

Annex D: Standard Reporting Template

[Name] Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Stuart Road Surgery

Practice Code: B87015

Signed on behalf of practice: *S Bryan*

Date: 20 March 2015

Signed on behalf of PPG: *K Pearson*

Date: 20 March 2015

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, Email, Other (please specify) Face to face, Email and website
Number of members of PPG: 22

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	49	51
PRG	41	59

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	16.3	10.9	12.6	11.9	16.0	12.6	11.4	8.1
PRG	0	9.1	0	4.5	9.1	31.8	22.7	22.7

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	97			1			1	
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				1						
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:

The PPG and the Surgery are both aware that the PPG is not entirely representative of the patient population. The key area where this is the case is on age breakdown. The establishment of email/virtual membership has helped us make some progress with this this year, but there remains an issue for the age ranges 25-55. The PPG at its last meeting agreed that each member should seek to 'bring a friend', along the lines of 'bring your daughter to work' to encourage further participation from under-represented groups.

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:

None

2. Review of patient feedback

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

Anonymised patient complaint and comment data and friends and family test. Quarterly national patient survey data and GP appraisal data.

How frequently were these reviewed with the PRG?

At each meeting

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Telephone access; the Group feels that there may be merit in establishing a full queuing facility for calls. Currently once the line capacity is reached, the engaged tone is offered.

What actions were taken to address the priority?

We have agreed to survey patient opinion on this through the additional question facility on the Friends and Family test.

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

Awaiting survey implementation and analysis.



Priority area 2

Description of priority area:

The availability of telephone appointments should be advertised more.

What actions were taken to address the priority?

Insertion into patient leaflet and website. Also put onto tickertape messaging in waiting room. The main issue is how to reach patients who attend the surgery very infrequently.

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

Take up of the telephone appointment system has increased, but it would appear knowledge of the availability remains low, and patients are still requesting face to face contact as a first option. We will be considering this further when the result of the Prime Minister's Challenge Fund bid is known. If successful, telephone access will form part of that process. If the bid does not succeed, the practice and network will need to consider alternative mechanisms.



Priority area 3

Description of priority area:

There is sometimes a mismatch between a GP suggesting a patient should re-attend after a particular period (one week, two weeks etc) and the availability of appointments with that particular GP.

What actions were taken to address the priority?

The Surgery is considering how to address this. GPs are able to book appointments themselves and do so when they believe it is appropriate. There is also scope for some sort of 'token' to be issued to the patient, which would authorise the creation of an additional appointment.

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

The GPs are still considering how best to respond to this need.

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):

Opening times and Access. We are trialling making appointments available on Saturdays and Sundays in collaboration with other practices in the area. This commenced in February 2015 after extensive negotiations with A&E consultants.

GP telephone appointments. We implemented this, and need to advertise more thoroughly (see above)

Email consultations. This forms part of the Prime Minister's Challenge Fund bid, and may be available in 2015/16. We need to ensure appropriate protocols to ensure clinical safety and patient confidentiality are in place. These have been trialled in West Wakefield which provides some lessons to be learned.

Additional Services. We are providing physiotherapy and ultrasound regularly. During the year we were able to provide onsite Health Trainer sessions, and Talking Therapy sessions. We have also had Atrial Fibrillation and Stroke risk clinics, specific US clinics for Abdominal Aortic Aneurysm detection. We have also instigated joint GP/Consultant Endocrinology Diabetic clinics. Further development is hampered by lack of room availability within the existing building. We have been in discussion with the local Council, the CCG and potential developers to consider the possibility of relocating to a larger building.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 27 February 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?

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?

Our main concern in relation to 'seldom heard' groups relates to working age patients. We hope the 'virtual' option for extended group membership may help in relation to this. The PPG has also suggested that we advertise the website more regularly on prescriptions and other communications which may increase membership. The 'bring a friend' initiative for the next meeting may also assist.

We discontinued the practice based patient survey this year, and hoped that the Friends and Family test would provide similar data. This has not proved the case as the information extractable is not easily analysed, and in consultation with the PPG will consider reinstating the patient survey for 2015/15.

The PPG put forward all the priority areas for the year and the action plan to address these.

We believe the service offer to patients has improved through the implementation of the 2013/14 action plan, particularly for diabetic management and in the provision of physiotherapy services for those with Muscular Skeletal issues.;

The PPG itself has adopted formal terms of reference, and a Chair from amongst its membership, which is a great step forward for it in establishing its independence and authority.

