

Annex D: Standard Reporting Template

Bristol Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Nailsea Family Practice

Practice Code: L81034

Signed on behalf of practice: Mrs Carole Brooke

Date: 20/3/2015

Signed on behalf of PPG: Mrs Vivienne Latham, Chair

Date: 24/3/2015

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

Does the Practice have a PPG? **YES**

Method of engagement with PPG:

We have a PPG group which has been established for over 6 years and who meets monthly. We have a constitution and the group has a Chair, a Vice-chair, a secretary and a treasurer. Minutes are taken and signed off at each meeting. We also set up ad hoc sub-groups who meet periodically to work towards specific projects and who report back to the main group.

We also have a Patient Email Group who are consulted periodically and sent information as appropriate. All patients are invited to join this group; our new patient pack contains an application form and we periodically run a display or stand to promote the work of the PPG and email group and encourage sign up.

Number of members of PPG: **Group – 13 Email group: 349**

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	48.7	51.3
PRG*	52.15	47.85

*plus one Trans-gender PPG member

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	17.3	7.6	9.5	11	15	13.3	13.6	12.8
PRG	0*	0.25	7	7.25	10	11.5	39	25

* We have never directly recruited under 16 year old due to the need for parental consent but instead are concentrating on in-school relationships which are protected

Detail the ethnic background of your practice population and PRG:

46.4% (5,193) of our patients have ethnicity recorded. The figures below are a percentage of that. So, for example, the White British category is 4,958 out of 5,193 giving 95.47%

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	95.47	0.23	0	1.89	0.13	0.10	0.15	0.29
PRG	90.54	4.01	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	0.44	0.08	0	0.37	0.21	0.15	0.04	0.04	0.06	0.35
PRG	0.29	0	0	0.29	0.57	0.86	0	0	0	1.43

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/PRG is relatively representative of the Practice population although we are constantly encouraging more ethnic minority patients to join – all new patient packs contain an invitation to join the Patient Email Group and so this is improving over time. We have a slide on our media screen explaining that we would like a more representative email group and that this particularly includes young people and ethnic minorities.

We are well represented by those with disabilities and mobility problems plus one of our PPG group is trans-gender. These members help the

group and the Practice to stay aware of equality and diversity issues.

We acknowledge that we are over-represented in the older age groups. Some of this was as a result of originally handing out email group application forms to people attending flu clinics, who tend to be in the older age groups. However, the PPG and Practice have been very active in trying to engage young people and carers in the community, both hard to reach groups. One of our PPG group has forged excellent working relationships with our local Secondary School and in particular now has regular communication with the Schools Council (made up entirely of students). We hope they will, in time, join the email group too.

For Carers, two of our PPG act as our Carers' Co-ordinators. Most of our PPG members are or have been carers themselves and we now ask PRG members to tell us if they are carers via the application form. To date, very few declare themselves as carers but this may well say more about the patients' perception of what constitutes a carer rather than a lack of our trying to identify them.

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:

We look at the following:

- **Suggestion box always available in reception** – suggestions may be anonymous or contact details may be left if the patient wants a specific response. These are collated and periodically presented at a PPG meeting for review.
- **Feedback direct from the Patient Email Group** – we use this group to send out relevant information, both Practice-based but also any meetings run by the CCG and/or Healthwatch, etc and we regularly ask the group for any feedback on specific issues.
- **PPG meetings** – the group sets their own agenda and run the meeting so raise any issues with the Practice Manager and/or GP in attendance.
- **Friends and Family Test as from 1st December** – all results are displayed in the surgery on a monthly basis but also discussed at the PPG

meeting as a standing agenda item. The comments submitted are also sent to the PPG for them to see and any negative feedback reviewed to see if changes in working practices required.

