

Annex D: Standard Reporting Template

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

Practice Name: **St John’s Group Practice**

Practice Code: **C86020**

Signed on behalf of practice: Diane Goddard, Assistant Practice Manager

Date: 23 March 2015

Signed on behalf of PPG: Mr J Lilley

Date: 23 March 2015

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)																																					
Number of members of PPG: 5 face-to-face members 7 e-mail members																																					
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>50.25%</td> <td>49.75%</td> </tr> <tr> <td>PRG</td> <td>5</td> <td>7</td> </tr> </tbody> </table>	%	Male	Female	Practice	50.25%	49.75%	PRG	5	7	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>20%</td> <td>9%</td> <td>14%</td> <td>12%</td> <td>14%</td> <td>12%</td> <td>10%</td> <td>9%</td> </tr> <tr> <td>PRG</td> <td>0</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>4</td> <td>2</td> <td>2</td> </tr> </tbody> </table>	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75	Practice	20%	9%	14%	12%	14%	12%	10%	9%	PRG	0	1	1	1	1	4	2	2
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A total of 890 patients ethnicity have not been recorded/refused/not stated

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	6985	38	0	543	20	6	6	26
PRG	12	0	0	0	0	0	0	0

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	86	90	4	28	40	78	28	51	0	45
PRG	0	0	0	0	0	0	0	0	0	0

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:

Previously

We have not repeated the written exercise undertaken previously to try to encourage membership of the PPG due to a lack of response. Although a number of patients had completed a signing-up form and registered their interest in joining the PPG letters were sent to a further 35 patients selected from the eight different age groups based on gender and ethnicity to try to engage with groups that we felt were under represented. We were able to add a further two members to the group as a result of this method of contact, a further member joined after completing a form whilst at the Surgery and another member was recruited after completing the form via our Practice 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:

2. Review of patient feedback

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

Comments from the General Practice Assessment Questionnaire.

Comments received from patient complaints.

Suggestions received from PPG members, from both the face-to-face group and also the virtual group.

How frequently were these reviewed with the PRG?

Ongoing throughout the year.

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area:</p> <p style="text-align: center;">ANNUAL GENERAL PRACTICE ASSESSMENT QUESTIONNAIRE</p>
<p>What actions were taken to address the priority?</p> <p>The PPG felt that the Annual General Practice Assessment Questionnaire had been a useful tool in previous years' in evaluating patients' satisfaction with the standard of care provided, whether patients were aware of services provided by the Practice and comments left by patients suggesting improvements to the services offered. As in previous years' the Questionnaire ran for 4 weeks from 13 October to 7 November 2014. Copies were left in both upstairs and downstairs waiting rooms. Reception staff actively encouraged patients to complete a copy. A copy was uploaded onto the Practice website so that patients who do not attend the Surgery on a regular basis could be included. Patients attending the Flu Immunisation Clinics were also targeted as this could be the only time in the year that they attended. When the Survey closed a total of 375 copies had been returned, an increase of 51 copies from the previous year.</p>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <p>A copy of the survey results are on display in both waiting rooms within the Practice. Additionally a copy was also uploaded onto the Practice website. A document containing a copy of the comments left by patients has been distributed to PPG members and feedback requested. This will be discussed further at our next meeting due to be held on 25 March 2015.</p> <p>Suggestions made and acted upon in previous surveys include the introduction of online booking of appointments, dedicated Practice Noticeboards and the introduction of a telephone queuing system.</p>

Priority area 2

Description of priority area:

DNA (DID NOT ATTEND) APPOINTMENTS

What actions were taken to address the priority?

Weekly checks of missed appointments were made and posters publicising this information were displayed on the Practice Noticeboards as well as on the Practice website.

Practice Protocol states that should a patient miss 3 or more appointments within a 6 month period then they will be sent a letter warning them that they may be removed from our Patient List. A monthly report is run that identifies these patients and details are passed to their registered GP who decides whether to send a letter as patient circumstances must be taken into account. Patients that suffer with mental health issues, learning difficulties, have been in hospital, etc. do not usually receive a letter but sometimes the GP will put an entry on their record to discuss attendance issues at their next appointment. Should patients after receiving their initial warning letter fail to attend again a second letter is sent warning them that they may be deducted from our Patient List should they miss any further appointments. A patient will be removed from the Practice list should they then miss a further appointment. Again this is at the discretion of the registered GP.

