

Annex D: Standard Reporting Template

Shropshire and Staffordshire Area Team
2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: Lyme Valley Practice, Lyme Valley Road, Newcastle-under-Lyme, Staffordshire, ST5 3TF

Practice Code: M83067

Signed on behalf of practice:

Date: 18.2.2015

Signed on behalf of PPG:

Date: 25.2.2015



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 and Email.										
Number of members of PPG:	15										
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	3114	2947	Practice	0	0	1	0	0	2	4	566
PPG	7	8	PPG	0	0	1	0	0	2	4	8

Detail the ethnic background of your practice population and PPG:

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White & black Caribbean	White & black African	White & Asian	Other mixed
Practice	1663	15	0	13	7	2	4	5
PPG	15							

	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other
Practice	76	11	3	14	13	8	4	1	3	1
PPG										

The numbers noted in the practice section do not add up to the current patient population as some patients prefer not to give this information to the practice.

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 is regularly promoted within the practice and any registered patient who wishes to become a member is encouraged to do so. No member is discriminated against based on gender, age or ethnic background. Meeting dates and times are advertised within the practice and detailed on minutes of meetings which are available for all registered patients to view regardless of whether they are a member of the group. Timing of meetings vary to allow for the working population to attend outside of normal business hours.

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

2. Review of patient feedback

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

Patient complaints
Practice Annual Feedback
Friends and Family Test

How frequently were these reviewed with the PPG?

As appropriate i.e. following Practice survey being completed in late 2014, and Friends and Family Test being introduced in December 2014.

Generalised comments/themes from patient complaints are reviewed but specific events are not discussed to ensure confidentiality is maintained.

3. Action plan priority areas and implementation

Priority area 1

Description of priority area: Access to Appointments.

What actions were taken to address the priority?

A review was undertaken of the balance between pre-bookable appointments and those that are book-on-the-day. A review was also undertaken of the number of appointments available to book online.

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

An audit of patients who failed to attend (DNA'd) for their follow-up/pre-bookable and book-on-the-day appointment was undertaken which showed that this was between 6-11% higher for pre-bookable and follow-up appointments. This demonstrated that patients fail to attend less book-on-the-day appointments, meaning that slot utilisation is improved with book-on-the-day appointments.

Findings discussed with PPG which reassured them that balance was correct.

Publicised through minutes of meeting on 22nd October 2014.

Priority area 2

Description of priority area: Maintaining GP Continuity

What actions were taken to address the priority?

Reviewed use of locum GP and salaried GPs current in post.

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

Developed 'bank' of regular locum GPs to ensure regular locums are used wherever possible to maintain continuity.
Review establishment and ensured the no GP vacancies existed or were filled quickly.

All patients who were over 75 years of age were given a dedicated lead GP in line with the national initiative.

All patients who were at risk of unplanned admission into hospital had a care plan developed with their named clinician.

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):

Although the Practice PPG has been in place since 2011, the Practice Manager has only been in post for 12 months.

In the first year she worked with the PPG to ensure that any outstanding actions were carried out in line with what was agreed with the previous Practice Manager. There was a need to review appointments and ensure that the GP time was maximised. The resulted in GP rota templates being revised.

There was also some refurbishment work undertaken within the practice to improve facilities, access for disabled patients and a reduction in infection control risk.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 25.2.2018

How has the practice engaged with the PPG: Yes

How has the practice made efforts to engage with seldom heard groups in the practice population? Yes every effort has been made to engage with all patient groups.

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?

All areas within the action plans are taken seriously by the practice. The Practice Manager ensures that she takes on board all feedback and assesses the need for change based on feedback, statistics and ensuring that any change does not have a detrimental effect on other areas of the practice.

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