

Annex D: Standard Reporting Template

[Name] Area Team  
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Tiptree Medical Centre

Practice Code: F81133

Signed on behalf of practice: Wendy Collett      Date: 30/3/15

Signed on behalf of PPG:      Date:30/3/15

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, telephone																								
Number of members of PPG:11																								
Detail the gender mix of practice population and PPG:		Detail of age mix of practice population and PPG:																						
<table border="1"><thead><tr><th>%</th><th>Male</th><th>Female</th></tr></thead><tbody><tr><td>Practice</td><td>48.67</td><td>51.32</td></tr><tr><td>PRG</td><td>36.36</td><td>63.63</td></tr></tbody></table>	%	Male	Female	Practice	48.67	51.32	PRG	36.36	63.63	<table border="1"><thead><tr><th>%</th><th>&lt;16</th><th>17-24</th><th>25-34</th></tr></thead><tbody><tr><td>Practice</td><td>17.49</td><td>8.62</td><td>9.9</td></tr><tr><td>PRG</td><td>0</td><td>0</td><td>0</td></tr></tbody></table>	%	<16	17-24	25-34	Practice	17.49	8.62	9.9	PRG	0	0	0		
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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
Practice	97.83	0.35	0.17	0	0	0	0
PRG	100	0	0	0	0	0	0

	Asian/Asian British					Black/African/Caribbea	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean
Practice	0.11	0.08	0	0.12	0.7	0.11	0.27
PRG	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 practice continues to make every possible effort to encourage diversity into the group. Searches of the practice clinical system have identified the age groups of the practice population, with the highest age group, aside from under 16yrs being between 65 and 74 yrs. 36% of the group are within this age group. The practice population contains just over 2% more females than males and 66% of the group are female giving a disproportionate representation. 59% of our practice population has their ethnicity recorded; from this 97.83% are White British. All members of the PPG are White British; to try to increase diversity within the group we have taken the following steps.

1: All new patients are given details of the PPG via means of the new patient questionnaire and are invited to join the group at registration; this can be by means of a virtual membership, if preferred or face to face meetings are difficult.

Appendix 1:

2: We have a poster in reception giving patients information on the group and asking them if they would like to consider joining. Appendix 2

3: We have an in house communications system within the practice waiting room which informs patients about the group and invites them to join. Appendix 3

4: In 2014 we produced a practice newsletter which included information regarding the patient group. 5,000 copies

were delivered to the residents with in the Tiptree area via means of a local news magazine. We also handed copies out within the practice. Appendix 4

5: The practice website [www.Tiptree-medcentre.co.uk](http://www.Tiptree-medcentre.co.uk) contains information on the PRG and invites patients to join. Appendix 5

6: As Practice Manager, I personally invite patients to join the group as opportunities arise and encourage other staff members to do likewise. Appendix 6

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:

National GP patient survey, discussed with NHS England  
Complaints  
Compliments  
Friends and Family test  
Staff information and feedback  
PPG, meetings, discussions

How frequently were these reviewed with the PPG?

At each face to face meeting 3monthly  
Virtually- ad hoc



### 3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area: Continuity of Care</p> <p>Continuity of care was a priority for last year's PPG and remains an issue so it was agreed to continue this as a priority.</p> <p>We met with NHS England. On 27<sup>th</sup> June 2014. During discussion, we agreed, that our access figures were most likely a reflection on patients dissatisfaction with access to the clinician of their choice.</p>
<p>What actions were taken to address the priority?</p> <ul style="list-style-type: none"><li>a. As a practice we discussed how we could address continuity of care</li><li>b. We use sessional GP's to cover the majority of on call sessions for us to allow regular GP's to be available for pre bookable appointments.</li><li>c. We promoted patients booking on line as this gives the patient all the options of available appointments as opposed to those suggested by the reception staff.</li><li>d. Follow up slips, although in use already were discussed and their usefulness was agreed. All clinical staff have been issued these and patients are then made appointments with the clinical member of the team who issued them where possible.</li><li>e. Where possible the requesting GP will review BT's and follow these up themselves</li></ul>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <ul style="list-style-type: none"><li>a. As the regular doctors are released from on call duties, an additional 170 appointments are available each week, which can be booked providing improved continuity and choice.</li><li>b. By providing and promoting on line booking appointments, we are giving patients the opportunity to see all the available appointments that are scheduled and can be booked into. This also shows all the different clinical staff so patients have the opportunity to choose who to book their appointment with and at a time of their choosing. This system gives patients the whole picture as opposed to when they are seen at reception or book via telephone when they are only offered appointments as suggested by the reception team.</li></ul>

- c. By implementing the system of the same GP to monitor BT of patients for who they request them for, patients are given improved continuity of care

## Priority area 2

Description of priority area:

Patient education, for patients to keep themselves healthy, prevent long term conditions, reduce their care footprint and reduce costs for the NHS

As a group it was decided to concentrate on two health areas

- a. Weight management – reduce obesity and the well reported associated health problems
- b. Prevent osteoporosis – raise awareness, reduce risk of fracture, the need for medication,

What actions were taken to address the priority?