- **Young People - Nailsea School** – One of our PPG group has forged excellent working relationships with our local Secondary School and in particular now has regular communication with the Schools Council (made up entirely of students). Feedback is sought from the students, organised by the Schools Council, on health services provided by Nailsea Family Practice and indeed all Primary Care (as many students at Nailsea School are registered patients elsewhere). An open question and feedback session with Nailsea School Council was most successfully held at the surgery on January 8th and elicited some issues of particular concern to the students, producing an action plan for both the practice and the school.
- **Patient Open Meeting** held on 13th May 2014 with guest speakers (CCG Clinical Lead and Out of Hours provider) and a Q&A session at the end to receive feedback and respond to any issues raised.
- **An Open Public event** on Urgent Care Services held on Saturday 14th March 2015, where representatives of 111, Brisdoc, Clevedon Minor Injuries Unit, Minor illness nurse, Community Clinical Lead, GPs, a local pharmacist and the Ambulance Service, were all available to the public to ask questions, present scenarios and take away literature. This was another opportunity for the PPG members, Practice staff and clinicians to receive feedback from members of the public to help direct our planning.
- **Carers:** Our Carer Co-ordinator and assistant who are also PPG members make themselves available to patients and carers and help to signpost them to relevant support services, working particularly closely with Crossroads for Carers, a well established voluntary organisation who already has a close working relationship with the Practice. We engaged in Carers Week (9th – 13th June 2014) by putting up a display in the waiting area, sending out information to the Patient Email Group and using the media screen, culminating with a Carers Afternoon Tea on Friday 13th June. Another Carers Coffee morning was held on 18th November. The most recent coffee morning was run on Monday 2nd February when Connecting Care (was run by Age UK) and Crossroads hold a monthly pop-in stand in the surgery. This was most successful with 8 members of the public gaining much support and advice from our Carers' Co-ordinators. These contacts give good opportunities to gather feedback and information from carers to take forward in our action planning.

How frequently were these reviewed with the PRG?

At the monthly PPG meetings as appropriate and regularly with the Patient Email Group

3. Action plan priority areas and implementation

Priority area 1 of 3

Description of priority area:

Improve access to patient information in the Health Centre, especially for hard to reach groups such as carers and young people and also those without technology at home.

What actions were taken to address the priority?

- **PPG sub group formed to address the Action Plan from 13/14, which specifically centres on patient information (see updated action plan attached)**
- **Actions agreed by sub-group, ratified by both the PPG and the Practice Operational Team**
- **In summary; we felt it important to provide written materials for those without access to the internet. So we reviewed new areas for information leaflets to be displayed; new leaflet racks have been sourced and costed; negotiation took place with the attached pharmacy for sharing of information areas; displays were periodically created in waiting area on specific topics and/or disease areas – included: Sharing Patient Information, Carers Week; Retired & Senior Volunteers Programme, Put Patients First, Self Care Week,**
- **Improved information organisation in the Patient Resource Room where there is a patient self testing BP machine and weighing scales. This information will focus on all areas relating to blood pressure, hypertension and heart disease and be directed by the GP Lead for Heart Disease.**
- **Contact with the local Secondary School Council in order to build a rapport with the students and, over time, receive more feedback from them about a variety of health related topics, including access to information.**
- **Provision of Carers' coffee mornings for them to drop in and speak to the Carers' Co-ordinators and Crossroads to receive information, signposting to other services and support.**

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

- **Good relationships formed with Nailsea School with the result that young people feel less intimidated to attend the surgery, have more knowledge of services available to them and how they access them. We are also forging an additional arm of this relationship by inviting the No Worries service (specifically aimed at young people) as well as mental health/counselling service, Positive Step, to get involved in our project and we hope this will be even more fruitful over the coming year. The meeting held at Tower House with the Schools Council was put into the School's magazine together with a photo and will be included in the next Practice quarterly newsletter.**
- **The School themselves have responded well to the feedback of the students as we are in the middle of helping to organise relevant and helpful information boards at the school for two age groups; 11 to 15 and 16 to 18.**
- **With the involvement of Positive Step, it is hoped that more young people will access their services at an early stage and before they reach crisis point.**
- **Excellent support and help given to carers who attended the events hosted at Tower House, with an increased understanding of where and how to access services which can support them in their caring role.**
- **A higher level of understanding about the role of Crossroads, together with the Connecting Care service now delivered by Curo which is well publicised at the monthly drop in session here at Tower House**
- **Better organised leaflet and hard copy information in the Health Centre, with more targeted information in the Patient Resource Room and strategically placed leaflet racks around the waiting room.**
- **More focussed displays which are changed periodically and address different disease areas or health topics.**

Priority Area 2 of 3

Description of priority area:

Campaign on managing minor illness/injury – specifically to educate patients on accessing urgent care services correctly and supporting the campaign: “right care, right place, right time”.

