Annex D: Standard Reporting Template

South Yorkshire and Bassetlaw Area Team

2014/15 Patient Participation Enhanced Service – Reporting Template

Practice Name: ***Carterknowle and Dore Medical Practice***

Practice Code: ***C88016***

Signed on behalf of practice: ***Emma Sheldon*** Date: ***31.3.2015***

Signed on behalf of PPG: ***Patient Reference Sign- Off*** Date: ***31.03.2015***

(This report was generated online therefore the signatures above are confirmation of sign off)

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: * ***The practice use email to invite members to meetings, send reminders before and distribute minutes following each meeting.***
* ***The practice post out copies of minutes along with meeting invitation of those members that do not use email.***
* ***The practice meet face to face quarterly with the group.***
* ***The practice will aid the ongoing communication of the group by allocating room in the practice for interim group discussions.***
* ***The practice engages via telephone with the group.***
* ***The practice engages via email in between meetings to gain feedback or ideas on current topics of discussion.***
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| Number of members of PPG: ***17*** |
| Detail the gender mix of practice population and PPG:

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| --- | --- | --- |
| % | Male  | Female  |
| Practice | ***49.55%*** | ***50.44%*** |
| PRG | ***35%*** | ***65%*** |

 | Detail of age mix of practice population and PPG:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 |
| Practice | ***18.6*** | ***7.7*** | ***11.1*** | ***12.7*** | ***14.7*** | ***12.6*** | ***11.4*** | ***11.2*** |
| PRG | ***0*** | ***17.6*** | ***0*** | ***17.6*** | ***11.8*** | ***5.9*** | ***29.4*** | ***17.6*** |

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| Detail the ethnic background of your practice population and PRG:

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| --- | --- | --- |
|  | White | Mixed/ multiple ethnic groups |
|  | British | Irish | Gypsy or Irish traveller | Other white | White &black Caribbean | White &black African | White &Asian | Other mixed |
| Practice  | ***77.92*** | ***0.58*** | ***0*** | ***3.29*** | ***0.66*** | ***0.13*** | ***0.98*** | ***0.41*** |
| PRG | ***52.94*** | ***-*** | ***-*** | ***-*** | ***-*** | ***-*** | ***5.8*** | ***-*** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Asian/Asian British | Black/African/Caribbean/Black British | Other |
|  | Indian | Pakistani | Bangladeshi | Chinese | Other Asian | African | Caribbean | Other Black | Arab | Any other |
| Practice | ***1.19*** | ***6.15*** | ***0.38*** | ***0.48*** | ***0.77*** | ***0.43*** | ***0.47*** | ***0.17*** | ***0.06*** | ***5.93*** |
| PRG | ***-*** | ***11.76*** | ***-*** | ***-*** | ***-*** | ***-*** | ***-*** | ***-*** | ***-*** | ***29.41*** |

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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 practice actively recruit to the group through the following methods-**** ***Posters displayed in the waiting room***
* ***Information on the waiting room television presentation***
* ***Practice website***

***At the latest meeting it was agreed to have a renewed attempt to recruit more members through the following channels-**** ***Posters to be displayed in local collages and sixth forms***
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| 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/NO***The practice has a high proportion of patients aged over 65 years- 22.6% (12079 in total)***If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:***In order to reach out to our practice population aged 65 years and over the practice advertise the group in the reception area at both practices along with using a television presentation in the waiting area. Existing members of the patient participation group pass on information regarding the meetings to other patients within the practice boundary and invite them along to meetings.*** ***This demographic group of patients are represented well within the PPG with an overall percentage of 29.4%.*** |

