

Annex D: Standard Reporting Template

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

Practice Name: Wye Surgery

Practice Code: G82142

Signed on behalf of practice: Helen Goodman

Date: March 31st 2015

Signed on behalf of PPG: John T. Fletcher Chairman

Date: March 30th 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
Number of members of PPG: 29 with about 20 attendees at bimonthly meetings and 27 members of the Virtual Group, three members of the practice endeavour to attend these meetings, this is normally the Practice Manager, Patient Services Manager and a GP Partner.

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	59%	51%
PPG	31%	69%

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	1649	615	783	1123	1273	1120	979	793
PPG	0	2	0	1	2	8	6	10

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	2025	26	0	1477	7	4	20	36
PPG	29	00	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	21	3	22	14	12	13	4	3	0	9
PPG	0	0	0	0	0	0	0	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:

The PPG is not representative of the age spectrum within the patient population, or of the geography of the area, nor of the ethnic groups. During the past year efforts have been made to improve this situation by changing the meeting times from 6.30pm to 7.15pm and by forming a Virtual Group. Neither has resolved the situation. The Virtual Group has helped to some extent as there are a number of younger members but the majority are in the older age groups. So far, no one from the ethnic minorities has joined the Virtual Group or attended the PPG meetings.

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/NO

Yes A large number of retired people and those in older age groups.

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

The PPG is not representative of the age spectrum within the patient population, or of the geography of the area, nor of the ethnic groups. During the past year efforts have been made to improve this situation by changing the meeting times from 6.30pm to 7.15pm and by forming a Virtual Group. Neither has resolved the situation. The Virtual Group has helped to some extent as there are a number of younger members but the majority are in the older age groups. So far, no one from the ethnic minorities has joined the Virtual Group or attended the PPG meetings.

The PPG is well represented in the older age groups and these people appear to be the most willing to join, be actively involved and be committed.

2. Review of patient feedback

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

1. *By direct contact at PPG meetings.*
2. *By e-mail to PPG members and members of the Virtual Group*
3. *By articles which appear in 5 Parish magazines*
4. *By direct individual contact with members of the PPG and with patients*

How frequently were these reviewed with the PPG?

Significant contact is reviewed at every PPG meeting (Bi-monthly) and may form specific agenda items.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

1. The integration of health and social care has been an expressed interest of the group since 2013. In that year the Group was updated by the CCG on the current position. The group was anxious to be involved but at that time there did not appear to be any obvious place for local involvement. Since then the Wye Parish Council has developed the Wye Our Place project. The group has fully supported this initiative and would like to work closely with the Wye Our Place project to help it to realise its intended outcomes. An integral part of the project is the formation of a Social Enterprise/Cooperative which will consider three main concerns; non personal care of people in their homes, give support to family carers and consider options for new services which are currently run by the NHS and KCC. The PPG has contributed to the final operational plan and will do what it can to achieve the intended outcomes

What actions were taken to address the priority?

The PPG has attended all the meetings of the Wye Our Place project and has contributed to the final operational plan. The Group will continue in its involvement in whatever way it can.

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

The results of the actions so far has been the production of the final operational plan. The impact for patients will occur when the Our place Project gets fully underway and this should begin in the current year. The potential benefit to patients in Wye is enormous.

Priority area 2

Description of priority area:

To extend the representation of the Group to make it more representative of the patient population of the Practice

What actions were taken to address the priority?

The group has been aware of its poor representation of the patient population geographically and demographically. The Virtual Group was started in the summer of 2014 with the specific aim of involving more people in particular the young. So far its success has been limited although a few younger women have joined. Local schools have been informed of the existence of the Group and parents have been circulated but none responded. Face to face contact is probably the only way forward and this will be tried in the next year.

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

So far the main outcome as a result of forming the virtual Group, and also by having 5 new members of the regular group, has been the addition of expertise and informed contributors to the Groups discussions.