What actions were taken to address the priority?

- **The PPG and Practice engaged fully with Self Care Week, designated as 17th to 21st November 2014. This included a display**

in the waiting room, leaflets and information made available about how to deal with minor illness and who to contact for which problem, an email to the Patient Email Group to inform them of the display and a media screen presentation.

- On Saturday 14th March from 9.30am – 11.30am, the PPG and Practice ran an Urgent Care Event – representatives from 111, Brisdoc, Clevedon Minor Injury Unit, a pharmacist, the Ambulance Service, our Practice Minor Illness Clinician, the North Somerset Community Partnership Clinical Lead and a couple of GPs were available to talk to members of the public, provide information to take away and generally educate patients on the best way to access the correct service in the event of an emergency or urgent attention needed. This was open to the whole community. We had an article in to local newspapers, put posters up outside the surgery and promoted it in-house. Around 40 people attended and took the opportunity to understand the options open to them. The stand holders also took the opportunity to network with each and gained valuable contacts. Feedback from the stand holders was positive as well as from those who attended.

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

- Members of the public have a better understanding of the various services available to them to deal with the urgent care problem they have.
- It is hoped that many more will use the pharmacist as an initial contact, reducing pressure on GP services and also A&E.
- The ambulance service was able to explain how it works and what its remit is
- The Clevedon MIU gave out good information about their opening times and what they could, and could not deliver, and hopefully attendances for minor illnesses and injuries will reduce at A&E
- Community services were able to describe how patients can access services for the housebound and what can be done to support these patients
- Our Nurse Clinician, who runs minor illness clinics, was able to explain her role and her ability to prescribe for minor illnesses rather than taking a GP appointment
- The GPs were popular with the public and addressed a variety of questions relating to minor illnesses and follow up appointments
- 111 and Brisdoc provided good information about what the out of hours services can provide when GP surgeries are closed and the hope is that more people will contact them before even thinking about going to A&E
- We had good coverage in the local press beforehand and hope to have a follow up article in with photos.

Priority area 3 of 3

Description of priority area:

To support the development of a “Leg Club” – an established concept to provide social and clinical services to those with leg ulcers and other vascular problems, specifically aimed at reducing social isolation and producing excellent healing rates.

What actions were taken to address the priority?

- **The PPG and Practice are working with other practices in the locality to work this up, together with the Lindsay Leg Club Foundation, a well established organisation with a proven record of success. www.legclub.co.uk**
- **We are being well supported by the CCG and North Somerset Community Partnership as well as the Town Council and the Tithe Barn Trust, where we plan to hold the Leg Club meetings.**
- **We are involving local clubs and organisations, such as the Retired & Senior Volunteer Programme, the Rotary Club, Community Transport Organisations, CURO, etc to help with the variety of volunteer work that will be needed. The concept is that the Leg Club is run by the Community, for the Community.**
- **One of our PPG attended a presentation by the founder of the Lindsay Leg Club Foundation along with many other organisations, clinical staff, PPG representatives and GPs at a meeting held on Wednesday 14th January.**
- **We are now in the process of creating a managing committee to form a properly constituted organisation and one of our PPG has agreed to sit on that committee.**

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

- **It is too early to say what the impact will be but the Leg Club Foundation has a proven record of success in the Leg Clubs already set up, as per the following extract from the Leg Club Foundation website:**
 - *A small survey was carried out by the committee of two Leg Clubs to obtain their members' views of the Clubs. The results indicated that a non-threatening environment was an important factor. Members who were reluctant to visit a medical centre for treatment found that attending a clinic in a social setting gave them a sense of purpose, that they shared a common problem, and were not isolated. They formed friendships, gained an understanding of others' problems and needs, and their medical problems became secondary. This network of mutual support and friendship gave members a strong sense of motivation as well as trust, confidence, and understanding of their treatment.*