1. Review of patient feedback

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| Outline the sources of feedback that were reviewed during the year:***In order to gain feedback from our patient population, the following methods were used-**** ***Patient Survey***
* ***Family and Friends Test***
* ***Suggestion Box***
* ***PPG Email Group***
* ***Website Suggestions***
* ***Face to Face –Patient Contact***
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| How frequently were these reviewed with the PRG?***The group meet quarterly to discuss the practice and issues arising. The group are invited at the beginning of each meeting to add items to the agenda for discussion.*** ***At the start of each year the group agree areas that they feel the practice could change in order to improve the service for the whole of the patient population. With the input of the group, these ideas and suggestions are used to create a patient questionnaire. The questionnaire is made available to all patients via the practice website and in the waiting room. The results of the questionnaire is discussed with the group and changes/ actions agreed.*** ***It was agreed that five members of the group make their email address available for patients both in the practice and on the website. Patients are able to contact the members with ideas and suggestions that can be discussed at the quarterly meeting and the outcome available in the meeting minutes on the practice website. Discussion of these emails is a standard item on the meeting agenda.***  |

1. Action plan priority areas and implementation

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| Priority area 1 |
| Description of priority area:***Improve communication channels between the practice and its patients.***  |
| What actions were taken to address the priority?* ***It was agreed that the PPG members would make their email contact details available for patients to access. This would enable patients to pass on ideas and suggestions for further discussion at the next meeting. The discussion of emails is a regular agenda item.***
* ***It was agreed for members of the group to create a newsletter; this will be made available to all patients in the practice and on the website. Copies will also be issued at local groups and clubs around the area. Information on the formation of the group along with its aims and focus of will be included in the newsletter. The aim of this is to enthuse other patients to become involved in the group along with keeping patients up to date with the groups work so far. The newsletter will also include information on current health campaigns, news from the practice along with information on things happening within the local community. This idea expands upon work the group have already undertaken in creating a leaflet on local groups, clubs and activities that is available to all patients.***
* ***Communication was the topic of the 2014 patient survey as the group highlighted the need for the practice to change to a local telephone number however with this came lots of other changes that the group felt they wanted to seek the opinion of the wider patient group.***
* ***The group discussed record sharing and Care.Data and felt that they wanted to support the practice in getting the information and consent forms to as many patients as possible. Information posters were created along with batches of consent forms and a sealed response box; group members then located these around the local areas at Church, groups, pharmacies and clubs.***
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| Result of actions and impact on patients and carers (including how publicised):* ***By creating email access to group members it opens up communication channels and make the group discussions more accessible to all patients. Minutes from all meetings are made available on the practice website shortly after each meeting. However as uptake of this idea has been limited the group agreed to increase the advertising of this via leaflets and posters in reception, on the television presentation in the waiting room and on the practice website.***
* ***The newsletter is still in its development phase; the first copy will be available in Spring/Summer 2015. It is hoped that the newsletter will allow all patients to feel inclusive of the PPG.***
* ***Work is underway to change to a local (0114) telephone number; this will be in place by May 2015. The group have been very supportive of the practice as the project has been severely delayed by the telephone provider involved (BT). Information regarding the delay has been made available on the practice website.***
* ***An increase in the number of consent forms the practice received for the record sharing was seen following the groups efforts in spreading the information across the local area.***
* ***The practice receives a number of requests from patients via letter, website suggestion and in-practice suggestion forms to move to a local telephone number. Although the practice have had delays and problems to deal with the aim is to have the local number operational by May 2015 (the original date given by BT was 26.11.2014 and the practice had all measures in place to implement the change on this date however BT delayed this).***
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| Priority area 2 |
| Description of priority area:***The group is committed to improving the health and wellbeing of the patient population.***  |
| What actions were taken to address the priority?* ***The group are committed to helping patients improve their health and wellbeing. It was agreed that the group could help patients who may feel socially isolated as it was felt that this could be just as important as clinical input into their medical needs.***
