


Annex D: Standard Reporting Template


Yorkshire and Humber Area Team
 2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Parklands Medical Practice

Practice Code: B83010

Signed on behalf of practice: 

Date: 23/03/15

Signed on behalf of PPG: 

Date: 23/03/15

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

Does the Practice have a PPG? YES – we have 2 - an established PRG that has only attracted older members and a very recently formed young persons group (initial meeting was 10th of March 2015) with 8 members all between 14 and 20 years old

Method of engagement with PPG: Face to face and email (between meetings)

Number of members of PPG: 11 (for the adult group) 8 for the young persons group

Detail the gender mix of practice population and PPG:

%	Male	Female
Practice	50.5	49.5
PRG	28	72
YP PRG		100

Detail of age mix of practice population and PPG:

%	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75
Practice	22	9.2	15.4	13.5	13.7	11.5	7.2	6.6
PRG			9		27		37	27
YP PRG		100						

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	32.2	2.4	0.002	1.2	0.004	0.006	0.008	0.006
PRG								

%	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	0.01	7.7	0.01	0.002	0.007	0.008	0.01	0.002		56.4
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:

None of our PPG group members have specified their ethnicity

We are more likely to record language spoken than ethnicity – currently we know we have 43 first languages (other than English) spoken. We are working to update our records but with more than 50% with no ethnicity recorded we know these numbers are inaccurate.

We have a growing population of eastern European patients and are actively encouraging them at every opportunity to join the PRG.

We also have a group of 17 patient volunteers working as Practice Health Champions on various projects – one of which is a conversation group to help people practice their English. Once this is up and running we will hopefully be able to recruit more patients, from a much more ethnically diverse base to join our PRG.

On an ongoing basis the PRG, and Practice Health Champions as advertised in each waiting room and on the practice website. Regular texts are also sent detailing both groups activities and encouraging membership.

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 – the practice is very diverse – however younger people are very under-represented so we have been concentrating on that this year, working with Healthwatch and Barnardos to establish a young person specific patient group to work alongside the main PRG.

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:

PPG DES Action Plan - agreed 7/4/13

Practice Development Plan (practice input 28/03/14 PPG sign off 7/4/14)

Feedback received during flu drop in clinics - October 2013

Barnardos Project feedback - received 31/10/14

Feedback from the ideas / suggestions boxes in each reception area

How frequently were these reviewed with the PRG? At each PRG meeting any new feedback was presented

3. Action plan priority areas and implementation

Priority area 1
<p>Description of priority area: Encouraging feedback from 'hard to reach' patients</p> <p>The agreed hard to reach groups are young people and the various Eastern European groups of patients.</p>
<p>What actions were taken to address the priority?</p> <p><i>Young people</i> – The practice worked with Barnardos and Healthwatch on a project which encouraged improvements in engagement from our younger population of patients. Various groups were approached by Barnardos and asked for their feedback – which was fed into the overall feedback action plan reviewed by the PRG in the meeting during July 2014. Additionally, all patients between 14 and 20 that we had a mobile number for were texted and invited to participate in a young person specific patient group and about 300 were telephoned directly by the youth worker assigned.</p> <p><i>Eastern European Patients</i> The practice has been successful in its bid to be part of the Practice Health Champion project – this aims to identify and train volunteer patients to work in the practice. We have already identified a “conversation group” as an appropriate first project. This would hopefully promote better spoken English and raise awareness of NHS services and structure.</p> <p>The Patient Services Manager attended a cultural awareness workshop on 14/07/14. This is a series of 6 covering 6 different Eastern European cultures. The first workshop was the Polish community.</p> <p><i>Travelling Community</i> – Frequently identified at highest risk of not engaging with health services. The practice already has a small group who have relaxed registrations to ensure the children in the group are looked after. The practice will look to develop a small qualitative feedback form to educate this group re access etc which will hopefully help practice understand groups needs to try and tailor care.</p>

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

- Initial members have joined our young persons patient group. The initial meeting was held on the 10th of March, the next meeting (to look at name, marketing etc) happened on the 19th of March – a name was agreed (Teen Voice for Health) a poster was designed and the next meeting to plan the young persons section on the website is scheduled for 31st March
- This group has been publicised via text and in the waiting rooms. Going forward the website will be redesigned with a specific young persons section part of which will focus on the ongoing activities of the group.
- The conversation group (as part of the Practice Health Champions work) has begun to meet and clinicians have been asked to promote to appropriate individuals
- Various reception staff have expressed interest in attending the cultural awareness sessions which we will try and accommodate
- The travelling group were contacted by practice and attached staff and supported to bring their children particularly for vaccination. They were unfortunately moved on before we could address formal feedback mechanisms

Priority area 2

Description of priority area: **Increasing levels of feedback across all patient groups and demographics**

Practice to have suggestion boxes in both reception areas.

