

Annex D: Standard Reporting Template

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

Practice Name: Deddington Health Centre

Practice Code: K84055

Signed on behalf of practice:

Date: 24/03/2015

Signed on behalf of PPG: PPG Group

Date: 24/03/2015

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, Email, Post											
Number of members of PPG: 19											
Detail the gender mix of practice population and PPG:					Detail of age mix of practice population and PPG:						
%	Male	Female									
Practice	49%	51%	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
PRG	58%	42%	Practice	19%	7.1%	8.1%	13.3%	17.4%	13.6%	12.4%	9.2%
			PRG	0%	0%	0%	0%	15.8%	5.3%	15.8%	63%

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	95.1%	0.4%	0	2%	0.08%	0.04%	0.10%	0.12%
PRG	100%	0	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	0.10%	0.03%	0	0.11%	0.53%	0.04%	0.04%	0.01%	0	1.27%
PRG	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:

There is a lack of representatives for the lower age groups and for ethnic groups outside of White-British. Recruitment for these groups to be a target for PPG achievement during 2015/16. Current advert on website, this is to be rolled out to the village newsletters as agreed with PPG.

New PPG secretary appointed and Chair to be recruited at next PPG in June 2015.

PPG member is to present at local 6th Form to offer invitation to join PPG. Practice Manager will be contacting individual patients to request interest in PPG.

PPG notice board now available (donated by PPG member).

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:

**Patient Survey 2014
Friends & Family Test
Website feedback forms
NHS Choices**

How frequently were these reviewed with the PRG?

**Patient Survey 2014 was discussed in detail at PPG in Spring.
F&FT commenced in December (patients are able to respond in the practice on cards, via sms message or online) – PPG informed at December meeting.
Results from December to February discussed at PPG, March 2015:
December to January – Extremely Likely to recommend 94%, Likely 5%, Not Likely 1%
February – Extremely Likely 92%, Likely 8%
Very few text comments available.
Website feedback included in F&FT feedback from late 2014 along with NHS Choices.**

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

House-bound patients - Raising awareness with posters asking “Do you know anyone who is house-bound?” and ensuring the practice is aware of them so they can have the support they need. The whole PPG group could be asked to respond; there are lots of people who are house-bound who do have computer networks in place and information could be given to them via this, or via visits.

The surgery will be able to ensure the person:

- has a care plan in place and recorded on the surgery IT system as being house-bound,
- has crisis information provided,
- and perhaps the ‘message-in-a-bottle’ information for emergency crews.

These small things can ensure the care needed can be put in place quickly when needed.

Action ALL to speak with colleagues / family / friends / neighbours as appropriate.

What actions were taken to address the priority?

There have been great efforts to ensure that we are aware of any housebound patients. Once we are aware of the housebound patient we have coded their patient record which allows us not only to see this on each individual record but also be able to run a list or mail shot easily for these patients.

Now that we have a list of patients we can ensure that we offer the relevant services, i.e. We used the list to ensure that all housebound patients who were entitled to the flu jab were able to have this at home.

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

- Practice staff now able to recognise easily those housebound patients when the patient record is loaded.
- List can also be used for implementing ‘Avoiding Emergency Admissions Care Plans’ where appropriate.
- District Nursing team can be provided with the list of housebound patients.
- Practice are currently reviewing the patient communications, e.g. letters, newsletters, website, etc. A section for

targeting housebound patients is planned. Once the communications have been reviewed in house they will then be passed to the PPG for checking.

Priority area 2

Description of priority area:

Carers – raising awareness in the community that the carers role is important, and some support is available. This will involve speaking with friends and neighbours so they advise the surgery that they are Carers so this can be taken into account when:

- Asking patients to come into the surgery
- Making appointments where possible which don't conflict with the carer role
- Checking if carers need breaks
- Ensuring that carers know what to do if an emergency occurs for themselves or their cared for one – this could be a notice on the fridge but ensures others know how to help
- Ensuring care plans are in place to support the cared for person so the Carers doesn't have to keep repeating information.