* ***The PPG helped the practice to create a leaflet on local clubs, groups and activities in response to the findings of the patient survey 2013-14; this leaflet has been very well received by the patient’s population. The leaflet is also used by clinicians at the practice to help support patients at home.***
* ***The practice is committed to ensuring patients who are deemed at a higher risk of an unexpected admission to hospital are supported in order to prevent this from happening where possible. The practice has a register of these patients and they are invited in for a care plan along with regular review via telephone. The leaflet created with the help of the group on local clubs etc is offered to these patients as part of the holistic care planning process.***
* ***To expand of work undertaken the group wish to communicate advice/ support to patients via the newsletter; it is agreed that a clinician at the practice can help write a small article on a chosen area for each newsletter.***
* ***The newsletter will also include health promotion information such as reminders for patients to have their flu vaccines etc. It is hoped that this will provide another communication channel to those patients eligible and increase the uptake of health promotion.***
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| Result of actions and impact on patients and carers (including how publicised):* ***Clinicians have received very positive feedback from patients with regards to the leaflets and found that many have started attended luncheon clubs or joined in a local activity.***
* ***The leaflet is available in printed format in the waiting room at the practice and also on the practice website.***
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| Priority area 3 |
| Description of priority area:***Make improvements to the practice buildings in order to make them more accessible and welcoming to patients.*** |
| What actions were taken to address the priority?* ***The group agreed that the hedge outside Carterknowle practice needed to be cut back in order to look tidier and more welcoming along with increasing the width of the path leading to the front doors. This work was undertaken following agreement.***
* ***It was agreed that the outside areas surrounding both Carterknowle and Dore practice needed tidying up in order to make the practice look more welcoming. This work was carried out following agreement.***
* ***It was agreed that a radio should be purchased for Dore practice and played into the waiting area; with the aim of increasing the confidentiality at the reception desk.***
* ***The patient survey 2014 focused on the practice telephone system in order to gain feedback and make changes with the whole patient population in mind. The survey flagged up that confidentiality at the front desk was an issue for patients; mainly at Dore practice. Although temporary measures were agreed and a radio purchased in order to create background noise, it was recognised that a more permanent solution was required. The practice discussed ideas with the group to try and solve this issue. It was agreed that when the practice makes the switch to a local landline number, only one telephone number will be issued to all patients rather than one for each practice. All incoming phone calls will be answered at Carterknowle, as here calls can be answered away from the reception area. In response to the 2011-12 survey a separate area for call handling was created at Carterknowle in order to keep this away from the front desk area and aid confidentiality. Changes to the staffing structure have been made to ensure that calls are handled efficiently at Carterknowle. The aim in to ensure that confidential information is not discussed in the smaller reception/ waiting area at Dore.***
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| Result of actions and impact on patients and carers (including how publicised):* ***The improvements made to the outside of the building make the practice appear more welcoming for all our patients.***
* ***By removing the hedge outside the doors at Carterknowle the ramped path leading from the disabled parking area to the front door has been widened allowing access to be easier.***
* ***The practice has received a letter of thanks from a patient with regards to the radio within the waiting room at Dore; it was recognised that this helped with confidentiality at the front desk along with creating a more relaxed atmosphere within the reception. These comments were discussed at the PPG meeting and it was agreed by all that this was a success.***
* ***The patient survey has shown patterns emerging and each year highlights the need for the practice to recruit more Nurse Practitioners. The Nurse Practitioner has same day appointments for acute problems along with supporting the triage team in booking patients onto appropriate appointments. The practice has since recruited a Nurse Practitioner starting in June 2015; this will enable to practice to have a Nurse Practitioner work at both sites along with increased support for the triage team ensuring that calls are handled as efficiently as possible.***
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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 Patient Participation group was formed in 2011.***

***Subjects and areas for improvement are discussed at each meeting. The immediate area for discussion following the creation of the group in 2011 was the appointment system, the patient survey and the issue of access and privacy in the reception area. The changing nature of the NHS was discussed and the group agreed to consider the opportunities and restraints this may bring.***

