

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

London Region South London Area Team

Complete and return to: [nhs.cb.lon-sth-pcc@nhs.net](mailto:nhs.cb.lon-sth-pcc@nhs.net) by no later than 31 March 2015

Practice Name: HARTLAND WAY SURGERY

Practice Code: H83029

Signed on behalf of practice:



(Rena Amin)

Date: 20 MARCH 2015

Signed on behalf of PPG:



Date:

20 March 2015

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

Does the Practice have a PPG? YES

Method(s) of engagement with PPG: Face to face, Email, Other (please specify)

The group meets regularly face-to-face, also via emails and ad-hoc meetings to work collaboratively especially when we are working on improving membership and engagement with both patients internally in the practice and externally with similar patient engagement organisations.

Number of members of PPG: 7

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Detail the gender mix of practice population and PPG:				Detail of age mix of practice population and PPG:									
	%	Male	Female		<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	
	Practice	2031	2202		Practice	594	455	506	427	611	614	499	527
	PRG	5	2		PRG	0	0	0	1	0	1	0	5

  

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	70%	1%	0	3.9%	3%	1.1%	1%	2.3%
PRG	100%							

  

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	2.4%	1.2%	2.4%	1.1%	2.3%	2.8%	1.5%	1.4%	0	2.7%
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:

We have endeavoured for the past two years to encourage better representation to the PPG through various strategies, however as the ethnicity data depicts, our practice has a high proportion of patients from White British background and lower percentage of patients from black and minority ethnic backgrounds. We have used the following strategies to invite patients from these backgrounds to join the PPG, but with little success.

1. A poster in the practice inviting patients to become active members
2. An invite and explanation of the PPG's purpose on the right hand side of the repeat prescription.
3. Face-to-face discussions with patients from these groups during consultation and to join the group
4. Development of a PPG page on our website for those who prefer to do their own assessment and enable them to engage even if via a virtual group through a dedicated email, that is manned by a member of the PPG



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5. Promotion of the group via local community activity forums by the PPG members to a) promote the existence and gain feedback and b) to encourage participation
6. PPG members have spoken to wider networks in the hope to reach out the local communities

We have also had representation from these backgrounds however they had to withdraw their membership due to personal commitments. One member of our current PPG has young children and she therefore has kindly agreed to be the patient advocate for young mothers, women of child bearing age, children and toddlers. Other members represent views for our patients who predominantly have a higher prevalence of long term conditions, older people living alone, either being a carer or is a carer and members who can appreciate families/patients who may need palliative care. The practice is in a much less deprived area and the membership of the PPG is reflective of this demographic.

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:

n/a

### 2. Review of patient feedback

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

Our PPG is emphatic about meeting face-face due to the importance of discussing the feedback, setting priorities that may inadvertently get lost via a virtual set-up. Therefore the group meets at least three times/year and in addition there are other communication channels such as emails, ad-hoc meetings etc.

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Therefore in addition to the above the PPG has also reviewed feedback from the following sources which has in return formed the basis for setting our three key priorities:

1. The local GP survey conducted by the Croydon General Practice Profiles 2014
2. Attendance at the local voluntary organisations in the area and feedback sought from these groups
3. Meeting members of the other PPG from neighbouring practices to learn best practices and bring these to the practice
4. Attendance at the national organisations championing patient participation including a member of our PPG who is a member on the Healthwatch committee.
5. The recent Friends and Family test responses and the comments received via this feedback source.
6. Written an article in the local community forum newsletter (MORA) to seek additional feedback and engagement. This was distributed to 2000 local residents.

How frequently were these reviewed with the PRG?

The group meets every 2-3 months



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### 3. Action plan priority areas and implementation

#### Priority area 1

##### Description of priority area:

Recent clinical evidence shared by NICE highlighted the risk of inappropriate prescribing of high dose inhaled corticosteroids for patients with respiratory health problems. As a high proportion of our patients have long term conditions, and although the practice's achievement in overall asthma and COPD management is commendable, this new clinical evidence prompted a need to review our patients on these registers. The improvement in patient safety was seen as a high clinical priority and upon evaluating the evidence presented, the PPG members agreed to establish this as a priority.

##### What actions were taken to address the priority?

A clinical and therapeutic audit was undertaken by the clinicians at the practice. The new evidence was shared with the entire clinical team to establish consistencies in the future management of these patients. The clinical leads attended various courses to up skill themselves in order to enhance their clinical competencies prior to reviewing the clinical audit. Following the assessment, those patients that needed to be recalled for an in-depth review were invited and following a medicines optimisation process, necessary changes were made if clinically appropriate. Additionally alternative management strategies were offered which have a high evidence base such as stop smoking, referral to pulmonary rehabilitation and improving inhaler device techniques. Local community pharmacies were also notified for consistencies in the management of these patients. Practice non-clinical staff were briefed when booking appointments so to avoid undue stress for patients invited for a review.

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

102 patients were audited and of these 41 fulfilled the criteria. Of these 41 patients, 20 were deemed suitable for a step down from a high dose of inhaled therapy to a safer alternative without compromising their clinical outcomes.