Action ALL to speak with colleagues. JAH to seek Carer's information for the noticeboard.

What actions were taken to address the priority?

As part of the OPC LIS and Dementia Services, the Practice have been working hard on ensuring that Carer information is recorded on patient records. This includes those patients who are carers and those patients who have a carer. This has been specifically about our patients but is now extending to include carer information where they are not a patient here but are a carer for one of our patients.

We have increased four-fold on the number of carers that we are aware of and have been pro-active in recording those carers who are family members.

We have been forwarding information that we receive from Oxfordshire Carers and will further develop targeting of carers as we review our patient communications.

We have implemented information on the website.

All available Carer breaks have been successfully allocated and used by patients.

New carers section to be created within the waiting area once it is updated and alerts on the new PPG notice board.

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

- **Practice staff now able to recognise easily those patients who are carers when the patient record is loaded.**
- **List can also be used for invitation to health checks.**
- **Practice are currently reviewing the patient communications, e.g. letters, newsletters, website, etc. A section for targeting Carers is planned, PPG to review before release and also to include PPG Carers Section in Practice Newsletter.**

Priority area 3

Description of priority area:

Prevention checks – encouraging patients and friend and colleagues to come to the surgery for check ups. For young people this could be sexual health checks, or things like addictions. Services for disabled people, or ethnic minorities could be raised in profile with local Banbury services highlighted. Older people could have a dementia focus with information available to raise the importance of diagnosis and therefore help and support. JAH agreed to find a public health calendar which shows the national campaigns across the year, and see what information could be useful to promote as part of the PPG aims.

Action JAH.

NOTE – JAH is seeking a patient rep to attend (with her) the office where the Health Promotion material is kept – please do email her on [Julie-anne.howe@oxfordshireccg.nhs.uk](mailto:anne.howe@oxfordshireccg.nhs.uk) if you would like to do this.

Action - ALL

What actions were taken to address the priority?

Deddington Health Centre volunteered to be the first service to be quality audited for delivery of NHS Health Checks. We achieved a score of 82% which was well above county average.

We continue to strive for achievement on target of 75% for health checks completed and have intensified our invitation process.

As we move towards more electronic communication we are able to target specific patient groups via more economical methods to ensure wide advertising of services.

Significant investment has been made by the Practice on quality checking our Dementia prevalence to ensure that we are aware of those patients would benefit from assessment.

During the NHS Health Check programme, patients over the age of are provided with information regarding Dementia awareness and the services available should they have any concerns.

The OxMed federation is now delivering a new Primary care Memory Assessment Service that our GPs can refer directly to.

We are also now recording where a Carer is specifically caring for someone with Dementia.

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

- **Practice staff now able to recognise easily those patients who are carers when the patient record is loaded.**
- **List can also be used for invitation to health checks.**
- **Practice are currently reviewing the patient communications, e.g. letters, newsletters, website, etc. A section for targeting Carers is planned.**

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):

One of the issues that has been in discussion for some time and remains as a common theme in the feedback is the patient waiting / reception area.

We have now scheduled a full review of this area of the building and would welcome further feedback from PPG on their ideas since the relocation of our Dispensary. These can then be considered along with the feedback already received from patients and staff.

Project to be completed by 31st August 2015.

Progress on all areas is discussed at face-to-face PPG meetings and also via email and post to those members who do not attend the PPG group meetings at the practice.

The Practice has continued to support and maintain a PPG although at the meeting in March 2015 it was agreed that further progress needs to be made in recruitment since the resignation of some PPG members due to leaving the practice.

4. PPG Sign Off

Report signed off by PPG: YES – agreed at PPG

Date of sign off: 24th March 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? **Yes but improvements can be made.**

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

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? More targeted support for patients and carers. **Provisions for more targeted work during 2015/16. Increased uptake of immunisations as carers and housebound patients.**

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

The Practice continues to improve by engaging with all stakeholders and taking on board patients' feedback.