

Annex D: Standard Reporting Template

[Name] Area Team

2014/15 Patient Participation Enhanced Service - Reporting Template

Practice Name:

New Southgate

Surgery

Practice Code:

Signed on behalf of practice: D Hallott



Date: 25/3/15

Signed on behalf of PPG:

Sinus Green



Date:

30 March 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, Other (please specify) **Face to Face**

Number of members of PPG: **12**

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	49.92	50.08
PPG	50	50

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	18.08	8.51	11.5	14.34	16.57	12.41	10.67	8.37
PPG	8.4						91.6	

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	6585	30		742	11	15	25	23
PPG	11							

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	147	342	5	26	83	69	7	5	32	3872
PPG	1									

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 noticeboard and the Practice website advertises the group and asks for expressions of interest from the Practice population for new members. This year has seen the addition of a younger representative from a local school and the PPG is hoping to perpetuate this connection to encourage continued younger representation. The PPG representatives attend CCG wide meetings and seeks tips from other PPG's around development of the group.**

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. The PPG reviews the friends and family feedback at each monthly meeting since its launch in December 2014. Prior to that the PPG reviewed feedback from patient survey results and also feedback from the CQC inspection in July 2014.

How frequently were these reviewed with the PPG? FFT feedback is reviewed monthly at PPG meetings.

3. Action plan priority areas and implementation

Priority area 1	
<p>Description of priority area: PPG support practice launch of FFT</p>	
<p>What actions were taken to address the priority?</p> <p>National Guidance reviewed by PPG and Practice</p> <p>Wording of second question agreed by Practice and PPG. Opt out for patients confidential comments included</p> <p>Practice and PPG collaborate on launch of FFT in first week December 2014</p>	
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>PPG volunteers formed a rota to support patients in the waiting room with information about the FFT and completion of forms during the launch week. Posters and leaflets available in waiting area.</p> <p>The FFT display is situated centrally in a prominent location in the waiting area to facilitate continued patient engagement</p> <p>Abundant feedback received - available at each PPG meeting and Practice meeting for review</p>	

Priority area 2

Description of priority area: Development of a Practice PPG Newsletter

What actions were taken to address the priority?

A member of the PPG volunteered to coordinate and edit the newsletter. The PPG suggested a quarterly newsletter which would incorporate an article from the PPG, an article of medical relevance for time of year from one of the clinical staff, and an article written by one of the admin team in the practice. In addition any current news items would be included and the PPG wanted to use the opportunity to publicise DNA rates in the practice to try to encourage patients to use the appointments system appropriately.

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

This was an opportunity to publicise some important changes in the practice – the introduction of electronic appointments and a change in the electronic system for ordering of appointments.

Copies of the newsletter once finalized will be circulated in the practice and placed on the website. The PPG plan to launch the first practice newsletter by distributing it in the surgery on the day of its launch. The first draft of the newsletter is below:

NEW SOUTHGATE SURGERY PATIENT PARTICIPATION GROUP

spring newsletter 2015

What is the PPG? (Patient Participation Group)

Simon Green, Chairman of the PPG writes:

The PPG at New Southgate Surgery acts as a 'critical friend' to the practice. The group has ten patient representatives, one GP and one member from the administration team.

We meet every two months to discuss ways in which we can support the practice, share what patients think, help with carrying out surveys and provide support where possible.

During this past year the PPG helped with a wide-ranging patient survey, contributed to a Care Quality Commission inspection of the practice, and assisted in the running of the new Friends and Family Test. There were nearly 500 responses to the FFT in its first week when PPG members introduced patients to it and encouraged responses. We also were involved in setting the priority areas for the practice and suggesting improvements to the surgery waiting area. We liaise regularly with the administration team and have made recommendations regarding online prescriptions and appointments, effective ways of communicating with patients and improvements to the website.

Our PPG is also represented on the local network of other groups where we meet to discuss issues of wider concern and share ideas for improving all our GP practices.

We have plans for further improvements over the coming year and news of these can be found on the website and on the notice board in the surgery waiting area.

SystemOnline, Welcome to the Digital Age

Office Manager Louise Walker explains the new electronic system:

SystemOnline is a new service available to our patients which allows you to book appointments and order repeat prescriptions at a time convenient to you.

SystemOnline is also available as an app, which can be used on Apple devices (iPhones and iPads) and on Android devices (mobile phones and tablets). The app can be downloaded for free from the Apple App Store and from the Google Play Store. Simply click the relevant logo on the SystemOnline login page.

To use the SystemOnline service, you will need to call in to the surgery to request a SystemOnline username and password. We need to verify your identity so please bring a form of photographic ID such as passport or driving license.

Once you have registered you will be given a username, password and the web address you will need to type into your web browser. There is also a direct link on the surgery website at www.newsouthgatesurgery.co.uk.

You will be able to see up to five past appointments and all future appointments. You will also be able to book and cancel appointments.

All current repeat prescriptions are listed with the drug, dosage, quantity, last issued date and status. A tick box in the left hand column means you can ask for a new prescription for that drug.

