority area:

Patient survey. The PPG aim to capture the views from a proportion of our practice population who are regular users of the service. It is anticipated that patients will feel more confident in speaking to a fellow patient and be more open with their views on the service. It is hoped that ideas for future priorities will evolve from the results of the survey.

What actions were taken to address the priority?

A subgroup has been tasked to develop a local patient survey and implement the survey. This is in addition to the national patient survey.

A questionnaire is being developed and individuals within the PPG have volunteered to engage with the patient group.

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

On-going project.

The results will be publicised on the website and within the Practice.

Priority area 2

Description of priority area:

Reinstatement of a local rate number and the termination of the 0844 number.

What actions were taken to address the priority?

Views on the use of the telephone services and numbers were taken from the PPG. All felt that the use of an 0844 number was not advisable and its replacement with the local number would be beneficial to all.

Meetings were organised with various providers and the results were discussed with the PPG.

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

0844 number ceased to exist in November 2014. A complete telephone system was installed at the Practice giving better telephone access and call queueing facilities.

Recorded in the meeting minutes and publicised on the website. All paperwork for the surgery was altered to reflect the change of number.

Priority area 3

Description of priority area:
Improving Patient access to a clinician.

What actions were taken to address the priority?

The Medici Medical Practice introduced a system of telephone triage to ensure appointments were being efficiently utilised. This involved all requests for an emergency appointment was assessed during a telephone call, by a dedicated clinician who would decide the urgency of the condition; making appointments as required. In addition to this, telephone consultations were given when appropriate allowing greater access to a clinician to a wider patient group. This included access to those who were working during the day, or those who were able to have their condition assessed and actioned during the telephone call. The trial was discussed with the PPG prior to its implementation and regular updates were given to the PPG members. The Practice listened to the concerns raised by the PPG which included the effect on vulnerable patients, assessing the risks of a telephone service and the responsibilities and training of the clinicians. Each are was discussed at length and the views and ideas from the PPG were included within the trial. There has been regular monitoring and reporting regarding the trial to the PPG.

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

The trial was discussed with patients as they telephoned the surgery and the availability of telephone consultations raised and utilised. The trial is still ongoing and has had a positive effect on the access levels for the surgery. Positive feedback has been received and the number of requests for telephone consultation is rising. It is viewed as a viable option for the future.

3. 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 Patient Participation Group has now evolved into a strong, regularly attended group who are keen to give their opinions and assistance to the Practice. The Practice ensures that there is a senior management and clinical specialist presence at each PPG meeting. Minutes from each meeting are published on the Practice website, once agreed by the group.

There have been a variety of issues discussed over the last year. These include the following:

The systems of the NHS

Signage

Room layout

NHS Choices

Health watch survey

Medici Practice website content

Review of complaints and complaints procedure

Friends and family test

Telephone systems and the removal of the 0844 number

Telephone triage system

Patient access

Medicines management- changes to the prescription ordering service

Overview of the clinical computer system and what the clinician can see during consultations.

CQC visit in February 2014

CQC visit in November 2014- with direct PPG input.

The PPG have plans to become involved in delivering and developing a patient survey to reflect the views of regular users of the service. The PPG members are keen to become more involved within the Practice and are investigating the possibility of volunteer work within the Practice. Other ideas for the future include a dedicated webpage for the PPG members within the practice website. The PPG and practice will continue to work together and is open to all adult registered patients and the meeting dates are published on the website and within the surgery.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 29/03/2015

Has the report been published on the practice website? YES

Please insert web-link to your report: www.medicipractice.co.uk

How has the practice engaged with the PPG:

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

The practice has made pro-active efforts to engage with all patient groups and GPs have also approached members of seldom heard groups to raise the profile of the PPG. There is further work to be undertaken to alert local Voluntary Sector groups to the work of the PPG and also via the CCG PRG which itself has good links to a vibrant local voluntary sector.

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

Yes and via the PPG. The PPG Chair is a Commissioner on the Standing Commission for Carers (SCOC) which provides independent advice to the Secretary of State for Health and the Minister for Care Services on Carers issues and the implementation of the national Carers strategy. The PPG receives briefings from the Chair on matters of importance and interest to Carers. The practice is working on enhancing the identification of carers and recording in medical records

Was the PPG involved in the agreement of priority areas and the resulting action plan?

Yes very fully. The PPG has been in existence in its present format for just over a year and whilst much work is still to be done , time has been invested in development of priority areas. A CQC inspection report was used together with a report from local Healthwatch (who visited all practices in the CCG) to determine priorities. The PPG Chair also has regular discussions with the Practice Senior partner (who attends every PPG meeting) to agree areas for focus and the PPG minutes show progress against each area discussed. The most recent CQC inspection provides evidence of the work on each area. The Chair of the PPG and the Senior Partner will also be looking at a list of short and medium term priorities to be brought to future meetings.

How has the service offered to patients and carers improved as a result of the implementation of the action plan?

Yes, although the measurement of improvement can be notoriously difficult. The PPG Chair through SCOC work has been involved in RCGP and CQC consultations on Carers and Carers support and through these contacts will ensure these issues remain “centre of table”

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

The PPG Chair has been a PCT NED for a number of years and just completed a 2 year term as a CCG lay member in which he was involved in helping the establishment of PPGs across the CCG and has noted that the GP engagement in the Medici PPG is far stronger than seen elsewhere with the senior partner and Practice Manager and at least one or two other members of staff (clinical and office) attending each meeting. The Practice have enthusiastically embraced suggestions and an initiative emanating from the PPG regarding transplant donors may well be taken into a national pilot to be run by the Practice

Please return this completed report template to england.enhancedservices-athsm@nhs.net no later than 31st March 2015