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

Currently there is insufficient data to compare against a previous year however we will continue to monitor rates against the benchmark set this year.

Priority area 3

Description of priority area:

INCREASE PPG MEMBERSHIP

What actions were taken to address the priority?

During 2013-2014 active membership had fallen to 3. The Assistant Practice Manager has taken an active role in trying to increase the number of members and by March 2015 our face-to-face group membership had risen to 5 and our e-mail group membership is 7. Posters inviting patients to join the PPG are on display in both waiting rooms along with a list of upcoming meeting dates. This information is also available on the Practice website. We have recently introduced a New Patient Starter Pack which includes a leaflet describing the work of the PPG and a signing-up form. Patients who have complained about the service we provide are invited to join the PPG so that they can become actively involved in future decisions and hopefully have a better understanding of the constraints sometimes faced by GPs. Receptionists have been tasked with identifying patients who they feel would consider joining the PPG.

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

It has been pleasing to see an increase in the number of patients willing to participate in the PPG. An increase in membership has resulted in an increase in suggestions about how to improve our services, eg one new member recently suggested introducing a Practice Newsletter which not only could address important issues within the Practice but also bring the work undertaken by the PPG to a wider audience.

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):

Over the past two years we have formulated an Action Plan as a direct result of comments made on the General Practice Assessment Questionnaire. Although it can be difficult to encourage patients to join our PPG they can still be involved in how the Practice moves forward through comments left on the Questionnaire. In previous years patients had asked about the possibility of introducing a telephone queuing systems which was introduced in 2014. Last year also saw the introduction of on-line appointments and ordering of prescriptions which had been included in our 2013 and 2014 Action Plan. Currently there are 683 patients signed-up to our Vision-On line service.

A further comment from the 2013/2014 survey and included in the 2014 Action Plan were concerns relating to the answering of the phone on the front desk and the resulting lack of privacy. Rotas have been introduced in Reception so that, whenever possible, the telephone is now answered in the back office. We also introduced dedicated Practice News noticeboards in 2014 again as a result of comments made on the Questionnaire as well as displaying notices advising of the procedure re. overrunning appointments.

It should also be remembered that not all suggestions received re. improving services can be acted upon due to financial constraints. One example of this would be suggestions received regarding the re-siting of the Jayex booking-in machine as some patients felt that there was a lack of privacy when signing-in. However further investigations revealed that it would not be cost effective to relocate the machine and that the only piece of personal information requested when booking-in was a date of birth. No other personal details, such as name and address, were asked for.

4. PPG Sign Off

Report signed off by PPG: YES/NO

Date of sign off: 23 March 2015

How has the practice engaged with the PPG:

How has the practice made efforts to engage with seldom heard groups in the practice population?

The Assistant Practice Manager has contacted the CVS for advice re. targeting seldom heard groups. When the PPG was originally set-up individuals from different ethnic backgrounds were specifically invited to join the group but without success. However what should be remembered is that the Practice population is significantly White British.

Has the practice received patient and carer feedback from a variety of sources?

Yes – Annual General Practice Assessment Questionnaire, complaints and face-to-face discussions with patients when requested.

Was the PPG involved in the agreement of priority areas and the resulting action plan?

Yes – both the face-to-face group and the virtual group.

How has the service offered to patients and carers improved as a result of the implementation of the action plan?

Patients are now aware exactly what position in the telephone queuing system they are in and no longer have to constantly re-dial. Access to appointments and prescription requests are more accessible due to the online system once again reducing the number of telephone calls coming into the Surgery.

Do you have any other comments about the PPG or practice in relation to this area of work?

We have in the past had difficulty recruiting new members to the PPG and are working with our CCG lead to work on ideas on how to increase our membership. It is hoped that as from April 2015 the Senior GP Partner will attend meetings on a quarterly/half yearly basis.