**Patient Engagement Local Improvement Scheme – Annual Report 2018/19**

**Submissions dates: 31st March 2020** 🞏X

**Practice Name: …Grange medical Centre.. Name of Patient Engagement Lead: …Shamraz Akhtar…….**

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| **Part 1: Patient Participation Group (PPG):** *Please note: This now a contractual requirement and practices will be required to declare in the annual electronic practice self-declaration (eDEC) that they have fulfilled the requirements. Please see attached documentation for further information or go to this* [*link*](http://www.nhsemployers.org/~/media/Employers/Documents/Primary%20care%20contracts/GMS/GMS%20guidance%202010-present/2015-16/201516%20GMS%20Guidance.pdf) *(see pages 23-27 for GMS practices and for PMS practice, please go to this* [*link*](https://www.england.nhs.uk/gp/gpfv/investment/gp-contract/2015-2016/) *(pages 207-208).* |
| 1. **Does your practice now have a PPG?**

*If you have answered no, please attach your action plan for setting one up. This should include who is leading on this within the practice and timescales.*  | **Yes 🞏X****No 🞏**We have approximately 16 PPG members. We have 1 chairperson and one deputy chair, they leads the meeting. There has been a new chair elected in 2019, with the vote of the members as the previous chair wasn’t able to get involved due to other commitments. The members help liaise with patients and the community trying to promote the work of the PPG (patient participation group). We also have a PPG member who works alongside the PPG lead who acts as a voluntary member who promotes the PPG group and gives advice to patients about the help available. She is a very key member the team.Two of our members are also steering group members, they helps liaise with patients and gives us feedback from the steering group meetings and help improve the PPG. The GPs attend the PPG Meetings. The PPG members are able to discuss what they think about the services provided by the surgery and if there are any areas the practice lacks, in how it can be improved. They are updated with any changes and there feedback is taken.We have about 10 members on average attending the meeting. We always have a GP, Practice Manager, Nurse or a Healthcare assistant (HCA) at the meeting, this gives the members a chance to ask questions or give suggestions regarding clinics. They also highlight any management issues. This is very helpful for the practice; we get a chance to get input on the areas that we may have missed to improve.We still have the PPG lead/supervisor Shamraz arranges the PPG meetings and creates the Agenda and notes the minutes of the meeting. The Practice Manager and senior staff member from Oaklane attend the meeting. They take account of the suggestions that the PPG members make for improvement and try implementing this. If anything needs to be implemented or changed the manager and supervisor work alongside the PPG Group and make the necessary changes. The national survey is also discussed at every meeting.The meeting lasts an hour and there are also a light lunch and drinks provided to the members. Our members are really supportive. |
| 1. **Please provide evidence of your PPG.**

This should include * Terms of Reference,
* Brief outline of your membership, roles and responsibilities.
* Minutes of meetings uploaded to practice website
 | **Please attach a copy of your Terms of Reference****Grange Medical PPG Terms of reference**1. **Aims of the Group**

The Patient participation Group still aims to explore ways of working together with the patients of the practice, this helps to strengthen engagement, build stronger links between patients, PPG Members, communities and health services and help improve the health and well-being of people living in the Bradford area and locality of the surgeries and provide them with help and advice about the changes in the Health care sector.The Patient Group meeting is held quarterly for briefing the members and the exchange of information, ideas, views & concerns about plans for & delivery of primary care. This group brings together patients, carers,family members from Grange Medical Centre and oaklane surgery. **2. Members of the Group**The Patient Group is open to any patient, or carer registered with the GP practice in this includes Grange medical Centre and Oaklane surgery.**3. Representatives of the Group** The Patient Network meetings are held every 12 to 16 weeks. Special meetings, events of the group may be arranged for specific purposes as necessary. There is 1 Patient engagement lead. The Patient group consists of 16 Patient members and we are always promoting further members to join the group.There is 1 chairperson and 1 assisting chairperson in the group. There is 1 voluntary PPG member who helps the patient lead to liaise with patients. Annualy we give a chance to all the members to nominate a change of chairperson if they wish. **4. Communication**The recognised method of communication is from the PEL lead and elected representatives. Agendas/ Minutes of meetings to be communicated as early as possible. The minutes of the meeting are published on the website.There are regular emails and letters sent out to members to inform them of any events or changes made at the practice.  |
| 1. **How often do they meet?**
 | **Weekly 🞏 Fortnightly 🞏 Monthly 🞏 Quarterly 🞏X****Other, please give more details:**  |
| 1. **What are your mechanisms for obtaining patient/practice feedback and how have you used these to make changes?**

