

Standard Reporting Template

Essex Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Great Bentley Surgery

Practice Code: F81021

Practice website address: The Hollies, The Green, Great Bentley, Colchester, CO7 8PJ

Signed on behalf of practice:



Date: 24th March 2015

Richard P Miller – Practice Manager

Signed on behalf of PPG:



Date: 24th March 2015

Melvyn Cox – PPG Chair

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

Does the Practice have a PPG? YES																																																						
Method of engagement with PPG: Monthly meetings																																																						
Number of members of PPG: 100+																																																						
Detail the gender mix of practice population and PPG:					Detail of age mix of practice population and PPG:																																																	
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<p><i>N.B. Not all of the information is known about the current group as many of the 79 total members have been recruited outside of the surgery's involvement. We have therefore taken the initial recruitment group and applied the ratios to the current larger groups as an estimate of the demographical spread.</i></p>																																																						

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 make substantial attempts to get patients involved from all groups and in particular used text messaging and Facebook to try to gain interest from the younger patients, unfortunately with limited success. Not having ethnicity records about members of the PPG it is very difficult to gauge whether we have representation of minority groups. We have a significantly high proportion of our patients in the white British group and 'unknown' group, therefore it from what we know within our PPG group it is a good representation of our population.

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:

Feedback was only fed into the practice via **NHS Choices** and the **practice website** up to November 2014, From then on the **Friends & Family scheme** has provided significantly more. **Complaints** dealt with by the practice on an ad hoc basis but are recorded in a complaint log electronically whenever a complaint is received which summarises the complaint and provides brief comments on the nature of the response provided.

How frequently were these reviewed with the PRG?

Due to lack of volume of feedback within the public domain that is not subject to confidentiality, a decision was made to complete this exercise in the March 2015 PPG monthly meeting in order to review and discuss the whole year's complaints and feedback in one session, so that there would be enough to identify any trends and have more meaningful discussions as a result.

These are the anonymised complaints and feedback (public domain) for the practice since 1st April 2014 to date:



Complaints
2014_2015.pdf



Feedback
2014_2015.pdf

A full discussion of the above complaints and feedback took place at the Patient Participation Group meeting held on Thursday 19th March 2015 and the documented minutes of this meeting are as follows:



PPG 19_03_15.pdf

The Patient participation Group has also held meetings on a monthly basis throughout the year with the practice manager and senior partner both attending the majority of meetings where ad hoc feedback and complaints have been discussed whenever they have arisen. There are minutes of each meeting available to the Patient Participation Group page using this link: <http://www.greatbentleysurgery.nhs.uk/home.41682.htm>

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

To set up and circulate a procedure for triaging face to face patients

“One PPG member, Mandy, had encountered a problem when she called into the practice asking to see a Doctor –she was told she couldn’t see anybody and was advised to go to the Walk In Centre. She went to the WIC and they had then phoned the practice to make her an appointment later that day to see a Doctor. Dr Bhatti and Richard said that the Triaging System was set up for telephone calls not face to face and that such a situation needs to be addressed by the practice i.e. by setting up a procedure for triaging face to face patients.”

What actions were taken to address the priority?

This was discussed with the reception manager as this is clearly a gap within the triage system that was developed last year. It is very rare for a patient to present face to face requesting an immediate urgent appointment which is why this was never thought about, however, as the feedback gained in the PPG meeting, this does happen and we need a protocol to deal with this situation appropriately. We agreed that any patient presenting face to face would benefit from being triaged in the same way as someone calling on the phone would be. In this situation, either the nurse practitioner or the on call doctor would be contacted and the patient’s details would be passed to them with an explanation that the patient was present in the surgery. The nurse or doctor would decide if the patient needed to be seen immediately or if they should return home and await a phone call to discuss their issue or be booked into the next available urgent appointment slot. This would ensure that a presenting patient would be triaged appropriately and would receive the care they need as soon as is possible. It’s also important however; to encourage the patient to telephone instead of presenting face to face in future however, as this would help to avoid them potentially having to make trips in to the surgery. Any patient, who has a genuine medical need to be seen, will always be seen the same day regardless to telephoning or presenting face to face.

An email was sent to the reception team explaining the situation that prompted this discussion at the PPG meeting and that patients presenting face to face must receive the same level of care and options as a patient telephoning would. All staff are now aware of what actions they should take in the future in the event of a patient presenting face to face requesting an urgent appointment.



EMAIL.pdf

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

Although very rare, all face to face presentations are now referred immediately to either the nurse practitioner or on call doctor to decide upon the appropriate action to take with the patient which is one of the options below:

4. Patient called in to see the clinician for an immediate consultation.
5. Patient booked the next available urgent same day appointment.
6. Patient is asked to return home and await a telephone call back.

