

## Patient Participation Enhanced Service 2014/15 Annex D: Standard Reporting Template

London Region North Central & East Area Team

Complete and return to: [england.lon-ne-claims@nhs.net](mailto:england.lon-ne-claims@nhs.net) no later than 31 March 2015

Practice Name: Killick Street Health Centre

Practice Code: F83063

Signed on behalf of practice:

Date:25.3.15

Signed on behalf of PPG:

Date:11.3.15

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

Does the Practice have a PPG? <b>YES</b>
Method(s) of engagement with PPG: Face to face, Email, Other (please specify) Email, telephone and face to face.
Number of members of PPG: 13 <b>.....</b>

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Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	5318	5724
PRG	2	11

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	1778	1722	3479	1709	1099	617	322	316
PRG	0	0	0	4	2	4	2	1

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	3794	270	1	2882	225	306	160	245
PRG	8	0	0	1	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	235	81	602	379	244	804	304	374	24	112
PRG	0	0	1	0	0	2	1	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:

- 1.Regular invitations to join the PPG are portrayed on the overhead projector in the waiting room.
- 2.Individual GPs ask patients that they are seeing if they have an interest in joining the group. I note that female GPs see far more Muslim women than our male counterparts and we can target these difficult to access groups.
- 3.Twitter updates are made, again with invitations to join the PPG, particularly aimed at our younger (ages 17-24 and 25-34) population who are more likely to access Twitter.
- 4.We visit our local student building NIDO regularly to recruit new patients. Part of our introduction to the practice is to ask if a

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student is interested in joining the PPG. The students range in age between 17-24 though they can be older postgraduate students in the age range 25-34.

**5. We are asked regularly by our school age patients if they can do some work experience here, especially if they are interested in studying medicine. They are not allowed to do work experience because of their knowledge of the local area and local patients but we do offer membership of the PPG, hence targeting our <16 and 17-18 year olds.**

**6. Duke of Edinburgh awards run in school will give merit to students who are a member of our PPG. Our local schools are aware of this.**

**7. We carry the Rainbow sign of inclusivity which endorses us as being accessible to patients with different sexualities. I note that one of our PPG members is disabled, one member is lesbian and another member is homosexual, thus representing other groups within the practice population.**

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:

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### 2. Review of patient feedback

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

1. Friends and Family feedback (relatively new source of feedback with results from January 2015 onwards).
2. Complaints and suggestions made by individual patients, either in writing or verbally. I note that Alison, our Head Receptionist and Secretary of the PPG deals with verbal complaints at the front desk as part of her job and can feed back to the PPG personally about this.
3. We have a group room that is used by different local voluntary groups for example Carer's Hub, Expert Patient Programme, the REACH team, the local councillor, 'Stay and Play' Family Support Group. We ask for feedback about the practice from these groups on a quarterly basis.
4. Healthwatch local survey (one of our PPG members is very involved with Healthwatch)
5. NHS Choices website, iwantgreat care,org internet sites.
6. Feedback from individuals working within the practice for example visiting translators (we have weekly translation clinics for Turkish and Bengali clients)
7. Exit interviews for staff, including GP registrars. Our last GP Registrar Craig was very involved with the PPG. He left in August 2014.
8. Feedback from locally commissioned services such as the Patient Activation Management, long term conditions and the Warfarin service. The practice has worked with patients on more patient activation , in particular using the National Year of Care systems for reviews of all patients with COPD and Diabetes. More care planning within consultations has given us feedback about individual patients' experiences of their health care.

How frequently were these reviewed with the PRG?

Every three months

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### 3. Action plan priority areas and implementation

Priority area 1
Description of priority area: Establishment of the Terms of Reference for the PPG
<p>What actions <u>were</u> taken to address the priority?</p> <p>In early 2014 our GP registrar Craig researched a range of possible Terms of Reference. Two of our PPG members took away the two different options and simplified/stratified them to make them more appropriate for Killick Street Health Centre. We reviewed the newly presented terms with all the PPG members (either via email or in person at a PPG meeting) and agreement was made on the terms of reference.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>The Terms of Reference have been placed on our website, on our 'Help Yourself to Health' noticeboard (see Priority area 2) and on our overhead projector. More interest in the PPG has been garnered as a result. Patients have said that they are 'pleased that there is such a body', even if they haven't time to get actively involved in the PPG.</p>

