Annex C: Standard Reporting Template

Leicestershire and LincolnshireArea Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Dr S.M Arolker& Partners

Practice Code: C82018

Signed on behalf of practice: Dr S. M Arolker Snr Partner Date: 19/3/15

Signed on behalf of PPG: Elizabeth Mackness – Secretary PPG Date: 19/3/15

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

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| Does the Practice have a PPG? YES  |
| Method of engagement with PPG: We meet quarterly at Manor Medical Centre and have email contact as and when required. |
| Number of members of PPG:13 active members |
| Detail the gender mix of practice population and PPG:

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| --- | --- | --- |
| % | Male  | Female  |
| Practice | 50% | 50% |
| PPG | 54% | 46% |

 | Detail of age mix of practice population and PPG:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 |
| Practice | 21% | 9% | 16% | 15% | 13% | 13% | 7% | 6% |
| PPG |  - |  - |  - |  - |  - | 15% | 70% | 15% |

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| Detail the ethnic background of your practice population and PPG: Practice Ethnicity data taken from QED report Dec 2014

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|  | White | Mixed/ multiple ethnic groups |
|  | British | Irish | Gypsy or Irish traveller | Other white | White &black Caribbean | White &black African | White &Asian | Other mixed |
| Practice  | 31.3% | 0.3% |  | 5.9% | 0.9% | 0.7% | 1.7% | 0.8% |
| PPG | 31% |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Asian/Asian British | Black/African/Caribbean/Black British | Other |
|  | Indian | Pakistani | Bangladeshi | Chinese | Other Asian | African | Caribbean | Other Black | Arab | Any other |
| Practice | 29.3% | 0.8% | 0.1% | 0.1% | 8.1% | 2.8% | 0.7% | 0.5% |  | 0.9% |
| PPG | 69% |  |  |  |  |  |  |  |  |  |

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| 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 have been trying to attract the younger population into the group but to no avail, we find the group attracts mainly the retired population as they have more time to spare than those at work or in education. PPG members have over time tried to engage with the younger populations and have even gone out into the wider community and display more of our posters advertising the group within local schools, churches, community centres, pharmacies, libraries, postoffices, local shops and to also spread the word through word of mouth.We have moved the meeting times to an evening on occasions to see if we can attract the working population but we did not see any improvements in the uptake. Therefore, the group decided to continue to hold the meetings in the afternoons. |
| Are there any specific characteristics of your practice population which means that other groups should be included in the PPGe.g. a large student population, significant number of jobseekers, large numbers of nursing homes, or a LGBT community?YESIf you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:We have a large ageing Asian population and this is reflected with our current PPG representation. |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:We decided with the group not to conduct a patient survey this year but to use feedback from the friends and family test, CQC visit, comments and suggestion slips, NHS choices, QED visit and PPG group feedback. |
| How frequently were these reviewed with the PRG?At every quarterly meeting we would discuss any comments, suggestions coming through and since 1st December any feedback via the friends and family test. |

1. Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area:**On-going training for receptionists** – looking at new systems for improvements on telephone call handling and patient care. |
| What actions were taken to address the priority?* To create a standard script/flowchart to be followed by all staff so that patients have a better understanding of our systems of access.

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| Result of actions and impact on patients and carers (including how publicised):Patients/carer have a clearer understanding of our system, all receptionists saying the same thing, therefore less confusion for the patient/carer. |

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| Priority area 2 |
| Description of priority area:**DNA’s**  - Working with the PPG and practice on solutions to help improve our DNA rates across both our sites. |
| What actions were taken to address the priority?PPG to formulate a letter that we can use which has been written from a patient perspective to a fellow patient. Once implememnted to monitor DNA rates to see if letter having any affect. |
| Result of actions and impact on patients and carers (including how publicised):Hopefully over time we shall see a drop in our DNA rates the more this is published and actions we take for patients who do not attend, therefore, creating more availability for access to our personal medical services and less complaints from patients and carers trying to obtain appointments.Fugures will be published within the surgerys and on the practice website. |

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| Priority area 3 |
| Description of priority area:**Flu vaccinations –** Working with the PPG and practice on solutions to help improve our Flu Vaccination Uptake rates. |
| What actions were taken to address the priority?* External Advertising – local newspapers, supermarkets, pharmacies and on the surgery windows/doors so it displays from the outside and could act as a reminder when the surgery is closed and patients\carers are walking by the premises.
* More advertising within the surgery – using better promotional material than what we currently receive from suppliers and making sure we receive it in plenty of time to start advertising the flu campaign.
* A promotional stand within the waiting room – with members of the PPG group present.
* Better use of text messaging, letter writing and messages on prescriptions.
* Putting a message on the telephone system when patients/carers are on hold advertising flu campaign and eligibility criteria.
* Clinical staff/doctors to look at other ways of encouraging patients/carers on the benefits of having the flu vaccination and better education of it
* Midwives may in the future be able to help our practice team with giving the flu vaccination to the pregnant patients.
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| Result of actions and impact on patients and carers (including how publicised):Hopefully to see an increase in our target figures and to prevent an rise in hospital admissions.  |

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):

**2013/14 patient survey areas identified for improvememnt and implementation:**

* **Clock in waiting room** at Manor Medical Centre – I**mplemented March 2014**
* **Longer Opening Hours –**No plans to extend the current service we offer. Extended hours are available on a Saturday morning alternate weeks at each site from 8.00am – 1.00pm.
* **Improvement on waiting times for the In-house counselling service and follow-ups** – This service is run by the IAPT services and held within GP surgeries. They are aware of the high demand for these appointments within general practice and have recently altered their systems of working where by some of the workload is now conducted through telephone consultations with the patients. This was also hoping to cut down on their high DNA rates so patients had less waiting times – **Implemented February 2015**
* **To promote on-line services for booking appointments and ordering repeat prescriptions -** currently this service is advertised in the practice booklet, on the practice website, Jayex display board, T.V Screens in waiting room, posters around the surgery and on the on-hold message on the telephones. It was suggested that more promotion should be done through receptionists/doctors/nurses and the PPG group to increase the usage**.- Implemented March 2014**

N.B Coming soon online access to medical records to be enabled by 31st March 2015 (SCR version)

1. PPG Sign Off

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| Report signed off by PPG: YESDate of sign off: 19/3/15Has the report been published on the practice website? YES |
| How has the practice engaged with the PPG:Through meetings and email.How has the practice made efforts to engage with seldom heard groups in the practice population? No, maybe the group and practice need to identify these groups and focus on this area.Has the practice received patient and carer feedback from a variety of sources? YES, Friends and Family Test, Comment and suggestion cards, NHS choices, PPG group feedback, National Survey, CQC.Was the PPG involved in the agreement of priority areas and the resulting action plan? YESHow has the service offered to patients and carers improved as a result of the implementation of the action plan? Still at implementation stage and over time we should hopefully see an improvement in all three areas.Do you have any other comments about the PPG or practice in relation to this area of work? The practice and PPG work very well together and the practice feels supported by its group. We would like to see some engagement from our younger population so that they can also start to bring new ideas to the group. |

Please return this completed report template to the generic email box – england.leiclincsmedical@nhs.net no later than 31st March 2015. No payments will be made to a practice under the terms of this ES if the report is not submitted by 31st March 2015.