

# Annex D: Standard Reporting Template

Yorkshire & Humber Area Team  
 2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Roundhay Road Surgery

Practice Code: B86643

Signed on behalf of practice: *Kieu Ling* Date: 27/03/2015

Signed on behalf of PPG: *AD* Date: 27/03/2015

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

Does the Practice have a PPG? <b>YES</b>											
Method of engagement with PPG: Face to face, Email, Other (please specify) Face to Face											
Number of members of PPG:											
Detail the gender mix of practice population and PPG:					Detail of age mix of practice population and PPG:						
%	Male	Female									
Practice	<b>4</b>	<b>7</b>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
PRG			Practice	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>2</b>		
			PRG								

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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	<b>3</b>							
PRG								

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	<b>2</b>	<b>1</b>	<b>4</b>	<b>1</b>						
PRG										

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 are always striving to recruit new members to the group through internal advertising and regular surgery Pilates session which is held each Wednesday at the practice. This ensures we receive different members to the group. We believe we currently have patients that represent the group practice 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:

## 2. Review of patient feedback

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

We receive regular direct feedback via our patients personally to the doctors/staff in person, also through surveys that we have conducted, Friends & Family questionnaires is a new initiative that has started in the practice and has certainly gone down well with our patients. In addition to that we are also organising a summer Healthy Eating Event, which will be the second year we have organised this. A lot of our patients do attend this session and have the option to meet our clinicians and discuss anything with the team. Positive/negative feedback is taken back and then discussed within the practice meeting forum and members of the PPG on areas where we can improve.

We conducted a short survey on 25 patients and the findings were  
80% of our patients were happy with levels of appointments we are offering  
90% of our patients said our opening times very appropriate to their needs.



**Attendees:** BP, KW, ML, AR, AD, NR, KLW & FB  
**Patient & Staff**

**Chair Person :** AR

## Agenda

❖ Last Meeting Minutes discussed

### **Recommendation/Suggestions & Comments**

**Door** - on hold for moment, as a lot of others were a priority due to CQC visits recommendation. Will speak to landlord once back.

**Online Booking** - 2 slots available every day. ML advised if audit can be done to check whether it's a helpful method for patient to book appointments

**Parking facilities** - only for disabled patient access

**New Staff** - HB

### **Action Plan:**

- To plant fruit trees (30 Raspberry trees)
- ML wants meeting minutes to be posted out
- Staff training provided
- Pilate's classes still ongoing, a 2<sup>nd</sup> class to be started due to patient demand. Will start from 20<sup>th</sup> May 2014 from 3pm. Patients will be informed in advance if for any reason classes will not be held - due to targets
- Floor - toilets done, sinks to be changed

**Date of Next Meeting: 08/07/2014**

**PATIENT**

**ROUNDHAY ROAD SURGERY**

# INVOLVEMENT MEETING

Meeting called by: KL

Type of meeting:  
patient

Facilitator:

Note taker: FB

Timekeeper:

Date: 08.07.2014

Attendees: Patient ,AD, NGC, ML,FB & RH

KL,AR,KW,NR

Staff

Chair Person : AR

Minutes of Last Meeting held on the 13<sup>th</sup> May2014 were discussed and approved.

## Agenda

❖ The Plantation PM

**Additional Information**

Today's meeting was held in the practice garden. The main item for discussion and action today was the plantation of 30 bushes of raspberries at the back garden. These initiatives showed our patients how easy and economical in today's fast moving environment it was to plant and maintain this. The initiative took about 2 hours to complete. The practice staff that were involved as well the patients thoroughly enjoyed this and in addition to this thought it was a good exercise. A truly enjoyable afternoon.

