

Annex D: Standard Reporting Template

[Name] Area Team
 2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Norton Brook Medical Practice

Practice Code: L83059

Signed on behalf of practice: Rachel Rudd Date: 26/03/2015

Signed on behalf of PPG: _____ Date: _____

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

Does the Practice have a PPG? YES / NO																																					
Method of engagement with PPG: Face to face, Email, Other (please specify) Face to face and by email.																																					
Number of members of PPG: 10																																					
Detail the gender mix of practice population and PPG: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">%</th> <th style="width: 30%;">Male</th> <th style="width: 30%;">Female</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>48%</td> <td>52%</td> </tr> <tr> <td>PRG</td> <td>50%</td> <td>50%</td> </tr> </tbody> </table>	%	Male	Female	Practice	48%	52%	PRG	50%	50%	Detail of age mix of practice population and PPG: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">%</th> <th style="width: 10%;"><16</th> <th style="width: 10%;">17-24</th> <th style="width: 10%;">25-34</th> <th style="width: 10%;">35-44</th> <th style="width: 10%;">45-54</th> <th style="width: 10%;">55-64</th> <th style="width: 10%;">65-74</th> <th style="width: 10%;">> 75</th> </tr> </thead> <tbody> <tr> <td>Practice</td> <td>17%</td> <td>8%</td> <td>9%</td> <td>9%</td> <td>15%</td> <td>15%</td> <td>14%</td> <td>13%</td> </tr> <tr> <td>PRG</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>10%</td> <td>20%</td> <td>20%</td> <td>50%</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	17%	8%	9%	9%	15%	15%	14%	13%	PRG	0	0	0	0	10%	20%	20%	50%
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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								
PRG	100%							

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice										
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 actively promoted the group to high school pupils while giving career talks at the high school.

The GPs also promote the group to patients in the consulting room who they feel may be interested in joining. We gained two new members using this method.

The patient participation group also talk to patients outside of the surgery and we gained 1 new member this way.

We also promote that the group are looking for new members on the television screens in the waiting room, in the practice newsletter and on the website.

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

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

49% of our patient list size is over 50, which has gone up 2% on last year. Therefore having a patient group of all participants over the age of 50 does help us identify the needs for a large proportion of our patients. However we continue to try to attract younger members to the group.

2. Review of patient feedback

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

We used the feedback from the patient survey in Feb 2014

We have a comments box in reception with feedback throughout the year

We had a CQC visit in October with 30 feedback cards from patients

We asked for feedback from the PPG regarding numerous areas, however specifically the new appointment system on 1/10/14

We introduced friends and family feedback sheets in October 2014.

We have devised another survey to assess the changes we made to the telephone appointment system

How frequently were these reviewed with the PRG?

The PPG had 2 hourly meetings on :

14th May 2014 – Further review of Survey, exploration of possible new telephone appointment system

June 2014 1 hour communication meeting (how to promote new telephone appointment system)

1st October 2014 – New appointment system reviewed, transforming community services, CQC, St Lukes

5th November 2014 – CQC feedback and patient cards discussed

10th January 2015 – Questionnaire designed to assess access, appointment system, directory, caring

11th March 2015 –Information pocket directory, revised questionnaire, online access, CQC report, complaints

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

To improve access to appointments and waiting times. Many patients were waiting to see their own GP sometimes up to two weeks, and waiting times could be up to an hour due to us squeezing in urgent appointments.

What actions were taken to address the priority?

In consultation with the PPG we changed the appointment system to a telephone appointment system to allow better access to a GP. From the 7th July all patients that rang for an appointment were put on a list to be called back by a GP that day, or if their own doctor is not in, the next day they are in. All patients are offered another doctor to talk to if their GP is not available.

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

We promoted the change in the local Kingsbridge gazette; the PPG put information posters in the parish magazines and local shops. We also advertised the changeover extensively in practice.

We booked locums prior to the change to make sure we had no backlog going into go live date.

We have increased our patient contacts (which include telephone appointments and face to face appointments) on average to 1050, rather than the 740 appointments that we offered prior. The average call back time from a GP is 61 minutes, and the average waiting time in the waiting room was 11 minutes.

Priority area 2

Description of priority area:

Communication – we have on average over 2000 calls to the practice each week, some of these asking for details of other services. The PPG group wanted to look at a way of communicating what services are available locally to our patients so that they can access the health and care that is available to them.

What actions were taken to address the priority?

The group looked at other directories available and began to edit what was relevant for the Kingsbridge area. They then consulted with the practice and outside agencies to make sure telephone numbers, opening times etc. we were giving was correct.

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

It was decided for the Health and Care directory to be useful it had to be pocket sized so patients could carry them around. It was also felt that some A4 copies were needed to be posted in the community.

We approached the local chemist, who agreed to stand the printing costs which has allowed the group to get an initial 1000 directories printed which includes care agencies, chemists, residential home contact details, transport services and much more.

The group will be distributing these in the locations around Kingsbridge as well as them being handed out by the GPs.

Priority area 3

Description of priority area:

To improve access for workers, who may find telephone access during working hours difficult.

What actions were taken to address the priority?

We recognised when we introduced the telephone appointment system that one of the advantages of it was that if you could speak to your GP on the telephone it may save you in taking time off work and coming to the surgery. However what we identified was that workers were more anxious of when the return call would be, as they needed to make themselves available and find a place they could talk to their GP in confidence.

We decided to make this work we had to be more flexible with workers and ask them what time was more convenient and try and call back as near to that time. This also applied to patients that were in poor mobile phone reception areas.

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

We increased our extended hours to allow telephone consultations on other days as well as Mondays and alternate Tuesday/Wednesdays.

We have allowed our extended hour's online appointments to be booked as face to face again to give more options to workers.

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 actively promoted the patient participation group and have increased the size of the group by 25%

This year has been a continuation of improving access, and continually modifying it to meet demand.

We promoted the new system and launched it 7th July.

We assessed feedback from friend and family, comment sheets, and what we get through the PPG.

A questionnaire especially about telephone consultation has just been agreed with the group, as we continue to gather feedback and improve the access to the practice.

4. PPG Sign Off

Report signed off by PPG: **YES/NO**

Date of sign off: **Discussed in meeting 11th March**

How has the practice engaged with the PPG: **Yes, regular meeting and emails**

How has the practice made efforts to engage with seldom heard groups in the practice population? **We have discussed how to engage with pupils at the local high school, and other groups at the library and the day centre. We will be taking the access survey to these groups.**

Has the practice received patient and carer feedback from a variety of sources? **The PPG actively request feedback from friends and family which they feedback at our meetings. We also received feedback from carers during our CQC visit for which we achieved a Good, with some outstanding elements.**

Was the PPG involved in the agreement of priority areas and the resulting action plan? **Yes –Priority 1 & 3 has been regarding improving access which we have discussed in various meetings. Priority 2 was regarding improving communication and helping local residents know what services are available. The directory was primarily organised by the PPG.**

How has the service offered to patients and carers improved as a result of the implementation of the action plan? **New telephone appointment system , which had been adapted throughout the year depending on feedback to improve access. New Healthcare directory produced by the PPG.**

Do you have any other comments about the PPG or practice in relation to this area of work? **No**

