

## Patient Participation Enhanced Service 2014/15 Annex D: Standard Reporting Template

London Region North Central & East Area Team  
 Complete and return to: [england.lon-ne-claims@nhs.net](mailto:england.lon-ne-claims@nhs.net) no later than 31 March 2015

Practice Name: [Gower Place Practice](#)

Practice Code: [F83043](#)

Signed on behalf of practice: [Dr Mark Barrett and Carol Sheils](#)

Date: [23<sup>rd</sup> March 2015](#)

Signed on behalf of PPG: *Diana Manuel* - PPG member

Date: [23<sup>rd</sup> March 2015](#)

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

Does the Practice have a PPG? <b>YES</b>											
Method(s) of engagement with PPG: Face to face, Email, Other (please specify)  <b>Our PPG meets quarterly at the practice; we maintain email, phone and face to face contact throughout the year. Where time allows for both parties the practice manager welcomes ad-hoc visits from PPG members when they visit the practice.</b>											
Number of members of PPG: <b>12.</b> - <b>8 patient members and 4 practice members including clinicians.</b>											
Detail the gender mix of practice population and PPG:					Detail of age mix of practice population and PPG:						
%	Male	Female	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	47%	53%	Practice	0.3%	68%	25.5%	3.2%	1%	0.8%	0.7%	0.4%
PRG	1	11	PRG	0	2	1	0	3	0	3	3

## Patient Participation Enhanced Service 2014/15 Annex D: Standard Reporting Template

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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	Other mixed
Practice	24.3%	0.8%	0%	22%	0.4%	0.5%	1.7%	1.4%
PRG	Members	have	chosen not to	disclose this	information			

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	3.3%	0.7%	0.3%	23%	7%	1.5%	0.2%	0.2%	0.4%	11.9%
PRG	Members have	chosen not to	disclose this	information						

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 with the support and engagement of our PPG continually review our groups' representation of age, gender and ethnic background to ensure that it fairly represents our practice population.
- Working age patients, university students and patients with young children are difficult to engage for our regular meetings.
- Our group is actively working to encourage more patients to join, we have advertised on our website, in the waiting room, on our notice boards and by word of mouth.
- We have placed posters in the Student Halls of Residence and communal to advertise our PPG to younger patients.
- We are establishing a register of patients who cannot attend the practice but who would like to be involved via email/text/skype/phone/letter,
- We have recently installed video conferencing equipment which our PPG will trial and consider if this could be beneficial to our patients who cannot attend the surgery for our meetings in particular our house bound patients.
- We continue to highlight the great work our group is doing and we feel confident that more patients will join.

## Patient Participation Enhanced Service 2014/15 Annex D: Standard Reporting Template

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 – we have a large student population

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

- We have a high patient turnover year on year and this makes continuity difficult, however we have successfully recruited the University College London Student Welfare Officer (who is also a patient at our practice) onto our group, this post changes annually but this important link to the student community has continued. The Student welfare officer has also agreed to contact the UCL student community via the UCL texting service to reach the student population and advertise our PPG.
- The student welfare officer represents the students and brings to the meetings suggestions, comments and concerns.
- We have placed posters in the Student Halls of Residence and communal areas to advertise our PPG to younger patients.
- We are confident that we can recruit more of the student population to our PPG by introducing and promoting more on-line access via social media such as twitter and Facebook.

## 2. Review of patient feedback

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

- Patient comments & suggestions from our in-house suggestion box.
- Patient complaints
- Friends and Family test
- Practice web site
- NHS Choices comments
- Direct patient contact with our PPG members throughout the year
- Experience from our Mystery Shopper visit from Health Watch Camden

How frequently were these reviewed with the PRG?

Bi-Annually.

