Annex D: Standard Reporting Template

Cheshire, Warrington & Wirral Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: **HOLMLANDS MEDICAL CENTRE**

Practice Code: N85022

Signed on behalf of practice (type name): Pam Davies Date: 24/3/15

Signed on behalf of PPG (type name):Holmlands PPG Date: 24/3/15

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: Face to face, Email, Other (please specify) **Face to face meetings** |
| Number of members of PPG:  **20** |
| 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  | 2143 | 36 | 0 | 525 | 2 | 9 | 4 | 15 |
| PRG | 20 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Asian/Asian British | Black/African/Caribbean/Black British | Other |
|  | Indian | Pakistani | Bangladeshi | Chinese | Other Asian | African | Caribbean | Other Black | Arab | Any other |
| Practice | 51 | 16 | 9 | 14 |  | 4 | 2 | 2 | 0 | 379 |
| PRG | 0 | 0 | 0 | 14 |  | 4 | 2 | 2 | 0 | 379 |

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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:**The GP’s, nurses and staff actively ask patients if they would like to join the group. We have been especially trying to recruit younger and ethnic members for the past 12 months without success.** |
| 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**If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful: |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:**Family and Friends****CQC Questionnaire****GP Specific Questionnaire****Patient Group Speaking to patients** |

1. Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area:**Patient Call System** |
| What actions were taken to address the priority?**We have a call system in situ** |
| Result of actions and impact on patients and carers (including how publicised):**The patients can be called from the waiting area both visually and auditory. We are also hoping to utilize this system for further use.****e.g. Patient information specific to clinic being held, BBC health Channel etc.**  |

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| Priority area 2 |
| Description of priority area:**Waiting Times** |
| What actions were taken to address the priority?**We have asked for feedback from the patients and they say they prefer/expect to wait and be seen on the day of their choice. There are some patients who are no happy with the system but we do have evening appointments and online booking once a patient has registered for online services with the practice****We are planning to recruit a triage nurse to assist the GP’s 3 mornings per week.** |

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| Priority area 3 |
| Description of priority area:**INR Testing clinic not at convenient time** |
| What actions were taken to address the priority?**For the past 12 months we have offered point of care testing for our patients (finger blood sample) but some patients have been unable to attend on a Friday and are therefore not able to have the finger method of testing blood for INR.****We are hoping to arrange an alternative clinic for these patients in the near future. We have a phlebotomist here every week and once a month on a Monday. Patients are also able to make alternative appointments around the Wirral via one contact telephone number on the blood form. This means the patient has a choice.** |

If you have participated in this scheme for more than one year, outline progress made on issues raised in the previous year(s):

**We have addressed as many suggestions as possible and we fully discuss with the practice group, GP’s and other members of the practice team.**

1. PPG Sign Off

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| Report signed off by PPG: YESDate of sign off: 31/3/15 |
| How has the practice engaged with the PPG: **We engage with the PPG as much as we can over a variety of issues. We fully value their input and support to the practice**.How has the practice made efforts to engage with seldom heard groups in the practice population?**We have made an effort to engage patients by inviting them to join our PPG**Has the practice received patient and carer feedback from a variety of sources?**Our practice nurse has been actively engaging with patients and carers particularly for the at risk patients. Carers are very important to the practice and their role in the health of the patient they care for.**Was the PPG involved in the agreement of priority areas and the resulting action plan?**We discussed the patient survey and we did not prioritise at that time but we felt that each comment was important and needed to be addressed**How has the service offered to patients and carers improved as a result of the implementation of the action plan?**We always encourage carers to have their own health checks either at this practice if they are registered here or at their own practice.** **We are always able to offer on-line information for them.**Do you have any other comments about the PPG or practice in relation to this area of work?**Not at the moment** |