

Annex D: Standard Reporting Template

Lancashire Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Limefield Surgery Drs Gebbie Burn & Brown

Practice Code: P81214

Completed by: Casey Hancock

Date: 19.3.2015

Signed on behalf of PPG: Casey Hancock/Richard Reeve

Date:

Please confirm that the report has been published on the practice website by 31st March 2015 YES (If no, please provide further information)

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

Does the Practice have a PPG? YES
Method of engagement with PPG: Face to face (Meetings) , Email and Letter
Number of members of PPG: 29 – 7/8 attending the meetings regularly. Remainder still wish to be involved. PM wrote to all members requesting if they wished to be removed from the “virtual” committee.

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	2264	2294
PRG	9	20

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	1711	277	468	486	495	434	322	365
PRG	0	0	5	6	6	7	3	2

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	4							
PRG	18			3				

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice		26								
PRG	3	4	1							

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 posters and flyers in the waiting room inviting new members, our GPs and Clinicians have encouraged patients from all ethnicities and ages to join the group. At our Macmillan coffee morning we had open morning inviting all patients to attend and spread the word about the patient group. The new Practice Manager at the last meeting suggested putting posters in local shops and community centres where mums and babies visit etc. The PPG also suggested mosques, and local churches. The PPG suggested we ask the college art students to design a poster for us. The staff represents our practice population in terms of ethnic background and they encourage patients to attend also.

One PPG member suggested making copies of the minutes and literature available in the waiting room. We now have a colourful folder with all our minutes, information and “come and join our group” flyers in for all patients and visitors to view. Practice staff has also contracted carers to invite them to our Group.

On all of our forms from new patient registration to amend personal details we ask if they wish to join the PPG.

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:

NHS Choices

Family and Friends – with four extra questions reflecting on staff and gps' performance

Our patients got involved with the Put patients first campaign with over 50 signatures on our petition.

We only just published the results of the patient survey in March 2014.

GP survey on line.

How frequently were these reviewed with the PRG?

Patient feedback is discussed at every meeting and in emails with PPG Chair.

3. Action plan priority areas and implementation

Priority area 1
<p data-bbox="203 389 589 421">Description of priority area:</p> <p data-bbox="203 464 309 496">Access</p>
<p data-bbox="203 649 887 681">What actions were taken to address the priority?</p> <p data-bbox="203 722 2024 794">We have increased our surgeries by additional appointment and changed the rotas to have more embargoed slots which become available at different times rather than just requesting patients to phone back the following day.</p>
<p data-bbox="203 948 1312 979">Result of actions and impact on patients and carers (including how publicised):</p> <p data-bbox="203 1021 2040 1238">Improved access. Now staff have been trained and are offering prebookable appointments patients are not as frustrated. They had to phone back either in the afternoon or following day to access appointments. Now if all emergency same day appointments have been taken they are offered prebookable appointments. If the patient thinks they should be seen before that appointment they have the option to phone back for sameday appointment and cancel the prebookable. We have opened our appointments up online now and embargoed appointments are released on a more manageable timescale. Eg either at midnight the night before, 8am on that day or even 3.30 in the afternoon – these appointments can be utilised for emergency appointments.</p> <p data-bbox="203 1279 2007 1351">Staff are also being trained to ask couple of questions which is filtering out the patients who want sicknote/letter etc when this is not necessarily requiring an appointment. We are also encouraging patients to book telephone appointments.</p>



Priority area 2

Description of priority area:
Building Improvements

What actions were taken to address the priority?

Building better signposted.
Skips hired to declutter both surgeries and deep clean.
Redecorating is required but will be done when affordable.

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

Patients were saying they could not see the sign driving down. We have now had trees cut back and a signpost placed in the front garden.

Skips were hired to declutter both surgeries. The PPG noticed a pronounced difference when they attended the last meeting.

PPG have been informed why the decorating has been delayed. They totally understand that spending a lot of money on the premises at present is not cost effective.

Priority area 3

Description of priority area:

Online appointment booking and improving website.

What actions were taken to address the priority?

Our new improved website is only weeks away from being online. However online appointments can be made on our old website which is online already.

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

We discussed this at the last PPG Meeting. This will enable patients who have computers/pcs/tablets etc to be able to make appointments on line which will take away the "rush hour" phone being engaged most of the time from 0800 to 0830 every day. We can publish information on our website which will help our patients understand our services and clinics offered. Patients will also find it easier to email the practice for different services and requests – again freeing the telephone. We have been careful in ensuring that the web savy patients do not get priority however. They do not get the choice of all our appointments to ensure there is fairness for the patients do not have the internet.

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):

4. PPG Sign Off

Report signed off by PPG: YES/

Date of sign off:

How has the practice engaged with the PPG:

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?

Please submit your report to: england.lancsat-medical@nhs.net by 31st March 2015