This will ensure that all face to face presentations will be afforded exactly the same service level as a telephone request.

Although this will be publicised to staff, it will not be publicised to patients as if the volume of face to face presentations increased substantially, the surgery's resources would not be used efficiently. A request for an urgent on the day appointment should always be made by telephone wherever possible so that the most appropriate course of action can be decided upon by the triaging clinician. This problem was discussed and agreed with the PPG at the meeting on 19th March 2015.

Priority area 2

Description of priority area:

To produce and circulate a care pathway document for diabetic patients and review invitation documentation.

“Melvyn raised the issue of timing relating to receiving letters concerning diabetic blood tests and the need for a subsequent review. There appears to be some uncertainty about the timings and as to whether a review is needed or not. Richard said that the diabetic specialist nurse checks the results and works out if a review is needed. She then arranges for patients to come in for a review only if necessary. It would appear that this needs to be made clearer to diabetic patients. It was agreed by the meeting that this would be our second Action point to be included in the Report”

What actions were taken to address the priority?

Back at the surgery this was discussed with the diabetes nurse specialist and the existing invitation letter was reviewed:



Diabetes Review
Invitation.pdf

It was felt that this letter could be worded in a way that would explain in a clearer way that the patient's diabetes review was due and in particular providing a clearer explanation of how the new process works. This should ensure that the patient knows exactly what to expect from who and when. A revised version of this letter was reviewed by the practice manager, specialist diabetes nurse and the chairman of the Patient Participation Group (A diabetic himself) and all have agreed that this new letter makes the process easier to understand. This letter will replace the old letter above with immediate effect for all future diabetes review invitations.



Revised Diabetes
Review Invitation.pdf

In addition to this newly drafted letter, an information leaflet has been designed which aims to explain the diabetes review process in a more visual way to help understanding further:



Diabetes Review
Cycle.pdf

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

All future review invitation letters will be a lot clearer to patients and for any who still have a problem understanding it, the 'Diabetes Review Cycle' leaflet which provides a more visual aid to understanding can be used to explain the new process.

This will lead to a greater understanding of the new pathway which will help patients to understand the importance of each step in helping them control their condition.

This report has been published on the website and a mention will be made in the next available parish publications in May 2015. Unfortunately the April deadlines have already passed. Of course from now on ALL diabetic patients will receive the new review invitation letter which explains the process much better; therefore understanding will be improved gradually during the normal review cycle.

Priority area 3

Description of priority area:

To produce and circulate procedures for Fasting Blood Tests

“Attention was drawn to one complaint concerning the procedures for blood fasting tests. This complaint has now been resolved but it was suggested that procedures for fasting blood tests need to be made clearer to all staff as this was proven to be a knowledge gap which caused distress to a patient. It was agreed by the meeting that this would be the third Action point to be included in the Report. Dr Bhatti confirmed that fasting blood tests are not necessary any more for cholesterol testing. This has only just changed, therefore a full procedural review can take place to include these recent changes as part of providing extra training to staff regarding fasting blood tests overall.”

What actions were taken to address the priority?

The practice manager, senior partner and nurse manager met to discuss blood tests overall with particular attention to fasting blood tests. With the daily blood sample collection taking place around 11.50am each morning, it is very important to ensure that blood test clinics are managed as efficiently as possible to maximise the use of time to match the demand. Those patients who need a fasting blood test should be given priority for early morning blood tests which can start as early as 8.00am Monday, Tuesday and Wednesdays and 8.30am Thursdays and Fridays, so that they can eat as early as possible following the test. Following some recent changes regarding lipid blood tests no longer needing to be fasting, we established that there is actually only one remaining reason where a blood test must be a fasting one which is when diabetes as a diagnosis is suspected. This would need to be a fasting blood sugar blood test. This will of course greatly simplify the procedures for all staff, both administrative and clinical.

This was immediately communicated to all staff by email as follows:



EMAIL.pdf

This new process was effective from 24th March 2015.

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

This will ensure a more simplified blood test process for patients and their carers which will ensure that there is much less risk of an appointment being booked at an inappropriate time, particularly when it is a fasting blood sugar blood test.

This report has been published on the website and a mention will be made in the next available parish publications in May 2015. Unfortunately the April deadlines have already passed for these publications. A copy of the report will be displayed on the PPG noticeboard within the surgery and a link posted to the surgery Facebook page and Twitter account.

Priority area 4

Description of priority area:

Hospital letters addressed to incorrect GPs, particularly GPs who has retired many years previously.