**Date Of Next Meeting: 14.10.14**

**PATIENT  
PARTICIPATION  
MEETING**

**ROUNDHAY ROAD SURGERY**

**Meeting called NR  
by:**

**Type of meeting: Patient Participation Group Forum**





Last meeting 13/5/14 minutes

**1. Avoiding Unplanned Admission**

- for vulnerable patient 2% of GP population= 67 patients
- Informed name of GP
- Given a separate mobile number if cannot get through normal number
- Gp will ring back to triage patient

**2. Year of Care**

- patient education and active participation in chronic disease management
- e.g. COPD chronic bronchitis , yearly check of breathing test , stop smoking,
- e.g. Diabetes mellitus - yearly blood test (HBA1c, Cholesterol, urine test , Bp)  
Results will be sent to patient and then invite in for review

**3. Bowel cancer screening for 60-70 years old**

- Patient invited 2 yearly to send sample of stool to screen for bowel cancer
- If diagnosed early cure rate >90 %, diagnosed late 5 years survival 10-30% depending on spread of cancer
- Our practice patient about 15 % patient send sample on. National average 40-50%
- The poorer and less educated patient are losing out
- So if you or your family/friend age 60-70 not done , we can catch up now!

**4. Smoking and obesity**

- main factors in our community , causing COPD and Diabetes

- Obesity in our practice age above 16yrs old, 222/2380=9.3% (noted low compared to national average. Obesity defined as BMI 30.
- Diabetes mellitus in our practice above age 16yrs old, 359/2380=15%
- Remedy: healthy low fat + sugar diet and daily regular exercise

**Comments:**

AD mentioned that he had been very impressed and grateful for the NHS when his grandson was very ill with acute asthma. Reminded he is in the 2% at risk patient and needs his flu injection.

**Actions:**

- 1) ML mentioned that receptionist staff reluctant to give out her name when asked . To consider staff to wear name badge for identification. Felt justified as this is a public service. Will discuss in next staff general meeting 3<sup>rd</sup> Nov2014-10-15
- 2) To consider redefine obesity in Asian BMI of 30 this will bring percentage of obesity in the practice more in line with the national rate.  
Reading up on literature, there is no convincing data to re-define obesity according to race. Asian had more fat versus muscle but African origin has more muscle than fat.  
Waist circumference is more recognised.

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**Date of Next Meeting:** 10/03/15

**PATIENT  
PARTICIPATION  
MEETING**

**ROUNDHAY ROAD SURGERY**

**Meeting called**      NR  
**by:**

**Type of meeting:** Patient Participation Group Forum

**Facilitator:**

**Note taker:**      RH

**Timekeeper:**

**Date:**              14.10.2014

**Attendees:**              BP, KW,NGC ML, AR,AH, AD, RH, NR, KLW & FB  
**Patient & Staff**

**Chair Person :**      KL

# Agenda

## Patient Participation Group Meeting

10<sup>th</sup> march2015

### Attendees:

KL, A R, KW & NR

### Patients:

KK, NGC, AD, ML, FB. RH

AJ DT, S R

A M J (Year of Care trainer)

Last meeting 14<sup>th</sup> October2014 minutes

### 5. Bowel cancer screening for 60-70 years old

- Patient invited 2 yearly to send sample of stool to screen for bowel cancer screening
- If positive for blood, will be offered sigmoidoscopy within a few weeks
- If diagnosed early cure rate >90 %, diagnosed late 5 years survival 10-30% depending on spread of cancer
- Our practice patient 12 % patients send sample on. National average 40-50%

Number of eligible patients (age 60-70)	115
Number of patients given tel advice	115

regarding bowel cancer screening	
Number of patients receiving screening letter + pack	23
DNA Did not return pack	14
Normal results	8
Abnormal result	1 had sigmoidoscopy , 2 large polyps excised , some metaplasia in histology ( early cancer changes)
Declined bowel cancer screening	13
Did not respond to bowel cancer screening	22
% engage with screening programme	12%

- The poorer and less educated patient are losing out
- So if you or your family/friend age 60-74 and had not had screening, we can catch up now!