These patients' future health risks have been reduced such as osteoporosis, cataracts etc. and they are empowered to take responsibilities for their own condition in as much as is possible. Self-management plans are also provided to reinforce messages.

These results were discussed with the PPG group in February 2015 and will be uploaded on our practice website by 31 March 2015. A copy of the report is also available in the practice waiting room. Patients can also access these and the impact of these



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priority areas via our other sources such as the practice poster, dedicated email for the PPG and on the right hand side of the repeat prescription script for the those who have none or limited internet connectivity, hard to reach groups but have some interaction with the practice or on regular medications from the practice.

### Priority area 2

#### Description of priority area:

At a recent GP meeting a significant event associated with patients on disease modifying medication was highlighted as an example of case review. Patients on these medications need full blood count as they are more susceptible to blood dyscrasia. As these patients are also co-managed by acute hospital trusts, occasionally there is a risk of some patients missing appointments for the necessary blood tests due to various factors such as lack of effective communication, patient non-compliant, missed appointments etc. The improvement in patient safety was seen as a high clinical priority especially as this is a low volume high risk clinical domain and upon evaluating the evidence presented, the PPG members agreed to establish this also as a priority.

#### What actions were taken to address the priority?

A clinical and therapeutic audit was undertaken and patients on these disease modifying agents were assessed. Their notes were reviewed of their last recent blood test (< 3 months ago). Of all the patients assessed only one had been missed and necessary steps were taken to invite patient for the necessary blood test. The importance of this exercise was shared with the wider clinical team and monitoring annotations are created to avoid similar slip-ups.

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

Only one patient needed urgent blood tests. Patients on these medications will therefore now benefit from a well-informed team and therefore patient safety has been upheld. Although the numbers were low, it was crucially a high risk clinical audit and the PPG members were assured that overall the practice does have procedures in place to avoid such incidents and adequate care is provided to these patients. Results were also shared with the wider clinical team.

These results were discussed with the PPG group in February 2015 and will be uploaded on our practice website by 31 March 2015. Patients can also access these and the impact of these priority areas via our other sources such as the practice poster, dedicated email for the PPG and on the right hand side of the repeat prescription script for the those who have none or limited

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internet connectivity, hard to reach groups but have some interaction with the practice or on regular medications from the practice.

### Priority area 3

#### Description of priority area:

As the membership of the PPG has been experienced difficulties in recruiting patients from minority backgrounds and patients from younger age groups, a concerted effort to promote the PPG was identified as priority areas.

#### What actions were taken to address the priority?

Members have embarked on a variety of activities to encourage membership, promote the remit of the group and improve patient and public's awareness of the group. They have collectively taken the following actions:

- Membership to the National Association of Patient Participation
- PPG feedback to the local commissioning processes especially relating to referrals for musculoskeletal services.
  1. Patient's awareness to CReSS
  2. Their experiences
  3. Patient expectations
- Written article in the local patient network organisation called MORA regarding the importance of patient's using their advocacy to promote better health and active engagement. The Spring edition was distributed to 2000 local residents.
- PPG's profile in the Mature Times edition (Feb 2015)
- Promotion of the PPG page on the practice website and waiting room.

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



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There is an enhanced awareness following these activities and members are increasing requested to represent various committees and organisation due to their active role. This can only lead to improvement in our care and services offered. We remain hopeful that participation improves in the coming months.

These results were discussed with the PPG group in February 2015 and will be uploaded on our practice website by 31 March 2015. Patients can also access these and the impact of these priority areas via our other sources such as the practice poster, dedicated email for the PPG and on the right hand side of the repeat prescription script for the those who have none or limited internet connectivity, hard to reach groups but have some interaction with the practice or on regular medications from the practice.



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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):

Progress update from previous years:

1. Improved communication and raising awareness of PPG by participating, attending and writing to various organisations both locally and nationally.
2. Following feedback from previous years and surveys conducted, we have increased opening hours, improved the process for re-ordering prescriptions and making appointments both online and in person/telephone.
3. Other issues which were raised with PPG and are in active surveillance by the PPG members are:
  - a. Expectation for the practice to adhere to local referral pathways and management system as not all of these are deemed to improve patient experiences and health outcomes
  - b. Budget setting methodologies
  - c. Comments made anonymously on NHS Choices website, which does not enable to understand the whole picture sometimes and therefore appropriate actions cannot take place. PPG members have refrained from analysing these as it allows bias in their interpretation and therefore agreed to monitor trends and if a recurring theme, actions will be prioritised.

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### 4. PPG Sign Off

Report signed off by PPG:

YES

Date of sign off:

 20 March 2015

How has the practice engaged with the PPG:

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

Yes, absolutely, as mentioned before through various mediums such as website, face;face, newsletters etc.

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

Yes via PPG members as their remit is to promote feedback from various sources and also linked to their patient advocacy role.

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

Yes absolutely 100%

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

Priorities chosen with the agreement of the PPG has enhanced patient safety and clinical outcomes

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

No. The PPG will not be complacent and will actively review issues and take appropriate consensus actions.

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