*For example Newsletter, NHS Choices, Website, Questionnaires, Events, FFT, Notice boards, Coffee Mornings, Comments box, Campaigns, Complaints, Verbal, Surveys, Events, Posters etc.* | **Please attach/include examples of each type of feedback in this report.*** The main source of feedback is our feedback forms and FFT feedback on line Our patients are encouraged to give feedback on the NHS choices website and other means of feedback like FFT forms. We have had some improvement to these forms since the last report. We have one active staff member who is responsible for the feedback forms and box. We try encouraging patients we have mixed feedback and the manager responds to the comments on the website.
* We have an ongoing Newsletter which is produced quarterly to inform patients of any changes, Practice news, News from VCS organisations, health advice. We have found this very helpful to pass on information to patients. The patients prefer to receive updates and are happy with the Newsletter. We are carrying on producing the Newsletter as patients are showing a good interest to the Newsletters. Our members and some patients make suggestions as to what we should add on to the Newsletter.
* The PM and PPG Lead are always updating our website, again making patients aware of any news or changes. Our PPG Members keep an eye and if anything needs changing they notify the practice members.

There are many improvements made with feedback, like waiting times have been reduced, more online slots, patients ordering their own repeat medication. We are always promoting patients to give feedback. We have the “You said and we Did board in the reception area which has been effective with the patients. * This year we have had a few different events, which include the Diabetes event, Self-Care event, Domestic Violence Event. These events were really successful and the patients, PPG Members were really supportive. We had VCS organisations attend these events and the patients were interacting with the VCS organisations. We are in the process of holding a community Engagement event this week; we are incorporating Grange Interlink and the Bradford Council.
* We always have Self-care events one at Grange Medical and one at Oaklane surgery. When the Self-care week is running, the patients find this helpful. We distribute leaflets and advice Over the Counter medication, Self-Care in Winter and information for Carers.
* Our appointed staff member sits with patients in the waiting room and gets feedback from patients about the service provided by the surgery. She also uses a ipad to input and FFT online of patients are unable to fill and feedback forms, Some patients are very keen and say how they feel, some patients don’t wish to speak in front of other patient’s, so we offer one to one time in one of the rooms.
* We have posters in different languages to give them information about the PPG group and meetings and medical conditions. The clinicians try to provide patients with reading material in different languages.
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| 1. **How have you ensured that your PPG is representative of your practice population?**

*If the answer is No**– please give reasons and explain how the practice mitigates this.*  | **Please give examples on how you achieved this below.**Yes we have tried to ensure that our PPG represents the practice population. We have had some patients leave the practice who were PPG members; we also have some new members. We have patients from different ethnic groups which include English, Indian, and Pakistani, Latvanian, South African and Polish patients. The practices are trying to engage with all patients and encourage them to become PPG members. We try promoting this in the PPG Events, we have posters in the waiting rooms. We also have quite a lot of members who are from the older age group. We do have younger members, but they don’t attend the meetings. We have tried encouraging young adults to join, but are struggling. In the past PPG meetings, the chairperson said we all need to try interacting with the younger generation and try getting them to join. They also said we should provide an incentive for them. We don’t get many young members in the meetings, but we do have the young patients attending some of the practice community events. We have attended a primary school and held an event, we are trying to interact with secondary schools.  |
| 1. **How have you sought and analysed the views of patients and carers registered at your practice?**