- a. Current Pathways discussed, discovered there is no NHS weight management support within Tiptree. Nearest services are in Colchester, 10 miles away.
- b. There is no direct communication between the practice and the commissioned weight management and healthy lifestyle services. Dialogue has opened between us and the services and they are supportive in our aims.
- c. We are meeting with the service providers on 16<sup>th</sup> April and an agenda has been set. Appendix 6
- d. The aim of the meeting will be to improve local services, promote weight management and encourage patients to make lifestyle changes
- e. Appointed a lead GP: Dr Olver has led the prevention of osteoporosis priority.
- f. Identified the risks for developing osteoporosis as Eating disorders, BMI below 18, patients prescribed steroids, antiepileptic medication, medication prescribed for breast cancer, lack of sunlight absorption due to religious attire (wearing all black)
- g. Discussed the consequences of osteoporosis which are, low impact fractures, immobility, obesity, depression, isolation cost to the NHS and social care.
- h. We have decided to promote preventing osteoporosis at the same event as our weight management/healthy lifestyle event, information literature has been ordered.

- i. We have searched our clinical system to find patients at high risk of developing osteoporosis,
- j. These patients are currently being reviewed by GP's and invited for appointments to discuss how they can prevent osteoporosis

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

- a. With weight management and health trainer services being promoted within the practice we expect a reduction in weight associated health problems.
- b. A health promotion week has been planned to promote the services on offer and encourage patients to engage with them. This will be advertised both at the practice, the library and via other local advertising such as the local media
- c. A reduction in prescribing and the cost of complications caused by obesity
- d. Patients care footprint will be reduced.
- e. Improved health outcomes for patients
- f. Reduction in long term conditions such as Coronary heart disease, stroke and diabetes where weight is a known contributor

### Priority area 3

Description of priority area: The QIP savings the NEE CCG has been tasked to make in 2015/16 amounting to 21 million,  
The practice prescribing spend

What actions were taken to address the priority?

- a. The group discussed the over spend of both the CCG and the practice with the PPG.
- b. The CCG restricted prescribing was discussed.
- c. It was agreed to ask patients to buy low cost pain medication. Letters were sent to patients who asked for such medication on a repeat basis. Patients requesting a one off prescription were advised that they should buy their own medication.

Leaflets were made available for patients, which gave information on the restricted prescribing list in our waiting room. Appendix 7.

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

a. Patients are, in the main, aware that the NHS is under considerable pressure financially. We have been open and honest with patients regarding why the decision to request then to buy some low cost medication has been taken.

b: Most patients have understood the situation and accepted the decision. Patients who put forward a case for medication on the restricted list to be prescribed were reviewed on an individual basis. The outcomes of these patients were either

1: Refused to reinstate, reinforce policy.

2: Patient pain management reviewed, medication changed.

3: Medication reinstated.

c: Some patients have had their pain management reviewed. Some have had their pain relief changed to for better pain control.

d: The following table shows the amount of prescriptions issued in the last 6 months for paracetamol and Ibuprofen

Month	Drug	Issued	Drug	Issued
October	Paracetamol	99	Ibuprofen	17
November	Paracetamol	92	Ibuprofen	15
December	Paracetamol	120	Ibuprofen	22
January	Paracetamol	98	Ibuprofen	11
February	Paracetamol	52	Ibuprofen	10
March ( up to 27 <sup>th</sup> )	Paracetamol	54	Ibuprofen	6 (up to 27 <sup>th</sup> )

e: We have now included Aqueous cream and Gaviscon for adults in our programme of restricted prescribing



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):

**Previous year's priorities**

- 1: Improve telephone access
- 2: Manage the high demand on the telephone via offering other means of communication
- 3: Improve continuity of care
- 4: Meet the demand for on the day appointments for minor illness

**1: Improve telephone access**

- a) The introduction of the express clinic has reduced the demand on the telephone for the first hour of each morning as the express clinic is a walk in service with no booking required.
- b) We have actively promoted the use of on line booking and also the facility to ask the gp or the administrator questions that do not need a face to face consultation.
- c) We have installed and promoted patients use of the on line forms to reduce in coming telephone calls.
- d) We have trained all of our staff on telephone reception duties. This has given us extra resources within the reception team to assist at peak times, times of high demand and when staff shortages occur.

**2: Manage the high demand on the telephone via offering other means of communication**

- a) We have actively promoted the use of on line booking and also the facility to ask the gp or the administrator questions that do not need a face to face consultation.
- b) A leaflet was produced and delivered to all houses within the Tiptree area. We also handed these leaflets to patients attending the surgery. Appendix 9
- c) Posters were displayed in the waiting room and on the in house communication system.
- d) Staff both clinical and non-clinical were asked to promote the website facilities

**3: Improve continuity of care / this work features in this year's priorities and is on going**

- a) We appointed GP's to manage the majority of on call sessions which has made 170 appointments a week available for booking with regular GP's
- b) Reinforced the use of the " follow up slip"

**4: Meet the demand for on the day appointments for minor illness**

- a) The introduction of an "express surgery" for acute, minor illness has addressed the demand for such appointments. There is no limit to the amount of patients that can be seen in this surgery, as long as patients arrive before 09:00 they are seen by one of our nurse practitioners. On average between 100- 80 patients are seen each week in this surgery
- b) As the attendance at the express surgery has increased we have provided extra nurse practitioner resources to assist
- c) A third nurse practitioner is currently training as an independent prescriber. This will allow her to further support the express surgery

4. PPG Sign Off

Report signed off by PPG: YES/NO

Date of sign off:

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?

Appendix 1. New patient registration form

Appendix 2 . Poster in waiting room

Appendix 3. In house communication system in the waiting room

Appendix 4: Newsletter

Appendix 5. Practice Website

Appendix 6. Notification sent to all staff to promote the website