## Patient Participation Enhanced Service 2014/15 Annex D: Standard Reporting Template

### Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p><b>TO FIND A NEW PREMISES:</b> The lease on our current premises expires on 31st July 2015 and will not be renewed by our landlords; one of our main focuses with the full support of our PPG is finding suitable local premises to relocate to. This is a top priority for our practice and at all times our PPG has been involved and supportive.</p>
<p>What actions <u>were</u> taken to address the priority?</p> <ul style="list-style-type: none"><li>➤ Detailed negotiations with our landlord to remain in our current premises.</li><li>➤ Notified NHSE, Camden CCG and local colleagues of our premises situation.</li><li>➤ Notified our PPG and patients of our premises situation.</li><li>➤ Full consultation with our PPG members to agree the details of a patient survey to canvas patient opinion on our options.</li><li>➤ Canvased our patients over a 6 week period.</li><li>➤ Extensive search of local area for suitable premises, at all times our PPG were consulted on this.</li><li>➤ On-line petition to University College London (our landlords) set up by a group of our patients, achieving almost 5,000 patient signatures.</li><li>➤ Produced and submitted a comprehensive Business Case with supporting documentation to NHSE to apply for funding for this relocation project.</li><li>➤ Found a number of potential premises to which we can relocate.</li><li>➤ We are involved in detailed and progressive negotiations with potential new Landlords</li><li>➤ Engaged an NHSE approved Surveyor and design team to produce detailed drawing of the space available</li><li>➤ Awaiting NHSE funding approval under the Primary Care Infrastructure Fund (PCIF)</li></ul>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <ul style="list-style-type: none"><li>➤ We are confident that we will successfully move to new premises soon with the support of NHS England and our local CCG.</li><li>➤ Fully engaged with and supported by our local CCG and NHS England.</li><li>➤ With bigger premises we can offer more services to improve patient care for all our patients including carers and difficult to reach groups</li><li>➤ This relocation is with the full support, encouragement and input of the PPG and patients.</li><li>➤ We intend to become a training practice.</li><li>➤ We intend to increase our clinician numbers and support staff.</li><li>➤ As agreed with the PPG, this will have a positive impact on all patients including carers and difficult to reach groups.</li></ul>

## Patient Participation Enhanced Service 2014/15 Annex D: Standard Reporting Template

### Priority area 2

#### Description of priority area:

##### **APPOINTMENT AVAILABILITY:**

This has been highlighted as an area that needs to be addressed. At certain times of the year, the practice and PPG group have identified the need for more appointments. The PPG and practice recognise the importance of appointment availability and have worked together to address this as a priority area.

#### What actions were taken to address the priority?

The practice and the PPG recommended that we engage additional clinical help at these busy times. We have and engaged and continue to engage additional GPs to cover the walk in surgeries and this has freed up our regular clinicians to offer more appointments.

This has given and continues to give approximately 25 additional appointments per week. We are going to monitor this and look at the need of extending or maintaining this current increase in appointments.

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

This is proving very popular. Patients are pleased that we are able to offer more appointments with their regular GP. It has also reduced the pressure on the walk in surgery allowing better on the day access. This will also reduce pressure on other local service such as accident and emergency.

The extra 25 appointments per week have been welcomed by both patients and staff. We are somewhat limited by space as we have very little extra consulting room capacity. With the move to new premises we should gain extra consulting rooms and therefore be able to offer permanent additional capacity.

## Patient Participation Enhanced Service 2014/15 Annex D: Standard Reporting Template

### Priority area 3

Description of priority area:

**IMPROVED ACCESS TO INCREASED VARIETY OR SERVICES:**

This includes all the locally commissioned services.

Support of federation with other local Camden practices.

Camden practices are proactive and forward thinking, our practice and PPG have welcomed the variety of LCS's available and we are all in support of Federated working to further improve patient services.

What actions were taken to address the priority?

The practice has attended all scheduled meetings organised by Camden to support the development of federated GP practices.

We have continually kept our PPG informed of the progress regarding this and canvassed their opinion and support.

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

We have agreed a model for federation and we are now engaging with that agreed model to provide additional services. This is going to include extended access to our patients with appointments available early mornings, late evenings and weekends. Our PPG welcomed this development and it was agreed all patients, carers and hard to reach groups would benefit from this. It would particularly benefit our working age population. The federation would also mean our patients have access to all the locally commissioned services, thus relieving pressure on local hospitals and community services.

## Patient Participation Enhanced Service 2014/15 Annex D: Standard Reporting Template

Progress on previous years

Is this the first year your practice has participated in this scheme?