Priority area 3

Description of priority area:
Improvement in Mental Health services

What actions were taken to address the priority?

Following a meeting held by the CCG in September 2014 where mental health was identified as a top priority, the Group has followed up by putting questions to the CCG both at its Board meetings and also by direct contact with the officers responsible for mental health, also at the APPG. The main item of the AGM in April 2015 will be mental health and an article has appeared in the Parish Magazines on this subject.

The Group also organised an awareness day to make Wye dementia friendly village. This was well attended and the group will follow this up as one of its members has now received training in promoting this subject.

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

Patients are well aware of the crisis in the provision of mental health services in the area and have had the opportunity to take part in making Wye a dementia friendly village. The group feels that it has contributed to making the CCG aware of the concern in the area about the lack of provision of adequate mental health services both for adults and for children.

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):

To increase the representation of the Group has been an on-going aim and the additional members of the group and the formation of the Virtual Group has been an attempt to increase representation. It is on-going work and although there has been no particular shortage of volunteers the majority are from the older age groups

It has been the aim of the PPG to work to achieve greater integration of health and social care. The first attempts were to become informed and familiar with the work of the CCG. This did not result in any tangible work for the PPG but the development of the Wye Our place project now gives the Group the chance to make a real contribution which has a real potential benefit for patients within the area.

The PPG has pressed for automated doors at the entrance to the surgery and these have now been installed in the last year and are operational to the great benefit particularly for those with disabilities.

The online repeat prescription system is now up and working and has been well received by patients. The group will continue to press the Practice to instigate online appointments within the next few months.

The Group made a very large effort to support the Practice with the friends and family test in particular its introduction at very short notice and with no extra funds allocated. Letters were written to NHS England. Local MP, leader for health on KCC. The test has become part of the system in the Surgery and has not caused the problems that were initially feared. But it is a good example of how the group can be of direct help to the Practice by expressing an independent view on an issue they see as a concern.

The group has, during the year joined the NAPP. Its subscription has been paid by the Wye Parish Council. The regular Bulletins

4. PPG Sign Off

Report signed off by PPG: YES/NO Yes

Date of sign off: March 30th 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?

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

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

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

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

The PPG is not aware of any efforts by the Practice to engage with seldom heard groups in the Practice population and has expressed concern that only a narrow portion of the population is represented. One seldom heard group, patients over 75 years of age, were distressed by the letters and forms they received with what they considered to be insufficient information. At the August meeting Jo Shepherd, Practice Manager spoke to the group about the over 75's scheme, explaining that each patient will have a named responsible GP as well as the practice having a care co-ordinator who is gradually meeting patients on this list and creating a care plan for the. This is being done on a clinical needs basis and as there are over 800 patients on the register it is going to take some time. As a result the PPG has urged the Practice to work more closely with the PPG in order to ensure that future contact of this type be conducted in a method and manner suitable for the relevant group.

No other patient groups have given feedback to the PPG although Practice will receive results from the "Friends and Family Test". Friends and family testing was discussed at the PPG meeting held on the 10th February, when it was explained to the group that the impact in the surgery had been minimal.

The PPG was not involved in the agreement of priority areas or the action plan and has not been informed of the contents therefore is not in a position to comment on the implementation of the action plan. The PPG feels very strongly that there is valuable benefit for the Practice and the patient population in developing an effective relationship between the Practice and the PPG. It is unfortunate when the PPG learns of issues too late to be of help and support to the Practice. A classic example was the new Surgery leaflet which the group saw when it was almost complete. As the practice has not been required to complete a patient questionnaire this year there was no action plan drawn up, however the practice has continued to work on the action point from the previous year and have also introduced the use of a text messaging service for appointment reminders, this is very soon to be followed by on-line appointment booking.

One of the main aims in the next year should be an improvement in the relationship between the PPG and the Practice and the PPG would welcome suggestions from the Practice on how this can be achieved.