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| 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:**We have developed a wide range of contacts and work collaboratively with a range of other organisations, from those working with children to those working with isolated older men, they are all aware of and encouraged to signpost ‘their’ users. (SEE later comments for wider list of those worked with) The individual meetings are advertised in newsletters, ticker tape board, word of mouth, local pharmacy and by invitation slips and reminders on scripts.**  |
| 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? YESIf you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:We have a disproportionately high number of under 5s in the practice we have therefore worked closely with our 2 nearest children centres even to point of our trainees doing sessions there.  |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:F+F Survey and complaints/commentsPractice Manager reported to PRG in regard to tasks/projects undertaken and feedback from other organisations  |
| How frequently were these reviewed with the PRG? Every meeting.  |

1. Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area: Not clinical but one area that caused great concern especially for our disabled members was the poor standard of lineage in the car park – people were abusing the disabled bays and in truth the marking had become very faint which made it more difficult to persuade people that their behaviour was anti social.  |
| What actions were taken to address the priority?Although the Practice manager had previously made representations to the council – (this is a multi occupancy building which is council owned), no notice had been taken; even the Practice managers offer to get it done by local voluntary group had been refused. Once it was raised in PRG group it built a momentum and further representations were made to council approaches to councillor etc until finally the car park was re marked  |
| Result of actions and impact on patients and carers (including how publicised):Greatly improved car parking ‘discipline’ even if only by empowering disabled people to point out to those abusing facility that they are parked in disabled slot. Basically it has improved physical access to the surgery particularly for those with mobility impairments as they can actually use the disabled slots. Has improved parking for everyone as many people were parking wide and straddling two spaces so although the car park is not bigger capacity has improved. Mentioned in newsletter and hard to miss by anyone using the car park – can probably be seen from space it is so bright.Also has improved access for ambulances which no longer have to ‘play dodgems’ around badly parked vehicles. |

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| Priority area 2 |
| Description of priority area: Support for elderly people especially in regard to patients being re-admitted to hospital for what were essentially ‘social’ reasons.  |
| What actions were taken to address the priority? Survey asking what information would be useful for emergency services to have if a loved one were to be admitted to hospital in terms of social network especially for example lunch clubs and similar as most of these care affiliated to Local networks which are able to provide social type support.We also undertook a survey of all patients over 75 years asking for their permission to contact carers and undertook a carer strain index survey and provider carer packs which were mostly signposting information but which related to both the carer and the person receiving care. Carers Leeds gave a presentation to the practice.  |
| Result of actions and impact on patients and carers (including how publicised):A list of generic information has been drawn up and has been discussed with representatives of other community groups and it is hoped that we may be able to develop this further with support from CCG funding bid to allow all relevant patients to be provided with information card which can be taken to hospital so anyone in hospital preparing for discharge is aware of social networks especially for those with no families. It was noted that the Red cross system is often weeks behind and gives inaccurate information eg contacting someone 2 weeks after discharge and giving them wrong information about neighbourhood support available to them, in one case suggesting someone living 20 yards from Seacroft neighbourhood team base travel to Swarcliffe for support. A local ‘discharge buddy’ might be enough to prevent re admission to hospital. Publicised by letters to patients , mention in newsletter and on information ‘ticker tape’ screen in surgery plus word of mouth by reception staff and other colleagues and phone calls to patients and carers direct from the person who had delegated responsibility for every day running of the scheme.  |