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Priority area 2
Description of priority area: Empowerment/enablement of patients to help their own health.
<p>What actions <u>were</u> taken to address the priority?</p> <p>At PPG meetings in late 2013 and early 2014 we discussed that patients were unaware of all the resources at Killick Street Health Centre and in particular those that they could access independently, 'under their own steam', without the need for a professional referral. For example the psychology services (across a range of age groups from child to adult), physiotherapy and drug and alcohol counsellors.</p> <p>We discussed within the PPG meetings and on email how best to publicise this information. We were aware that some information was already on the Practice leaflet and the website. However we decided that an area of the practice allocated specifically to patients and designated 'Help Yourself to Health' would be most helpful. We have a designated noticeboard with information about access both to clinical services eg physiotherapy and local community groups. We also highlight health issues such as 'stop smoking' and 'healthy eating' when being publicised nationally.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>The result of this has been easier access for patients to antenatal outpatients, drug and alcohol counsellors and psychologists, to mention only a few of the options available. Patients have also been made aware of local groups that they can access such as 'The Parent House' and 'Expert Patient Group'</p>

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There has also been a change in patients' sense of empowerment and in their ability to care for their own health.



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### Priority area 3

Description of priority area: Communicating with Patients: Expanding our Scope

What actions were taken to address the priority?

Having discussed with the PPG about our poorly publicised resources in late 2013 and early 2014, we turned to our communication strategy in general. We felt that the ways in which we communicated with our patients, in particular our younger patient population, were limited. We started to use a Twitter account and made use of our texting facility more, including texting patients 24 hours prior to their appointment as a reminder. We also developed 'business cards' for each of the GPs, which details the days of the week and the times available for consultation, either by phone or in the surgery. We actively encouraged telephone access, and each GP was given their own individual phone clinic which they could direct patients to use.

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

We've been able to reach more patients and crucially our younger tranche of patients using Twitter and texting. We've been able to publicise national health issues. We've publicised our phone clinics on the overhead projector and on the website and GPs have highlighted the option in individual consultations.

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Progress on previous years

Is this the first year your practice has participated in this scheme?

No

If you have participated in this scheme for more than one year, outline progress made on issues raised in the previous year(s):

Improving Access

Our PPG survey 2013/14 found that patients had a high perceived need for urgent 'same day' appointments. We've responded to this need and provide an opportunity for any patient who wants to see their named general practitioner that day to speak to their GP in a phone consultation. If the problem can't be resolved on the phone then the patient is offered an appointment in the surgery, usually with the named GP. As a result, each GP has a relatively large phone clinic attached to their face to face surgery. In fact a relatively low proportion of patients are brought into the surgery for face to face review as the majority of patient issues can be resolved on the phone. We continue to audit our patient access and strive to improve it.

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### 4. PPG Sign Off

Report signed off by PPG:

**YES**

Date of sign off: 11.3.15

How has the practice engaged with the PPG?

They have engaged with us in a helpful and proactive way. They respond to criticism and include us in decision making.

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

We won't reiterate the points made by the practice in earlier parts of the report. We confirm their legitimacy. The practice has the sign 'Welcome' in different languages on the front door. They are clearly engaged with their role of providing a source of health and help to their many and varied population.

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

Yes the practice has responded to a wide variety of patient feedback, some of it critical. Their response has been to take the criticism and praise 'on the chin' and build on them both.

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

Yes we've been involved in the discussions about priority areas and possible solutions. Our discussions have been minuted during the PPG meetings.

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

We feel that having a cohesive PPG with clear objectives (terms of reference) is crucial, and will encourage other patients to give their support to the PPG. Empowerment of patients to look after their own health is essential to the NHS of the future and local 'grassroots' ways of achieving this are vital. Expanding the ways of communicating with a wider age range of clients has allowed the practice to provide health advice to a much larger patient population.

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

Killick Street health Centre highly values the PPG input. The aim of the group is to be chaired and minuted by the members themselves, with the practice working in partnership with them. The PPG's next meeting is booked for April 2015 when we will be priority setting for the next year.

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