- This includes the reduction of social isolation of those who are currently or deem themselves to be housebound because of their leg ulcers. In fact, with the right support and transport, no-one should be housebound (unless they are bedbound).
- Healing rates of leg ulcers have been proven to improve exponentially when patients attend regularly – this should have the effect of reducing pressure on GP surgeries, the Community Nursing Teams and even A&E attendances.
- Once established, the Leg Club will provide a vehicle for the provision of a whole range of clinical services to those who attend, such as flu vaccinations, supporting carers, NHS Health Checks, etc.
- The most recent meeting was held on Thursday 26th March where the President, Ellie Lindsay, herself attended. This was an open meeting and we advertised in the local press and through direct contact with community groups. The North Somerset Community Partnership representatives delivered a presentation to the 37 attendees explaining the aims and benefits of the Leg Club.
- From the meeting, we now have 7 volunteer committee members to take the project forward and a further 8 volunteers who are willing to support the Leg Club once it has opened, by serving refreshments, helping on reception, talking to members and generally helping.
- We have been offered the use of the Tithe Barn to host the Leg Club free for the first 13 weeks, which is an indication of the support in our town for this project.
- There is still much to do and it is hoped that North Somerset Council will also get involved as part of their obligation to address social isolation. This project is a perfect setting for this.

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):

See attached updated Action Plan from 2013/14

4. PPG Sign Off

Report signed off by PPG: **YES**

Date of sign off: **The comments below were written entirely by the PPG and agreed on 24/3/2015 at the PPG monthly meeting.**

How has the practice engaged with the PPG:

We quite often hear that not all practices are willing to engage with their PPG. However, we are extremely lucky to have an enthusiastic Practice Manager who attends virtually every meeting. If she is unable to attend she makes sure that her Deputy is present. The GP Partners take it in turn to attend our meetings and we find this extremely helpful for “on the spot” feedback, advice, and help. At least one GP and the Practice Manager attend every event we hold even when it is on a Saturday morning or in the evening. The Doctors listen to all our suggestions, ideas, and patient views. If they are unable to put an idea into practice they are always careful to explain why not. We are never just given a negative answer without a rationale behind it.

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

The Practice is currently working with the Carer’s Supporter, who is a member of the PPG, in order to explain to our patients the advantages of being registered as a Carer with the Practice and also the importance of Health Checks. The Practice encourages our Youth Representative to build up a meaningful relationship with the local school and have recently hosted a luncheon with some of the youth in order to discuss how they feel their health care services should be delivered. The Practice Manager is involved with the start up of a “Leg Club” in the area. One of the members of the Patient Group is joining the Committee of this “Leg Club” in order to maximise our knowledge and input into this exciting initiative. This will hopefully help those who are socially isolated. We are aware that we still need to work on trying to encourage members of ethnic minorities to either join our Committee or email group.

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

We are always listening to our fellow patients. The Practice report every month on the Family and Friends Test results. The good and the not so good too. There is a suggestion box in Reception and we are always trying to gain our patients’ views at every event we hold. We also receive a broader view of health provision in the area from Healthwatch and other Patient Groups. The Chairmen/women of local Patient Groups and a delegate from Healthwatch meet every two months to share information and ideas.

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

The Patient Group were asked to provide ideas for the priority areas. The GP attending that month suggested the “Leg Club” initiative. All ideas were fully discussed and the three areas were chosen. An Action Plan was drawn up and approved by the Group.

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

The Patient Group now help at bi-monthly coffee mornings for Carers. Last month we received positive feedback from several Carers about how helpful this morning had been. The Youth work continues too and they have decided to have a Health Notice Board in School. Some of the items in the Action Plan are ongoing or will take time to initiate especially the “Leg Club” which is a mammoth task involving health services as well as many local voluntary organisations.

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

We, as a group, still feel that there is much to do in helping patients to gain the information, support, and advice they need. Many people are still unsure how to access the right healthcare, at the right place, and in a timely fashion. We are sure that education is the way forward in order to make sure that patients receive the care they need without wasting valuable resources. Most of the work that the Practice and our Group undertake can be seen as long-term not just a “quick fix”. We are constantly reviewing our progress and thinking of ways to engage with our fellow patients in order to provide the ultimate health care provision. However, we do bear in mind that patients do have a responsibility to take some ownership for their own needs and the necessity of trying to live a healthy lifestyle.