Annex D: Standard Reporting Template

[Name] Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Grange Group Practice

Practice Code: B85028

Signed on behalf of practice: N Charlesworth Date: 25/03/2015

Signed on behalf of PPG: Date:

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

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| Does the Practice have a PPG? YES | |
| Method of engagement with PPG: Email and face to face meeting every 3 months | |
| Number of members of PPG: 71, with an average of 9 members attending the quarterly meetings. | |
| Detail the gender mix of practice population and PPG:   |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | 8304 | 8726 | | PRG | 32 | 39 | | Detail of age mix of practice population and PPG:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | | Practice | 4112 | 1596 | 2421 | 2308 | 2267 | 1773 | 1309 | 1244 | | PRG | 0 | 0 | 1 | 6 | 15 | 21 | 23 | 5 | |
| 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 | 4745 | 54 | 0 | 0 | 440 | 55 | 65 | 0 | | PRG | 66 | 0 | 0 | 0 | 1 | 1 | 0 | 1 |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Asian/Asian British | | | | | Black/African/Caribbean/Black British | | | Other | | |  | Indian | Pakistani | Bangladeshi | Chinese | Other  Asian | African | Caribbean | Other Black | Arab | Any other | | Practice | 319 | 967 | 9 | 39 | 0 | 166 | 583 | 0 | 0 | 148 | | PRG | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 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:  **The patient participation group is advertised on the notice board in the waiting room with leaflets and information about the group. There is also a section on our website where patients can sign up for the group.** | |
| 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  If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:  To try and attract different members of the practice population we have advertised the PPG on the surgery website and the notice board in the surgery. We also attend a community group which has a wide range of ethnicities.  We have found it difficult to attract younger patients to the group. We signed up to attend a High School Health Fair to promote the group to younger members of the practice.  We have looked at changing the day and time of the patient group meetings to accommodate younger members of the practice but unfortunately this has not been convenient to the regular members of the group. | |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:  Feedback has been received from individual members of the group via the face to face meetings, the Friends and Family Test and via complaints and discussions between patients and the practice manager. |
| How frequently were these reviewed with the PRG?  Every 3 months. |

1. Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area:  A new appointment system was implemented in September 2014. This provides more telephone consultations and telephone triage by GPs, plus a minor ailments clinic each day. |
| What actions were taken to address the priority?  The question was asked on the Friends and Family Test that if we could change one thing about the appointment system to improve the patient experience, what would it be. An e-mail was sent to all our members of the patient group, along with a copy of comments received so far, inviting them to attend a meeting. The meeting was on the 3rd March 2015 and was well attended. Following discussions with the members they felt that a lot of the comments were based around the rudeness of staff, patients being asked why they want an appointment and not wanting to discuss their problem in front of the waiting room. |
| Result of actions and impact on patients and carers (including how publicised):  We are arranging a refresher course for all admin staff on customer care and re-wording our script of what staff members should be saying to patients regarding appointments. This helps to guide patients into booking an appointment with the most appropriate clinician or service.  Information has been put on the website reiterating why admin staff need to question the urgency when a patient requests an urgent on the day appointment.  We have put a sign up in the waiting informing patients that if they wish to discuss their problem in private then this can be arranged.  All of these implementations should hopefully make the process of booking an appointment for the patient run more smoothly and efficiently. |

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| Priority area 2 |
| Description of priority area:  Re-structuring of the website |
| What actions were taken to address the priority?  The re-structuring of the website was discussed at the patient group meeting on the 9th December 2014 as the general feeling about it was that it was disorganised. Two members of the group offered to help with the re-structuring so as to give a patients view of it. A website meeting was held in February 2015, attended by two members of the group. Guidance and help was also sought from the website company. |
| Result of actions and impact on patients and carers (including how publicised):  The current information on the website has been reorganised to become more patient friendly. The home page text has been rewritten so that it is more accessible for patients.  We are in the process of redesigning the layout of the website. This will include two more sections: one with information about self-help and how patients can look after themselves. The second is a community page to help patients self-direct to other available services.  On the appointments page we have put a checklist of what the problem or issue could be, and what to do or who to contact, with a link to the minor ailment scheme.  Registration forms are now available on the website for new patients to download, so they just have to ring the surgery to book a registration appointment instead of coming into the surgery to do this.  There are links for patients to book appointments, order repeat prescriptions, and view their medical records online. |

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| Priority area 3 |
| Description of priority area:  Dementia |
| What actions were taken to address the priority?  Following a serious case review it was identified that we needed to update our dementia policy.  We were involved in pilot scheme which identified patients at risk of dementia. These patients were invited to participate in a short test which helped to identified memory problems and low mood/depression. |
| Result of actions and impact on patients and carers (including how publicised):  We have updated our dementia policy and now have care plans in place for all dementia patients. The surgery has employed a Care co-ordinator whose role is supporting the work with the care plans. We also have a nurse practitioner for the elderly.  All clinical staff are undergoing online training for dementia, along with training for the admin staff. We have a dementia friend and dementia champion within the surgery.  186 patients participated in the dementia pilot scheme and all patients received a letter giving details of the outcome of the test. Patients were given the choice to follow this up and have a referral to the memory monitoring service.  Detailed searches have been done to identify new dementia cases to increase our prevalence, as unfortunately a similar number of patients left our list due to the closure of a care home in our area. |

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):

2013-2014

Following a patient survey in December 2013, these key points were identified and discussed.

* To analyse capacity and demand for appointments.
* Review the possibility of lunchtime appointments.
* Review the system for booking appointment in advance.

An audit of the appointment system was done. The outcome of this audit was that we were too available with book on the day appointments as opposed to booking with a GP of your choice within 2-3 days. Also the GPs were doing 3 hour surgeries and we recognised that after 2 hours the concentration dips.

Following the audit results the appointment system changed in September 2014. The GPs now do three 2 hour surgeries each day, with telephone consultations and pre-bookable appointment available between 8am and 5.30pm every day including lunchtime appointments. Lunchtime appointments are available during the second surgery of the day. We are also now offering pre-bookable appointments up to 6 weeks in advance, previously it was 2 weeks.

* To promote the systmonline service for booking appointments and ordering prescriptions.

We actively promoted this service and all patients who requested prescriptions by e-mail were informed about this. This service is advertised on our practice website, on the counterfoil of the prescriptions and in the waiting room. The number of patients registered for this service has more than doubled, from 1100 patients to 2490 patients.

2012-2013

Following a patient survey in 2012 these key points were identified and discussed.

* Staff are unhelpful on the telephone

All admin staff were provided with some extra training and asked to identify themselves when answering the phone as this could help break down barriers and seem more approachable. We also did some “secret shopper” type training exercises, with members of the patient group participating by phoning the surgery or calling into reception and feedback was given to the individual members of staff.

* Appointments – which doctors work which days?

This information has been updated on our website.

1. PPG Sign Off

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| Report signed off by PPG: YES  Date of sign off: 25/03/2015 |
| How has the practice engaged with the PPG:  How has the practice made efforts to engage with seldom heard groups in the practice population? We attend a community group called Active Ashbrow which is attended by a wide range of ethnicities.  Has the practice received patient and carer feedback from a variety of sources? Friend and Family Test, PPG and complaints.  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? Improved access to some degree, we identify urgent visits earlier in the day which in turn helps to reduce the number of overnight stays in hospital. More online appointment bookings and access to the summary records for patients.  Do you have any other comments about the PPG or practice in relation to this area of work? We recently used positive comments/feedback from the patient group to try and recruit a new GP at a recent GP recruitment fair. |