**YES/NO**, we have had an active PPG for a number of 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 issues raised and actions taken to address:**

**Privacy & Confidentiality** – following our patient survey in 2013/14 it was noted that although the majority of our patients were satisfied with this some patients felt that we could improve in this area.

With our PPG we highlighted identified the need for a 'quiet area' within the practice. It was recognised that space was limited but we utilised our side corridor next to reception which is not over looked by the waiting and allows a quiet secluded area for patients. This quite area is promoted via posters in the waiting room, information at the reception desk and on our website.

We have implemented this quiet area and it has been well received by our patients and staff.

**Opportunity of speaking to a doctor or nurse on the phone** – Although our survey showed that we had improved on this the group decided that it remained an area of need by our patients. Our patients showed that they highly value our Walk-in-Surgery and we as a group decided to offer more dedicated nurse and doctor telephone appointments. This has proved very popular with patients and is promoted in the following way:

Posters and Flyers in the waiting room

Envisage electronic notice board in our waiting room

Receptionist team opportunistically offer this service to all patients.

We found that the uptake for a dedicated telephone clinic was not as popular as we had envisaged. However, we continue to offer all patients the opportunity to speak promptly to a doctor or nurse on the telephone and this has been publicised. The practice and PPG recognised the importance of maintaining prompt telephone access to a doctor or nurse and we believe this is particularly to our difficult to reach groups including carers.

**GP First** – Attendance at A&E continues to rise, the Group discussed ways to encourage patients to seek treatment for the GP in the first instance.

This is an area that both patient group and practice were keen to review to identify some effective ways to encourage patients to see their "GP First" rather than attendance at A&E. The practice introduced a local initiative called GP First and promoted it by putting Posters and Flyers in the waiting room, on our Envisage electronic notice board in our waiting room, printed information on the right hand side of prescriptions, practice leaflet, website, via text messages and opportunistically promoted by our admin and clinical teams.

This has proved quite successful. Our CCG has reported that Camden is one of five areas nationally that has seen a reduction in key metrics in unscheduled care activity.

## Patient Participation Enhanced Service 2014/15 Annex D: Standard Reporting Template

### 3. PPG Sign Off

Report signed off by PPG:

**YES/NO** Yes

Date of sign off: **17<sup>th</sup> March 2015**

How has the practice engaged with the PPG:

Yes, fully engaged at all times.

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

Seldom heard from groups such as carers, patients with mental health problems and those living alone are actively encouraged to be involved in our group

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- We are confident that we can recruit more of the student population to our PPG by introducing and promoting more on-line access via social media such as twitter and Facebook.

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

Yes:

- Patient comments & suggestions from our in-house suggestion box.
- Patient complaints



## **Patient Participation Enhanced Service 2014/15 Annex D: Standard Reporting Template**

- Friends and Family test
- Practice web site
- NHS Choices comments
- Direct patient contact with our PPG members throughout the year
- Experience from our Mystery Shopper visit from Health Watch Camden

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

Yes fully involved.

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

The 3 priority areas identified by the PPG in the action plan have improved and continue to improve the services offered to all patients.

Examples of this are:

- New Premises: To access funding and relocate to larger premises and as detailed above this will improve care to all our patients this in turn will increase the number of and availability of doctors and support staff. This is a vital and hugely important development to secure the future of our practice and more importantly its patients.
- Improved appointment availability: by having extra doctor time where space has allowed has significantly reduced the pressure on W/S and reduced the wait for booked appointments
- Improved access to a variety of local services: Federation in an ongoing process with which Gower Place Practice is fully engaged. The group is tremendously excited and supportive of this initiative. As a confirmed development in this area Haverstock Health, our Federation vehicle had offered the practice a consultant Diabetes Specialist to work for a number of sessions seeing our larger number of type 1 diabetics at dedicated in-house clinics. We are confident that this fits with the agenda around vertical integration and the NHS 5 year forward view. We expect further developments including access appointments 8-8 and full access to all LCS's

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

We are delighted to report on the hard work and commitment by the PPG and practice over the last 12 months which have been difficult for all due to extreme premises issues.

Our patient group continues to be a valuable asset to all patients and to the practice.

We are encouraged by the work done this year in all our 3 priority areas, in particular the on-going negotiations to secure a new building.

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