

Annex D: Standard Reporting Template

Kent and Medway Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Kingswood Surgery

Practice Code: G82016

Signed on behalf of practice:

Date:

Signed on behalf of PPG:

Date:

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) Bi monthly meetings, Monthly Chair meetings, Bi monthly Newsletter Editor and Chair Meetings.
Number of members of PPG: The Committee consists of seven committee members. All registered patients are considered as members of the PPG unless they opt out. Currently there are no opt outs. Data as requested below is not collected at Kingswood, however of our 3206 email PPG members the breakdown is as follows:

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	4713	5174
EMAIL	1740	1466

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	2067	647	1042	1398	1563	1097	993	1080
EMAIL	79	170	512	763	613	439	380	250

Detail the ethnic background of your practice population and PRG: [This information is not generally collected by the Practice](#)

	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								

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice										
PRG										

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:

By including all patients as automatic members of the PPG we know we are reaching the wider audience and that we are offering the same service to everyone and not just the patients who regularly attend the surgery. Membership used to be by sign up, by transferring to opt out, we are getting a much-improved cross section of patients to our talks and meetings. The PPG also has a 'virtual committee' to engage in general discussion if required.

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

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

We have a large number of nursing homes which we specifically targeted in our last survey. The possibility of having Patient Champions in the larger nursing homes is still on the agenda.

We continue to work on increasing the number of patient email addresses as a way of targeting all of our patients.

2. Review of patient feedback

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

Feedback was previously invited via a specific PPG comments collection box, this has been replaced since the New Year by the Friends and Family questionnaire, the FFT comments are fed back to the PPG Committee at each Meeting.

Via the feedback facility on the website

Three Saturday flu clinics were attended by the PPG Committee who meet and greet and generally circulate amongst patients, run the annual Christmas raffle and take feedback

Comments are on occasion fed back at the committee meetings

Feedback is invited via our newsletters, which are emailed out bi-monthly. Email addresses are collected for our patients ensuring a cross section of the community. Newsletters, Health Talks and other general information is fed out to patients via email this method reaches 3132 patients and has been well received.

How frequently were these reviewed with the PRG?

Bi-monthly at Committee meetings and at monthly meetings or by email with the Chair & Vice Chair if there are any priority issues. All feedback is discussed and recorded in the minutes of the meeting.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Surgery premises improvements –

Entrance

upgrade by widening and installing automatic doors to meet with DDA requirements
Improve facilities to ensure more confidentiality for incoming telephone calls/call handlers
Reception desk to allow more confidentiality and meet with DDA requirements
Undercover and more secure area for pushchairs etc
Soundproofing of upstairs clinical rooms

Nursing facilities

Bring nurses treatment rooms downstairs to improve access of facilities and improve time management for staff and patients
Update treatment room facilities to meet infection control standards

Waiting room

Increase and update waiting area and give specific space for children
Easier access to patient information

Car Park facilities

While on road parking has been achieved to give more space for patient parking, access across the car park to the building remains a risk factor for pedestrians and the disabled. Access to the entrance way will be via a marked pathway around the

perimeter of the car park and parking spaces re-configured.
Disabled parking bay needs to be re-located to the edge of the pathway.

What actions were taken to address the priority?

Design and planning carried out and funding applied for to help the partners modernise and increase the size of the facilities and generally improve the standards of accommodation and access and increase the services available.
The Surgery engaged the PPG in planning discussions from the outset and will continue to do so until completion. We shared proposals and discussed plans and sought PPG ideas, suggestions and approval.
We sought assistance from locally resident patients to 'adopt a doctor' for temporary car park facilities enabling the builders to use half the car park for their compound to ensure safety.
We engaged in discussion with disabled patients both visually impaired and limited mobility when planning our new access to the practice.

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

66% funding was achieved from NHS England and building works commenced at the end of October 2014.
Patients were notified via the website and a wall display with plans and drawings available in waiting areas.
Weekly A4 updates on progress were available to patients in waiting areas advising various areas of disruption; the same information was relayed to patients via the surgery website and the staff on their 'daily diary'.