*Please describe what mechanisms were used to seek these views (i.e. grass root, patient’s survey, PPG) and how this was analysed to identify any actions.***Please note that the carers may not be registered with your practice** | Last year the practice sent out questionnaires similar to the National Survey forms. This went really well we had quite a lot of patients return these forms. It also showed a slight improvement to the National survey. We encouraged the Carers to respond to the National survey as their feedback counts. Most carers were really supportive. These questionnaires gave us some insight on what the patients and carers think about the services provided in surgery. It also gives us a chance to promote to the patients/carers how important it is to fill in survey forms sent by NHS England.When carers are coming to the desk or ringing the reception staff makes sure inform them of the the feedback forms so they can provide feedback. They also provide the carers with extra information about the practice and the help available to them. The practice have created further slots, we are planning to hold more events in the community, trying to help carers with patients Health care and advise about the help available to them. The Social prescriber attends the surgery to see our patients and carers. These are some of the changes we are making because of the feedback from the patients. The NHS choices feedback is also really helpful; we get to know what the patients are thinking. The manager always responds to the comments. There are many areas we have improved in with this feedback. Sometimes we get to know that the reception is really busy and patients aren’t being dealt with, so the manager has said that we should always have 2 staff on desk. Sometimes there are complaints about the telephone lines being busy, we try encouraging patients to keep the call to a minimum and only put 2 messages down at any one time for one family.The PPG meetings are a very good way of gaining views from the patients and carers. The meetings run really well and we have a good outcome. We have also advised PPG members to email any concerns to the PPG lead, this way we can bring the important points across to the meeting.We are still helping carers and patients with repeats.We had carers and many elderly patients show concern about repeat prescriptions. From January 2017 the CCG said that the patients would need to order their own repeat medications, due to the wastage of medication. Many chemists were ordering medications that weren’t needed. This way the patient only orders what they require. As a practice we tried accommodating the vulnerable patients. The reception staff take the requests over the phone for the from elderly and vulnerable patients. |
| 1. **Please provide evidence of how the changes in 1.6 have been implemented and how these were communicated to your registered patients and carers?**

*Include action plans, feedback and ‘You said, we did’* | **‘You said, we did’ template attached for practice use****“You Said” “We Did”**Further Online appointments We have added 2 further online slots on each rotaSocial Prescriber to come to surgery The Social prescriber now attends the surgeryTelephone waiting times to be improved If the two reception staff are busy, The Practice  Manager or supervisor take the over flow calls.Parking to be improved. The practice have created a permit so that it is  only the patients or staff that can use the parking.   |
| **Part 2: Patient Engagement Lead Programme:**  |
| 1. **Our evaluation of the previous year’s reports highlights that where PEL’s have worked collaboratively with other practices, the PEL’s have been the most effective.**

*Please describe how you have worked collaboratively with other practices and engagement leads.* ***Please attach evidence*** | **Attendance of group networks 🞏 X Contact Leads 🞏 X Intranet 🞏X Other 🞏 X** We have some interaction with the PEL and PM at Park Grange Medical Centre, and Little Horton Lane Practice. We still meet and contact each other mainly telephone conversations, and email to see how well the meetings run or if we need each other’s help. We have also worked collaboratively with some events organised for Self-Care and the Healthy eating events. We also work and Collaborate with VCS and organisations and Community Centres especially Grange Interlink. They provide a variety of services to patients and a lot of our patients attend their exercise classes. We also recently collaborated with them for a Community Engagement event alongside Bradford Council. This ran really well. The manager collaborates with other practice managers and we share information about patient participation and ways to improve. This is a constructive way of expanding the PPG groups; we get ideas on how other practices promote PPGs.We also liaise with the practices in the Cluster group. We engage within each other and help each other as needed. Hopefully planning another event with the BD5 cluster group at a community centre.  |
| 1. **Please provide details of attendance and any actions from Patient Participation workshops/meetings, Patient Network Meetings, PEL meetings, Local health and well-being Hubs or events.**