The practice will develop an 'E-Comm' strategy re newsletter style communication via email addresses which are now recordable on the clinical system. The practice will encourage greater use of website/ online booking etc- encourage feedback from patients who attend infrequently.

"Feedback" will be added as a regular item to the agenda for weekly practice meetings.

What actions were taken to address the priority?

Suggestions / Ideas boxes are at both sites and various suggestions have already been presented – these have been fed back at practice and PRG meetings

Increase in number of patients using online facilities (currently 1252 online users – 11.6% of patient list)

Feedback now a agenda item on all formal practice meeting agendas

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

- Comprehensive action plan incorporating all methods of feedback established
- Full access to medical records now given to all patients with online access. Will need to establish a practice protocol for young people getting access to their own information – have already agreed we will remove parental access at 14 and deal with each patient individually to agree the best solution for them – currently no patients have turn 14 with online access so not yet a requirement – we are hoping a comprehensive policy will be drafted prior to all practices needing to provide this access by 31/3/15.
- Feedback boards on the “you said we did” basis for each site – 1 member of reception staff and a practice health champion are working together to ensure all the leaflets, posters and other marketing information (eg public health messages) are kept relevant tidy and up to date.

Priority area 3

Description of priority area: **Improve patient experience (esp Buttershaw Lane)** – Customer care training has been identified as a necessity.

The practice was part of a steering group looking to develop a brief for specific reception staff customer care training for both local CCG's – 2 receptionists and 2 patients will accompany the Business Manager to the next meeting.

The reception team has been restructured from 10 down to 9 members. Full team will now work across both sites with occasional swapping for holiday and sickness cover.

Consulting patients on proposed Buttershaw Lane waiting room development – The PPG would prefer the practice continue to pursue a new building to address the physical issues with the Buttershaw Lane surgery (lack of privacy available to patients, cramped waiting room) but agreed that the practice could consult in any way they wanted if we felt it appropriate to consider swapping the reception and waiting rooms over.

What actions were taken to address the priority?

The practice contributed time and experience to assist the CCG secure the best available course for all nonclinical staff within the CCG.

All practice non clinical staff attended the training, discussed their learning with the line manager and their team and agreed 3 practice specific actions as a result. This was discussed with the PRG during the meeting on 23/03/15

The practice secured an improvement grant from NHSE to swap the reception and waiting rooms over – the work is scheduled to be completed 31/03/15 and gives room for 26 accessible seats (from 12 – with about 8 easily accessible) and a window for private conversations well away from the waiting room. It also allows for greater privacy for patient who are hard of hearing as clinicians who needed to raise their voice could on occasion be heard in the old waiting room.

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

- Feedback has not yet been taken following the completion of the course – but in the last 12 months we have already seen a 10% improvement in the annual survey feedback in patients view of the helpfulness of our reception staff
- Feedback from the initial swap (first day 20/03/15) has been very positive from patients re the extra seating and space
- Buttershaw Lane now has the ability to be safely opened on a Saturday morning – will discuss with the PRG about how best to do this with minimum confusion as we will only open one site per week (lack of Saturday morning appointments at Buttershaw Lane is a regular feature on feedback exercises)

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):

Action plan agreed by the Practice and the Patient Group March 2014

- Look at extending the current 48 hour short term access to be 3 days
- Reduce the availability of telephone prescription ordering to 12-3 daily
- Annual customer service training for all reception staff
- Conduct a review into communication issues affecting and affected by reception team
- Look at nursing team skill mix with aim of recruiting more phlebotomy hours
- Look at Buttershaw Lane door to waiting room – potentially power assist

Progress made to date :

No changes made to 48 hours short term availability yet – but increased availability of telephone appointments for the afternoon have been popular.

Decision made to delay reduction in telephone access for prescriptions until we can adopt the EPS process as the changes should support each other.

Customer care training delivered to all staff

Review completed by an external colleague and findings fed back to full team – incorporated into individual appraisal feedback as necessary

New phlebotomist recruited (4 hours minimum per week)

Door to waiting room pending outcome of current work

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 23/03/15

How has the practice engaged with the PPG: "Yes - you have done your best – not sure if it has made any difference!! For example you still need more doctors – but you have done your best"

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

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

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? Yes

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

"The district wide activity needs more action and coordination (e.g the training meeting for PPG members – not properly communicated – and only 20 places available – need more dates or more places."