Priority area 2

Description of priority area:

Supply support for healthy living as a response to comments and questions raised in last years survey.

What actions were taken to address the priority?

Health Living Group Sessions

Six Healthy Living talks to help with weight management and healthy eating, were held in the Surgery on the first Saturday morning of each month from September. The talks were designed and presented by Fiona Pring a qualified dietician and member of the PPG Committee. Fiona worked up plans and designed presentation slides which were put on the PPG area of the website following each Session.

Health Promotion Event – New Year New You

A Healthy Living project was carried out in Community facilities in a deprived area of the town. It was a full day event run in conjunction with the council and led by Dr Nicola Stone with Nurse Rachel Ferguson-Gow. The PPG were in attendance throughout the day sign posting people and generally supporting the event which was a great success. Many charities were represented with helpful information and contact points. The local TN2 Centre were very supportive and did much of the community organisation. It is hoped that the event will be repeated in this next year.

Diabetic Patient Peer Support Group Pilot

The PPG, Kingswood Surgery and VAWK have together initiated a Diabetic Patient Peer Support Group Pilot. The first phase of the pilot was to invite all diabetic patients registered at the surgery to take part in focus groups, with a number also being asked to get involved by volunteering to be Peer Supporters in those focus groups. Initially the surgery is looking to recruit two supporters who will be trained for their role by Voluntary Action Within Kent. It is anticipated the programme will provide fortnightly sessions

Health Talks

The PPG in conjunction with the surgery has continued to arrange quarterly Health Talks. Topics have been based on those requested from patients in the last survey. The talks usually consist of a presentation by a clinician from the practice and a speaker, a consultant or representative from a Professional Group or Charity.

Specialties covered this year were Avoiding accidents in the Home, Keeping your Kidneys Healthy, Addictions and Skin problems.

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

Health Living Group Sessions

The sessions were widely publicised by email, newsletters and posters and were well attended. A maximum of 20 patients were agreed, to enable patient interaction, debate and question. Attendance was a good balance of male and female patients with a varied age range. Each session was on a different topic and could be attended as a stand alone session or as part of a complete training regime. The sessions were very well attended and interest has been shown in repeating them in 2015.

Health Promotion Event – New Year New You

The event was opened up to all local residents and not limited to Kingswood patients. Both Kingswood and KCC publicised the event by email and newsletter and with specially designed posters and fliers.

Many visitors participated in the health section and had blood pressure and weight measured, this information was then, with the patients consent forwarded to their own surgeries. The public were encouraged to converse freely with the clinicians and seek expert help and advice on the topic and they had an opportunity to find out about services they didn't know existed.

It was an excellent opportunity to build bonds with the local community, with time to meet them face to face and get to know them a little better. The interactive stands were thought-provoking, giving local people the chance to really challenge their interpretation of health from a physical, emotional and mental health wellbeing perspective. We were thrilled with how the day turned out and grateful to have had the chance to meet people from the local community.

Diabetic Patient Peer Support Group Pilot

The pilot programme will run until March 2015 when it will be evaluated and continued should it be found to be useful for patients. There is currently lunchtime and evening meetings held on the same day. They are well attended by either diabetic patients or their carers, with a good mix of age and gender. Initially meetings are facilitated by VAWK, the intention is to train others to facilitate the meetings and eventually to train volunteers in the groups themselves to enable a full peer support initiative.

Health Talks

The talks are advertised in the newsletter, by email and posters and are currently held in St Peters Church, it is hoped to move the talks back in to the surgery once the building works have been completed and the surgery can offer more and improved space. Health Talk topics planned for 2015 include Diabetes, Healthy Living/Obesity and Side effects of medication as requested by patients.

Priority area 3

Description of priority area:

Share information regarding a befriending service advertising locally and consider how we can support that charity for our patients benefit and to see if there is a way in which the PPG/Practice can help overcome isolation

What actions were taken to address the priority?