***Following the survey findings and agreed action plan from the PPG meetings 2011-2012 the practice carried out extensive work on both Carterknowle and Dore Medical Practice to promote greater confidentiality in the public reception areas. The large open plan reception area at Carterknowle was replaced by a smaller closed front desk and all telephone calls answered in the back office that has been created. All the patients Lloyd George paper notes were removed from reception at Carterknowle to create more room for new desks that provides a quieter area for the triage team to handle the calls. In order to reduce the echo in the large reception area at Dore practice all the Lloyd George paper notes were removed and a wall built to reduce the size of the room. Courtesy lines were also put in place at both practices to allow the receptionist on the front desk to deal with queries and requests from patients in the practice.***

***The patient survey from 2011-2012 flagged up accessibility issues for patients; throughout the year two new consultation rooms were created, one at each site. These are both on the ground floor and provide easier access than climbing the stairs to an upstairs room. The extra room at Dore allows more space for a Nurse Practitioner to work from the practice.***

***Following the 2012-2013 survey findings an action plan was agreed. The practice developed a ‘What’s New’ board to be displayed at both sites in the waiting room. This is to ensure that new key information can be displayed on one board making reading easier for the patient. The practice purchased new Perspex displays to be used in the waiting room; making the waiting area tidier and ensuring infection control. The patient information boards are updated regularly with new information.***

***The patient survey from 2012-2013 highlighted that only small number of patients were aware of the different services available to them; including: 111; minor injuries unit; walk-in centre and pharmacies. The practice has utilised the website, television presentation along with practice display boards to promote the varying services available to patients along with advice on what action to take in relation to their symptoms. The practice incorporated short educational video animations on A+E attendance within the television presentation.***

***Both the survey carried out in 2011-12 and 2012-13 showed that increasing numbers of patients requesting a same day appointment were booked with a Nurse Practitioner. The practice recruited another Nurse Practitioner to create more appointments and enable a Nurse Practitioner to be based at both Carterknowle and Dore.***

***In response the patient survey 2013-14 the group met and agreed an action plan. The group were committed to increase the health and wellbeing of patients; it was agreed that as the ‘What’s New’ board had been a success this concept should be expanded upon. It was agreed that a ‘Healthy Living’ board should be displayed in the waiting area at both practices; this should include information on local activities, talks and workshops. The group agreed to research local groups, clubs and activities within the local area and created a leaflet available in practice and online. The survey also highlighted the need to recruit another Nurse Practitioner to allow appointments at both Carterknowle and Dore; this was agreed to be actioned by the practice.***

PPG Sign Off

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| Report signed off by PPG: ***31.03.2015- Final copy sent to all members***Date of sign off: ***31.03.2015*** |
| How has the practice engaged with the PPG:How has the practice made efforts to engage with seldom heard groups in the practice population?***The practice published the 2011-2012 patient survey in English and Urdu as it was felt an increased response would be received from smaller ethnic minority group. However not one response was received to the translated survey.*** ***Important information on record sharing was placed around the local area in order to communicate the information to patients that seldom attend the practice.*** Has the practice received patient and carer feedback from a variety of sources?***In order to improve the health and wellbeing of our patient the Carers Centre attended the flu clinics and had information available for patients in the waiting room.*** ***The practice seek feedback via a range of sources-******Website Suggestions******Suggestion Box******Family and Friends Test******NHS Choices******Annual Patient Survey******GP 360 Feedback******Face to Face******Complaints Procedure******PPG Emails***Was the PPG involved in the agreement of priority areas and the resulting action plan?***The PPG meet to discuss the findings of each annual survey and agree an action plan.***How has the service offered to patients and carers improved as a result of the implementation of the action plan?***The changes/ improvements made are in direct response to patient feedback.***Do you have any other comments about the PPG or practice in relation to this area of work?***The practice wish to thank the members of the PPG for their ongoing support and commitment to making improvements for the whole patient population.***  |