#### 6. Year of Care

- patient education and active participation in chronic disease management
- e.g. COPD chronic bronchitis , yearly check of breathing test, stop smoking,
- e.g. Diabetes mellitus - yearly blood test (HBA1c, Cholesterol, urine test , Bp)  
Results will be sent to patient and then invite in for review

#### 7. 2Weeks ait urgent referral

Patient need to be aware that 2weeks wait referral means that the doctor is very worried and patient is referred due to risk of cancer

6 referrals last year and 1 DNA

DNA very wasteful and could be very serious

### **8. End of Life Care**

Patient with high risk morbidity need to have the discussion but often patient, carer and doctors find it a difficult topic to discuss

Issues need to discuss- last place of nursing care (at home, Hospice-St Gemma, Hospital)

- Resuscitation

### **9. Practice survey**

Opening times of the surgery on whether to offer extended opening hours though the federation

80% of our patients were happy with levels of appointments we are offering

90% of our patients said our opening times very appropriate to their needs for now.

### **Actions:**

- 3) Patient KK willing to raise awareness regarding bowel cancer screening at the mosque and community centre. Gave leaflet to post on notice board. Educational meetings.
- 4) Patients expressed preference for the receptionist staff to wear name badges
- 5) AJ DT expressed keenness to engaged with Year of care and likes to know his BT results prior to review by Dr/nurse
- 6) AD expressed wishes to continue with the current PPG meeting next year, can be funded via Year of care funding

**Date of Next Meeting: TBC MAY 2015**



### 3. Action plan priority areas and implementation

#### Priority area 1

##### Description of priority area:

Our patients are demanding a further Health Eating Event. This encourages patients to eat more healthily and take ownership of how they prepare their food. In our patient population we have a high number of diabetics and this initiative does address some of issues and also gives them good advice on diabetic management as we have member of the diabetic team at hand to offer advice and support.

What actions were taken to address the priority? The date has been set for the 23<sup>rd</sup> of May 2015.

Result of actions and impact on patients and carers (including how publicised): All results from the Health Eating Event will be published on the practice website for all our patients to see.



## Priority area 2

Description of priority area: 2WW Referrals

What actions were taken to address the priority?

Advised our PPG members why we refer patients for the 2WW referrals and why its important patients must attend their appointments and not DNA. Information will be taken back to community for sharing on the importance of attendance. We shared some of DNA numbers with our group members.

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

Results of this initiative will be shared by our PPG group so we can publish the findings accordingly within the surgery.

### Priority area 3

Description of priority area: *Year of Care/Bowel screening*

What actions were taken to address the priority?

Explained to the PPG group how year of care is to be developed within the practice and how it will benefit the patient's populations. AJ from year of care team was at hand to share some insights for our patients and to answer any questions they may have. Bowel screening is also an important area which we felt the PPG could take back to our patients in the community. We also share some statistics on this important area too.

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

PPG group members will provide feedback so we can address any concerns our patients have and take back to the commissioners (CCG).

## 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 have participated in the scheme over a number of years and this now our fourth year of having this reference group. We have continued to build and engage our patients so they are actively involved within the business of the surgery. This helps to shape and deliver services that are important for our patients. This will be the second year where our patients are involved in Pilates to keep fit. In addition to this is also the second year where we are undertaking the Healthy Eating Event at the surgery. This clearly demonstrates our patients are requesting this and they believe these initiatives do help them in the long run in managing their healthcare. We attract many diverse ethnic backgrounds to this event and are very committed in continuing this for the foreseeable future. This is held directly at the surgery.

We will continue to run these initiatives year on year and it also breaks down the communication barrier, as we believe language is a key area of concern. Through these meetings we feel we are making real progress with some of patient's perception of the services that NHS offers, especially when some of the patients who are now realising they no longer need to attend A&E and know they can receive the service directly within the practice. They are also taking a keen interest in their diets which is definitely the response we are after.

#### 4. PPG Sign Off

Report signed off by PPG: **YES / AD**

Date of sign off: **27/03/2015**

How has the practice engaged with the PPG: **YES**

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?

*We continue to engage with PPG Members as well as the community Multi-Disciplinary teams, for those patients we are unable to reach due to them been housebound. The Doctors at the surgery will liaise with our community colleagues and address any concerns they have. These meetings are arranged within the practice each month to discuss these patients. We also review patients that have care plans in place and ensure an appropriate clinician visits these patients to ensure they receive the appropriate care they deserve.*

*We have no further comments to report on this.*

