

Annex D: Standard Reporting Template

SOUTH YORKSHIRE & BASSETLAW Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: **The St Vincent Practice**

Practice Code: **C86029**

Signed on behalf of practice: Dr Kevin Brennan Date: 26.03.2015

Signed on behalf of PPG: Mr R Holmes Date: 27.03.2015

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

Does the Practice have a PPG? YES / NO		YES										
Method of engagement with PPG: Face to face, Email, Other (please specify) Face to face and telephone												
Number of members of PPG: 13 patients will be coming to the next group meeting in July 2015 with a view to more patients joining this group												
Detail the gender mix of practice population and PPG:				Detail of age mix of practice population and PPG:								
%	Male	Female		%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	7505 - 50.45%	7371 – 49.54%		Practice	2926	1384	1905	2002	2315	1722	1350	1272
PRG	4 – 30 %	9– 70 %		PRG	20%	9%	13%	13%	16%	12%	9%	8%
				PRG			1			4	4	4

				7%			31%	31%	31%
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Detail the ethnic background of your practice population and PRG: 4053 records don't have any ethnicity recorded

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed
Practice	8037	40	2	1513	28	29	44	32
PRG	8			4		1		

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	34	101	6	13	47		59	11		346
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:

- Advertise the PPG group within the Practice
- Advertise the PPG group on the website which also include minutes of each meeting
- A PPG section in our Practice newsletters

The PPG is not representative of the Practice in many areas as we do not have different ethnic groups or a huge variety of ages. We have worked very hard to recruit additional members with GPs and staff targeting specific ages and ethnic groups. However there is a distinct lack of interest from patients. We have meetings at various times to hopefully target new members.

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:

- Patient feedback following consultation on the possible closure of Hollybush Health Centre
- Family and Friends Test
- Patient Survey

How frequently were these reviewed with the PRG?

Feedback on Hollybush survey July 2014

Family and Friends Test discussed in December 2014.

Patient survey currently due to take place April/May, results to be discussed in July.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area: **Care Home Pilot**

Doncaster central locality CCG suggested that it might be an improvement to patient care if each nursing or residential home was to have a dedicated Practice. This should ensure greater continuity of care within the homes. The PPG felt this was a worthwhile area as some had experience of Care Homes and felt that anything that was done to improve the care of this vulnerable group was worthwhile.

What actions were taken to address the priority?

A GP and Practice Manager met with Practice leads across the Central locality. St Vincent Practice were allocated Thorndene, Clifton Court, Wynthorpe Hall, Town Moor House and Anchor House. We spoke to the managers of the homes on the telephone and went to meet with three personally so they fully understood the benefits of the pilot scheme. Following discussions it was agreed to focus on Thorndene and Anchor House. We established the service that we wanted to put in place, our care coordinator, Healthcare assistant and admin support were appointed and began work at the beginning of October, they began by purchasing necessary equipment for home visits, and establishing which cohort of patients were to be concentrated on etc. Weekly MDT Meetings, including two GPs began at the beginning of October. The care coordinator and healthcare assistant have begun a regular ward round at our nursing homes. They visit the homes on a fortnightly basis, or at the request of staff. They provide a point of contact and support for the care home staff, review the patients medication and general health and perform tests both routine and urgent.

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

The care coordinator has done Care Plans for all of the patients in the homes. Of the 17 patients at our main nursing home only one has attended A&E in the quarter. We have advertised this on our website and a noticeboard in the waiting room.

Priority area 2

Description of priority area: **DNA of Appointments**

The PPG feel very strongly about the DNA of appointments as this is a waste of GP resources.

What actions were taken to address the priority?

Over a four week period we monitored the amount of appointments that were not attended. This amounted to 434. The PPG were horrified at this complete waste of valuable appointments. The PPG suggested that we text reminders to patients. The PPG asked why these patients could not be removed from the practice list, but we explained to the group the restrictions we have to adhere to with regard to this and they were very interested to hear this and understood why we have to follow protocols.

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

We have displayed on notice boards and on the patient newsletter the amount of appointments that are not attended on a weekly basis.

We are also looking to implement the text reminder service to patients regarding their appointments.

Priority area 3

Description of priority area: **Access to medical services when the surgery is closed.**

What actions were taken to address the priority?

Following feedback from patients and discussions around care plan reviews at our PPG meeting it became apparent that patients did not know who to contact for medical assistance when the surgery was closed. This was leading to inappropriate use of A&E and the group felt strongly that A&E should only be used for emergencies and we should promote what services are available out of hours.

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

We put information regarding services on our website, in our patient newsletter and targeted displays on our notice boards. The care coordinator has begun reviewing all attendances at A&E and any that are deemed inappropriate receive a letter informing them of the services available and a questionnaire to help us understand why they attended A&E.

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 are utilising our website, noticeboards, patient newsletter and friends and family test to enable patients to communicate their views, complaint, concerns and compliments
- The practice has amended its extended opening hours to meet the needs of the patients
- We actively encourage patients to use the self-check in machine, unfortunately this has been broken but the practice are awaiting the arrival of a new machine
- We continue to promote the PPG over all sources of media to encourage a diverse patient mix
- We now text reminders for appointments
- We actively promote online booking of appointments and ordering of prescriptions
- We have engaged with outside agencies to engage with patients on various health related subjects, for e.g. a speaker from public health gave a presentation on sun awareness which was well received
- We have updated the phone system at Hollybush
- Robust policies in place for dealing with nonattendance of appointments

PPG Sign Off

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

Date of sign off: 27.03.2015

How has the practice engaged with the PPG:

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

- Advertise the PPG on the website
- Advertised on patient survey previously
- Advertised on our patient newsletter
- Advertised on notice boards in waiting rooms

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

- Friends & Family Test
- A comment box at each surgery site
- Your opinion counts forms
- NHS Choices website

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

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

- Improve appointment availability by targeting patients who do not attend
- Continue to promote the PPG to engage patients of unrepresented demographics within the Practice
- Improve access to patients by installing new telephone systems

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

We feel since having a PPG we feel that we have achieved a successful working relationship with our patient members. We look forward to engaging with our current members and are actively seeking to develop our group in positive ways in order to benefit the entire patient population.