The service was advertised in the newsletter and slides made for the waiting room information screens to share information. This further led to the surgery staff and PPG participating in a training session and become 'Advice Ambassadors'. This was arranged by the Citizens Advice Bureau to enable staff to better assist patients in finding local events and groups with access to the CAB own website.

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

Raised awareness of both staff and PPG Committee Members about agencies that can benefit patients. We hope to improve information sharing facilities within the new building environment.

Progress on previous years

ACTION PLAN – 2014 – Progress Report.

Patient Comments about being put on hold

This issue has recently been addressed by giving patients direct access to a Prescription Enquiry Line. This is a recent change the impact of which would not have been seen at the time of the survey. **Action** – Consider the need for a direct phone number to the Clerk and make sure that patients use that service rather than ringing the Reception Desk. (Reception will also need to make sure of consistency in their responses to prescription enquiries.

Due to major building and refurbishment work, the direct line to the Prescription Clerk service is on hold and will be probably be established at building completion. Having the Clerk in place taking prescription enquiries however has resulted in a major improvement to the service and has been extended further to cover Friday afternoons which proved to be a further bottle neck. The change has benefited both staff and patients considerably

Concern by the GPs following patient comments about 'feeling rushed' during consultation. Although there has been no reduction in time spent with patients, these comments were worrying and a first for the surgery. **Action** – Revisit our working day in an effort to remove external pressure from the GPs during consultation times. On the Agenda for Surgery AGM in May.

Changes have been made to the responsibilities of the Duty Doctor both morning and afternoon, which has taken considerable pressure off the other practitioners. The Duty Doctor has been allocated time to take care of absent GPs prescriptions and incoming results and messages, giving the other doctors the freedom of just dealing with their own day to day work.

On the day appointments

Emergency appointments on the day are replaced by a triage system carried out by GPs. This service ensures anyone needing to be seen on that day is seen. Patients need to see this as an improvement to on the day appointments and not a 'fob off' therefore the 'triage service' needs to be more fully explained. **Action** – Newsletter article specifically about triage

and how and why it works. (NB following issue raised at the meeting about emergency appointments for children we need to review our process and discuss process with reception staff to check that there is a clear enough explanation of the system to satisfy anxious parents).

We are currently planning a new registration process which will give surgery staff more time to explain the system to new patients.

Over half the survey responses requested more information on weight and exercise. Action – consider ways in which the PPG and Practice working together can respond to this request.

We have made major efforts to support our patients in this area, please see Priority Area 2 above. In addition, the PPG kindly purchased from their fundraising money a set of scales suitable for our larger patients.

Environment issues including lack of specific space for children; unwelcoming waiting room; front access; sound proofing for confidentiality etc. **Action** – make patients more aware that action has been taken and that considerable refurbishment is planned.

All of the above will be addressed in the major surgery refurbishment and building works that is currently being carried out.

3. PPG Sign Off

Report signed off by PPG: YES/NO

Date of sign off:

How has the practice engaged with the PPG:

Regular meetings, email and telephone conversations between the Chair, Vice Chair and Secretary in addition, regular meetings with the new editor of the newsletter which is now being produced bi monthly instead of quarterly means information sharing is at an appropriate level.

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

Changing the PPG membership from opt in to opt out has ensured we capture everyone on email and we are aware that email is a preferred means of communication for many of our disabled, partially sighted and deaf patients.

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

Feedback is obtained via our new website, Friends and Family, email and verbally by PPG engagement.

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

Yes, this was established at a meeting and is recorded in the minutes. PPG engagement has been an important part of our planning strategy.

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

When building work has been completed the refurbished areas will have been brought to CQC standards and we will have the space and opportunity to offer far more services than we could have ever hoped to achieve.

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

We have a long standing relationship with the PPG we share excellent communication and support. We recognise and value the input they have in helping us to maintain a patient centred practice. The free time and energy expended by the members of the Group at meetings and for fund raising is exemplary and very much appreciated by the Practice.