Spring is in the Air, Hay Fever Follows

Dr Hallott writes:

Hay fever is a common condition affecting around 20% of the UK population. It is caused by an allergy to pollen. Tree pollen tends to affect people in the early spring – March to May, whilst grass pollen tends to affect people between May to July. When the allergic reaction occurs the body produces histamine from the cells in the lining of the nose and the eye. This causes inflammation in the nose and eyes and sometimes in the sinuses and the throat.

Typical symptoms are:

- Runny, itchy or blocked nose
- Sneezing
- Itchy watery eyes
- Itchy throat
- Sometimes a wheezy chest [more common in asthmatics]
- The diagnosis is usually made based on these symptoms.

How to reduce Hay Fever symptoms:

- Check the pollen counts in the media, and if high:
- Stay indoors as much as possible, keeping windows and vents closed
- Avoid grass cutting and being in grassy areas
- Shower and wash hair after being outside especially in rural areas
- Avoid being outside early morning and early evening when thermal currents lift and lower pollen in the air
- Wear wrap-around sunglasses

Medication options

- *Nasal Sprays* – these might be antihistamine nasal sprays which may give short term relief from symptoms.
- *Steroid nasal sprays* used regularly – either once or twice daily depending on brand, gradually build up to a full effect over a few days and are really good at reducing nose and eye symptoms.
- *Antihistamines* – Tablets or Liquid taken by mouth can be taken as required if symptoms are mild, but also can be taken on a daily basis if symptoms are more severe .
- Many antihistamines can be purchased over the counter. Some antihistamines can cause more drowsiness than others so it is worth discussing with a pharmacist which type are appropriate as some may reduce your ability to drive or operate machinery.
- Antihistamine tablets should be avoided in pregnancy. Pregnant women should speak to their GP about suitable treatments.
- *Antihistamine eye drops* work quickly if symptoms flare up so again these can be used as required for eye symptoms but also regularly if symptoms are more persistent.

- If symptoms are not improving after 2-4 weeks on a certain medication it may be worth making an appointment with your GP or discussing alternative treatments with the Pharmacist.

Missed appointments

In February there were 236 missed appointments!

That is equivalent to more than five full 110 buses!

Please don't waste appointments, if you cannot attend ring up and cancel or use the new SystmOnline service.

Priority area 3

Description of priority area: Make the practice Dementia friendly

http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=2283

What actions were taken to address the priority?

A member of the PPG and our Office Manager conducted an assessment of the New Southgate Premises using the Dementia Friendly Survey tool designed for General Practices. The survey also looked at access issues for patients with sensory impairments.

As a result of this survey several actions have been taken. See below.

Result of actions and impact on patients and carers (including how publicised): Report displayed on PPG notice board

**New Southgate Surgery
Patient Participation Group**

Premises survey for Dementia, Sensory Impairment and Disability Access

Date of survey: 19 February 2015

Sherlock Holmes – “You see Watson, but you do not observe”

This report started with the Dementia Friendly survey form designed for GP Practices, but went on to consider other users perspectives. The report is organised by locations.

1. Car park

- **Standard** – adequate parking for people with reduced mobility
- **Observation** – there are only 2 very tight designated spaces. People using the spaces said it was not often they were able to access these spaces
- **Recommendation** – whilst recognising that the car park is not ideal and this is difficult for the practice to do anything about, consideration should be given to increasing the number of disability spaces and there are at least 2/3 spaces near the entrance in the main car park that could be designated as such. The existing ones do not allow a wheelchair to be brought right up to the car door. Ideally there should be no curbs but a level access to the footpath for both wheelchair users and those with reduced mobility adjacent to any disability spaces.

2. Exterior

- **(a) Standard** – access to the building should be as level as possible and with no non-negotiable thresholds and doors should be wheelchair accessible.
- **Observation** – this appeared to be the case.
- **(b) Standard** – clear and well positioned signing to the entrance point.
- **Observation** – there were no external signs to the entrance.
- **Recommendation** – a large clear sign is needed at the main entrance and a sign on the corner of the building in the main car park is also needed.
- **(c) Standard** – area should be evenly distributed and avoid pools of bright light and deep shadow contrasts.
- **Observation** – to be completed.

3. Entrance

- **Standard** – entrance area should be bright and well lit.
- **Observation** – the lighting in the vestibule and the inner area of the open plan section is low.
- **Recommendation** – increase the level of lighting.
Two spotlight bulbs were noted to be out – these will be replaced next week

4. Reception

- **(a) Standard** – should be brightly lit.
- **Observation** – appears to be adequate lighting.
- **(b) Standard** – glass should be non-reflective to avoid mirror-like reflections.
- **Observation** – glass is reflective.
- **Recommendation** – either replace the glass or remove it.
- **Observation** – receptionists and patients have said it is hard to hear through the glass and this may at times lead to misunderstandings and loss of privacy.
- **Recommendation** – install ‘speaking’ system or remove the glass.
- **(c) Standard** – easy access to the counter for wheelchair users.
- **Observation** – the counter is too high.
- **Recommendation** – provide at least one dropped level counter.

