Annex D: Standard Reporting Template

South Yorkshire and Bassetlaw Area Team

2015/16 Patient Participation Reporting Template

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

Practice Code: ***C88016***

Signed on behalf of practice: ***Emma Sheldon*** Date: ***31.3.2016***

Signed on behalf of PPG: ***Patient Reference Sign- Off*** Date: ***31.03.2016***

(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.*** | |
| Number of members of PPG: ***17*** | |
| Detail the gender mix of practice population and PPG:   |  |  |  | | --- | --- | --- | | % | Male | Female | | Practice | ***49.8%*** | ***50.2%*** | | PRG | ***35.3%*** | ***64.7%*** | | Detail of age mix of practice population and PPG:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | % | <16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | > 75 | | Practice | ***18.8*** | ***7.6*** | ***11*** | ***13*** | ***14.9*** | ***12.4*** | ***11.6*** | ***10.8*** | | PRG | ***0*** | ***0*** | ***0*** | ***17.6*** | ***11.8*** | ***17.6*** | ***41.2*** | ***17.6*** | |
| 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 | ***77.92*** | ***0.58*** | ***0*** | ***3.29*** | ***0.66*** | ***0.13*** | ***0.98*** | ***0.41*** | | PRG | ***58.8*** | ***-*** | ***-*** | ***-*** | ***-*** | ***-*** | ***-*** | ***-*** |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | 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 | ***-*** | ***17.6*** | ***-*** | ***-*** | ***-*** | ***-*** | ***-*** | ***-*** | ***-*** | ***29.4*** | | |
| 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*** * ***PPG Newsletter*** | |
| 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?  ***The practice has a high proportion of patients aged over 65 years- 22.4% (12299 total population)***  ***The practice aim to recruit more young families to the PPG in order to canvas ideas and opinions from a wider group.***  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.*** | |

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*** |
| 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.***  ***Patient feedback from the various channels is discussed by the group.***  ***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 members of the group would 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. The emails addresses to be made available have been reviewed in 2016 with a new patient information leaflet been made available online and in the reception area.*** * ***In 2015-16 group members have created a newsletter; this is available to all patients in the practice and on the website.. Information on the formation of the group along with its aims and focus is 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 also includes information on current health campaigns, news from the practice along with information on things happening within the local community. The newsletter is issued twice yearly.*** * ***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. Throughout 2015-16 the group have discussed and reviewed the new telephone system and agree that this has made a positive impact for patients.*** * ***An agreed outcome of the 2015-16 meetings was the introduction of staff name badges for staff on the front desk.*** * ***The PPG are involved in the planning of the annual patient survey- discussions around what topics are to be included were had during the meetings and via email contact.*** * ***The 2016 patient survey highlighted the need to share more information on technology developments with patients- i.e. Electronic Prescribing and SystmOnline- it is suggested that the practice website, reception area, telephone messages, TV along with messaged on prescription could be used to communicate more with patients.*** * ***Part of the group aims 2015-16 was to develop and introduce a practice mission statement*** * ***The group suggested making patient information available in more languages in order to reach more patient group- the mission statement was printed in various languages in the waiting room, made available online. The patient check-in screen is now enabled to offer various language settings.*** |
| 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 allows all patients to feel inclusive of the PPG- giving feedback and updates directly from the group members rather than the practice..*** * ***The switch to a local telephone number has been well received by patients; however the PPG and practice wish to seek ongoing feedback and included in this the 2016 patient survey.*** * ***Be having PPG involvement in planning the annual patient survey we feel that the issues addressed are important to the patients rather than just the practice- this feedback is very valuable to the practice and is used in planning.***   ***Carterknowle and Dore Medical Practice- Mission Statement***  ***Carterknowle and Dore Medical Practice are committed to providing compassionate, patient-centred, high quality care to all of its patients.***  ***Out ethos is to be understanding, respectful and caring to all whilst maintaining privacy, confidentiality and dignity at all times.***  ***We strive to offer a warm, welcoming environment; ensuring our patients feel safe and supported.*** |

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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; this newsletter is created by group members with support of the practice. The newsletter is issued twice a year and made available in the waiting room and on the practice website.*** * ***The newsletter includes 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.*** * ***Throughout the meetings held in 2015-16 it was agreed that the next step forward for the group would be to hold discussion/ support groups in practice- these would cover a range of topics- end of life planning, diet, crafting and walking groups.*** |
| 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.*** * ***The leaflet and the support groups will aid patients with care planning/ goals who wish to integrate more with their community and may need support that is not necessarily relating to a medical need.*** |

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.***

***Throughout 2014-15 the group canvassed patient opinion and helped the practice in planning important changes to the telephone system- the changes included the switch to a local telephone number along with new messages for patients whilst on hold. The group also discussed and agreed improvements to the property in order to make it more appealing to patients-i.e. a general tidy up of outside areas and removal of a privet hedge in order to open up the access to the front door at Carterknowle Practice.***

***Throughout 2014-16 the group have discussed ways in which to better communicate with the patient population and seek their ideas and opinions- members have kindly made available their personal email so patients are able to contact them directly regarding non-urgent issues. At each meeting patient feedback is discussed and ideas on how to make improvements shared.***

***2015 saw the first issue of the PPG newsletter released; available online and in the reception area. The newsletter will be issued twice a year and will cover a variety of topics from healthy living, current issues and practice developments. The newsletter is wrote by group members; the aim is to open another line of communication with the whole patient population.***

***Over recent years the group have be driven to improve social/ community needs of patients; in 2015-16 the group have expanded upon the development of the PPG leaflet on activities and groups and are currently working on developing PPG member led support/ discussions groups in a variety of topics- i.e. end of life issues, diet, healthy living, sharing recipes, crafting and walking clubs.***

PPG Sign Off

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| Report signed off by PPG: ***31.03.2016***  Date of sign off: ***31.03.2016*** |
| 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.***  ***The PPG newsletter is available on the practice website along with in the reception area.***  ***The practice is working on ways to improve communication with patients where English is not their first language; in recent months the patient check-in screen is enabled to communicate in various languages.***  ***The mission statement was reviewed and released in 2015- this was made available in a variety of languages using an online Google translation tool.***  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.*** |