"Discussion took place about Colchester Hospital sending out copy letters to patients and to the practice with a note marked on the letter "copy to Dr". The name of the Doctor is invariably incorrect e.g. Dr Cavanagh who is no longer at The Hollies. Not only is it distressing for the patient but it also takes the practice's admin staff extra time to establish the patient's current Doctor."

What actions were taken to address the priority?

Judy Bishop (PPG member and advocate of Colchester General Hospital) agreed to raise this issue at the next CHUFT Board Meeting and ask that the hospital updates its records regularly as required under the Data Protection Act.

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

With the local hospital taking more responsibility to ensure that their patient records are kept up to date, letters feeding back important information to patient's GPs will arrive at the correct destination more efficiently with the added benefit of reducing any distress for patients which has been reported by the PPG.

The surgery takes a great deal of time allocating 100 to 150 items of post each and every day. If the addressees name could be relied on, this would prevent surgery staff from having to review each patient's record manually to identify the patient's usual GP. This would save in the region of 1 hour of admin time each day or 253 hours each year which would be a huge saving in resources and funds.

In addition Colchester General Hospital would be complying with its duties under the Data Protection Act 1998 and in particular, *principle number 4 - Personal data shall be accurate and, where necessary, kept up to date.*

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):

We predominantly received great feedback from our patient population and there are no major concerns put forward to us either by patients generally or from our Patient Participation Group. The review we carried out with the PPG last year identified 4 areas of improvement, two of which were carried forward and actioned in full (improving outside lighting during winter months, taking action to improve parking for less able patients and providing a dedicated noticeboard for the PPG). The only area not taken further was having a dedicated area for children in the waiting room, as being extremely restricted for space, it was impractical to section an area off solely for use of young children due to the predominantly elderly visitors we have. This would cause potential trip hazards and restrict seating for those who really need it.

The senior partner and practice manager have continued to attend the monthly PPG meetings which have been both lively and interesting for all. We have secured several high profile speakers including the two local MPs and representatives from our CCG and local hospital. The group continues to be very supportive and engaging.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 24th March 2014

How has the practice engaged with the PPG:

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

In order to generate interest in joining the PPG we advertised the group through a wide variety of means including the following:

- Posters & leaflets in the waiting room.
- Reception staff, nurses, doctors and healthcare assistants talking to patients.
- Mailshots to patients.
- Text messaging to patients with mobile phones recorded (57% of all patients).
- Incorporated into every monthly newsletter published in 7 local parish publications.
- Created and continually growing a Facebook page and promoted the PPG on here.
- Creating a dedicated page on the surgery website and also using home page 'ticker' to promote.
- Community nurses asked to discuss PPG with patients in the wider community including residential homes.
- Learning Disability lead GP discussed with local carers and homes so that they are aware of the PPG.

We have made attempts to get patients involved from all groups and in particular used text messaging and Facebook to try to gain interest from the younger patients, unfortunately with limited success so far.

Not having ethnicity records about members of the PPG it is very difficult to gauge whether we have representation of minority groups.

There is an area wide "PPG Awareness Week" planned in the first week of June 2015 to promote Patient Participation Groups throughout North East Essex, which will be used to try to encourage patient types who are not very well represented. This has been put forward by the local Health Forum and embraced by the Great Bentley PPG and supported by the practice.

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

The practice accepts feedback from a wide variety of sources such as: Friends & Family Test paper forms, online at www.iwantgreatcare.org as part of the friends & family test scheme, our surgery website at www.greatbentleysurgery.nhs.uk, our Facebook page at www.facebook.com/greatbentleysurgery, and our Twitter account at <https://twitter.com/GtBentleyDocs>.

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

Yes

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

The practice now has a more simplified blood test process for patients and their carers which will ensure that there is much less risk of an appointment being booked at an inappropriate time, particularly when it is a fasting blood sugar blood test.

In addition diabetes review invitation letters are now a lot clearer to patients and for any who still have a problem understanding it, the 'Diabetes Review Cycle' leaflet provides a more visual aid to understanding. This will lead to a greater understanding of the new pathway as more patient receive this redesigned review letter which will help patients to understand the importance of each step in helping them control their condition.

Although very rare, all face to face presentations are now referred immediately to either the nurse practitioner or on call doctor to decide upon the appropriate action to take with the patient which is one of the options below:

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6. Patient booked the next available urgent same day appointment.
7. Patient is asked to return home and await a telephone call back.

This will ensure that all face to face presentations will be afforded exactly the same service level as a telephone request.

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

Our PPG are extremely supportive of Great Bentley Surgery and wherever possible we commend them for this and the great variety of interesting meetings, guests and subjects covered. Our PPG has become an integral part of our engagement with patients and now very important to us.