5. Waiting area

- **(a) Standard** – open plan layouts should increase visibility from reception to waiting area, WCs and access points to other parts of the building.
 - **Observations** – there are no signs directing patients to the WCs. The male and female toilets do not have an engaged/vacant sign on the door.
 - **Recommendation** – put signs up and fit engaged/vacant sign on the doors.
 - **(b) Standard** – fully accessible disabled WCs with wheelchair access.
 - **Observation** – met.
 - **Observation** – there were no high chairs for those who find getting into and out of chairs difficult.
 - **Recommendation** – provide several chairs that were higher than the standard chairs and that these should have arms to aid movement.
- Two high back chairs have been ordered.**
- **(c) Standard** – use of analogue clock.
 - **Observation** – met.
 - **(d) Standard** – good lighting with some natural light to aid orientation.
 - **Observation** – met.

6. Corridors

- **(a) Standard** – door handles should be easy and comfortable to use and be in contrasting colours to the door.
 - **Observation** – the door handles are too tasteful and are too thin and the colour blends into the door.
 - **Recommendation** – replace with thicker and brightly coloured handles.
 - **(b) Standard** – should be brightly and evenly lit (double the normal levels)
 - **Observations** – met.
 - **Observation** – there were no direction/exit signs.
 - **Recommendation** – install direction/exit signs.
- Direction/exit signs have been ordered and will be fitted around the building.**
- **(c) Standard** – signs should be fixed to the door they refer to rather than adjacent walls.
 - **Observation** – met.

7. Clinical/treatment rooms

- **(a) Standard** - the layout should encourage good communications between the patient, the carer if present and the staff.
 - **Observations** – met. All staff should face patients when communicating with them, this is especially so for the hard of hearing.
 - **Observation** – the automatic door closures are quite rapid. It was noted that as a woman was pushing a pram through a door she got her hand caught. (No damage in this instance appeared to have been done.)
 - **Recommendation** – either have the automatic door closer slowed down or the door should be held open until the patient and any accompanying people are through.
- All door closures will be checked and slowed if necessary.**
- **(b) Standard** – non-carpeted areas should be non-slip with non-shiny surfaces.
 - **Observation** – were non-slip but were slightly shiny.
 - **Recommendation** – when installing new flooring ensure it is non-shiny.
- ### 8. Signs/directions
- **(a) Standard** – signs should be 1200mm from the ground for optimum placement.
 - **Observation** – none of the signs met this standard.
 - **Recommendation** – move signs to the optimum height.
 - It should be noted that the RNIB recommends that all communications should be in Arial point 14 font at the least.

Conclusions

It was felt that this had been a useful exercise which should be repeated on a six monthly basis.

Attempts should be made to recruit patients who have mobility issues, have sensory impairment or are suffering from dementia to assist with conducting specific surveys to ensure their needs are being met.

Currently a survey is being sent specifically to patients with sensory impairment. We will strive to recruit patients with mobility issues, etc to participate in any future surveys relating to the practice environment.

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 PPG has served to increase patient engagement since its creation. The PPG members have been instrumental in constructing and launching three patient surveys since 2012 and in December 2014 launched the friends and family feedback test in the practice.

As a result of PPG involvement and gathering feedback the practice has made numerous improvements.

Over the last year this has resulted in:

- Publicising DNA rates in the practice to try to reduce appointment waste
- Improved confidentiality around the reception area
- Refurbishment of the patient toilets and change of cleaning provider to improve cleanliness in the building
- Customer service training for our staff to improve patient experience
- Improved patient access by facilitation of electronic appointments and also improved electronic prescription ordering

4.

PPG Sign Off

Report signed off by PPG **YES**/NO

Date of sign off:

30 March 2015

How has the practice engaged with the PPG? **There is regular attendance at the PPG from the Office Manager and one GP. There is also email consultation from time to time between the Chair / Secretary and the Office Manager and GP. One PPG member was consulted during the recent CQC inspection.**

How has the practice made efforts to engage with seldom heard groups in the practice population? **It is hoped that the introduction of the PPG newsletter will help in this area. We are exploring other possibilities (see below*)**

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

The PPG were actively involved both in the 2014 survey and the FFT in December 2014

Was the PPG involved in the agreement of priority areas and the resulting action plan? **Yes - the GP spoke at one particular PPG meeting and discussed the proposed priority areas - one area was subsequently amended following consultation with the PPG.**

How has the service offered to patients and carers improved as a result of the implementation of the action plan? **Several have already been mentioned in the report - highlight especially the Accessibility Survey / improvements to the physical environment of the practice / the newsletter has generated much enthusiasm and interest / better communications generally**

Do you have any other comments about the PPG or practice in relation to this area of work? *** there are plans for an Open Event Day later in the year to be organised by the PPG which we hope will go towards improving access for a wide range of patients - including some who may not be closely involved - this has also promoted links to other local PPGs and sharing of ideas to our mutual advantage.**