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| Priority area 3 |
| Description of priority area: High levels of alcohol consumption among the population was identified as a problem with all its concomitant problems. |
| What actions were taken to address the priority? The practice manager was tasked with trying to improve the alcohol support available in practice. Various models of support were explored and considered. A prime consideration was to make support local, preferably in house, as it was recognised that travel networks in Seacroft are poor at best and relatively few people have cars, and encouraging alcoholics to drive is possibly not good for anyone’s health. A working partnership was set up with St Georges Crypt. They were chosen because they already had an outreach worker in the area who not only offered support with stopping drinking but was able to offer a wide range of support across many of the problems resulting from high alcohol consumption – eg debt, problems with maintaining a tenancy, violence. |
| Result of actions and impact on patients and carers (including how publicised):A fair number of those who signposted DNA but this is a problem for us anyway and we anticipated that it was going to be difficult with this particular cohort. However results for those who engaged with the service have been very positive, ranging from stopping drinking to reduction in drinking, being on way to getting out of debt, not hitting spouse so often to one person who has started a small business because he can now present himself positively and do the work he offers. The fact of the service has been advertised on notice boards, by signposting from clinicians and leaflets and flyers have been placed in local libraries, local pharmacies, given to local councillors and MP residents & church groups and other partners from the Seacroft Health Improvement project. (A grouping of organisations from 3rd sector, schools, faith groups, health promotion groups, council; whose aim is to improve health in its wider context). Practice manager is due to do interview on East Leeds FM so it will be mentioned there along with sun health followed by flu jabs in next following interview.  |

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):

The thorny problem of DNA management has been a perennial subject and the practice has had the backing of PRG in tightening the criteria after which patients are reviewed for warning and even removal. An amazing number of patients who cannot ring to cancel appointments can ring to shout about receiving a letter the PRG has supported the practice manager in offering these patients the opportunity to discuss why they should be exempt from the standards set for others – to date no one has accepted the offer. Little progress has been made.

Having obtained the services of a physio with support from PRG the PRG members were dismayed to know that this was no longer going to be commissioned due to high levels of wasted appointments.

Previously discussed items included poor mental health provision in the city especially for those in 16-18 year old bracket and this was fed back directly to LNCCG council, who have responsibility for commissioning Mental Health care throughout Leeds.

The sheer aggression and rudeness of some patients to staff has been noted by PRG members and more prominent zero tolerance posters are now displayed.

Poor turnout at meetings has been discussed on several occasions over the years and it was noted that poor weather and similar can impact this and that some people might feel uncomfortable attending a venue they were not familiar with so meetings are now held at the surgery. Meetings are publicised in patient newsletter, the ticker tape display and notice boards in reception, invites on back of prescriptions and individual invite slips given out with repeat scripts plus promoted by reception staff with fairly minimal results beyond expressed interest, no members have come up with additional ideas for improving regular membership.

1. PPG Sign Off

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| Report signed off by PPG: YESDate of sign off: 26/03/2015 |
| How has the practice engaged with the PPG:How has the practice made efforts to engage with seldom heard groups in the practice population? Mainly by working with other groups so services are brought to attention of schools, we even had ‘advertising’ slot at school assemblies for older children in regard to sexual health and C card work this resulted in absolutely no improvement whatever so the volunteers from local organisation and school support team stopped coming and the practice staff returned to other duties. We have worked with 3rd sector organisations promoting everything form walking group with buggy friendly walks to art groups for isolated men; we had hoped to have an exhibition of their work on display at the practice but at last moment some of those who had produced the art work got cold feet about exhibiting. The project contacting the over 75s and their carers brought a lot of positive comments both from those who had accessed other services as a result and those who though it was a good idea and they would know where to ask for help if needed in future. Has the practice received patient and carer feedback from a variety of sources? Yes see notes immediately above and from other members of SHIP see priority 1 above. We also have a policy that if a patient wants to see manager/clinican to register a comment or complain and it is possible they are seen at the time. Our F+F (Which was up and running before the need to report) comments are overwhelmingly positive. Was the PPG involved in the agreement of priority areas and the resulting action plan? YesHow has the service offered to patients and carers improved as a result of the implementation of the action plan? Definitely yesDo you have any other comments about the PPG or practice in relation to this area of work?Incredibly hard to get the people engaged in this sort of activity concern is that it a self selecting group in spite of our efforts to get wide range of people in. Although the support of those who do attend is much appreciated by the practice.  |