***As a minimum all PEL’s will be required to attend 4 out of 5 Patient Network meetings per year.*** | **Please include name of meeting and dates of attendance**The PPG lead, practice manager or one of the members of the PPG group do attend some workshops and meetings. This helps with getting new ideas and suggestions from other members. We have attended events held by other practices and tried helping. We are part of a Hub with other practices and we interact with other practices. **Patient Network meetings attended:****27.02.2019** **10.04.2019****26.06.2019****13.09.2019 Pt network celebration** |
| 1. **Please describe how you have taken on self-care signposting (including Community Connectors) duties to promote self-care management to patients within your practice:** *Promotions should be in line with the CCG strategic priorities and could include:*

 *● Cancer Screening (breast, bowel and cervical)* *● Diabetes* *● Community Connectors* *● Self-care week* *● GP Survey/improving patient experience* *● Mental Health* | We are carrying on with promoting Self Care a very big priority for the practice. We have posters in the waiting room advising patients how to look after themselves. Our GPs, Nurses and HCA’s advice patients on self-care when seeing patients in clinic and the reception staff give advice when they come to the surgery..The practice promotes Self-care through events, we have Self-care events a year, and NHS Self-care forum is promoted to patients. We are sending letters to invite patients to have their Diabetes, Cervical screening, Asthma reviews done. The staff also rings patients to remind them. We also have posters up so patients book themselves for these reviews. We promote bowel screening and tell patients to send samples back. We have a lead person in the practice who attended a training course for promoting screening programmes. The screening team attend the practice to promote screening.We have recently attended and participated at an event at Grange Interlink, we also organised a Domestic violence event which was really good, there was a big turnout and a lot of the young and elderly population were showing interest in improving their lifestyle.   |
| * 1. **How have you promoted good practice in your PPG?**

**This can include holding events to discuss good practice.**  | We mainly discuss good practice at the PPG Meetings. We tell our members about the improvements in the practice and any negative comments and feedback we received from patients. We also promote good practice in the events we hold during the year. We find that events are a good way to get feedback from patients about the way the practice and PPG group are running. We also promote to the patients that they should attend the PPG meetings it is a good way of interaction. |
| * 1. **Besides the Practice Patient Engagement (PEL) Lead, who else supports the work of the PPG and practice engagement?**
 | Our practice PPG members play a key role and volunteer also helps out with the PEL and liaises with patients and members. The practice manager is very active as well. We have a branch surgery, Oaklane surgery, the senior staff member at that side helps to support the patient engagement at Oaklane.Our PPG members are an asset to the practice. Most of them are always helping and promoting patient engagement and passing on any news or changes to the friends or family members who are patients or carers.  |
| * 1. **Please provide details of how you have established the most appropriate engagement routes, eg:**
* *Children Centres and parent fora, VCS organisations*
* *Innovative ways to engage with patients (eg engagement clinics and drop- in sessions)*
* *Develop practice health champions (volunteering ethos)*
* *Make practice building space available for VCS/community groups to hold events*
 | We liaise with quite a few Voluntary organisations like carers resource, Social prescribers in the cluster group, Community centres. We mainly hold events alongside these organisations.We have an advisor attends the surgery and gives patients appropriate advice about the help they require, especially benefits advice.We also interact with other VCS organisations and invite them to our clinical meetings and staff meetings, so they can talk about the help available and the staff can sign post appropriately.  |
| * 1. **Describe how you have shared capacity and resource to support strategic programme partnerships and task and finish groups.**

*For example maternity partnership, access task and finish group, etc).*  | We work alongside Maternity services, Primary Care Network, Advisory service, dietician team. This works well for the practice and patients |
| **Additional information****Please provide any relevant information that supports the engagement work that takes place at your practice.**  | PPG members are very positive and provide unconditional support to practice and patients. They also help in running events and practice collaborates well with neighbouring practices. |

***Note – Please ensure that original signatures are obtained; scanned or typed signatures cannot be accepted due to audit purposes.***

**Signature of Practice engagement lead: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**